NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON SENIOR CITIZENS, VETERANS AND ADULTS WITH SPECIAL NEEDS

(*Nevada Revised Statutes* [NRS] 218E.750)

MINUTES

August 26, 2024

The fourth meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2023–2024 Interim was held on Monday, August 26, 2024, at 9:30 a.m. in Room 165, Nevada Legislature Office Building, 7230 Amigo Street, Las Vegas, Nevada. The meeting was videoconferenced to Room 4100, 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 Committee's meeting page. 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).

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:

Senator Pat Spearman, Chair
Assemblywoman Tracy Brown-May, Vice Chair
Senator Marilyn Dondero Loop
Assemblyman Reuben D'Silva

COMMITTEE MEMBERS ATTENDING REMOTELY:

Senator Lisa Krasner
Assemblyman Ken Gray

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Destini Cooper, Senior Policy Analyst, Research Division
Jennifer Ruedy, Research Director, Research Division
Christina Harper, Manager of Research Policy Assistants, Research Division
Terese Martinez, Research Policy Assistant, Research Division
David Nauss, Senior Deputy Legislative Counsel, Legal Division
Eric W. Robbins, Senior Principal 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—OPENING REMARKS

Chair Spearman:

Good morning, everyone, and welcome to the final edition of the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. Before we get started, I want to apologize to everyone who was here on time. We always need a quorum before we get started, and we had a couple of the Members who— I take these meetings and your time commitment very seriously, especially because of the population with whom we are trying to serve. Please forgive us, and it is my prayer that this will not happen again because I know your time is precious. With that, Madam secretary, please call the roll.

[Roll call reflected in Committee Members present.]

[Chair Spearman reviewed meeting and testimony guidelines.]

AGENDA ITEM II—PUBLIC COMMENT

Chair Spearman:

We have interpreters available, as well as closed captioning services. We ask that if you require an interpreter, you stand in front of the dais on the left. With that, let us get started. We will start with public comment, Agenda Item II. Is there anyone in Las Vegas who would like to provide public comment at this time?

I want to remind everyone, during public comment we do not ask questions, nor do we make comments. It is an opportunity for the public to express things that may be on their heart. At a different time, those subjects may or may not come up. Let us proceed.

Eli Schwartz, Appointed Commission Member, Nevada Commission for Persons Who Are Deaf and Hard of Hearing, Aging and Disability Services Division (ADSD), Department of Health and Human Services (DHHS):

Good morning. I had the pleasure of working with Senator Spearman in May—the past. You had asked for the deaf community to show up. We did. We are serious about what we need with our community. However, I am also representing the legislative Subcommittee for the Commission, and I am here personally asking for three bill draft requests (BDRs), if at all possible, for the next session. We would like to get back to creating a deaf school, which I know Senator Spearman is passionate about. We want to make American Sign Language (ASL) an accredited class in high school and college; so instead of having a foreign language like Latin or French, they could take ASL. Maybe that would spread awareness of the ASL language. We want to work on closed captioning in public places, such as hospitals, doctor's offices, legal, medical. We are working on that. Again, I am looking for three BDRs so we could make this great State of Nevada a very accessible State. Thank you.

Nate Boyack, Representative and Executive Committee Member, State of Nevada Association of Providers, and Executive Director, Bringing About Independence:

Good morning, Madam Chair, Members of the Committee. Bringing About Independence is a residential provider that provides support for people with developmental disabilities in the community. I appreciate your time today and your service. I also appreciate you working on

Item VII, which is a BDR that would allow for agencies to not be discriminated against when seeking housing—not public housing, but rental housing with apartments and rental properties for people with intellectual disabilities. We have had significant issues over the past many years, both in Northern and Southern Nevada, finding housing and having landlords and management companies accept our applications on behalf of people with intellectual disabilities. We appreciate your work and your consideration on this issue. Thank you so much.

Chair Spearman:

Thank you. Broadcast and Production Services (BPS), do we have anyone on the phones?

BPS:

To provide public comment, please press *9 or raise hand in your Zoom window to take your place in the queue. Caller, you are unmuted, please go ahead.

Unidentified Caller:

I would like to make a comment on the 80/20 Medicaid Access Rule. It is important to understand this Rule will not only affect providers who accept Medicaid but has broader implications for smaller providers and those in the private sector. I work for an organization that has a small Personal Care Assistant (PCA) Program, and along with many smaller providers, we try to keep our hourly rates for clients as low as possible. We fear the increased labor costs will force us to raise our rates, potentially making services unaffordable for many clients. This could disproportionately affect vulnerable populations who rely on these services, leading to reductions in available care, and possibly resulting in the closure of some care organizations. It is a complex issue where the balance between fair worker compensation and the affordability of care for clients is delicate and requires careful consideration by policymakers to mitigate the unintended consequences of creating less work for PCAs and fewer providers to choose. Thank you.

Unidentified Caller:

[The caller could not be heard because the meeting was playing in the background.]

Chair Spearman:

Broadcast and Production Services, we will come back here to Las Vegas. In the future, anyone who is online and waiting to speak, we would ask you to mute your computer or whatever device you are listening to before you open the phone line to speak. Otherwise, if that happens again, we will have to push you to the public comment section at the end of the meeting. I do not see anyone up north, but Las Vegas, public comment.

Anna Marie Binder, Appointed Member, Nevada Governor's Council for Developmental Disabilities, and Nevada Commission on Autism Spectrum Disorders, ADSD, DHHS:

Although I am here individually, I really like the materials that are on your agenda today, especially with the inclusion of the Olmstead for our older and vulnerable population. As many know, this year I had to take guardianship of my veteran 94-year-old grandfather who is also deaf and hard of hearing and have now experienced the Nevada route that has provided, and it has been fairly easy for us. But obviously, I have to continuously take in our community feedback and issues everyone is having. I would like to concur with a previous public commenter because over the last couple of years, the Governor's Council on Developmental Disabilities—we get a very small community grant fund for a program called ASL Anywhere through Global Technical Communications. Each fiscal year, we have only been able to allocate approximately $30,000 to this Program on an annual basis. The feedback we get from the users is that it is predominantly used for their medical appointments. I have advocated a lot over the last couple of years that any extra dime we have, we push over to this grant—because I could not imagine being in a doctor's office and only getting to speak with, most of the time, the receptionist before my minutes run out. So, I would ask as we come into the next session, if there is any allocation of funding the State can help provide to this technology—especially for medical appointments for our deaf and hard of hearing community—it would be instrumental in their health and well-being as they seek services to live the best life that they can in our State. Thank you. (Agenda Item II A)

Chair Spearman:

We will go now to Carson City, then we will come back to the phones.

Catherine Nielsen, Nevada Resident:

Hello everybody. Typically, I am here representing the Nevada Governor's Council on Developmental Disabilities as their Executive Director; however, today I took annual leave so I can be here to support the community as well. We did attempt to secure interpreters through the Accessibility Team; so, I do want to make note that they did a really great job—especially because I know they are kind of new at all of the accessibility piece—but they were unable to secure interpreters for the North. So, we did bring interpreters with us today—I thank their hearts for being available. We wanted to highlight that it is extremely difficult for those who are deaf and hard of hearing to get access to interpreters, and their information in ASL. As we do our best to try to fill in the blanks, I wanted to remind you we are all wearing shirts today that say, "#Nothing Without Us." Not just the deaf community, but the disability community as a whole want to remind you that we are the largest minority group out there and that everyone—every single person in all of these rooms—are all one second away from being a part of this group as well. So, we are going to be supportive for you all—and we are here to be support if you guys need anything—but we will continue to keep showing up and be supportive of the Legislature. Thank you so much.

Betty Hammond, Certified Sign Language Interpreter:

Hello, everyone. I am retired from some of the programs I am going to be speaking about, just for full clarity here. I am retired from the State, and I am a certified sign language interpreter nationally—not all registered interpreters are also certified. Our Deaf Center, that we used to have, was a work in progress; but it was a stop gap. It was a way the Federal Communications Commission (FCC) money and the Public Utilities Commission (PUC) money could be used to serve the community, so that the whole State of Nevada did not look like what they look like. I am going to tell you, as lawmakers, the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA), NRS 427A.100—laws that are national—FCC, Language Equality and Acquisition for Deaf Kids (LEAD-K) for deaf children 0 to 5—all these things are in law and not being followed correctly with the State of Nevada. We failed as a whole to provide, enforce, or educate community about the ADA. There is no deaf school here. I spoke to you before, Senator Spearman, about no deaf school in Nevada. That is still a problem. We used to have deaf centers: the Northern Nevada Center for Independent Living (NNCIL); Deaf and Hard of Hearing Advocacy Resource Center, after that; Deaf Centers of Nevada, after that. Now there is a major lack of services and people do not know what to do with it. This is not hyperbole; there are deaf people out there with medical issues who have no advocacy. If your answer is to go look on a website, many of them—because the State has failed to educate them from 0 to 3—they do not know how to read effectively. So, if you think closed captioning or something printed is going to help the people who need it the most, that is an error. It is an error a lot of people make. Thank you for your time.

Chair Spearman:

One more in Carson City, and then we will come back to Las Vegas.

