

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

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## MEETING MINUTES

Name of Organization: Nevada Commission on Aging

Date and Time of Meeting: Tuesday May 11, 2021 | 1:00 pm

Place of Meeting: Microsoft Teams Meeting &  
3320 West Sahara Ave, Suite 100  
Las Vegas, Nevada 89102

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### 1. CALL TO ORDER/ROLL CALL

Dena Schmidt called the meeting to order at 1:03pm.

#### Commission Members Present:

Jeff Klein  
Barry Gold  
Mary Liveratti  
Leilani Kimmel Dagostino  
Niki Rubarth  
Natalie Mazzullo  
Lisa Erquiaga  
Esther Gregurek

#### Commission Members Absent:

Stan Lau  
Daniel Corona  
Senator Chris Brooks  
Assemblywoman Susan Martinez

#### Staff Present:

Miles Terrasas, Executive Assistant, ADSD  
Jeff Duncan, Social Services Chief, ADSD  
Cheyenne Pasquale, Social Services Chief, ADSD  
Rique Robb, Deputy Administrator, ADSD  
Jennifer Richards, Chief Advocacy Attorney, ADSD  
Jennifer Williams-Woods, Social Services Manager, LTCOP, ADSD  
Paul Shubert, Bureau Chief, HCQC, DPBH  
Kirsten Coulombe, Social Services Chief, DHCFP

Cissy Garic, Management Analyst, ADSD  
Karissa Loper, Bureau Chief, DPBH

### 2. PUBLIC COMMENT

There was no public comment.

### **3. Approval of February 10, 2021 and February 18, 2021 Meeting Minutes**

Ms. Liveratti made a correction to the February 10<sup>th</sup> meeting minutes on page nine to change the word substantiated, to unsubstantiated. Ms. Kimmel-Dagostino moved to approve the minutes as corrected. Mr. Gold seconded the motion. The motion passed unanimously.

### **4. Update on the COVID-19 Vaccination Response**

Ms. Loper reported the response is going well from the perspective of immunization advocates. We expected a drop to occur in doses initiated. We have reached 47% of the 16 and older who are eligible. With doses initiated equal to or well above what they get adults to do during flu season. For seniors specifically, they are seeing some concerning numbers for those who received a first dose and not a second dose. The data analytics team is reviewing that data to organize a more targeted outreach to 65 years and older to get them back for a second dose. The Bureau is expanding into any provider point of access that is willing to stock and administer vaccines. The federal government is looking to partner with every pharmacy they can find to expand access to vaccinations. They announced Uber and Lyft from May 24<sup>th</sup> through July 24<sup>th</sup> will offer free rides to individuals to a vaccinating site or provider. She continued they are working with their Vaccine Equity Collaborative to do a Nevada specific social vulnerability index so, using state and federal data sources that are available to design and find vaccine providers in areas we may have a dearth of providers and/or have pop or mobile clinics set up in those neighborhoods, so people have easy access to the vaccine.

Ms. Loper added, the FDA authorized down to 12 years old for the Pfizer vaccine. Tomorrow, the Advisory Committee on Immunization Practices will meet and discuss that data, the recommendation and make the final recommendation to vaccinating providers. They'll expect the press release to go out Wednesday or Thursday evening.

In response to Mr. Gold's question, Ms. Loper stated unfortunately for the rural counties, it is vaccine hesitancy and mistrust of government. Vaccine providers and outreach coordinators have gone far to offer access points. They are working on the education resources and are working to get them with persons they can trust.

In response to Mr. Gold's second question, Ms. Loper stated 60% immunity is a lofty goal. In the immunization world, 47% percent of COVID initiation is a lot more than they see with the flu vaccination in adults, so they will continue to build on that momentum of accepting the COVID vaccine and now that kids are eligible for the vaccine, that will potentially drive up numbers for family units. She added they are looking for trusted messengers and champions in every county they can find. Ms. Kimmel-Dagostino added a lot of the pharmacies are wasting doses due to the absence of people wanting to come in. She gave an example of her outreach efforts to encourage the vaccine in her area.

