



NEVADA LEGISLATURE

NEVADA SILVER HAired LEGISLATIVE FORUM

(Nevada Revised Statutes [NRS] 427A.320)

MINUTES

May 22, 2024

The third meeting of the Nevada Silver Haired Legislative Forum for the 2023-2024 Interim was held on Wednesday, May 22, 2024, at 10 a.m. in Room 4401, Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and audio or video recording of the meeting are available on the Forum's [meeting page](https://www.leg.state.nv.us/Video/). The audio or video recording may also be found at <https://www.leg.state.nv.us/Video/>. Copies of the audio or video record can be obtained through the Publications Office of the Legislative Counsel Bureau (LCB) (publications@lcb.state.nv.us or 775/684-6835).

FORUM MEMBERS PRESENT IN LAS VEGAS:

Fran Almaraz, Senate District 21, Forum President
Margaret Batts, Senate District 4
Joann M. Bongiorno, Senate District 10
Peggy Leavitt, Senate District 20
William Marchant, Senate District 12
Fred Silberkraus, Senate District 5
Rodger Troth, Senate District 18

FORUM MEMBER PRESENT IN CARSON CITY:

Mary Fesenmaier, Senate District 17

FORUM MEMBERS ATTENDING REMOTELY:

Cher Daniels, Senate District 14
Laura Leavitt, Senate District 8
Bob Linden, Senate District 7
Fayyaz Raja, Senate District 6
Frank B. Slaughter III, Senate District 11
Valarie Woods, Senate District 3

FORUM MEMBERS ABSENT:

Lucille Adin, Senate District 13, Northern Facilitator (Excused)
Marilyn E. Jordan, Senate District 9, Forum Vice President (Excused)
Elizabeth Martinez, Senate District 2 (Excused)
Rosie Tyler, Senate District 1, Southern Facilitator (Excused)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Destini Cooper, Senior Policy Analyst, Research Division
Ashlee Kalina, Constituent Services Analyst/Program Facilitator, Research Division
Julianne King, Assistant Manager of Research Policy Assistants, Research Division
Bryan Fernley, Chief Deputy Legislative Counsel, Legal Division

Items taken out of sequence during the meeting have been placed in agenda order.
[Indicate a summary of comments.]

AGENDA ITEM I—CALL TO ORDER

President Almaraz:

[President Almaraz welcomed members, staff, and the public to the meeting and reviewed housekeeping measures.]

The Forum would like to formally thank Ms. Cher Daniels. Senator Ira Hansen has nominated her from Senate District 14. We would like to welcome you. We look forward to working with you.

AGENDA ITEM II—PUBLIC COMMENT

President Almaraz:

[President Almaraz called for public comment; however, no testimony was presented.]

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON APRIL 9, 2024

President Almaraz:

We will move on to our first order of business, the approval of our April 9, 2024, meeting minutes.

DR. MARCHANT MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON APRIL 9, 2024.

MS. BONGIORNO SECONDED THE MOTION.

THE MOTION PASSED UNANIMOUSLY.

AGENDA ITEM IV—OVERVIEW OF EFFORTS TO REDUCE FOOD INSECURITY FOR SENIOR CITIZENS IN NEVADA

President Almaraz:

We will hear a presentation on food insecurity and senior citizens. After the presentation, we will hear from the Nevada Governor's Council on Food Security. We will take questions from Forum Members at the end of the presentations. Ms. Rogers, begin when you are ready.

Sarah Rogers, Nutrition Unit Deputy Chief, Bureau of Child, Family and Community Wellness, Division of Public and Behavioral Health (DPBH), Department of Health and Human Services (DHHS):

I am going to go over food insecurity and senior citizens today. These slides are about the DPBH and an overview of what I will be discussing today. ([Agenda Item IV A](#))

First, when we discuss senior hunger, it is important to go over the implications to hunger that are more specific to seniors and older adults. The baby boomer generation is the fastest-growing population in the United States. Individuals part of this generation are now between 60 to 78 years old. Data projections suggest Nevada will witness a 36 percent increase in the older adult population over the next ten years. Anticipating by next year, we will have 100,000 older Nevadans that will need nutrition and emergency food services. While food insecurity impacts all ages, it is especially prevalent among older adults, as they face unique challenges compared to other age groups. They are more likely to have poor health conditions, lack social support and transportation, are on beyond-low fixed incomes, and have disabilities or functional limitations that impact their ability to access or prepare foods. Having a disability is strongly associated with food insecurity. Seniors that have a disability had a food insecurity rate twice as high as seniors without a disability. Older adults with disabilities have an even greater likelihood of being food insecure, as they are three times more likely than their counterparts to be food insecure. Food insecure is a strong predictor of poor health and disease, such as heart disease, stroke, lung disease, and diabetes. It impacts the ability of the individual to age in place. Food-insecure seniors and older adults consume lower quantities of key nutrients, such as iron and protein, and they are more likely to have chronic health conditions, such as depression and limitations in daily physical activity.

Four point six percent of Nevadans aged and 60 over were food insecure in 2021. The national average in 2021 was 7.1 percent. The United States Department of Agriculture (USDA) is projecting an increase in this population, seniors 65 and older, to 9.1 percent in 2022. Eleven point three percent of Nevadans who are in the older adult range, which is 50 to 59 years old, were food insecure in 2021. This age group does exceed the national average, which was 9.4 percent. Across the age spectrum, food insecurity is experienced at disproportionate rates by communities of color. Black seniors are 3.8 times more likely to experience food insecurity. Latino seniors are three times more likely to experience food insecurity. Race information for Asian Pacific Islander and Natives are unfortunately not available. However, it is worth noting they do show food insecurity rates that are also disproportionately high, especially those in Native American and Pacific Islander subgroups.

The Office of Food Security is located within the DPBH and specifically within the Nutrition Unit under the Bureau of Child, Family and Community Wellness. The mission of this Office is to effectively improve the quality of life and health for Nevadans by increasing food security throughout the State. The Office of Food Security manages the portions of the Funds for Healthy Nevada (FHN) to specifically address hunger. Funds for Healthy Nevada supports initiatives and programming aimed at reducing hunger, promoting public health, and improving health services for children, senior citizens, and persons with disabilities. The Office also leads the implementation and support of the 2023 Food Security Strategic Plan, and they provide administrative support to the Governor's Council on Food Security.

This is to better understand how the food system worked in addressing the needs of food-insecure older Nevadans and how funding for these systems were distributed. In 2018, the Office of Food Security collaborated with the Council on Food Security and other partners to develop strategies and preliminary recommendations, which were published in the *Nutrition Programs for Older Nevadans and Preliminary Recommendations* report. Key informants were senior service recipients. To ensure the consumer voice was reflected, they utilized the *2016 Needs, Priorities, and Recommendations*, which was a meta-analysis summary report for services and supports for the aging population and those with disabilities in Nevada. This analysis included focus groups, town hall meetings, key informant interviews, and surveys with older Nevadans, seniors, and persons with disabilities to obtain recommendations. Some of those recommendations included

expanding access to older adults for food and nutrition services programs, improving support systems to promote partnerships with nonprofits and religious organizations, and help improve overall quality of life by enriching the lives of isolated seniors and those living in group homes. In 2020, amidst the height of the Coronavirus Disease of 2019 (COVID-19) pandemic, the Office of Food Security published a series of reports on how Nevada is combating the statewide hunger crisis. Due to the increase on the burden of seniors, the Office of Food Security put out a senior-focused report to highlight specific hardships related to food insecurity faced by Nevada's senior population during this time. The Coronavirus Disease of 2019, while a threat to all Nevadans, was especially hard on the older adult population. They were at higher risk of experiencing severe symptoms. There were a lot of closures and mandates, and they had a harder time navigating the system. However, it was noted in the report that due to the increased services that were needed, some services were easier to access and there was more utilization among the older adult population of these services when they were able to access them in a different manner than they had before.