Rachel Dailey, Nevada Resident:

I am a 26-year-old woman with autism, and I receive services from Sierra Regional Center (SRC); however, I have been having some problems with them. Sierra Regional Center once changed my plan without my consent, and I do not believe I have ever received all my services from SRC. There were multiple times when my provider would cancel on me with no notice whatsoever, and I would be crying because I would miss important appointments or events. And because of their failure to provide assistance with medication, I took the wrong medication once and experienced side effects. When I asked, they said they do not know when I will get all my services. There are no criteria for when a provider will help me. I was told providers will only help me if they feel like taking my case. A supervisor once told me there is no waitlist for receiving services. I may be disabled, but I am not stupid—I have a bachelor's degree from University of Nevada, Reno (UNR). Please help me become self-sufficient and contribute to Nevada and help me and other people with disabilities get our services soon. Really bad things can happen when we do not get them. Thank you.

Chair Spearman:

Come back to Las Vegas.

Shelly Freed, Las Vegas Deaf Seniors:

Hello, everyone. I am here today to talk about NRS 65A, as well as the NRS related to communication access services that has failed the deaf community as a whole. Not only is the Deaf Center no longer here, other services that should be provided for us and resources are not easy to navigate. I am here with a list of items I would like to discuss with the legislative offices—four through eight, specifically talking about the assistance of services online—BDR auditory aids. They do not recognize us as part of the community when they developed that BDR. Thank you.

Chair Spearman:

Go back to Carson City.

Sarah Mahler, Washoe County Resident:

I am a 27-year resident of Washoe County. Thank you for this opportunity to speak today on the need for people with disabilities to receive services they are entitled to here in Nevada. My young adult daughter is on the autism spectrum. She has qualified for services through SRC for years—and to date, the only service she receives is $125 per month toward respite services. We have worked with a Service Coordinator at SRC to understand what services she qualifies for, and how to obtain them. Still, the whole process has been confusing and more challenging to navigate than necessary. I have asked for information on how they rate vendors, who the vendors are, and how much the State will pay towards housing and other services. I am still confused, and my questions have not been answered. I am a very dedicated parent, and this process of trying to obtain services through SRC has been aggravating and nontransparent. I am hoping your Committee can address the need for young adults on the autism spectrum to receive services in a timely and transparent manner. Currently, we are very frustrated and disappointed at the lack of services available for young adults on the autism spectrum. Thank you.

Allan Ward, Owner, Home Instead; President, Personal Care Association of Nevada (PCAN):

We are here today to bring awareness to a growing crisis in our State and around the globe—the caregiver shortage—to meet the care needs of our rapidly growing elderly and infirmed population. Nevada has one of the fastest growing senior populations in the country. Even before the great resignation, we were challenged in recruiting, developing, and retaining enough caregivers to meet the needs of our community. You could argue that every industry has a labor shortage at every level. The consequences of being understaffed in retail fulfillment and manufacturing may mean longer lines, slower service, or delayed packages; however, understaffing in home care means someone is going without a shower, a meal, or even medications. These consequences lead to otherwise avoidable emergency room visits, hospitalizations—hospitalization admissions that place unnecessary burdens on our already overtaxed health care system. Of course, we need [to be] much more selective in hiring caregivers, as they are entrusted to be in our homes, caring for our most valuable population. Although home care is not reimbursable with Medicare—like hospitals, rehabs, home health, or hospice—it is the mortar throughout the foundation of the continuum of care from the beginning and assistance with activities of daily living (ADLs) to the end of life with hospice; and often plays a preventative role, avoiding more costly acute care settings and rehospitalizations. Personal care agencies are not regional or national corporations, they are small business owners. Some are in franchise models, some independent owners, but the profit margins do not interest the large companies—one of the main reasons our services are private payer or Medicaid. Our greatest challenge is to balance the wages, benefits, and investment that will attract and retain reliable, trustworthy, compassionate care professionals with affordable hourly rates to our fixed income seniors and their families. These essential services cannot be limited to the poor person or to the rich person—they need to be available to all persons. Our mission is to reduce what lies between us—the ever-increasing regulations, license fees, PTO contributions, workers compensation, unemployment, modified business tax, general liability insurance, health insurance—just to name a few. I have been in the business for 19 years. Every two years we have additional regulations/burdens, but never have them reduced. We are basically here—and you will hear a presentation in the coming period by Bob Crockett—we have a few proposals that will help us reduce that. One of which is to eliminate the regulations; they are obsolete and are unnecessarily onerous, thereby limiting the economic potential of the State. Create a regulatory environment that will be concise, transparent, stable, balanced, predictable, and thoughtfully constructed. One of which is addressing the 8-hour day on a 24-hour rolling clock. We are the only state in the nation to provide a waiver for home care because we are a 24/7 type of business. The eight-hour day—

Chair Spearman:

Sir, can you wrap it up please? You are over the two minutes.

Mr. Ward:

Yes, I can. The other key point is to extract PCAs, a nonmedical provider, out of facilities for the dependent, which is clinical and facility-based—PCAs are not facilities, we do not house our clients or patients. They are administrative offices. We send our caregivers into the homes of residents, and as such should not be regulated like we serve a consumer in a brick-and-mortar facility.

Chair Spearman:

Thank you, sir. I am going to ask if you submit the rest of that in writing, please. We are going to come back to Las Vegas, and I want to remind everyone we are limiting public comment to two minutes per person. If someone has already said what you want to say, it is okay to say, "Ditto." Anyone who is not able to complete their entire testimony/audio, then you can submit that, and we will make it a matter of record. Let us go back to Las Vegas.

Jaime Vitale, Nevada Commission for Persons Who Are Deaf and Hard of Hearing, ADSD, DHHS:

Good morning, I am a member of this community. I am on the Commission for Individuals who are Deaf and Hard of Hearing, and I am also here for Las Vegas Deaf Seniors. Thank you for having me here and for allowing us to be here. From my experience and from what I hear from the community and the exposure I have—when we go to a hospital or when we go to a doctor's appointment, there are not enough sign language interpreters. There is a lack of access, especially if it is something that is last minute or an emergency—we wait two to three hours. Even when something is provided, it is video remote interpreting (VRI) and because of the Internet connection, we cannot get the services we need—and there is just a huge shortage. If something were to happen to us in a medical setting, we could sue—because we need access to communication. When it comes to doctor's appointments, they will cancel them because they will not get an interpreter, which means our health is severely impacted. The scarcity of services in the State of Nevada—the lack of interpreters is really terrible for our community. I hope you can do something to provide hospitals with full time services, interpreters—staff interpreters—so they are already there when there is a need and not using Internet-based services. When those services do not work, we do not have connectivity. There are some who have a low level of communication and do not have the access to language; so, we really need that. Thank you for your time today.

Chair Spearman:

Thank you. We will go back to Carson City now.

Larry Dailey, Nevada Resident:

I am Rachel Dailey's father. As Rachel said, she and her advocates are repeatedly told her services cannot be delivered, and there is no process to even tell her when they might be delivered. With the full blessing of the ADSD, service providers accept or deny cases arbitrarily. The ADSD says providers can refuse to take cases—and this is a quote— "for any reason." I asked the Administrator and a Deputy Administrator what "any reason" means. If, for example, a provider just wanted to take easy cases with a certain disability, would that qualify as "any reason?" They said, "Yes." I pressed further—being a little shocked by that—asking if providers could refuse cases because they were uncomfortable working with black people. A Deputy Administrator in the presence of her supervisor replied—and this is a quote, “Technically, yes.” I will take a lie detector test on this if you want. When Rachel filed an internal ADA complaint, the ADSD ADA Coordinator on a bathroom break told Rachel and me we were right about everything, but that her findings would not reflect that we were right about everything because she had “a baby and a dog to feed.” She did not want to lose her job through retaliation. Since that time, the Federal Health and Human Services Office of Civil Rights has found that ADSD is likely discriminating against Rachel, who testified earlier today. The feds are supposedly providing technical assistance to ADSD. We do not see a difference. The ADSD does not seem capable of understanding the mandates of complying with and teaching the ADA, let alone reporting that information reliably to committees like this one. They seem to not understand that “any reason” means any legal reason. My daughter's life, as I discussed at your last meeting, might be in your hands. You met her today. I hope you love her as much as I do. Please help her and people like her get the services they need and end the discrimination of “they can deny you services for ‘any reason’.” Thank you.

Connie McMullen, PCAN:

Good morning, everybody. Madam Chair, I am representing the PCA on Item II in your work session. *Nevada [Revised] Statutes* 427A.029 for the frail elder was established in 1987 to enable the frail elderly person with a physical or mental limitation to live independently and carry out normal daily living. Nevada's Waiver for the Frail Elderly, 1915 (c), was approved in 1992, but it was approved without nutrition or attendant care. During the pandemic emergency assistance period, funding for nutrition was approved for adults who did not have that service. Since the funding has been discontinued, it is obvious there is a need and a desire for that funding to continue in our State. It makes good sense to expand the Frail Elderly Waiver to include nutrition assistance for vulnerable seniors and attendant care to enable low-income adults to live in their home. Adding these services to the Waiver would bring consistency and comparable access, facilitating independence and self-sufficiency for people to live alone. Personal Care Association of Nevada additionally favors creating a caregiver portal—listing providers, services, level of care, verified complaints, and other information. Today, consumers must call several providers regarding services, communities served, and the cost. A portal on the State website would greatly minimize time spent, duplication, cost of finding decent caregivers, and assistance. Additionally, we also want to express our deep concerns about the Medicaid Access Rule, and the difficulty for PCAs currently to deliver quality service and remain in business. We ask that you give serious consideration to Item VI. We thank you for your time today, and your interest in building a more robust set of home- and community-based waivers for services for people living with disabilities and their desire to live in a least restrictive setting. Thank you. (Agenda Item II B)

Chair Spearman:

I will come back to Las Vegas.