Mr. Klein provided an example of his vaccine outreach and the success of reaching 85% of his caseload and agreed it is a matter of a trusted messenger and a trusted resource.

Ms. Mazzullo added the UNR Extension has educators in every community. Typically, they are very trusted in the community. The CDC partnered with extensions across the country to do a marketing campaign for education and outreach with a funding opportunity available. There was a secondary funding opportunity around \$200,000 that was for distribution of the vaccine. She added for the Lyft and Uber, they are at a huge shortage of Uber and Lyft drivers and added to be cautious of recommending the free rides to vaccination clinics and providers as there might not be any drivers available.

Ms. Williams-Woods added that adding vaccination sites to the transit centers, subway stations for potential opportunities while they wait for transportation. She has also seen outreach in churches to help target the rural community. Mr. Klein stated he can reach out to Anna Eng with Nevadans for the Common Good which has many churches onboarded within their group.

**5. Update on Family Visitation Plans and Guidelines for Nursing Homes and Long Term Care. Discussion and approval of possible visitation recommendations to the Division of Public and Behavioral Health.**

Mr. Shubert emphasized facilities must not restrict visitation without a clinical or safety cause. That's first and foremost what all licensed facilities should recognize. Second, it is just the notion to encourage families and loved ones to contact the facilities to find out what's going on in the facility now. Some facilities are still experiencing outbreaks. Unfortunately, large increases of positive covid cases, warrant those facilities good reason to have restrictions. They have reviewed the QSO 20-39 guidance from Center for Medicare and Medicaid Services (CMS) that ensures visitation in facilities, and options for facilities to organize that visitation. That memo is posted on the CMS website. The Bureau considered listing it on the DPBH website, but a couple of deterrent factors are the difficulty navigating the website to find the information and the frequency the guidance is updated which means continual updates and management of the DPBH website. He concluded they do not have a position that manages the website to ensure it remains up to date.

Mr. Gold stated his concerns with the CMS website and how difficult it is to navigate their website. He continued the guidance has been updated at least once since then and reminded Mr. Shubert of the letter of support the COA sent to ask the Bureau to post the guidance on their website. He concluded posting the guidance on the Bureau's website would be a good, trusted source because calling the facilities does not always lead to a valid source of information.

In response to Mr. Gold's questions, Mr. Shubert responded the information does not remain static even for facilities and especially during outbreaks. He explained the Bureau continues to encourage families to speak with the facilities as the guidance can be broad if only relying to review the guidance on the website.

Mr. Gold commented he believes it should be posted on a website under the Department of Health and Human Services as a public service. He mentioned comments from the chat about it being posted on the Long Term Care Ombudsman Program web page. Ms. Williams-Woods confirmed she would follow up with the staff to have it updated and posted on their website. Ms. Schmidt added she would reach out to Nevada 211 to confirm if they have any guidance regarding facilities currently on their website.

**6. Overview of Money Follows the Person (MFP) grants. Discussion and approval of possible grant recommendations to the Division of Health Care Financing and Policy (DHCFP).**

Ms. Coulombe reported they are working on determining and prioritizing projects. She explained MFP has the transition program that was authorized until September of 2024. Secondary, there is a funding source for increasing Home and Community Based care capacity known as the capacity building funding grants. They held a public workshop to solicit feedback from stakeholders and received a lot of feedback related to policy improvements. She continued one of the challenges with applying for grants is you cannot add or increase services due to the need for long term funding. The grant is 5 million dollars and is due in mid-June.

