

EXECUTIVE SUMMARY

Nevada ranks number one in the nation in the increase of people with disability over the past decade. Today, there are more than 375,000 people with disabilities living in Nevada; at least 50,000 are children or young adults. The disability population of the state has, in fact increased by 157% over the past ten years while that of the nation, as a whole, has decreased by 2%. Although Nevada has, in many respects, taken a leadership role in specific areas of disability, such as personal assistance services, the state as a whole has not begun to keep pace with the services needed to support the rapid growth in this population.

These circumstances and the U.S. Supreme Court “Olmstead Decision” published in 2000, led people with disabilities and their advocates to request development of this Strategic Plan and a parallel study by the Nevada Legislature.

Focus groups were held throughout the state in 2001, and upwards of 200 consumers and advocates provided recommendations for how the plan should be developed, what should be studied and included, how participation of people with disabilities and families would be assured, who should conduct the study, and how the resulting plan would be monitored and outcomes reported.

The 2001 Legislature appropriated \$150,000 to the Department of Human Resources to prepare the Strategic Plan, and to establish a Task Force of consumers, advocates, parents, providers and payors to guide plan development. The Task Force, in turn, appointed four sub-committees consisting of 49 additional consumers and advocates and a Technical Advisory Group for issues related to the Olmstead Decision.

The firm of Tony Records and Associates, nationally recognized for their work with states and with the federal Office of Civil Rights in issues of Olmstead, served as the primary contractor for plan development. Demographics of people with disabilities in Nevada were provided by the University of California, San Francisco’s Disability Statistics and Research Center and the Special Education Department of the University of Nevada, Las Vegas.

The Legislative Commission simultaneously appointed a legislative “Sub-committee for Study of the State’s Program for Providing Services to Persons with Disabilities,” chaired by Senator Dina Titus. Members of the legislative sub-committee pledged to work hand-in-and with the Governor’s Executive Task Force on Disabilities toward development of a comprehensive, integrated plan, crossing both branches of government. The Executive Task Force on Disabilities and its sub-committees held 45 meetings and training sessions, and three public hearings to develop and review the plan. Members and participants initially identified 185 perceived barriers to service, independence and inclusion.

The task force identified nine goals and 227 strategies to resolve the barriers presented to them, to improve community capacity and to provide quality assurance and monitoring of plan implementation. Those strategies were consolidated, in so far as possible, into 78 by the close of Task Force deliberations. Others are listed in Appendix G. The goals enumerated in Appendix G are no less important than the 78 listed in the text of the plan and no less urgent.

EXHIBIT E Legislative Committee on Health Care Document consists of 6 pages.

☒ Entire document provided.

☐ Due to size limitations, pages ____ provided.

A copy of the complete document is available through the Research Library
(775/684-6827 or e-mail library@lcb.state.nv.us).

Meeting Date: November 15, 2005

The overall system for serving Nevadans with disabilities is perceived by the NTFD and its sub-committees to be so seriously under-funded that only those recommendations needed for alignment with the Americans with Disabilities Act/Olmstead principles of the Center for Medicare and Medicaid Services (CMS) and those most crucial to the future of Nevada children are addressed in the Plan.

Members requested a general review of Nevada's status in complying with Olmstead requisites from Tony Records, and contracted a survey of state and community programs providing services to children and adults with disabilities. Findings of the Records Olmstead review are provided in Section V in their entirety. Generally, findings were as follows:

