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<https://www.nvsilc.com/>

# Draft Minutes

Name of Organization: Nevada Statewide Independent Living Council (NV SILC)

Dates and Time of Meeting: Wednesday and Thursday, April 20 & 21, 2022

1:00 p.m.

This meeting is open to the public and will be held at the following location:

Nevada Department of Health and Human Services

Aging and Disability Services Division

3416 Goni Road Suite D-132, Carson City, NV 89706

And via video-conference:

The public may also observe this meeting and provide public comment on Zoom.

**To Join the Zoom Meeting**

<https://us02web.zoom.us/j/9299041434?pwd=NmM5Tk1Od3ltRzg1enhRYTU3WDdUZz09>

Meeting ID: 929 904 1434

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Meeting Materials Available at: <https://www.nvsilc.com/meetings/>

Agenda items may be taken out of order and may be addressed on either meeting day.

1. Welcome, Roll Call and Verification of Posting

Ace Patrick, Chair

**4/20/22 Attendance**

**Members Present:** Havander Davis, Vickie Essner, DeeDee Foremaster, Mary Evilsizer, Jennifer Kane, Raquel O’Neill, Kate Osti, Cheyenne Pasquale, Ace Patrick,

Julie Weismann-Steinbaugh

**Members Excused Absent:** Renee Portnell

**Members Unexcused Absent:** Sabra McWhirter, Erik Jimenez

**Guests:** Sondra Cosgrove, Marina Holcomb, Steven Cohen, Lisa Bonie, Carley Murray, John Rosenlund, Marshal Hernandez, Obioma Officer, Jodi Collins

ns, Linda Vejvoda

**CART Provider:** Becky Van Auken

**Staff:** Dawn Lyons and Wendy Thornley

**4/21/22 Attendance**

**Members Present:** Havander Davis, Vickie Essner, DeeDee Foremaster, Sabra McWhirter, , Kate Osti, Cheyenne Pasquale, Ace Patrick, Julie Weismann-Steinbaugh

**Members Excused Absent:** Renee Portnell, Jennifer Kane,

**Members Unexcused Absent:** Erik Jimenez, Raquel O’Neill

**Guests:** Steven Cohen, Dianna, Cindi Swanson, Obioma Officer, Sondra Cosgrove, Mary Evilsizer, Lisa, Jodi Collins, Adrienne Navarro, Carley Murray, Lisa Bonie, John Rosenlund, Jackie Obregon, Dora Martinez, Jack Mayes,

**CART Provider:** Becky Van Auken

**Staff:** Dawn Lyons and Wendy Thornley

1. Public Comment

Members of the public will be invited to speak; however, no action may be taken on a matter during public comment until the matter itself has been included on an agenda as an item for possible action. Please clearly state and spell your first and last name, if unique or otherwise unfamiliar to the Subcommittee. Public comment may be limited to 3 minutes per person, at the discretion of the chair. Agenda items may be taken out of order, combined or consideration by the public body, and/or pulled or removed from the agenda at any time. Pursuant to NRS 241.020, no action may be taken upon a matter during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

**4/20/22 Public Comment:**

Linda Vejvoda: Is applying for a position on the Council and introduced herself.

Lisa Bonie: Reviewed applications for funding and is concerned about RCIL requesting funding to provide core IL services in Carson City, Douglas, Storey, and Lyon Counties. The Northern Nevada Center for Independent Living is funded for and provides services in those communities. It feels fiscally irresponsible to choose to fund a duplication of services rather than participate in the referral process for consumers needing core service, supporting, or training.  
She encouraged the SILC to direct that funding to a program or service that's not currently funded.

Bryan Hilbert: Is present and excited to be part of the meeting.

Obioma Officer: She is the Executive Director of the Deaf and Hard of Hearing Council and thanked the Council for providing accommodations. She invited the group to attend the meetings of the Deaf and Hard of Hearing Council.

**4/21/22 Public Comment:**

No public comment.

1. Approval of Meeting Minutes from January 12 & 13, 2022 **(For Possible Action)**.

Ace Patrick, Chair

Havander Davis motioned to approve the draft minutes. Kate Osti Seconded. The members voted and the motion carried.

1. Report and Discussion Regarding Vocational Rehabilitation’s Pilot Program for Pre-Employment Training Services in Rural Nevada.

Marshal Hernandez, Rehabilitation Supervisor, Vocational Rehabilitation

Marshal Hernandez: The report is a combination of Vocational Rehabilitation and Churchill County at different coordinators. The program was to look at grade appropriate curriculum for pre‑employment transition services in those communities. They visited and worked with middle schools and elementaries to gain good insight of what that looked like.  
Due to it being during the time of COVID 19, they faced difficulties and had to switch from in‑person to a digital platform.  
With that digital platform it was less interactive, it did affect the interactions that they had with groups in scheduling and other challenges they had in requesting permissions.  
In terms of outcomes, they did gain a better idea of vocational internships, career opportunities and programming, ABLE accounts, guardianship, powers of attorney, making decisions, understanding IPE progress progresses, advocacy, clear pathways, one recommendation they had from this collaboration was getting a better idea of what future and career planning would look like working with parents. Past practices indicate students’ parents are reluctant to attend digital platforms.  
They are hoping that this spring, 2022, they can go back to a more in‑person with a hybrid of digital.  
There was a lot of collaboration.  
But it wasn't as eventful as they initially expected due to the format switching from in‑person to digital.

Ace Patrick: Requested the number of people currently being served with that program.

Marshal Hernandez: He will get numbers for the SILC meeting on the following day.

Dawn Lyons: Thanked Marshal for stepping in for Daphne DeLeon.

Marshal Hernandez: He will reach out to Daphne DeLeon and Mechelle Merrill to get more information and share that with the SILC. His position is statewide, and he works heavily in the rurals.

1. Update and Report Regarding the Youth Action Council

Marina Holcomb, Youth Leader

Marina Holcomb: A lot of fun things are happening in the next month. She is organizing a young hero grant that she received . She will work with ten young students, using vision boards regarding their visions of their future. Next they will explore how the Youth Action Council can support them in achieving those goals as they prepare to graduate.

Ace Patrick: How many members does the Youth Action Council have?

Marina Holcomb: There are three members. The Youth Action Council will work with the members at the Rural Center for Independent Living (RCIL).

Ace Patrick: Thanked Marina for her update and congratulating her on obtaining the grant. Ace is looking forward to

Julie Steinbaugh-Where did the grant come from?

Marina Holcomb: Dawn sent her an email for the Young Hero’s grant. The grant is given to a certain number of young youths. She will be working with ten youth.

Dawn Lyons: Even though this will be held at Rural Center for Independent Living (RCIL), the SILC may be able to sponsor or reimburse youth who are coming from other parts of the state. She invited the group to have any youth that they think would like to take part, to reach out to Marina.