The Office of Food Security also administers a portion of the FHN. They receive \$4 million each biennium. During the 2024–2025 notice of funding opportunity, \$2.9 million was requested from partners. Eleven partners were funded the \$4 million, which is half of what they indicated was needed. The goals and objectives of the 11 FHN recipients are specific to enhance food security in the State. Each partner provides individuals and families with food to meet their needs. It is required that 50 percent of these funds are to be spent on food. Funds for Healthy Nevada and partners also assist recipients in finding long-term solutions to support their food security, such as education, housing, and jobs. Distribution of these foods are focused on fresh foods, nonstandard perishable foods, and more protein-rich foods, increasing the protein options and the fresh options for the recipients. The most common ways customers are served through FHN are through pantry services. They are also served through large distribution centers provided cafeteria style periodically to specific communities like senior centers and low-income housing communities. In State Fiscal Year (FY) 2022 and State FY 2023, the senior population was the largest population served by FHN behind the 18 to 59 age group.

The Office of Food Security updated the State's Food Security Strategic Plan, so now we have the 2023 Food Security Strategic Plan. During the planning process for this, they garnered important feedback from the senior community and senior meal providers. There were focus groups dedicated specifically to the senior population. Some of the notable findings from this plan included the top-indicated barrier to access food was transportation followed by a lack of knowledge on where to access foods. Next was need and seeking services. Community members indicated they needed to seek food security services because items like utility bills, rent, mortgage, phone bills, and transportation costs were too high. They also identified a gap in the food security ecosystem and proper service to isolated seniors, specifically those who are residing in rural or frontier areas.

Within the Food Security Strategic Plan, there are five pillars. One of those pillars we call the feed pillar. This specifically highlights the need to address barriers around access by bringing food to people. Almost 89 percent of Nevada's population and infrastructure are concentrated in its urban population centers in Las Vegas and the Reno/Sparks area, so a lot of Nevada communities are vulnerable to logistical challenges when it comes to receiving food. As we know, a lot of community members and partners indicated transportation was the top barrier when accessing foods at 30 percent. One of the goals in this feed pillar is for Nevada to have an efficient logistics, distribution, transportation, and storage system to address food insecurity. Our measure of success for this goal could be an increase in the number of Nevadans receiving food through mobile delivery options or other innovative ways where we can bring food to the people instead of the people to the food.

The next pillar that specifically addresses seniors within this plan is our grow pillar. The grow pillar focuses on Nevada being able to feed itself and consume more local foods. They do this by supporting the expansion of State or local programs that promote the consumption of locally produced agriculture. Within this goal, the strategy is to work with partners to address barriers in access and serving local foods, particularly in systems that serve senior citizens, and also promote participation in garden education and programs in places like schools, institutions, senior centers, and childcare centers.

Based on reports published by the Office of Food Security and some findings within the Strategic Plan, a few recommendations to address senior hunger include: maximizing food access by encouraging utilization of all food programs for which older Nevadans and their dependents are eligible for; collaborate more with transportation services to improve access to foods in those hard-to-reach areas; support innovative approaches and home delivered meals and groceries; expanding diversity in foods available through food banks and commodity foods—we need to address nutrients that seniors specifically need, so more protein and iron-rich options that they are not getting a lot of already; supporting all efforts to secure Medicaid and Medicare funding for reimbursement of nutrition-related services; and ensure meal reimbursement rates are adequate. I am open to any questions.

President Almaraz:

Thank you, Ms. Rogers, for this presentation. We will take questions from the Forum. Does anyone have a question? If you are online, please indicate with the raised hand or anyone here, please raise your hand. Mr. Slaughter.

Mr. Slaughter:

When you talk about food insecurities, do you also address the fact that—I heard you almost answer the question as far as, say, a senior citizen has a special need, a diabetic, or even if it is a religious situation where this person does not eat shellfish or this person does not eat pork. What type of food can you provide for those individuals?

Ms. Rogers:

As far as those types of foods, there are a lot of prescription pantry options that could be available to those types of individuals. I know there are some around. We do not specifically fund any that I am aware of off the top of my head. I know we have community partners that do the prescription pantry style. That is part of needing to expand the food options that are available in food pantries, so people with dietary restrictions are still able to find what they need, whether it is considered a prescription pantry or not.

Mr. Slaughter:

Case in point, years ago—I am a boxing trainer by trade—I had a boxer from France, but he also was Muslim and needed a special diet. I had to look up what kind of diet this young man needed to perform at a high level. I had to go to certain markets in the Las Vegas area that served what they call halal food for this boxer. There are also religious reasons why a person might not be able to access the foods that are given by your organization.

Ms. Rogers:

I agree. I think expanding variety improves equity, as well as food delivery and food access options is something that is important and we need to focus on. Absolutely.

Dr. Marchant:

It says ensure meal reimbursement rates are adequate. How do you measure that? When will you know when you have achieved that outcome?

Ms. Rogers:

I will say that is not something within our Division that we do specifically. I know other divisions that do the meal reimbursements have a method for calculating those meals. I included that in there to make sure those are always brought to mind. As inflation is coming around, ensuring that meal reimbursements are always up to standard has been something we need to do to ensure that meal deliveries are adequate.

Dr. Marchant:

Are you telling me that someone, somewhere, is trying to work toward that goal?

Ms. Rogers:

I will say it is a goal we need to always keep in mind. As of right now, I believe they are adequate. That was included based off of our research—the things that were recommended that we keep doing.

Ms. Bongiorno:

How does one apply for your services? What are the criteria necessary for that?

Ms. Rogers:

Our specific services within the DPBH utilize the FHN funding to fund food pantries. You would go into one of our food pantries. We do not have specific services within our Division that you apply for.

Ms. Bongiorno:

Is there a list of food pantries?

Ms. Rogers:

Yes, I can supply that for you.

Mr. Troth:

Thank you for your presentation. You list 11 partners that were awarded State funding and the years. Can you give us an example of who some of those partners are?

Ms. Rogers:

Some of the partners are Three Square Food Bank, Food Bank of Northern Nevada, Dignity Health, Catholic Charities of Southern Nevada, and University of Nevada, Reno (UNR). Those are the ones off the top of my head.

Mr. Troth:

Are most of them nonprofits?

Ms. Rogers:

The majority, yes. A lot of them also fund other food pantries under them as well.

Mr. Troth:

Do they request on an annual basis to be part of this program so they can get funds from the State? How often do they have to do that?

Ms. Rogers:

We run off a biennium. Every other year, we put out a notice of funding opportunity, and then they have to apply.

Mr. Troth:

You talk about working with partners to address some of the barriers. What are some of the things you have heard that are barriers to some of these actions in trying to provide these services?

Ms. Rogers:

The number one barrier we heard was transportation. It is also knowledge about where to access these programs. A couple other barriers I remember off the top of my head were confusion, applying, stigma/embarrassment, and the perception that they may not qualify for additional programs, so they do not apply.

Mr. Troth:

Thank you. That is good information.

Ms. Peggy Leavitt:

My question has to do with Meals on Wheels. When you are talking about transportation being a barrier—I am a driver for Meals on Wheels in my community, Boulder City, which would be considered a rural area. You did not address Meals on Wheels at all. I do not know if they received some of your funding. I know they get some federal funding, and we fundraise as well for Meals on Wheels in Boulder City. Do you have active Meals on Wheels programs in other rural communities?

Ms. Rogers:

Within the DPBH, we do not do Meals on Wheels. That is administered through a different division.

Ms. Peggy Leavitt:

I am sorry; you do not have them in other rural communities?

Ms. Rogers:

I cannot speak to Meals on Wheels because that is not my Division. I do not want to speak for a different division. I believe they are here today and will be presenting next.

