MEETING MINUTES

Name of Organization:	Nevada Commission on Aging: Legislative and Policy Subcommittee (Nevada Revised Statute [NRS] 427A.034)
Date and Time of Meeting:	January 27th, 2022 | 1:00 pm (VIRTUAL via Teams)

1. ROLL CALL

Mr. Duarte called the meeting to order at 1:02PM.

Members Present:
Barry Gold
Connie McMullen
Larry Weiss
Diane Ross

Members Absent:
Donna Clontz

Presenters:

Jennifer Richards, Chief Elder and Disability Rights Attorney, ADSD
Sheri Rasmussen, Social Services Program Specialist 3, DWSS

Staff:
Rebecca Ortiz, Administrative Assistant 3, ADSD
Cynthia Maraven, Executive Assistant, ADSD
Miles Terrasas, Management Analyst 1, ADSD
Crystal Wren, Social Services Chief 2, ADSD
Jeffrey Duncan, Social Services Chief 2, ADSD

2. PUBLIC COMMENT

No public comment.

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3. Approval of Minutes of the April 28, 2021 Legislative Subcommittee Meeting and the July 8, 2021 Policy Subcommittee Meeting

Barry Gold moved to approve the April 28, 2021 Legislative Subcommittee Meeting. Larry Weiss seconded the motion. The motion passed unanimously.

Barry Gold moved to approve the July 8, 2021 Policy Subcommittee Meeting. Connie McMullen seconded the motion. The motion passed unanimously.

4. Discussion, prioritization, and approval of recommendations to the Commission on Aging for possible action to support legislative and policy changes.

A. Increasing Home and Community Based Medicaid rates (**presented 7/8/21**)

Mr. Duarte reminded the committee of a presentation hosted by the Guinn Center regarding increasing home and community-based Medicaid rates, primarily for personal care attendant services. He continued the Division of Health Care Financing and Policy put forward recommendations to increase rates for personal care aide services as well as other home and community-based services as a part of their American Rescue Plan Act (ARPA) proposal to CMS and that this action item may already be addressed.

Ms. McMullen asked if this was a one-time shot?

Mr. Duarte answered that in discussions with Medicaid, it was his understanding that they would have to request a budget item to continue the rates beyond the March 31st, 2022 deadline.

Mr. Gold agreed and stated that was his recollection as well. It was one-shot funding with the hopes of continuing it. He gave the example of giving the personal care workers bonuses of $500 in hopes they could do it. It was based on future funding, but they were moving ahead with the temporary increase if they could.

Ms. McMullen stated it was $500 apiece for those on Medicaid that were caregivers and $67,000,000 dollars for the personal care rate reimbursement because some of those companies had not been paid during the last session and that was to bring them up to par, but that was not a permanent rate increase, and if that would come it would come in their budget in the coming legislative session.

Mr. Duarte asked the subcommittee if they would like to continue to monitor this item to see how Medicaid proceeds with their rate changes for home and community-based care and keep this on the list of recommendations.

Mr. Gold agreed and stated that they should continue to monitor because he hasn't heard that the CMS letter got preliminary approval or final approval. He had reached out and spoke to

Suzanne Bierman, Administrator of DHCFP, and her staff and said to let him know when it is finalized.

Ms. McMullen further agreed and stated that it should be kept on primarily because the discussion with the Labor Relations Board is ongoing. As a matter of fact, there is a meeting that same board. Those caregivers who are members of the SEIU are pushing for higher reimbursement rates beyond what is currently provided by the agency in Medicaid and so if anything, it would be of interest to a lot of people because a lot of people depend on that money to either pay their providers or the caregivers to make a living.

B. Nurse to Resident Ratios in Skilled Nursing Facilities (**presented 7/8/21**)

Mr. Duarte reminded the subcommittee of the presentation given in July regarding the Nurse to Resident Ratios in Skilled Nursing Facilities by Paul Shubert from the Healthcare Quality and Compliance licensing division. Part of the discussion was because there was a mixed opinion on how to proceed because and it would be an expensive policy not only for facilities, but also for agencies like HCQC to monitor. No definitive decisions were made on moving forward with any kind of ratio. They also heard about acuity-based staffing which most facilities use currently. Mr. Duarte then asked how the subcommittee want to proceed with this recommendation?

