

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING AND DISABILITY SERVICES DIVISION
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

Meeting Minutes

Name of Organization: Nevada Commission on Aging

Date and Time of Meeting: Wednesday February 10, 2021 | 1:00 pm

Note: Some members of the Commission may be attending the meeting through a teleconference/videoconference conducted at the following location:

Pursuant to Governor Steve Sisolak's [Emergency Directive 006](#), there will be no physical location for this meeting.

The meeting can be listened to or viewed via TEAMS.

1. CALL TO ORDER/ROLL CALL

Dena Schmidt called the meeting to order at 1:02pm.

Members Present:

Dena Schmidt
Jeff Klein
Barry Gold
Mary Liveratti
Leilani Kimmel Dagostino
Niki Rubarth
Lisa Erquiaga
Stan Lau

Members Absent:

Daniel Corona
Senator Chris Brooks
Assemblywoman Susan Martinez
(2) vacant positions – Governing Body of a County

Staff:

Miles Terrasas, Executive Assistant, ADSD
Cheyenne Pasquale, Social Services Chief, PAC, ADSD

Tammy Sever, Social Services Chief, APS, ADSD
Cissy Garic, Management Analyst, CBC, ADSD
Rique Robb, Deputy Administrator, ADSD

2. PUBLIC COMMENT

No public comment.

3. APPROVAL OF JANUARY 11, 2021 MEETING MINUTES

Mary Liveratti moved to approve the minutes. Barry Gold seconded the motion. The motion passed unanimously.

4. COVID-19 VACCINATION UPDATE

Karissa Loper specified data related to how many seventy years and older have been vaccinated and the data reported in Nevada Web IZ as of February 9, 2021. She stated 128,246 individuals have received a first dose of the vaccine and 10,424 individuals have received two doses, completing the series. The total number administered is 128,282 specifically to those seventy years and older. In terms of how much vaccine has come to the state, new numbers were received this morning, that represent the doses that must be ordered this week that will be delivered the next week. The amount of first doses is 324,075, that only represented what is being done for state providers enrolled, another number for the retail pharmacies (not long-term care) program serving those seventy years and older such as Walgreens, Smiths, and in select rural areas, Raley's, and Safeway. The total to the state cumulative first doses is 411,050. The 324, is what is being distributed to the counties proper from the state's perspective. Total doses administered is 375,402 and that is everything reported as of February 9, 2021. Despite the low supply, things are going well in terms of the state's relationships with the counties and the partners their working with and who is getting the vaccine distributed within their communities. She continued they have a great relationship with the Board of Pharmacy who is helping lead with individual pharmacy stores to assist in planning efforts. As supply is increased and learn about new supply sources coming, they are making sure to allocate to everyone depending on the county population and hopefully supply will increase over the next two months. As of this week, the State is receiving 47,000 doses to order from included in the cumulative total. 8,400 of the doses are being subtracted from that number and given to the pharmacy programs. The federal pharmacy program is starting at the end of the week with select Walmart stores across the state and more comprehensive information to be released by press release this week. The remaining amount is around 38 doses to divide among the counties and is current for this week's information.

Barry Gold asked where are we in terms of Nursing Homes vaccinations for both patients and staff? Not so much raw numbers but what percentage of nursing home residents and staff have received the vaccination? What percentage and how many people are declining? Ms. Loper responded she does not have much information on declinations, even in the long-term care facilities. Tracking efforts are easier in the long-term facilities but they do not always do it. They usually do it for the flu, but they did not all adopt the strategy for COVID-19 to document declination.

Mr. Gold stated if they get an idea of how many people have gotten it, the people who have not, the certain percentage will give a better understanding. He asked if they had any idea of the projected date from when transition from seventy plus to sixty plus? Ms. Loper responded they are having those discussions and cannot give a projection.

Leilani Kimmel Dagostino stated they are distributing to 65 years and asked if it is because of the population base is different and the lanes are moving faster? Ms. Loper responded it is because of the population base number, how many there are in a county and how fast they getting to a saturation percentage. Clark County specifically, is not near the saturation percentage.

