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**Draft Minutes**

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

Dates and Time of Meeting: Wednesday &Thursday, January 11 & 12, 2023

 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

3208 Goni Road, Building I, Suite 181, 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**

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Meeting ID: 929 904 1434

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

\*Please note that beliefs and values held by our designated presenters may or may not align with those of the Council.

1. Welcome, Roll Call and Verification of Posting

Julie Weissman-Steinbaugh, Chair

**1/11/22 Attendance:**

**Members Present:** Havander Davis, Vickie Essner, Mary Evilsizer, Dee Dee Foremaster, Sabra McWhirter, Obioma Officer, Cheyenne Pasquale, Renee Portnell, Ace Patrick, Linda Vejvoda, Julie Weissman-Steinbaugh, Jennifer Kane

**Members Excused Absent:**

**Members Unexcused Absent:** Raquel O’Neill, Kate Osti

**Guests: Waldon Swenson, Sara Hunt, Kim Adams, Dena Schmidt,**  Cindi Swanson, Steven Cohen, Lisa Bonie, Cody Butler, John Rosenlund, Jack Mayes, Rosalina Tawalbeh, Arielle Edwards, Jeff Duncan, Lisa Watson, Sondra Cosgrove, Nikki Haag,

**CART Provider:** Becky Van Auken

**ASL Interpreters:** Lacey Easton & Sabrina Torres

**Staff:** Dawn Lyons & Wendy Thornley

**1/12/22 Attendance:**

**Members Present:** Vickie Essner, Mary Evilsizer, Dee Dee Foremaster, Lynda Vejvoda, Sabra McWhirter, Raquel O’Neill, Obioma Officer, Kate Osti, Cheyenne Pasquale, Renee Portnell, Ace Patrick, Julie Weismann-Steinbaugh, Jennifer Kane

**Members Excused Absent:** Havander Davis

**Members Unexcused Absent:**

**Guests:** John Rosenlund, Lisa Bonie, Lance Ledet, Cindi Swanson, Sondra Cosgrove, Steven Cohen, Nikki Haag, Jack Mayes, Gina Ward, Bobbi Senn, Joseph Turner, Dora Martinez,

**CART Provider:** Becky Van Auken

**ASL Interpreters:** Lacey Easton & Bronwynn Shew

**Staff:** Dawn Lyons & 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.

**1/11/2023 Public Comment:**

No public comment.

**1/12/2023 Public Comment:**

No public comment.

1. Approval of Meeting Minutes from October 12 & 13, 2022 and December 8, 2022 **(for Possible Action)**

Julie Weissman-Steinbaugh, Chair

Renee Portnell motioned to approve the draft minutes from October 12 & 13 as well as December 8, 2022. Lynda Vejvoda seconded the motion. The motion carried.

1. Nevada Hand Presentation on Their Affordable Housing Model and Projects.

Waldon Swenson, Vice President of Corporate Affairs

Walden Swenson: He gave an overview about what Nevada Hand is working on regarding the onsite supportive residence services, what affordable housing is, an update of the state of affordable housing, and the amount of available affordable, accessible homes that are available.
Nevada Hand is the state's large accessible affordable housing developer. They are a 501c3 non-profit.
They are dedicated to:
The development and financing on the front end.
Construction of the community.
Property management.
Preservation

In 2019, Nevada lost more affordable homes than it gained.

Every Nevada HAND community built since 1993 has been affordable and is still affordable today.
They are committed to providing positive living environments where healthy engaged residents can improve their economic status. Also taking pride in their communities.
Stabilize families and transform lives they focus on only multifamily traditional apartment rental housing.
Affordable Housing Finance, a national group, ranked Nevada HAND as the nation's 26th best affordable housing developer and the number two nonprofit developer.

In their property portfolio, they have 35 affordable apartment communities, in Clark County. Eleven are independent family communities, twenty-two independent senior communities and two, affordable, assisted living communities which is called HANDS Senior Living. These are for senior who needs support and services, but don’t require a nursing home level of care.
Their team is comprised of professionals, medical techs, dieticians, other service staff who extend around the clock care to ensure comfortable living, and they ensure these are affordable all-inclusive and unique.
The average rent at these communities is $2,700 a month and as they know in the assisted living space the average is typically around $6,000 or $7,000.
For all of their independent living, the average monthly rent is $733.

From a development side, they are intentional about where they locate their homes.
Making sure that residents have access to schools, transportation, and other daily needs.
With their construction practices, they create homes by building high quality, efficient, accessible and attractive apartments with amenities that are intended to on benefit their residents directly.
Over 20% of their units are built with the option to be modified.
They have type B units that are consistent with the design and construction requirements of Federal Fair Housing Law and requirements, the type A units are constructed to meet Section 1003 and local code requirements.
In order to live stably in the community, many older adults, people with disabilities, many people experiencing homelessness need assistance to be able to obtain accessible affordable housing.
They engage with their residents on the property management side to ensure that their communities are safe, clean, they remain a high quality asset.
The goal of their onsite resident services is to provide pathways to future stability and success by connecting residents to critical programs and resources. They coordinate with other builders and partners in the community.
Operation Team warehousing happens whether it's helping someone get their online payment set up, register for utility assistance, or fixes an AC, they always try to make the experience more than a home.
Watching a new resident face when you hand them their keys and they walk into their home right on to the patio is a best part of working for Nevada HAND.

Walden Swenson: In 2022, Decatur Commons was the largest affordable housing community they've ever built, with 480 units. There are 200 for the for families, 240 for seniors. They also just recently completed Desert Pines Rehabilitation. so rehabilitation is essential to affordable housing because that property was built 20 years ago.
Ensuring it remains high quality by stripping it down, new carpet, new drywall, changing the layout sometimes, they're very practical but also thoughtful in their efforts of what they do.
Under construction right now, they have 220 affordable units at North Las Vegas and just started a rehab of their current existing Rochelle Pines and they'll be breaking construction later this year on those two developments.
There are about five other projects in the pipeline right now.
According to the National Association of Home Builders, for every 100 affordable apartments that you build, it generates $12 million in local income, over $2 million in taxes and revenue and creates 160 jobs.
In those 35 communities Nevada HAND has 8,000 people who live there every day.

The average annual incomes typically range between $15,000 and $45,000.
Only 10% of residents have a source of rental assistance, so housing choice vouchers, project based vouchers and long‑term rental assistance only ten percent of residents are utilizing that.
Nevada HAND recognizes that residents need more than a home sometimes to build that stable life and have that opportunity. So they are focused and dedicated to providing onsite resident services.
Resident Services acts almost like a concierge service where they conduct a collaborative needs assessment first with every resident and then based on that need, connects them to programs and services that most effectively meet that resident's individual needs. A good example of resident services effectiveness is that over the past three years, 10% of the residents who are family residents who left renting with Nevada HAND, moved on to purchase their first home.

Nevada HAND is building new communities but that's also freeing up a unit. Someone moves into a home ownership, that frees up an affordable unit.
They're providing critical connections, programs, referrals, resources that truly help their residents climb that ladder of success, strengthens their prospects for the future, while also increasing the community's economic viability. For children and teens they offer homework clubs, after school programs, vaccination initiatives, back to school physical clinics, and food security programs. For adults, they connect residents with workforce development programs, and financial planning among other things.
For seniors they focus on supportive services that really improve the overall quality of life as residents age in place. Nevada HAND also focuses on aging in place with dignity and that's something they value and want to instill.
This year, Nevada HAND will launch their Emerging Leaders Board.
It's a multi-tiered membership model that will power their mission through engagement, advocacy, and networking as well as an opportunity for other organizations to get involved to learn about what they're doing, hopefully lead to philanthropic donations that ultimately help them power their mission and deepen their impact in the community.
What is affordable housing? HUD defines it as paying no more than 30 percent of your income towards housing cost. In Nevada there's a definition that's multi-layered, there's four tiers. Renters make up to 120% of AMI, they are eligible for affordable housing. Nevada is last in the country in terms of the amount of available affordable homes. Nevada may be in the high 80s to maybe early '90s in terms of the amount of units that are needed.
Renters make up nearly half of all residents in our state which is top five of the state's highest percentage.
The average monthly rent is around $1,500 in the community, during the pandemic they saw that number, that average was the high $1,700s so it's come down a little bit on average but still, unaffordable and out of reach for many. Nevada will need to build out of this problem by bringing more affordable homes and more housing in general to market, prices will naturally go down.
That long‑term rental assistance, housing choice vouchers, project based vouchers, they need more of those in the state. They need to expand the low‑income housing tax credit program, that program creates 90% of the affordable housing throughout the country and bringing more resources to Nevada through that program will truly make a difference, land availability.
85% of land around Las Vegas is federally owned, it's Bureau of Land Management land tied up in other entities, and it's not available to be built.

Streamlining that process to free up land for greater development and another thing that they embrace is vertical integration. Building up. Their resident services are only provided through donations.
It's all donations that come into the organization that allow them to pay for the services they provide and number is about $3 million a year.

Julie Weissman-Steinbaugh: Are there any plans to expand to people with disabilities who are under the age of 65, because a lot of us on the call desperately need accessible housing.

Walden Swenson: That's family housing, housing for everybody. Just accessible housing and people with disabilities.
Nothing in their pipeline currently but he doesn’t say that they don't value.
They see Opportunity Village and other providers in the community who do this work and realizes that it is not enough.

Renee Portnell: In the handout, they talk about transportation and assistance with bathing, cooking, vacuuming the house and such. What about people who are up North?

Walden Swenson: Nevada HAND is solely in Southern Nevada, but he understands her point.
He works closely with MJ at the RTC of Southern Nevada, their Metropolitan Planning Council and they take these things into account like building housing near a bus stop.
Nevada HAND provides transportation to every Nevada HAND senior community.
They pick up residents outside the front door, take them to doctor's appointments, to grocery stores and then return them. It all runs on a schedule, he believes it's five days a week.
It's an apartment building so they pick them up and then take them somewhere and bring them back and it's on a coordinated schedule.
Employees that may not have adequate transportation options, sometimes will get lift cards or Uber cards and pay for it in that way or get a grant to pay for it that way.

Ace Patrick: Are they planning to move up to the northern region of Nevada?

Walden Swenson: Not currently. The need is everywhere. When you look at the per capita numbers of affordable housing, yes there's more units in Southern Nevada but the need is actually greater in Washoe and up north.

Ace Patrick: Do you have just 10% of your units set aside for section 8 vouchers or are only 10% of your residents receiving vouchers, which one is it?

Walden Swenson: It’s a moveable voucher, they do not set aside housing.

Ace Patrick: What are the waitlists like? Up North it is like five years.

Walden: When Nevada HAND is in the media, they typically average about 2,000 inquiries that next day through email, through phone, through drop ins, and the sad reality, they just don't have vacancies, if they ever have vacancy, every unit is financed differently in a sense, but it's that missing middle group from an income standpoint.
On their wait list, there are explorer homes, they have the communities listed.
At any time there's like one or two. But that's because they're in the process of going down that wait list and doing third party verification from a compliance, they're heavily regulated and compliance locally, statewide federally. Right now, he believes there's a few thousand qualified applicants on their wait list. They never have enough housing for the general population or the disability community.

Dawn Lyons: Thanked Wally for coming to the meeting. Nevada Hand is doing great work and it is great that they are expanding and have new projects in the works. She asked a question from the meeting’s chat about what percentage of the housing is projected to be accessible as well as affordable.

Walden Swenson: Currently, it’s about 25% that can be modified. They will have the backing for grab bars in the bathroom, wider doorways, partially fully accessible. He will follow up with Dawn Lyons.

Dee Dee Foremaster: Are there any plans for the rural areas in Nevada?

Walden Swenson: They don’t currently have a plan for the Nevada rural areas. They could do that in the future. In addition to residents trying to get on waiting lists, they also have dozens of community partners reaching out to them monthly about working together.

Dee Dee Foremaster: Carson recently lost housing.

Julie Weissman Steinbaugh: Thanked Wally for coming.

