

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

Minutes

Name of Organization: Nevada Commission on Services for Persons with Disabilities (CSPD)

Date and Time of Meeting: November 12, 2020
9:00 a.m.

This meeting will be held via video-conference only:

In accordance with Governor Sisolak's Declaration of Emergency Directive 006; Subsection 1; The requirement contained in NRS 241.023 (1) (b) that there be a physical location designated for meetings of public bodies where members of the public are permitted to attend and participate is suspended.

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Meeting Materials Available at: <http://adsd.nv.gov/Boards/SILC/Agendas/>

1. Welcome and Introductions
Diane Thorkildson, Chair

Members Present: Stacy Alaribe, Regina Daniel, Char Frost, Erik Jimenez, Mechelle Merrill, Cimi Neal, Ophelia Simmons, Diane Thorkildson

Members Excused Absent: David Daviton

Members Absent: Kelly Venci

Guests: Patricia Unruh, Ted Nagel, Steven Cohen, Kirsten Coulombe, Samantha Jayme, Eilish Kelderman, Megan Wickland, Rique Robb, Jessica Adams, Julie Stein, Tracy Brown May, Miles Terrasas, Duane Young, Dora Martinez, Cheyenne Pasquale, Kimberly Glass, Jennifer Frischmann, Jacki Folger, Crystal Wren, Eva M. rdelaopena

CART Provider: Becky Van Auken

Staff: Wendy Thornley

2. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board, but no action may be taken. The matter may be placed on a future agenda for action)

Ted Nagel: He still needs a caregiver to be able to leave his residential facility and go home. He has been there for two and a half years.

Jacki Folger: She is taking Tracy May Brown's place and gave her information.

Julie Steinbaugh: She moved to Nevada from California where she was in a supported living agency and she is interested in the issues for this meeting.

3. Approval of Meeting Minutes from September 29, 2020 **(For Possible Action)**
Diane Thorkildson, Chair

Char Frost motioned to approve the draft minutes. Regina Daniel seconded. Motion carried.

4. Discussion and Presentation Regarding ADSD's Request Budget and Make Possible Determinations Regarding Next Advocacy Steps During the Upcoming Legislative Session.
(For Possible Action).
Rique Robb, Deputy Administrator, Aging and Disability Services Division

Rique Robb: She gave a high-level PowerPoint presentation of what was requested, that was distributed before the meeting and posted on the ADSD website

Jessica Adams, and Jeff Duncan were also on the call to answer questions.

Here is a summary of the slide presentation.

Slide 2 is ADSD mission statement.

Slide 3 is their goal and the outline of what they are doing as Aging and Disability Services.

Slide 4 is their agency organizational chart.

Slide 5, is their equivalency -- summary of their positions. What they are currently approved for, under legislatively approved for 2021 and the agency request. For the agency as a whole, it's about 43 new FTEs for the next biennium and that's basically caseload growth.

Slide 6 is their budget by funding source, there is a slight increase from 2021-biennium to the 2023-biennium and that's basically caseload growth.

With the majority of their programs at this point which will with the budget cuts and with the budgeting forecast they are just looking at caseload growth at this time.

Slide 7 is their biennium by budget account summary. There is a breakdown based on their budget accounts and at the top you see commission on persons who are Deaf -- who are Deaf and hard of hearing which is part of their communication access, the tobacco settlement.

Federal funds, the AG's federal program for older Americans act funding, senior and disability Rx, Family

Preservation Program, rural regional centers, consumer health and protection, that particular program is the one that is actually being transferred from DHCFP's director's office into ADSD's agency. Currently they are working within the structure but they're still under the director's office. With this initiative they will be moved over to DHCFP in the budget as well as working directly with ADSD. They will no longer be in the director's office should this initiative go through.

Communication Access Services, again, that is the TDD surcharge for Communication Access Services for the deaf and hard of hearing.

Applied behavioral analysis that is also for ADA services for children and adults with autism.