1. Report and Discussion Regarding Aging and Disability Services’ Independent Living Program.

John Rosenlund, Director, AT/IL Program

John Rosenlund: He gave a quick overview of the Assistive Technology for Independent Living Program. The program has been around for close to 30 years. It is designed around the Independent Living philosophy, developing independent living goals and the application of using the assistive technology to eliminate barriers for the individual.  
The program's focus is to keep people living in the communities and in their homes in those communities. Primarily they look to help people with the barriers that they have in everyday living, focusing on perhaps self‑care, accessing the home, personal mobility, transportation, as a piece of communication.  
Anywhere assistive technology can be used to address essential daily living.  
The program's focus is remove barriers to try to keep people living in their homes and communities.

The full report is available has been provided to the SILC.

The program has three funding sources.  
The program is funded through in part by the Nevada SILC, about $140,000 a year.  
They use Assistive Technology Act funds, but primarily it is state funded dollars.  
The budget is a little over $1.5 million.  
23 % of that is operations, that's the cover staff, locations, mileage to meet with people, and so on.  
The remainder and the majority goes to actually purchasing the assistive technology and assistive technology services which includes everything from home modifications to actual devices if that's what's in need. So far this year, they tracked information on the Federal Fiscal Year, from October forward.  
225 calls coming in, about 87 of those individuals deciding they want to move forward with developing independent living and becoming consumers.  
Through that process, 733 referrals have been made and technical assistance provided in 29 of those instances. Caseload is hindered by the wait list. About 216 cases were carried over from last year.  
They had 58 cases open from this time forward from October until now they had 58 cases open.  
Because of the need within the state, he has been working with this program for nearly 20 years, it's never been without a wait list.  
That shows the need of the program because there are very seldom other resources to modify a home to put a ramp in and help someone get in the shower and so on.  
Those barriers aren't really addressed through any Medicare or Medicaid waiver under Medicaid there's a small resource.  
That is why this program has been around that long, and why that growth of consumers throughout each year.  
There are only so many resources to go through and serve so many people.  
They currently have 62 active consumers.  
At some point in their case moving forward, they are either developing goals, they are identifying you the barriers that need to be addressed, or they are in the part of exploring what assistive technologies are best going to work.  
When I say 62 active cases I mean that's 60‑case we believe we're going to be able to provide services for state fiscal year ending in June.  
They think they will have enough money left to be able to do ramps and whatever they need to do to remove those barriers.  
That leaves 129 consumers on the wait list.  
From July 1st they will get state dollars and figure out how many consumers are going to be able to be served, identifying people that are at high risk or need to be prevented from going into an institution or if they need to transition out of an institution.  
Those cases and services are prioritized.  
Any goal that needs to be addressed to keep that person in the community is prioritized.  
During the year, they had 20 goals that were related to transitioning out of a care facility.  
46 goals that were are prioritized and completed, related to prevention.  
The majority of the goals for the year are self‑care. Self‑care being number one.  
That's bathing toileting, self‑feeding, preparing a meal.  
Those are self‑care goals that are identified and laid out in their Individual Service plan.  
Community Based Living is typically where they find home access issues.  
Being able to get in, out and throughout the house.  
Those are the secondary goals, self‑care number one, home access is number two, and then number three is personal mobility and transportation are a combined goal under the federal independent living and they don't have that currently separated out.  
86 % of all those goals in that category are transportation related.  
Leaving the other 20 % that are just under 20 % are mobility related.  
So that's personal mobility devices, prosthetics, things of that nature.  
The last two goal areas are communication and information and access to technology.  
Those goals will often relate over to something that the person is trying to accomplish but will fall into those categories.  
The full report breaks this information down to the %age of goals met, the %age of goals in progress, withdrawn, number of people that they weren't able to contact, how many people passed away and so forth.

Care Chest has been the statewide provider of this program the last two maybe three years.  
  
Survey data is important in this program and a voluntary consumer survey has always been provided. They shoot for a 50% response rate which is considered pretty good on a voluntary satisfaction survey.  
It's more than satisfaction. They are asking people about the life impacts they've had.  
The satisfaction they have with the staff person they work with. 92% of the reporting individuals said they had a very good or excellent staff person.  
They asked the consumer if they had choice and control over the goals that they set and the types of services they received.  
Based on the comments that sometimes that's confused with maybe the end service the person received.  
The intent of this is to find out if the goals that they found important supported and did they have the control over those.  
Just over 89% of the people reported that they had a lot of control or they had quite a bit of control.  
One individual said they didn't have enough choice and control in that.  
He will follow up with that individual and find out a little bit more.  
Sometimes by the comments that they leave, they can tell and rule out whether it was something they could address through giving the consumer more control or if it's something outside of our control, such as a person didn't get the vehicle he wanted.  
They ask the person if it made a positive impact on their life, just a simple yes or no.  
All consumers but two said they had a positive impact. That's 88 % of the consumers.  
Historically that's been at 100 %.  
They had two consumers that didn't feel there was a positive impact made.  
The overall quality of life.  
Close to 85 % of the people said it improved a lot or quite a bit.  
Other overall satisfaction of the program.  
Program and program services.  
92.4 % said they were very satisfied or mostly satisfied.  
Again, only one individual was not satisfied.  
They asked them overall independence related to the goals established.  
78 and a half % said it improved a lot or quite a bit.  
They had some no responses in that area.  
Sometimes people forget to respond.  
They did have one person say it didn't change, 11% of people said it did improve a little.  
So that entire amount, they had just under 90% of the people had a positive independence related to their goals.  
They asked people about their chances of staying out of a nursing home. Just over 72 % said they improved a lot.  
We asked how often the device or modification is used. 88 % used them daily.  
The services they were receiving 88 % of the consumer report they use it daily.  
The remaining 12 and a half % said they use theirs weekly, none reported that they use it monthly or at least every three months or didn't respond.  
This shows the impact of how important that is.  
Even the one individual that wasn't satisfied all the way through, still uses the device or modification daily..  
They usually have met the 50% reply, however over the last two years during COVID, they have been a little bit low.  
They are at 40%, which is quite good for a survey that somebody has to fill out and send back.  
They also surveyed the consumers that have not received services and asked them questions if there was anything confusing about the independent living process.  
If they think developing independent living goals are a good method of addressing the barriers in their life. He still thinks that when they do get responses, that it's not confusing to develop independent living goals and as it is a good method of getting at the greater issue, not just addressing the smaller issues of getting a specific piece of AT.  
Many consumers may know exactly what they want.  
Transportation goals are probably one of the goals that get withdrawn quite often because the person finds out that owning a personal vehicle may not be something they can budget for, it may be more than they want to go after, or it may not be something they can afford at this time. It’s important to explore the goal even if it won’t get met. This may give the person additional steps to do in life.

Ace Patrick: Agrees with the last statement that John made about exploring the goal even if it isn’t met.

1. Discussion and Make Recommendations Regarding Assistive Technology in the Workplace and Collaborative Efforts **(For Possible Action)**.

Dawn Lyons, Executive Director

Dawn Lyons: Asked John about the feedback he got on his surveys. She was under the impression that they are anonymous, can someone add their name if they wish to be contacted?

John Rosenlund: The survey is optional. There was a consumer who responded about a service that the AT/IL program does not provide. They will be followed up with.

Dawn Lyons: There are so many services, it can be confusing for people to know who to reach out to. It’s nice that Care Chest will reach out to assist the person even though Care Chest is not in charge of that service that is being needed.

