



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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



MEETING NOTICE AND AGENDA

Name of Organization: Nevada Lifespan Respite Care Coalition

Date and Time of Meeting: Tuesday, January 17, 2022
10:00AM

Place of Meeting: Microsoft Teams meeting

NOTE:

Minutes of this meeting will be produced in summary format. Please provide the Commission administrative support with electronic or written copies of testimony and visual presentations if you wish to have complete versions included as exhibits with the minutes.

1. Roll Call & Welcome:

- Members attending: David Nichols, Rachel Jelenic, Sharifa Wahab, Cory Lutz, Molly Walt, Kathleen Doyle, Amy Dewitt-Smith, Justin Hansen, Deidre Hillyard-Manley, Dr. Deborah Howell, Allie Blum, Maria Lopez
- ASD Staff: Cheryl Dinnell, Cheyenne Pasquale, Yazmin Orozco, Nikki Haag, Ashley Martin, Jennifer Richards, Annemarie Culp, Crystal Wren, Carole Hanley
- Guest: Megan Wickland, Ellen Frais-Wilcox, Linda Anderson

2. Public Comment:

- No Public Comment

3. Review and Approve Draft Minutes from November 7, 2022, Nevada Lifespan Respite Care Coalition (NLRCC) meeting (For Possible Action):

- Cory Lutz motion to approve the minutes.
- Amy Dewitt-Smith Second the motion
- All approved

4. Nevada Lifespan Respite Care Coalition Directors Report:

- This item was tabled.

5. Presentation/Reports on Nevada Aging & Disability Services Division (ADSD) Lifespan Respite Grants:

Cheyenne Pasquale, ADSD Social Service Chief & Yazmin Orozco, Project Coordinator

- Reviewing the three Lifespan Respite Grants, regarding 4 overarching goals and how they fit in a coordinated system of caregiver support.
- Coordinated System of Caregiver Support
 - Minimum set of common data collected among the ADSD subrecipients.
 - Streamline referrals to respite services.
 - Expand utilization of satisfaction survey
 - Annual Caregiving in Nevada report
 - Create a steering committee to oversee the development of training and outreach material for families of children with dual diagnosis.
 - Coordinate with other state units around data collection.
- Build a Consensus-Based Respite Worker Training
 - Convert the R.E.S.T. training to online platform.
 - Use some parts of Wisconsin respite training for informal caregiving.
 - Expand baseline training to include some information on emergency planning and the use of PPE.
 - Professional skill development for serving dual diagnosis population and skill development of informal respite workers training is being examined.
 - The State has an online learning management system that we need to evaluate/utilize to house the respite trainings.
- Increase Respite Workforce
 - Create a list of people who have completed training and are looking for work. Will use software that the state already has.
 - Recruitment campaigns through various platforms and contract options for that.
 - Gap analysis for serving the dual diagnosis population to identify network development opportunities.
- Increase availability of respite throughout Nevada.
 - Continue to provide emergency respite vouchers.
 - Working on getting family support and navigation assistance to families with children with dual diagnosis.
 - Continuing the emergency respite voucher for families living with children with dual diagnosis.
- Conduct an in-depth dive on the challenges/barriers we have experienced, and consider the resources needed, as we consider the NLRCC State Plan for the Support of Caregivers.

- In November, \$19,004 was received in funding for outreach efforts with community partners (faith-based, medical clinics, schools, family resource centers, senior centers, etc.)
- 146 Caregivers have applied for emergency funds, with 77 families awarded funding. Northern Nevada has a balance of \$5,119.67; Southern Nevada \$6,780.05.
- Coordinate recruitment of students/persons interested in completing respite internships. Stipend funds also available for community partners who would accept interns. Work on training piece now to get this going.
- Will request NLRCC/provider feedback on training and input on how to collect data from intake, surveys, and satisfaction surveys. Get key data on caregivers and have mechanisms for reporting.
- The long-term goal may need stronger legislation related to respite and caregiver support in the future. State level buy-in has been a barrier.
- Received Governor's Fiscal Recovery Funds for respite services through a pilot mobile respite service, particularly in rural areas. Waiting on formal notice before we can move forward.

6. Presentation/Report on Home and Community Based Services (HCBS) Waiver Respite Implementation

Crystal Wren, Community Based Care, ADSD Social Service Chief

- Under FE & PD Waivers, need for respite assessed by ADSD professional and authorized hours can be issued for a 12-month period and can be used as needed.
- Rates and lack of respite caregivers are ongoing challenges.
- Respite is authorized through a personal care agency (PCA) or through an intermediary service organization (ISO).
- The waiver renewals have been submitted to the Centers for Medicare and Medicaid Service (CMS). Physical Disability waiver can utilize ISO now but an amendment on the Frail Elderly waiver was included for CMS authorization to also use ISO and pay family caregivers. Until a new structure is in place, FE waiver families still need to use a personal care service.
- Individuals need to qualify for Medicaid, have a nursing level of care, but income thresholds are higher – up to 300% of Social Security income limits. Traditional Medicaid is around 120% of poverty level.
- State plan services under Medicaid are used first before waiver services are used. Respite is just a waiver service, so no state plan services must be exhausted first.
- The social health assessment used to determine respite needs asks questions about activities of daily living (ADLs) and instrumental activities of daily living (IADLs), natural supports, community resources, food insecurity, etc. The licensed professional would then suggest services for

the plan of care. Unpaid family caregiver does not have to live with care recipient.