Sean Mulholland, President, Las Vegas Deaf Seniors:

Good morning. I am here to talk about hospital/medical access—and thank you, first of all, for having me here—for inviting me to be part of this. I want to say I have seen many of our community members start to grow old, to need medical care more often, and the State of Nevada has gotten even worse when it comes to providing interpreting services in hospitals and doctor's offices. They provide VRI, which is an Internet based service. We have reached out—we have tried to do what we can; but we unfortunately come across people who ignore the current laws—ADA and other things—that are already in place. We have had deaf people in the hospital three to five days with no access to communication—no interpreter provided. They have been given written instructions—and sometimes when it comes to written instructions the language is too complicated for the patient to understand—the deaf person's access to written language. Bringing in an interpreter gives clarity to the situation, gives access to communication. I feel like we need to protect the senior citizens in our community. To give you an example of that, in Rochester, New York, they have sign language interpreters that are ready at the facility. They provide VRI services as well. Minnesota also has sign language interpreters ready at their hospitals. South Dakota also has those services; they have sign language interpreters ready; they have access to communication. Here in the State of Nevada, I feel like we are in last place when it comes to comparing us to every other state. We need your help. We need the Senators; we need the Assemblymen—we need your help. Please help us to wake up the rest of the medical community and the facilities, so as the community grows and as we have more deaf people that need access, we have the services we need. Without a Deaf Center, we cannot access resources. It is very sad for us, but we want you to listen to us. We want you to think about what we need for our future. Thank you so much.

Matt Robinson, Private Citizen:

Good morning. Before I begin, thank you for your time. Thank you for having me. Specifically, the reason I wanted to come here today was just to share one fact. No offense to the interpreter that is voicing for me at this time.

ASL Interpreter:

There will be none taken, so do not worry.

Mr. Robinson:

The point is where are the State interpreters? Why is this interpreter here? This interpreter is from ASL Communication (ASL Com). She is from some agency. The State of Nevada has paid ASL Com so much money to provide interpreters. We have State interpreters—where are they? There are five interpreters, and I do not see them here. I am looking around the room; I do not see any sign language interpreters. You have invested this money into them and now you are paying ASL Com. You are wasting money paying for this interpreter when you have already paid for staff interpreters for the State. One interpreter—why not one State interpreter and one ASL Com interpreter. Hats off to you—at least you would use one of them—but you have none of them here. They were all busy today. It does not make any sense. That is all I have to say. Thank you for your time.

Chair Spearman:

Thank you. Let us go back to Carson City and BPS. I do not know if there is anyone on the [phone] lines, but after we finish with Carson City, we will come back to the phones. To remind those who are on the phones, please mute whatever device you are listening to or looking at before you start to engage us in conversation. Carson City, let us go.

Eric Wilcox, Chair, Nevada Commission for Persons who are Deaf and Hard of Hearing, ADSD, DHHS:

Thank you so much, Chair Spearman, and Members of the Committee, for the opportunity to address you. I am the parent of a deaf child, and I am here today in my role as Chair of the Nevada Commission for Persons who are Deaf and Hard of Hearing. I had the pleasure of presenting to this Committee along with two of my colleagues at the April 30 meeting of this Committee. I wish to follow up on one point of discussion, which was alluded to by the previous speaker; as well as provide a brief update from the deaf and hard of hearing community. At the April 30 meeting, there was a discussion about accessibility of legislative hearings for Deaf individuals. While we at the Commission are always happy to help the Legislature and any other State agency—or a State entity—to understand how to better provide accessibility, I did want to make clear, as the previous speaker mentioned, that NRS 427A does provide for a team of sign language interpreters specifically tasked with providing accessibility for Deaf individuals to State agencies and the Legislature. In the past, they have consulted with the LCB on accessibility of legislative hearings, and they have expressed to the Commission a commitment to continue to do so.

Regarding the accessibility of the April 30 meeting of this Committee, we did want to make you aware that the remote interpreters who were providing sign language interpreting on the live video feed, and the recording of that live video feed, were not consistently viewable on the screen, either in the hearing room or on the recording. Furthermore, my two colleagues, Obioma Officer, the Executive Director of the Deaf Commission and Shelly Freed, of the Las Vegas Deaf Seniors, who presented testimony in ASL were not consistently visible on the screen or in the archived recording. The Commission followed up with the LCB, and we are committed to helping as best we can to improve accessibility. I do want to acknowledge and thank you for the effort that went into providing accessibility at today's hearing. We encourage the LCB to avail themselves in the future of the State interpreting team. They are your expert team to provide comprehensive accessibility.

Finally, I wanted to draw attention—as I am sure is now clear—that the disability community, as well as representatives from our deaf community groups, are assembling today to raise awareness of the ongoing challenges facing this community, many of which have been voiced already today; as well as to organize around a legislative agenda to address these concerns with which my colleague Eli and others have mentioned elements of in the public comment. The Commission is grateful for the support of legislators on this and other committees for the opportunity to communicate our concerns to you. We look forward to working with you in the 2025 Legislative Session on alleviating the persistent challenges faced by Deaf and hard of hearing folks in Nevada. Thank you for your time today. (Agenda Item II C)

Chair Spearman:

Broadcast and Production Services, do we have anyone on the phones?

BPS:

To provide public comment, please press *9 or raise hand on your Zoom window to take your place in the queue.

Chair Spearman:

Remind them to turn off whatever apparatus they are using to listen to us on, so we do not get the same feedback as we did earlier. Thank you.

BPS:

Caller with the last three digits 653, please press *6 to unmute yourself.

Dora Martinez:

Good morning, Chair, Vice Chair, Members of the Committee. I am sorry I could not be there with you all in person due to the lack of equitable transportation. The earliest bus that left Reno to Carson was 6:30, I could not make it with my service dog. I want to commend and appreciate Catherine Nielsen, and Obioma Officer, and everyone who spoke—and getting us all together with you all. Madam Chair and Vice Chair, where you could all see us—we could be heard and be seen. I heard from one of the great women of our time who said, and I quote, "When we fight, we win." And we are. Let us go do something. We are doing something, and we hope our presence will have an impact in your mind when you guys are creating BDRs and laws—that this will impact the most "vulnerable population in our State." I could not really read the items on the agenda. I read the agenda. The agenda is fine, but the materials that were available are not 100 percent accessible. I go back to Ms. Director Nielsen's point that when you build accessibility from the bottom up, Madam Chair, it is accessible to all. Some of them are PDFs and they are not accessible—user friendly for the blind PDFs. I understand you guys do not want plagiarism, but there is a way to make a PDF readable for people with screen readers. That way we could come to the table with you guys and give you constructive feedback; so, when you build these laws that will affect people with disabilities, it makes a positive impact. I appreciate all that you all do. I would urge you to look at the YouTube [channel] for the democratic committee. They had an ASL interpreter and audio description. This is doable—we can do this. I appreciate all of your time. Thank you, have a great session, and I will be listening in. Thank you, Catherine and Obioma. Bye bye.

BPS:

Chair, we have no additional callers for public comment at this time.

Chair Spearman:

Thank you, let us come back to Las Vegas.

Unidentified Member of the Public:

In Las Vegas, we have the casinos, we have the stadiums—and the football games do not have any captioning. We love football too. We love sports. People from out of state come in and we want to be able to understand what is going on as well in those things. So, we would love to have some kind of Communication Access Realtime Translation (CART), or captioning provided for the Super Bowl and stuff when it comes. That is all. Thank you.

Chair Spearman:

Thank you. Anyone else in Las Vegas? Do we have anyone in Carson City?

Paula Koerwitz, Member, Las Vegas Deaf Seniors:

Good morning. I also volunteer for the committee, Access. There is a real-life threat at the hospitals without having interpreter services or VRI for three days. That is not fair for emergency room visits and such. The reason Nevada advocates for a 15-day grievance and that is not enough time. We should have 30 to 60 days to go ahead and file those complaints—to go ahead and improve that access for the hospital. Again, thank you for your time.

ASL Interpreter:

Can more go up? Should I wait here? Are you going to the north?

Chair Spearman:

Anyone who wants to make public comment here in Las Vegas if you can come forward now. If you do not get a chance to testify in this segment, we will also have public comment at the end of the meeting. Let us take about three more. Then we will close this segment of public comment, and we will come back at the end of the meeting. I see two people here in Las Vegas. Is there anyone up north? One, two, that will be the third person. Anyone up north? No one up north. We have got the last three people down here, and we will come back—we have got another segment at the end of the meeting.