Barry Gold stated on the last immunize phone call regarding the underlying conditions that are listed on different websites; he learned that it will be self-declaratory, but they can check the medications you are on. One of the underlying conditions is smoking and AARP has received phone calls regarding this, and asked Ms. Loper is she has any thoughts on the topic. Ms. Loper responded it is a CDC listed underlying condition. They are working through the idea of once they start working with those with underlying conditions broadly and are working with that group, they are hoping to have more supply to work with and working with private practitioners to help serve those populations, providers, pharmacies, and dialysis centers. They understand the potential for exploitation and have talked to other states who are using the honor system. They are following sit in that way; it's not always nurses with that level of clinical training to talk to them about their underlying condition. They are hoping to target that group more towards providers, pharmacies, and community health centers to help with the medical counseling side.

Jeff Klein stated a very significant percentage of the older population that have low to no connectivity and have no devices to navigate the current appointment system. Our single largest most fragile population is struggling to get appointment and those are the mobile ones. An example of who usually attends is an Adult day care center, who reports less than 20% have active computers, devices, and connectivity. The second issue is people who will not go out to the sites. Seniors, particularly those who have underlying conditions will not go to sites they do not trust and will not go to a pharmacy. Need a mechanism to trust their providers, adult day care centers, in home provider, home health agencies, and/or hooking up people to with those we serve with in home meals to reach difficult population both rural and frontier. It will be a requirement in the new COVID package. Ms. Loper answered yes to working through the counties and broader nonprofits, meals on wheels, adult health, home health agencies, care providers and are working with the counties within community health services and public health nurses on home bound strike team ideas. In terms of the technology, they do talk about it a lot. They have the call center statewide. It launched two weeks ago. The call volume keeps growing and growing. The overarching message is not a supply to meet the demand with the appointment system. They are also working at the state level on a registration appointment system that can work together with the counties and are currently working on that development. They are encouraging service agencies to engage those with tech experience to assist. Constraints is supply orders, and resources on public health. They have another product coming which is a one dose product and is refrigerated and suited for smaller clinics.

Mary Liveratti stated she met with the Nevada Caregiver Coalition and they have started a series of conversations with caregivers and they would like to have a meeting that tells people how to navigate and access vaccine scheduling. Example: She called two phone numbers and called one that was more senior specific. While on the phone, they filled out the form for her and she was added to the list. She asked if anyone could speak to it? She continued the Respite Lifespan Coalition is interested too and they may be able to offer respite for families with caregivers so they can receive a shot. Dena Schmidt responded the first number was an ADSD hosted number to help facilitate. Charles Duarte stated he contacted the Manager of the Immunization Program and asked the same questions about homebound seniors. He continued, logistically it would be difficult to go house to house after vile puncture without wasting vaccine, which is the concern right now until the Johnson and Johnson (J&J) vaccine is available to expand that network of vaccinators. Mr. Gold asked for the nursing home numbers. Ms. Loper stated they got to 30% of the residents with first and second doses and 23% of the staff with first and second doses. Every day she looks its about 2,000 doses higher.

5. POLICY SUBCOMMITTEE: POLICY SOLICITATIONS FOR THE POLICY SUBCOMMITTEE AGENDA

Mr. Duarte, COA Policy Subcommittee Chair, stated late last year he had a conversation with Ms. Schmidt about how the Policy Subcommittee can be more effective to focus work on issues that are important to the entire commission. She suggested a poll of commission members be done to review priorities. The Policy Subcommittee would review and put together policy recommendations including pros and cons, and potential costs. The intent is to come out with several policy recommendations to work on. He is very grateful to the staff of ADSD, Medicaid and Welfare to get information on several of the policies.