DHCFP is looking at three projects: First, the Medicaid waiver eligibility billing component to make it a more automated process to avoid delays. Second, the technology improvement project between ADSD and DWSS. She explained the goal is to have the ADSD case management system collaborate with the DWSS system to expedite the eligibility process. The last project, they have a federal mandate from the 21st Century Cures Act to require any home health services to implement the Electronic Visitation Verification (EVV) system. Part of the process is going out to Request for Proposal and which is more complicated because it's a system. Their goal is to use funds to help with the RFP process as it's an unfunded federal mandate.

In response to Ms. Liveratti's question, Ms. Coulombe responded she received confirmation from CMS that there is no match requirement for this grant. Ms. Coulombe responded Ms. Liveratti's second

question, that the request isn't to fully fund the DWSS project but to help supplement the funding. Ms. Schmidt added they are meeting later to discuss where the DWSS project ends is where this funding will supplement the remainder of the project. That first project is focused on enrolling clients in the Waiver. Currently the ADSD case management system is antiquated, the funding would help modernize the ADSD case management system to: 1) Better serve and report 2) Remain compliant with the Settings Rule.

Mr. Gold commented once the Division's narrow down the proposal; he would be interested in receiving a copy. Ms. Coulombe responded they must define what their goals are and objectives and how they will meet them. All the information will be public and she can provide an update at the next COA meeting.

## **7. Discussion of Membership and Acknowledgement of Parting Members**

Ms. Schmidt acknowledged the parting members and recognized them for their incredibly productive meetings and helpful guidance. She continued and thanked them for great attendance and challenging the Commission to always seek better ways to support the individuals we serve.

Ms. Schmidt reviewed the vacancies and encouraged members and public to share the word to apply on the Governor's website for council and commission appointments.

## **8. Subcommittee Reports and Possible Approval of Recommendations**

### **A. Policy Subcommittee**

- i. Recommend the Commission to monitor the wait times to service for HCBS.

Mr. Duarte Chair of the Policy Subcommittee stated Ms. Coulombe reported on two items he was going to report 1) MFP Grant and 2) Systems. He continued they held their meeting March 31st and had presentations from three agencies: ADSD, DHCFP and DWSS. They first discussed adding Home Delivered Meals to the HCBS FE Waiver. Approximately 25% of the FE clients currently access meals through county and grant funded programs. The Medicaid Rate Unit will prepare a fiscal analysis to determine the cost impact, if any, by adding home delivered meals as a waiver benefit. This may help augment county and grant based programs and give FE Waivers clients another option for meal service. Issues from adding this benefit included Medicaid participation by traditional meal service providers. Some of which would not be able or willing to participate due to the requirement of submitting Medicaid claims. Also taking into consideration the cost impact to the counties because of the County Match Program. The subcommittee voted to move this item forward for further analysis by state agencies during the interim.

Mr. Duarte stated the second item discussed is funding HCBS services to eliminate the waitlist. During the meeting, Crystal and Kirsten discussed the status of waiver waitlist. The consensus is waitlist are inevitable a result of the eligibility determination process. A more effective way to monitor the efficiency of eligibility would be to monitor the time frame between application and services. As Ms. Coulombe discussed there are still concerns due to the saturation of providers and the inability of providers in certain areas to meet the demand for new waiver slots. Tracking these wait times in addition to wait list is the subcommittees recommendation and that ADSD provide the information to the Commission. The recommendation to add this metric as it incorporates an overall review of the waiver application process and efficiency. The recommendation to the Commission is to not only track waiver wait list but also track the time from the application to services.

Mr. Gold moved to approve the recommendation provided Mr. Duarte. Mr. Klein seconded the motion. The motion passed unanimously.