Lee Bullock, Board Member, Las Vegas Deaf Seniors:

Hello. Thank you for allowing me to be here today. My main concern is the huge disparity in health care services between the hearing community compared with the deaf community. There really is a large disparity in health care services. I encourage you to listen to our needs with open minds and an open heart and try to connect with us, and make sure we have equal access to those health care services. Thank you.

Joe Adamo:

Hello, many thanks for inviting all of us to be here today—love you. That is great. Thinking about specifically ASL Anywhere and the funding that has been provided for that. We are grateful for the funding and the grants that have been provided, but it is a very limited amount of time. I get 60 minutes for 6 months. Trying to access that when I do not have an interpreter available is very difficult because the minutes run out very quickly; then I have to pay out of pocket $61 for 60 minutes. I hope maybe we can find more funding to support the ASL Anywhere program. Thank you.

Unidentified Member of the Public:

Hello. The insurance program, Loya—the 90 days had passed, and they had suspended my Loya insurance. I was trying to file a claim, and I could not file that claim because of the amount of time that was going by before I could access the insurance. What Nevada State was trying to provide me—they were trying to process it. After waiting such long amounts of time, I had to do so much work. I had to use the video phone because there was no sign language interpreter. Because of all that, I was not able to get the medical care I needed when I had something happen. I have been here 44 years as a resident of Nevada, and I have had those experiences throughout those years.

ASL Interpreter:

Do you mind if I clarify his comment? Recently, he was in an accident, and he was supposed to get money from the insurance company. It has been a struggle through the insurance company not refunding him for incidents related to the accident. That has been his struggle. So, he is asking for your help with the situation related to insurance. Thank you.

Chair Spearman:

We thank those of you who have taken the time for public comment. As I said before, we will come back at the end of the meeting and there will be additional time for public comments. With that, we will close out Agenda Item II.

AGENDA ITEM III—APPROVAL OF THE MINUTES FOR THE MEETING ON APRIL 30, 2024

Chair Spearman:

We will move to the approval of the minutes for the meeting on April 30, 2024. Members of the Committee, are there any questions regarding the minutes? Assemblyman Gray?

Assemblyman Gray:

No, ma'am.

Chair Spearman:

Thank you. I will entertain a motion to approve the minutes of the Committee meeting on April 30, 2024.

> SENATOR DONDERO LOOP MOVED TO APPROVE THE MINUTES OF THE MEETING HELD ON APRIL 30, 2024.
>
> ASSEMBLYMAN D'SILVA SECONDED THE MOTION.
>
> THE MOTION PASSED. (SENATOR KRASNER WAS ABSENT FOR THE VOTE.)

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AGENDA ITEM IV—PRESENTATION ON NEW FEDERAL LAWS AND REGULATIONS RELATING TO MEDICAID, SERVICES FOR SENIOR CITIZENS, ADULT PROTECTIVE SERVICES, AND DISCRIMINATION AGAINST PERSONS WITH SPECIAL NEEDS

Chair Spearman:

Let us move on to Item IV, presentation on new federal laws and regulations relating to Medicaid services for senior citizens, Adult Protective Services (APS), and discrimination against persons with special needs. We have Administrator Stacie Weeks, and Administrator Dena Schmidt, and it looks like they are presenting Carson City.

While we are waiting on them to come to the table—or BPS to show them at the table—let me say one of the things we tried to do as a Legislature in 2020 was to make sure members of the disability community had an opportunity to participate in the voting process. Part of why we did that was to make sure you have access to a ballot, an opportunity to look at it in the privacy of your home, a chance to go over it, and you have someone there to interpret for you. We may not have everything right, but that was one thing we wanted to make sure—in the voting process—that was part of the reason we wanted to make sure every registered voter had an opportunity to get a mail-in ballot because of the challenges members of our disability community have—and members of the able community, but they are also mobility challenged, in terms of either not being able to drive, or they may not have consistent transportation. So, when those ballots come out, I do hope you will exercise your right to vote. That is all I will say. Are we ready in Carson City?

Dena Schmidt, Administrator, ADSD, DHHS:

Good morning. I am here with Stacie Weeks, the Administrator for the Division of Health Care Financing and Policy (DHCFP). On our agenda today, we are going to cover new changes in the Older Americans Act, and what that impact looks like to our agencies, as well as an overview of the new Access Final Rule and specifically Section 504. Then we want to talk about the impact on services, the future outlooks, and our next steps as agencies to ensure implementation. (Agenda Item IV)

Starting with the Older Americans Act—this is a federal law that authorizes grants to states for the provision of programs and services. Through ADSD, we fund services such as: supportive services (including in-home services, legal assistance services); congregate meals and home delivered meals; as well as evidence-based disease prevention and health promotion services; caregiver supports; senior employment services; the Long Term Care Ombudsman program; and the APS programs are all the programs we provide under the Older Americans Act.

In February, the Administration for Community Living (ACL) released the Older Americans Act Final Rule. This was the first update in many years, so there is quite a bit of modernization. In this rule, we have until October 1, 2025, to comply. Many of the changes are focused on access to services and ensuring we are reaching populations that have the greatest social need. It also requires a lot of changes to our policies and procedures. There is a big focus on person-centered planning, assessments, and client eligibility; more transparent definitions under the Older Americans Act; a grievance process; and requiring more coordination with our native communities. The impact to us is the detailed coordination among tribes and local programs. We need a lot more work there that we will be required to do. One of the other areas is that it clarifies provisions prioritizing people with the greatest social need. That does change some of the ways we subgrant our awards and some of our reporting requirements. It also clarifies the role of the aging network in defending against the imposition of guardianship. This is a little different than we have had in the past, and it is making sure we at ADSD, as well as all of our grantees across the network, are doing all we can to promote alternatives to guardianship. It also clarifies flexibility, which is wonderful. Since the Coronavirus Disease of 2019 (COVID-19) pandemic, our nutrition programs specifically had to become much more flexible. Some of those lessons learned during that period are carried through in this new update. We can have a little bit more flexibility in nutrition programs, things like allowing carry-out meals through our congregate settings. Those are positive changes we have seen. One of the other areas that will impact us as an Agency are new requirements around subaward monitoring and funding formulas.

One thing to keep in mind is the Older Americans Act appropriations do not always meet our current demands, which is something we continue to work [on]. Most of those programs—we are reliant on the Older Americans Act funding only for those services, but there is not a lot of General Fund or other funding sources. It does limit our ability to make sure we are meeting these requirements.

Next steps for us to comply with the Older Americans Act Rule is engagement, understanding changes with our community partners, listening and learning about the impact to those community partners, working with them as we create new policies for subawards—to ensure we can be compliant, but also making sure our subrecipients are well aware of the new requirements and also able to meet those requirements. Part of that will require us to train our recipients and sub-community partners on the new rules, and then implementing and monitoring the new rules.

Additionally, on May 7, 2024, the ACL also released a final rule to establish the first ever federal regulations for our APS programs. The new regulation took effect on June 7th of this year, but we are required to be in full compliance, and we have until May 8, 2028, to be fully compliant. With that, I will take any questions regarding the Older Americans Act.

I am sorry, I should probably talk about the changes to the APS program. Some of the changes are: they set standards for the program which we have never had before—all states are required to provide services within those new standards; tiered assessments to help states differentiate between immediate and non-immediate risk cases; new 24/7 reporting requirements, which will impact the way we operate right now; core values—making sure we are emphasizing person-centeredness and least-restrictive alternatives; and then collaboration with our Medicaid partners, our Long Term Care Ombudsman Program, our tribal APS programs, as well as law enforcement. The new rule also requires a State plan for our APS program. We currently have a State plan for Older Americans Act programs, but we do not have one specific to the APS program—that will be coming as part of the new requirements.

With that, I will turn the presentation over to Stacie Weeks, if there are no questions regarding the Older Americans Act.

Chair Spearman:

Any questions, Committee Members? Vice Chair.

Vice Chair Brown-May:

I do have one question relative to guardianship. With the Older Americans [Act] regulations and APS, is there any language in there that helps us to identify desires about adult guardianship when necessary? Are there any new guidelines we need to be aware of?

Ms. Schmidt:

I think I am understanding. There is nothing specific as far as guidelines, it is ensuring we are pursuing all alternatives available and trying to be diligent in making sure guardianship is the absolute last resort.

Chair Spearman:

Thank you. Additional questions? [There were no additional questions.]

I have one, and this may or may not be right on the edge of the Older Americans Disability Act. When someone is going to the doctor and they have been diagnosed with Alzheimer's or dementia, and they need someone there in the room with them, is that something that can happen? Or is that something that doctors have the opportunity or have the leverage to say, "No, you cannot come in during the examination."

Ms. Schmidt:

That is outside of the Older Americans Act's policies and regulations; so, I would not have an answer at this time.

Chair Spearman:

Can you do me a favor? I am trying to track that down because it seems a little obtuse. If someone who has advanced Alzheimer's or dementia and they are being examined by a medical profession—many times at that point of their cognitive ability, they may or may not understand what the questions are or may or may not understand what the implications of their answers or the questions are. Can you find out who that responsibility falls under? I would appreciate it.

Ms. Schmidt:

Absolutely. Sometimes it is the power of attorney, sometimes it is the guardian; but I will get the actual law and see what is allowable and follow up with you.