President Almaraz:

Forum Members, are there any other questions for Ms. Rogers? I have a question. You named the partners you have for FY 2024–2025, and you have a \$4 million budget per biennium, but entities had requested \$7.9 million. Does the money go out by grant? How do you determine who gets how much?

Ms. Rogers:

When we release the notice of funding opportunity, we allow all the applications to come in, and we conduct an evaluation committee comprised of individuals from different programs and divisions within the State to review the applications and make sure they have met all the requirements of the application. Then the committee, based off of who they are proposing they are serving and what area of the State they are serving, the evaluation committee then brings recommendations to our Grants Management Advisory Committee, who makes the final recommendations on funding. I believe this last round of a notice of funding opportunities, we did fund everyone who applied. We reduced the amounts to fit within the budget. Based off of their scope and capacity, we adjusted some things as well. They indicated the cost of food inflation and the increase it takes to administer the programs as the reason for requesting the additional money. When we go through the evaluation process, we need to make sure each entity collectively is serving every area of the State and every population is covered.

President Almaraz:

You are estimating an increase of 36 percent, approximately 100,000 seniors, by 2025 that are going to need help. Do you anticipate or are you asking the Legislature to increase your budget?

Ms. Rogers:

I am not asking for a budget increase. I want to make everyone aware of the identified and increased needs based off of inflation and the estimated increase in the older Nevada population.

Mr. Troth:

What section of the State budget does your money come from? The Legislature has to authorize that budget. Are you part of DHHS's process in amount of budgets? This is something we can use as a bill draft request (BDR) factor.

Ms. Rogers:

The Office of Food Security is completely supported through Funds for Healthy Nevada, which are the tobacco settlement dollars. We receive 60 percent of the tobacco settlement dollars. That is run through our Director's Office at the DHHS and then provided to us to administer the Hunger Funds. We call them the hunger portion of FHN.

President Almaraz:

Do you anticipate the tobacco settlement dollars are going to have an increase so your budget can increase? The difference between \$4 million and almost \$8 million is double. How do you anticipate having more money to help this increase in seniors?

Ms. Rogers:

I do not anticipate an increase in the tobacco settlement dollars. The tobacco settlement dollars are discretionary. They do not have to be provided in the way they are each year. Every year it can be administered differently based off of the discretion of the Director of the Legislature. At the Office, we continue to seek grants. We try to expand services by seeking grants. We utilize other grants within the section of our Bureau as well to help support some initiatives of the Office. As of right now, no; we do not.

President Almaraz:

Is it in NRS that you get the tobacco dollars, or is it somewhere else that says these dollars are for your budget?

Ms. Rogers:

It is not codified anywhere that I am aware of. That is the way they have been distributed.

President Almaraz:

Are there any other questions for Ms. Rogers? I am seeing no more questions. We will move on to the next presentation. Ms. Genco, feel free to begin.

Allison Genco, Chair, Governor's Council on Food Security:

Good morning, President Almaraz and Members of the Forum. I am here today to provide a quick history of the Council, an overview of the membership, the work of the Council over the last couple of years, and what we are looking to accomplish in the future. ([Agenda Item IV B](#))

Here is some history. The Council on Food Security was established through an executive order by Governor Sandoval in 2014 to implement the goals of the Food Security in Nevada Plan and effectively improve the quality of life and health of Nevadans by increasing food security throughout the State. The council was then codified in law through NRS 232.4968 during the 80th Legislative Session.

The Council on Food Security membership consists of a wide range of stakeholders, including individuals from Nevada's Department of Education, Catholic Charities, USDA, the Nevada Department of Agriculture, the Governor's Office of Economic Development, and so on. The Council meets quarterly along with special sessions, which helps partners remain aware of various funding streams and assist with improving the quality of service and meals to Nevadans through education, recommendations, and feedback. Our next quarterly meeting will be in July. Fortunately, it will be in person. Most of our meetings have been virtual. [I am] looking forward to meeting with the Council and having a robust conversation.

As Ms. Rogers mentioned, the Council is currently tasked with overseeing the implementation of the 2023 Food Security Strategic Plan, which was recently published by the Office of Food Security. We are also working to oversee the implementation of the goals in the Food Security Action Plan. That is in the State Health Improvement Plan, which was also recently published by the DPBH. The Food Security Strategic Plan demonstrates a continued commitment to lead conversations with a broad set of food security ecosystem stakeholders and creates ideas to build the capacity of agencies tasked with this work. Right now, we have been successful in meeting goals that are in the Food Security Action Plan. At

the last meeting we had, we were able to cross off quite a few of those goals. We are working on developing an annual Food Security Conference. The first one will be in 2025. We will bring food security partners together to talk through longstanding issues and create some initiatives to continue to move the needle on food security. Our next one will be held in 2027. One will be in the north, and one will be in the south. The Office of Food Security is currently working on a survey to send out to partners to establish what issues we would like to focus on, what is most important to them, and get a sense of who would attend those conferences.

I will not go too in depth on the food security pillars, as Ms. Rogers went through those earlier. I want to give you all a sense of the pillars that are in the Food Security Strategic Plan and what the Council follows and guides us in our conversations when we meet quarterly. Again, it is lead, feed, grow, reach, and build. Those help inform some of the goals and objectives that are in the Strategic Plan.

I included an example of a goal and an objective related to “lead.” One of those is enhanced cooperation, communication, and representation to support policy development and resource utilization. The objective under this pillar is to improve collaboration, communication, coordination, and information sharing among food ecosystem partners. Our strategy on this one is to organize and host an annual Food Security Conference. We are currently in the midst of developing plans on that conference.

In 2024, the Council will continue to focus on the execution of the Food Security Strategic Plan and the State Health Improvement Plan Food Security Action Plan. We will be focusing on distribution, support, general food access, and targeted collaboration with our State and local partners. I highlighted the Home Feeds Nevada Program and transportation. The Home Feeds Nevada Program was created through an allocation of American Rescue Plan Act (ARPA) dollars to the Nevada Department of Agriculture to help create a sustainable focus on getting fresh foods out to the community. That money goes to local farmers. That way, they can help get that food out, and we can get it to those in need. I also highlighted transportation, as this was a huge concern and issue we need to address regarding food insecurity. We presented to the Joint Interim Standing Committee on Health and Human Services last month. We asked for several additional seats on the Council, one of those being a transportation representative to help move the needle on increasing access to food in underserved areas, especially in our rural communities. We also asked for a tribal representative and someone with lived experience to help inform the conversations and the implementation of the Food Security Strategic Plan.

I am available for any questions.

President Almaraz:

Thank you for your presentation. Ms. Peggy Leavitt.

Ms. Peggy Leavitt:

Going through all these plans, I am having a conceptually hard time figuring out how food gets to people. Again, I live in Boulder City. I think that is considered a rural area. I also happen to sit on a board called the Southern Nevada Regional Transit Commission, which is under the auspices of the Regional Transportation Commission (RTC) of Southern Nevada. What we do through Silver Riders is provide transportation for seniors in Boulder City. They can take the bus to go to the local grocery stores. We also have a great senior center, so they can get meals there. Silver Rider will take them to the senior center. We also have

Meals on Wheels. The Silver Rider will also take them into Las Vegas. Do you know if other communities have those kinds of services?

Ms. Genco:

I cannot speak to what other communities have specifically. I do know here in Southern Nevada, Catholic Charities does a lot of the Meals on Wheels. It is similar in Northern Nevada. They do home deliveries—

Ms. Peggy Leavitt:

But they do not service rural areas where that particularly is an issue, per the first presentation.

Ms. Genco:

It is my understanding the rural areas do get a lot of their meals from the food bank. Northern Nevada Food Bank does service rural areas. They have transportation that goes out to the rural areas. I recently learned that Communities in Schools serves as a hub for home delivered meals for individuals, but I think that is specific to children. I am not certain of whether or not they deliver to seniors. I think that is a focus the Council is looking to have a better understanding of and help advocate for additional resources for those home delivered meals or Meals on Wheels for seniors, especially in those rural communities.