Mr. Gold answered that the subcommittee should watch this. There were some nursing home ratio considerations in the Build Back Better Act. Whether they will continue for it, he was unsure. One of the changes was very simple and just required an RA to be on site 24 hours a day, which is not necessary right now, but then there were some other staff adjustments required. They should just keep it on the list to follow what's going to happen, either federally that might affect us, or what they may want to look at for next legislative session if some of the things that were in Build Back Better Act do not happen.

C. Adding Home Delivered Meals to the Frail Elderly (FE) Waiver (**presented 3/31/21**)

Mr. Duarte reminded the subcommittee about a presentation made last March on home delivered meals becoming a part of the Frail Elderly Waiver. There was a discussion about programs that are already in place using Older American Act (OAA) funding to provide either frozen, hot, or hybrid frozen and hot meals delivered to homes or in congregate settings. The discussion also included information that there may be reluctance on the part of some existing community partners to participate in Medicaid because of the billing process and the fact that they must submit claims. The recommendation was that we looked at adding this as a service to the Frail Elderly Waiver. Mr. Duarte then opened the discussion to the rest of the commission.

Mr. Gold stated that Jeff Duncan was on the call and that he's very involved with home delivered meal programs and asked if he has any thoughts or any updates because the home delivered meal program continues to evolve. What has happened to it during the pandemic?

Jeffrey Duncan answered most of our home delivered meals partners are back to normal. All of our partners either switched to a drive-up service or switched those congregate individuals to a home delivered meals program. With the pandemic, there are a few partners that, because of the numbers, did go back to a drive up but not that many. As of today, the partners are still ramping their services back up, meaning that not all participants were comfortable coming back, but they're slowly getting back to normal. The pandemic really did slowdown that normal from happening timely.

Mr. Duarte asked whether Mr. Duncan thought existing community partners at this point would be willing participants as Medicaid providers on the waiver to provide meals.

Mr. Duncan answered while he can't speak for them, he shared their concern and Mr. Duarte's concern about some of the difficulties with being a Medicaid provider. They must go through a lot of hoops with far as billing and all the things that are required, but we could reach out to them if this moves forward to see about their willingness.

Mr. Gold asked if it would help streamline the process if this did happen - If there was one funding source. If this was all happening so there wasn't a separate state program because it seems like there's some duplication in some sense.

Crystal Wren answered regarding the Frail Elderly Waiver, not to speak on Medicaid 's behalf, but that they are still looking at asking for the waiver to include the meals. As far as the Medicaid Services, we are very successful with delivering meals for those that participate in the Physically Disabled Waiver. It is a home delivery meal option, not the traditional meal they would get for a local senior center, but we do have a high user rate and high success.

Mr. Gold added that there has been talk about combining the waivers which there are reasons for it and against. This would be to duplicate the services included in both the waivers, not actually combine them. Duplicating the services makes sense because they can go from one to the other.

Ms. McMullen added that many of the waivers that came after Aging and Disability waivers for the seniors were more robust and this is finally bring the frail elder waiver up to the level where the other ones are already. The frail elders home delivered meals would benefit nutrition in this regard. As far as the cost, the disabled waiver has a different payment to the home-delivered meals from the senior. If they don't use it, we can go back and revamp it like the Community Options Program for the Elderly (C.O.P.E.) programs. Anything that we can do to keep people living independently is a good idea.

Mr. Duarte added there was also, back in March, discussion around potentially tiering the reimbursement to provide an incentive for Medicaid providers to provide hot meals. Has there been any further discussion or work on that type of thing?

Mr. Duncan answered, when talking about the tiered approach, like an accelerated rate for a hot meal versus a frozen meal. There hasn't been any momentum currently. A champion or an advisory body to help would be needed to move that forward. Our point that we've made over

the years about the quality of the service and the original intent of a home delivered meal really was to have somebody in the in the home checking on the older adult five times a week with the option of two frozen meals on the weekend. Our funding has not kept up with the pace of the need let alone our reimbursement rate. For us to do that within our current structure, we would have to decrease the number of meals served so we would need a large budget initiative potentially to incentivize our partners who currently offer frozen meals to potentially get an accelerated rate to offer that hot meal. Five days a week with the two frozen on the weekend. Currently, there's no budget initiatives or any other momentum that I'm aware of.