Early Intervention Services, Autism Treatment Assistance Program, home and community-based care, and desert regional center as well as Sierra Regional Center.

Family preservation here she talked about caseloads for the next couple slides.

And with those slides, overarching theme is caseload and impact of COVID-19 and associated impact to state budgets.

Many caseloads were reduced or frozen freezing upstate positions and service delivery was suspended and reduced utilization do to in-person services.

A lot of their programs were in that natural environment to ensure that families are receiving supports and services either in the home or in that individual environment.

In regards to the Family Preservation Program, this is a monthly financial aid for families providing care in the family home to relatives.

Child or adult who have a diagnosis of severe and profound intellectual disabilities.

These programs are currently funded with dollars as well as state general funds and fall under NRS 435365.

Slide 9 is the decision unit for increase of 2.6 percent in FY 21, a slight decrease of less than 1% for the household and 22 again another slight decrease and in 23.

This equates to is one less family in 22 and an increase of six individuals in 23.

Slide 10 is the rural regional centers caseload for budget 3167 and this provides supports for people of all ages with intellectual and developmental disabilities and their families.

The services include supported living arrangement services, jobs and day training services, as well as family support programs such as respite, self-directed family support and (indiscernible) services there's also clinical assessments, specialized services which are behavioral consultations, training and intervention, counseling, non-medical transportation, nursing and nutrition counseling.

And the funding for this particular program is Medicaid, general fund and funds for healthy Nevada.

Slide 11, two hundred for this decision unit is a four percent increase in FY 22 and a six percent increase in FY 23.

In regards to the caseload for the rural regional centers, the M two hundred, sorry, I may have -- in addition to the services provided by regional centers, 48 beds, licensed, in care facilities and ICF that provides comprehensive and individualized healthcare and rehabilitation services to individuals with intellectual or developmental disabilities to promote their functional status and independence.

Current is at 39.

Slide 12, again, these are the caseload projections for desert regional center.

Slide 13 is for DRC, 2.97 percent increase in FY 22 and six point 13 percent increase in FY 23.

Slide 14 is the Sierra Regional Center chart.

Slide 15, SRC is at a 1.5 percent increase in FY 22 and a 3.8 percent increase in FY 23.

Slide 16 is Early Intervention Services. Early Intervention Services provides specialized supports and services to children from birth to age three who have developmental delays or disabilities.

And their families in order to meet their individualized development and learning needs.

The funding for that particular program, state general fund, idea Part C grant as well as child care development fund and third party insurance including Medicaid.

Currently they have a shared model with community providers and state agencies that provide the same service but within state as well as the community providers.

With the fiscal oversight being with the state of Nevada ADSD.

Challenges with natural Early Intervention Services and funding this particular program that is a federal MLU requirement based on IDEA grant and so it requires timely services as well as there's no availability

for a wait list for this particular program.

Slide 17 is an M 200-shift in community caseload in FY 21.

It shows there's a slight decrease in regards to the balance and then shows there's a decrease for the community providers but an increase for the state providers but what they currently keep it at 50 caseload and so they balance that out within the budgets as well as the caseloads.

So it may show there is a slight decrease but that decrease is maintained through the fiscal monitoring within ADSD.

Slide 18, there's a slight increase for FY 22 at about 8.57 percent and then in FY 23, again, 5.4 percent increase.

The associated M202 for staff to support the increases includes 11 developmental specialists, three positions, as well as 12 developmental specialists four positions and two administrative positions. For the first time they have used a standardized ratio to determine the support that is needed and so they are modelling that off developmental services as well so that's why you see a caseload calculation for staffing.

Slides 19 and 20, the Autism Treatment Assistance Program, there is a slight decrease, so in this particular program, it's an assistance program that provides supports to parents and caregivers with a cost of providing specific treatments for children with autism.

They are from two years to 19 years of age and so there are multiple plans, a comprehensive plan is for individuals who are underinsured and that's not your typical underinsured when they think of an actual healthcare insurance, it is in regards to applied behavioral analysis.