The last item discussed was increasing the Personal Needs Allowance (PNA). During the subcommittee meeting, Sheri Rasmussen reported the PNA has not increased since 1991. Currently, the federal minimum is \$30. A poll of all 50 states and DC. Two tiers of states of where they set their PNA. 33 states had PNA's between \$44 and \$69 and the remaining states had PNA's between \$70 and \$200. There was discussion regarding the fiscal impact if the PNA were to \$50 in Nevada with an estimate of 2 million per year or about 600k in SGF if it was done today. Due to the fiscal impact, this would need to be a budget decision unit in the next legislative session. There could also be a cost implication through the County

Match Program. Medicaid would also have to consider is this change on the nursing home provider tax. The subcommittee agreed to move this item forward for further analysis during the interim by the department specifically, Division of Welfare and Supportive Services (DWSS) and Division of Health Care Financing and Policy (DHCFP). Finally, looking at possible increase to the spousal impoverishment income amount. That's the amount that a community spouse can keep if or his/her other spouse is institutionalized in a nursing home. They will also be reviewing nurse to resident ratios for Skilled Nursing Facilities and any impact associated with new legislation as well as the American Rescue Plan (ARP).

## B. Legislative Subcommittee

Mr. Klein thanked Melanie Gross for her support to the subcommittee and providing the legislative updates.

- i. Recommend the commission to support the following bills:
  - AB 35 – Rx Program
  - AB 76- Veteran's Adult Day Health
  - ~~AB 142 – Nurse Licensure Compact Bill has died.~~
  - AB 190 – Family Sick Leave
  - AB 216 – Cognitive Assessment
  - AB 344 - Authorizes the establishment of a program to facilitate transition of the care of older persons and persons with disabilities.
  - AB 177 - Revises provisions relating to prescriptions. (BDR 54-61)
  - AB 217 - Requires training for unlicensed caregivers at certain facilities. (BDR 40-454)
  - SB 171 - Revises provisions related to drugs and the prescription of drugs in this State. (BDR 57-848)
  - SB 200 - Provides for the establishment of a retirement savings program for private sector employees. (BDR 31-219)
  - SB 396 - Revises provisions relating to the purchasing of prescription drugs. (BDR 38-443)
  - SB 5 – Electronic tool to analyze certain data concerning access to telehealth.
- ii. Nominate a member to testify on behalf of the Commission.

Ms. Liveratti and Ms. Schmidt discussed the status of AB216 regarding the agency's involvement and removing the fiscal note.

Mr. Gold moved support the bills listed removing AB142 as it had died and to nominate Ms. Liveratti if there's an opportunity to testify on behalf of the Commission. Ms. Mazzullo seconded the motion. The motion passed unanimously.

- iii. Introduction of the Elder Abuse Fatality Review Team concept

The subcommittee received a presentation from Tammy Server and Jennifer Richards about elder abuse fatality review teams. The subcommittees recommendation is Nevada should pursue reviewing the study during the interim to recommend Nevada also have a team like this set up. She would recommend the presentation received at the subcommittee be sent to the Commission members and any new commissioners receive it also. Mr. Klein added there is potential to advocate for public policy. Ms. Liveratti added there is 35 teams currently in 13 states so there are several states to review their models. It's a case review and protocol but the point of looking at these is to avoid blame and shame. To review why these deaths occurred and if there's anything we can do to effect policy to prevent unnecessary deaths.

Ms. Liveratti moved to study the Elder Abuse Fatality Review team concept in the interim and to have the presentation sent to Commission members. Mr. Gold seconded the motion. The motion passed unanimously.

- iv. Study incapacity holds and dementia holds during the interim

Mr. Klein explained the issues with incapacity holds and dementia holds and what issues the hospitals are experiencing along with the unsafe discharges. The holds need further review and analysis in the interim to address the public policy issues that are associated with the issue. Ms. Liveratti added they received a great presentation that can be sent out to the Commission members. The subcommittees recommendation is to have the Commission work with interim committees to get the process started for further review and analysis. Ms. Liveratti added if the interim committees are not interested that the COA create recommendations through a series of conversations to be considered in the next legislative session.

Ms. Liveratti moved to approve the recommendation. Mr. Klein seconded the motion. The motion passed unanimously.

- v. Include wait times, totals on waitlists and outcomes for ADSD reports to the Commission.

