



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



MEETING MINUTES

Name of Organization:	Nevada Commission on Aging
Date and Time of Meeting:	Tuesday, November 9, 2021 1:00 p.m.
Place of Meeting:	Virtual

1. ROLL CALL

Ms. Schmidt called the meeting to order at 1:00 p.m.

Present:

Dena Schmidt
Chris Vito
Barry Gold
Dorothy Edwards
Niki Rubarth
Natalie Mazzullo

Staff:

Miles Terrasas, Executive Assistant, ADSD
Kirsten Coulombe, Social Services Chief, DHCFP
Karissa Loper, Bureau Chief, DPBH
Jeff Duncan, Social Services Chief, ADSD
Cheryl Dinnell, Executive Director, Lifespan Respite Care Coalition
Crystal Wren, Social Services Chief, ADSD
Elizabeth McCurdy, Manager, APS, ADSD
Jennifer Williams-Woods, Manager, LTCOP, ADSD

Absent:

Senator Chris Brooks
Assemblywoman Susan Martinez
Lisa Erquiaga
Stan Lau

2. PUBLIC COMMENT

No public comment.

3. Approval of the August 11, 2021 Meeting Minutes

Mr. Gold moved to approve the minutes with corrections in the public comment section along with additional spelling and grammar errors. Mr. Vito seconded the motion. The motion passed unanimously.

4. Updates regarding Money Follows the Person (MFP) plan

Kirsten Coulombe, Chief of the Long Term Services and Supports (LTSS) Unit with Medicaid explained the traditional MFP grant is used to increase the use of home and community based services (HCBS) and reduce the use of institutionally based services. The Capacity Building grants are limited to MFP

demonstration states with up to \$5 million in MFP grant funds for planning and capacity building activities to accelerate the LTSS system transformation design and implementation and to expand HCBS capacity. The budget request was submitted in June 2021 and was given conditional approval on October 5th. Following the public workshop, three initiatives were brought forward including the automated waiver process to add individuals to the Medicaid billing system and provide system enhancements when the Division of Welfare and Supportive Services determines an individual eligible. The second initiative is the Electronic Visitation Verification system that the 21st Century Cures Act required to implement for personal care services, which is a system that ensures the individual is receiving services in the home and is electronically verified. Ms. Coulombe added Medicaid must expand those services to home health care services and are trying to get assistance to write the Request for Proposal. The third project is to modernize the case management system for all HCBS to be connected in the same system.

Mr. Gold asked when Medicaid receives the full approval if a copy of the letter can be sent since the Commission is not meeting for a few months and because AARP is following the MFP grants.

Ms. Coulombe explained once the notice of award is received; there's a timeline around sixty days to complete it. The state process is to attend the Interim Finance Committee (IFC) to request permission to receive the funds before the division can start on any of the activities. In closing, Ms. Coulombe stated she will provide the information and can give an update on how the process works.

5. Update on the COVID-19 Vaccination Response

Karissa Loper, Health Bureau Chief over Child, Family and Community Wellness provided an update for the Nevada population ages 55 years and older regarding initiated and completed vaccinations.

- 55 to 64 age group, 75% initiated and 67% completed
- 65 to 74 age group, 88% initiated and 79% completed
- 75 years and older, 85% initiated and 76% completed

Ms. Loper stated the 55 and older age group in general is doing well and the Bureau is continuing to ensure that every pharmacy has vaccine providers, particularly in the long term care facilities, assisted living facilities and ensuring any other kind of Health Care Quality and Compliance (HCQC) regulated facility have what they need and can access vaccination services primarily through a pharmacy strike team. Continuing, Ms. Loper stated they have a database with over 2,000 facilities between ADSD and the Division of Public and Behavioral Health (DPBH) regulated facilities and have a survey that remains open if they need access to pharmacy vaccination strike teams. They currently have about 600 responses and everyone is being matched with a strike team and have the health districts working with facilities in their areas. Ms. Loper said Clark County is working directly to service and vaccinate 35 facilities. In the quad county area – Carson, Lyon, Story and Douglas are working with 10 facilities across their county and Washoe County Health District is directly serving about 7 facilities. Ms. Loper mentioned anyone the health districts are not serving can be served by a pharmacy partner. Ms. Loper continued currently they are focused on ensuring they all understand the CMS ruling that's come out and how that may impact their facility; additionally, if they need help vaccinating residents and staff, the Bureau is there to help. Mr. Gold shared data from the AARP dashboard of residents vaccinated in nursing homes and shared his concerns regarding booster shots competing with original shots. Mr. Gold also shared concerns with the nursing home staff increase from 65% to 69%.