Mr. Duarte stated this is an important issue that we should retain on the list as a means of improving services the service array on the frail elderly waiver

D. Funding for Home and Community Based Services to eliminate the waitlist (**presented 3/31/21**)

Mr. Duarte stated that they had a presentation in March on limiting the wait list and then we had a subsequent discussion about this in July. Barry made some very good points around this and that we were going to ask the Commission to monitor the wait list. The discussion that we had really focused on the fact that there are process improvements that are underway, and hopefully they're continuing. Maybe we can ask Crystal or Jeff to comment on that, but process improvements in the eligibility determination to make that process move more quickly. That the bottleneck that would continue to be there had to do more with service availability, particularly Person Care Aid (PCA) services. We had asked the full Commission to monitor this as well as improvements in efficiency for eligibility determination.

Mr. Gold agreed and added that the legislative session did supply funding to eliminate the wait list and asked how it is moving forward - Not only funding for the services but also funding for the social workers? He might ask the Commission sometime to send a letter to Teresa Benitez Thompson to include the social workers because of her understanding of the issue and her success last session.

Ms. Wren stated ADSD have been working with the Division of Welfare and Supportive Services who are launching this initiative to do a streamlined approach to build a system that would allow us to input the eligibility application and then the processing to be streamlined to eliminate lag between the three agencies. Ms. Wren continued as far as the wait list, we have been really working here to reduce that wait list or at least get it to a manageable level, which is to serve most people under 90 days. We're sitting at about 90 days for 80% of the people. We can process them through right now, so we are really filling those slots and getting people served quicker. However, it has caught up with us now that we do have a gap in services. We don't have the providers available to support a lot of the need and with that need comes case management. ADSD Community Based Care case managers are limited. The vacancy rate is high, so we are not able to provide that quality oversight for the clients. In conclusion regarding the waitlist, I do foresee that growing based on not being able to fill the slots. We were at 100% filled slots and still are but in the next couple months that will start to go back down, just based on the workforce because it's not available on all ends.

Mr. Duarte summarized that the issues that are affecting the wait list currently our provider unavailability and staff unavailability and the inability to hire enough case managers to work the waiver lists.

Larry Weiss asked what are the wait list numbers?

Ms. Wren answered the physically disabled waiver has 86 individuals on the wait list, which is very low. We do have 146 referrals so they're not considered waiting until we get to screen them, but we do put them into our account and acknowledge them.

Mr. Gold asked if there were any open slots?

Ms. Wren answered there are 23. For those aren't aware the process that they put them in what's called a pending status, which means they're waiting for either welfare to do the financial determination or for the Medicaid agency to include a benefit line so providers can start utilizing and billing for services. Currently they have 54 individuals in that process right now. If all 54 individuals were approved, they would be at caseload. They would be at 100% filled slots. That's just based on historic people that might be ineligible, might drop off, or take a little longer because they have a trust or another financial hinderance.

For the frail elderly waiver, they are currently at 245 individuals that are on the wait list which is a lot lower than we had about a year ago. We do have 371 referrals received for that waiver so generally with the referrals about 80% of the clients that we get a referral for move into the next status, switches into screened status. After a slot becomes available, they move into that pending status. CBC is reviewing a large list of clients approaching the wait list and being that they're not able to move as many clients into a waiver slot based on our staffing issues, so she anticipates that growing.

Mr. Gold asked if it was at 100% the slots for the frail elderly.

Ms. Wren answered that yes, both are at 100% right now, but we put more people into screening with the anticipation of people coming off.

Mr. Gold asked is the fact that they are 300 referrals and is that unforeseen? There was a projected caseload that was used to ask for the funding and get the funding so if we come back next time and we say we still have this wait list. However, it is good if we show that the slots were filled. I'm just wondering why there seems to be this large number. Is this the pandemic?