A. Funding for Home and Community Based Services to eliminate all waiting lists.

Mr. Duarte obtained a cost figure from DHCFP for the Home and Community Based Services (HCBS) Frail Elderly (FE) Waiver but not for all waivers. The Medicaid budget included budgeted planned increases in caseload growth, but also increases to cover Olmstead compliance, which is individuals who wait 90 days or longer on the waitlist to be evaluated for services. He explained they are basically two budget line items for each of the waivers. For the FE waiver, the DHCFP estimated 157 clients on the HCBS FE Waiver after caseload growth is considered and after the Olmstead compliance decision unit is considered. DHCFP also provided what the cost of care would be. That would include things like medical cost, HCBW cost, and on an annual basis, the costs for each client are approximately \$8,471. The cost of covering the FE waitlist that are not covered by the budget currently, is about \$1.37 million in total spend. When broken down by FMAP and what the general fund requirement would be, it is about \$571,000. Mr. Duarte concluded that that is one of the general fund requirements to cover the waitlist.

Mr. Gold stated this question came up in a call with Nevada Women's Lobby and Assemblywoman Theresa Benitez-Thompson and she talked about funding for that. She mentioned the slots can be funded but the staffing needs are not there, that is a big issue. Dena Schmidt stated in the ADSD Governor Recommended Budget, our Community Based Care (CBC) have several frozen positions in the first year of the biennium and released in the second year. We are running into the same issue with Autism Treatment Assistance Program (ATAP), we received money for the program but were unable to serve due to the frozen positions. There must be a balance between staff and service dollars.

Mr. Gold continued from an advocacy standpoint at the legislature, there needs to be advocacy for the positions as well as the waiver funding. Mr. Duarte stated in talking with ADSD staff, one of the things they have in their budget is to implement a web-based portal for waiver eligibility documentations to share between three different state agencies, Welfare, Medicaid and ADSD. The total amounts to fund this is \$995,000 and he highly recommends advocacy for that as well. Ms. Schmidt added the COA did submit a letter to the Governor's Office supporting that initiative as well. Ms. Liveratti asked for clarification on the \$8,471 per client, is that an annual total or monthly? Mr. Duarte responded it is the annual total of both their acute medical costs and their waiver service costs. Mr. Duarte reminded the commission he was not able to get cost figures for the other waivers but if it is something the Commission wants; the Policy Subcommittee can do that.

B. Increasing the Personal Needs Allowance (PNA)

Mr. Duarte stated staff did research and no one knew how far back the \$35 monthly figure went in terms of state policy. Staff at Medicaid were able to determine the last

change to the PNA was in 1997. The current federal minimum is \$30 a month. He does not know what figure would be appropriate with the inflation rate to adjusting the \$35 amount. Mr. Gold clarified if changing the amount could be a state-based decision and it does not have to be CMS? Mr. Duarte responded it is a state policy decision. Mr. Klein added the PNA would double if adding the average rate of inflation and cost of living between that point and today which would be about 111%.

C. Increasing Spousal Impoverishment income limits

Mr. Duarte stated Welfare staff raised the limit several years ago to the federal maximum. He would have to research more. Ms. Schmidt added they increased the resource maximum, but they have not done the income. Mr. Duarte stated they have a federal minimum they also utilize but will have to research further.

D. Transition care planning

Mr. Duarte stated he was not able to find much information on this item but assumed it was related to the Hospital to Home program and asked for further clarification on what the idea was naming it a policy issue. Ms. Schmidt responded it had to do with Money Follows the Person funding which ADSD and Medicaid will be hosting a co-workgroup in the beginning of March to solicit information because the federal government did expand and offer an enhancement for the ability to apply for additional MFP funds. The goal is to review and determine how those funds will be utilized because the focus will be on transition planning. Mr. Duarte asked how much ADSD is receiving for the MFP grant? Ms. Schmidt replied there is two different buckets, there's continuing of the current grant and there is the ability to apply for additional funds which is close to five million dollars. The grant must be applied for by June 2021. Mr. Duarte asked if the transition planning could be incorporated into the public workshop and subsequent application. Ms. Schmidt answered yes.

