

# Nevada's Strategic Plan for People with Disabilities

## Annual Report

### June 2004

#### Introduction

The past few years have been a time of significant systemic change for Nevada's disability services. In response to an important U.S. Supreme Court decision in 1999, Nevada responded with an excellent Strategic Plan for People with Disabilities. Since being endorsed by the Governor and the Nevada Legislature, implementation of the plan is well under way.

The process began in July 1999, when the U. S. Supreme Court issued the *Olmstead v. L. C.* decision. The court's decision clearly challenged federal, state, and local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective, community-based services.

The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) as requiring states to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

Under the court's decision, states are required to provide community-based services for people with disabilities who would otherwise be entitled to institutional services when:

- The state's treatment professionals reasonably determine that such placement is appropriate;
- The affected person is in agreement with the decision; and
- The placement can be reasonably recommended, taking into account the resources available to the state and the needs of others who are receiving state-supported disability services.

The court has suggested a state may be found in compliance with these provisions by demonstrating it has a comprehensive, effectively working plan for placing qualified persons with disabilities in the most integrated setting appropriate, and a waiting list for community-based care that moves at a reasonable pace and is not controlled by a state's objective of keeping its institutions fully populated.

As a result of this edict, the 2001 Nevada Legislature appropriated \$150,000 to develop a long-term Strategic Plan for People with Disabilities. Public hearings were held throughout the state in the fall of 2001 soliciting the perspectives of people with disabilities, families, service-providers and service professionals for what should be included in the Plan. Public hearings were held in Reno, Las Vegas, Carson City, Fallon and Elko with upwards of 400 interested parties attending.

EXHIBIT B1 Disabilities		Document consists of 8 pages.
<input checked="" type="checkbox"/>	Entire document provided.	
<input type="checkbox"/>	Due to size limitations, pages _____ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail <a href="mailto:library@lcb.state.nv.us">library@lcb.state.nv.us</a> .	
		Meeting Date: 6/28/04

Participants were asked to give their recommendations for who and what should be studied, how study methodology should be designed, who should represent the interests of people with disabilities in conduct of the study and how that representation should be organized. The participants also provided guidance on how study recommendations should be tracked as they are implemented and how the study process should be evaluated.

In September of 2001, Governor Guinn appointed a Steering Committee to oversee activities undertaken in developing of the Strategic Plan. A Disabilities Task Force comprised of people with disabilities, providers, advocates, family members and payers was subsequently appointed to carryout the work of putting the disabilities plan together. Chairman, Brian Lahren, Ph.D., convened the initial meeting of the Governor's Task Force on Disabilities on August 12, 2001.

Members first established the mission of their work, formed five subcommittees to carry out their task and added 48 public members to these teams. The work of the teams was divided as follows: Children's Services, Adult Services, Housing and Independent Living, Rural and Reservation Issues, and the Olmstead Technical Advisory Group.

A total of sixty-five people served on these subcommittees of whom 68% were people with disabilities or their family members. During the spring and summer of 2002, the Task Force and its subcommittees met 47 times with meeting sites alternating between Reno and Las Vegas. The Rural Issues Subcommittee held 11 meetings throughout rural Nevada, several of which were held in conjunction with public input meetings of the Task Force on Rural Health Care.

When all its work was complete, the Task Force produced a comprehensive Strategic Plan with nine major goal areas, and specific action plans to achieve each goal. Already, work has begun in earnest to implement the Plan. The legislature gave its official endorsement to the plan and Governor Guinn assembled a committee to monitor the Plan's implementation. Through the Office of Disability Services (ODS), the Department of Human Resources coordinates the activities of the Strategic Plan Accountability Committee (SPAC).

Considering that the plan covers a 10-year period, beginning in July 2003, there is much work still to be done to implement the objectives of the Strategic Plan. But, a great deal has already been accomplished and Nevada is fortunate to have a governor, a legislature and a disability services system that are committed to the process, and that share a vision of self-directed independence for Nevadans with disabilities.