Chair Spearman:

Thank you—because I had someone say to me that the doctor forbade them from going into the examining room with the patient who clearly was in the throes of the last stages of dementia. There are no additional questions? Alright, let us proceed.

Stacie Weeks, Administrator, DHCFP, DHHS:

Good morning, Madam Chair. I am here to present the Medicaid Access Rule and Section 504 of the Rehabilitation Act. I do not know if you guys can see my slides; I am going to pull more up for you. Some background on the Medicaid Access Rule—Medicaid is founded in Title 19 of the Social Security Act. In that Act is a portion of the law that basically requires that states assure payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers. When we hear people refer to the Access Rule—that is the foundation of that conversation. The challenge is how do states do that, and how does the federal government enforce this. A couple of years ago, the federal government's Centers for Medicare and Medicaid Services (CMS) came out with a rule called the Access Rule. What we recently saw was an update to that rule. This rule came out a couple of months ago. It is several hundred pages long and includes a managed care component of the rule. So, there are two big rules that came out impacting Medicaid. The Medicaid Access Rule is looking at both Fee-for-Service, and managed care programs, and recipients for Medicaid funded home and community services or community-based waiver programs. This rule seeks to increase transparency and accountability, standardize data and monitoring, and promote active beneficiary engagement in Medicaid programs with the goal of improving access to care. There are three big components of the rule, which are in that pie chart on the right. There are consumer participation requirements, new home and community-based service requirements for the waiver programs around access, as well as provider rates—which also impacts the home- and community-based service waiver programs and Fee-for-Service.

Under the Access Rule, Medicaid does have an advisory committee which is made up of a variety of consumers as well as providers. It is required that every state have what we consider an advisory committee to Medicaid. This rule updated this requirement to include more specifics around the types of people that sit on these committees, how often they meet, as well as the reporting that comes out of these committees. What we are going to be doing is looking at updating State law to ensure Nevada is compliant with what we are calling the Medicaid Advisory Committee (MAC). The new rule added something new called the Beneficiary Advisory Council (BAC) that sits under the MAC, like an advisory council to the larger committee. This will include actual members of Medicaid and individuals who are impacted by the decisions. Federal law requires that we reimburse for participation of beneficiaries in this Council. We also have to make sure there are term limits, so individuals are not sitting on this Committee forever—that we have diverse views, and that people are renewing and turning over and ensuring we are hearing all voices. We are looking at absorbing some of the work of our advisory groups into this larger group and hoping to have that up and going by July of next year.

The scope of the MAC and BAC—there are changes that were made—they are listed here—that are in the rule, it is pretty lengthy. Deputy Administrator, Melinda Southard, on my team will be leading this effort with our community advisory stakeholder group. We will be working on that over the coming months to revamp our Advisory Committee.

The other portion of the rule that has a huge impact—that I know members here today are very much interested in—applies to what we consider our 1915(c) and 1915(i) waiver programs. We have several of these programs in Medicaid that we have authority for at the Department. The Home and Community Based Services (HCBS) waivers include the Elderly waiver, Physical Disabilities waiver, Intellectual/developmental Disabilities waiver—which as you all know is operated by ADSD. We also have a Specialized Foster Care program and Adult Day Health Care program that sit under these waivers. All of these programs will need to comply with many portions of this rule. We have a pretty large team right now looking at the different impacts on our Agency.

We are looking at different oversight for HCBS waivers because of this new rule. It strengthens oversight of person-centered planning to ensure it is occurring with individuals, from providers who operate and administer the programs for HCBS waivers. It requires states to follow nationwide incident management standards when dealing with incidents that happen for members in the program, requires standards for monitoring these programs, requires a new grievance system for beneficiaries—which we will talk about here in a second. It also adds new CMS reporting requirements for the Division. We are working on this in coordination with our sister division, ADSD. On my team, Deputy Administrator, Malinda Southard, is leading this effort and her team, as well as from ADSD Agency Manager, Jennifer Frischmann.

When rules like this come down, how does it impact the Department? Medicaid is sprinkled throughout the Department in many ways. Under federal and State law, DHHS is considered our single State agency for Medicaid. It is responsible for administering and supervising the administration of the Medicaid program. Centers for Medicare and Medicaid Services ultimately would hold Medicaid as DHHS accountable. The Director has delegated the administration of the program to my position as the Administrator of DHCFP, which is the State Medicaid Director role. And DHCFP administers the Medicaid program, but also is responsible for administering all the waivers as well and ensuring we maintain the appropriate authorities under federal law to operate those programs—that we are monitoring funding that goes from the federal government to our sister divisions to operate the programs. Obviously, any time one of these rules come out, we have to work in coordination with our sister divisions that are impacted. The ADSD, is the under our waiver authority from the federal government, is the entity that operates the programs—the waivers that we have. These parameters are set with the DHCFP, and they are approved by CMS. Again, these are our home- and community-based waivers.

One of the big new things that is coming out of this rule that many states are looking at right now is how do we implement an independent grievance system for HCBS beneficiaries? And because it has to be independent from the individuals who made the decision about a benefit or a service, this program will be built under DHCFP, my Agency, in the coming years or year. This new system will allow individuals or representatives to file grievances orally or in writing at any time regarding a decision, acknowledges the receipt of the grievance, and provides notice of resolution. We are supposed to ensure fairness and independent review of all information. It will provide a reasonable opportunity for the beneficiary or the representative to appear in person, or via phone, or video to present evidence or testimony and make legal and factual arguments about why they are owed the benefit. It provides the beneficiary their case file, including all medical records. It provides language services including written translation and interpreter services. We have to ensure there is no punitive or retaliatory actions taken against the filer of the grievance, and we will be maintaining all records of the grievances filed.

The second thing we need to build out in Nevada is an incident management command system, and we will be doing this in coordination with our sister division, ADSD. By July 2027, we have to have this incident management system up and going. We must operate and maintain an incident management system that includes, identifies, investigates, resolves, tracks, and trends all critical incidents we receive—including reports of abuse, neglect, and financial exploitation. A continuous quality improvement process has to be included as part of the system, including monitoring, remediation, and quality improvement programs. States are required to show they meet this requirement at the minimum performance levels. There is a lot of transparency around this with the federal government too, but some of this information obviously is confidential given the content.

Like I mentioned earlier, there are a lot more reporting requirements to CMS under this new rule. It requires State Medicaid agencies to report to CMS on waiting lists for all of the 1915(c) waiver programs and also service delivery timelines—how long it takes for an individual to get a service for personal care, homemaker, home health aide, and habilitation services. It requires us to use a standardized set of HCBS quality measures and measuring the quality of the program. It requires new public transparency around these issues related to the administration of the program through public reporting of quality, performance, and compliance measures. While we will be sending these to CMS, we will also be reporting many of these on our website as required under the rule. The DHCFP will collect data from ADSD for reporting purposes, and we will post it publicly as needed for compliance. We will also be bringing on vendor and consultant support to support the implementation and improve oversight and compliance of our HCBS waiver programs and Medicaid.

The other big piece is the waiting list. Going forward, states must report to CMS annually a description of their waiting list maintenance and process, including whether the State screens individuals for eligibility for the program; whether the State periodically rescreens individuals on the waitlist; frequency of rescreening the number of people on our waiting list; average amount of time individuals newly enrolled in the waiver were on the waiting list; and average time waiting for services once approved for the waiver.

As I mentioned earlier, we need to look at a consistent, standardized quality measure set. It is my understanding that we already do many of these—we look at these quality metrics today at ADSD. Part of the new rule will require that we report this information to CMS. The priority areas are person-centered planning, health and welfare, access, beneficiary protections, and quality improvement. Centers for Medicare and Medicaid Services has not finalized the entire measure set at this time, but we will do so through a process that allows for public input and comment. We will know more about this in the future—hopefully not too long from now, so we can plan.

Access Rule and payment adequacy for HCBS—this is a big piece you have probably heard about in the news and people talked about it earlier in the public comment. This part of the rule—while it is really important and impactful in many ways—is not effective until

July 2030; that is in six years. I want to be cognizant of that today. Obviously, states have the discretion to move forward before then. But from our perspective, unless State law changes and funding is provided, we will be following current law, and we will be proposing changes to comply by July 2030.

Home- and Community-Based Services rates to certain providers must be adequate under the new rule—adequate enough to ensure a sufficient direct care workforce. The new rule defines the direct care workforce as direct support professionals, personal care attendants, home health aides—among registered nurses, licensed practical nurses, nurse practitioners, clinical nurse specialists, and licensed or certified nursing assistants under supervision who provide nursing services to HCBS beneficiaries.

Under the rule, at least 80 percent of the total Medicaid reimbursement paid to the provider agency must be spent on compensation to the direct care worker, who is providing the services, commonly referred to as a "wage pass through." Last session, we had something similar here pass. It was called a minimum wage requirement. Some of you may recall that requirement. We have since implemented that, and we are assessing it now to see if it complies with the 80/20 rule. I apologize, I do not have that analysis here today, but we are working on that.