Ms. Peggy Leavitt:

The transit commission I sit on also services Laughlin and Mesquite. It is not just Boulder City. I think they are primarily funded through the county, and they also get grants. It might be something you can look at and duplicate because it is a great service.

Ms. Genco:

I completely agree. We are limited in our—we do not have any BDRs as a Council. We have to advocate through other avenues. I certainly agree that we need to be advocating for additional funding for those resources and seeing where we can help increase where there are needs.

President Almaraz:

Are there any other questions? I am seeing none. Thank you, Ms. Rogers. I applaud the Council for the people you are adding. I think the Council was lacking in those areas, and I think it will help immensely. The only person I see is Mr. Duncan of the Aging and Disability Services Division (ADSD); perhaps you could find someone to represent seniors. Thank you for your presentation.

AGENDA ITEM V—OVERVIEW OF ACCESS TO HEALTH AND SOCIAL SERVICES FOR SENIOR CITIZENS IN NEVADA

President Almaraz:

Moving on to an overview of access to health and social services for senior citizens in Nevada. We will hear a presentation on access to health and social services, specifically related to food programs for senior citizens of Nevada. We will take questions at the end. Ms. Knighten and Ms. Coulombe, feel free to begin your presentation.

Kirsten Coulombe, Social Services Chief, Division of Health Care Financing and Policy (DHCFP), DHHS:

Thank you for having us back. I appreciate you letting Ms. Knighten and I tag back and forth during our presentation. Hopefully we will be able to answer some questions that came up under Ms. Rogers' presentation about access to services and transportation. We are going to go through the home delivered meals; that is funded through Nevada Medicaid, where I am. Ms. Knighten will speak about ASD-funded nutrition services. We will transition to transportation available through Nevada Medicaid. Aging and Disability Services Division will also share about their transportation services. ([Agenda Item V](#))

We will start with the home delivered meals through Nevada Medicaid. As a background, Nevada Medicaid serves one in three Nevadans. For Medicaid, as well as the Children's Health Insurance Program, we have a little over 900,000 members that are eligible and on Medicaid. We have a little under 100,000 individuals that are what we call dually eligible, so individuals—that are oftentimes seniors—on Medicare, which is a federal program, as well as Medicaid. What I am going to speak to in my presentation are services available for individuals that are on Medicaid specifically. Ms. Knighten can talk about the more general population.

For home delivered meals through Medicaid, the service we offer includes the planning, purchase, preparation, and delivery of those meals as well as the transportation cost to transport those meals to individuals' home by the home delivered meals provider. These services do require prior authorization. Essentially, the services are authorized for an individual who would be unable to prepare or obtain nutritional meals without assistance. They would need that assistance to have those meals, or they are also unable to manage their special diet recommended by the physician. That gives you a picture of who would be eligible for these services. It is not necessarily every senior, but individuals that have that need for assistance to ensure a healthy life in their home. Meals are limited to two per day. It could either be breakfast and lunch or lunch and dinner. Those are the two combination options someone could choose from. Historically, Nevada Medicaid only offered home delivered meals to individuals who are on our Physically Disabled Waiver. In a minute, I will speak to how we expanded those services during COVID-19. In general, there are five home delivered meal providers we have with Nevada Medicaid. Most meals are delivered frozen. Although, in Northern Nevada, in the Reno-Sparks area, we do have one provider, Washoe County Senior Services, that offers the option for hot meals if someone prefers that.

As everyone was determining how best we could serve our recipients during the COVID-19 pandemic, Nevada Medicaid utilized some temporary funding that was available through ARPA. You might be familiar with that COVID-19 funding opportunity. Specific to home- and community-based services, there was an opportunity for Nevada Medicaid to expand the home delivered meals. Individuals on the Physically Disabled Waiver still received their services, but we did expand it specific to individuals on our Frail Elderly Waiver. We did add that effective July 1, 2022. When we went back and looked at utilization, we added about 1,400 individuals on our waiver both in rural and urban Nevada that utilized that expanded service. In case you are not familiar with the term "waiver," our waiver is limited to individuals that would normally be in a nursing facility or meet a nursing facility-level of care, but with waiver services, they are able to have those wraparound services in the community. I apologize; I probably should have explained that in case you were not familiar. We did expand those services during the pandemic.

The Division also utilized the pandemic funding to conduct a rate study. I know Ms. Rogers had a question earlier about that. She spoke about the rate methodology. Nevada Medicaid

has a rate methodology for our home delivered meals. Currently, the rate is \$5 per meal. This past year, we had a contractor that helped us dive into those rates and that methodology to determine if it is sufficient. There was a recommendation to increase the rate Nevada Medicaid reimburses for home delivered meals. I think the recommendation was between \$7 and \$10. I would have to double check, but there is that recommendation. I am sure you all are quite familiar, any increase to a Medicaid rate would require a budget initiative. That is not something Nevada Medicaid can take that recommendation and implement tomorrow, but it is certainly something we have on our radar as a priority. We would always appreciate support from the Forum, if you so desire to write letters to Legislators to also encourage that rate increase be added to our budget.

That is my overview for home delivered meals through Nevada Medicaid. I will turn it over to Ms. Knighten to speak to what ADSD has. I understand we are taking questions at the end.

LaDonne Knighten, Social Services Chief, ADSD, DHHS:

Good morning. Aging and Disability Services Division services are provided through community partners. The services that are funded through ADSD are primarily focused to serve individuals who are not on Medicaid and not on the waiver, but are older adults, persons with disabilities, and family caregivers with the overall vision and goal to support independent healthy living through services.

Through multiple funding sources including federal funding, state funding, and a fund for healthy Nevada, ADSD provides an array of services through community partners. In a previous presentation, we provided descriptions of those services, which include nutrition services, caregiver support, assistive technology for independent living, Medicare counseling, and senior employment services. Today, the focus is on nutrition and transportation services.

Services funded through ADSD for nutrition are designed to address hunger, food insecurity, malnutrition, social isolation, health and well-being, and to also provide education to improve food choices and overall health and well-being. The Aging and Disability Services Division provides services with a person-centered and wraparound services approach to not only meet the needs of older adults in an area of nutrition, but in all areas of living. Nutrition services are free to individuals, and they are offered statewide. There was a question about availability in various areas. The Aging and Disability Services Division does support community partners in rural areas and tribal areas as well. Individuals who are eligible to receive nutrition services under ADSD funding include older adults aged 60 and over, their spouses of any age, persons with disabilities who live with eligible older adults or who reside in housing facilities with the majority of older adults receiving meals, and people who provide volunteer services during meal hours, such as in our senior centers. Aging and Disability Services Division requests of our partners to prioritize populations who have the least access and the least personal resources to obtain needed services, including those with low-income and minoritized populations.

The services funded under ADSD nutrition include home delivered meals and also congregate meals in a congregate setting to increase socialization, such as through our senior centers. The funding over the past few years for these services has fluctuated. The demand for services has also fluctuated. There has been an increase in demand for these services over the past years. Although we are not at the end of State FY 2024, we anticipate an increase in the number of individuals seeking home delivered meals or congregate meal services. You will also notice there is a waitlist. A current waitlist is listed for home delivered

meals. The Aging and Disability Services Division did receive funding through ARPA to address the waitlist and to help build capacity. In receiving that funding, we also realized the critical importance of having the sustainable and consistent funding to continue to address rising costs and to address increased demands as well.

Likewise, ADSD funds food security services which include the traditional brick-and-mortar food pantries, mobile food pantries, and farmers market options. There is limited funding in this area as well. In this area, the demand continues to increase. Aging and Disability Services Division continues to reevaluate what funding is available and the methodology to provide the support to the community partners in order to meet the increased demands and needs in the community.