### ***Year-One Activities***

The first year of Strategic Plan work formally began in January 2004, with the first meeting of the Strategic Plan Accountability Committee (SPAC). Prior to that meeting, leadership of the Department of Human Resources (DHR) identified members of the

original Strategic Plan Task Force who could fairly represent the broad base of consumers who created the plan, and who could accurately project the intent of the plan.

Recognizing that the plan's success is dependent on a full partnership between the State and the community, the Department also identified a variety of agencies to staff the committee. Agencies regularly represented at committee meetings include the Office of Disability Services, Division for Health Care Financing and Policy, Mental Health and Developmental Services, Vocational Rehabilitation, and Early Intervention Services. Others that have participated as needed include Welfare, the Office of Disability Employment Policy and Positive Behavioral Supports Nevada.

DHR was able to secure federal funding to cover the cost of six SPAC meetings during year one—three in person and three by video-conference. Committee members chose to focus their meetings toward the beginning of the year in order to ensure a fast start and to facilitate cooperative work with the interim Legislative Committee on People with Disabilities. Meetings were held in January, February, March and May; the next is scheduled for July.

At its first meeting, the SPAC decided to review every one of the 94 objectives in the Strategic Plan and to identify those that were believed to be “readily achievable” or “urgently needed.” It was hoped that this process would make it easier to focus the committee's work during its first year. This process yielded 30 objectives, which the committee chose to pursue for its year-one work plan.

On balance, the committee's work has been productive and cooperative. They have held partner agencies to a high standard while offering a great deal of support. Members of the committee have been very committed to the process and have spent significant personal time between meetings participating in topical work groups. SPAC meetings have also demanded a substantial time commitment as they have typically run five hours each.

### ***Year-One Plan Status***

This report was drafted by members of the SPAC and is reflective of our view of Nevada's progress toward the objectives of the strategic plan. The attached document is a matrix outlining each objective of the plan with status commentary and planning notes.

The following pages are a commentary, organized by subject matter, covering the major issues addressed by the SPAC this year. Not included explicitly in this commentary is work that has been done on several objectives in the current year's work plan. Their exclusion from the commentary does not diminish their importance and we encourage your to review their status as outlined in the matrix.

### **2-1-1**

Relevant objectives include: #65, 87

2-1-1 is a service modality that is catching on around the nation, with excellent results. If implemented in our state, by dialing 211 any Nevadan would be able to access virtually any social service statewide. Nevada has formed a 211 coalition, headed up by United Way, and is moving toward implementation. The SPAC strongly supports these efforts and encourages the legislature to take action to fund 211. Policymakers might consider using the telecommunications surcharge to fund 211. The surcharge has a substantial surplus and the 211 service is certainly related to the general mission of the surcharge, in that 211 will provide telecommunications access to disability services.

### **Autism**

Relevant objectives include: #25, 38, 48, 51, 62, 85

Autism has risen in the consciousness of advocates and service agencies in recent years. The incidence of Autism is rapidly increasing and it can be a condition that causes very severe behavioral problems and family stress or breakup. Thankfully, it is also a condition that, with the right treatment, significant behavioral progress can be made.

The intervention for Autism can be very expensive, but its results can be equally dramatic. Typically, families are very willing to commit significant time and financial resources to the intervention, but they still need a hand up. By investing in early treatment of Autism, society can reduce special education costs for the child, as well as a host of social service costs that come later in life.

There are a number of strides being made to address Autism, the most significant of which is outlined in objective #51 of the Strategic Plan. Medicaid has proposed a budget concept paper to add behavioral services to the MR/ Related Conditions waiver. 150 additional service slots (above regular caseload growth) will be proposed and many are expected to benefit children with Autism. The SPAC strongly supports this proposal.