There are exceptions in the rule. There was public comment around this about being too small to take on some of these requirements. There is an exception under federal law for small HCBS agencies, where we can adjust the requirement down from the 80 percent, to adjust for the size of the agency. I want to note there are ways here to acknowledge the size of an agency, and whether or not they can take on that type of 80/20 requirement.

There is also an exception to even comply with the rule for extraordinary circumstances. This exemption applies to a reasonable number of providers facing extraordinary circumstances that prevent compliance. Some of this may be like a public health emergency—could be something to do with the geographic region. We are still trying to understand these pieces of the rule, but I want to note there are exceptions and things we are working on now with CMS to better understand the implementation. On my end, at the Agency, Deputy Administrator, Melinda Southard, will be leading the policy side of this with her team, as well as Deputy Administrator, Jennifer Krupp—she will be leading the fiscal and rate side. We will be looking at our current law to see if we are in compliance.

I apologize, the print is very tiny on that time frame. I am going to do my best to read that to you, so you are not squinting. The time frames here are multiple years; we are looking at six to seven years of implementation work. It is a lot of work for Medicaid agencies and their sister divisions and other agencies nationwide. This is a big effort. The first piece is working on our Medicaid Advisory Committee and our Beneficiary Advisory Council and getting them stood up by July 2025. We are hopeful to have a lot of this going before then and be working toward making sure we can fund reimbursement for travel and everything for beneficiaries to participate—that is the big piece we are working on.

By July 9, 2026, we will be working to get our grievance system up, publishing Fee-for-Service payment rates and the comparison to Medicare—that is another piece of this rule—so states have a better sense of where they stand on their rates. There is a report out there on Kaiser Family Foundation, if folks are interested in this today, and how we do across our providers. We have to do our first MAC report for our Advisory Committee, which will be available by July 2026. Then in July 2027, we are looking at having our incident management system stood up, person-centered planning, compliance reporting, waitlist reporting, and all the website transparency pieces up and going. By 2028, we will be working on payment adequacy reporting for personal care services. That is when we start to look at how we are doing in terms of compliance with our 80/20 rule. We have to start reporting it to CMS, so they know where we stand. Then we have to start making sure we are using the most up-to-date CMS quality measure set for reporting and monitoring the quality of our HCBS waiver program. By July 9, 2029, we will have an electronic incident management system up and going. By July 9, 2030, we must comply and ensure our rates comply with the payment adequacy standard, which is the 80/20 rule for facilities that provide these services.

That is a lot of information. I do not know, Madam Chair, if you want me to stop there or keep going. If you guys have questions on that—I am happy to keep going, and then we can open it up. I am almost done, I promise.

Chair Spearman:

Let us keep going.

Ms. Weeks:

Section 504 Final Rule—this rule/regulation has just been updated. This regulation comes from the Rehabilitation Act of 1973 in Section 504, which prohibits discrimination based on disability in programs and activities that receive federal financial assistance—so essentially our Medicaid program, any of our programs that benefit from federal funding. The Final Rule clarifies several areas not explicitly addressed in the current rule, especially around the major judicial and legislative developments from the Olmstead ruling, as well as the ADA.

Some of the big changes from our perspective—there is a lot in the rule, I do not want to overlook that—but there are three big things I wanted to mention here today for this Committee. There is a lot more in the rule, but the big one is the medical treatment. It is outlining and clarifying how we prohibit discrimination and treatment decisions for people with disabilities. Right now, we follow that as part of our Medicaid provider enrollment process, but we will be making sure that is very clear in our provider—basically it is like a contract they sign with the Medicaid program to hold them accountable.

Web and mobile requirements—there is a lot here for agencies to be working on and defining accessibility for websites and mobile applications. This is going to be a big piece at DHHS, and I think it impacts all of us at DHHS in some way. It codifies in regulation the Olmstead decision. It is no longer just a court order that impacts how we read the regulations, it codifies that as regulation and require states to ensure community based options are available for individuals with disabilities. That is the last slide, and I will turn this off and we stand for questions.

Chair Spearman:

Committee, questions? Vice Chair.

Vice Chair Brown-May:

Thank you for the presentation. There is a lot to unpack here, so I am not going to attempt to do that now or here—but I do have one question. We heard earlier today about personal care attendants being in a section of NRS that is medically focused. Then I see the HCBS is focusing on a direct care workforce. You talked about direct support professionals, personal care attendants, home health aides—they all seem to be in a different section of NRS. Have you considered how the Access Rule is going to change how those positions are regulated or overseen? Or what are the implications you can see that are coming relative to all of those direct care positions at this point?

Ms. Weeks:

From our perspective, the big piece is going to be making sure the reimbursement side—which is typically done through the budget bill—making sure we are compliant on that. Some of the other requirements we can put in through our enrollment process, as well as working with our sister divisions on the provider licensure and certification. I do not necessarily think it requires a rewriting of all the chapters of State law. I think you can still ensure all the pieces comply—we have to make sure on our end that they do. The nice thing about this rule—I say it is nice and it probably is not always nice—but we have to report all this to CMS. It is not like something can be missing and we will not know—CMS will be making sure everything is compliant. As we go along in that process, we will be able to better understand if there is something in statute that needs to be changed.

Ms. Schmidt:

May I please add something?

Chair Spearman:

Yes.

Ms. Schmidt:

One thing to keep in mind is the real focus on person-centered planning and person-centered efforts is one area that does differentiate for personal care services. We currently—as you heard earlier—they are regulated the same as a facility, so trying to balance person-centeredness with regulatory sometimes is a challenge. That is a difference here in the way we have approached this historically.

Chair Spearman:

Thank you. I do not know if you answered this or not. They may be in different sections of the NRS, but is there anything we can do in terms of some type of overlap in the *Nevada Administrative Code* (NAC)? Because sometimes if people are looking in one place and they do not see it, sometimes people will not go to the next—or try to figure out where it might be. In the NAC, is there a way to address that?

Ms. Weeks:

Madam Chair, I think it depends on which portion of the rule we are talking about. For the Advisory Committee and all the consumer activities, that will be statutory; and there is no code for that because Medicaid is exempt. Some of the pieces for the provider rates, that will be funding—what we need there is money and to make sure we are compliant on that piece in the budget. The other piece where it talks about HCBS requirements around licensure, enrollment, et cetera—I think you could do through the NAC, or we can do through our Medicaid services manual policy. I think as we move forward with CMS on how these pieces will be implemented, we will have a better sense; but overall, I think we do not see any major changes to statute at this time.

Chair Spearman:

Thank you.

Vice Chair Brown-May:

Thank you, Ms. Weeks. If you do not mind, one follow-up question. Can we look to your budget to be able to fund those adequate rates, or are you going to require separate legislative action in order to make sure we have funding appropriate? Now, granted, you also talked about the timeliness of this—not until a number of years down the road. I am curious to know, are we leaning on you, or are you leaning on us?

Ms. Weeks:

Madam [Vice] Chair, I love that question. I think we are leaning together. I cannot speak on behalf of the budget, I might be mindful of that—but given this is not in effect until 2030, we are not coming forward at this time with the proposal to do the 80/20. So, if folks want to move forward before we are required to do that, then legislation would be required. Hopefully, that answers your question.

Chair Spearman:

I have a couple of questions. I want to go back to slide number ten—scope of the BAC and the MAC. My question is on diversity. How are we comporting with the opportunity to make sure there is a lot of representation—diverse representation on those boards? I am thinking not just with respect to ethnic, but I am speaking in reference to linguistic, LGBTQIA—and what are we looking at in terms of veterans? If we are going to serve these communities, then we have to have representation across the board. Especially—and this is one of the reasons I brought the bill in I think it was 2017 about cultural competency—to make sure we have people on these boards—or on these committees and commissions—that understand the nuances in particular cultures. Can you talk to me a little bit about that?

Ms. Weeks:

Yes, Madam Chair. The new rule does outline explicitly a lot of different types of members, so I think obviously we have to comply with that first. If members want to add to that, they would need to put it in statute. I know we are going to be doing a broad outreach to a variety of stakeholders through our LISTSERV, but also in different community settings. We have to do more of an application process—people have to apply to be on the committee. We will be working on that information over the coming months to get out before January.

Chair Spearman:

One of the things I would like to see is casting a broad net. Some of the ways we usually advertise for these positions—there may be people in other communities that do not necessarily subscribe to those ways. I would advocate for casting a broad net—radio, public service announcements (PSAs), perhaps in some of the faith-based communities—because sometimes what we find out is once the commission or the committee is already put together, then the standard answer is, "We could not find anyone." Then I go back to some of the communities that are not represented, and they say, "Well, we did not know." I am advocating for casting a wide net when we start looking at advertising and outreach. Does that make sense?

Ms. Weeks:

Madam Chair, yes, it does. We will definitely take that back and do that. Thank you.

Chair Spearman:

A couple more questions. On slide number 13—you may have already answered this. We heard several comments during public comment about how some of these grievances—or whether or not people can refuse, and what the standards are. I am very concerned about that, especially if we do not have anything in our NRS or NAC. What do we do to make sure people are not arbitrary in their refusal to provide services?