John Rosenlund: An individual can be upset and sometimes they find their own resource. There will be follow-up to see if any assistance is needed. The individual may be surveyed voluntarily again to try and fix the issue.

Dawn Lyons: A SILC subcommittee met and discussed that it should be easier for employers to understand that they can provide assistive technology to their employees who need it. It shouldn’t be a barrier to hire people with disabilities. There are misunderstandings and perceived barriers. They are collaborating with the AT Council to make it easier for employers, maybe train them or provide outreach to show that it isn’t a barrier to hire someone with a disability, cost an exorbitant amount, and it is a simple process. Vocational Rehabilitation helps by providing the assistive technology needed for employment. They were looking at ways they could potentially improve that process and make it easier for employers to hire people with disabilities. The subcommittee members have some great ideas. The AT council members can be invited to the next SILC Integrated Workforce Development Subcommittee meeting.

Ace Patrick: Invited John Rosenlund to the next Integrated Workforce Development Subcommittee.

John Rosenlund: The Assistive Technology Council was not able to get through their whole agenda at their last meeting. The program’s design and as approved, those funding sources are as a last resort for a person’s community living barriers, not so much employment. AT for IL program would probably not be involved with somebody with a vocational goal or barriers in the workplace. Under the assistive technology act, there is specific training and technical assistance for systems change.  
The barrier they have is lack of staff and lack of resources.  
There's only a couple people in the state that run that AT resource center currently.  
There will be more, they are trying to hire people.  
  
The AT Resource Center and Collaborative are always supportive of trying to break down that barrier if employers have concerns about hiring people with disabilities. The whole concept of device demonstrations and device loans are to support informed decision making. People need to have hands on experience with assistive technology to determine if it is right for them.

Julie Weismann-Steinbaugh: The key to people getting hired is going to be breaking down those barriers of preconceived notions of a person with a disability walking in the room and being discriminated against without employers even realizing that's what they are doing sometimes. Maybe there needs to be legislation.

Dawn Lyons: There are several different aspects. There's the need for the expectation of people to be not discriminated against. To brainstorm ways to ensure that that doesn't happen, maybe legislation is needed. Dr. Cosgrove also talked about Universal Accommodations that help everybody, not just people with disabilities. That's a possibility to promote and encourage and possibly even advocate for legislation on or mandates.

Sondra Cosgrove: She is a history professor at the college of Southern Nevada. Her son had a disability throughout school. He had IEPs and she became proficient in what he needed to be successful in his classes, the way materials should be presented, and the way he was going to be able to access things the best.  
When she started teaching, she incorporated everything she had done with her son, into her class for students. She did not differentiate between students with a disability and those who don't.  
They all do better.  
If she provides three different formats, everyone does better.  
The idea that there's a burden to be borne to provide somebody with accommodations, find out what the accommodations are and provide them for everyone, everyone will do better and everyone will be happier.  
It might require a bit more front loading of how a teacher sets things up, but once started, it becomes the accepted pattern of how to set classes up and the confused emails from students end and students do not fall off track because they are able to access the courses in ways that make sense for them.  
Everyone does better.   
It should not be a separate accommodation for people, everybody should be getting these accommodations because it works for everybody.  
During the pandemic, everyone needed assistive technology, nobody could work without assistive technology.

Dawn Lyons: If it is made complicated people are going to look at it like it's complicated. There are some universal accommodations that could be provided like Dr. Cosgrove said.  
And those are the kinds of things that we need to really make sure that employers understand.

Vickie Essner: She works for Vocational Rehabilitation for DETR. She has been a coordinator for a team that does education in the community for employers. If anyone in this group knows of anyone in the community that might benefit from the presentation that Vocational Rehabilitation puts on and they do the education, letting employers know of assistive technology. As an individual who uses the assistive technology to maintain employment, it's impressive that they are seeing that the barriers are already eliminated just by Vocational Rehabilitation’s presentation to them. They touch on all disabilities, and she is happy to do presentations or contact any employers in the community.

John Rosenlund: He believes in universal assistive technology. Employers need to be educated, people with disabilities have every right and there are laws in place. There's a universal design and providing things in an accessible manner, all the employers need to be thinking on those terms.

DeeDee Foremaster: Agrees with John, there needs to be all the reasonable accommodations needed. Her sister teaches and implements accommodations in her classroom. With reasonable accommodations, employers realize that everyone learns differently and that is an important aspect of life.

Julie Weismann-Steinbaugh: Mentioned in the chat that she agrees with John.

Dawn Lyons: Also agrees with John. She suggested that the SILC could collaborate with

Vocational Rehabilitation, with the AT Council, and with the AT for IL Program since they do have training in their budget to come up with a training that satisfies the disability community, in the direction that we're training the employers and helping them understand what they are required to do.

Ace Patrick: Thinks that is a great idea.

DeeDee Foremaster: The more education for employers, the better.

Havander Davis: Letting employers go with a “one fits all model” will hurt the system because one thing does not fit all people, someone will get left out. need to try to keep with the model of individualizing assistive technology.  
That always needs to be the model what we're going into employers or anyone who's doing anything with a person with a disability we need to make sure they understand not every person with a disability is going to be the same.  
There is a need to keep that dialogue open and try to come up with some type of trainings or way to get to the employers. Give a person with a disability a job without them having to go in and volunteer first, just to show that they can do the job.

Ace Patrick: Agreed with the three prior speakers about training employers, collaboration, and ideas for educators.

Dawn Lyons: Mechelle Merrill has stated that she would be willing to work with this group.

Mary Evilsizer: These are great ideas. There are still barriers to remove to help people with disabilities get their foot in the door. The barriers are the perceptions and fear employers have about hiring individuals with disabilities, which is really unfounded.  
Once they hire one individual and they start to feel more comfortable and less fearful because, as has been mentioned before.  
The Department of Labor does have a title for October, Employment Awareness Month, and the Department of Labor has a curriculum where individuals with disabilities set up a meeting, go in and meet with different employers during the month of October to help to bring awareness that people with disabilities want jobs like everybody else. Also help them develop an awareness about the assistive technology that's available that does not need to be expensive.  
So that curriculum is already there.  
It's free and it might be something to consider.

John Rosenlund: He’s not sure if the SILC is considering spearheading this. This is the job of Vocational Rehabilitation.

Dawn Lyons: Would like Vocational Rehabilitation present to the SILC about what is planned to be done.

Marshal Hernandez: This conversation mentions things that Vocational Rehabilitation is working on. It depends on what is being looked at because of the different programs they do as part of their part of WIOA, partly responsible for WIOA it's not only to empower clients but also to break down those misconceptions from the employer standpoint. As part of that hiring process.  
Vocational Rehabilitation does have employment engagement teams that work with employers to do disability training and awareness.  
Right now they are preparing for their Youth Summer Internship Program and part of that inclusion piece, is soft skills training but disability awareness for employers that will be hosting interns to break down those misconceptions about disability, disability accommodations, or even AT. It is within the wheelhouse of DETR as an employment agency for individuals that bridge that gap between loss of employment or maintaining employment or advancing employment.  
And as they transition to employment workforce.  
In terms of what this committee is talking about, Vocational Rehabilitation would love to hear feedback because it is something they can enhance.  
Even though they do surveys on a yearly basis, the SILC represents individuals in different populations so hearing feedback and addressing questions is something that Vocational Rehabilitation always strives to do and do a better job in.