E. Nursing home staffing ratios

Mr. Duarte asked for more information on this as he was not able to do research of what other states are doing or have done or investigate some of the current facility regulations around this but if there is anything specific, they want to investigate. Mr. Gold responded AARP had some new research or standards and have look at it for what a minimum should be. Senator Spearman has always tried to push legislation for it and does not know what she is planning on doing. Ms. Liveratti added you cannot have increase in staffing without increase in rates and what is the appetite for increasing nursing home rates? Mr. Duarte responded right now they are losing money because their PPE costs but hopefully that will be mitigated once everyone is vaccinated but their costs are increasing, and the staffing costs are the biggest component to their costs structure.

F. Home delivered meals in HCBS Waiver

Ms. Schmidt stated the home delivered meals are in the PD Waiver but not in the FE Waiver. They have been interested in adding to the FE Waiver because during the last two sessions they have received state general fund to support the expansion of Home Delivered Meals and this is a great way to align with the Governor's initiative on maximizing federal dollars because if you can do it in the Waiver, and only pay half the cost instead of the full cost of the meal. Mr. Duarte asked if there if federal financial participation for the meal costs? Ms. Schmidt replied yes, it is a service within the Waiver they can add. She concluded they received a cost estimate last session and can share with the group.

G. Other policy recommendations

Mr. Duarte asked for two or three policy issues to try to pursue. We heard that transition planning is going to be part of the MFP proposal process and would appreciate feedback for what to look at. It may not be during this session and may have to wait for the interim.

Mr. Liveratti would like to go after home delivered meals. Barry Gold stated HCBS services is something we always fight for. Impoverishment and special needs can be done through regulation. Ms. Schmidt stated the Personal Needs Allowance need for someone to push it as far as they can and get the conversation going. It would be helpful for legislators to understand and if we could get Medicaid to put it in their budget next session the more you give the individual the more Medicaid has to pay. Ms. Liveratti is this looking for the next session? Ms. Schmidt and Mr. Duarte agreed it would be for next session. Mary Liveratti supports doing it during the interim. Mr. Klein stated Medicaid right now is running a surplus and it would be nice if they spent it on the people who are supposed to receive benefits before the federal government asks for it back. Mr. Klein expressed his concerns with Medicaid not spending funding on recipients.

Ms. Schmidt asked if the Commission would like to prioritize or only pick a few to work on? The Commission agreed to prioritize.

The Commission prioritized the following policy recommendations to the Policy Subcommittee:

1. Home Delivered Meals
2. Funding for HCBS
3. Personal Needs Allowance
4. Spousal impoverishment
5. Nursing home ratios
6. Transition care planning

Ms. Liveratti moved to make a recommendation to the Policy Subcommittee to rank in priority these issues. Mr. Lau seconded the motion. The motion passed unanimously.

6. Legislative Subcommittee: Review, discuss and approve the following legislative items for the Legislative Subcommittee agenda. (For Possible Action)

Ms. Kimmel-Dagostino asked a question about prescription drug legislation regarding President Biden passing an order for drugs related to type two diabetes insulin not being protected anymore? How to move forward with the legislation if an order already been passed? Barry Gold responded his understanding was to have a plan to cap the cost of certain kinds of insulin. Not aware of anything that has been done to change it nationally. He added prescription drug legislation might be up in the air due to Senator Cancela moving to Washington. She was looking for transparency and the purchasing groups and that is what came out of her interim committee.

- A. Live in Caregivers under Nevada Landlord Tenant Statute
- B. Dementia holds – Legal rights of vulnerable seniors.
- C. Prescription Drug Legislation that will reduce the cost of RX Drugs. Inter and Intra state purchasing groups, transparency, etc.
- D. Statewide retirement savings program – auto 401k type program. AB399 from last session
- E. Elder Abuse Death Investigation Panels
- F. Other legislative recommendations (sick leave flexibility) Orders for protections for vulnerable

Dena Schmidt asked the commission if they would like to prioritize and how they would like to move forward with state legislation. Any concerns or other legislative issues to bring up?