Ms. Schmidt:

This grievance system—many of our programs currently have grievance system processes. The new Older Americans Act outlines rules regarding grievances for those programs. Then the HCBS Rule outlines the new grievance system; it is much more detailed than previous systems we have had. Currently there is a grievance process, as well as an ADA—as you heard—an ADA complaint process that we follow in our organizations. This new rule will enhance and modify the ways we handle our processes. The nice part about this rule is it pulls it out of our agencies and makes it an independent third party. Currently, the rule requires us to do that process, which sometimes seems like a conflict of interest for both us and the recipients. This will be a benefit because it will pull it out to an independent group that will make the determinations for us.

Chair Spearman:

Perhaps what we need to do is make sure providers understand this and are aware that the refusal cannot be arbitrary. If that standard is not met, then what are the consequences? You do not have to explain that to me but explain to providers what the consequences are—so it is not an arbitrary thing. Especially when we start talking about reporting—once that is reported, then what are the steps that are taken to make sure that provider—if they do not understand what the process and procedures are for being a part of this program—then what are the processes we can go through to help enhance their understanding, shall I say.

Ms. Schmidt:

Yes. In fact, the new 504 section also has new requirements around exactly that. The State agencies have an obligation to ensure providers are not being discriminatory in any acts; so, that will also be enhanced as we move forward.

Chair Spearman:

Last question—in 2017, we addressed the interpreter situation. One of the things we tried to do during that Session was to look at interpreters who would be on site at hospitals, especially in emergency rooms. We heard a few comments that this is not the case. What can we do to make sure that is available to deaf persons and make sure it is available in a timely manner? Because in some instances—a health crisis—the difference of seconds or minutes can be a matter of life or death. Is there anything we can do as a State? I know ultimately it is probably up to the hospital, but I want to know what we can do to make sure people who go to—not just emergency rooms, but we also have the neighborhood hospitals now. How can we make sure there is coverage there for persons who are deaf?

Ms. Schmidt:

I cannot speak on behalf of hospital regulations, but I do know that under the ADA, the hospitals have a requirement to make appropriate accommodations. I would defer to the Division of Public and Behavioral Health (DPBH) as far as what they could do to hold those hospitals to that requirement.

Chair Spearman:

I want to ask if the DPBH is not here, then let us get somebody—because I would like to see if we can answer that before our Committee meeting is over. I guess "appropriate" is a matter of interpretation; so we want to make sure that "appropriate and timely" means it is not three hours or four hours, but it is within the hour that it happens. If we can get somebody there and also somebody from the Hospital Association—if you are listening in—let us see if we can answer that question and get that posted online. If we cannot get it done before the meeting is over, then I will make sure Committee Members have it, and we will try to make sure it is posted online for those who have had that question and need an answer to that. Committee, additional questions? [There were no additional questions.] Thank you.

AGENDA ITEM V—PRESENTATION OF THE ANNUAL REPORT REQUIRED BY ASSEMBLY BILL 100 (2023) RELATED TO AN EVIDENCE-BASED FAMILY CAREGIVER ASSESSMENT

Chair Spearman:

Let us move to Agenda Item V, presentation of the annual report required by AB 100 related to an evidence-based family caregiver assessment.

Cheyenne Pasquale, Chief of Planning, Advocacy, and Community, ADSD:

Thank you for having me here today. Assembly Bill 100 was passed in the last session and required us to pilot a program implementation of a caregiver assessment. We are behind on our goals mainly due to staff turnover. We are working with finalizing a contract with the UNR's Nevada Center for Excellence in Disabilities to expand our work under our federal Lifespan Respite program. This will include facilitation of a work group to help us identify and implement an assessment.

As I was preparing for this presentation, I had the opportunity to reflect on past efforts we have had around a caregiver assessment and data specifically related to family caregivers. In the past, we have implemented the Benjamin Rose Institute (BRI) Care Consultation, which is a resource and support service for family caregivers. That service is being maintained in the community by providers. We have piloted a caregiver intake through Nevada Care Connection, our resource centers. The downfall with that is a mechanism to collect the data. We have explored using existing off the shelf products, such as T-Care, Trualta, or Archangels. These are the most comprehensive off the shelf options that not only lend to the caregiver data and assessment but caregiver support and services ongoing. They come with an ongoing financial commitment. We have gathered existing assessments from current respite programs as well as other states, and we compared that data that is collected with data required in this bill. Our goal with this pilot is not simply to do another pilot. Our goal with this bill is to do a pilot that has broad support and buy-in across multiple programs. To do that, our contract with the Nevada Center for Excellence and Disabilities will be vital in helping us to develop a work group that can provide input and buy-in early in the process and expand utilization beyond the pilot. Currently, we are on track to have our contract in place, and we expect to be able to pilot an assessment by January 2025. That is my update. (Agenda Item V)

Chair Spearman:

Questions, Committee Members? Vice Chair.

Vice Chair Brown-May:

Thank you for this presentation. I know how hard it can be to come and say, "We did not do it yet." I appreciate that you are here, and you do have this wonderful robust report—knowing that what we are really trying to do is for the future, so we can identify where people are and work to deliver their supports to keep them in their homes safely served. I want to thank you for the efforts that I know your Division has been working on over the course of this last interim in particular, and that you have had a number of challenges. I also appreciate that it has not fallen off of a priority list. For me, that is personally important as well, since I carried the bill. I am grateful we continue to work on identifying where our caregivers are so we can help them be successful in their home.

Chair Spearman:

I have a comment. I think it was in the 2019 Session, we had a bill brought by one of the Senators that would provide a framework for family members who were caregivers as well. I do not know if there have been any references—you all look at how the pilot program can be structured or what might happen as a result of the pilot program. As soon as my privileging kicks in, then I will be able to tell you what the bill was. I know we did that, and we had a couple of family members who were already caring—especially in the rural areas where it is very difficult to get caregivers who are not family members. That bill was in place, and it might be something you can lean on as you look at implementing the pilot program.

Ms. Pasquale:

Thank you for that suggestion.

Chair Spearman:

Additional questions or comments, Committee Members? [There were no additional questions or comments.] Thank you.

AGENDA ITEM VI—PRESENTATION ON THE IMPACT OF REGULATIONS TO THE PERSONAL CARE INDUSTRY AND OVERVIEW OF MEDICAID REGULATIONS CONCERNING PAYMENTS TO CERTAIN DIRECT CARE WORKERS

Chair Spearman:

Let us move now to Item VI, presentation on the impact of regulations to the personal care industry, and overview of Medicaid regulations concerning payments to certain direct care workers. Robert Crockett, begin when you are ready, sir.

Robert Crockett, Advanced Personal Care Solutions and PCAN:

Thank you, Senator Spearman, for inviting us to give this presentation from PCAN. (Agenda Item VI) This is going to be our solution to the Medicaid Access Rule. I think Stacie Weeks had mentioned some of the stuff that is out in the general public. Here are a few quotes about what they are forecasting is going to happen: "Ninety-three percent of us will limit new referrals. We are going to exit the rural areas. We are going to cause cuts in different things." The Home Care Association of America said Medicaid agencies will exit the Medicaid program and 64 percent of providers are going to reduce their service levels. The key number here is the average agency spends today 20 to 32 percent of their reimbursement dollars on administrative (admin) costs. If the 80/20 rule is to get you to 80 percent and an agency is spending 30 percent on admin costs, they are at minus 12 percent with no profits. What we are going to try to propose here is a way to reimagine personal care, so we can cut that. I want caregivers to get 80 percent. I want that 20 to 32 percent to go to 16 and 10, to give us all a fighting shot. We have to operate completely differently—and we are going to go over this. I think it is exciting. These proposals elevate everybody.

People are saying, "We are going to leave the rural areas." We want to go into the rural areas. "Challenging and difficult cases are not going to be served." We want to fill those. We want to get to socially isolated, elderly people, and make sure we can see them and keep them out of the hospital. We want to create career paths for Personal Care Attendants (PCA), elevate their knowledge with specific trainings—could be ASL, as we have talked to some of these wonderful people here. What an opportunity to fill a service gap. I have never thought, "Should I have caregivers who could sign?" It never occurred to me. Well, I look out here and I see potential caregivers and an opportunity to fill a gap in service.

I believe we can reduce health care system costs—I believe personal care is a profit center. If we look at personal care through the correct lens, we reduce hospitalizations and keep people out of institutions far and away higher than what you are spending on PCA right now. If we are focused on the proper areas, we are going to save a lot of money, and everyone gets elevated—but we need to improve and streamline our operations. We need transparent communication between caregivers, clients, and different State agencies. We need to develop clear and defined expectations—a lot of times agencies are not quite sure what we are doing. We need to move away from aggressive accountability towards supportive accountability.

These are the five proposals. Personal care attendants should be W-2 employees. They need the dignity and the benefits of being an employee. Senate Bill 340—I served on that—there is a resolution out of SB 340 that if you are a Medicaid agency, you cannot hire independent contractors. We will go over this in a little bit more detail.

We talk about moving us out of NRS 449. There is a very specific reason. We are whipsawed. There are all sorts of health care legislation that goes through every legislative cycle. We are in the field including these categories—that includes us. We need to be flexible. We need to go to the remote rural areas; we need to be able to change our stuff. If we say maybe clients or caregivers could be 16-years-old, much easier if we are isolated in our chapter. If we want to teach life skills or personal care skills in a rural school—which we would use the background to recruit caregivers—we need the flexibility to be able to train them for that. We need our own chapter. We have talked about this for a decade.