7. Presentation/Report on HCBS Waiver Respite Policy

Ellen Frias-Wilcox, Division of Health Care Finance & Policy

- Medicaid does have respite services but only through Physically Disabled and Frail Elderly waivers and recipients must be enrolled in one of the programs to get assistance. Medicaid does have a waitlist of eligible people to get waiver services. Excludes intellectual disabled waivers.
- Respite Care Providers must be enrolled with a Personal Care agency to adhere to state licensure requirements for training. Agency must be enrolled with Medicaid as provider type 48 or 58.
- Respite services may be for 24-hour period. The maximum respite hours for the Frail Elderly waivers are 336 hours per fiscal year. The maximum hours for respite under the Physically Disabled are 120 hours per calendar year.
- Respite must be provided in a home or private residence, not in a group home or assisted living facility.
- Can be used with other waivers but must be billed separate. Same day okay, but not at same time other services are provided.
- Unskilled respite agencies get \$2.50 for 15 minutes (\$10/hr.) for Frail Elderly. Physically Disabled respite providers get \$3.63 per 15 minutes (\$14.52/Hr.) because they may need skilled training to perform tasks. Workers may be paid less.
- A cost study is being performed to see if the Respite rates should increase. Agencies cannot cover the cost of wages, taxes, insurance, administrative costs, etc. and are dropping off Medicaid. Under ARPA funding, a \$500 worker bonus/retention available for providers, plus a 15% rate increase until ARPA runs out of funds (March 31, 2024). There's also a concern about hours authorized that it might not be enough respite.
- In accordance with Assembly Bill 108 (2017 session) every 4 years providers must be reviewed for cost, overhead, and wages for caregivers. Low provider participation - only 20% participated in the last update. Maybe NLRCC can help improve participation and cast a broader net for potential providers. Also, reach out to State of Nevada Association of Providers (SNAP).
- Medicaid does have two types of providers: PCA agencies and Intermediary Service Organization (Iso) for self-directed care on Physical Disability waiver where the family caregiver can be paid.

8. Discuss/ Approve NLRCC State Plan (For Possible Action):

- David Nichols motioned to approve the NLRCC State Plan as written.
- Cory Lutz Second the motion
- All approved

9. Discuss/ Approve 2023 Legislative topics potentially affecting Caregivers (For Possible Action):

Jennifer Richards, Chief Rights Attorney, ADSD

- Healthcare is a huge topic - Over 50 Bill Draft Request (BDR) identified so far. Most of the BDR's do not have the language in them yet.
- BDR 297 on Structured Family Caregiving sponsored by the NV Committee on Seniors, Veterans, and Adults with Special Needs. Proposed by Chuck Duarte, Alzheimer's Association.
- BDR 298 Establish Nevada Memory Network for the diagnosis and treatment of dementia, picked up by the NV Committee on Seniors, Veterans, and Adults with Special Needs. A fiscal bill has been attached to fund this BDR. Also proposed by Chuck Duarte, Alzheimer's Association.
- Senate Bill (SB) 45 will revise the amount of income retained for a monthly personal needs allowance while in long-term care settings.
- BDR 301 provides evictions protection in group residential facilities.
- BDR 562 on caregiver assessments is supported by NLRCC.
- BDR 300 protects vulnerable adults with a Vulnerable Adult Protection order and Access Warrants to get to a person for welfare checks.
- Bills/BDRs on Health Care, Long Term Care Supports, Housing, Adult Maltreatment, Guardianship & others discussed today can be found in the meeting materials.
- Track Bills on the Nevada Legislature's site [NELIS](#).

10. Discuss of March 20, 2023, Meeting topics:

- Tracking & discussion of bills/BDR topics during the Legislative Session
- Presentation by Megan Wickland from the Regional Center respite
- Contract for Executive Director for NLRCC ending.

11. Member Spotlights:

- Amy Dewitt-Smith & Maria Lopez-Fraley were spotlighted this meeting. Spotlights were included in the meeting materials regarding all the ways they help on our communities.

12. Public Comment:

- No Public Comment

10. Adjournment: 11:58am

Accommodation Requests and Meeting Materials:

Note:

Notice of this meeting was posted at the following Aging and Disability Services Office at 3208 Goni Road, Building I Suite 181, Carson City, NV. 89706. Notice of this meeting was posted on the Internet through the Nevada Aging and Disability Services Division website at adsd.nv.gov. and Nevada Public Notices website at <https://notice.nv.gov>. Supporting public material provided to Commission members for this meeting may be requested from Carole Hanley, Commission Administrative Support, ADSD at (702)486-9765 and is/will be available at the meeting locations and ADSD website at adsd.nv.gov.