6. Administrator's Report

A. American Rescue Plan (ARP) funds

Ms. Coulombe explained Section 9817 of the American Rescue Plan Act allows HCBS to have a 10% increase to FMAP. The Division of Health Care Financing and Policy (DHCFP) held a public listening session in the beginning of June and followed a strict timeframe to submit the spending plan. Ms. Coulombe said they are working on updating their website and creating an American Rescue plan email address to provide better notification and streamline communication; along with providing more information such as public notices through the Medicaid Listserv. Ms. Coulombe stated they are identifying all the

initiatives that will give an additional FMAP increase so the division and share a timeline with community partners and stakeholders, particularly regarding the initiatives related to provider rate increases.

Mr. Gold asked when DHCFP might get formal approval from Center for Medicare and Medicaid (CMS)?

Ms. Coulombe replied only a couple of the initiatives needed some clarification that created it to be a partial approval. CMS has a website that lists all states and their approved spending plans and their partial spending plans. Continuing, Ms. Coulombe stated the division is still working on gathering information to answer CMS questions for the partial approval. Ms. Coulombe mentioned the rate increases to the providers were not questioned and the biggest priority is to work out the processes related the \$500.00 cash payment to homecare workers. In closing, Ms. Coulombe stated it might be another month or two before the full approval.

Ms. Schmidt stated the division has various funding streams related to the American Rescue plan. The initiatives have been submitted to the Governor's Office and are awaiting review and approval. The Governor's Office started the final review of the submissions. The 10% FMAP is mostly being handled through the Medicaid division and the division has a few initiatives related to ADSD programs, mostly support staff and one position as well as rate increases in developmental services. Continuing, Ms. Schmidt added Medicaid will be processing the rate increases rather than ADSD. IT system changes must be done because they will be supplemental payments, not rate increases because it is one shot funding and the team is figuring out how to implement that into a data system.

B. Elders Count Report

Ms. Schmidt reported they Elder's Count kick off meeting will be held in January 2022 with the Data Analytics team to review the previous years Elder's Count data and decide if there's any additions or subtractions needed to the report. Ms. Schmidt commented they would appreciate any input on how to make the report the most helpful and useful.

Mr. Vito commented the data would be critical for the Commission and for it to be shared at the Commission meetings. Ms. Schmidt replied, the Elder's Count will be added as an agenda item at the February meeting and the Commission will review the high level data and discuss what is valuable and to work together with the Data Analytics team to make any necessary changes.

C. Olmstead Planning Survey

Ms. Haag provided an overview of the Olmstead Act including its history and connection with ADSD. Ms. Haag stated the Commission on Services for Persons with Disabilities (CSPD) sent a letter to ADSD requesting updates to the Olmstead plan. The division has created a survey that will be sent out to boards and commissions members in November or early December. Continuing, Ms. Haag asked the members to complete the survey and give input so the plan may be updated and meet the needs of the communities served and to help set the direction of the new Olmstead plan. Ms. Haag said it is our mission for the plan to ensure that older adults and persons with disabilities can achieve optimal quality of life in the community of their choice. In closing, Ms. Haag stated the division has identified a vendor to assist with the Olmstead plan and expects the planning to begin in early 2022.

Ms. Schmidt provided an update regarding an active Notice of Funding Opportunity for Vaccine Outreach and Assistance for Older Adults, Caregivers, and People with Disabilities and those that serve them. There is approximately \$875K available statewide. Currently the opportunity is scheduled to close on Friday, but it looks like we may extend the application date due to a lack of responses. The opportunity is posted on our website at: [Nevada ADSD: Open Grant Opportunities \(nv.gov\)](https://www.nv.gov/adsd/grants)

D. Senior and Disability Prescription Program

Ms. Schmidt explained the Senior and Disability Prescription program's new model and concept of moving the funds to the community was denied and removed from the October Interim Finance Committee (IFC) meeting. ADSD will not be able to move forward with the pilot program. Ms. Schmidt stated the Nevada Revised Statute (NRS) says that ADSD must provide the direct service and cannot subaward the funds. The team will meet with the state pharmacist to discuss other opportunities but the division plans on moving the concept forward as a budget item in the next legislative session and plans on completing a Bill Draft Request (BDR) to change the language to give the division the ability to subgrant those funds.