Regional early intervention professionals from the Bureau of Early Intervention Services (EIS) have received increased trainings in applied behavioral analysis. A variety of trainings have included: ABLLS, PECS, Barry Prizant, Positive Behavioral Supports, ADOS, Floor Time and LEAP. Regional early intervention programs have also hired behavioral aides and staff with expertise in applied behavioral analysis. As a result, EIS is able to provide families with more extensive and child-specific evaluation and intervention services.

### **Early Intervention Services**

Relevant objectives include: #20, 33, 63, 70

Both the SPAC and the agency were disappointed in the early results of the new funding provided for Early Intervention. Ramp-up of additional staff took longer than anticipated and the agency data system was undergoing simultaneous development and modification.

In recent months, however, EIS has reported that outcomes have improved and the Early Intervention waiting list is decreasing.

The SPAC has had extensive interaction with the agency and has identified a few areas where the program can be improved. First, the SPAC is concerned the data system for EIS has been inadequate and, thus, it is unclear if the agency is compliant with the law. It is also unclear how much of the reduction in the waiting list is due to data clean up. Approximately 200 children who would have formerly been counted on the EIS waiting list are now receiving “Screening and Monitoring” services, in lieu of full Early Intervention services. The agency has assured that progress is being made toward improving the system.

Second, it seems that families are not aware of the full array of options and services available to them, including their rights, under Early Intervention. It also seems apparent that not all children are receiving multidisciplinary assessments. Finally, the SPAC would like to examine Nevada’s criteria for Early Intervention and compare it to other states, because at-risk children are being left out of the system by virtue of the language in Nevada law. It is understood that an expansion of the definition would likely necessitate additional funding.

The SPAC and the Health Division will continue to work together to identify opportunities for improvement and to strengthen the program.

### **Money Follows the Person**

Relevant objectives include: #12, 15

The 2003 legislative session passed SB 137 which, among other things, asked DHR to explore “money follows the person” (MFP) strategies. In response, Medicaid sought a partnership with the Office of Disability Services and the Northern Nevada Center for Independent Living.

The Office of Disability Services applied for and was awarded a three-year \$750,000 grant from the federal Centers for Medicare and Medicaid Services, to implement MFP in Nevada. This initiative will capitalize on the best practices employed by other states and seeks to rebalance the institutional and community-based services provided by Nevada Medicaid. Strategies include the diversion of people from institutional placement, the identification of individuals for community transition, the strengthening of community-based services to support community living, and the promulgation of policy changes needed to support the concept of money follows the person.

To-date, the project has been very successful. In the coming weeks, a report will be offered which outlines recommended policy and funding steps to be taken in support of MFP.

### **Personal Assistance Services**

Relevant objectives include: #26, 36, 37, 48, 54, 57, 60, 85, 86, 91

Nevada has made many improvements in Personal Assistance Services (PAS) in recent years. Through a federal systems change grant, DHR has funded regular meetings of Nevada's PAS Council (as called for in NRS 426). The SPAC urges State funding for this coordinating and oversight body in the next biennium.

The State's three PAS provider agencies—Medicaid, Aging Services and Disability Services—have worked together to equalize payment rates, standardize training, and coordinate quality assurance. The legislature also had a material impact by funding additional slots in each program.

The provider rates task force, which was convened in 2001, recommended a PAS payment rate of \$18.50. This is in comparison to the \$17.00 rate currently paid. The PAS programs will request the recommended rate for the upcoming biennium, but the SPAC believes it may be too low (five years after the rate was recommended) to ensure program employees receive the pay and benefits needed to keep them with the program.

Because the SPAC is charged with monitoring Nevada's compliance with the Olmstead decision, they recognize that PAS may be the most important service for minimizing institutionalization. Thus, the committee urges the administration and the legislature to give serious consideration to funding PAS for those individuals who are currently on program waiting lists and who meet the service requirements outlined in NRS 426.

