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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:	Tuesday, February 8, 2022 1:00 p.m.
Place of Meeting:	Virtual

1. ROLL CALL

Ms. Schmidt called the meeting to order at 1:01 p.m.

Lisa Erquiaga

Present:

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

Staff:

Cynthia Maraven, Executive Assistant, ADSD
Kristy Zegenis, Program Officer, DPBH
Jeff Duncan, Social Services Chief, ADSD
Crystal Wren, Social Services Chief, ADSD
Tammy Sever, Manager, APS, ADSD
Jennifer Williams-Woods, Manager, LTCOP, ADSD
Lisa Swearingen, Social Services Chief, DWSS

Absent:

Senator Chris Brooks
Assemblywoman Susan Martinez
Lisa Erquiaga
Esther Gregurek

2. PUBLIC COMMENT

No public comment.

3. Approval of the November 9, 2021, Meeting Minutes

Mr. Gold moved to approve the minutes. Ms. Rubarth seconded the motion. The motion passed unanimously.

4. Updates on the COVID-19 Vaccination Response

Ms. Zigenis stated as of February 1st, the statewide COVID-19 vaccine vaccination coverage rated among older Nevadans continues to increase up to 81% of individuals aged 55 to 64 have received their first dose and 69% of the same group have completed the vaccine series. 34% of the population age 55 to 64 have had a booster.

91% of individuals aged 65 to 74 have received at least one dose, 79% have completed the series and 50% have received a booster dose. Age 75 and older, 87% have received one dose, 75% have completed the series and 51% have received a booster dose for mid-December.

As of 2020, the immunization program has partnered with the Board of Pharmacy to identify long term care facilities in needs of a vaccinating pharmacy partner to conduct COVID-19 vaccine strike teams to vaccinate both staff and residents at congregate living facilities, which goes beyond just long-term care facilities. This includes the skilled nursing facilities and other congregate living that may not have been on the radar of Health Care Quality and Compliance (HCQC).

Strike team efforts were renewed last summer when booster recommendations were implemented. For the renewed activity the immunization program built a long-term care COVID-19 Vaccine Access survey. This has been disseminated across the congregate setting to identify agencies in need of continued COVID-19 vaccine strike teams.

Mr. Gold said the Biden administration's mandate for health care workers that work in Medicare or Medicaid facilities required to be vaccinated is still in effect but is only for the original shot not for the booster. In terms of protecting people against Omicron the booster shots are necessary. Mr. Gold asked what can we do to help advocate the booster shots go out these facilities?

Ms. Zigenis replied, the Division of Public and Behavioral Health (DPBH) is hopeful the Centers for Disease Control (CDC) will change the verbiage from fully vaccinated to up to date, this would include the booster and hopefully the Medicare mandate will follow suit.

5. Visitation in Nursing Homes Update

Ms. Schmidt said we reached out to DBPH and are waiting for a follow up response on Mr. Gold's letter. Once the follow up the letter is received, it will be shared with the committee.

Mr. Gold asked to mention some of the concerns, such as what is the state doing to enhance or permit visitation? What is the state doing to help facilitate safe visitation?

Ms. William-Woods replied the state is recommending Personal Protective Equipment (PPE) CMS has issued guidance on vaccination for surveyors.

6. COA Legislative & Policy Subcommittee

Mr. Duarte provided updates on the COA subcommittee meeting held on January 27th to prioritize policy items to present to the full commission. The subcommittee decided not to prioritize the policy items because all of them are important.

A. Increasing Home and Community Based Medicaid Rates

There has been on ongoing discussion on increasing home and community-based Medicaid rates. We know the Division of Health Care Financing and Policy (DHCFP) put forth a series of

recommendations to CMS as part of the American Rescue Plan Act (ARPA) section 9817 recommending increases in service rates for personal rates as well as community-based rates, although short term CMS may be adding into their next budget request. Given the information heard on the elders count, the fact we don't have these types of Home and Community Based Services (HCBS) we need to keep people out of institutions is a severe concern and so monitoring home and community-based Medicaid rates, including personal care services rates is something that we feel is extremely important for the Commission.

B. Nurse to Resident Ratios

The Subcommittee had presentations on nursing homes resident ratios in skilled nursing facilities. Paul Schubert presented information to the subcommittee on the state's efforts to monitor those and the report indicated that nationwide about 75% of skilled nursing facilities currently don't meet the guidelines that CMS has issued for staffing and that includes acuity-based staffing levels. This is somewhat tied to the same issue mentioned around Medicaid rates, but more along the line of workforce issues. The subcommittee asked Paul to come back at some point to talk about facilities there have been citations associated with staffing ratios or an inspection resulted in concerns being cited around staffing ratios.