1. Presentation, Discussion and Make Possible Recommendations Regarding AB37, a Behavioral Health Workforce Development Pipeline Bill **(for Possible Action)**

Sara Hunt, PhD., Director, UNLV Mental/Behavioral Health Training Coalition

Sara Hunt: She gave her contact information: Valerie Haskin, Rural Regional Behavioral Health Coordinator,

vcauhape@thefamilysupportcenter.org sara.hunt@unlv.edu She is here to co‑present with her colleague Valerie Haskin on AB37, that will be heard in the upcoming state legislative session. Her area of work is on mental health workforce development. They look at how can they grow the pipeline of individuals who may be interested in careers in mental and behavioral health such as those that typically prescribe medications like psychiatrist, but also those that traditionally do more talk therapy and support like social workers, psychologists, addiction counselors and so forth.
Nevada has a significant shortage of mental health professionals.
She looks at how other states are addressing these similar workforce shortages, because they're not the only ones that face that.
Her area of interest is in how other states focus on a “grow your own pipeline” model.
How do they go out and provide education about mental health careers and recruit students in the K‑12 system, adult learners that may be interested in a career change and how do they get them started on that education path to become a mental health professional. They have two kind of metropolitan areas, Omaha and Lincoln and a large swath of land that's rural and frontier. She has presented that model to Nevada's five regional behavioral health policy boards and these are back and forth that get one Bill Draft Request each state legislative session to use it towards some policy change that would improve the mental health care access to care in their region.
Through presenting that model to the rural regional behavioral health policy board, which is housed in Northern Nevada, they elected to use their bill draft request to create a similar behavioral health education pipeline‑centered similar to what Nebraska did.

Valerie Haskin: She is the behavioral health coordinator for that rural policy board, and she'll share some of the specifics about Assembly Bill 37. The current rendition of AB37 from the rural regional behavioral health policy board. For clarification they know the names of different policy boards while they are meant to characterize where the regions lay, the rural region actually only includes six rural and frontier counties, Elko, Eureka, Humboldt, Lander, perc and White Pine. The board membership is completely voluntary and each board has up to 13 members. They range from EMS, law enforcement, criminal justice to include also peers, family members, and then behavioral health providers, long‑term care facilities, hospitals and others.
When they were getting ready for this next legislative session, workforce development has been a primary concern of her board for the last several years. Last session, they were able to pass SB44 which focused on bottlenecks and concerns regarding them with the professional licensing boards related to behavioral health when the board health Dr. Hunt's presentation on this workforce development model, it covered a lot of points that are of major concern to her board members.
Nevada needs a robust pipeline for behavioral health providers in the state. Easy ways for people to become providers or at least simplified paths not necessarily easy because they know behavioral health is not easy work.

There are successful models in other states specifically Nebraska, Illinois, and Kentucky.
When looking at this model they already have many pieces of this puzzle that exist but they may only be focused within one institution of higher education or they may be focused within one particular service area in the state and it's not quite statewide.
They wanted to create something that would incorporate and expand upon all those previous existing pieces.. AB 37 is to authorize and establish the Behavioral Health Workforce Development Center of Nevada and they're open to massaging that name, but that's the direction they're going now. Through the center, there's four different segments they want the Center to be focused on.
The segments are in K‑12 education, move into higher education within the NSHE system.
Then focusing on professional licensing process. And then beyond that, supporting professional practice. They'll start out looking at the K‑12 education piece.
CTE, is the Career and Technical Education, and school districts across the state have programs, some of which include different health careers like nursing or CMA or other related health professions but few of them provide any insight or opportunities for students to engage with behavioral health professions.
One of the things the board wants to see the Center do, is to engage with the CTE programming and she has ways to expand the programming across the state to include behavioral health professionals so students can get an opportunity to participate, try that out and see if it's something they are interested in. Also, area health education centers across the state. The one in Elko is focused on engaging with Nevada health service core recruiting licensed providers specifically healthcare providers into rural areas as well as other underserved parts of the state. The one in Washoe County that focuses heavily on helping students engage in many undergraduate programs to become a health professional and/or undergraduate students want to go to graduate professional education to become a provider of any type. Helping them navigate that process. Particularly first-generation college students. They realize when someone is looking for a behavioral health provider, most of them are white, female and middle-class backgrounds.
That creates some limitations when talking about having people there to provide services for people who know what they are going through. They want to make sure they have a diverse workforce with a great set of background to meet everyone's needs, and weave that social emotional learning and mental health support programs with students as leaders into peer support or other programs.
Sometimes these are things that are not necessarily considered when thinking about promoting different types of careers. But giving people the opportunity to see what that looks like in real-time.
Next moving to the NSHE segment of the center. This bill would specifically provide funding to the Nevada System of Higher Education or NSHE, to house a center within its system.
The particular programs they would want to focus on at the graduate and undergraduate levels would include pathways to therapy, clinical professional counseling, psychiatry, psychology, social work, clinical social work behavioral analyst and different types of drug and alcohol counselor types which would include gambling counselors.
She believes they're looking at specialty medical tracks such as psychiatric nurse practitioners, physician's assistants and other providers that would be able to prescribe medications when needed. Here at this level they want to ensure that undergraduate students are prepared for that rigorous graduate school and understand what they need to do in order to properly prepare here.
They want to ensure that the pathways through undergraduate education to graduate school are created.
People understand exactly what courses they will need and how they can make themselves better skilled and more competitive for some of those sometimes few graduate education seats.
They also want to create more opportunities for high quality internship and preceptorship opportunities.
These are oftentimes required at the undergraduate and graduate level while in school and usually additional hours depending on the type of licensure a provider that are required after graduation. Here in this segment they're focused on getting those internship hours while within the educational setting.
They want to ensure students have the opportunity to engage with different populations, people of different backgrounds, and also different settings. Not just urban Nevada but also maybe underserved rural and frontier Nevada.
Moving to the professional licensing piece, they also want to expand the number of supervisors that are approved through the professional licensing organizations.
This has been a bottleneck particularly for students who finish their education and then want to gain clinical hours in an area that tends to be underserved and tend to be fewer supervision sites there. If they're able to streamline that and get education and training to those sites and supervisors interested in participating, that can help us create more placement places.
This will also require working with the licensing boards themselves to create processes to improve that efficiency and remove those bottlenecks.
Last is the professional practice side.
Frequently after graduation people who would be providers are left on their own so not only do they need to focus on getting them the supervision and hours they need for licensure, but getting them the skills and training they will need to get back to business and be a professional in practice in Nevada. One of those options is working in the Nevada health care and other federal programs that help place new graduates who have completed their licensure in rural and underserved communities. They are also exploring other areas where they can get long‑term tuition assistance, tuition forgiveness, et cetera.
They also want to look at the opportunity to train these new providers on the business of doing business. This could be what's required for business licensing, taxes, hiring, HR, things that are frequently not necessarily discussed and not to the depth they are usually needed within the professional practice environment or within that education leading up to that.
Finally they want to be sure they're recruiting eligible providers as supervisors or sites. With this infrastructure there's a fiscal note attached. But they want to ensure that money does not go to building a brick and mortar center, but they can use different means to work remotely in order to build a fantastic team that would spread this work across Nevada and ensure that they have the best people available and that they would also have an opportunity to engage with different communities and the center itself wouldn't be overly focused on one community or area of the state.
They really want to make sure that they're able to have that representation because it is so important when getting new providers, hopefully enough providers, trained and ready to work.
In order to do this they would be looking at a hub model. This is what Nebraska has done.
The center would be housed within one of the larger institutions. UNLV, maybe UNLV and UNR, that's still up in the air, they can figure that out. But having hubs within the system that would touch each of those five behavioral health regions. There are no set spots yet for each of these hubs.
These hubs would provide specific training opportunities for people who may be looking for different types of specialty and practice. Each of these would have their own specialties.
Maybe one hub focuses on best practices and tele behavioral health and another is organizing transportation solutions for people seeking both crisis and non‑crisis care. Those kind of are some examples of what they're thinking of when looking at this model.
The work of the center itself would be governed by an advisory consortium and from this consortium you'll notice the makeup is very similar to what she outlined when describing the policy board.
This is something that has come up as one of the things that's worked about the board is having that broad spectrum of people from across the behavioral health system who can provide insight.
They have institutions within NSHE, providers of behavioral health care, they want the Department of Education and school districts to be represented. They want to ensure that law enforcement agencies are also represented because law enforcement does frequently end up being the primary encounter of persons in behavioral health crisis unfortunately while they're doing a lot to try to fix that, it still happens and it's likely to happen to a certain extent no matter what they do.
They want to be sure law enforcement agencies, particularly those who may be engaging in many virtual crisis care or co‑response teams for people in crisis have the opportunity to see and engage with the center. Consumers of behavioral health care. Otherwise known as peers.
They also want to make sure that family members who have a loved one who is involved in the behavioral health system or who has used behavioral health services are also engaged. Hospitals and other facilities.
When she says hospitals, and other facilities that provide behavioral health care please keep in mind that the rural critical access hospitals tend to be the primary behavioral health care provider and many of our communities. Not just in urban counties but of course in rural and frontier counties.
They want the state involved so they'd have the Department of Health and Human Services, Department of Veterans’ Services, Department of Employment, Training, Rehabilitation, and then other agencies as needed.
Representatives of the Armed Forces and National Guard, they know that veterans are sometimes falling by the wayside and their access to care is not what has been promised to them particularly if they are living outside of Reno or Vegas. For example, if there's a veteran who needs care through the VA in Elko, they have to drive to Salt Lake City sometimes if they are lucky, up to Idaho but the proximity to care is tricky.
Of course they want to ensure there's representation of persons of historically marginalized communities. So LGBTQ+ persons as well as BIPOC community members.
They want to ensure representatives of persons with disabilities are at the table.
Of course, the money. This is what everybody always asks. This sounds great. How much are they looking at here? They have not had the opportunity to sit down with Chancellor Erquiaga and his team at NSHE to calculate out exactly what this is going to cost but their initial $2 million a year, for the biennium that would be 4 million total. The Nebraska model is worked with less money, 1.3 million to 1.6 million. They only focused or primarily on psychologists and psychiatrists. They're looking at a much broader range of behavioral health professionals.
While 4 million dollars for a biennial is not a small amount given the budget surplus that's been discussed and the dire need for behavioral health professionals they can no longer ignore, it's really time they need to think about spending the money in order to save money later on down the road when thinking about the number of people who were not able to obtain lower level care and were allowed to escalate into higher behavioral health crises or psychologically deteriorate the cost associated with caring for those people properly or putting a Band‑Aid on it are much higher than that $4 million total.

Dawn Lyons: Thanked them for coming and giving such an in-depth presentation about AB 37. an amazing bill and she is glad this is happening. She hopes it gets passed because as a person on both sides of the aisle, she has been a practicum student in Nevada and it was difficult to find a supervisor to perform that since she didn't go to a local school and that was a barrier to her and many others. She appreciated all the thoughtfulness that went into this and all the different angles they looked at and who they thought might be important to be included, because there's a high crossover with disabilities with mental health disabilities as well.
It's great to hear all the details so that they can provide what testimony that they have when it gets to legislature to support this.

Julie Weissman-Steinbaugh: When they sent out their survey of what consumers need, mental health service was the top need. The SILC’s survey supports this legislation.

Sara Hunt: Would like to see the SILC’s survey.

Dawn Lyons will send the link to the Google forms

Sara Hunt: They have referenced this model out of Nebraska, and she will send Dawn the link to that Behavioral Health Education Center of Nebraska under the University of Nebraska Medical Center.

Dawn will distribute that when she gets it.

Julie Weissman Steinbaugh: She would like to invite them back to follow up after the legislative session.

1. Discussion and Make Recommendations Regarding Aging and Disability Services’ (ADSD) Olmstead Plan Progress **(for Possible Action)**

Cindi Swanson, Steering Committee Member

Cindi Swanson: She had Dawn forward documents as meeting materials. One of them is a fact sheet, and the ADSD Olmstead group listed various topics it says it wants to go through, like what is integration based on the Department of Justice's rulings.
The ADSD identified certain things that they learned from their 2016 Olmstead plan.
Among those is that it had a variety of different things that ADSD says was beyond its scope.
There has to be concrete plans, not vague ideas. ADSD is going to have eight workshops, four in the rural areas and two in Northern Nevada and two in Southern Nevada.

She urged as many members of this group to join in on those workshops.
As a person with a disability, as a person who has a son with a disability and an avid advocate, she wondered why there isn't representation from other organizations like Rehabilitation or Education? The best opportunity by this group that's putting this together, is that she is on the steering committee.
This is an opportunity to collaborate and put in a very strong Olmstead Plan.
Now they are in Phase 2, which is looking at gaps in services. Next, they are going to be gathering more information sometime in October, they hope to have the plan ready to go.
What is important for this group is knowledge of the Olmstead.
She has been watching this since 1999 and the Olmstead Decision started out with housing two women in Georgia, it's gone way past housing.
It's involved in expenditures, how they spend our money, how they support people in education, how they support people in employment. Many of us are at risk for institutionalization.
The meeting materials she provided, lists the things that the Olmstead Plan must do, it must have concrete results, must have dates, and has to have timeline of when these things are going to happen. And it must have money attached to it. Those are important parts of what the ADSD has listed for people to look at.
ADSD has created a website and has a fact sheet she is following that on a weekly basis.
ADSD talked about why the previous Olmstead plan was not successful. In the plan, in the mid-2010s, there were points to make happen but were out of ADSD's purview.