Ms. Wren answered this is normal. She has been in the waiver business for about 7 years, and this is standard. They do have a lot of clients that they receive referrals for and that are on the wait list. To eliminate a wait list, she doesn't believe would ever be possible because somebody always has to be waiting because they have processing times and waiting for a waiver slot to become available. Slots are awarded every month. For example, the Legislature awards ADSD 120 slots, then that's divided up by 10 per month or whatever math they decide to do depending on the amount that they assign. If we had 20 people apply and we only had 10 slots that month, those other 10 would have to wait till the next month until they received

those slots. So, the idea of completely eliminating a wait list for over 90 days is probably more of a goal, because wait times are longer than 90 days. We really need to get them into a slot and get those services started. Anything under the 90 days is more traditional processing time between all the financials and the documentation and everything we must gather and get the approvals from the other agencies so there will always be a 90 day give or take processing time is going to be standard.

Ms. McMullen added the 90 days wait period is recommended to meet the Olmstead requirement. Anything to eliminate the wait time because people die waiting and it's very important that we support the welfare division in their efforts to streamline this process as the caregiver shortage continues to increase and more agencies dropped out of wanting to be a contractor with the state because of the reimbursement.

Mr. Weiss asked what would be an ideal wait list? The numbers.

Ms. Wren asked for clarification. For applicants or for time frames?

Mr. Weiss added well given that it is a normal time frame of 90 days. People don't have to wait longer than needed because like Connie just said, people die from that. What would be the ideal? How many can you process in 90 days?

Ms. Wren answered she wasn't sure how to answer that because it's really going to depend on, staffing. When the slots are allocated and provided to the agency the way we asked for staff is based on that ratio, so our current staffing ratio is 50 cases to one case manager and then the intake ratio is about 90 referral applications. All of those active cases and intake referrals are handled by one case manager. They do a good job at adjusting the placement of staff, according to how many are on the wait lists or how many approved cases. They do have some staff that are able to go back and forth depending on the need. It would be if we had an onslaught of people applying and the wait list grew, and we asked for additional staff. It's just hiring those staff to meet the needs of Nevada.

Mr. Duarte asked what's the average wait time that we're looking at for the F.E. waiver?

Ms. Wren answered we look at about 82 days and that is from referral date. The day we received a complete application to the day we get them approved for services and then for the physically disabled waiver. It's about 112. A little more than 90 but we're getting close to the 90-day mark.

Mr. Duarte added DHCFP just approved the maximum spousal impoverishment level policy change in the state plan for Medicaid retroactive to January, first 2022. Will that have any impact on wait times?

Ms. Wren answered the only thing is that it may make more people eligible because it does open that financial eligibility for applicants, but she is unsure if there's a different approval process for that. She then asked Sheri Rasmussen if she knew more.

Sheri Rasmussen added if anything would make the process go a little more quickly on the DWSS end because anytime there is an attorney involved that includes doing that spousal division of income. It must come to DWSS and then over to our DAG for a legal review. Once approved it is retroactive. This change will eliminate the need for cases to go to court petitions and orders. It may lessen the time frame for HCBS waiver cases. However, the change in spousal impoverishment levels has a more significant impact on institutional Medicaid cases

Mr. Duarte concluded that we would continue to monitor it and make sure the Commission continues to get updated information on the wait list waiver including the progress that the divisions involved in eligibility determination are making in their new electronic eligibility system.

Ms. McMullen and Mr. Gold agreed.

E. Increasing the Personal Needs Allowance (**presented 3/31/21 & 7/8/21**)

Mr. Duarte stated that there was good discussion in the March meeting and July meeting and a presentation was given by Sheri Rasmussen in discussing increasing the personal needs allowance. To summarize, it has been stuck at $35 per month since 1991. She looked at the potential of raising the personal needs allowance and where other states set their PNA. We came up with a random number of $50 a month which we believe would be appropriate to meet the needs of individuals in nursing homes and wouldn't necessarily lead to an accumulation of money as an asset that might jeopardize eligibility. Rough calculations Sheri made was this would be a $600,000 a year state general fund requirement to raise it to approximately $50 per months. There would also be implications for county match contributions to long term services and supports. He then asked the subcommittee if they would like to keep this item.

Ms. McMullen agreed and added it be kept because of inflation. Inflation is cutting into everything and can't imagine $50 even buying what it did last year.
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Ms. Rasmussen added that in discussion with DHCFP, it may be more than $600,000 a year, but they are doing a fiscal impact. It will have to go to Legislature because there is a fiscal impact.