Ms. Coulombe:

I am going to walk through some of the transportation services Nevada Medicaid offers. Nevada Medicaid covers emergency transportation, which are ambulances and air ambulances, if someone needs to be transported out of state. The focus of our presentation today will be on our non-emergency transportation services.

Nevada Medicaid is federally required to offer non-emergency medical transportation for individuals eligible for Nevada Medicaid. It is also for those being transported to their Medicaid services that are medically necessary. Although transportation is covered through Nevada Medicaid, sometimes it can be a little confusing because we only transport to the Medicaid service. Unfortunately, Medicaid cannot cover transportation to a food bank. We are grateful for our partners at the RTC that offer paratransit and bus passes that would be available. Ms. Knighten will also go into some of the transportation she covers through ADSD. I wanted to put that caveat out there because I know, as Ms. Rogers identified in their Strategic Plan, transportation is a barrier. Unfortunately, Medicaid is a bit limited in the transportation we can cover for services for individuals.

The type of transportation Nevada Medicaid covers does include public transportation. That would be bus passes and the curb-to-curb delivery service. Curb-to-curb can be through paratransit through the RTC. We did also expand and allow transportation network companies, which you might be familiar with, such as Uber or Lyft. We expanded that during the pandemic in order to ensure individuals could get to COVID-19 testing sites. When COVID-19 vaccines were available, we wanted to make sure we increased those options. We made those a permanent option after the pandemic. Another option we offer if someone has their own car and is still able to transport themselves is gas mileage reimbursement for that Medicaid recipient. Sometimes people prefer to transport themselves, but certainly, the ability to offset that cost through gas mileage reimbursement is an option we have. We also offer stretcher vehicles if someone needs to be transported because of their medical condition. We do cover stretcher options. Lastly, if someone has non-emergency transportation needs to go out of State for a scheduled appointment, we will cover commercial airline services. All the transportation does have to be to a Medicaid-covered service, and it does have to be prior authorized. If a senior needs assistance getting to their medical appointment, they might need a caregiver or an attendant. We cover that transportation for the attendant, so they can help them get in and out of the vehicle and then transport them home. Of course, we would also cover an attendant for a minor child.

All of those transportation options I mentioned for Nevada Medicaid are done through a broker. Our current broker is MTM. They have been our broker for a couple years. If a Medicaid recipient needs transportation, they would go through our broker. They are prior

authorized for all of those services. We ask that recipients provide our broker, MTM, with at least three days advance notice for their scheduled appointments. That gives the opportunity to find a transportation provider in their area able to accommodate their appointment day and time. For individuals that have same-day appointments—for example, someone that is being discharged at the hospital, and the hospital might give them new medications or a refill—we can accommodate that trip to the pharmacy in order to fill those prescriptions. That would be considered a same-day appointment because it was not scheduled in advance to go to the pharmacy. We can accommodate those same-day or urgent transportation appointments. In general, most transportation is scheduled in advance. I would say our most common transportation service is to adult day care or adult day health care as well as dialysis where individuals are going multiple times a week.

How does someone get authorized for their transportation through Nevada Medicaid? Either the Medicaid recipient can call our customer service number themselves—the information is listed here—or they can have a family member, friend, social worker, or someone they are working with call on their behalf. It does not have to be the recipient to schedule it themselves. There are two options. They can either call our customer service or—we are trying to be a little tech savvy and created a web chat option—if someone has that capability, they can also go through a chat and not necessarily have to call someone. Our customer service is open Monday through Saturday to try to accommodate any new appointments that might come through the following Monday in case someone might have that need, or if they have medical appointments on Saturday.

That concludes the overview for transportation for Nevada Medicaid. I will turn it over to Ms. Knighten again for transportation through ADSD.

Ms. Knighten:

The transportation services funded through ADSD are offered to older adults 60 years old and older, persons with disabilities, and caregivers assisting individuals in need. Individuals are not primarily on Medicaid; they are eligible just by being an older adult or an individual with a disability. Transportation services are provided in a variety of ways, including vouchers and direct transport. They can be scheduled, or they can be same day; it depends on the availability and capacity of the partner. We try to ensure transportation services are offered statewide. We look at that in the funding methodology when organizations apply for funding to provide transportation services. We recognize that transportation is a critical need. In fact, pre-pandemic, it was the number-one listed need, especially for older adults, next to housing. Right now, the number-one expressed need from the community has shifted to access and awareness of the services that are available. The Aging and Disability Services Division is working towards ensuring our partners—not only for transportation and nutrition, but the array of services provided through ADSD—there is consistent outreach. With that, we are working on rebranding to ensure individuals are aware of the services and how to access them.

Individuals do not have to apply for transportation services, as they do not have to for nutrition. The main gateway to all services, which include nutrition and transportation, is Nevada 2-1-1. Nevada 2-1-1 can be accessed by calling, the website, and/or by text. It is updated in real time, and it is available 24/7. With that, we are happy to take any questions you may have.

Dr. Marchant:

You said the funding was recommended for increase by a study. You said the study was done by a contractor. Who was the contractor? Did they use anything other than inflation measures?

Ms. Coulombe:

I believe you are referencing the home delivered meals study. For that contractor, we did a request for proposal. It was awarded to Myers and Stauffer. They are a vendor we worked with on a couple of different projects. They reviewed it. It did include inflation, but it also took into account provider costs as well as wages for their employees. It is a complicated methodology, but we have the report available on our website. I could provide Ms. Cooper with that as a follow-up if you would like to go through and see that report. It will also include a recording of the presentation when they walked through the report. I will say the rate study included multiple Medicaid services, not just our Home Delivered Meals Program. That was one of several services offered to our physically disabled and our Frail Elderly Waiver. That was a piece of the report.

Dr. Marchant:

If I understand you correctly, the contractor used multiple indicators of inflation, but they are all inflation related.

Ms. Coulombe:

They used multiple indicators to determine—

Dr. Marchant:

When you say an increase in wages, that can be considered an inflation measure.

Ms. Coulombe:

Sounds good. I am on the policy side. You could be 100 percent correct. I will probably defer to the report. If you have specific questions, I can work with the people smarter than I am in the rates unit to share more information on what that methodology looks like.

Dr. Marchant:

The reason for my question is one of the functions of this Forum is to provide recommendations to the Legislature. If we are to recommend a budget initiative, which you included in your presentation, we probably ought to know what it is we are recommending. If you have further information to clarify, that would be nice to have.

Ms. Coulombe:

Absolutely. I can send Ms. Cooper and Madam President whatever information they would like.

Dr. Marchant:

I have a question for Ms. Knighten. What is a minoritized older adult? Is that somebody who was not, and you made them that way? The usage of that past tense confuses me to death.

Ms. Knighten:

I apologize for that confusion. That is a current term used for individuals of minority groups, minoritized populations.

Dr. Marchant:

As a former professor who is concerned with usage, somebody needs to take that past tense off and make it so we can understand what that means. I looked at that, and I thought somebody is playing with me.

Mr. Troth:

Either one of you can field this. The American Rescue Plan Act funding has been used and is being used to make these actions happen. Does that plan not run out soon? What is the thought process of replacing that funding?

Ms. Coulombe:

With Nevada Medicaid, yes, you are correct. Nevada Medicaid stopped utilizing the home- and community-based section of ARPA on March 31, 2024. We were essentially absorbing that in our budget now. We felt it was important to keep those home delivered meal services available to individuals on the Frail Elderly Waiver. In terms of permanently adding it, that would be the budget initiative we would require and then a budget initiative to increase the rate over what it is currently.

Mr. Troth:

So, the Legislature is going to have to come up with some money to replace that federal funding if we are going to continue to run a program, correct?