Somebody asked if ADSD has thought about inviting a legislator to the committee?
This needs to be legislative, if it's going to need money. ADSD thought that was a good idea.
She thinks that this is a missed opportunity by the SILC by not requiring or inviting those people in.
They are planning eight workshops, four in the rural parts of the state and two in north and two in the south.

Dawn Lyons: Thanked Cindi for her presentation and stated that at the last Steering Committee meeting, the question was asked if the Division of Public and Behavioral Health invited all parties in, why wasn't it done properly at that time? No one was there from the Division of Public and Behavioral Health to answer that, but Aging and Disability Services said, that's why they're doing their part now.
She thinks that both parties who plan this Olmstead plan dropped the ball.
It started with the first plan where they had the opportunity to make an impact but they were reactionary based on their own issues within their division. Now they are given this other opportunity to do it right, and they are using the excuse that it was already done. She feels like everybody is passing the buck, and deciding to do their own thing, but feels that its better than nothing.
They do have an opportunity here to impact Aging and Disability Services' plan. Lisa from Social Entrepreneurs who was contracted to do the Olmstead plan itself and collect the data, the organizers of this, was here to answer questions for the SILC the previous day.

Cheyenne Pasquale: ADSD is hoping that the plan would not only be a tool for advocacy and advisory bodies within Aging and Disability Services, but also that it would be an improvement of Aging and Disability Services regarding Olmstead decisions so that they could steer everything in a better direction.
Being assured that that's the direction ADSD was going in, Dawn wondered what that meant. She was told that it recommended that ADSD could get real data on people with disabilities in Nevada out of it, and she thought that it would be a great tool.
People will need to speak up and can't rely on just a steering committee to make it go in that direction. She is encouraged that Cindi and Julie are on that steering committee.
The public, people with disabilities, people in the community need to go to these public town halls and express themselves and explain these things to the entities and agencies that probably just don't get it.

Mary Evilsizer: Thanked Cindi and asked about Vocational Rehabilitation and Department of Education not being there, she offered to reach out to the Director of Vocational Rehabilitation to see what role they could play in this because they are going to be a vital component at least for one section.
If the Director assigns a Vocational Rehabilitation counselor, that counselor could work with Julie and Cindi.

Julie Weissman Steinbaugh: That’s a good thing that she will raise at the next meeting.

Renee Portnell: Agreed with Ace that many people cannot leave home to attend steering committee meetings.

Mary Evilsizer: Offered on behalf of SNCIL and NNCIL, to help with social media to get their consumers to come as well.

Jennifer Kane: Wanted to thank those that are on the steering committee for pointing out that Education and Vocational Rehabilitation had not been invited to be part. When she was informed that that meeting was happening, she attended after the Assistant Director for Autism Education.
She works closely with Mechelle Merrill but also with multiple other people on their team as they have just spent the last months reworking their formal inter-agency agreement so they've been meeting almost weekly since August.
The results that were shared, clearly said that the word hadn't gotten out and people didn't know about Olmstead. One of the greatest sources to get that information out through anybody in the school system would be the Department of Education, local education agencies, and school district partners as well.

Ace Patrick: Hopes that when these workshops happen, that they are both in-person and online for people wishing to avoid the risk of Covid.

Renee Portnell: She would also like to get the information to attend the Steering Committee meetings virtually.

Dawn Lyons: She will be following this and disseminating information as she gets it, she asked people to contact her if they want to receive this information.

1. ADSD Presentation Regarding Agency Approved Budget Overview.

Dena Schmidt, Administrator, ADSD

Dena Schmidt: Went over the three stages of the budget process. The agency request, where the agencies put forward their needs for the second stage of the Governor's recommended budget, that budget will be developed and issued at the time of the State of the State on January 23rd this year.
The Governor's office takes the divisions and departments requests, settles and balances the budget and puts forward recommendations and the final budget, is the legislatively approved budget.
Majority of ADSD’s budget is based on caseloads which are projected by ADSD’s Office of Analytics, they determine what they anticipate the number of people to be served each year and then they apply the budget to those services.
First is the Family Preservation Program. These are the decision units. A small increase is projected, .9 percent in that program over the next year. The rural regional centers, same idea. Pretty small increase in fact, flat the first year and the second year. Due to the lack of providers they are not able to serve many people.
ADSD’s projections are starting to run flat while their wait list projections are starting to increase.
For those that know, they have Desert Regional Rural and Sierra Regional Centers providing services to individuals with intellectual and developmental disabilities.
The Desert Regional projections are small, one percent and three percent year over year.
Sierra Regional Center, same idea, pretty flat funding.
Early Intervention Services that provides services to children zero to three years of age.
Again, 2%, 3%, roughly in the next couple years for those two programs.
Autism Treatment Assistance Program projections, a little bit higher than most, they have 3% and 4% increase projected and then they have a decision unit to eliminate the wait list for services in the Autism Treatment Assistance Program. They're currently projected to have a wait list of about 183, that's significantly lower than the previous couple years ago, they were over 800 waiting.
Personal Assistance services caseloads and wait lists for those services as well as their Community Option Program for the Elderly, same here, with their wait lists. The caseload request for those programs have very slight increases.

Long‑term Care Ombudsman Program and Adult Protective Services programs projected wait list for individuals with intellectual and developmental disabilities, people waiting more than 90 days. It’s a projected increase over time where they were projecting previously more of a stabilization, now they're starting to see it climb again unfortunately. They are hopeful some of the initiatives in their budget will address that.
With budget priorities and new requests, ADSD focused on infrastructure.
Because of these caseloads over the last biennium, they have received more service dollars but have not received any HR, IT or fiscal staff. So they're really struggling to with infrastructure, to maintain and support their teams so they tried to focus this budget on making sure their infrastructure was built out.
Here is a request for service positions in budget account 3151, which is their administrative services budget.
These are human resource positions that they're asking for. For their teams. IT professionals to support data systems, making sure that they have a timely response to staff members to make sure their systems are working and operating. The third section in that same budget is the fiscal operations. Reinstating some funding they received some fiscal positions using federal dollars and program dollars so they're trying to continue those using state funds in their fiscal units.
The next request is for an intermediate care facility.
Requested is a board certified Behavior Analyst to support individuals at that facility with behaviorally complex needs across all ADSD programs they're starting to see more behaviorally complex individuals. They are trying to bring in subject matter experts to support their team in supporting those individuals and their family caregivers. They're also asking for a new Agency Manager at Desert Regional Center. That agency has grown substantially and they need two Agency Managers. Also needed are Developmental Service Technicians, the direct line staff at the intermediate care facility, they have asked for a two‑grade increase for those staff. Those are some of the lowest paid staff and they're having a difficult time recruiting and retaining staff in that facility and that's essential to maintain staffing requirements for the safety of their staff as well as people they serve.
Within the Office of Community, they're asking for an Agency Manager position to be continued.
As well as the continuation of several positions that were funded with federal Older Americans Act funding. And continue those positions to support their community partners and grant funding.

They're also asking to continue three, unclassified Regional Coordinator positions, they funded these positions using Public Health Workforce funds but really want to continue them.
The goal of these positions is to do outreach and education to communities, much like the Regional Behavioral Health Coordinators who work with the community to identify policy changes, budget changes, and inform ADSD of what the needs are in the community. These would be focused solely on Aging and Disability Services rather than the behavioral health. They're mirroring some of the work that Public and Behavioral has done in hopes they can highlight and bring to light some of the issues that folks are facing that they serve.
They transferred the Office of Consumer Health Assistance to their agency last session. They're requesting some support staff as funds for case management system.
Adult Protective Services.
This is a reclassification of the social workers and supervisors within that program.
They've been running from 40 to 55 percent vacancy rates in Adult Protective Services.
Especially in the Las Vegas area, the majority of the workers are social workers and they have just struggled due to the pandemic, to recruit and retain social workers. ADSD is asking to upgrade those social workers in Adult Protective Services to mirror those in Child Protective Services.
They looked at how to reclassify a couple new positions trying to address staffing challenges and based on the workload has increased and the complexity of services across many of their programs has intensified so they're trying to make sure that their staff are adequately paid so in budget 3208, is their Early Intervention Services new position there as well as a new Social Service Manager. Reclassifying a couple different positions to create two new positions there. In budget account 3209 it was a classifying Psychological Development Counselor in the Autism Treatment Assistance Program. This counselor will help with screening and enrollment in the program and increasing the wait time for eligibility.
In budget 3151, the Chief Elder Rights is asking for that position to be aligned with other attorney positions, an equity alignment. It requires licensure as an attorney but isn't paid the same as other attorney positions.
Continuing with positions, accounting assistance, some budgeting positions reclassifying and upgrading a few in our administrative account.
In 3266, there are several reclassifications.
The Statewide Independent Living Council is requesting an upgrade to a Program Officer and Social Services Program II to a Social Services Program III.
The last area they really looked at is provider rate increases.
Knowing that they're having challenges around services and ensuring that all of their programs are able to serve people, they looked at which programs they might want to try to get rate increases. They're requesting a rate increase of a Family Preservation Program. Requesting a rate increase in the COPE and PAS program. And that one they're requesting to align with any changes in the Medicaid program as well. Family support fiscal intermediary program which serves in the developmental services, asking for a small rate increase there. That's a monthly stipend to families they're trying to get increased. There's a provider rate increase for all the providers across that array. And they did have an item for special consideration to do a rate increase for the early intervention community partners.
Both Developmental Services and Early Intervention rate increases are based on third party rate studies that were completed in the last year so they had outside vendors come complete full rate studies and they're putting forward their recommended rates.

3266 is ADSD’s largest budget and it's very complex and very confusing for both the program staff that work and the fiscal staff that try to manage it. So they're trying to break that up so there are several transfers in this budget creating new transfers, new budget accounts, so the Planning Advocacy and Community Services Unit will be going into a new budget account 3278. The SILC going into its own budget account, 3283.
Adult Protective Services Long‑term Care Ombudsman going into a new budget account 3282.
There are some transfers of positions to align with duties. The transfer to Money Follows the Person program from Medicaid division to ADSD. As well as the FOCIS program, they really worked with Medicaid and feel that ADSD could better serve in moving people out of facilities and back into the community, working with community partners and identifying people that are ready to transfer and making sure they get them what they need to transfer. They have stronger relationships in the community than Medicaid does. They've been meeting with this team to work on this transition. And identify how they can improve the services and get more people transitioned out of facilities.
ADSD posts their request budget on their website and when the Governor Recommended Budget comes out, they'll post on there too. The entire budget for agency request is available on the website.

Dawn Lyons: She understands that it is contingent, she is giving an overview of what's planned and that's contingent upon further approval. Asked Dena about the staff reclassifications and rebudgeting for staff in particular, she noticed that the SILC staff would be coming out of the state budget.
But as far as she understands, it's coming out of SILC's budget. Is that correct? It won't being coming from stated general funds?

Dena Schmidt: She will follow up on this. She believes it was supposed to be coming out of the SILC budget so she will follow up and verify. It could just be a typo.

Dawn Lyons: Was curious about that because it could all change because the Governor is doing a review of all state classifications as it is, so the SILC classifications could change anyway. She knows that the regional services are in dire need of staffing and appropriate staff pay. She appreciates that ADSD is working on improving that for the clients that are served at the regional centers. It's a big deal.

Mary Evilsizer: Thanked Dena for her presentation. NNCIL is happy to see FOCIS and Money follows the Person into the Department of Aging. She knows that Medicaid is a big division, and it is easy to lose track of what the target market is. She asked if there was going to be any more funding for the waiver program. Does it work with FOCIS, and does it work with Money Follows the Person?

Dena Schmidt : Every year, caseload projections are always put forward as well as the wait lists. But the money for the FEPD waivers is in Medicaid budget but always funded add caseload and wait lists based on Olmstead plan. Those are in the Medicaid budget rather than ADSD’s.