To ensure that those individuals have ADA services, that's what they look at when they are underinsured and also receive insurance assistance.

Social skills training, targeted plan to support individuals and families in need as well as transitional services.

This program is currently funded by TANF state general fund and Fund for Healthy Nevada as well as Medicaid admin funding or billing.

Slide 19 there will be a potential caseload wait list in regards to moving into fiscal year 22 and 23.

So the adjustment on the caseload for ATAP is there's a 13 percent caseload adjustment for FY 21 with a four percent increase in FY 22 and a 27 percent increase in FY 23.

So when these models are stretched out for a long period of time, the seasonality and actual data over the years plays a key role in predicting the future so the population increase projected by the demography coupled with the seasonality factors it shows many different things.

So that's where they see this 4 percent increase and then at 27 percent increase.

They have met with data analytics office of data analytics to talk to them about what those impacts look like and these long-term seasonalities because they don't typically see a jump from four percent to 27 percent.

They see that it looks off and they are working internally to figure out what that's like.

Okay.

Slide 22 in regards to the autism treatment assistance, again, m 200 is the caseload increase from the 2021-year.

And in request for funds is to increase a projected autism caseload from 842 in fiscal year 2020 to 953 in fiscal year 2021 which is a 13 percent increase.

And the great thing about that is that typically if any of you have followed the autism and the ATAP program, you have seen that number has really been flipped.

When they ended the year in 2019, they had a significant wait list, and they were able to take those individuals off the wait list and increase that to their current caseload of close to 900.

Slide 23, the M 204 is staffing to support the elimination of the wait list by adding four developmental services specialist 3s. With that increase, that plan is to be able to meet those needs.

Slides 24 and 25 is their caseload for Personal Assistant Services as well as the projected wait list.

Personal assistance services provides community based in home services to enable adult persons with severe physical disabilities to remain had their own home and avoid replacement in a long-term facility, case management, attendant care, personal care on bathing, dressing, grooming, transferring and eating. Home is like housekeeping, meal prep laundry and essential shopping.

This particular program is funded by state general fund.

Slide 25 is the wait list.

Slide 26 is homemaker services as well as the projected wait list programs provide light housekeeping, laundry, shopping, to prevent or delay replacement in a long-term care facility.

This serves people with disabilities and individuals over 60 years of age in meeting functional deficits.

This program is funded by title 20-block grant as well as funds for healthy Nevada.

Slide 27 is home makers services waited list.

Slide 28 is community services option program for the elderly.

It's caseload on slide 28 and wait list on slide 29.

In home services to persons who are 65 and older.

It provides case management, home makers, social adult day care, adult companion, personal and emergency response system, chore services, rest pitted services, as well as attendant care.

This particular program is funded by state general fund.

Slide 30 is the m 200 for FY 21 adjustments for all three programs.

All programs impacted before I COVID-19 in-home services, many were suspended.

The m202 is the caseload for pas that is 11.6 percent increase in 22 and a 3.8 percent increase in fiscal year 23.

Slide 31 continues with caseload.

The PAS wait list will increase at two percent in FY 22 and decrease as 4.9 percent for fiscal year 23.

Homemaker increase of 2.47 percent in FY 22 and .83 percent increase in 23.

Slide 32 is the homemaker wait list.

And the homemaker are wait list for 22 is at a 2.5 percent increase, 59, which would be 59 in fiscal year 23 and .14 -- .04 increase in 23.

Caseload is 9.35 increase in 22 and 3.6 percent increase in 2023.

Wait list is on the next slide.

So by wait list projected wait list is to increase at 16.09 percent and in 22 and a three point 26 in 2023.

The n208 is staffing adjustment for the Community Based Care program reduced by one FTE in 2023.

Slide 34 is the long term care ombudsman program to resolve problems for individual residents to residents in nursing homes and residential facilities for groups and homes for individual residential care facilities.