C. Adding Home Delivered Meals to the Frail Elderly (FE) Waiver

Discussion ensued in March on adding home delivery meals to the FE waiver. The committee would like to continue to monitor and ask the Commission to consider ongoing support.

D. Funding for Home and Community Based Services to eliminate the waitlist

ADSD and DHCFP staff presented on funding home and community based services to eliminate the wait list. There were presentations by Crystal Wren with ADSD and Kirsten Coloumbe from Medicaid which brought forward the workforce and labor issues to support the service. The subcommittee recommends the commission to monitor this item.

E. Increasing the Personal Needs Allowance (PNA)

Increasing the personal needs allowance is one of those items we want to move forward. The personal needs allowance of \$35.00 for individuals in skilled nursing and HCBS Services is one that according to welfare staff has been in place since 1995 or 1996 and hasn't increased at all. The committee had a great discussion around raising it to as much as \$50 to \$60. The committee would love for the commission to advocate and change the PNA.

F. Dementia Crisis Services

The committee had a presentation on dementia crisis services and the issues being experienced by mobile outreach safety teams, county social workers, APS workers and community organizations as well as hospital emergency departments working around individuals who experience or exhibit behaviors that put them at risk to themselves or others. Mr. Duarte informed the commission he is working with a community group to look at a program out of Wisconsin to add dementia care specialists, particularly in rural counties to serve as a point of contact.

G. Vulnerable Adult Protection Orders

Jennifer Richards gave a presentation around 3 new areas vulnerable adult Protection Orders, Elder Abuse Fatality Review teams and APS search warrants. There is some work going on with ADSD as to where these items will lie. She stated we can certainly consider supporting them as part of the Commission on Aging.

Mr. Vito asked if we have been monitoring the actual expense or cost over past 12 months regarding HCBS?

Mr. Duarte replied, the Legislative Subcommittee hasn't reviewed that. DHCFP monitors the cost as a part of their routine reporting to CMS.

Ms. Schmidt requested a motion from the commission on how they would like to address the items listed as well as the utilization report that contains Skilled Nursing and Home and Community Based Services data proceeding the pandemic back to 2016.

Mr. Vito moved to accept all the subcommittee recommendations as well as put together the utilization report that was discussed. Ms. Mazzullo seconded the motion. The motion passed unanimously.

7. Elders Count 2022 Discussion and Recommendations for Updates and Changes

Mr. Agbewali presented Elders Count PowerPoint recommendations and changes (See attachment A)

Ms. Rubarth asked if there was any information regarding the population living with Alzheimer's or dementia.

Mr. Agbewali responded when putting together the report we tried to cover all sectors that affect our elders, and the main limitation was access to data. There were some topics we didn't have reliable data to report on. In the next version of the elders count I would consider putting the information in provided we can find good data that covers it.

Mr. Gold asked if Mr. Agbewali can include the data for suicides in the next version of the Elder's Count.

Mr. Agbewali stated we are happy to consider any topics that you may want us to include in the next version.

Ms. Schmidt said in the next version of the Elders Count we should also include the annual cost of dual eligible Medicare Medicaid. It is important information to have as we move forward over the years either looking at managed care or all-inclusive under the PACE program. She continued know there is a request for those to come to Nevada and Medicaid has been looking at that. I think it would be important to understand what that population is costing our state.

Ms. Schmidt asked members is there any other information around COVID that may be relevant?

Mr. Agbewali shared the DHHS Office of Analytics dashboard that captures how DHHS is currently tracking the comprehensive COVID-19 data. (See attachment B)

Ms. Schmidt stated the Behavioral Risk Factor Surveillance System (BRFSS) is where we get a lot of the data. She asked who does that survey go to and how does it get distributed?

Mr. Agbewali responded the BRFSS is the biggest survey in the world and every state in the U.S. undertakes the BRFSS. Currently UNR and UNLV are coordinating that survey for Nevada because most of the funding is federal, the CDC has specific questions they want asked in the survey. The state has its own way of adding questions although that would come with a cost.

Mr. Weiss asked Mr. Agbewali if he was familiar with any other states that are doing an Elders Count report?

Mr. Agbewali replied no, but several states have reports out there that may capture specific indicators of elders but nothing specific like the elder's report.