### **Positive Behavioral Supports**

Relevant objectives include: #24, 29, 38, 39, 59, 63

Positive Behavioral Supports (PBS) presented a learning curve for members of the SPAC. Many believed PBS to be a service that is brought to bear on a particular situation. In practice, PBS is really a service approach with specific strategies that are incorporated into a program's everyday services. Rather than PBS being utilized to cure a behavioral situation that has degraded, the process should be used to prevent the degradation from ever happening.

The SPAC views PBS as essential in many service systems including, Child and Family Services, Mental Health and Developmental Services, Education, and Vocational Rehabilitation. The committee applauds the legislature and Task Force for a Healthy Nevada for its support of the PBS Nevada project.

### **Terminal Conditions**

Relevant objectives include: #60

While individuals with terminal conditions need fast access to all services, it is generally agreed that the most urgent service is in-home personal assistance services (PAS). In recognition of this, the Office of Disability Services has implemented a fast-track policy in its personal assistance services program. At the urging of the SPAC, the program has set aside program slots for individuals with terminal conditions.

The SPAC would also like it known that, in addition to terminal conditions, those whose conditions are serious and need fast attention (i.e. those with Cancer who need chemotherapy) should be given consideration for fast-track access.

A second important source of PAS is the Medicaid WIN (physical disability) Waiver. The committee asks that the waiver be amended as soon as possible to prioritize those with terminal conditions.

### **Transition Services**

Relevant objectives include: #74, 75, 76, 78

Related objectives include: #69, 87, 82, 79, 81, 80

The committee believes that a successful transition can make a lifetime difference for a person with a disability, and can conserve critical social service resources over the long term. Therefore, the committee strongly urges the legislature and the administration to take positive action to improve the state of transition services. It is the committee's opinion that both the school system and vocational rehabilitation have under-performed in this area, to the detriment of our kids with disabilities and at great expense to our social services system.

The State Department of Education has undertaken several measures to address transition issues and we applaud these efforts. The SPAC urges that a transition plan, with appropriate referrals and supports, be constructed with every child who has a severe disability. Furthermore, we urge policymakers to embrace the goals set out by the Transition Forum, which include:

- Vocational Rehabilitation must develop and implement a statewide data collection system that provides accurate information regarding transition age individuals using Department of Employment, Training and Rehabilitation (DETR) services.
- Vocational Rehabilitation needs to strengthen interagency agreements with community colleges and state universities.
- Vocational Rehabilitation must examine alternatives, which will increase services to transition age individuals to decrease the current workload on the 2.5 counselors available statewide.

### **Traumatic Brain Injury**

Relevant objectives include: #21, 38, 45, 48, 51, 61

Medicaid has undertaken dramatic changes in how it addresses Traumatic Brain Injury (TBI) services and has done so with good results. They have also proposed budget measures for the next biennium, which will improve TBI services and save taxpayer dollars over the long haul. The SPAC fully supports Medicaid in these measures and applauds their efforts.

TBI services for Nevadans ineligible for Medicaid are another story. \$300,000 in annual funding was committed to these services in the early 1990's; that amount has since been cut by 7%. This has meant that dozens of Nevadans have gone without rehabilitation, resulting in a greater burden on social services, more individuals with TBI residing in institutions and more stress on families.

The SPAC sees TBI rehabilitation as an investment in the future. Currently, an individual with no payer source can be rehabilitated at an average cost of \$17,000 to the State. This service pays for itself if the individual is enabled to avoid just one year of personal assistance services. How much is saved over 30 years? What are the impacts if the person is able to become employed?

The Department of Human Resources has implemented a caseload data system to analyze and project the need for TBI services for those with no payer source. The SPAC urges the legislature to fund this need, as an investment in future savings and in direct response to the State's obligations under the Olmstead decision. Furthermore, NRS 426A calls for the State to have a TBI advisory board. This body has not met in years because no funding has been provided. The SPAC encourages the legislature to fund quarterly meetings of the TBI Council.