The COVID-19 impact has not allowed individuals in facilities for several months, and so they have seen an impact to that particular program.

The caseload includes residents' complaints as well as regularly scheduled visits to facilities.

Current funding for that is older Americans act Title VII and title three b with state general fund.

Slide 35 is adult protective services.

This particular program is to prevent and remedy abuse, neglect and self-neglect, exploitation, isolation and abandonment of vulnerable individuals.

Protecting vulnerable individuals by protecting their civil liberties.

Case plan homemaker services, mental capacity evaluation, temporary housing emergency funds for help with food, rent, utilities as well as personal care APS programs is funded by Fund for Healthy Nevada.

Title 20-block grant, as well as older Americans act as well as state general fund.

Slide 36 is the staffing adjustments for long-term care ombudsman as well as protective services program.

Ombudsman program reduces staff by seven positions and they are currently requesting an adjustment knowing they have not been conducting regular activities since March.

They are working with office of data analytics to ensure they do have that post model adjustment due to COVID because impact caseload significantly.

On slide 36, again, increase APS staff by 16 FTE from 41 to 57 over the biennium.

The additional decision unit regarding APS presentation to ensure they can recruit and retain APS staff.

Slide 37 displays the projection for individuals waiting over 90 days for developmental services, Nevada focused on keeping a wait list under 90 days to ensure compliance with the Olmstead decision which mandates public entities must provide community based services to persons with disabilities when, one, such services are appropriate and, two, the affected persons do not oppose community based treatment.

And the community based services can be reasonably accommodated.

Taking into account the resources available to the public entity and the needs for others receiving disability services from them.

Slide 38 is the M 510 funding to eliminate the wait list over 90 days for intellectual and developmental disability waiver. 87 waiting as of June the yearly average is about 97, Nevada has focused on keeping the wait list again under the 90 days to ensure compliance with the Olmstead decision.

Slide 39, m 425 is the deferred maintenance which is the payment maintenance (indiscernible) desert regional center campus.

Slide 40 is the e 225 request management analyst position in the budget for budget calendar 3151 to manage our billing unit.

Currently the business process improvement analysis of data to identify errors as well as the system issues to identify system issues quicker and improve (indiscernible) e 227, this request funds two management analyst positions, three IT professional positions and three IT technician positions to provide infrastructure support which is seen at 38 percent increase in the program staff since 2014.

The increase they had not received any of the additional infrastructure changes even with that 38% increase.

They currently have over 30 unique grants with museum years open, making it over 60 active grants and over 250 active subawards, one position will perform the grant reconciliation and the federal grant reporting and budget accounts and services as well as 3209 and the CBC program in 3256.

The division currently has one tech three position monitoring all grants and sub grant activities in these budgets so they still building the infrastructure will actually support our programs as well as our community providers.

Slide 41 is the decision unit to eliminate the -- let me not say it that harshly.

This particular program which is 3156 which is the senior RX fund and disability program, currently they are with the gap closure they had to make modifications and they became a part b subsidy base program when the doughnut hole closed and utilization has been well below the new model.

The maximum subsidy is \$87 and average utilization is \$37 and at this point in time based on that utilization the administrative costs have exceeded the actual benefit cost. The funds will be redistributed into ADSD's planning and advocacy and community unit to be disbursed the funding for other programs for seniors as well as individuals with disabilities.

So the first year in 22 they will be working towards phasing that program out and then in 23, they will be able to take those funds to support other programs that are in need based on utilization of this program.

Slide 42 is the enhancement.

Communication Access Services and this is the Relay Nevada, Communication Access Services centers, the interpreter and CART which is the communication access real time registration registry as well as communication access interpreting program.

All three decision units support the Deaf and hard of hearing community, these requests are to improve access to translation services, expanding our mentorship program and provide support for the new Executive Director.

These are all recommendations based on the commission on persons who are Deaf, hard of hearing and speech impaired.