- For many people with disabilities in Nevada, the choice to be provided services in the most integrated setting does not exist. There is a significant gap between the documented needs of people with disabilities and the services available in integrated settings. At least hundreds, and more likely thousands, of people with disabilities in Nevada are not receiving appropriate services in the most integrated setting. Many people who can live in the community are unnecessarily languishing in nursing facilities or other segregated settings and missing out on the many opportunities the community offers them. There are many others that are at imminent risk of unnecessary institutionalization due to the lack of available community services. The primary cause of this problem is clear – lack of available resources.
- Nevada's entire system of services for people with disabilities is grossly under-funded.
- In nearly every component of community services, funding in Nevada falls far short of the needs of its citizens with disabilities. When compared with other states across the country in terms of both overall spending and per capita fiscal effort for community services, Nevada is either last or almost last in nearly every funding category. In order for sustained compliance with *Olmstead* to occur, this must change. There are numerous proposals and strategies that the Task Force has included in its plan that require resources from the state in order for implementation to occur. Funding of these proposals is essential to compliance with *Olmstead*.
- A primary problem in Nevada is the lack of an effective overall information system for people with disabilities. Each state agency, sub-agency, county and private service provider has its own separate information system. As a result, service delivery is often provided in an inefficient and scattered manner. Information systems are replete with missing pieces in some places, and duplicated counts of people and service units in others, resulting in a common practice of development of service plans and budget projections based on misinformation. The Task Force has recommended support for a comprehensive review of all data systems for people with disabilities in Nevada and the development of a unified information system. The investment needed for the development of this system will be significant but medium and long-term benefits of such a system are incalculable.

Nevada Strategic Plan for People with Disabilities

- There appears to be a potentially significant *Olmstead* compliance problem with regard to people with disabilities that live in nursing homes. Although there has been movement of people into the community on a small scale in the past two years, much more can and should be done to create and facilitate options in a more integrated setting. More resources are desperately needed in order to increase capacity in the community and create enhanced diversionary services designed to prevent people from entering nursing homes. Needed resources are not limited to increasing “slots” in the home and community-based waivers, but also include enhancing eligibility for waiver services, and providing state-funded services for people with disabilities above all Medicaid income limits.
- There are, reportedly, more than 125 Nevadans with disabilities living in out-of-state residential programs. There was discussion at the Task Force meetings regarding proposals to develop in-state programs for some of these people. It is essential that these proposals are funded and implemented as soon as possible.
- There are extremely limited community options for people in nursing homes or those individuals with acquired brain injury or autism. The state should consider an option of expanding services and eligibility criteria within the existing waivers to allow more people with disabilities to become eligible for these excellent federally matched programs.
- Reportedly, there are 28-30 children attending out-of-state residential schools. Many of these children have either severe emotional disorders and/or autism. Development of in-state community programs should be given high priority. There are also approximately 300 children with severe emotional disorders receiving inpatient residential treatment services within the state. Many of these children and adolescents have lived in these treatment centers for a long time and have not transitioned to more integrated settings. Other children have been on waiting lists for residential treatment centers. Nevada should conduct an independent review of these children to determine whether they can be served in more integrated settings.
- Nevada officials report that at least 158 of Nevada youth in correctional facilities have a disability. National studies indicate that up to 40% of children in youth corrections facilities have disabilities. Many children with disabilities are often placed in correctional facilities due to the courts’ frustrations with the absence of appropriate alternatives. High priority should be given to comprehensive assessment, needs analysis and program development for community alternatives for these children and youth.
- There are more than 11,000 Nevada students with disabilities in special education. It was widely reported during interviews that Nevada’s Vocational Rehabilitation and education agencies are not providing the necessary support in transitioning from school to adult life. Without comprehensive transition services, many of these children will be at risk of unnecessary institutionalization. It is imperative that state

service providers in Nevada, in conjunction with other disability service agencies, provide the transition services already required by law.

- It is important to emphasize that compliance with *Olmstead* is not limited to Medicaid or other federally funded programs. In many instances people with disabilities, due to their inability to meet certain eligibility criteria, cannot receive Medicaid, Medicare or education funds. In Nevada, there are several programs that are funded primarily through state and/or county funds. Each of these programs offers a valuable service that fosters independence and self-sufficiency. Because these programs are state controlled or funded, they also offer a high degree of programmatic flexibility that federally funded programs cannot provide. Many of these programs are key to diverting people with disabilities from unnecessary admissions to institutions, but are under-funded and, as a result, have growing waiting lists. Failure to fully fund these programs will result in two unconstructive results. First, it will result in more people being unnecessarily institutionalized, in violation of *Olmstead* and the ADA. Second, it will relegate more people with disabilities to the Medicaid rolls, resulting in more costly, restrictive services.
- It is clear that the absence of a well-managed waiting list system in Nevada presents a significant compliance and liability problem with regard to *Olmstead* and the ADA. There is significant litigation across the country that is forcing states to establish consistent methodologies and criteria for people with disabilities on waiting lists. It would be prudent and effective for Nevada to proactively develop a valid and meaningful waiting list process to avoid unnecessary litigation.
- The Task Force recommends several important strategies designed to provide comprehensive, setting-neutral assessments for people with disabilities who may be at risk of institutionalization. If implemented, these assessments will provide the state with the actual needs of people with disabilities and provide a concrete basis for planning and resource development.