Dawn Lyons: She hopes that Marshal will present to the SILC before they start any movement from their standpoint. Perhaps the SILC could hear about a campaign that was done right before the Pandemic, what was done, what is planned for, how many employers it reached, etc.

Vickie Essner: Vocational Rehabilitation does a variety of presentations that include reactions from the audience. They have a holistic way of looking at it based off individuals' needs. They probably can include their employment engagement piece because they really work with employers as the clientele rather than Vocational Rehabilitation counselors and staff members who work on the individual empowerment.  
Their employment engagement breaks down misconceptions from an employer standpoint.

Dawn Lyons: How many employers in the community, are the Vocational Rehabilitation presentations reaching? Are they receiving information only about one population of the disability community?  
How can we make this more far reaching?  
How can we really make this a more universal understanding with employers without restricting it to certain programs and certain disabilities?

Marshal Hernandez: Vocational Rehabilitation works with individuals with every disability. Some states have what's called Order Selection where they only work with the most severe individuals, Vocational Rehabilitation is not under Order Selection so it could be a very profound disability but also will be a minor disability.  
They can have individuals with learning disabilities, individuals with intellectual, even individuals that have 504s means they don't need a lot of accommodation in a school setting.  
  
The way that Vocational Rehabilitation works, it's not just autism, or visual impairments but working where you find employment.  
Might be remote settings where Vickie works with individuals looking in the community or also working in a home based location.  
Or can be individuals that he works with the transition side where it's more employment and community engagement, so they're going to a worksite working with their peers with disabilities or also without. It's competitive and integrated.

Vickie Essner: Can send Marshal numbers on what Vocational Rehabilitation has done with employers.

Marshal Hernandez: He will reach out to their employment engagement team to also get numbers for the Council.

Ace Patrick: This is an ongoing issue for people with disabilities.

Dawn Lyons: They were agreeing to come up with data for the SILC and just give them a report overall about the overarching report on the data they have on how many employers they reach, how many employees with disabilities they have been able to place, and what kind of training has been provided.  
John also said he would be happy to work with the AT Collaborative and AT resource centers to make a plan with the SILC on their training.

Julie Weismann-Steinbaugh: Would also like to know how they reach potential employers.

1. Report and Discussion Regarding Consumer Trends at the Centers for Independent Living.

Lisa Bonie, Executive Director, Northern Nevada Center for Independent Living (NNCIL)

Mary Evilsizer, Executive Director, Southern Nevada Center for Independent Living (SNCIL)

Lisa Bonie: NNCL is seeing increases in calls for housing, renters who have rent increases that are forcing them out of their homes. This has been a trend for the last three years. They have spent a great deal of money on housing assistance and are encouraging renters to consider things like having a roommate. They have done a great deal of education about housing searching. Rural housing is incredibly difficult and tight. They are working with FEMA on emergency preparedness. They are educating about vaccines and work with Immunize Nevada. They have a SILC funded scholarship to the NCIL Conference for a teacher in the rural and a student from the rural with their guardian. The other scholarship is for Washoe. They will begin interviews shortly.

Mary Evilsizer: SNCIL’s biggest trend is also housing, particularly the rising rents that are forcing people out of their homes. Housing vouchers are now being sent out again. SNCIL has a waiting list of 300 for housing. They are working with the Southern Nevada Regional Housing Authority and are also doing housing information workshops. SNCIL continues to have funding to provide rental assistance, food securities, personal protective equipment security, that means if somebody needs help buying a phone or a tablet to communicate. They continue to assist with nursing home transitions into the community as well as Social Security applications and card replacements. They also have the youth scholarship and are receiving applications for that. ACL approved SNCIL’s progress report.

Dawn Lyons: Thanked Lisa Bonie and Mary Evilsizer for their presentations and reports on the scholarships. She will send the link to the SILC survey to put up on their websites.

1. Report and Discussion Regarding Consumer Trends at the Rural Center for Independent Living (RCIL).

DeeDee Foremaster, Executive Director, RCIL

DeeDee Foremaster: Housing is the major issue that RCIL is seeing. They are working extensively with the homeless and use motel rooms for emergency housing for those who are 50 years old and younger. RCIL has been able to place individuals who are over 60, in senior housing complexes.

RCIL continues to work on the Nevada Vaccine Collaboration, to help people with disabilities in the rural areas of Nevada to receive assistance to be able to get vaccinated.

RCIL provides transportation to clinics, provide vaccination scheduling, appointment reminders and information on boosters.

RCIL is working on increasing transportation routes for people with disabilities. Several consumers will be testifying at the next Transportation meeting.

The final focus for RCIL is advocacy in the schools.

RCIL receives multiple calls per week, often from rural areas like Yerington and Fernley.

Jackie Obregon: Are any of those transportation issues for Medicaid recipients?

DeeDee Foremaster: Yes, people do not have enough money to use the transportation and in the rurals, there is no transportation.

Jackie Obregon: Medicaid does provide transportation for medical appts. Medicaid’s transportation vendor is MTM, and their phone number is: (884) 879-7341. Not only does Medicaid provide the transportation, but if an individual has somebody that can provide the transportation for them and take them to their appointment, Medicaid can provide mileage reimbursement for that individual to take them to that appointment.  
The rider can provide that information when they call.  
They have to call before two days before the appointment unless it is an emergency medica appt. and the rider lets MTM know at the time of the call.  
All they need is their Medicaid ID, their date of birth and address when they are calling to verify that it is who they are.  
If there are difficulties getting rides, the rider can contact [transportation@dhcfp.nv.gov](mailto:transportation@dhcfp.nv.gov)   
They cover the entire state, including the rural areas. The transportation is for in and out of state appointments.  
If somebody lives in Yerington and happens to have an appointment in Vegas because that's where their specialist is, Medicaid can set that appointment up or if the appointment is in California or Utah, Medicaid can set those up as well.

They do not serve Medicare recipients.

Jackie offered to present on transportation whenever asked.

Ace Patrick: Suggested that Jackie work with Dawn Lyons to present at the next Transition Workgroup meeting. She asked Dee Dee if she worked with consumers with mental illness.

Dee Dee Foremaster: Yes, RCIL’s consumer base includes the homeless that are on the streets and in need of medical assistance.

1. Discussion and Make Recommendations Regarding the Administration on Community Living’s Public Health Work Force Special Funding through Aging and Disability Services **(For Possible Action)**.