8. Discussion of Medicaid Redeterminations. Possible Recommendations for Updates and Changes

Ms. Swearingen presented information and the Medicaid plan for redeterminations once the Public Health Emergency (PHE) ends. (See attachment C)

Mr. Gold asked if DWSS continued redeterminations determining people to be ineligible and disenrolling them this past year?

Ms. Swearingen's responded the Division of Welfare and Supportive Services (DWSS) continues to send out redetermination packets and if the packets are returned and the individual is eligible, they are given the normal 12 months of eligibility. If the individual is ineligible, they are given 6 months to maintain the eligibility. If the individual does not respond to the redetermination, they would normally close, so those are pulled prior to cut off.

Mr. Gold asked if the ineligible cases are disenrolled after the 6 months.

Ms. Swearingen responded no, they come back around to be redetermined.

Mr. Gold asked if the cases are deemed ineligible, are they being referred or how is the individual being disenrolled are getting assistance?

Ms. Swearingen responded for the cases that show ineligible, it would be due to excess income. The system automatically sends those records over to the Exchange for evaluation and that number is close to 60,000. DWSS has been in contact with the Exchange on ways to mitigate and has found the best way to work these cases is to pull them in little increments and do a redetermination to see if their circumstances would still make them ineligible due to income. The cases determined ineligible due to excess income would be denied or terminated then sent to the Exchange so they can reach out to the individual and get them enrolled in one of their programs or insurance.

Mr. Gold asked if Ms. Swearingen could speak about the AARP letter specifically where it mentions streamlining the verification process to make it easier for the individual to complete self-attestation for income, age, date of birth etc. to avoid individuals from having to complete paperwork.

Ms. Swearingen has drafted and submitted a solicitation waiver implementing ex parte renewals as an automatic process done in the system. This process will keep the build staff from being bombarded and the cases are not having to be asked to provide the information. With attempting to do all that automatically the goal is to be able to process redeterminations without the individual having to respond to the paper document. If unable to do that then the system would generate a paper redetermination with a prefilled populated form and the individual will have the normal time frame to turn it in.

Mr. Gold asked how soon that may be done?

Ms. Swearingen closed with once this is implemented and a contract is in place it could possibly be up and running within 6 months. To alleviate some concerns, DWSS has the backing of the governor's office and they have reached out to the Purchasing Division as well as the Enterprise for Information Technology Services (EITS) to expedite the solicitation wavier.

9. Regional Behavioral Health Policy Boards – Washoe County Resource Website Demonstration

Ms. Edwards discussed the behavioral health boards and informed the commission they can access more information by looking up Nevada Revised Statute (NRS).433.

Ms. Edwards gave the commission a website demonstration.

10. University of Nevada, Reno Volunteer Training Portal Demonstration

Ms. Mazzullo gave a brief volunteer training portal demonstration. The benefit of this program is that anyone who needs education related to elder adults can get it.

Ms. Mazzullo also spoke about the HELLO program, University of Nevada, Reno (UNR) is looking at providing the documentation for continuing education after completing the training and knowledge quiz on this training portal.

11. Administrator's Report – Discussion and approval of possible recommendations by commission

Ms. Schmidt reported the Commission on Services for Persons with Disabilities (CSPD) inquired about the Olmstead plan and the next revision date. ADSD will be working with various partners such as the Nevada Center for Excellence in Disabilities (NCED) to develop a survey, collect the survey information and work with data analytics once the survey is complete. Another vendor will complete the plan writing and will also form a team for the steering committee. In the future, the commission will ask for a member to represent the aging population as the steering committee will ask for a member from each board and commission for full representation.

Ms. Schimdt closed with the interim committee has requested ADSD to present on home and community-based services, ADSD programs and is awaiting the presentation date.

12. PROGRAM UPDATES AND INFORMATION

A. Adult Protective Services Statistics

[Adult Protective Services SFY22](#)

B. Home and Community Based Services

[Community Based Care Caseload](#)

[Combined Caseload Statistics](#)

C. Ombudsman Report

[Long Term Care Ombudsman COA Report](#)

13. APPROVAL OF AGENDA ITEMS FOR NEXT MEETING

- Update on redetermination
- Nursing home visitation update
- Following up on utilization report

14. NEXT TENTATIVE MEETING DATE – May 17, 2022

15. PUBLIC COMMENT- No public comment

16. ADJOURNMENT – The meeting adjourned at 3:52 p.m.

ATTACHMENTS:

A. [Elders Count Nevada](#)

B. [COVID-19 Main Dashboard](#)

C. [Redetermination Strategies for the PHE Unwinding](#)