Dawn Lyons: Asked if ADSD would be vigilant to make sure that organizations that serve people with disabilities of all ages are able to participate in that outsourced funding or the sub awardees.

Dena Schmidt: Yes, that's one of the strengths of bringing it to ADSD, is they have the relationships with the community partners. And so they can encourage and enhance and build capacity for more people to receive those functions and support folks with transition.
They will absolutely work hard to make sure that everybody that they're working with now and anybody who they're not, is figuring out how to bring in more folks to help them support people in their homes.

Julie thanked Dena for coming.

1. All Other ADSD Updates Including the American Rescue Plan Act (ARPA) Independent Living (IL) Funding Summary, Discussion and Make Possible Recommendations **(for Possible Action)**

Cheyenne Pasquale, Designated State Representative (DSE) for NV SILC

Cheyenne Pasquale: Lisa Watson is the representative from Social Entrepreneurs and Social Entrepreneurs is the entity that's helping guide ADSD and the Steering Committee through this process, making sure they're doing the community outreach and gathering all the information. Cheyenne asked if anyone had questions for Lisa.

Dawn Lyons: There was an initial survey, that was done by the NCED, and their data was important.
What is the plan for incorporating their suggestions moving forward?

Lisa Watson: They will actually be taking up the survey, she has asked the steering committee at their kick-off meeting, what are the most important things that came out of that survey in terms of the results they should use moving forward. Specifically, they will be using that information to inform some of the consumer workshops that they're planning to do that Cindi referenced when she spoke about the process earlier.
They will take those results and dive deeper into those areas through the consumer workshops.
That's one way they're going to use data, they're also asking the steering committee in their next meeting, what are the things here that pop out as the most important things that they should explore further, both through the consumer workshops as well as the 20 key person interviews they will be doing, which was a recommendation that came out of that survey.

Dawn Lyons: The qualitative data is just as important if not more so.

Lisa Watson: They put out that fact sheet in the hopes they could level the playing field and make sure that everyone has a basic understanding of the Olmstead framework that they're working in.
In conjunction with ADSD, they put together a web page that offers not only basic information, but also offers the timeline for plan process and gives any member of the public an opportunity to weigh in on their process or on the document as it's being developed throughout their planning, which goes through October.

Mary Evilsizer: What are they going to do to safeguard that they don't go into an Olmstead plan where they develop a plan where they do a really good plan on making sure that services here in Nevada do provide the integrated setting for individuals with disabilities but to keep in mind that for example, if an individual with a traumatic brain injury that needs somewhat of a long‑term stay and they have an option of in California.

How do they develop safeguards that they are looking at what they do have in the state but also looking to see what they don't have that they might plan for through the Olmstead plan?

Lisa Watson: She is not an expert in Olmstead, she is an expert in process. She thinks they will be looking at an element of the Olmstead planning process, what are they doing to adequately assess what people's needs are and connect them to the setting that best meets their needs.
And they'll apply the Olmstead framework, there's three qualifying factors that they need to look at to do that.

Cheyenne Pasquale: From a philosophy standpoint, the Olmstead Plan is a tool for ADSD in planning services, setting policies, developing programs, and budget priorities, but it's also a tool for their advocacy groups to be able to utilize in the advocacy for the things that are in the Olmstead plan, correct?
They are putting forth this plan with a wide variety of community input and taking into consideration the needs of the community, but the advocacy voice particularly about things that take legislative action, that's where the advocacy voice comes to be important. She thinks it's going to be a shared effort.
Not to take the onus off the ADSD group, they're going to do everything in their power to use that tool and to make things happen, but they know the power in advocacy and that's why groups like the SILC and all their other advocacy groups exist, right?

Lisa Watson: Beyond looking at the assessment systems to identify what placement is best for folks, they will be looking at when there are out‑of‑state placements, what are the things that are driving those decisions and is there any opportunity to address those through the plan.

Mary Evilsizer; It is a matter of seeing where the voids and gaps are and what's happening to the citizens in our disability community. Lisa, I see it as part of the working tool for the plan. She feels assured by what Lisa said that the safeguards or the analysis will be there.

Dawn Lyons: Is this Olmstead Plan going to be a plan for advocacy rather than an actual plan for services?

Cheyenne Pasquale: She sees it as both. There's a plan for services but sometimes that plan for services comes to fruition through advocacy.

Dawn Lyons: Advocacy bodies are needed, the SILC has been asking for data for a long time. If that's included in the plan, that would be amazing. She does understand that this Olmstead plan is an Aging and Disability Services Olmstead plan and it's not a statewide Olmstead plan, and that ADSD is limited as to how much authority they have.
She agrees with what Cindi was saying that it would have been much better to have a more comprehensive statewide plan which Dawn thinks DHCFP or Division of Public and Behavioral Health did, but maybe they didn't get as much investment as was needed since they're making their own now as a different agency. She appreciates that ADSD is doing this, and thinks they can do better next time.

Lisa Watson: ADSD has had this conversation and they're preparing to present to the steering committee at this month's meeting, a recommendation that they work towards a statewide plan. They know that now is not necessarily the time to do it because HCI had other pressures that were presenting themselves that required them to develop a plan themselves. But it's something that they're ready and positioned to propose that that be one of the goals that they work towards a unified state plan in the future.

Dawn Lyons: Does appreciate all the work that has been done and thinks it's necessary.
She understands that the other Olmstead plan was a little bit reactionary in that regard and maybe they can all do better as a state next time.

Cheyenne : Sees in the chat, someone asking have the dates been set for the eight public comment workshops?
And I don't think they've been set yet. But they will be soon.

Lisa Watson: They will be. They are going to meet the next week with the steering committee for the second meeting and it's at that time they have to finalize the locations and the locations will drive the dates.
They expect that they will be doing massive amounts of outreach in conjunction with the steering committee and ADSD so everyone knows when and where those will take place.
They hope again this will be dependent upon the sites they choose and availability, but they hope to be able to do those in the month of February.

Cheyenne Pasquale: In other ADSD updates, she introduced Nikki Haag, ADSD’s new Community Engagement Manager. That position was previously filled by Lisa Torres. Nikki will be working with all of ADSD’s councils and commissions, working with ADSD’s regional coordinators and the community engagement model that they talked about at the last meeting.
She will also be supervising some of ADSD’s administrative assistant team members who do a wide variety of things for their teams. The recruitments for the three Regional Coordinators are live and ADSD is starting to review résumés and look at interviews for those positions. A couple of units within ADSD are being re-organized.
The Planning, Advocacy and Community Services Unit and the Community‑Based Care Unit is being reorganized into the Office of Community Living. The Office of Community Living will have four sections.
One will be Intake and Operations, which will encompass the Home and Community Based Services Waiver for the frail elderly and the Physically Disabled Waiver. The intake and operations for those waivers as well as the Prescription Assistance Program and Taxi Assistance Program.
The second section in the Office of Community Living will be Supportive Services which encompasses our Communication Access Services program and the case management for our waivers. Along with COPE and PAS.
The third section is Community Services and Grants.
That encompasses all of the Older American Act programs, the Assistive Technology for Independent Living, and Medicare Assistance Program.
The fourth section is Cheyenne’s section, called the Planning Section which encompasses the No Wrong Door efforts, strategic planning efforts, councils and commissions, data and reports and community engagement.
Right now, they are looking at it from a logistical standpoint of the day to day operations of that reorganization.
They will be issuing a press release that in two to three weeks. They received a grant to focus on the governance structure for their No Wrong Door system, and part of that grant is the development of a steering committee to help them with the planning of their governance structure and some of their long‑term planning around the No Wrong Door system in Nevada. She offered an opportunity for a member of the SILC to be a part of that steering committee, and is not sure that they have gotten a designee from the SILC yet.

Julie asked if anyone is interested in being the designee. Dawn volunteered.

Linda Vejvoda motioned to have Dawn Lyons be the designee. Havander Davis seconded, the motion passed. Renee Portnell will be Dawn’s back up.

Cheyenne Pasquale: Gave an update regarding the last meeting, that was about a week before the October Interim Finance Committee meeting. She had given a brief, high level overview of a number of requests that were going to the Interim Finance Committee for approval for a variety of different projects, both to help support infrastructure building within ADSD as well as address various program needs and wait lists.
All of those projects were approved in the October IFC, those totaling just over $43 million in funding.
And they are currently beginning some planning for these projects, but they're also on hold pending the formal notice of award from the governor's office.
She does have a summary sheet that she will send out to Dawn and Wendy to distribute to everyone, and ADSD will be happy to provide more in-depth information on those projects at the next meeting. She asked the group if there was a need or desire to have other ADSD programs present to the SILC, if there is, she will try to provide updates on some bigger items.

Dawn Lyons: Would like the SILC to receive the Caseload Expense Operations (CLEO) report like the CSPD does because that gives an overview of where all the programs are at.

Mary Evilsizer: Thanked Cheyenne for the offer, would like programs associated with nursing home permissions, FOCIS is coming on board with ADSD, Money Follows the Person, also the waiver program is critical for the transitions and personal care attendant services, maybe package them as a transition because FOCIS is also diversion and that's critical in the community, for preventing individuals from entering the nursing home. She also asked about the possibility about an organizational chart of services for the Office of Community Living under the Division of Aging. That would help advocates to understand what services they might be able to guide individuals in need towards, and how they can help them develop a path to get to those services.

Dawn Lyons: That might already be available. It would be good to include that FOCIS program and nursing home information in the CLEO.

Cheyenne Pasquale: FOCIS and MFP that's in the budget proposal, if that's approved through the legislature, it wouldn't transition to ADSD until July 1.

1. ADSD Presentation, Discussion and Make Recommendations Regarding the Internal Process for Evaluating Applications for Subawards **(for Possible Action)**

Cheyenne Pasquale, Chief of Planning, Advocacy and Community Services Unit

Cheyenne Pasquale: Starting with a Notice of Funding Opportunity (NOFO), it describes some background about the programs or services that are up for funding, any known challenges that are facing the community and basically the reason for this NOFO.
The NOFO also includes funding requirements, the instructions for the application process, and the scoring criteria for the applications. ADSD develops that information based on a number of different pieces of information, including strategic priorities, state plans, known gaps in services, whatever the requirements of the funding source are, et cetera. They also publish for standard services, they post Service Specifications, and these outline what a unit of service is, what are documentation requirements, eligibility requirements, things like that.
Once that NOFO is published, it goes out to the community, ADSD receives applications, and the applications go through both an internal review process and historically an external review process, and ADSD is in the midst of kind of revamping particularly their external review process.
Internally, applications are first prescreened to ensure that they have included all the required application elements, including if they were submitted within the deadline. ADSD’s internal team, their program coordinators, review the applications based on the published scoring criteria and they have a scoring sheet that they utilize to notate the strengths and weaknesses of the application as well as their recommendations.
On an external review, they typically try to recruit outside reviewers.
They used to have a list of volunteers that were interested in being external reviewers.
In the last three or four years, they've basically lost that volunteer base of external reviewers due to people retiring, moving out of state, the pandemic really impacted their ability to have external reviewers.
One of the things that they're looking at is to rebuild that volunteer list and to strengthen that process.
Once the internal and the external reviews are done, that information is compiled and they go into the decision‑making process. In the decision‑making process, they are looking at the application scores, they're looking at the gaps in services, the available funding, any strategic priorities that are set all the way from the Governor's office down to any specific strategic plans that they have in place.
They are also balancing out service needs across the state, and compiling all of that information and then making funding decisions based on all of that information. Almost always, their requests for funding greatly outweigh the available funding. An example is in their NOFO for supportive services for older adults, they had around $10 million available for funding and they had a request around $20 million.
When they make their funding decisions, they are trying to be thoughtful in terms of where their services are available today and where gaps are in services. Looking at what the highest priority needs as identified by the community are, et cetera.
There are some agencies that do funding decisions by way of a cutoff just simply based on the scoring of the application, but that is not a strategy that they have used at ADSD, they know sometimes there are needs in areas and good partners in those areas but maybe the scoring just didn't reflect that for whatever reason.

Dawn Lyons: How does it work when ADSD decides what will be an internal review versus an external review? Do they consider things like who that program is going to be directly affecting and whether they should have a say, or is any of that involved in those decisions?

Cheyenne Pasquale: In an ideal world, they would have external reviews for every competitive NOFO. There's been some exceptions made to that in the last three or four years, it's come down more to a resource issue and the inability to get volunteers to review the applications.
ADSD is hopeful, as they look towards their 2023 processes, that they'll be able to recruit external volunteers and there will be emails about this come out. If people are interested in reading grant applications and scoring grant applications, ADSD would appreciate volunteers.