Mr. Duarte stated they would keep this on as a recommendation.

F. Dementia crisis services (**Transmitted by Commission to Legislative Subcommittee**)

Mr. Duarte stated he has been working on this along with representatives from the UNR Dementia Education, Engagement, and Research office, the D.E.E.R. program as well as a coalition of individuals involved in crisis intervention services, including county social workers and mobile outreach safety team members. We've had civil judges on these calls as well as hospital representatives. It is broad range of individuals interested in looking at dementia crisis services. He would be abstaining from scoring this as he has professional

involvement. He reminded the subcommittee of the presentation made to the full Commission and they heard from Jennifer Flood, who leads the dementia crisis coalition. The services that we are talking about right now with that coalition are modeled by what is happening in Wisconsin. In each of their counties, there is a dementia care specialist who is involved primarily with care coordination work for individuals who are in need of assistance in accessing services. They are also involved in their respective counties in dementia training and working with the community to become more dementia friendly. We are looking at that model and bringing it to the Legislature for consideration. That was on the list and was transmitted for the Commission to this subcommittee because of the presentation Jessica Flood did to the commission.

Jennifer Richards asked if she could be added to the coalition.

Mr. Duarte took note.

Ms. McMullen asked if the question was if the subcommittee should follow them or monitor them, but she was in favor of anything that might help people in crisis like this. It has a ripple effect with the families. Either the person effected or the families, it causes a lot of trauma so whatever they can do in this area they should support.

Mr. Gold agreed and stated that the items on the agenda all have value. On the prioritization of the items, it would be hard to do because how can they say one is this much more than another one. They are all thing that these subcommittee should keep on their radar. Some of them will move faster than others. Some will be more of a monitoring, and when we need to act, we will. Some will require different avenues of solution. Prioritizing them is an interesting process but it will be hard to vote.

Ms. McMullen agreed and stated that some of these overlap with each other and it is very likely that some of the people that are receiving services get more than one of these oversights and services or are impact by some of these. It is difficult to prioritize.

Mr. Weiss agreed and asked that in the dementia crisis services that if dementia training would be included to the family caregivers who are in need of that.

Mr. Duarte answered that along with Dr. Jennifer Carson and with Jennifer Flood, they had a with the director of this program from Wisconsin DHHS and this is one of the core pillars of their work beside care management. It is training for caregivers along with organizations in the community.

Mr. Gold moved that the subcommittee approve items A through I to keep on the list as recommendations without the prioritization. Ms. McMullen seconded the motion. The motion passed unanimously.

Ms. Richards stated the Commission on Aging does not have its own Bill Draft Request (BDR) request so perhaps this discussion item strategy or how this commission wants to

pursue different items in their policy or legislative changes and which ones have already garnered legislative support or what entities are supporting them.

Mr. Duarte answered that despite not having a BDR attached to the commission, they have been able to gain legislative support for their recommendations. It might be a little early to guess which will garner legislative support and what might not. If the commission is making a recommendation to the Legislative Committee on Seniors, Veterans, and Adults with Special Needs that it stands a pretty good chance of getting picked up. We can hope for the best that they get picked up if they require legislative approval.

Mr. Gold agreed and stated that it empowers the Commission on Aging to make those recommendations to the Senior Committee.

G. Vulnerable Adult Protection Orders (**Transmitted to Legislative Subcommittee by Commission**)

Ms. Richards stated that they did have legislation last session. Unfortunately, the BDR died in committee and did not meet the deadline. It was mostly because of the timing. The Legislative Counsel Bureau didn't get a draft out until part way through session, and it was a timing issue. This protection order fills a gap in our state law to provide that Adult Protective Services could seek out an order on behalf on the individual or an individual can seek an order out on their own. It really gets to the idea of restorative justice. Sometimes family members get involved. The situations faced by adults and persons with disabilities are unique and this provides a mechanism for them to seek relief that doesn't currently exist. Maybe to have P.O.A. be invalidated while things are pending, demand in accounting, restrict someone from access to the individual or property. In some states, they put in restrictions for pets because they may hold a pet hostage. She is meeting with a national expert. It will be with justice in aging and other states that have protection orders. Nevada is one of the few ones that doesn't have one.