Mr. Gold asked in the meantime if the premium assistance will continue? Ms. Schmidt replied yes, the program will continue the way it is now.

E. Lifespan Respite Coalition

Cheryl Dinnell, Executive Director, Nevada Lifespan Care Coalition, stated the Coalition has transitioned into a public body like the COA and will be working on issues surrounding caregiving and caregiver support such as respite. Ms. Dinnell said respite is still the number one request that caregivers make for themselves and so many seniors with disabilities or special health care needs have a primary caregiver who supports them often without any compensation or pay and the pandemic has shown that these caregivers are an essential support and we've taken them for granted for a long time and they were left standing alone when others supports and services were shuttered due to COVID. Continuing, Ms. Dinnell stated they've been on the highlight for the national perspective and so the demands and pressures experienced by these caregivers brought them to a breaking point and that is not what we want to see. We don't want to have two vulnerable people needing care and so while the COA probably seeks to facilitate and enhance the quality of life and services for the Nevada seniors, NRCC will advocating for these important caregivers in their lives. We'll be working together on issues in common and I want to introduce myself and on behalf of the Coalition convey our interest in coming aware of their priorities selected for your work and share our priorities as we move forward so that our efforts can be combined when appropriate. Ms. Dinnell said I hope you all agree that supports for caregivers will positively influence those long term supports that many of our Nevada seniors rely on. In closing, Ms. Dinnell provided her contact information and mentioned anyone can visit their website to receive more information about the coalition.

Mr. Gold asked the following questions:

1. Since it's a public body is it still going to be called a coalition?
2. Do they have to appoint or limit the membership?
3. Will the public body be able to support specific legislation like the independent group has done in the past?

In response to question number one, Ms. Dinnell replied it's still going by the name Nevada Lifespan Respite Care Coalition. In response to question number two, Ms. Dinnell replied they are not a statutory body and are administered through ADSD so yes, they have representation on the public body of both caregivers, direct service workers, agencies serving children and adults and partners with no wrong door they'll be working with. In response to question number three, Ms. Dinnell replied they have an educational and awareness role and will certainly be able to share their impact and feelings of legislation like any other public body. Ms. Dinnell stated they cannot publicly endorse or support a bill as a public body. Mr. Gold shared an example of the coalition providing support in the past, specifically the family caregiver sick leave bill. Mr. Gold added caregiving was recently added into the Build Back Better Act and shared his concerns regarding conversations had with Dr. Titus.

Discussion ensued regarding the Coalition and their partnership with ADSD including the grant opportunities such as lifespan respite act funds through the Administration for Community Living (ACL) as well as other funding opportunities. Mr. Duncan added the reason the coalition is now under ADSD it to bring stability to the coalition but doesn't mean it will be in the same advisory body capacity as

they move forward. Mr. Gold asked how many staff support the coalition. Mr. Duncan replied, current staff for the coalition is Ms. Dinnell and one temporary contractor paid for by the grant.

7. PROGRAM UPDATES AND INFORMATION

A. Adult Protective Services Update and Caseload Information

Ms. McCurdy stated 1300 intakes were taken from the central intake line with 708 cases opened. 438 of those cases were opened in the Southern region and the rest were opened in the Reno, Carson City and rural offices. As of October for the fiscal year 2022, 3069 cases have been opened. Ms. McCurdy explained they are hiring for social worker positions in Reno, Carson and Las Vegas. Ms. McCurdy stated they are working on their ARPA operational plan and are about to send the survey to community providers and explained the survey is about strengths and weaknesses to help the agency form the plan and spend the money. Ms. McCurdy said they are continuing to work on their Opioid Grant to gather more data and noted the data is getting better as they move forward. The group noticed a couple of errors on how questions were being asked and are training staff on how to approach people to do the screening without being intrusive but also being inclusive of everyone and ensuring they are getting the help and the warm handoffs to referrals as needed.