The funding is currently a hundred percent through the surcharge on wireless phone lines, the public utility commission determines the rate for the surcharge to meet the budgetary needs of the program.

Slide 43 are e 225 and e 226 supporting staff needs in the planning advocacy and community unit.

Many of you know the them as PAC unit they promote healthy aging as part of a broader strategy through direct support and funding community partners.

Two new positions have been requested to support the increased documentation and workload of the requirements and the grant management unit.

Deficiencies in program monitoring requirements, (indiscernible) due to new requirements without technical support, service model changes to meet the goal of building community capacity resulting in more subawards.

And then the mandated changes associated with the great act 2019 related to reporting standards, monitoring and performance issues.

The Fund for Healthy Nevada transitioning to PAC going into the direct services filling the gaps for older adults as well as people with disabilities.

The funding from senior and disability RX will be the one that supports those particular sub grants.

The second position is the management analyst with increased volume subawards (indiscernible) that particular position will support those activities.

The e 805 is a reclassification of an adult service align with child protective service.

The expansion of elder protective to adult protective services, increased complexity, additional responsibility, including capacity evaluation, guardian ship, intervention services, coordination with teams to alleviate and prevent abuse, neglect, isolation and abandonment of vulnerable Nevadans.

In FY 20, the statewide average vacancy rate was 25%, highest was 41% in June of 2020.

In Las Vegas average was 33% vacancy rate and highest in June of 2020 was 55%.

So statewide average of 40% vacancy rates.

They are hoping the reclassification of those positions will ensure they have adequate and appropriate supports for that program.

Slide 44 is the E 380 behavioral support home pilot program.

It increased needs for intensive behavior supports as well as increase level of specialty trained staff, pilot six homes and increased rate of \$8.75 for 15 minutes for residential support management and residential support services based on discussions with multiple providers across the nation, providing similar services.

They are hoping this current rate would be a support to that particular program as well to ensure they have adequate staffing.

The current rate is a maximum of \$25 per day.

The eight combines two part time positions into one full time position for a developmental specialist in the DRC budget.

Slide 45 is the transfer decision unit to establish the Consumer Health Advocacy and Protection Unit.

This particular office of consumer health assistance Nevada 211 adult protective services, long term care ombudsman and the program and administrative support will be combined within ADSD being transferred from director's office.

Each program provides advocacy on behalf of Nevada residents by creating the single unit to coordinate information, advocacy, education, and protections gain efficiencies by delivering the right services at the right time.

Data collection to inform policy decisions, identify trends and gaps in services including underserved populations as well as the coordination across all ADSD and DHHS programs for the No Wrong Door effort, collaboration with office of minority health to reach disadvantaged and underserved communities.

The real opportunity to learn from the program and data collection align the selection with Nevada can, Nevada Care Connection and OHR.

Slide 46 is additional transfers to align positions with duties that E 900 transfer, the repositioned approved with DHCFP budget during the 2017 session to the regional center to conduct provider payment, hoping ADSD will allow them to conduct Medicaid waiver and state generally fund billing audits limits access training, turn over, lack of program, and understanding and (indiscernible).

The e 909 and e 911 transfer to two management analyst positions to the new budget account in the director's office which creates the office of data analytics unit.

These two FTEs are subject matter experts with services program data and it will also align with the data team. Cross-training and expanded knowledge of grants.

They feel this will be a benefit overall in making sure that the data they are receiving from Office of Data Analytics also gives that program subject matter expert.

Slide 47 is the ADSD CIP program. Replacement for the administrative building at desert region center.

Project 21126, security fencing and shade structure at the intermediate care facility at the Desert Regional Center.

5. Presentation, Discussion and Possible Action Regarding Caregiver Support as Brought Forth During Public Comment at the September 29, 2020 CSPD Meeting. **(For Possible Action)**
Patricia Unruh, Chair of the Statewide Independent Living Council
DuAne Young, Deputy Administrator, DHCFF

Patricia Unruh: She is a person who's on the WIN waiver program with Medicaid and was receiving PCA services. She was with an agency for quite a while and had a good caregiver that she liked, who knew what she was doing, and she was very professionally qualified. The agency decided that those of that were part of the win waiver program would no longer be receiving services from this agency because they were going to full-time, private pay insurance and private pay clients.