Mr. Duarte states Judge Yeager has been sitting on the dementia crisis calls and has expressed concerns about putting someone on a hold who may have dementia or is probably undiagnosed but may be at risk to themselves or others. We have also heard of people with possible dementia being put into Rawson Neal Psychiatric inappropriately. Five to ten a month is what the report is. Does this adult protective order deal with any of the concerns that Judge Yeager have of creating some kind of process of putting someone under legal hold who may have dementia?

Ms. Richards answered that is not scope of this protective order. It is more likely akin to a stalking/ harassment protective order or a domestic violence protective order. It is uniquely attuned to the challenges faced by older adults and persons with disabilities when they don't meet the domestic violence criteria. Maybe it is a caregiver or a remote family member that is caring for them. It may flow into that by it is not directed at that particular issue. That would fall under the civil commitment statute and expanding that to create different criteria. It was in last session as well but there were a few missing pieces.

H. Elder Abuse Fatality Review Teams (**Transmitted to Legislative Subcommittee by Commission**)

Ms. Richards stated that she shared a PowerPoint presentation with the group and there is a great resource on the American Bar website. Essentially, these are multi-disciplinary teams. The goal is not to lay blame but identify system gaps and improve victim services for older adults and the trend is also to include adults with disabilities. With these teams, there has been grants from the Department of Justice and quite a few states have piloted these teams. They are really asking the question, we have domestic violence review teams, we have child death teams, so what about value in the life of adults and establishing a similar team to address those concerns. The scope of the team is unique to the needs of the state. It is determined by statute or the team and can include long term care settings in facilities as well. It just depends on the scope of the team. It could investigate larger policy concerns. For example, with infection protocol and COVID related issues.

Mr. Duarte asked if this was being moved through ADSD legislative review process and/or budget? Is this something moving through the division?

Ms. Richards answered they were looking if the Attorney General's office might want to house such a team. They already house the domestic violence fatality review team. We are in sessions regarding where it would fit. The interim committee did reach out to the agency and provide the committee all this information on the items. There is interest from the Joint Committee for Health and Human Services, perhaps the interim committee for judiciary, and the Committee on Seniors, Veterans, and Adults with Special Needs. They are looking at all three of these items. She did submit some materials as we move forward. They are trying to build stake holder support and get the input from all parties. It is something that makes sense for Nevada.

I. APS Search Warrants (**Transmitted to Legislative Subcommittee by Commission**)

Ms. Richards stated that this has come about because they have older adults or adults with disabilities that meet the APS criteria and perhaps the person of interest is prohibiting access to that adult. They are in a private home, and we don't have any lawful authority to go in and assess their welfare. Law enforcement doesn't have authority to assess their welfare and enter the home without a warrant. Other states have developed a special access warrant. It is not an arrest warrant or a search warrant because we are not searching the property. We are just trying to get in there to assess the individual and assess their welfare. Anecdotally, we have numerous cases where there have been ten or more APS responses, for example, and it is not until there has been some sort of crisis that they have been able to access the home. The older adult is severely malnourished, and in need of crisis medical care, horrific cases. The thought is if we had this access warrant, we could get into the home earlier and assess the situation. Help them get the services that they need and involve law enforcement earlier so we can prevent those situations from happening.

Mr. Duarte asked is this an issue that is moving within the department and the A.G.'s office?

Ms. Richards answered that it is to be determined. We are still in talks if there is a legislator that would like to carry this initiative or a committee that has a bill draft requested to carry this initiative. As a last option, perhaps the agency would carry it. The goal is to garner wide stake holder support if others are willing to carry the bill.

5. Presentation of the following concepts and discussion and approval of recommendations to the Commission on Aging for possible action to support legislative and policy changes.

A. State supplemental program for individuals with disabilities

Mr. Duarte stated that while they were talking about supplemental program for individuals with disabilities, it is also recognizing that this program is already in place for seniors but for individual with disabilities it is not and that includes seniors. Administrator Dena Schmidt really wanted to try to standardize policies across the programs. This is one of those recommendations that was made.

