

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

DRAFT MEETING MINUTES

of the Nevada Commission on Aging:
Legislative and Policy Subcommittee (Nevada Revised Statute [NRS] 427A.034)

The Subcommittee held a public meeting on Wednesday, July 20, 2022 at 1:00 p.m. at the following location: **Virtual Microsoft Teams Meeting**

1. Roll Call

Chair Duarte called the meeting to order at 1:01 p.m.

Members Present:

Chuck Duarte
Barry Gold
Donna Clontz

Members Absent:

Connie McMullen
Larry Weiss
Diane Ross

Presenters:

Dena Schmidt, Administrator, ADSD
Jennifer Richards, Chief Rights Attorney, ADSD
Lisa Swearingen, Deputy Administrator, DWSS

Staff:

Miles Terrasas, Executive Assistant, ADSD

2. Public Comment

No public comment.

3. Approval of Minutes of the April 29, 2022 Meeting

Barry Gold moved to approve the meeting minutes. Donna Clontz seconded the motion. The motion passed unanimously.

Mr. Gold requested to change language in the minutes from "top secret" to "confidential".

4. Update on Medicaid Redeterminations

Ms. Swearingen provided updates related to the progression of the redetermination process. She discussed challenges with the shortage of envelopes which halted production for 3 months and the

redeterminations continued to be processed as of July 2022. The Division of Welfare and Supportive Services (DWSS) worked with the Division of Health Care Financing and Policy (DHCFP) and the Managed Care Organizations (MCOs) to gather contact information for the consumers. The DHCFP created an online form and listed the form on their website and the DWSS website, for the consumer to submit the correct address information which is then routed to the Return Mail Unit.

Ms. Swearingen reported approximately 100,000 redetermination/recertifications would be sent out August 1, 2022 which included SNAP and TANF, not just Medicaid. Medicaid redeterminations are projected for the normal target of 60,000 – 80,000.

Ms. Swearingen discussed the Ex Parte automatic renewal process for family Medicaid categories. She explained they are currently working to include Medical Assistance for the Aged, Blind and Disabled (MAABD) categories but are experiencing issues with the asset verification component. The go live date is set for November but anticipate it might go live before then. The DWSS anticipates 70% of cases will go Ex Parte to eliminate the need for paper applications. Ms. Swearingen stated the DWSS received an extension in July for the Public Health Emergency (PHE) to extend 90 days. Centers for Medicare and Medicaid (CMS) will give a 60 day notice of when they plan on ending the PHE.

Chair Duarte and Ms. Swearingen discussed databases used for the Ex Parte and Chair Duarte's concerns for how the process currently is being handled for the MAABD category, specifically seniors, and individuals in institutions and on the Home and Community Based Waivers.

Chair Duarte, Ms. Swearingen and Mr. Gold discussed public campaign efforts to maximize messaging. Ms. Swearingen commented the DWSS plans on social media efforts and making the operational plan public as soon as it's finalized.

The subcommittee agreed Ms. Swearingen and Ryan Studebaker, Medicaid Specialist, from the DHCFP could do a formal presentation to community groups and the subcommittee when closer to implementation.

5. Report on ADSD Legislative Initiatives. Subcommittee Recommendations to the Commission on Aging

Ms. Schmidt reported the ADSD has been asked to submit a flat budget and the agency's focus is on infrastructure, meaning staff and resources for the Human Resources unit, Information Technology unit and Fiscal Services unit. The other focus is reclassifications for equitable pay across programs.

She continued reorganizations are being proposed after the Director asked for divisions to review programs across the department to identify programs with synergy and the appropriate division to operate them. The ADSD has worked with the DHCFP to transfer the Money Follows the Person (MFP). CMS approved the ADSD to become the grantee and the divisions will be working together to complete the transition over the course of the next year.

Legislatively, the ADSD has 4 agency bills they intend to put forward but they have not yet been approved by the governor's office.

1. Agency Bill language cleanup for the Senior and Disability RX Program. The direct expenditure language does not allow the agency to subgrant the funds to community partners and switch from a Medicare subsidy program to a voucher program.
2. Agency Bill for 427A cleanup is to remove strict membership language and allow the Commission on Aging membership more flexibility to appoint qualified individuals.
3. Agency Bill for the Sign Language Interpreter Registry. Revisions to increase the minimum credentialing for sign language interpreters and removing some of the classification language which

would allow a ASD to establish specific classifications and requirements.

4. Agency Bill for Senior and Disability RX, related to the eligibility criteria in the statute. The eligibility criteria are very specific and detailed. It says exactly what assets and what income. Removing that out of statute gives ASD the flexibility to adjust the program to meet the needs and streamline the eligibility process.

ASD submitted letters to the Interim Committee on Seniors, Veterans and Adults with Special Needs as well as the Judiciary Committee supporting Vulnerable adult Protection Orders, Access Warrants, Summary Evictions and the Elder Abuse Fatality Review Teams. The Long Term Care Ombudsman Program also submitted recommendations because of their autonomy to advocate.