Cheyenne Pasquale, Designated State Entity Representative

Cheyenne Pasquale: Public Health Workforce funding was made available to ADSD through the Administration on Community Living.  
The agency is receiving a total of $391,000 that will be available to ADSD through September of 2024.  
When ADSD first found out about this funding, they brainstormed, looked back at discussions that happened in various council and commission meetings, community meetings and looked at some opportunities for this funding. This funding is specifically designed to increase workforce.  
ADSD’s goal is to work with each of their Councils and Commissions to refine the concept before they launch any efforts towards this.  
The concept is to establish aging and disability regional coordinators to serve as a liaison between the community, the healthcare partners and state agencies.  
This concept is modeled after a concept that was established under the Division of Public and Behavioral Health for behavioral health services.  
Having regional coordinators work in concert with advocacy groups, consumers, community partners, healthcare entities, they could serve as a convener of aging and disability service providers, healthcare providers, and family and healthcare advocates, provide education to healthcare professionals to promote awareness of the unique needs of older adults and people with disabilities and increase access to healthcare services.  
ADSD’s goal is getting feedback from their different advocacy bodies and then moving forward with the steps that they have to take internally with the legislature to accept this funding and to launch projects.

Ace Patrick: Asked Cheyenne if ADSD was still going to receive the funds due to a letter that was not sent on time.

Cheyenne Pasquale: ADSD received funds from four out of five funding sources from ACL.

Ace Patrick: Regarding the fifth funding source that was not obtained, Ace asked Cheyenne to explain why that happened. Ace stated, “As the chair of the SILC but also as a person with disabilities, a consumer and someone who receives services through ADSD, I feel that you, Cheyenne, and ADSD were dismissive of the SILC and the role that the council plays as advocates for people with disabilities and educators of il philosophy which says nothing happens about us without us. Feels like ADSD that is not gotten in a message as of yet.  
And I hope you hear me when I say shame on you and shame on ADSD for your unwillingness to work with this council in the beginning and your handling of the way that this part b money is being utilized, it's money that the SILC could have received through ACL, through you.  
It's in our SPIL.  
The very same SPIL that you, Cheyenne, worked with on developing, that you signed off on as the DSE representative.  
When the executive team of this council first learned that this part b money was coming through ACL, we immediately set up an appointment with you and we also asked RCIL to write up a proposal for this Part B money because it's in our SPIL that my monies like that coming through ACL to you would come to the SILC.  
RCIL who should have, could have and would have been the recipient of Part B money which I'll say again is in our SPIL, RCIL had a solid plan for how they could have used this award money, tell people with disabilities in the community that they served and we were told that ADSD already had their own plans for that money.  
We were surprised as the ACL encouraged the DSEs to work with the SILCs as presumably blame on ACL for the way they worded the instructions for this.  
Just they encouraged that you had a choice.  
And we were locked out of that choice.  
We looked at your plan, we made some suggestions as well.  
But you were dismissive of the SILC and you closed that door on the attempts to work with you as a council and as an executive team.  
We were told ADSD wanted to keep the part b money for their own plan which you're doing, and a plan that we felt had very little to do with independent living and also the SILC.  
We were added to your proposal by only as an afterthought.  
That's how it felt.  
We were placed last on that plan as working with us.  
Seriously, Cheyenne, I just ‑‑ I just am not ‑‑ I'm just absolutely astonished, seems to me that ADSD had a plan in place all along regardless of whether they were the recipients of this part b money or No. That you were going to go ahead and follow through on your plan and you basically were not willing to work with the SILC and RCIL who could have received that part b money through the SILC as a subaward.  
They need that money, they work in the community.  
They know what's needed.  
And yet you just completely dismissed the council.  
At least that's how it felt as myself, as the chair, as a consumer, as a person with disabilities, and somebody who actually receives services from ADSD.  
I'm just ‑‑ I'm just beyond myself with this.”

DeeDee Foremaster: “I want the disabled community to realize what they missed out on and the proposal that we wrote.  
So first of all, I want everyone to know that first and foremost, I'm an advocate for people with disabilities.  
And I am absolutely appalled that you did not even consider taking a few moments to listen to what we proposed or at least consider putting part of that in your plan instead of swooping in and taking all the money for what you felt was needed in our disabled communities.  
The state independent living council and Centers For Independent Living know what is needed in our community.  
You don't.  
You are there to administer the funds.  
That is it.  
This is what people missed out on.  
Recently the Nevada aging and disability service left 80,000 in funds designated for the IL Network because they failed to sign a letter of assurance.  
Now, it's my understanding that you did get that taken care of, right?  
So I want you to know that this money should have been used to improve health services for people with disabilities in our state.  
Professionals supported through this program could have provided a wide range of public health services and supports, including provision of culturally affirmative and logistically accessible information.  
Access, assistance for vaccines and boosters, transitional and diversion from high‑risk converged settings in our communities, living situations, provision and connections to health and wellness programs, access to address social isolation and social determinants of health and other activities that support public health and well‑being of people with disabilities.  
People with disabilities face many barriers to good healthcare.  
Studies have shown that people with disabilities are more likely than people without disabilities to have poor overall health and less access to adequate healthcare.  
People with disabilities and their families could have been given the tools to improve their self‑advocacy in a medical setting.  
The 60% of doctors in Nevada who do not feel confident that they provide the same services to people with disabilities as those without disabilities could have benefitted from the increased knowledge of how to make their practices more welcoming and accessible to people with disabilities.  
Instead of people with disabilities with healthcare problems who have been once again left behind because of a state agency whose priority is not with people with disabilities.  
It does not matter who should have received these funds, only that people with disabilities in Nevada have once again been left to fund and fend for themselves.  
I would like to make a motion to send a letter to the director of Health and Human Services and the Governor to voice my total and complete outrage and the state independent living council's outrage that you swooped in and stole these funds from us at the SILC's displeasure at having these funds swooped up and not even a word nor even the ability to help make a decision of where these funds go.  
This is exceedingly unfair to the disabled community, and I want you to know that right now, as we speak, after this meeting, I am leaving to go to a motel room where a gentleman is dying from heart failure because he can't find a primary care doctor to be able to care for him.  
Those are the realistic aspects of what we face here in the disabled community so take a real good look.  
I want you to know that I don't want you to take this personally, but I want you to know that I am advocating for all those people whose voices cannot be heard.  
And believe me, if they could they would be screaming right now.  
I'm ‑‑ I cannot tell you how disappointed I am in the State of Nevada.  
Thank you.”

Dee Dee Foremaster motioned to send a letter to the Director of Health and Human Services and the Governor. Julie Weismann-Steinbaugh seconded. There was a discussion.

Julie Weismann-Steinbaugh: She agrees with everything that has been said so far. The Council wants to make sure that this issue does not happen again. She feels that there needs to be a plan in addition to the SPIL since the SPIL did not protect these funds for the SILC. There needs to be an agreement with ADSD, that if monies like this come available again, the SILC and ADSD work together to make sure the funds are appropriately disbursed, and the Council gets a say in where that funding goes.

Mary Evilsizer: An administrative point, the funding that came out, the Centers for Independent Living the Part C, they watched roll out to the state.  
She did not know that the SILC was interested.  
It appears this was an executive committee decision. She worked on the SPIL and the Centers for Independent Living that were cited in the SPIL are the Part C Centers for Independent Living. She does not feel that the two Centers for Independent Living in Las Vegas and Sparks, have blocked RCIL from becoming a Part C Center. The funding came out fast.