Barry Gold responded to add sick leave flexibility policies. He suggested to investigate and look at all of them. Jeff Klein added during their last meeting they identified the home and community-

based waiver, maintaining and increasing funding for caseload growth. Targeted employee for caregiver sick leave and order of protection for vulnerable people. Ms. Liveratti asked is there any legislation that is being proposed on any of these? Ms. Schmidt responded no.

Ms. Liveratti moved to transmit items to the Legislative Subcommittee. Barry Gold seconded the motion. The motion passed unanimously.

Barry Gold mentioned the virtual lobby day and he has been in touch with other AARP offices and their initial plan was to have it scheduled two weeks in a row, it minimizes what can be put into a day because of splitting the audience. He would like to be given the opportunity to combine it into one session. Ms. Schmidt clarified they approved the subcommittee the ability to plan the lobby day as needed.

7. Legislative Subcommittee Recommendation: Review, discuss and approve the aging vernacular recommendation.

-Jeff Klein, Member
Item tabled.

8. Discuss and Approve Letter of Support to the Division of Public and Behavioral Health to develop a website that families can access to learn about visitation restrictions.

-Barry Gold, Member
Item tabled.

9. ADMINISTRATOR REPORT – Discuss and make recommendations by commission members related to budgets.

A. ADSD Budget Review

Ms. Schmidt announced preliminary dates for ADSD budget hearings to be held March 5th for all aging budgets and March 18th for developmental services budgets. If that changes, she'll update the group. She added she is grateful to maintain caseload growth and is hoping to focus on sustaining that throughout the session.

B. Nevada COVID Aging Network (CAN) update

Jessica Ohl stated they decided to transition Nevada CAN into Nevada Care Connection and still have that tagline Nevada Can Support your Independence. The tagline was added to the assess my needs form. During the transition, they decided to expand to the disabled community and use an existing case management system to triage referrals. They also decided to redo the Nevada Can page off the 211 website and repurposed it into a landing page for Nevada Care Connection. On the page they still have the request help link and worked with their vendor Wellsky to update the assess my needs form and made it a lot more user friendly. They added additional categories for service that were included on the Nevada Can webpage form but were not included in our form. They also added a new group to the triage mix. When the form gets submitted, it can go to any of ADSD programs and goes to the Community Advocates if the constituent asks for emergency food or emergency financial assistance. The Nevada Can reports showed emergency financial assistance as one of the most requested services and this gave the ability to give a quick response on those requests. Currently, with the transition, the website went live in November and now is a matter of monitoring the form and training staff to handle the new business process. January 19th was the cutoff from the old form and transition to using the Assess My Needs Form. They are trying to upgrade web services with the vendor so the form can be used on google chrome or edge. By the end of the month, we should be able to use on all browsers. Ms. Schmidt added during the pandemic we realized there was emergent needs and long term needs and this project combined the two.

C. Elders Count Report update

Ms. Schmidt updated the group on the Elder's Count report. They should have received an email and Press Release that the Elder's Count Report was finalized, issued, and published. Printed versions for the legislators should be ready by next week. They did pick up with the Press Release an interview in the North about seniors and workforce.

10. STRATEGIC PLAN

Ms. Pasquale would like to discuss the goal and objectives and some of the priorities that they had set last year which was based on their focus groups and previous discussions. They wanted to get some feedback from the commission to see if there were things that they needed to refocus their efforts on or not include in the current state plan. She went through the goals and objectives the other to where they can remove them from the goals and objectives from the current state plan. Ms. Pasquale presented the strategic plan. ([Attachment A](#))

Ms. Liveratti asked if early retirement was related to people laid off due to the pandemic? Ms. Pasquale responded yes.

Ms. Pasquale asked if anyone had concerns with the highlighted items on the handout in terms of its relevance due to the changing environment because of the pandemic?

Mr. Klein stated he is supportive. For goal 2, Mr. Gold asked to change from increased opportunities to support partnerships in case something does come along and might develop it gives the idea and meet the strategy of the goal and not ignoring the opportunities but just support them as they develop. Ms. Schmidt stated for Goal 2, objective 2.1 to add social isolation issues and to continue to address and support initiatives because of the pandemic. For objective 2.2, Mr. Klein commented wondering if it should be senior nutrition and social isolation programs being that a big part of the linkage because of the pandemic.