Dawn Lyons: People with disabilities, or people in the community who are affected by these programs will be consulted before programs are established or policies are created. It's important to include people with disabilities whenever it's going to affect people with disabilities.
It's important for this group and for the general public to know that if they are being affected by these programs and they have the opportunity to evaluate who's going to be providing those services for their community, to be involved if they are asked, because that is an important job.

Asked Cheyenne when ADSD does recruit external reviewers, that before they assign them applications, they do have them disclose any potential conflicts of interest so that they are not assigned applications where there may be a conflict of interest

Ace Patrick: She has gone through the process for being an external reviewer and asked how many applicants do they get for one that Cheyenne could think of?

Cheyenne Pasquale: For example, one of the larger NOFOs in terms of the amount of funding that there is available for it and the number of applications they receive is their older adult supportive services, that one they probably receive around 120 to 140 applications when it's competitive. And that covers multiple different services. Then they end up probably funding around 100 tentative subawards from that.
Their team looks at the number of notice of subawards they do each year and it's around 400 subawards, but some of those could be amendments to existing subawards and things like that.
By the end of this month they'll have their 2022 subaward report that will be published and that highlights all of their different subawards.

1. Presentation, Discussion and Make Possible Recommendations Regarding the Division of Health Care Financing and Policy’s (DHCFP) Quadrennial Rate Review for 2022 **(for Possible Action)**

Kim Adams, Manager, Rate Analysis and Development Unit, DHCFP

Kim Adams: She was asked to speak today about DHCFP’s quadrennial rate review process. She gave an overview to explain their process in terms of what they look at and then go over specifics of the latest report they published.
The Quadrennial Rate Review is mandated under Nevada Revised Statute 422.2704 that states, “Beginning January of 2018 and every four years thereafter, the Department of Healthcare Finance and Policy must review the rate of reimbursement for each service or item that's covered by Nevada Medicaid to determine whether their reimbursement rates accurately reflect the actual cost of providing that service or item.”
In the process of that analysis, if they determine that the rate of reimbursement does not cover the actual cost of providing the service, then they recommend to the Director’s Office the rate that does cover the cost of providing that service.
The Quadrennial Rate Review compares their fee for service reimbursement rates to providers reported costs and they also look at a few other areas as additional points of context so they look at Medicare rates, they look at what other states pay for those services, then analyze 5, 10, 15% increases for each provider type.
They rely heavily on provider feedback and accurate cost reporting to be able to complete this project and without the feedback from Nevada Medicaid providers, they're not able to make a recommendation on how to amend rates so they include those other data points in case they don't have any responses but they're not able to make a recommendation based off of those.
They publish surveys online annually and have a four‑year schedule that breaks out provider types over the course of four years, makes sure that everybody is surveyed at least once every four years.
Because the statute is written in a way asks them to look at everything at a code or service level, the surveys are set up in a way that aligns with the billing practices for that provider type.
For example, the provider type is paid off a fee schedule, that fee schedule is the template they use as the format for the survey. They make notice of service availability different ways, send out email and fax blasts to providers enrolled, they reach out to any provider associations that they're aware of, post web announcements, they do social media posts, talk at meetings like this. They're trying to get the word out as much as they can.
Once the survey period closes they begin working on analyzing data, provider responses are used to determine median cost of providing each service on are that's been compared to the rate.
They use median rather than the average cost because of averages you have outliers that can skew the cost in either direction so if they got one response that was really low for a specific item or service, it would bring down the average. The median takes care of that, makes sure they're looking at that middle range a little bit better.
And then they compare that to the current reimbursement rates and then the aggregated data is compiled into an annual report which is sent to the Director’s Office for Health and Human Services and then also published on their website.
The annual report is typically published the calendar year following when surveys were issued.
So they did just publish a report back in 2022. All these provider types on this list, some were surveyed in 2021, some surveyed a little bit earlier than that. They are trying to get caught up with their first survey period and then they're hoping to be able to distribute the surveys a little more evenly across the four‑year period.
Narrows quite a few provider types included in this report.
They have home health on this one as well as many of their 1915 services and waivers.
Waivers for individuals with intellectual disabilities, adult day healthcare, day and residential habilitation, the physically disabled waiver assisted living, quite a few reported on this report.
The next section is provider types with at least a ten% or greater response rate.
They are trying to get word out as many ways as they can.
Response rates have been lower than they like them to be so if there's any suggestions on better ways to reach out to providers and increase engagement they're always open to ideas, she would like to be buried with survey responses.
This list is a little confusing because they have some provider types they didn't receive any responses back from providers on, so for those provider types they can't make the recommendation to change the rates.
The QR statute is pretty narrow in scope and says that if they find that the costs still align with the rate they can make a recommendation so if there's no responses they can't really comment one way or the other on amending the rates.
There's also providers on this list who they did receive survey responses for but the aggregate impact of aligning rates with costs was a negative number. She will expand on that later.
They are amending this section of the report a little bit in their 2023 report so it will be easier to understand and see if there are codes the reimbursement rate exceeds the cost of providing service, they're acknowledging there may be other codes on the fee schedule where the reimbursement rate doesn't meet the cost of providing the service.
The next part of the report gives a little bit of background on what the project is, and then their approach of how is they go about completing the reports. There are some provider types they don't issue surveys for. The reasoning varies. This first provider types which are the publicly owned intermediate care facilities, she thinks Desert Regional Center is the only provider they have enrolled in that category. Their reimbursement methodology sets the rate at 100 percent of cost already. So it would be kind of a moot point to survey to find out they paid a hundred percent of cost already. It would be a net zero impact on the report.
There are a handful they don't actually survey but they memorialize in the report explaining why surveys weren't actually sent out for those provider types.

The next section goes over the methodology in more detail and explains the other states they looked at. It's typically Arizona, Colorado, New Mexico, Oregon and Utah. They look at those states because they have a similar population makeup as Nevada. There may be a few urban areas but there's also large parts of the state that are very rural. They typically don't look at states like California or New York because they have a much higher cost of living and try to look at states where that are most similar to Nevada.

The next table explains the response rate by provider types.
It will say how many providers are enrolled up each provider type as of the day the surveys were issued, how many codes are on the fee schedules, how many responses they received and then what that response rate is overall. For some provider types, they had a better response rate of 20% for adult day healthcare, other provider types they have very few responses. They don't have a lot of data on those.
Here is the impact by provider type and specialty. The provider type 29 table is showing for most provider types is if they were to change all Medicaid rates to align with the costs the providers reported on the survey, this is the difference between what they pay now and what they would pay if they align all the rates with cost.
Provider type 29 on that survey, had quite a few codes they didn't receive any data for, there were roughly five codes that showed that the reimbursement rate did not cover the cost of providing the service. About five or six codes were based on the survey responses the current reimbursement rate may have exceeded the cost of providing the service. It is confusing because they take that difference per code and multiply by the utilization of each service.
If she has two codes on a fee schedule, one would need to go up by $1 to meet cost and one may need to go down by a dollar to meet cost if the code that needs to go down by $1 has higher utilization so there were more units of it billed base year it will result in this aggregate calculation here of a negative number in there.
It's a little misleading so the changes to the report, there will be an additional table in the next report that shows for each provider type, there's this many codes on the fee scheduler, the CDHHSI data for 50% or however many codes, and then say five codes needed to go up, five needed to go down just so there's a little more transparency in the results.
There's some caveats here that are explained just stating the statute for the quadrennial rate review doesn't give them the authority to audit any of the provider response they get back. So occasionally they'll respond back to providers if they have questions. But they don't have the capability to pull cost information over and validate the results they are sending. They also don't have access to what the managed care plans pay for services that are covered by managed care. That's usually propriety and so is hard to acquire using the fee for service rates.
The last section of the report will go over the recommendations.
These are the provider types that they recommended for an increase in this report.
These are shared with the Director’s Office but the Rate Analysis and Development Unit at Medicaid doesn't have the ability to implement any rate changes that they recommend in this report without approval by the Director's Office. In this section some rates would go up, some would go down.

The last table that's in the report shows the other scenarios that she mentioned. It will show how much they spend on that provider type now as the base year, how much more or less they would spend if they match the cost of providing the service as reported by the providers.
If they matched what other states pay Medicare rates and 5, 10, and 15% increases.
At the very end of the report, it goes over more specifics for each provider type and explaining the average percentage change per code, fiscal impact over the two‑year period and then what the non‑federal or the state share of increasing or decreasing those rates would be.
They are working on getting the report for 2023 published online. Hoping to have that available sometime early in calendar year 2023. She does not have an exact date on that just yet.
Some of the provider types in the 2023 report have very large fee schedules, for example, Provider Type 20, has several thousand codes on it so it does take quite a bit of time to capture all that information. They will also be posting new surveys online in a few months, probably late spring or early summer.
They still need to finalize their list of what provider types will be surveyed during that time.
There will be some provider types that they have to include in this survey round because they were last surveyed four years ago and they have to be included now to make sure they're hitting that four‑year mark.
But they may shift some provider types around if there's a need indicated by policy staff they should be surveyed sooner or just to more evenly distribute those so they have them a little bit more spread out over that four‑year period. They are looking for suggestions on how to improve the process for everybody involved if there's better ways to reach out to providers. If they need information on how they might go about calculating their cost of providing a service. They did do a public workshop a few years ago, in 2020 and that presentation included some resources on how providers might calculate the cost of providing the service are, they have a recording of that public workshop posted on their website and the Power Point has some links to resources that providers can use to look into how they might calculate the cost of providing those services.

Ace Patrick: Will the rate for travel, increase to reflect gas prices and are they recommending that the Medicaid rate for PCA services increase? Due to the low rates that Medicaid pays, many consumers have lost their PCAs and are on waitlists. Private insurance has taken up most PCA services.

Kim Adams: She does not think that the PCAs were included in the 2022 report. She will have to look up the information for the mileage reimbursement rates. Provider Type 30 is personal care aide provider agency and then Provider Type 83 is personal care aide intermediary service organization were included on their 2021 report. It looks like they did recommend an increase for those provider types.
The Medicaid budget, the agency request as submitted for this next legislative session is public information.
She believes there are rate increases built into their budget for next biennium for personal care services.
She doesn’t know that mileage was included in the calculation they did on that one or if it was just the personal care services itself but there is a request that they have in their budget to increase those rates.
It does still have to go through the legislative process and get approved for them to be able to implement that rate increase but they did include that in their budget. In terms of mileage, she will have to check back on that, she is not sure how often they update those mileage rates.
With any projects like this, there's always a bit of a lag which is unfortunate.
They will publish the results, usually about a year after they do the surveys and lately obviously all seen there's been a huge rise in inflation so they're always operating on a little bit of a lag there.

Ace Patrick: She would like to see that information. She would be curious to hear what the proposed increase rate for PCA services will be. The mileage as well. Because those impact many people who are being reimbursed for mileage.

Kim Adams: When they submit something like that in their budget there's usually an amount that can be approved or changed. Just because it's in their budget one way initially doesn't mean it may not transform throughout the legislative process.

Ace Patrick: A lot of consumers may need to show up at the legislative meetings to give personal testimony.

Dawn Lyons: It didn’t seem to match what she had, her memory.

Kim Adams: The staff that they have working on this project are available to reach out to.

Dawn Lyons: It didn't seem to match the report that she had received, she remembers that it said that there were no recommended increases for PCA's on this current report.
Her concern wasn't so much that the recommendation wasn't there currently, as much as what the data points of what they consider similar states to be, and how they determine what they are comparing against.
In Nevada, the PCAs that have to pay for their own education, continuing education trainings, and they have overhead costs for providers, that don't allow them to pay the actual service care workers as much necessarily as maybe those other states do. There might be a difference.
She doesn’t know if they are looking at provider rates for Medicaid, because that could be vastly different from one state to another if there's a lot of overhead cost for providers involved in one state as opposed to another. Those details are important to know. It's not in the report, and it doesn't explain those details, she doesn’t know what to make of the data.

Kim Adams: Thinks Dawn is on the right track. They have two staff working on this project, doing all these provider types. They do reach out to the Subject Matter Experts that are over the reimbursement methodology for each provider type to get their input. They are looking at what are the provider qualifications out of state, is minimum wage the same, are the training requirements the same, continued education, things like that. They don't get quite into that level of detail. They don't use the out of state rates to guide recommendations.
The recommendations they make to the Director’s Office are solely based on the provider's reported costs. That statute says, if they deem the cost of providing the service is not covered by the reimbursement rate, that's what they would make a recommendation on.
They did start including the Medicare rates and what other states pay because they had low response rates at first so there few first rounds there wouldn't have been a lot to report on without the other data points. That one was included on the 2021 report. They don’t survey every provider type every year.