Ms. Schmidt added they have a partnership with the University of Nevada, Reno and are working with some Funds for Healthy Nevada (FHN) dollars, on a grant to the University to help develop training modules for ADSD staff, but also for social workers in the social work school and they're looking at their curriculum and going to focus it on geriatrics and APS to do a better job of recruiting, retaining and training people on the senior service in the school of Social Work. Ms. Schmidt commented they are excited to be a participant in that program and partnered with the new Dean.

Ms. Mazzullo commented on a training opportunity with AARP's Disrupt Aging Classroom which is an opportunity to teach undergraduate students as well as master's level students about geriatrics and aging. The training is free and virtual and about a 2-3 hour session that can be done in 1 session or 2. Ms. Mazzullo mentioned she's happy to speak to both UNLV and UNR and see if they'd like that offered to their students, maybe once a semester.

Mr. Vito expressed his concerns with challenges around workforce and if the issue is appropriate to be brought up at the Commission or state level. Ms. Schmidt replied it's been a discussion with ARP funds but it's at the governor's level because anything that would be done would be done across the board and through legislation as far as state employment. Ms. Schmidt mentioned there are many groups working on workforce challenges. Mr. Vito shared an example of workforce challenges and pay disparity.

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

Ms. Wren reviewed caseload statistics for the Community Options Program for the Elderly (COPE), Frail Elderly Waiver, Physically Disabled Waiver, and the Personal Assistance Services program (PAS). (See [Combined Caseload Statistics 9-21](#)). Ms. Wren explained that they transition clients to the COPE program while they wait for the Waiver since the program has a higher income limit and the resource limit is higher. COPE and PAS can also service clients while they're waiting for the Waivers or if the clients are waiting to spend down assets or other factors that need to be met for them to be eligible. Continuing, Ms. Wren stated there have been discrepancies with the waiver slot count from the legislature matching the programs estimates and CBC are currently working with the Office of Data Analytics, ADSD fiscal staff and staff at the DHCFP to figure out the inconsistencies. Ms. Wren said the Homemaker program has been transitioned to the Planning, Advocacy and Community Services unit, and the numbers for the program appear very high but the program stopped receiving referrals July first and started transitioning all referrals to the community partners that PAC serves. Openings are available but they are being addressed with the community partners based on their availability and if they have funding available to serve them. Ms. Wren said clients currently being served by community based care for the Homemaker program are in the process of being transitioned to community partners. Ms. Wren added they are ensuring that community partners have the capacity and the provider availability before having clients transitioned over. They are currently served by community based care providers but are working with the provider community and community partners to ensure

the transition is successful and there is no interruption of services. In closing, Ms. Wren reported the Taxi Assistance Program moved over to the Community Based Care unit from the PAC unit and management is working on outreach efforts and are brainstorming how to get higher utilization of the programs dollars and meeting the needs of client that could benefit from the program.

Mr. Gold asked if the program could add number of clients in addition to percentages to the caseload statistics document, to show how many people the percentage represents? Ms. Wren replied they will add the number of clients in addition to the percentage.

C. Food Security Council Update

Ms. Schmidt stated Rique Robb was unavailable to present but mentioned the Food Security Council is currently working on updating their strategic plan.

D. Ombudsman Report

Ms. Williams-Woods provided an update on the Long Term Care Ombudsman Program including the following cases opened in October 2021:

- 114 cases opened
- 8 cases in Carson
- 78 cases in Las Vegas
- 28 cases Reno
- 2 complaints related to COVID (1 visitation & 1 infection control)

Ms. Williams-Woods stated the program is currently operating with a 50% vacancy rate. However, interviews were conducted in September and October and have filled two supervisor positions in Las Vegas and ADSD Human Resources is reviewing three other offers. Ms. Williams woods commented they hope to fill the Elko and two Las Vegas positions and another position posting should go up on the State Jobs website soon to recruit for the remaining vacant ombudsman positions in Carson, Reno, and Vegas.

Ms. Williams-Woods said, to assist with vacancies, Vegas staff are traveling to northern Nevada to assist with facility visits to ensure the residents still have access to ombudsman services. Continuing, Ms. Williams-Woods stated they are seeing some issues with facilities not taking residents back after hospitalizations, some COVID related, some not. In addition, they are seeing residents quarantined after going out in the community, which should not take place. In closing, Ms. Williams-Woods stated they continue to work with facilities to educate them on the best practices and recommendations put forth by the CDC and CMS.