Patricia and others were all given 30 days' notice to find other agencies.

She was provided with a list, but in going down -- the list, many of whom she called and one in particular one in particular said that they had been inundated with a lot of calls from those of receiving PCA services who had lost PACs due to this problem and that there was a shortage of caregivers in Reno. There was a shortage of caregivers.

Many caregivers want better benefits, they want able to have a good job because they're putting in a lot of work because they want other educational opportunities, to be paid good salaries.

She recently moved and hasn't gone back to calling other agencies on the list.

DuAne Young: The crisis in our state and that is the crisis of workforce shortage plus demand that we're now seeing with the increased Medicaid roles within COVID to ensure agencies are able to find adequate staff.

In 2016, he attended a caregivers and respite summit with Jeff Duncan and Cheyenne Pasquale and had that opportunity to meet with leaders across the state, in various groups he came to realize that we have a significant shortage of individuals who are both willing and competently trained to work in healthcare and we have to address the economic factors.

For some time, with Medicaid has based its rates based on wage and benefit studies done with personal care service providers.

Personal care services rates are in line with the wage and benefits for other states of what those recipients are receiving.

They are not in line with overall economic forces here in Nevada.

Our ISO organization model does allow for some of that but there's a lot of structures in which individuals work for agencies.

These agencies' overhead and what they take out of the Medicaid rates doesn't turn out enough to pay their employees for the ability and there's been several bills that have been proposed and some got hearings and some didn't demanding certain percentages of what Medicaid rate increases be returned directly to those employees.

Mr. Nagel gave comments and graciously worked with myself and senator James Settlemyer during the last legislative session as we tried to get legislation passed that would allow for Medicaid to be able to have the authority to have oversight on another independent provider program.

This program simply allows Medicaid the administrative oversight to contract with an agency that does have a cost to it that would be cost paid by the state which we could get some federal match for that will then allow independent contractors to work independently under this agency they manage the contract and these individuals would receive the full Medicaid rate. I believe it's 482.

The economic forces we're seeing in Nevada with COVID-19, there is some room for individuals who were particularly in the entertainment industry who have not been called back who are facing not getting that extra enhancement with unemployment.

There has to be a viable living wage so there's a variety of factors.

Medicaid is facing this 6% cut that was enacted through Assembly Bill Three in the 31 legislative session and special session.

They are aware of the impact of what this will do to an already challenged agency.

Personal care services are not reimbursed by the private sector.

These individuals in this workforce are getting the training by working for these agencies that primarily deal only with Medicare, Medicaid, we've not seen a really expansive ramp up of Medicare Advantage plans utilizing personal care services since they received that authority.

That will have change on market forces once we begin to see those Medicare plans ramp up.

Because Medicare can pay more than Medicaid we have restrictions what's the upper payment limit so we can only match Medicare, but that's based on a variety of factors that I have my fiscal team supply you with more information on how our upper payment limit is achieved for each rate.

With most of our rates we come fairly close to the Medicare rate.

But that is a challenge and as Medicare begins to enter that market, that will be a market force at play with our workforce.

Many individuals are getting their experience in the healthcare field and moving to other areas of healthcare and then in providers that are more diversified in their markets that are able to take a variety of payments sources and not be solely dependent on Medicaid rates and offer different payment structures for those that work for them.

That's a challenge with any state Medicaid program is that we're competing with the private sector for that and healthcare and I think what we saw with the growth of the ACA is it grew the healthcare market and demand for healthcare market and that's certainly demonstrated right now in Nevada.

We're at over nearly 750,000 recipients now on our Medicaid rolls.

That is well over a hundred thousand individuals where we were this time last year.