Dawn Lyons: Asked about the low response rate to the surveys.

Kim Adams: She thinks they have 60 or 70 provider types, and they're usually only going to be surveyed once every four years. If they surveyed PCS in 2023 they likely wouldn't be surveyed again until 2027.
Maybe that's the point of confusion there, they're not looking at every provider type every year. In the 2021 report, she did see there were recommended increases.
However, in the last report that she got, it didn't recommend any increases for that sector.

Dawn Lyons: Asked if they have checked why the response rates are so low. They would really have to redo it to get any kind of better response to get anything significant out of it. She thinks that significance would matter mathematically speaking.

Kim Adams: The announcements go out to the last contact person on record. They don't survey every provider type every year. That's a great recommendation to start out with the provider types they didn't have great response rates on when look at reformatting those schedules.
There will be certain provider types that if they surveyed them back in 2019, they would need to survey them again this year because it's been four years. So that they can make sure they're complying with the statute. She likes that recommendation of looking at provider types with low response rates first and giving them an opportunity to complete it.
Normally when they post the surveys, they'll do an initial web announcement, and they've tried to format that web announcement to be attention grabbing so she has asked their fiscal agent to list the provider types in there, sometimes they have a character limit and can't get everything in there. Initially, they were doing the one web announcement at the beginning of the survey period. They started doing a reminder web announcement usually about a month or so before the surveys are due. The email and fax blasts are targeted to each provider type. If they're surveying Provider Type 20, every Provider Type 20 should get an email or fax blast saying they're doing a survey, and include the link to the website to complete. She has emailed about 15 provider associations in the surveys they did in 2022. But they're always looking for new ideas on how to better connect with providers, so they do have better results. If a provider enrolled five or six years ago, and the credentialing person who handled that is no longer with that organization and they didn't update their contact information, in the Provider Portal, it will still go to that old email address. That's something that must be updated on the provider side.
They had identified a few years back that maybe they're just asking something that providers don't know how to give them information for. Some larger organizations are used to reporting on costs and being able to drill down to what is it for a dentist, a dental cleaning, but a smaller organization may struggle with that because they don't have familiarity with capturing costs that way or factoring in all those additional things, like what is needed to pay the staff person rendering that service but what are the overhead costs and supply costs, are medical billers and receptionists and everything built into it.
They did a public workshop a few years ago to provide some of those resources and explain to people different things they may look at when calculating the cost of providing a service.
They may want to look at doing another public workshop similar to that to see if there's any questions or any barriers that are causing people not to respond or if there's something else going on.

Mary Evilsizer: They don’t survey managed care, they only survey fee for service.
With a lot of the Medicaid, individuals are allowed to select a prescriber like United Health or Silver Spurs. Is there a reason the managed care isn’t included in the surveys, and why just fee for service?

Kim Adams: To get the notifications, entities need to enroll. To enroll with one of the managed care plans, they have to enroll with fee for service first.
Any provider that is providing services under a managed care entity would have to be enrolled on the fee for service side. They still should be getting those notifications.
What they can't do is compare what the managed care plans pay for individual services because they don't have access to those rates. At a baseline, if they pay $100 for a service, she believes the managed care plans have to pay at least a $100 for that same service. They have flexibility to negotiate higher rates with the providers they work with. They are looking at managed care utilization and the managed care providers should still be getting surveys notifications because they would have to be enrolled on the fee for service side too.

Mary Evilsizer: She doesn’t think she saw home healthcare in the recommendations for an increase.

Kim Adams: That's something that she will be correcting going forward on future reports.
It's a little misleading in that section because the aggregate impact is a negative number so it doesn't look like it needs a rate increase. But when she looks at the detail for home health, there's about five or six codes that do show the need for an increase. The files they used to do this analysis are massive, for each provider type, each excel file has over 20 tabs on it so it's a ton of information to put out there and it would be hard for the general public to interpret. That's why they aggregate it in the report.
All that detailed information is available to the Director’s Office if they need to see the impact on a code level and that's why she wants to make that change to the report.

Mary Evilsizer: Many people are leaving home healthcare and it is vital to the community as well, and one of the few ways that employers have to both obtain and retain employees is to increase the rates to be competitive with the market.
On the mileage rate, that personal care services are receiving right now, the mileage rate for the federal and state just went up to over $0.65 per mile, and if PCA's are receiving $0.22, there's a real disparity between what is being paid to some of the people that they value, it's the life substance for some of their consumers, and it really needs to be looked at. You can increase the salary, but they are spending all their money on mileage or when the pandemic first started, they were also buying their own gloves and masks.
So these people are working and trying to provide services, but they need support as a community.

Dawn Lyons: If they are every four years and they have this three year pandemic in the middle of that, and the economy has drastically changed over those few years, she doesn’t feel like that's often enough, it's just not often enough when they don't have the response rate that they should. She appreciates that Kim Adams is going to look at because that's very concerning for people with disabilities who don't want to be institutionalized and rely on that PCS service. That's very concerning. She appreciates Kim Adams giving that report and letting the SILC know all the details and it's important to understand those things.

Kim Adams: Offered for people to feel free to reach out to her with more questions. They have a devoted mailbox to the quadrennial rate review, QRR@DHCFP.nv.gov Medicaid typically does run on a little bit of a lag unfortunately. It's unavoidable in some aspects they have some provider types like critical access hospitals, they use their cost reports to set the rates and they are usually on about a two‑year if not a little bit longer lag.
It's really hard to have that most current information and then typically they need to wait for a legislative session to implement any rate changes they need authority. They are constantly playing catch up.
When the next round of surveys comes out, she is not sure what provider types will be on there yet, but if there are any that have crossover with this group she is happy to share those so the SILC can share with its members and help get the word out to complete those surveys because she would love to have a robust response.

1. Presentation, Discussion and Make Possible Recommendations Regarding a Proposed New IL Blind Program and Planning Process **(for Possible Action)**

John Rosenlund, IL Program Director

John Rosenlund: Because of timing, they couldn’t get on board with the SILC’s last council meeting to ask this question.
What's been requested internally with ADSD, is to gather information for a possible blind services pilot program that has to do with the American Rescue Plan Act funding.
This came from within the blind community and led to this being a topic what they're trying to do. He wanted to extend that to the SILC, and building programs should include the people that receive those services.
He wants to create opportunities and they have a very short timeframe, Jeff Duncan said he wants this proposal backed by February 3rd.
So this is a rush to try to get some information from people that are blind or have severe visual impairments. What he initially wanted to do is reach out to people and then create opportunities to get that feedback. Naturally the SILC is one of those entities that can support that and needs to make that decision if they want to be on board. NDALC is already on board and wants to participate. NDALC has had some open forums to have individuals come talk about the barriers that existed.
Along the way, they'll be gathering that information from persons that have their own experiences or what they have gathered in their perspective locations whether they are in an organization and work within services. For example, he has talked to several individuals already and both are professional perspectives as well as personal perspectives. What they want to do is extend that to everybody that they can, anybody they can reach in a short period of time. To create those opportunities. He would like to know if the SILC can do this and how can they roll this out. He will reach out to the people who are expressing interest. This forum would be both online and in-person and come up with a some pilot program guidance.

Dawn Lyons: Suggested that one or two members of the SILC who are blind or vision impaired, work with John on this project.

John Rosenlund: He has reached out to a couple of SILC members already; they needed supports to set up these meetings and create these opportunities for individuals to know that their voices are welcome. He can put together the information of the barriers they know exist. Back in 2013, some of the issues started evolving some of the big gaps, but not only providing barriers they know but the ones they don't know. Some have been mentioned in conversations he has just had with individuals. Those are important ones because there's social, economic barriers people have on top of the disability that impact those services.
Priorities sometimes may be just the gaps in service that already exist but what if those are already impacted more significantly based on where the person lives, how they live and their economic status and so forth.
Havander Davis, Vickie Essner, and Ace Patrick volunteered to work with John.

Dawn Lyons: Thanked John for reaching out to the SILC.

John will be reaching out to the people who volunteered. He clarified that there isn't a blind services program within ADSD other than the Assistive Technology for Independent Living program and then the services through the Nevada AT collaborative that are to explore assistive technology and support informed choice. They have a short amount of time to do this, although he got an email internally that says that it is probably a little bit more flexible than February 3rd. He is talking about a pilot program because Raquel O'Neil reached out to an opportunity that Assemblywoman May Brown had created. She started this ball rolling by saying there's some barriers there, and then she got connected with ADSD leadership, and that conversation happened. They spoke and discussed bigger issues that have been around, like the lack of mobility, orientation mobility training, independent living skills training, all those things if someone is not vocationally seeking a job, those things aren't available unless they are 55 and older and go through the older blind programs.
They know what some of the gaps are but they're not if they're not listening to the individuals and finding out what those barriers are for them, they're missing the big step and jumping into building another pilot program, which they haven't built a pilot program since the autism program. He was involved in that. That's how that program started as well.
So this is an opportunity to reach out to people and get some input and try to build this.
This is where they actually speak up to get the voices from the people that receive the services, and then going forward, demand this happens more often perhaps.
The next step would actually be reaching out to the core group of people.
I've already inquired internally with ADSD about how they can reach people through the regional centers that may be getting services would be affected by this.
But the Aging waiver, Medicaid waiver, Disability waiver, how can they reach those people, but he wants to hear from individuals to say, this is the best way they can do that rather than creating a survey or sending an email blast, those things are all good, but how do they most effectively get the word that they want to hear back.

Dawn Lyons: Wanted to mention that yesterday Vickie Essner, Ace Patrick, and Havander Davis both stepped up and said they would be willing to help and there are plenty of people in the disability community as well.

Ace Patrick: Looking forward to working with John as a senior who lives in a senior disabled community. Thanked Raquel for getting the ball rolling and John for picking it up.
So often, the SILC has been left out of the conversation, they've not been at the table.

Raquel O’Neill: She appreciates this effort, it's been a long time coming that the blind community needed to get together and create a larger voice, solid voice, across the state, not just in their own communities but across the state. She is looking forward to seeing where this goes. She hopes that it gives some resounding singularity to their voices and makes some room for some changes. Blind Connect and the other blindness centers around the state can get with their folks, no matter where they are at in vision loss, the best way to get information is sitting down with a group and letting people speak their mind or process and hear it as a group, whether that's in‑person or on Zoom in a hybrid setting.
The support group attendees at Blind Connect, have been told about getting ready to be able to speak up about services and needs and they are excited and ready to do that.
They would probably need somebody to take down the highlights, but if they can coordinate and set up pretty quickly a few dates and times, maybe in the North and in the South and get the blind community a call to action, many could get together to talk about it. That would honestly be the best and most efficient way for their community from what has heard from people.

Ace Patrick motioned that the SILC support the Blind Program moving forward within the SILC’s budget means. Renee Portnell seconded. The members voted and the motion carried.