Mr. Gold asked what percentage of facilities have met guidelines to have in person visitation? Ms. Williams-Woods responded she thinks facilities are still allowing visitation, following the screening process, setting up appointments and allowing ombudsman to complete their work.

Ms. Rubarth thanked Ms. Williams-Woods and commented she knows how challenging the last 20 months have been for everyone but especially for the Long Term Care Ombudsman program.

8. APPROVAL OF AGENDA ITEMS FOR NEXT MEETING

- Presentation of website with repository for behavioral health data – Dorothy Edwards
- Discussion regarding history of behavioral health coordinators to aid in developing a concept for aging and disability coordinators - Dorothy Edwards
- Workforce discussion which can be done through Elders Count report agenda item – Chris Vito
- Presentation of Nevada Volunteer Training portal – Natalie Mazzullo

9. NEXT TENTATIVE MEETING DATE – February 8, 2022

10. PUBLIC COMMENT

Larry Weiss stated thank you for taking on elders count and having ADSD producing it and talking about doing it next year. It's fabulous. Thank you very much.

Cheryl Dinnell, Executive Director for the Nevada Lifespan Respite Care Coalition stated in response to Barry Gold's concerns about legislative advocacy, I just wanted to share we were planning to address our advocacy efforts going forward and not a whole lot different from any nonprofit but as an ASD advisory board and being subject to maybe heightened restrictions on the advocacy activities. We're going to try and remain as neutral as possible to specific legislation but we can still show our leanings in letters of support or through the legislative activities when the awareness of needs or possible solutions can be conveyed to a legislative body or government officials but we will be avoiding any lobbying efforts such as referring to specific legislation or reflecting or stating a point of view on that legislation merits and/or encouraging the general public to contact legislators and I assume that's very familiar to how COA operates as well.

Natalie Mazzullo commented one thing that might be of interest to the group and it may be something you want to hear more about an agenda item, but then if at a geriatric Education Center went back up a little worked really closely with Dena, Peter Reed and Jennifer Carson on the Nevada CAN project and out of that came the next collaborative and Patty S and myself were the logistical coordinators for that social engagement piece and we created a training portal that the volunteers were able to go into to learn a little bit more about older adults and prepare them for working in a volunteer capacity with older adults. Since then, the Nevada Geriatric Education Center has developed the Nevada volunteer training portal. It should be live January first which is why I think it might be appropriate for a February 8th meeting. But then again, it was designed for volunteers for those that work and or support older adults there's topics like older adults and suicide dementia aging is a gift, cultural competency and I'm trying to think of all the by standard intervention a little forward from Dr. Reed himself, but it's really a training portal that we are opening to the entire state. For any volunteer or anyone they don't really need to be a volunteer but maybe you're new to working with an older adult population and they can go through those self-study portal trainings. There is a knowledge quiz that we have it's not required that it passes, but it just kind of sets the tone for the objectives that we'd like folks to focus on as they're going through those modules and at this point we will give out certificate of attendance is they won't be CEU approved we're still working through the bugs on that and uh and so it's really opened as a free training for anybody working with older adults and I would be happy to kind of I don't know if we need to demonstrate it or get the link out and maybe even our research administrator could get on board and kind of walk folks through it, but we really want to be able to provide that to everyone in the state and so if that's something of interest. I'm happy to talk more about it in February.

Barry Gold commented the Build Back Better bill includes Medicare negotiation for drug prices. It includes limited hearing benefits in Medicare. It includes some family leave and that also includes a \$2000.00 out of pocket cap per year on Part D drugs and the other thing that is pretty astounding is a \$35.00 per month on insulin. There's also an inflationary item for drug companies being penalized for drugs that go over cost of inflation. This is all very complex what I want to say is this is not over yet and is still being negotiated every day. There's a group of House Democrats that are waiting for the Congressional Budget Office (CBO) to decide what they're going to do. So it is important that everybody continue to make your voice heard. Prescription drugs were added back because of tremendous advocacy pressure from a lot of groups, including AARP, and a lot of others. If anybody wants to call 844-489-1022 and I'll put it in the chat and that is a direct line that you can call and give it your choice on who to call which member of Congress to call and tell them to please support the Build Back Better Bill and include prescription drugs. It's important that everybody make their voices heard.

11. ADJOURNMENT – The meeting adjourned at 2:44 p.m.