Ms. Schmidt added for Goal 3, what if we implement develop partnerships to increase access. Mr. Gold asked if she wanted to say develop partnership or change it to support partnerships because develop means ADSD is the initiator. He also added for 1.1a to include the community and targeted individuals.

TFAD state plan – Barry asked what is behind their state plan? Do they have resources to help drive their goals and objectives as with the state plan? Ms. Pasquale stated they do not have resources to drive their state plan. They work closely with state agencies to help provide guidance to implement the recommendations that are in their state plan. Mr. Klein asked for an example related to strategy 3.3b. Ms. Schmidt responded this is around the new CBC money that DPBH received that they are now looking dementia as a public health initiative and coordinating with them who their partners are, who the network is and as they build efforts from a public health perspective that they are working with us and all our partners. DPBH reached out to us and ask for help with the grant and activities.

Ms. Pasquale asked regarding 4.1b support community and diversify resources with the way the network has been stretched - are they going to have the time to continue to stand up services and opportunities and is it realistic in our new reality? Mr. Klein commented it's not realistic but what could be done is direct opportunities to utilize Acumen as a resource. It is useful and not sure that grantees are aware of the Administration for Community Living (ACL), Acumen and the resources they put up there and connect with people in Washington for the development of those programs.

Mr. Gold asked if she were adding strategies 5.2 a, b, c, and d and not removing them? Ms. Pasquale said those were in the original plan. Ms. Liveratti asked if it was a 3-year plan? Ms. Pasquale replied typically, it is a four-year plan but because the one-year extension they will submit, and then next submittal will be a four-year plan. Ms. Liveratti asked when the plan would start? Ms. Pasquale replied October 1, 2021. She continued they are in the process of scheduling town halls with consumers and stakeholders to get their feedback and see if they need to adjust any of the content accordingly.

11. PROGRAM UPDATES AND INFORMATION

A. Adult Protective Services Update and Caseload Information

Ms. Sever presented the caseload information ([Attachment B](#)) and provided updates regarding the ACL opioid misuse grant which was applied for and awarded to APS. They are in the process of training staff and taking the opportunity to be able to collect data within the system. Staff will be learning to do a brief survey with a client and looking at the client having issues with opioids or calling them a person of interest so they can offer resources for both the client and the person of interest. For outreach efforts, they are looking at TV PSA's, radio, and Facebook. Exciting news that Congress has allotted for state APS programs with the help of the ACL. Each state was given an amount according to per capita of sixty and over. Nevada received 795,000 for the APS program and they are working on different ways they can utilize the funding. One thing they are looking at is working getting online reporting. They will still have the intake team taking live reports but will also have an online reporting system and improve helping to answer live calls and assists medical staff in reporting.

Ms. Liveratti stated in statistics given a couple of meetings ago the number of unsubstantiated cases for APS was high and it was 20% were substantiated and the remainder were unsubstantiated and wondered if she had any comments if APS was unable to contact clients if 3 out of every 4 are unsubstantiated?

Ms. Sever replied there are a lot of variables that go into substantiating a case and gave an examples of self-neglect cases and self-determination.

B. Home and Community Based Services (HCBS) Caseload & Waitlist

Cissy Garic presented on Home and Community Based Services. ([Attachment C](#) & [Attachment D](#))

Ms. Liveratti asked if the Department of Welfare and Supportive Services staff were assisting Department of Employment, Training and Rehabilitation (DETR) processing unemployment claims and if that could be affecting the approvals with the waivers? Ms. Garic doesn't have that answer. Ms. Schmidt clarified employees who handle waivers are a specialized group and in a specific office, so she doesn't believe they pulled from that group.