1. Updates on the ADSD State Independent Living Program (ILP)

John Rosenlund, IL Program Director

John Rosenlund: Presented the 2022 annual reporting. He also gave a high-level synopsis of the CLEO reports: the annual reporting which is the 2020 annual reporting. The updated report was included in the meeting materials for this meeting. He has been working within the CLEO report for 15 years. Each program that had Olmstead implications reported CLEO, was the description that he got back starting with Office of Disability Services. The intent of the program was to look at caseloads, how many people were coming into the program, how many were exiting the program, how many people were on the wait list under 90 days, over 90 days, a lot of that information was collected and went directly to the Director’s Office to be reviewed, and that was done every month. He believes that still happens, although it's not at the level that it did back when he started with Office of Disability Services. So this is what the report looks like, specifically for the Assistive Technology for Independent Living program.
The program that's been around roughly 30 years, addresses essential daily living, independent living goals. Where assistive technology can apply and remove those barriers. What this report consists of, is the new applicant and it's called applications in the report, but that's the new consumers. For the month of December, they would be reporting 11 new consumers have established independent living goals and have an Independent Living Plan or waived that plan. In order to be a consumer there has to be a series of goals and there has to be a consumer service record. That's 11 consumers service records created in the month of December.
The next section is the wait list and pending applications.
In the case of AT for Independent Living, this is the wait list of people that have independent living goals established, there's a plan in place or waiver of a plan. These are actual consumers that are not active. They don't have resources to move forward with something in their plan. So they're highlighting these actual consumers that have those goals in place but they don't have the resources to move forward. That means like paying for a ramp to be built, if that was the solution. Whatever the solutions needed to be to accomplish that goal.
They have 57 persons as of the end of December on the wait list, 15 of those consumers are under 90 days. There are 42 consumers remaining over the consumers over 90 days. This goes back to the Olmstead language providing services under 90 days to an individual. Granted maybe everybody that’s receiving a service through the AT for Independent Living isn't in that high prioritized, they need the service or else they are going to be institutionalized. They have things built into policy and procedure in there to help those and try to eliminate those barriers to keep the person from ending up in a care facility. But this language built into the CLEO was to identify that.
The next section of the report is what's the maximum days on the waiting list.
The consumer that's been on the waiting list longest has been on 303 days as of December 31st. In this report (303), the leadership would be able to see whoever is on the ATIL program the longest has been on there 303 days. Every month that number will go up by 30 days unless that case becomes active.
There's some statistical information time until placement. What that means is that until that consumer's case becomes active. What they mean by active is they have the resources to go forward and buy the assistive technology to address the barrier. That's the simplistic way of saying it.
Once they move them off the wait list they actually have the resources to move forward with those solutions. So the persons placed this month means there was three active cases. With Vocational Rehabilitation, the average is 3 days until placement. What that tells him, is that number when he looks at it every month or in the middle of the month, is all three of the cases are probably prioritized.
As soon as that person consumer service record was wrapped up the goals were agreed upon the consumer signed it and said these are truly my goals, the case was made active. They got the maximum days until placement. One maximum day essentially all that data tells him is that it took about a day for that plan to be received and saved and made that case active.
Moving forward with some goal that person has that's a priority to keep them from going into a care facility or getting them out of one.
Client caseload active cases.
For this program the active cases means these are the cases that have at least one active goal that they're moving forward with, and they had the resources and the state dollars to actually pay for those assistive technology pieces.
Throughout the year that number is going to fluctuate. If they have more priority cases in the month of January or somebody that's currently waiting hits to priority status they follow up with them and find out it's now a major issue, that number of active cases could expand. The recovery funds that are on their way to approval to help eliminate some waiting lists, will impact this program. When they get those resources, they will be making a number of cases active. As far as they have dollars for, all of those cases will be made active and this number would increase. There's some stuff they've built into the report that doesn't go further than his office and the average age of the active clients, maximum age of the active client, that's some stuff that he built in there because he wanted to get an idea of what they had going on demographically

The monthly report also reports the case closures. Average days until completion, that's an important thing. That's the average days of completion about 603. Maximum days until completion one of those cases had been open 1,324 days. That's not a result of there not being resources, sometimes that could be a result of it took that long for that consumer's goal to be met. For any number of reasons. Things in their had life and things in the program and so on and so forth. Average cost of closed cases. That's looking at those closed cases.
All the expenditures that were for those cases averaged by the number of people served.
They took it one step further in creating their reporting that they wanted to look at the actual goals and the reason why those goals closed. So goals met, if they were unable to contact the person, if the individual withdrew the goal, if the goals were active in progress or solutions available. All these goal statuses, what they built into their project to be able to flesh out where somebody was out. Are they pending a solution?
If the goal was pending a solution that means they must work with that consumer and find out what that solution is. They can get more into this when the Council has more time.
This is the CLEO report as it looks for the AT for independent living program.

Dawn Lyons: Thanked John for going through the CLEO. Asked John, when he said average amount of days until completion, he was talking about one client with all their goals, correct?
Not just each goal and how long that particular goal took?

John Rosenlund: Yes. That's one consumer, all their goals put together, that's not common to see 1,300 days. But it's also not uncommon. It may take a consumer two or three years for them to get their resources together, their portion of the resource, let's say for getting a modified vehicle if that's the solution that was most appropriate for them to accomplish their goal.

Dawn Lyons: Asked the SILC if it wanted to require certain aspects that aren't included in the CLEO for John to report on in the future if they support as long as they're supporting his program? Or what do they exactly need to hear. Some of it does overlap so she wanted to point that out to the group and see if they needed to have a conversation on that now or if they want to think about it and come back next quarter and discuss it more.

Mary Evilsizer: Liked that John was including the CLEO report. In the past, she noticed he has just used his PPR report to report his demographics and reporting information. Asked if the CLEO report is something he does in addition to the PPR report.

John Rosenlund: Correct, the CLEO report is an in-state report. When he started, it was part of the Assistive Technology for Independent Living program. Which like many other programs within the state, have Olmstead implications. There was the PAS program, Personal Assistance Services program.
Many programs back at that time were on that original Olmstead plan.
Those were some of the solutions to creating additional opportunities that were highlighted within the state.
The AT for Independent Living was one of these alternatives, provided things that weren't available through Medicaid but it was highlighted because it was addressing those barriers that people may have that there was no solution for. The reporting was created internally. So, it does have those aspects of what was created by the Director’s Office back 20 some years ago..
CLEO existed before that time because of his work through the Center for Independent Living where they had to have certain things updated for this report to happen.

John Rosenlund: One point of clarification, the reporting data that they provide for their annual report as the SILC, is the same data that is provided through the CILs, it was modeled after that. The reporting is completely in line with that. Mary Evilsizer and Lisa Bonie are very aware of the number of consumers records carried forward, completed, all the demographic stuff mirrors what the centers report was. Having an understanding of that and then educating so the people can find out a more information about this certain area.
There are areas where the SILC may need more detail or to have a better understanding and that's where they can come in and figure out and build something in there to collect greater detail or not.
The average days and maximum days, he can pull that information out by consumer and they can look at the median once they get rid of the higher stuff. They have accurate numbers that they can pull so whatever he can do for the SILC to have a better understanding of what this caseload means, reach out to him and they'll figure it out.

Ace Patrick: Asked John which he thought would benefit the SILC from hearing more about.

Dawn Lyons: The quarterly reports that John reports to the SILC are in alignment with the CIL reports and how they do things, that makes the most sense. The SILC understands his data and what he's saying and it flows better. This CLEO report is new to the SILC, so it might take a while to understand and there is some overlap there, but not as much detail.
She suggests that John not necessarily have to give a detailed report on his CLEO because he's already giving his report on the IL program separately.
So when Aging and Disability Services provides the SILC with that CLEO report, it will include AT for IL but they won't necessarily need any more detail from John at that time.

John Rosenlund: If anyone has questions about the data, please reach out to him.. The data tells them what they know are their gaps in the community. When self‑care is the number one thing that people have, they know that they have a narrow focus, it's essential daily living, daily activities of living. When they have over 30 years, they historically have this as a gap it's still a gap. These are significant barriers. The big three ones are usually home and community access. That's getting in out of your house and self‑care and then he thinks the third is usually mobility and transportation, the data supports it.
Those are the big things that they have people responding to the surveys, voluntarily.
They want people to be able to say how this impacted their life, how a lot of things they ask in that survey are important questions. If they want to expand them, then they can.
He finds value in the report that he has provided to the SILC, not the annual report that expanded one.

1. Updates/Overview Regarding Consumer Trends

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

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

DeeDee Foremaster, Executive Director, Rural Center for Independent Living (RCIL)

Mary Evilsizer: She is reporting on the trends and their numbers from October 1st to present.
This is a quarterly report. They have finished and submitted their PPR report in December.
They will submit a copy of those to the SILC once they are approved by ACL. Much like John's report, they track individual services and this quarter so far they've had about 38 new intakes.
There's a difference between someone that just calls for information. They have 540 calls listed, of those actually 512 are casual consumers. Sometimes they're able to help individuals, guide them through INR and they have a question about Social Security or Medicaid or paratransit or where they find an accessible swimming pool. That's an indirect service. They track them and know that 38 were for direct services that is what they can report on to ACL. 8% requested advocacy or Legal Services. 2% requested assistive technology services. 37 or 97% requested assistance with housing. Three requested IL skills training or 8%. And then they have two or 5% requesting other. And then two requested peer counseling services. Then they have 11% that requested transportation services. When they do a new intake, their consumers will write the goal, then they write an action plan. Then SNCIL will track that through case notes. They set a timeframe only if the consumer agrees. They have the option to waive or not waive the plan, but SNCIL is mandated to keep contact notes and then to keep a goal that has been signed and then what they do is they track the goal and they find out where the barriers are, they contact individuals 30 days after they open a case, 90 days later, and then 180 days after that.
They're also doing satisfaction surveys to see how they are doing with the service as well as the 30‑day mark because a lot of their consumers set up a plan and goals and then the consumer might forget who they called.
So SNCIL calls and remind them, ask them how the services start out and try to get them on track with their goals and action plan. At a Center for Independent Living, the consumer takes the lead. It's their goal. It's their life. SNCIL is there to provide peer counseling, guidance support, and information to help the consumer meet the goal. That’s the first quarter numbers.
They did 21 outreach activities during this quarter. They also had the final expenditures for their CARES Act money, starting in 2020, they provided groceries, hygiene, cleaning and PPE orders, for a total number of 644.
They had 17 consumers that were incapacitated by COVID so they provided 17 meal deliveries, they provided 298 rental assistance and those included nursing home transitions and then they had five requests for technical and communication assistance.
They used social media ongoing to announce events, they had COVID vaccine campaigns, and on their website, they updated with reports for vaccines, their employment opportunities, their youth leadership scholarship with the SILC, they have an open invitation this year, they've invited not only teachers to submit candidates for the scholarship opportunity, but also the school to work transition coordinators at the schools.
They had Disability Awareness Day and, with the CCSD Clark County school system, who wanted to know if they could help turn their Star Fair into a DAD, Disability Awareness Day, so they're partnering with them to do that on April 26th. As soon as the flyer is ready she would like to invite especially Cody Butler and all the SILC council to attend. It's a very important day where all the Clark County students with a disability attend.
They're going to have lunch, a car show, they're trying to get radio stations out there and they are looking for door prizes. The results of their DAD that they had on October 8, 2022, at the park which is a location they've used for almost 32 years. They do their best to collect surveys at DAD. They were able to gather 16 surveys, of those, 15 were excellent responses, one was an average response, they asked consumers how they like the location. 100% said they like it. SNCIL invites a lot of organizations to be there to provide information.
They were happy with the information that the vendors provided, and Dawn Lyons, Cody Butler, and Cindi Swanson and her family came to DAD.
14 responses for the time of the day were excellent. Two were average. Professionalism of the event, 16, that was very positive. They had some recommendations maybe later in the day, maybe when it's not so hot. Directions for entrance for parking, they could do better on that. They are going to try to do better. Start time for vendors could be a little later. They do know people struggle with the PCA in the morning. So, they're going to look at that.
They want maybe the governor or United States president to come. They'd love to have that.
And somebody said I love the way it is. I love the event. It's a lot of information. More things about seniors. They want to get more seniors. And seating other than the grass. The stage. They put chairs there and more next year. And then they want a diagram location of the event. Then they also asked who else would you like to see here.
They had two people requesting that Blind Connect come to DAD and she knows about the White Cane Day, the Nevada Federation for the Blind (NFB) always has the White Cane Day after DAD. They're going to talk to them sometime to see if they can combine events. Also, somebody requested that PPS would be there.
And then at times they do have intakes for Disability Services right there at DAD because they're short‑staffed right now, they took appointments, they didn't do intakes at DAD.
They have a group that can provide new wheelchairs, they're going to invite them. They would like to see all PCA services there. They would also like to see Southern Nevada Aging and Disability Services have a more prominence there.

The total attendance was 282. Then they monitor and report on materials that they give out.

Dawn Lyons: Thanked Mary for her report and including the percentage numbers as well as the information on the DAD numbers which is important for the community. The SILC tries to get some surveys completed at SNCIL’s event as well, they didn't have as much success this time as they did last time. It was a good event, and they did have a lot of good feedback.

Mary Evilsizer: They have a lot of other activities in October in Clark County, events are held in April or October to miss the hot weather. Last year, the SILC volunteered to assist with gathering surveys. Things have changed since the pandemic. People don't come out as much. She is trying to get more groups to come next year and some of the SNCIL staff attend other events.