The Records report examined each of the objectives and corresponding strategies within the draft planning documents for their relationship and relevance to *Olmstead* and found that the Task Force has addressed each of the *Olmstead* compliance concerns listed above. On September 23, 2002, the task force presented nine goals and 78 strategies for legislative action to the Titus Legislative Study Committee. The Task Force also presented goals and strategies requiring Executive Branch action to Director's Willden and Florence on October 5th, 2002.

The nine goals established by the Task Force to guide all disability planning and funding over the upcoming ten-year period are as follows:

Social policy, program structure, regulation and planning affecting the lives of children and adults with disabilities will fully reflect their views, culture and involvement.

Service provision to people with disabilities in the most integrated, appropriate settings will be assured through the application and resulting service plans of individualized, setting-neutral assessments and expedited service entry.

Children and adults with disabilities of all ages will receive services expeditiously and in the most integrated environments appropriate to their needs.

Children and adults with unique needs will obtain services in a timely and appropriate manner.

The risk of disability institutionalization will be decreased in the general disability population by improving and protecting critical health care services.

Children and adults with disabilities will not be placed at risk of institutionalization while living independently and/or inclusively in their communities for lack of adequate information and support and will easily and appropriately access the services they require.

People with disabilities and families of children with disabilities will knowledgeably and appropriately choose and direct the services they receive and receive them at each critical juncture of life.

The state system of service delivery and long-term care will be managed and monitored so services in most integrated settings become the norm throughout Nevada.

Independent in-state compliance monitoring and mediation of Olmstead and Americans with Disabilities Act issues will be funded and implemented.

Strategies designed by the Task Force to accomplish these goals include; involvement of people with disabilities and families in all policy and decision making; development of universal telephone access (211) and web site information, referral and crisis intervention; setting-neutral assessment of people in, or at risk of, institutional care; services and supports for transition from institutional care; implementation of a “money follows the person” initiative; access to waitlisted services within 90 days; substantially increased community capacity; development of a comprehensive, effective and accurate data system; single entry access to health and dental care; early intervention and mental health treatment for children; expansion of EPSDT screening; a pilot program of school to adult life transition services; higher educational opportunities for students with cognitive disabilities through the Millennium Scholarship; outreach to people with disabilities who are homeless; a streamlined, single eligibility application for SSI and Medicaid; a fast track eligibility process for those with terminal disabilities; increased guardianship opportunities; expansion of Medicaid Buy-In; a prescription drug subsidy for low-income people with disabilities; cross disability budget planning; enhanced special education unit funding; development of an Office of Disabilities and cabinet level Chief Deputy for Disabilities; independent disability mediation and ombudsman services; permanent funding for the state’s Positive Behavioral Supports, family respite and Independent Living programs; outsourcing of state funded services; improvements in quality assurance and infrastructure; continuation of the

Legislative Commission's Sub-committee on Services to People with Disabilities; and exemption from budget cutting for poor children, people with disabilities and frail seniors in poor economic climates. The full text of goals and strategies appears in Section VIII.

Recognizing the economic difficulties faced by the state, the Task Force has taken a measured approach to establishing the strategies presented in the Plan. Recommendations have sought to maximize federal matching dollars, identify existing revenues that might be re-designated, avoid requesting additional state positions, optimize use of community providers for direct care and service and propose structures that promote coordination, rather than duplication, of existing services.

These efforts alone will not, however, result in increasing community capacity to acceptable levels or ensure quality data systems. New revenues must be identified to begin to genuinely address the needs of Nevada's children and adults with disabilities and their families. The irony of putting forward this ambitious Plan in these, the worst of economic times, has caused reflection on the strength of planning and budgeting in better fiscal climates. The Task Force believes there are lessons to be learned from this irony toward a future of promise and equality for all Nevada citizens.