That's a direct result of the impact on our economy and we saw some of us or heard the economic forum and seen the information presented there as a challenge.

As far as retooling and retraining, many people on this call can help us work together to find ideas of how we can get workers who may be out of work, into these industries.

HCQC who oversees quality and compliance put together some concrete training programs and resource and materials to help individuals understand the health and safety needs because there are some individuals who are working in this field that they themselves fear keeping themselves healthy and for their clients.

We have to come together and recognized that there's going to be a need and a push from advocacy groups to bring into the state, more resources whether it be through various programs that allow for independent contractors, being able to lobby the legislature for an increased area, or funding in this area to maximize the rates.

Dr. Tyler Garner, during her tenure at DETR, was working with our Medicaid agency and one of the goals she had brought to us was that she had found an overwhelming number of workers who are working in the personal care industry were on Medicaid themselves.

They were providing care to others and then relying on Medicaid as their payment source because they weren't making over the economic threshold.

We heard the director and our administrator's comments that this will absolutely hurt and we take no joy in administering this but that is where our state was.

As our state continues to recover and look for diversification within revenue streams and creative ways to fund healthcare services I think that we have to look at the quality and standard of living for all these individuals providing services and so that they, we can attract people to the market so they're mega-a livable wage.

For those that wanted to enter the field as far as being a personal care provider, there are some existing resources on health and safety that have been put out with the Bureau of Healthcare Quality and Compliance. It was suggested that Kirsten Coulombe send information regarding this to Wendy to disperse when it is appropriate.

There was a discussion about raising rates for caregivers and making sure that there is adequate education and training for those wanting to enter the field as well as those are in the field and wanting more education and training. Also, the rural regions need to be included in all aspects of this. There is a possibility of joining the SILC transition workgroup, which is focused on caregivers, partner agencies, reimbursement, training, maximizing rates etc.

6. Update and Discussion of Accessibility Related to DETR and other State Websites Progress of the Accessibility of the Nevada Department of Employment, Training & Rehabilitation
Mechelle Merrill, Deputy Administrator of Programs, DETR
Mark Tadder, Blind Living Skills, NNCIL

Mechelle Merrill: On October 5th, Mark Tadder from the NNCIL met with Shelley Hendren, the DETR public information officer and the website developer that has been hired to work on DETR websites. They felt that the developer understood the issues.

The initial testing and analyses have found that the screen readers and varied tools are working just fine on the site.

She got confirmation this morning from Mark Tadder saying that he took a look at the website and the issues where the iPhone users were being blocked when loading the site seem to have been resolved. She can't speak to statewide issues or all state agency websites, but she can speak to DETR issues.

In terms of the hearing-impaired population, they are working with another agency to get the videos, the web postings and videos that are helpful under the FAQ's for unemployment out there, using ASL and are working with Sal Fiorentino on that.

Diane Thorkildson: Suggested having someone from the State IT department come to the next meeting to discuss accessibility for the websites across the state.

7. Discussion and Make Possible Recommendations to Approve a Letter of Support for the Division of Welfare and Supportive Services (DWSS) Regarding a Technology Initiative From the Commission on Aging (COA) to Governor Sisolak. **(For Possible Action)**.
Crystal Wren, Social Services Chief II, DHHS

Crystal Wren: Gave a presentation that was also posted on the website. The presentation explained the waiver application process following steps taken for each situation and entity.

Char Frost motioned to approve signing on the letter. Kelly Venci seconded. Motion carried.

8. Discussion and Make Recommendations Regarding Pending and Possible New Applicants to Fill Current Commission Vacancies **(For Possible Action)**.
Diane Thorkildson, Chair

Diane Thorkildson welcomed new members, Cimi Neal and Ophelia Simmons to the Commission.