Ms. Rasmussen agreed and stated that Nevada right now pays a $391 monthly state supplement to aged and blind individuals when they are living in an adult group care setting. The supplement that is paid really helps subsidize the monthly cost for this kind of living arrangement and Dena Schmidt did send an email to us when we forwarded her the yearly group care letter that we sent to all group care operators. She asked us to do some research as to why Nevada never opted to include individuals that are disabled in that program to help support their housing needs. She doesn't know if A.D.S.D. or D.H.C.F.P. was able to determine why we didn't include the group. She hasn't found anything in her research as to why they only included the aged and blind individuals. The S.S.P. agreement that we have with the Social Security Administration goes back to 1997. We modified it in 2008 to increase the payment but again it was only for the aged and blind individuals. Those are those current amounts of $36.40 for aged and $109.30 for blind people. A.D.S.D., D.H.C.F.P., and D.W.S.S. met this month and we are all collaborating on this project. She asked for a report to let us know how many disabled individuals who are 18 or older and who receive S.S.I. and Medicaid that we have in the D.W.S.S. system. They have 29,424 disabled individuals and that does not include the aged or the blind, it is just disabled. A.D.S.D. is looking at how many disabled individuals might have need of group care services. DHCFP would have to look into what a fiscal impact is and why there was no payment back from the federal government or why they didn't want to include this group. Maybe it was just too big and it was a huge amount of money but once we have more figures we will be able to determine the feasibility of adding the disabled group to the S.S.P. Right now, the state pays over $900,000 a month in S.S.P. and administrative fees. Administrative fees are there because the Social Security Administration administers this program on behalf of the state. Approximately 12% of the monthly S.S.P. amount is going to individuals living in that adult group care setting. Everything else goes to aged and blind individuals. The three agencies will meet back and put some information together and then we will move forward.

Mr. Duarte asked if somebody is initially determined as Medicaid eligible because of a physical disability, do they maintain that categorical eligibility even as they get older or do they convert to aged at some point?

Ms. Rasmussen answered that they are categorically eligible for Medicaid if they are receiving S.S.I. Even if they are only receiving one dollar, they are categorically eligible. We put them in one aide code, which we call IN9 meaning disabled. When they become aged, we get them to apply for Medicare because Medicaid is always last resort. They are still categorically eligible for Medicaid. They just go into a different aide code. They go into IN1 meaning aged.

Mr. Duarte asked if they would get the supplemental payment for residential care when they convert to a Medicare aide code?

Ms. Rasmussen answered it is just an aged aide code so as long as they are receiving S.S.I and they are in that group care setting; they are eligible for that $391 payment which helps them pay. That subsidizes the cost of care. They could be physically disabled on SSI and once they hit that 65 and we convert to the IN9 which social security does the administration for us. Yes, they could get that if they are living in a group care setting

Mr. Duarte stated that he was trying to figure how this fits into the scope of the subcommittee's work and the Commission on Aging's work because they are really looking at seniors, 60 and up which may include people that are impacted by this particular policy. He asked the members of the subcommittee if this is something they should be recommending as a part of their work and the Commission on Aging or is this something that needs to be pursued through another avenue. Dena probably had a reason why this should be considered by the committee.

Ms. Rasmussen answered she wasn't sure what Dena's thoughts were on bringing it to the legislative subcommittee, but those people do turn 65 and they turn 65 a lot especially with 29,000 of them.

Miles Terrasas stated that she asked for this to be agendized, probably for that reason because they will age at some point. We could follow-up with her offline and see what her vision was for this.

Mr. Gold asked if this is also being discussed with the disability commission?

Mr. Terrasas answered that this may be more along their scope.

Mr. Duarte stated that maybe she brought it to this committee because she is seeking to align the policies for the aged and blind with physical disabilities. That policy currently sits partially with us. We need to follow-up with Dena. There are a couple of things going on. One is that there is some research going on in terms of its fiscal impact so that is work between agencies. Also, what would be the best way to carry this forward and support it? Would it be the Commission on Aging or the commission on person with disabilities? We will need to get something schedule with Dena and report back to the committee.

Mr. Terrasas agreed to help set it for Mr. Duarte.

Adrienne Navarro asked ifthere is a reason that the supplement is only available to aged or blind who are in a group home setting?