Mr. Gold stated they discussed outcomes when people drop off before people get services. What happens to those people, etc.?

Ms. Schmidt added she sees the case closure reasons but not the waitlist closure reasons and will have it added to the report.

## **9. Review of Senior Issues Day 2021**

Mr. Gold reported it was the first virtual Senior Issues Day they hosted and may not be the last. They had good participation with about one hundred people including Martin Luther King Senior Center which had 15 people in attendance. There was great input from the legislators and in attendance was the Speaker, Majority Leader, Minority Leader from the Assembly and had good discussion from them and they had the chance to hear of the issues. A poll was done for attendees and it concluded they prefer the term Older Adults. He mentioned the Commission should thank Miles Terrasas and Melanie Gross for their hard work and helping put the materials together.

## **10. Administrator's Report – Discussion and approval of possible recommendations by commission members related to:**

### **A. ADSD budget closing.**

Ms. Schmidt reported Thursday morning is the final budget closing. They are not anticipating any major changes. Everything should be going forward as voted in the subcommittees. Guidance has come out on the ARP money. She would encourage everyone to look at Every Nevadans Framework which is posted on the Governor's website and the link provided in the chat. The Governor's Office are asking state agencies and partners on how funds should be spent. What the priorities should be, the gaps in the community, and they are developing the framework with four priority areas. ADSD is putting forward 9 concepts to serve our populations and improve our services but encourages everyone to do the same. She concluded due to the short term funding, they are focusing on infrastructure, grant funding for one shot in the community to build capacity for residential facilities and increase capacity for the provider network by giving them the one shot funding to get them expanded.

### **B. Possible letter of recognition and appreciation of Sugar Vogel**

Ms. Schmidt asked the Commission if they were interested in supporting a letter for Sugar Vogel who has stepped down from her position on the Commission to recognize her for all the hard work she has done in the community.

Ms. Liveratti moved to approve the letter. Mr. Klein seconded the motion. The motion passed unanimously.

## **11. ATTACHMENTS ONLY - PROGRAM UPDATES AND INFORMATION.**

- A. Adult Protective Services Update and Caseload Information
  - Tammy Sever, Social Services Chief, Adult Protective Services, ADSD

Nikki Rubarth stated the Alzheimer's Association has developed a training for APS, Social Workers, and Community Workers which brings together many components of other Alzheimer's Associations Core Programs. She mentions sentiments to the APS staff regarding their high caseload and would like to offer more information later. Ms. Schmidt thanked her for the information and mentions she will follow up for more information.

B. Home and Community Based Services (HCBS) Caseload & Waitlist  
- Crystal Wren, Social Services Chief, ADSD

C. Food Security Council Update  
- Rique Robb, Deputy Administrator, ADSD, DHHS

Ms. Robb provided updates on legislation pertaining to the Food Security Council.

D. Ombudsman Report  
- Jennifer Williams-Woods, Manager, Long Term Care Ombudsman Program, ADSD

12. APPROVAL OF AGENDA ITEMS FOR NEXT MEETING (**For Possible Action**)

- Action item sending a letter commending the Governor and the legislature for funding HCBS services both caseload growth and to eliminate the waiting list.

13. NEXT TENTATIVE MEETING DATE – August 11, 2021

14. PUBLIC COMMENT (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

Ms. Liveratti thanked Dena and all her staff. She continued they are very helpful and very responsive. It was a pleasure to work with all of you and thank you.

15. ADJOURNMENT 2:39PM

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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](mailto:milesterrasas@adsd.nv.gov) or call at (775) 687-0501 as soon as possible.

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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](http://adsd.nv.gov), and Nevada Public Notices website at [www.notice.nv.gov](http://www.notice.nv.gov). Supporting public material provided to Commission members for this meeting may be requested from Miles Terrasas, Commission Administrative Support, ADSD at (775) 687-0501 and is/will be available at the meeting locations and ADSD website at [adsd.nv.gov](http://adsd.nv.gov).