Barry Gold added well the average days to approved has decreased significantly it's still long time. He asked for how many people who were put on the waiting list do not ever make it? Can you get statistics on how many people go into a nursing home, die, or something else happens? In terms of advocating in terms of staff and positions for slots would help. What's happening to these people? Ms. Garic stated number of pending for PD about 80 percent continue to get approved, and 20 percent that fall off. The number one reason for falling off the FE/PD waiver is noncooperation and that's about 75 percent. The other ones that fall off for death is about 10% and same with nursing home placement. Mr. Gold asked for actual numbers. Ms. Garic will follow up and provide the data requested via email.

C. Food Security Council Update

Ms. Robb reported the COVID pandemic has done damage to progress made on food insecurity in the state. Per a recent Feeding America report, the impact of the coronavirus on local food insecurity projects Nevada among the top three states nationally for the highest percent change in food insecurity between 2018 and 2020 with a fifty percent increase. The report also projects that Nevada will be among the fifth state in the top ten for the highest rates of projected food insecurity in 2020. We are also tied with Louisiana for first with the state's highest rate of projected child food insecurity, but those percentages are relatively close. Hoping with the additional cares funding they will be able to address some of the food insecurities in the Older American's Act funding and will continue to work with the community providers that they have. The top 5 counties are projected to experience the highest increase which is Clark, Washoe, Storey, Douglas and Elko. In response to this report, the office of food security collaborated with Winter Tucker to develop a food insecurity report series. The report is a two-part series combating the statewide hunger crisis as well as hunger among older Nevadans amidst the COVID 19 pandemic. The series provides a comprehensive summary of the COVID 19 response efforts and the services data from the selected food security partners. It will summarize how the waivers and the rural flexibilities were implemented for the federal nutrition programs and include the data on food banks distributions. All these reports are posted on the office of food securities website. In October during the council on food security meeting, the policy subcommittee presented three policy recommendations for consideration to the full council.

1. Establish a state food purchasing program.
2. Remove requirements restricting who have committed a drug felony in the past twenty years in receiving SNAP.
3. Increase home delivered meals program reimbursements.

Ms. Robb concluded the office of food security as well as the council on food security will be following any bills for Nevada throughout the session.

D. Ombudsman Report

Jennifer Williams-Woods provided an update on case numbers opened for the month of January.

- 106 cases opened statewide.
- Carson District - 7 cases
- Elko District - 1 case
- Vegas District - 79 cases
- Reno District - 19 cases 7 of these cases were COVID related.

She stated due to the frozen positions, staff numbers are down in Carson and Elko and one position is vacant. There are a few rural facilities left to receive visitation booths. They are conducting follow up calls to all facilities for visitation booths and are working with Office of Public Health Informatics and Epidemiology (OPHIE) and HCQC by attending weekly meetings to see where the hot spots are. They're also collaborating with them to get interjurisdictional forms to inform their staff of where current outbreaks are in facilities, so staff do not go to those facilities and conduct visits. They are continuing to do staff visits in person and virtually using the tablets and the video platforms to conduct visits with residents. They're trying to be as creative as possible to get in front of the residents and are still working on getting into facilities. They are next for receiving the vaccination. Cases are lower than pre covid and are trying to do outreach to inform people that they're still here. They continue to

call facilities and see what they can do to provide information to facilities They submitted their annual report to the Administration for Community Living. Ms. Liveratti stated she spoke to someone whose wife was went to the hospital due to covid and was charged for the time she was away from her facility. Is that to reserve the bed and is that common or based on the individual nursing home that sets that? Ms. Williams-Woods stated they vary in types of facilities and are working to contact the Administrator of the facility to figure something out. Mr. Gold asked if family members are confused or don't know what they need to do to visit? Ms. Williams-Woods responded they haven't heard that too much. She states they mentioned at the Caregiver conference to reach out to the facility and are encouraging family members to do the same. Mr. Gold mentioned because of the state's increases in cases and deaths were the highest they ever were and wondering if it's increased business within the ombudsman program? Ms. Williams-Woods responded they haven't seen much of an increase. Mr. Gold asked if the facilities cannot demand the residents get the shot. Have they heard of any Long-Term Care facilities staff must get the vaccination? Ms. Williams- Woods responded she has not heard that yet and is shocked that so many health care professionals have declined to get the vaccines, from CNAs to Nurses. Natalie Mazzulo thanked Jennifer for presenting at the Caregiver Conference and informed the group of the two-hour self-study on regulations and if the Commission would like to review the regulation for visitation that is allowed. She will send follow up information to Miles Terrasas to disseminate to the group.