Chair Duarte and Ms. Richards discussed the Summary Eviction Notice Pilot program. Chair Duarte suggested the subcommittee should continue to monitor the initiative for potential legislation in the future.

Mr. Gold and Ms. Schmidt discussed the sustainability of provider rates and which divisions budget accounted the rates for items for special consideration. Chair Duarte and Ms. Schmidt discussed IT system projects for family caregiver access, streamlined eligibility, and electronic signature capabilities.

Mr. Gold moved to request what items for special consideration will be moving forward in the agency request budget and whether they include provider rate increases and also an update from the pertinent state agency as to whether or not the personal needs allowance would be included. Ms. Clontz seconded the motion. The motion passed unanimously.

6. Agenda items for the next meeting

- Updates on Redeterminations
- COVID vaccinations rates (standing agenda item at full Commission meeting)

7. Next Meeting Date – November.

8. Public Comment

Barry Gold commented the Senate is in the process of putting together a reconciliation package that includes lowering the cost of prescription drugs through Medicare and negotiations. It also includes limiting the increases of drugs to the rate of inflation. It also includes extending the premium tax credits for the Affordable Care Act health plans. Insulin currently is not a part of that. So that process right now is where they look at the parliamentarian and makes a decision whether it fits and reconciliation or not. After that happens, it's expected to go to the voter for amendments and then hopefully vote on the floor. If people are in favor of lowering the cost of prescription drugs and doing those things, this would be a good time to contact your members of Congress and urge them to vote yes for that.

Donna Clontz commented the phrase rent stabilization, our age friendly group here in Reno's been talking about the housing, the impact on rising rents is having on our fixed income seniors and so we've been talking to our congressional delegation about having maybe a round table discussion about that. We're looking for research that's that that talks to us about how rising rent cars affects the health of the individuals that are impacted by not being able to afford their food, their medications and so on. If their rent is going through the roof, there is some work being done with affordable housing coalition on this idea of rent stabilization. A pilot with landlords to hold rent steady on a contract with their fixed income tenants for a multi-year lease. That might help because we're facing it all over a state right now. So maybe in the future when we've got more information that they that collects the data because we know it anecdotally from everybody telling us how this affects them. We can have a discussion and maybe have some speakers at that at a forthcoming policy meeting or even at the COA.

Charles Duarte commented mark the 10th anniversary of the national plan to address Alzheimer's disease. It's up for reauthorization, but as a part of that, they highlighted research and improvements in home and community

based care, as well as awareness campaigns across the nation and highlighted some programs that have been effective in States and one of them is one that I've been advocating for, and that's the dementia care specialist program out of Wisconsin. So HHS included that as part of their 10 year update on the Outside Alzheimer's national plan to address Alzheimer's disease project.

Brett Salmon, President of the Nevada Healthcare Association commented on the remarks about the vaccination rates and Nevada nursing homes. Barry and I kind of had a side conversation about this a few weeks back, AARP numbers and I'll just give you the data that I had from Weekending 522. So I'm about a month behind but their numbers for vaccination rates in Nevada were 57.6. The CDC data is 71.7 and the CMS data is 71.73 and you know Nevada's general population. That is fully vaccinated. Plus booster is 39%. And so I think it's important to kind of put that in context. That means 7 out of every 10 nursing home residents have been vaccinated. Understanding that we always want to improve and a comment that was made that we haven't improved, we've improved an insane amount from when this first started come up quite a bit where we were like in the in the 50, you know 5657% range. And so over time it takes a lot of time to residents have rights to not receive the vaccination. And as our administrators approach them, one of the things that they've been taught to do is to not close the door with them, to be really careful to not have them be adamant about. I'm not getting that vaccination or I'm not getting the booster is to, you know, they say no, find out their concern and then circle back with them a few weeks later and see if they're interested. And so they've been really cautious and educated on how to do that. And so, you know, my National Association thought about having their own analysis of vaccination rates and sort of compiling their own data. And they actually decided at the last minute to not do that because we already had a CDC standard. And we already had a CMS standard and so they felt like they didn't want to add another standard out there. And so this, those are the standards that I go by. I know that AARP has a has a different calculation and that's fine. I think AARP does wonderful work, but the standard that we hold by is the seven out of 10 and we'd like it to be 9 out of 10 and 10 out of 10. We're not there yet. But I just wanted to kind of put that on the record that we just have a little difference in opinion on what the rates are and we definitely are lower. But when you look at the population of Nevada, Nevada's overall population, aside from seniors, is terrifically low, which is exactly what you find in nursing facilities. We reflect the population; Nevada doesn't get vaccinations and so we need to work on it. It's a culture thing. So that's what I know my administrators are working on and if you have information that can help us, I'm always happy to pass along.

9. Adjournment – The meeting adjourned at 2:11 p.m.