Ms. Coulombe:

For Nevada Medicaid, that is correct.

Mr. Troth:

I have a question on slide five under ADSD. Can you give us some idea of who the community partners are? Who are these organizations that are providing these services or doing these services with government money?

Ms. Knighten:

I most certainly will, and we will be happy to follow up with a complete list. Some of the providers for food security and nutrition services include Catholic Charities of Southern Nevada, Helping Hands of Nevada, Lutheran Social Services, the Community Food Pantry, Nevada Rural Counties Retired and Senior Volunteer Program (RSVP), Meals on Wheels, and Dignity Health. We have many providers. We can give a list to you.

Mr. Troth:

If you folks could do that because we have heard those a couple of times. It would be nice to know who those providers are because they are receiving some kind of tax or government funds to execute these programs. I think that would help us as we go through this to have a feel of who is doing all the work. That would be great. Thank you.

President Almaraz:

Are there any other questions? Seeing none. Thank you, Ms. Coulombe and Ms. Knighten, for your presentation and the follow-up you are going to provide. If you could send it to Ashlee, that would be great. She can distribute it.

AGENDA ITEM VI—OVERVIEW OF THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

President Almaraz:

[Next is] an overview of the Supplemental Nutrition Assistance Program (SNAP). Ms. Cantrelle, please begin when you are ready.

Kelly Cantrelle, Deputy Administrator, Division of Welfare and Supportive Services, DHHS:

Good morning. We have been asked to do a brief overview of SNAP today. On the agenda, you can see we are going to cover the overview, the basic factors of eligibility for the Program, and ways we are currently working to reduce food insecurity in our Division. ([Agenda Item VI](#))

Here is a brief history of SNAP. You can see the first Food Stamp Program started in 1939. Participants at that time were required to purchase food stamps—or the coupons as it used to be back when I was a child. You would purchase a dollar in an orange stamp and then you would be returned 50 cents in a blue stamp. The blue stamp was only allowed to be used for items that were considered to be in surplus at that time. That particular program ended in 1943. Eighteen years later, the Pilot Food Stamp Program began. Once again, the participants were required to purchase the orange stamps. They received that 50-cent blue stamp once they purchased an orange stamp. The concept of using that blue stamp only to purchase surplus items went away. That was not a requirement any longer. In 1964, President Johnson requested the Program be made permanent. In 1974, it became a nationwide program. The 2008 Farm Bill increased the commitment to food assistance to the Food Assistance Program by more than \$10 million over the next ten years, and it also changed the name of the Program from the Food Stamp Program to SNAP in an effort to reduce the stigma associated with the program. A couple of years prior to that, the Electronic Benefit Transfer (EBT) card program started. They went from the coupons to the EBT card that could be swiped like a debit card.

What is the purpose of SNAP? It provides a means to increase food purchasing power. It works to raise the nutritional level among individuals that qualify for the Program, and it is a first line of defense against hunger for millions of families. One of the benefits of SNAP that is oftentimes overlooked or not readily talked about is that SNAP also stimulates economic growth by putting money into the community. It stimulates farmers, truckers, grocery stores, et cetera. Along with the name change, they also implemented the SNAP Education Program. The SNAP Education Program is a free nutrition and physical activity education program that empowers SNAP recipients to make healthy choices concerning physical activity and food purchases. They have taught kids to grow gardens. They teach you how to use a whole chicken instead of buying boneless, skinless chicken and things like that to help the food dollar stretch.

How are people eligible? What are the factors of eligibility we look at when we are determining eligibility for the Program? You have to be a resident of the State of Nevada.

We have to verify your identity. Certain age groups are allowed certain specialized budgeting depending on age. For example, seniors or seniors with medical expenses could be allowed special budgeting for that. Household composition—who lives in the household? How are they related to you? Are they required to be part of your food stamp household? Also, relationship, citizenship, social security enumeration, and income are the things we look at when we are determining eligibility for the Food Stamp Program.

This slide shows the 2024 poverty levels—or I like to say the income limits—applying for SNAP. If you look under the 200 percent of poverty column, an individual person could earn up to \$2,430 before we start looking at deductions to see how much food stamp benefits they are eligible for. You can see down the line how that amount goes up for the family size.

The SNAP allotments are listed on this screen. You can see a household of one is currently at \$291. In 2020, just four years ago right before the pandemic, the maximum allotment for a household of one was \$204. In 2021, it increased to \$250, which I believe was the highest increase I have seen in my career, and I have been doing welfare since 1999. It was a 22 percent increase. It was one of the biggest. It is now \$291, and that is a 43 percent increase from 2020. Does it cover inflation? Does it make up for the price that food has gone up? Probably not, but there has been a decent increase over the last four years. A one- or two-person household comes with a minimum allotment. That minimum allotment today is \$23. This could be saved for up to nine months, so one larger purchase can be made during the year if individuals feel the \$23 is not enough to be beneficial in one month's time. Currently, over 14,000 seniors are receiving that \$23 or less dollars in SNAP benefits.

Let us talk about food insecurity. The SNAP is a federally funded program to assist income-eligible households to purchase food. The USDA defines “food insecurity” as a lack of consistent access to enough food for an active, healthy life. Studies show that one in eight individuals in Nevada face food insecurity. There are approximately 501,000 individuals currently receiving SNAP benefits in the State of Nevada and roughly 267,000 households. There are over 77,000 seniors aged 60 or older receiving SNAP benefits.

What can we do to reduce food insecurity? Currently, our Agency is working on a waiver so we can start accepting telephonic applications. Meaning, someone who maybe cannot get to us can pick up the phone, call the Agency, and we can complete a food stamp application with them over the phone. There are ways to do this that require storing the signature and the rights and responsibilities and everything, but we do not have that ability at this time. Applying for this waiver will allow us to take those signatures while we work on all the necessary Information Technology (IT) things to be able to store the information we need to store. At this time, we are also exploring the Restaurant Meal Program. The Restaurant Meal Program allows elderly, disabled, and unhoused individuals to use their food stamps at participating restaurants. Someone who does not have a home or a place to cook or maybe someone who cannot cook food, would be able to take their EBT card and go to a restaurant that accepts the EBT card as payment and purchase hot meals at a restaurant. I know it is not the most popular program sometimes when you talk to people, but we have reached out to the community to see what restaurants would be interested in this program. To our surprise, we did get restaurants interested that are not McDonald's or other fast-food restaurants. We did get restaurants that provide vegetables and meat. For example, Teriyaki Madness is a fairly well-balanced meal when you compare it to a hamburger. We have had good interest in that, and we will be exploring that further in the upcoming session.

How do you apply for benefits? We always like to say you can click in, call in, or come in. You can apply online through accessnevada.dwss.nv.gov, which is our online portal. You can contact our customer service unit. We have a Northern number, a Southern number, and a statewide toll-free number that anyone could use to contact customer service. You can visit any one of our 22 welfare offices throughout the State of Nevada. We have them in many rural areas.

I would like to talk about the over 200-plus outreach sites the Division is currently in. We are in senior centers, schools, health facilities, criminal justice facilities, libraries, and that is just scratching the surface. In 200-plus sites, we have individuals either sitting in person or virtually. Let us say someone walks into the health department. I have an individual sitting in the health department, so if someone wants to pursue any benefit the Welfare Division offers, that person can help them apply, and the applicant can walk away with an EBT card in many instances, if that person is able to issue them. We meet people where they are. The people are not necessarily required to come into the buildings because sometimes people do not want to go to the Welfare Office. If we catch them at the library or they happen to see us in a place they are going anyway, sometimes that stigma is not there for them, and they can talk to us. We had one customer say, "I like coming here so much better. I do not like dealing with Welfare." Our person is a Welfare worker, so she had to say, "I work for the Division, but I am happy we could be here where you are." We also have 13 what we call "trusted partners." They are community partner sites that can take a SNAP application on our behalf, conduct the interview, and collect all the verification. Let us say someone goes to Food Bank of Northern Nevada. They can do the SNAP interview, help the customer complete the application, collect things such as income that we might need to process the case, and when that application comes over to our Division, all we have to do is process it. We process it and go on. We do not even have to reach out to that customer again. We send them an EBT card through the mail, and they can go about using their benefits. We are in food banks and family resource centers, but right now there are 13 of those community partner sites.