Dawn Lyons: The Executive Team found out about the money after the last SILC meeting and knew this would be a topic at this current meeting. They did not know that it would have progressed to this point by this time. They were not leaving the SILC out; they were simply being proactive and have something ready for the SILC to approve. In the SILC’s State Plan for Independent Living, it specifically states if any additional part b funding comes from ACL, that that would be applied to our current sub awardee.  
It doesn't say RCIL, but RCIL just happens to be our current sub awardee so that's why they had Dee Dee write up a proposal. It would have been great to work with the Part C Centers for Independent Living on this funding and have some say in what happens with the disability community, but the SILC doesn’t even know if the CILs are planning to receive the part C PHWF money.

The SILC and the CILS were supposed to be working as a network and as a team. She heard more from what the DD council was going to do with their money and what the Nevada Disability Advocacy and Law Center were doing with their money than she heard from the CILs.  
Her concern moving forward also is that if the SILC was not included, if the disability community wasn't included in conversations about this, how are they going to expect to be able to trust that they will be included properly when it comes to planning for Olmstead?

Mary Evilsizer: The SILC must work closely with the Part C CILs, and this happened very fast for the CILs, and they sometimes must act quickly. The Centers come from the state with really limited resources, and a state where they must just use what they can in the best way to include the disability community as Part C centers, she guessed that they are recognizing the CILs are part of the disability community, so ACL felt best to include them.

Ace Patrick: This happened right after the last SILC meeting. The Executive Team was notified and they tried to jump on board, set up meetings with Cheyenne, communicate, looked at ADSD’s plan, presented the proposal from RCIL who would have been the Part B subaward and then they would have brought this to the Council for discussion.  
She feels as the Chair and part of the Executive Team, that the door was closed on any discussion moving forward.  
She feels that ADSD decided on their plan and did not include the SILC.

Mary Evilsizer: Everyone was working under time pressure including ADSD.

Dawn Lyons: Asked to amend the motion to include a letter to ACL expressing our displeasure at how they handled this particular funding and lack of communication between partners.

DeeDee Foremaster: The SILC should have been able to give input into the decision and the opportunity to work with ADSD on a plan. The disabled community needs to be considered to at least be heard in issues that are related to things that concern them.

Dawn Lyons: Instead of writing a letter to the Administrator of DHHS, it may be possible to work directly with ADSD to have some kind of an agreement in place, maybe even amend the SILC’s Memorandum of Understanding (MOU) to specify what they should do in cases like this or if something like this were to happen again, it would be a proactive way of handling it rather than complaining, She thinks they could come to an agreeable solution if they were to go that route.

DeeDee restated the motion to send a letter to ACL as well as Health and Human Services and the Governor to state the SILC’s displeasure in decisions being made without the SILC in matters regarding the SILC.

Sabra seconded. The members voted and the motion carried.

Ace Patrick: Would like to talk more about the MOU and the SILC in general, has a good working relationship with ADSD and Cheyenne as the DSE Representative, and would like to continue that relationship.

Cheyenne Pasquale: Thanked the group for their comments. Things came out quickly and the messaging from ACL was confusing. As the SILC’s DSE representative, she has the SILC’s back, she looked at the SPIL when this concept was first put forth, she looked at the SPIL to determine how it would potentially impact the goals and objectives of the SPIL and how it could help the SILC to accomplish the goals and the objectives and felt that it was in line with those goals and objectives.  
And then they began the conversation.  
In the meantime, the SILC had gone down a path of planning on how they would want to the spend the money and so it was sort of an a lot going on.

ADSD can do better in the future, and she is going to try her hardest. She knows that ADSD is committed, and they did not make these decisions in a vacuum, these decisions were made based on what they have heard from the community. This is a learning and growing opportunity. Nevada did not receive the DSE money, that does not preclude them from continuing to look at how they best roll out the plan to serve the needs of the disability community in addition to the aging community. She hopes to continue these conversations and move forward in a way that meets the needs of everyone.

Ace Patrick: Thanked Cheyenne for coming and listening to what the SILC had to say.

DeeDee Foremaster: How much money was left on the table?

Cheyenne Pasquale: $80,000.

DeeDee Foremaster: That was a lot of money that could have helped with waiting lists to provide resources for people with disabilities.

Ace Patrick: How did the letter of assurances did not get in on time?

Cheyenne Pasquale: ADSD was holding off submitting the letter of assurances and on the day that it was due, it got overlooked. Once this was realized, she reached out to ACL but was told that there were no other options. ADSD will make sure that the needs of the disability community are included in this plan. She apologized that the SILC felt left out and had that experience.

DeeDee Foremaster: The funds are still available, but they need to be applied for by 2024.

Cheyenne Pasquale: ACL has let ADSD know that the specific funding that is being discussed, is not available.

DeeDee Foremaster: Did ACL tell ADSD why they could not receive those funds? Why is there $80,000 still on the table?

Cheyenne Pasquale: Will look into it.

Ace Patrick: The SILC wants to know why the letter of assurance was held off.

Cheyenne Pasquale: She did not realize that it did not get submitted on the due date. Conversations with the Executive Team were still being held and it was an oversight on her part. It was a mistake that she feels deep regret for. The only thing she can do now is take the funding that they did receive and continue to work with the SILC, with other members of the disability community and make sure that they are represented as they move forward.

Ace Patrick: Thanked Cheyenne for taking responsibility.

Dawn Lyons: The letters will be brought back to the SILC for approval at the next meeting.

The members voted and the amended motion carried.

1. Discussion and Make Recommendations Regarding Home and Community Based Services and Changes Surrounding Personal Care Services (https://dhcfp.nv.gov/Pgms/LTSS/AmericanRescuePlan/ ) **(For Possible Action)**.

Ace Patrick, Chair

Dawn : Jackie has been invited to answer questions regarding Medicaid’s use of the ARPA money they received to help the PC services that Medicaid provides. Part of that was the $500 bonus that went out to PCAs as well as other things. This has been discussed at the SILC’s Transition Workgroup meetings. There are also questions for Jackie regarding that funding and any increases in the pay rate for PCAs. She forwarded a report from Steven Cohen that addressed those rates and the suggested rate increase, which was possibly $16 plus, per hour, which is barely a living wage but is better than it is right now. There is a link to Medicaid’s page on this meeting’s agenda.

Jackie Obregon: Oversees the personal care services program for Nevada Medicaid. The ARPA finding, the rate, the rate methodology and how the rate is related with reimbursement, is being handles by the Rates Reimbursement Unit.

There are four initiatives.

The first initiative was the $500 for eligible PCAs and would be paid to the agencies who applied, to disperse to the agency’s PCAs. They had to submit a roster with all their PCAs, and they had to be active, providing services, and they had to be eligible.   
They had to have valid NPI, they didn't have to have any negative Medicaid standing out.  
All that was being verified and checked by Nevada Medicaid’s provider enrollment unit.  
During December, they were applying so those checks went out, possibly in March. The agencies then had 30 days to provide those funds to each of the eligible employees.  
If the employee no longer worked for that agency then those monies had to be returned back to Medicaid.  
  