9. Discussion and Make Possible Recommendations Regarding the Frequency of Future CSPD Meetings.
Dawn Lyons, SILC Executive Director (former CSPD staff)

Jeff Duncan: Gave information on the Commission's budget from the year before. It was suggested that instead of creating a legislative subcommittee, this Commission could work with the SILC legislative subcommittee that is already meeting, possibly share the meeting costs with the SILC. The Governor's State of the State address is in late January. Various members are tracking bills in the legislature. All these bills can be discussed at the February 11, 2021 CSPD meeting unless something comes up that requires immediate attention beforehand.

10. Discussion and Make Possible Determination of Issues and Agenda Items to be Considered or Deliberated at the Next Meeting **(For Possible Action)**
Diane Thorkildson, Chair

- Legislative update-Kelly will ask Bailey Bortolin, the state project director if she can present.
- Char will send Wendy the bill tracker.

- Coordinating with the SILC on caregiver issues.
- Revisit the Olmstead and the current state goal statuses (including the foster care system and the children with significant disabilities in skilled nursing facilities)
- Standing agenda items.

11. Confirm Date for Future Meeting
Diane Thorkildson, Chair

The next meeting date is scheduled for **February 11, 2021 at 9:00 am.**

12. Public Comment (May Include General Announcements by Commissioners) (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. Public comment at the beginning and end of the agenda may be limited to three minutes per person at the discretion of the chairperson. Members of the public may comment on matters not appearing on this agenda or may offer comment on specific agenda items. Comments may be discussed by the Board, but no action may be taken. The matter may be placed on a future agenda for action)

Patricia Unruh: Thanked everyone for the invite to come and present at this meeting and to have caregiver issues being discussed.

Ted Nagel: He will send Wendy some notes regarding issues he is experiencing.

Dawn Lyons: There was some confusion about the budget presentation, so she clarified some of the calculations around the costs for ASL interpretations, CART and for travel expenses. She mentioned that not only does the SILC have a transition workgroup going on but also has a Legislative Subcommittee and they are paying for those subcommittees. She invited the participants of this meeting to join those ones and will send the information out after this meeting.

Dora Martinez: Reported that the Voc Rehab website is having accessibility issues.

Kimberly Glass: She has two different perspectives on the PCA issue. She works in Human Resources and has hired for that field for intellectually disabled adults, elderly people, and physically disabled individuals, and she is a client of the PCA services. She is going to make a list of issues on both sides and send it to Wendy to be included in the minutes.

13. Adjournment
Diane Thorkildson, Chair

NOTE: Agenda items may be taken out of order, combined for consideration, and/ or removed from the agenda at the Chairperson's discretion. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Wendy Thornley at (775) 687-0551 as soon as possible in advance of the meeting. If you wish, you may e-mail her at wthornley@adsd.nv.gov. In accordance with NRS 241.020, supporting materials for this meeting are available at: 3416 Goni Rd, D-132, Carson City, NV 89706 or by contacting Wendy Thornley at (775) 687-0551 or by email at wthornley@adsd.nv.gov

Agenda Posted at the Following Locations:

In accordance with Nevada Governor Sisolak's Declaration of Emergency Directive 006 there will not be a physical location for the Governor's Commission on Behavioral Health Meeting regarding the Annual Governor's Letter.

- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 3: The requirements contained in NRS 241.020 (4) (a) that public notice agendas be posted at physical locations within the State of Nevada are suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 4: Public bodies must still comply with requirements in NRS 241.020 (4)(b) and NRS 241.020 (4)(c) that public notice agendas be posted to Nevada's notice website and the public body's website, if it maintains one along with providing a copy to any person who has requested one via U.S. mail or electronic mail.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 5: The requirement contained in NRS 241.020 (3)(c) that physical locations be available for the public to receive supporting material for public meetings is suspended.
- As per Nevada Governor Sisolak's Declaration of Emergency Directive 006; Subsection 6: If a public body holds a meeting and does not provide a physical location where supporting material is available to the public, the public body must provide on its public notice agenda the name and contact information for the person designated by the public body from whom a member of the public may request supporting material electronically and must post supporting material to the public body's website, if it maintains one.