I can take any questions you might have at this time.

Mr. Silberkraus:

Thank you for the presentation. Could you explain or clarify the calculations and the meanings behind the gross monthly income, which is 130 percent of poverty, versus the maximum growth categorical eligibility, which is 200 percent of poverty?

Ms. Cantrelle:

I would love to. In order for us to start looking at your household, before we look at any deductions or anything, we see what your income is. If it is over that 200 percent, we stop there, and you are not eligible for the Program. If you are under that 200 percent, we start looking at things like your utilities, rent, if you have medical expenses, are there any other deductions we can take off of that gross income to get you under that 130 percent to then qualify for a benefit. That 200 percent gets you in the door and gets us to working a budget for you. Your deductions let us know how much you are eligible for. Does that make sense? In order for us to look at your eligibility and do a budget to see if you get benefits, you have to be under that 200 percent. If you are under the 200 percent, we are able to start working a budget for you. We not only look at what you earn, but we look at allowable expenses. There is a list of allowable expenses. Once we do that whole budget, and it is a complex calculation, we can determine—if you are then at that 130 percent—how much you would be eligible for.

Mr. Troth:

Thank you for the briefing. It was informative. I appreciate that you are trying to make numbers of people and places for people to apply. I applaud that. I think that is important. One of the things we find as we go through these is so many people do not know that these things are available and where to go for them, so that is good. I have two quick questions. Are you telling us that about half a million Nevadans are using SNAP?

Ms. Cantrelle:

That is correct.

Mr. Troth:

I am dumbfounded. With the Restaurant Meal Program, what needs to take place to allow SNAP to be used in that context or use?

Ms. Cantrelle:

We need funding for our side of that. The other thing that needs to happen is that when a restaurant is interested, the restaurant themselves have to go to the USDA Food and Nutrition Services (FNS). They have to do their part in getting set up to be an authorized retailer, for lack of a better word. They have to make that connection with FNS themselves. On our side, we would need to have coding in our system that says this meets this criterion, so this particular card can be used at this location. It is a two-way street. We hope to meet in the middle to be able to make it happen. The restaurants that want to participate have to do their side of it and work with the USDA to be able to become one of those retailers.

Mr. Troth:

To clarify, the current SNAP allocation or approval would not be eligible for this. That is a whole separate entity?

Ms. Cantrelle:

At this time, the State of Nevada does not offer that Restaurant Meal Program at all. The Supplemental Nutrition Assistance Program can only be used at participating grocery stores for approved items. That part is not going to change. The specialized households—elderly, disabled, and homeless individuals—if we get this program up and running, those same benefits could be used in a restaurant. They are the same benefits. It is the same allotment. It is not an additional allotment.

Mr. Troth:

The same money could be used. That is what I was trying to get to. So, the allocations, wherever that SNAP money comes from now, if this Program was approved—and that is a State of Nevada Legislature action that says it is approved—then restaurant vendors that want to participate, apply, and are vetted are authorized with the electronic capabilities to do that. That was my bottom-line question. This would not require more money. It is another use of that money; is that correct?

Ms. Cantrelle:

It would not be more food stamp benefit money. The money would come into play because we need system changes, and we need to be able to identify individuals. That is the stuff that is running in the background. The actual benefit going out to the customers and the amount we bring in from the federal government for those benefits would not increase because of the Program. It is utilizing benefits instead of at a grocery store, maybe this particular individual wants to utilize them at a restaurant.

Dr. Marchant:

You confessed to being in the business for a long time, so I am going to be picky. You said the word "homeless," and the current usage is "unhoused." I do not know where that came from because it does not improve the specificity of language. "Homeless" seemed to be just fine. Where did this "unhoused" thing come from?

Ms. Cantrelle:

Like you said, I have been around a long time. It has been "homeless" for me, but as we have learned, verbiage changes. What was once food stamps is now SNAP, and what was once "homeless" now is more commonly called "unhoused." Where that came from, honestly, I have no idea. I try to keep up and use the vernacular.

Dr. Marchant:

We do see that verbiage changes, but if it changes, we would like it to become more specific rather than less. Unhoused is less specific. That is just me.

Mr. Silberkraus:

You say you are going to be requesting a waiver. Can you tell me the status of that?

Ms. Cantrelle:

We only have two food stamp specialists in the State of Nevada. Let me explain what that is. All the programs we stand up and all the things we do in the Food Stamp Program right now are done by two individuals. I have recently added a brand-new individual to that, and I have tasked her with requesting the waiver. It is in its infancy right now. We have not even written or submitted it yet. We are going to be working on that as one of the first items she does. We have many programs in food stamps, and I can tell you right now it does not necessarily apply to this Forum unless some of the individuals are raising grandchildren, which we know happens. One of the things that is taking a lot of our time right now for our SNAP individuals is the Summer EBT Program. It is huge. We have a quick turnaround time on that. The newest person that joined that team is the one that is going to be writing that waiver and getting it submitted.

Mr. Silberkraus:

Am I correct in believing that until the waiver is written and approved, the only way to interact with SNAP would be in person at a location?

Ms. Cantrelle:

For the initial application?

Mr. Silberkraus:

Yes.

Ms. Cantrelle:

For the initial application, yes, that is correct. You can drop it off in a drop box, or you can hand it to a person and not stay. We can do the interview over the phone, but we would need that hard application and signature in the office to be able to do that. This would allow us to take the entire application—signature and all—over the phone, so one would ever have to drop off an application or see anyone face-to-face. For now, we have to get the application somehow. It can be mailed to our P.O. Box, and then we can call and do the interview over the phone. We have to have that hard signature as of today until we get that waiver.

Mr. Silberkraus:

Where would you recommend a person go to get that initial hard copy?

Ms. Cantrelle:

Our application is available online at accessnevada.dwss.nv.gov. That is probably one of the easiest ways. You can call our call center at either the Northern, Southern, or toll-free number. Our workers mail applications. They can email us applications. They can put one in the mail and send it to a person. They can pick it up at any one of our physical locations throughout the State, including rural areas. If they happen to get their hands on an application, they could also fax it to us, if they had the capability to do that. Any of the community partner sites I was talking about or any of the outreach sites could also get that application to the individual.

Ms. Batts:

Thank you for your presentation. I want to clarify. You said there are a half a million people using SNAP in Las Vegas. Is North Las Vegas included in that figure? What is the population of Las Vegas and North Las Vegas using SNAP?

Ms. Cantrelle:

The 501,000-plus individuals using SNAP is statewide. We can, but for this presentation, I did not break it down per county. We do that sometimes, or we break it down by city. I did not for this. That is statewide. As you can imagine, the greatest part of the population is in Washoe and Clark County.

Ms. Peggy Leavitt:

I have a comment. I have been around for a long time too. I also applaud your outreach, so there are many ways people can access this program. This is one of the few programs in my work in social services that I did not hear many complaints about. I think you are doing a good job. I like the telephone access you are working on.

Ms. Cantrelle:

We have 80-plus sites on our waiting list that we cannot service because I do not have the staff to do it. We are also going to ask for additional staff. I know you are interested in ways or things that might be helpful; that could be one of them. I wanted to get that in there.

President Almaraz:

Are there any other questions? The card you say people have now, each month your Department loads onto that card their amount for that month. Does that card have the individual who is receiving the benefits? Does it have their picture on it or anything to identify who can spend that? I am asking because at a restaurant—I am curious about that.