Initiative number of two is that rate increase is anywhere between 15 and 29%.  
Most of the agencies are getting the 15% increase and how that's being determined is based on paid claims in a quarter.  
  
If the provider is a rural provider, then they get an extra 14% which is what equals the 29%.  
If they are an agency in Reno, they will just get 15%.  
If they're Winnemucca, they get 29%.  
Again, like I said, those all being handled by ‑‑ other units.  
She can answer questions and take other questions back to Nevada Medicaid.

Ace Patrick: How much of a discrepancy is there between rural and non-rural?

Jackie Obregon: The rural areas would get the 29% because they are the ones that need more providers and to incentivize providers. The first payments are going to be from April 1st of 2021 through February 28th of 2022.  
All those claims for those active providers are going to get that payment.  
They are going to get 15% of all those claims or 29%, and then going forward the payments are going to be quarterly.

Ace Patrick: Her PCA works with an agency and received the $500. Medicaid won’t allow her company to pay her more than roughly $14.98 per hour. With a long work commute, this is not a living wage for her.

Jackie Obregon: Medicaid doesn’t determine what agencies pay their PCA staff. Medicaid does determine what they pay to the agencies based on services that the agencies provide. Medicaid can encourage agencies to use the extra funding to provide things like training, salary increases, PPE, infection control, stipends, and other expenses as they occur. Medicaid is trying to offset the impact of COVID experienced by providers and their employees.

Ace Patrick: The incentive for PCAs, is to work for private pay clients to make more money. Some PCAs are not well trained. She would like to see PCAs get things like insurance coverage educational opportunities and possibly a system of certifications.

Dawn Lyons: Some of the barriers that happen is the reports and studies that are done on wages, are not done by Medicaid and the numbers are outdated, not in real time. The ARPA funds came in to help with that. She would like to see a report from Jackie about how much of that funding was dictated by Medicaid, to go towards training and other goals. This report would be share with the SILC and could follow up with more questions for Jackie.

Jackie Obregon: They have created some FAQs and she can include questions regarding the $500 and the rate increase incentive.

Dawn Lyons: Did they have a breakdown of how the money was to be distributed?

Jackie Obregon: They can only make suggestions to the agencies.

Ace Patrick: There is no real oversight in how the funds are spent?

Jackie Obregon: Providers can only be encouraged to spend according to the requirements.

DeeDee Foremaster: Do PCAs still work for themselves, not going through a provider to receive more pay?

Jackie Obregon: Medicaid does not contract directly with PCAs, they contract with agencies.

DeeDee Foremaster: Will PCAs be paid more once “Money Follows the Person” comes about?

Jackie Obregon: She will take that question back to Medicaid.

Dee Dee Foremaster: Perhaps the SILC could write a letter about that to Medicaid.

Ace Patrick: This could be brought to the SILC’s Transition Workgroup.

Dawn Lyons: Thanked Jackie for coming and answering questions and agrees that this could be brought to the SILC’s Transition Workgroup. She went to the Self‑Direction Conference and saw some Nevada people there from Medicaid and from HCBS and it looks positive like Nevada is moving in the right direction in that regard so there may be some future possibilities for the consumer to be the employer in the future.  
The SILC needs to keep a close eye on those conversations and maybe make sure they are a part of those conversations.

Ace Patrick: Suggested that Jackie come to the Transition Workgroup meeting and hear more about the concerns being discussed.

Jackie Obregon: Agreed to come to a Transition Workgroup and if this group has any more questions regarding ARPA, they can send them to her.

1. Discuss and Approve NV SILC Policy and Procedure Manual 9th Edition **(For Possible Action)**.

Ace Patrick, Chair

Dawn Lyons: She presented information about the policy and procedure manual, the ninth edition.  
The only addition was the special reimbursement section at the very end.  
That is because the SILC was able to work with Community Chest like the DD Council does, and have access to funding that the SILC can provide reimbursements through in order to be in compliance with the SILC’s bylaws.  
  
If an SILC member runs into expenses such as transportation or child care or missing work for these meetings that they attend, the SILC is able to reimburse the member without them having to become a state employee and go through the State’s onboarding process which is what their current policy is right now.  
  
There was one other addition that Dee Dee Foremaster sent to Dawn that she suggested that to include changes on. Dee Dee was concerned that the SILC was referencing CFR's and language in the Act but weren't using the specific language from the Act.  
Dawn’s counterargument to that would be that the SILC does not need the Act in our policy and procedure manual.  
It's just a reference so that the SILC knows what section of the Act they are taking their policies and applying from.  
Dawn wanted to give everyone the chance to weigh on that if they agree that the SILC needs to change the language to be just like the law or if it's okay that they are just referencing the law that particular policy applies to.

DeeDee Foremaster: The first one refers to what is stated in the law, so the law is referenced. She feels that it is important to state the law if it is referenced.

Dawn Lyons: Read the document aloud. “All official council and committee meetings will be planned, posted and held, according to Nevada Open Meeting Law requirements.  
The SILC shall meet at least quarterly according to federal guidelines and I refer to this the CFR.”  
What Dee Dee would like it to say is specifically what the 45 CFR 1329.15a three states is this, “The SILC shall meet regularly and ensure such meetings are open to the public and sufficient advance notice of such meetings is provided.”  
Dawn thinks the current language is better because it's more specific to what the SILC wants in their policy and procedure manual rather than just quoting the law.  
Because They are in compliance with the law but they have a further step in that they want to meet quarterly.  
That's what they put in their policy and procedure manual.

She thinks Dee Dee is saying that it is somehow going to be not legally binding if the actual legal language is not included.

DeeDee Foremaster: She was concerned that the law is referenced but not stated. It might be ok to reference the law and then state that the SILC has made the decision to meet quarterly.

Ace Patrick: When this was initially written, it was decided to make it concise and in plain language.

Dawn Lyons: Suggested looking at this section that Dee Dee is concerned about, at a future meeting to decide if the SILC wants to change the language of their policy and procedure manual where the CFRs are referenced. She suggested moving forward with approving the special reimbursements portion and the rest of the ninth edition as it is written at this point.

Dee Dee Foremaster: Agreed and suggested using plain language and then include the language of the law and asked Dawn to read the next change.

Dawn Lyons: Currently, it says, “According to 45 CFR 1329.17d 23 not less than 51 percent of CILs participate in the development and approval of the SPIL.  
All participating CILs must be willing to share proof of Part C approve upon request by SILC.”

That's what eligibility is Centers of Independent Living for SPIL inclusivity is.  
What Dee Dee is proposing is that it should say, “45 CFR 1329.17d1 says developed by the Chairperson of the SILC and the directors of the CILs after receiving public input from individuals with disabilities and other stakeholders throughout the state.”

The other part of that is where the SPIL must be signed by not less than 51 percent of the directors of CILs of the CILs of the state for purposes of this provision if a legal entity constitutes the CIL has multiple Part C grants.

Dawn thinks it's too complicated and it's hard to understand.  
The SILC has it written so that 51 percent of CILs will participate in the development and approval of the SPIL and all participating CILs must be willing to share proof of their Part C approval upon request by the SILC.  
  