12. APPROVAL OF AGENDA ITEMS FOR NEXT MEETING

- Covid vaccine updates
- Mr. Gold asked to hold a meeting before May to get the letter of support approved and have it drafted in advance?
- Mr. Gold requested discussion around visitation and if someone from DBPH could talk about what their surveyors are finding in terms of looking at the criteria for visitations since its their responsibility to oversee the visitation process. A report would be interesting to know what's happening and how that's happening.

13. NEXT TENTATIVE MEETING DATE – May 11, 2021

14. PUBLIC COMMENT

Jeff Klein spoke to two advocacy opportunities at the federal level. First one is the budget reconciliation bill on covid that has currently moved into congress. The education labor budget reconciliation text was released yesterday and past in the middle of the night. Includes 750 million for title III C nutrition, 180 million for title III b supportive services including vaccine, 25 million for title IV nutrition, and caregiver services, 44 million for title III D prevention health, and 145 million for title III E caregivers. Now the next big challenge will be when it moves to the Senate. Recommending strongly to advocate for the senate to pass the house bill. Jacky Rosen has been very strong for these issues. Second thing is may recall last summer had a letter pushing Older American's Act (OAA) funding. It was a bipartisan letter that originated from Senator Collins. We asked that Senator Rosen to sponsor. There is a new bill, and the originators has been initiated by Senator Casey. We are asking Senator Rosen to sign on as a Sponsor. He will forward the draft letter to Miles and would love to see it circulated with the Commission. It would significantly increase dollars to ADSD with the Older Americans Act. There is a lot of stuff moving on aging services. There are several new legislative staff on Congressional Delegation. If you have not had a chance to reach out and talk to Congress person of choice, now would be a great time to do it. Senator Rosen and Senator Titus will be speaking at Engaging with Aging. He concluded if you have interest in public policy, to please register.

Nikki Rubarth stated would like to remind everyone that the Alzheimer's Association will be hosting their advocacy day on March 9th and will be a virtual event. Key priorities are to ensure they can provide respite care for families who are caring for loved ones with dementia. To make sure their public health campaign can continue to raise awareness of Alzheimer's disease and the importance of a diagnosis. Also, discussion around the CPT code for diagnosis and care planning to be covered by Medicaid. She posted the registration link in the chat. They will have sessions in the morning and breakout sessions in the afternoon. Please join if you can. March 9th, 9:00am – 4:00pm.

Barry Gold stated the Engaging with Aging conference will recognize Mary Liveratti for the Lucy Peres award but wanted her to be recognized by the Commission also.

15. ADJOURNMENT – Meeting adjourned at 3:38PM.

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Miles Terrasas in writing at 3416 Goni Rd, Suite D-132 Carson City, Nevada 89706, email milesterrasas@adsd.nv.gov or call at (775) 687-0501 as soon as possible.

Notice of this meeting was posted in the following N/A. Notice of this meeting was faxed, e-mailed, or hand delivered for posting to the following Carson City and Las Vegas, Nevada, locations N/A Notice of this meeting was posted on the Internet through the Nevada Aging and Disability Services Division website at adsd.nv.gov, and Nevada Public Notices website at www.notice.nv.gov. Supporting public material provided to Commission members for this meeting may be requested from Miles Terrasas, Commission Secretary, ADSD at (775) 687-0501 and is/will be available at the meeting locations and ADSD website at adsd.nv.gov.

Attachments:

- A. [State Plan - Goals and Objectives](#)
- B. [Adult Protective Services Statistics](#)
- C. [CBC Caseload Statistics](#)
- D. [FE/PD Approvals](#)