Ms. Cantrelle:

There are no pictures on the card. They have a Personal Identification Number (PIN). Similar to when you use your debit card, you put the PIN in. The cards we have now currently have that PIN associated with them. It is an elephant in the room. I do not know if you have heard the United States Secret Service was out here and worked with Las Vegas Metropolitan Police Department in North Las Vegas and Henderson to do some education on SNAP fraud. While they were here—I want to say they hit about 1,100 retailers—they found about 18 cloning and skimming devices where it picks up that PIN. We know this is problematic. As a nation, we are working on it together. They do have cards available now that are chipped. Like credit cards are chipped, the chip tap thing. That is something we plan to explore in the next couple of years. We are working closely with our Investigations and Recovery Department to get the word out to individuals on things they can do so their cards are not used or stolen. There is an app that you can pause your benefits when you are not using them. Let us say I am an EBT recipient, and I want to go to the grocery store. I would go to the store, un-pause the card, make my transaction, go back in the app, and pause it again, so other people could not use it before I got the chance to use it. It is a huge education thing we are trying to do right now. Right now, there are no pictures on the card. It is that magnetic strip and the PIN.

President Almaraz:

You were talking about people cloning the cards. There are people who sell them, or when they used to have the stamps, they did not use them all so they would sell them. Do you have anything that you can tell that the recipient is doing this, or is it when the fraud investigators come in?

Ms. Cantrelle:

We have our Investigations and Recovery Unit. I am going to tell you—this is not widely known—right now, that Unit is furiously working on a lot of the cloning and skimming that have come in. Historically and traditionally, one of the things they do is look on social media platforms and target words like cloning, skimming, or two for a dollar. They have found people doing that exact thing through social media. That is one of the ways they can tell. If too many cards are issued to one address, an alert pops up and notifies us. Let us say I gave my card to a coworker and said, "Here. You can use it." It is hard to detect the little one-on-ones like that. It is when there are bigger issues that we start getting wind of it. If you give your PIN to another person along with your card, it is challenging. It is hard for us.

Mr. Slaughter:

All these PINs and all these different ways of doing things, I think it is easier to have a photograph of the person that is a recipient of the card. You will not have to go through that. I think you would save more money in investigating that way as well. That is my opinion.

President Almaraz:

Thank you, Ms. Cantrelle, for your presentation.

AGENDA ITEM VII—OVERVIEW OF THE PROVISION BY NEVADA 2-1-1 OF INFORMATION AND REFERRALS FOR ORGANIZATIONS AND PROGRAMS THAT PROVIDE HEALTH, HUMAN, AND SOCIAL SERVICES

President Almaraz:

This is an overview of the provision by Nevada 2-1-1 of information and referrals for organizations and programs that provide health, human, and social services. We are lucky to have Ms. Kalina give us this presentation related to the Nevada 2-1-1. Please begin when you are ready.

Ashlee Kalina, Previously Identified:

Thank you, President Almaraz, and good morning, Forum Members. At the Forum President's request, this presentation is merely to provide a brief overview of the most recent quarterly service report for Nevada 2-1-1. The quarterly service report and an informational handout page of how individuals can access a variety of health and human services and resources for seniors were provided to us by the ADSD of the DHHS. Due to copyright considerations, the documents are not uploaded to the Forum's meeting page, but they are included in each of your folders under this Agenda Item. The copies can also be accessed from the LCB Research Library. ([Agenda Item VII A-1](#)) ([Agenda Item VII A-2](#)) [Due to copyright issues, the handouts are on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6827 or <https://www.leg.state.nv.us/Division/Research/About/Contact>.]

The quarterly service report offers data collected from Nevada 2-1-1 calls made from January through March 2024. This illustrates the benefits of Nevada 2-1-1 services, the demographics of individuals who contacted Nevada 2-1-1 during that time frame, the top five needs of those requesting resources, the five zip codes where individuals are in need of most assistance, and a comprehensive breakdown of client resources requested.

The Nevada 2-1-1 informational handout page demonstrates there are three ways an individual can contact the service coordinator for information and referral services through Nevada 2-1-1. An example might be someone who needs assistance with housekeeping, meal preparation, or transportation to the grocery store. They can either dial 2-1-1 on their phone, go online to Nevada211.org, or text their zip code to 898211. This was already provided by Ms. Knighten in her presentation earlier today.

If you need or would like more detailed information about Nevada 2-1-1, you might like to review the presentation given to the Forum previously. It is called Nevada's No Wrong Door System, and it was provided during the Forum meeting on July 14, 2022, during the last

legislative interim. If you need help navigating to find the links to review that meeting, let me know; I am happy to walk you through that, or I can send you the link to the meeting.

If you have any questions specifically related to Nevada 2-1-1, please let me or any of the staff members know. We are happy to facilitate a discussion with ADSD. They have an individual who is a Nevada 2-1-1 Coordinator. They are happy to either continue a further discussion, or if you would like a more in-depth presentation, let President Almaraz, myself, or any of the staff members know. We would be happy to set that up for you.

Thank you, President Almaraz. This concludes my presentation. I am happy to take any questions at this time.

AGENDA ITEM VIII—FACILITATOR REPORTS ON ISSUES OF IMPORTANCE TO SENIORS

President Almaraz:

Reports from the Facilitators both north and south. Neither of them are in attendance today, so we will move on.

AGENDA ITEM IX—PUBLIC COMMENT

President Almaraz:

[President Almaraz called for public comment; however, no testimony was presented.]

Ms. Fesenmaier:

Very informative. I do not know if food insecurity is as critical an issue as transportation is in my district.

President Almaraz:

That concludes our meeting for today. Our next meeting will be on Wednesday, June 26, 2024. Our final meeting is going to be August 7, 2024. I want to reiterate the August 7th meeting will be probably a fairly long meeting. I hope you will adjust your calendars so everyone can be here. That is when we do our work session for the BDR we are choosing. I also wanted to say—Ms. Fesenmaier, especially for you—we do have presenters on transportation at the June meeting. Hopefully your and our questions will get answered then.

Ms. Batts:

Will our next two meetings be in this building or the new building?

President Almaraz:

We do not have the details on that yet. Many entities in this building have started to move, but we do not know for sure. You will get an email about that and the address for the new building. Are there any other questions? Thank you all for being here.

AGENDA ITEM X—ADJOURNMENT

There being no further business to come before the Forum, the meeting was adjourned at 11:59 a.m.

Respectfully submitted,

Julianne King
Assistant Manager of Research Policy
Assistants

Ashlee Kalina
Constituent Services Analyst/Program
Facilitator

APPROVED BY:

Fran Almaraz, President

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item IV A	Sarah Rogers, Nutrition Unit Deputy Chief, Bureau of Child, Family, and Community Wellness, Division of Public and Behavioral Health	PowerPoint Presentation
Agenda Item IV B	Allison Genco, Chair, Governor's Council on Food Security	PowerPoint Presentation
Agenda Item V	Kirsten Coulombe, Social Services Chief, Division of Health Care Financing Policy, Department of Health and Human Services (DHHS) LaDonne Knighten, Social Services Chief, Aging and Disability Services Division, DHHS	PowerPoint Presentation
Agenda Item VI	Kelly Cantrelle, Deputy Administrator, Division of Welfare and Supportive Services, DHHS	PowerPoint Presentation
Agenda Item VII A-1	Ashlee Kalina, Constituent Services Analyst/Program Facilitator, Research Division, Legislative Counsel Bureau (LCB)	Handout This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.
Agenda Item VII A-2	Ashlee Kalina, Constituent Services Analyst/Program Facilitator, Research Division, LCB	Handout This is on file in the Research Library of the LCB, Carson City, Nevada. For copies, contact the Library at (775) 684-6825.

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