Ace suggested that due to time constraints, they look at the portion that Dee Dee is concerned about, at a later date with more discussion. Dee Dee agreed.

Ace Patrick: Motioned to approve the Policy and Procedure Manual as written.

Kate Osti seconded. The members voted and the motion carried.

1. Discussion and Approval of 2022 & 2023 NV SILC Subawards **(For Possible Action)**.

Dawn Lyons, Executive Director

Dawn Lyons: The two, Part C centers basically asked for the funding for 2023 the same as they asked for 2022 as well as RCIL.  
  
RCIL was awarded for 2022. The only other one that's included in there goes hand in hand with the budget they're not really budget changes, they're just budget realignments so that the SILC could provide a subaward to Community Chest to provide reimbursements for SILC members and participants that the SILC wants to help support based on their bylaws.

Ace motioned to approval those fiscal year 2022 and 2023 subawards so to move that forward to the DSE as their deadline is quickly approaching.

Havander Davis seconded.

Mary Evilsizer: The agency who was receiving the funding cannot vote.

DeeDee and Mary abstained from the vote.

The members voted and the motion carried.

1. Discussion and Make Recommendations Regarding State Plan Objectives, Budget, Progress and Timeline **(For Possible Action).**

Dawn Lyons, Executive Director

Dawn Lyons: She explained that the SILC is still on track with the goals and objectives and she described the changes applied to the budget, which were actually alignments.

1. Reports and Make Appointments to NV SILC Subcommittees **(For Possible Action).**
2. Legislative Subcommittee-Julie as Chair
3. Integrated Workforce Development Subcommittee
4. Transition Workgroup-Deanna Gay as Chair
5. SPIL Workgroup

Ace Patrick, Chair

Ace Patrick: She appointed Deanna Gay to Chair the Transition Workgroup. She appointed Julie Weismann-Steinbaugh to Chair the Legislative Subcommittee.

Dawn Lyons: Will send out talking points regarding subcommittees and conference updates. She will have Wendy post them on the website for the Chairs to read and then they can submit their updates in writing. She would be available to answer any questions that come up.

1. Updates, Discussion and Make Recommendations Regarding Events and Conferences **(For Possible Action).**
2. Self-Advocacy Conference
3. Self-Direction Conference
4. Carson City Health Fair
5. Nye County Social Services Fair
6. SILC Congress
7. National Conference on Independent Living (NCIL) Conference
8. Association of Programs for Rural Independent Living (APRIL) Conference

Ace Patrick, Chair

Ace Patrick:

1. Discussion and Vote to Recommend Member Erik Jimenez be Retired as a Council Member to Governor Sisolak (NV SILC Appointing Authority) **(For Possible Action).**

Ace Patrick, Chair

Ace Patrick: Recommended that Erik Jimenez be retired from the Council due to not attending many meetings and not responding to correspondence. A letter will need to be written to the Governor recommending that Erik be retired as a Council member.

Julie motioned for the SILC to write a letter to the Governor, recommending that Erik Jimenez be retired from the SILC.

DeeDee seconded. The members voted and the motion carried.

1. Approve Next Meeting Date **(For Possible Action).**

NV SILC Annual Meeting Scheduled for July 13 & 14, 2022 at 1:00pm

Ace Patrick, Chair

1. Public Comment

Members of the public will be invited to speak; however, no action may be taken on a matter during public comment until the matter itself has been included on an agenda as an item for possible action. Please clearly state and spell your first and last name, if unique or otherwise unfamiliar to the Subcommittee. Public comment may be limited to 3 minutes per person, at the discretion of the chair. Agenda items may be taken out of order, combined or consideration by the public body, and/or pulled or removed from the agenda at any time. Pursuant to NRS 241.020, no action may be taken upon a matter during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken.

**4/20/22 Public Comment:**

DeeDee Foremaster: Regarding the first public comment, NNCIL does not feel that RCIL should be funded. NNCIL originally paid for RCIL’s consumers and ILRU to provide Maggie Shrive to come and train the member. At that time, the consumers made the decision to separate from NNCIL and SNCIL and become their own entity because they were in the rural areas and understood the basic needs of the rural areas. The consumers have told people for 25 years, that they want RCIL to be separate and independent from the two other Centers. That is how RCIL ahs operated for the last 25 years. They have basically been ignored. They hope the other two centers will be more inclusive in allowing RCIL to participate and become a Part C center to work together for the disability community.

Centers For Independent Living means a consumer‑controlled, community based, cross‑disability, non‑residential private nonprofit agency for individuals with significant disabilities regardless of age or income that is designed and operated within a local community by individuals with disabilities, provides array of IL service as defined in Section 718 of the Act including at a minimum, independent living core services as defined in this section.  
And with the standards set out on Section 725B and provides and complies with the assurances in Section 725C of the Act and regulations at 1329.5.  
So their consumers want RCIL.

**4/21/22 Public Comment:**

Bryan Hilbert: There are a lot of impassioned words and opinions expressed. One of the great challenges that SILCs, CILs, and the IL network have, is doing the work to serve the citizens of Nevada with disabilities until the services they provide, and the issues as seen as an important matter of public policy by elected decision makers.

There is not enough funding to meet the needs of the people of Nevada.

SILC centers and DSU need to always make sure that their comments, actions, and attitudes are furthering that long term cooperative relationship but, more importantly, take their feelings and passion today and use it as fuel to get organized and to advocate with legislators and others to start building sustainable funding models for the four core services and all the other work that must be done in Nevada.

Dora Martinez: RTC Washoe is doing a survey for public transportation. It will negatively impact people with disabilities if RTC Washoe moves on to Flex Right, which is a curb-to-curb service, not door to door like para transit. She encouraged this group to go the RTC website and take the survey. The next RTC meeting will be on April 29 at 10:00am at 1709 East Ninth Street, Building A. It is the red roofed building which is the Washoe County Health Department. They do not have the ADA button to open the doors if anyone is using a wheelchair. She is going to bring that up to them.

She also thanked Ace and Dee Dee for their comments about the extra funding, the “Nothing about without us” aspect of their comments.

Obioma Officer: Thanked the Council for making this meeting accessible for deaf and hard of hearing individuals. The next Deaf and Hard of Hearing Commission meeting is on May 12th.

Mary Evilsizer: The SILC survey will be posted on the SNCIL website.

1. Adjournment

Ace Patrick, Chair

4/20/22 Meeting Adjourned at: 2:54pm

4/21/22 Meeting Adjourned at: 3:00pm

**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 and at least five days in advance of the meeting. If you wish, you may email her at [wthornley@adsd.nv.gov](mailto:wthornley@adsd.nv.gov) According to NRS 241.020, supporting materials for this meeting is available at: 3416 Goni Road, #D-132, Carson City, NV 89706 or by contacting Wendy Thornley at (775) 687-0551 or by email at [wthornley@adsd.nv.gov](mailto:wthornley@adsd.nv.gov).

***Agenda Posted at the Following Locations:***

Notice of this meeting was posted on the Internet: <https://www.nvsilc.com/meetings/> and <https://notice.nv.gov> and <https://www.nvsilc.com/>