Ms. Rasmussen answered that this is an option for states and it is through the CFRs that states are allowed to give supplementations. Some of those state supplements are for individuals who are living alone or living with an ineligible spouse or a personal care facility. This particular supplement is only for those that in the domiciliary care or that adult group care setting. That is that $391 payment. It is because the S.S.I. payment is so low and she doesn't know if Medicaid pays any of the bills for those. For instance, the 2022 federal payment for S.S.I. is $841. We add as a state the $391 payment for a total of $1,232 a month and they are living in this group care setting. The group setting provides their meals and provides room and board for them. The individual gets to keep $137 of that so the group care operator nets $1,095 a month. It is a federal option.

Ms. McMullen moved that the subcommittee table this until they can further discuss with Dena. Mr. Weiss seconded. The motion passed unanimously.

B. State Guardianship Model

Inadvertently added to agenda. No presentation given or discussion made.

6. **Review, discuss and approve tentative agenda for the next meeting.**

Mr. Duarte stated that they have a number of agenda items that they were going to monitor and recommend to the full commission. This was the time to look at other agenda items that they want to include for the next meeting.

Mr. Gold stated if they would want to include any updates from either A.D.S.D. or Medicaid on the ARPA funding as it affects any of these topics. They certainly do it at the C.O.A. but it would be good for this committee as some of that ARPA funding affects some of this.

Mr. Duarte agreed and stated getting updates on 4a: increasing Home and Community Based Medicaid rates, 4c: adding Home Delivered Meals to the Frail Elderly (FE) Waiver, and 4d: funding for Home and Community Based Services to eliminate the waitlist.

Ms. McMullen agreed and stated especially increasing Home and Community Based Medicaid rates because there are ongoing hearings that are starting now, and this may result in further legislation in the upcoming session.

Mr. Gold asked if it would be okay if we asked for an update on those specific items and anything else that may happen between now and the next meeting that may relate to any of these. Something may happen that relates to these things that we haven't thought about.
Mr. Duarte agreed and stated that there is a lot of federal legislation that still in the queue.

Mr. Gold stated there are some other things happening that they may want to talk about in the Commission on Aging but also in this subcommittee, some things that are happening in the Medicaid division. Whether that be the process of redeterminations and things like that and may be influenced by potential policy.

Mr. Duarte added that Medicaid is looking at a process of redetermination after putting eligibility redeterminations on hold as a part of the Recovery Act. Once they start those redeterminations, it could result in a number of people losing eligibility. We may want to get an update form Medicaid on those actions as well.

Mr. Weiss stated that personal care aide workforce. He was taken back by the Guinn Center report that was handed out back in July of '21 so if they could have an update on that.

Mr. Duarte stated that they could ask for an update from the Guinn Center.

Ms. McMullen agreed and stated that she also provided a lot of input on that as a representative of the personal care association with other members of their executive board representing our agency industry from the business perspective.

Mr. Terrasas added that Chris Vito brought that up in the last commission meeting, so Dena had asked for the subcommittee to agendize that. It was more geared toward what was the data in the Nevada Elder Count report, and we were going to be reviewing that and going over it with data analytics.

7. **Next Meeting Date –** Tentative Meeting Date, April 2022

8. PUBLIC COMMENT

Dawn Lyons stated that she wanted to thank the subcommittee for letting her listen to the session and remind that the Statewide Independent Living council works hand in hand with the C.S.P.D. on disability issues and she is curious to see what Dena's vision is for agenda item 5a regarding state supplemental program for S.S.I. recipients. If the subcommittee does have legislation that is involving the disability community, we can work together, and she would love to be a part of those conversations.

Mr. Gold stated that this is not a state-based issue but a federal issue from some of the components of the Build Back Better Act which is on hold right now. Things like lowering the cost of prescription drugs. Some of those things may be coming up separately in what they are calling manageable chunks. Since we are all advocates for older adults and all people, we need to pay attention. A.A.R.P. is working very hard on lowering prescription drug costs. He urges people to make their voice heard and contact their local senators especially and let the know. These things are still very important.

Steven Cohen submitted Exhibit A for public comment

9. ADJOURNMENT – The meeting adjourned at 2:40 p.m.

Attachments:
A: NRS 162C Proposal 1.3.21 (nv.gov)