Lisa Bonie: Reported on service requests October to December. In that quarter they received 106 new service requests. 40% of those were from rural counties. 60% were from Washoe County. 63% of the total service requests for general information, INR's can typically be completed easily, connecting folks with other services in the community.
NNCIL participated in four outreach events, one in Winnemucca, and the other three were in Washoe County.
14% of their total services warehousing, home and shelter service requests and specifically, housing search, rental assistance, eviction process, home modification requests, their staff works with their consumers on those issues. 4% of their total services were Assistive Technology requests and most of those were for blind and low vision technologies.
5% of their total services were generally advocacy providing assistance to mitigate and lower tenant issues and disputes and follow‑up on SSI and SDDI applications, veterans services, guardianship processes, and they finished a yearlong campaign in the rural communities during COVID. They finished their direct mail campaign, mailed out more than 42,000 postcards targeting residents of Elko, Carson City, Gardnerville, Minden, Spring Creek, Yerington, Lovelock, Winnemucca, Fallon, Fernley and Dayton.
The first postcard message was, “Independence is accessible.”
All these postcards directed people back to NNCIL’s website and they made a point of making their website very robust. The next message was about employment assistance. And the one after that was about upcoming events. The direct mail campaign resulted in 4,004 visits to their website.
Those get farmed out to staff and one of the conversations they're having at a national level because a lot of the centers beefed up their website over COVID, is this is no way to capture who got their questions answered right on the website and didn't require NNCIL, to intervene anymore. They are working on how to capture more information. They continue to have a very consistent social media presence on Facebook and Instagram.
They launched their Independent Living newsletter, which is goes out typically, the first Monday of every month. That newsletter highlights important NNCIL information and community events, general public information regarding disability resources, and also there's a topic of interest, this month has a lot to do with weather.
October to December, NNCIL had held back some vaccine money that they had received because they wanted to do a push in the late fall and early winter, those months at the end of their year where the weather is starting to change and do a reminder campaign about boosters and flu shots. This money was solely for rural Nevada and they worked with the following radio stations, KLCAHD4, KODS FM, KRNO FM and KLCA FM and also had billboards up, billboards in Fernley, Winnemucca, inlay, Gardnerville and Silver Springs and bus panels on the Jump‑Around buses in Carson City with messages like, “Take a shot for independence”, with NNCIL’s contact and also targeting if someone has a disability, NNCIL can help people get vaccines and masks.
They have their ongoing activities, monthly peer group meetings in Carson City, Gardnerville, Fallon and Fernley, weekly online peer group meetings, provider of ICAN Connect Services which is through the Helen Keller foundation. It provides equipment and training for people who are blind, low vision and have a hearing loss.
They collaborate with the Cerebral Palsy agency and NNCIL staff provides sex education classes over there.
The last reporting year, they put approximately 2,000 highway miles into getting out into Nevada.
The SILC funded NICL scholarship has been reported on. NNCIL is preparing for the next application period. The SILC asked NNCIL to help look at the application itself and make recommendations..
Once again they'll plan to fund one student with a parent chaperon from the rural areas, and then one student with a chaperon from the urbans and one teacher from urban and one teacher from rural Nevada.
NNCIL’s PPO was submitted in December.

Dawn Lyons: Thanked Lisa for her report and is excited to hear that information about what's happening with NNCIL. Out of the 106 new clients, how many of those created a plan for themselves and how many refused?

Lisa Bonie: She will have to look that up, most people decline a plan at NNCIL.

Dawn Lyons: That's a conversation she would like to have with both centers, to discuss how they can improve that. She feels that a lot of people in Nevada just don't understand the importance of making a plan. John Rosenlund has good results with his program.

Ace Patrick: Asked if the SNCIL and NNCIL Boards have a Zoom link for the public to join the board meeting.

Lisa Bonie: The NNCIL Board has voted not to have that public because they were getting bombed.

Ace Patrick: The public would like to know what is happening. Are the meeting minutes published?

Lisa Bonie: No.

Ace Patrick: Is the building open for people to come to the center?

Lisa Bonie: They are preparing the building.

Ace Patrick: Will NNCIL return to providing the grocery program?

Lisa Bonie: No, that was funded through the CARES Act money. That was a one‑time program when CARES Act sun setted, that money went away.

Ace Patrick: Is there a possibility of the program restarting?

Lisa Bonie: No, the CARES Act money allowed NNCIL to operate outside of their scope of service.

Mary Evilsizer: Centers used to have a different intake that asked if a consumer wanted a plan or wanted to waive a plan. ILRU, gave a holistic training on providing CIL services and developed standard forms. Many consumers say no to having a plan, they have goal sheets for each goal. They were consumer choice; the consumer writes the goal. They must write the goal. Then they have to sign they want that goal.
A plan is something they put together to track the goals and then with their software package, whether or not they decide to accept a plan, they're mandated to keep contact notes and keep track of the progress, they set a starting date here. If a consumer waives a plan, NNCIL is mandated to keep records and contact notes just as if they did have a plan. It's consumer choice, and they have the right to say no.
At CIL meetings they've had that discussion repeatedly, the consumer comes first. CILs are 501 c3 nonprofit organizations. Boards are tasked with the role of developing the CIL fiscal plans, developing policies and procedures, employment manuals, accounting manuals, and listening to reports for what they're doing. They develop a work plan at the beginning of the year, work on the work plan. They're not mandated by the state to have open meetings. The Boards are happy to meet with someone who has questions.
There's a little bit confusion that a CIL is like the SILC.
The SILC is a state entity, it's mandated by state law to follow the protocol of the state meetings.
Per the IRS, CILs are mandated to have a Board and certain mandates to complete for tax laws. The board has mandates to complete for ACL compliance. CIL Executive Directors can field questions the community has.
NNCIL & SNCIL are Title VII Part C centers. Their funding does not come through the state.
It goes directly to the center. Nevada does not support the CILs. In some states, there are Centers which are Title VII Part B centers, which the money comes to the designated state unit, then the money gets flowed out to the SILC for Centers for Independent Living. There are no Part B centers in the state of Nevada.

Dawn Lyons: The Executive Order from the Governor states all state employees are coming back into the offices like before the pandemic circumstances. She wonders if the CILs were opening their doors due to that Executive Order or if it influenced their decisions about opening the Centers.

Mary Evilsizer: The SNCIL is now a hybrid center. Starting May 30th, they will have some staff, some of the time. But they work by appointment only because they're still very cognizant COVID hasn't gone away. They have a policy how they clean up after, and then they did some polling during the pandemic.
They asked their consumers if they wanted to come to the Center and 75% said they did not want to meet face to face.

Dawn Lyons: She appreciated Mary’s clarification.

Lisa Bonie: NNCIL did not know about the Governor’s newer Executive Directive. Their staff has been pummeled by COVID because of that and because they're people with disabilities, NNCIL has been very cautious. Most of their consumers do not want to meet in-person, they want internet and Zoom meetings or a drop box for things at their home.

Dawn Lyons: Thanked Lisa.
There are a lot of people that really need in‑person services and peer support groups. Those services that can only be provided through CILs most of the time.

Dee Dee Foremaster: RCIL has had some very busy months. They started a support/recreation group.
Due to the horrible weather, they had to cancel their last meeting, but they're hoping to reschedule probably towards the end of the month. They have secured discounted rates to the movies as well as bowling so that some of their consumers in their area can start doing some recreation, because they are very isolated and very depressed. The support group meeting has been wonderful because they can stay in touch about vaccine mandates and also have discussions about vaccines and how important nutrition is in this pandemic.
Their housing program is going well. There is not a lot of housing. There was a crisis the last two weeks where Carson City red tagged one of the low‑income housing complexes and threw 23 families out into the streets and stated that services had been provided when what they did was hand out a packet from Health and Human Services which RCIL helped people fill out. The families were responsible for finding new housing. Dee Dee has had a couple of conversations with the mayor about what has happened and how they need to better handle situations like this, because these folks did not even receive a five‑day notice when they were thrown out, it was in the middle of the major snowstorm with ice all over the ground and most of these people are working poor, disabled, and elderly.

RCIL has been to nursing homes trying to work with people wishing to transition out of the nursing home, to find housing. RCIL has also been doing outreach in the rural areas.

1. NV SILC Subcommittee Planning and Appointments **(for Possible Action)**
	1. Legislative Subcommittee

Members appointed: Steven Cohen as Chair.

Dawn Lyons will facilitate this Subcommittee will meet

* 1. Integrated Employment Workforce Development Subcommittee

Members appointed: Sondra Cosgrove as Chair,

* 1. Transition Workgroup

Members appointed: Deanna Gay as Chair.

* 1. State Plan for Independent Living (SPIL) Workgroup

Members appointed: Julie Weissman Steinbaugh will continue to be the Chair.

Julie Weissman-Steinbaugh, Chair

Julie Weissman-Steinbaugh: She would like all subcommittees to find the time to meet before the Legislative subcommittee meeting to establish priorities for the 82nd legislation session and asked Dawn to help coordinate that Legislative subcommittee meeting.

Dawn Lyons: It's a great plan to get together to establish legislative priorities under the Legislative Subcommittee leadership.

1. Discussion and Make Possible Recommendations Regarding Employment First in Nevada **(for Possible Action)**

Dawn Lyons, Executive Director

 Ace motioned for the SILC to support the Employment First statement that the SILC’s ad hoc committee put together outside of the Council, in coordination with the with other councils such as the DD Council, Nevada Rehabilitation Council as well as others.

Renee Portnell seconded. The members voted and the motion carried.

1. Review and Approval of Part B Program Progress Report to the Administration for Community Living (ACL) **(for Possible Action)**

Dawn Lyons, Executive Director

Dawn Lyons: She has submitted the materials.

Mary Evilsizer: Has some concerns in some sections in Title VII Part B in the PPR report including a section regarding the SILC having a Title VII Part III in compliance center.

Dawn Lyons: Asked Mary to provide the sections that she is referring to.

She will meet with Mary Evilsizer and Lisa Bonie after the meeting and then submit it.

1. Discussion and Make Recommendations Regarding Scheduling Stand-Alone Trainings so they can be Recorded and posted to NV SILC website **(for Possible Action)**

Dawn Lyons, Executive Director

Dawn Lyons: This item is tabled.

1. NV SILC Budget and Current and Future SPIL Planning and Progress Review and Make Possible Recommendations **(for Possible Action)**

Dawn Lyons, Executive Director

Dawn Lyons: The budget document was included in the meeting materials and any questions can be directed to Dawn. She will send an email to reiterate some of the things that were said at the last meeting regarding the SPIL and ACL's instructions to extend the SILC’s current one.

1. Discussion and Make Recommendations Regarding Endorsing NV SILC Executive Director to Represent NV SILC on the Medical Care Advisory Commission **(for Possible Action)**

Julie Weissman-Steinbaugh, Chair

Dawn Lyons: She has had the opportunity to apply for that and thinks it would be it would a strong voice for the SILC for her to speak for them if given the opportunity. If anyone has questions, they can reach out to Dawn.

Dee Dee Foremaster motioned for Dawn Lyons, as the Executive Director of the SILC, to represent the SILC on the Medical Care Advisory Commission. Ace Patrick seconded, members voted, and the motion carried.

1. Discussion and Make Recommendations Regarding Voting Members and Ex-Officio Representation on NV SILC **(for Possible Action)**

Julie Weissman-Steinbaugh, Chair

Julie Weissman-Steinbaugh: This item is tabled.

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.

**1/11/23 Public Comment:**

Julie Weissman-Steinbaugh: Is glad that another hour has been added to the meetings.

Ace Patrick: Agreed about adding the extra hour.

Cody Butler: The Youth Action Council will be holding its first meeting on January 27th at 4:00 pm on Zoom. All are welcome.

Dawn Lyons: Asked Cody to send her the invite to the Youth Action Council and she will send it out to the SILC and the SILC Interested Parties.

**1/12/23 Public Comment:**

Dawn Lyons: Proposed to move the next meeting to April 5th and 6th.

Julie Weissman Steinbaugh: Thanked everyone for coming, and the interpreters and the CART provider.

1. Adjournment

 Julie Weissman-Steinbaugh, Chair

**1/11/23** meeting adjourned at: 3:59 pm.

**1/12/23** meeting adjourned at: 4:02 pm.

**NOTE:** They 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 as soon as possible and at least five days in advance of the meeting. You may email her at 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 by email at wthornley@adsd.nv.gov.

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

Notice of this meeting was posted at:

Nevada Department of Health and Human Services

Aging and Disability Services Division

3208 Goni Road, Building I, Suite181, Carson City, NV 89706

and on the Internet: <https://www.nvsilc.com/meetings/> and <https://notice.nv.gov> and <https://www.nvsilc.com/>