We need a remote care recipient, caregiver management system. From personal experience, we can monitor people remotely and keep them out of the hospital. We can hire and train remotely.

Tiered series of reimbursements—we have to get in lockstep with everybody else. The 80-year-old woman who is very nice and friendly who needs six hours of service is very different from the Hoyer Lift, combative client we have—but right now it is all paid the same amount. It does not matter if you are going to the grocery store, or you have to move somebody at 11 o'clock at night on a Hoyer from their bed to the bathroom, the pay is the same—and I cannot find caregivers. We all run to the bottom. Family caregivers. We have huge gaps in service. This fixes that.

Then the most important thing is the portal. It is really exciting, and we will get to it. This is the information hub for personal care where we onboard caregivers into the portal, we can see Medicaid announcements—and a caregiver can put themselves out there because they need more hours, and an agency can pick them up or a client can do the same thing. We can do a ton of good in this State. We all need to be on the same page and have the same agenda.

I am not going to spend too much time on W-2 employees, but it is fair. When we talk about vulnerable, at-risk employees—those are my caregivers. They should never be classified as independent contractors and be forced to pay their employer's portion of Social Security. We need to protect them.

I want to get to the quote here from Julie Su, the Acting Secretary of Labor: "Misclassifying employees as independent contractors is a serious issue that deprives workers of basic rights and protections." I do not know anything legislatively that needs to be done; I think it could all be in motion because we did approve it in SB 340. We discussed caregiver protections in SB 340; we did approve that. We banned independent contractors. I would like to see the Medicaid meetings—however you guys do it—we get that going.

Our removal out of the NRS into our own—I do not know exactly how you phrase that, but we have been talking about this for a long time. To survive the Medicaid Access Rule, we need to be nimble, and we need to have right fit training, not just training somebody else thought we need to have. We can do much better if we are focused. We need to be able to move quickly. There is an appendix that shows the infection control legislation—13 questions, and I missed 11 of them. They want my caregivers to go four hours and that is supposed to be free training. It is hospital training. I had to look stuff up on the Internet to see what it meant—and it is focused around hospital infections. Well, they are not my infections. Train us how to take care of your mom and dad in their homes—and not what we needed to do, legitimately, training for a hospital. It is the opportunity cost. Maybe it is four hours for a hospital infection control, maybe it is ASL language. It is the opportunity cost and focus. What we can do is specialized training; we can have certified, dementia trained, PCA. Let us do that. There are 13,000 caregivers in this State; 100,000 hours of annual training. Let us claim those 100,000 hours and let us tell agencies—the State puts it together. How do we reduce readmissions when they come out of the hospital? What is the first thing we should do as a PCA? Maybe we have an advanced directives program, a prediabetes program, a congestive heart failure (CHF) program, a fall risk management program. We can do all that—we do none of it because of where we are lumped. I think the State should be directing public health policy, the most impactful things that can be done, a couple of hours a year. What might it be? What to do when you get released from a hospital, PCA-centric cultural competency—I am a fan of cultural competency. I think every single administrator in this State should go to eight hours a year of cultural competency. Probably not going to make me a fan of some people, but we set the culture. My caregivers may have been 30 or 40 years, if you are an adult taking care of adult disabled children, they might not need eight hours. Maybe they needed something about taking care of their child and reducing stress in their home, which is what the

SB 340 Board asked for. That is all we are asking—something for PCAs in the home—nutrition, healthy meal planning, advanced directives, and PCA centric training.

Other reasons—waivers for family caregivers, other states waive nonviolent background checks—if you got a nonviolent conviction, they waive that—we should do that. We should redeem these people. The way we handle tuberculosis (TB). There are a lot of states that do not do TB, they do a baseline. How we do background checks. I have had my fingerprints done five times; they have not changed. Why do we have to keep doing it? Just press a button and rerun my background checks. We want to go to the rural areas. We need the flexibility to make those changes. We do them in our thing, and what is unpopular I am sure for agencies, we need minimum capitalization requirements for agencies, so they stop missing payroll. It is not that hard for us to do, but we should ask everybody to do it. Then we need to create certified personal care agencies—maybe that is where we have ASL sign language—people who can do ASL and the reimbursement is higher. Again, transparent communication—we are in dire need of it.

Remote caregiver—care recipient, caregiver management. We went through the pandemic. I know we can operate and manage employees throughout the whole State from a centralized office. There is no reason not to get somebody out there, but we all have to—this is a collaborative thing. I believe we can find caregivers. How do we reach them? I cannot hire a caregiver in Minden or Tonopah, it is too far away. I can if we have a remote caregiver management system. I can train them on Zoom, we can have video calls, you can provide—maybe it is not the best service, but we are all remote now, because we have the electronic visit verification (EVV) system. Everything is electronic, and we can upgrade our EVV system and target those people.

Then with the young people we hire in the rural areas, those are awesome jobs. If we get a high school kid or someone a little older, why do not we do tuition reimbursement for entrance into health care careers? There is so much we can do when we collaborate. Again, moving us to our own [NRS] 449 location gives us the flexibility to make the changes to address the issues.

Tiered reimbursement, many states do it. Difficult, challenging cases that do not have family caregivers are the cases that are not being filled. We can fill those with tiered reimbursement. Those complex cases that are not being filled are also the people who are going to the hospital. We need to get out there and take care of them. The tiered reimbursement—we do not look at $20 minimum wage, $30 reimbursement. We look at a $20 average, $30 average. Sometimes cases are worth $40, I might pay my caregiver $30. I do not want to say they are only worth $20. They have incredible skills. We need to put them in the right light.

I think Stacie Weeks said the Medicaid Access Rule does not start until 2030—$20 minimum wage, $30 flat reimbursement rate. That is the Medicaid Access Rule on steroids. You are talking about doing it next year, right? I can go with my calculator to any one of you and tell you that 20/30 is over 80 percent—7.65 percent payroll taxes, 3 percent Workers' Compensation, 3 or 4 percent Unemployment Insurance, PTO 3.3 percent. It gets up to 80 percent, and I have not given a single benefit yet. We need to work on averages and there is a business model 20/30 works for—it is a scalable model. If you are big, it works. If you are small, you are out of business. Anyone wants to look at a spreadsheet, we can go over that. A million-dollar company with 40 or 50 caregivers is bigger than 94 percent of the businesses in this country by number of employees. We tell them after they pay for rent, utilities, and phones—a million-dollar company that big has less than $100,000 to spend on administration. Where are we hiring great people to run these and take care of your mom and dad? It does not work. I am not saying we need more money. I am saying there is a different way to look at it. What we can do when we are partners and not at the bottom of the totem pole of health care, we save money. We are a positive return on investment (ROI). The more money you put to us correctly and not fire hose it, the more money we are going to save you.

Tiered reimbursement. My caregivers get rewarded for taking hard cases. They acquire additional skills and learn how to use a Hoyer Lift, transfer a heavy person, or give a bath—not everyone wants to give strangers a bath—they get paid more. They do not get paid more right now. As an Agency, if we have initiatives, we get paid more for going in these areas. The State health care system can help us target these people, and we will put programs, we need to figure out what to do. This all leads to the development of businesses that will have business models that address the care gaps. You might have an agency that wants to do rural. You might have an agency that wants to specialize in people who need ASL or dementia care. We cannot do it now, but we could if we were partners and you asked us. Then we have the career paths—it is so important to create these career paths. There are career paths within personal care. We can start with doing shopping, hands on and giving someone a bath, using a Hoyer Lift, or dealing with a combative client—you get paid more for those skills.

I like the idea of young people working in the PCA program in the rural area, they could get reimbursement or some kind of credit for college. That is the way we build these.

The information portal, which is the last one, it may be the most important, and it is also the hardest to explain. People are always upset with the agencies. If a client needs to transfer, she or he will get a list of agencies to call. That does not work. We have too much technology. You need to be able to go into the portal. If you are a client looking for an agency or if ADSD gets 50 more slots, they can put those people out there, and we can all bid on them. If a client or ADSD went out and put cases out there [on the portal], I can guarantee you my caregivers are going to call me saying, "Boss, there is a client over by me; I want them." Yes, we are going to address those backlogs.

This is a mockup of SB 340—when we talked about the information portal. We can do this through the agency licensing process, and you ask these yes or no questions. The client or caregiver agency goes in and says what they want, "I want VA, I want them in the waiver program, I want ASL"—that could be a question. Then they get a return list, and they can click on their website, call them, go see their facility reports. It is time to do this—and this is scratching the surface. We did versions one, two, three, four. In version four, when caregivers get like little suitcases of information that have all their requirements—that is immediate portability to another agency. You do not have to wait for a month and try to find an agency. You pick the best agency for you, send your little folder over there, we orientate you, and we are off to the races. There is so much we can do, but we have to be able to visualize it.

Other things we would add—and hopefully someone will pick this up—job boards, help wanted, caregiver training, access to medical manuals, State announcements. Any entity in the State could post unfilled cases and post questions. That is just the beginning. It puts the power of information where it belongs with caregivers and clients. I do not need to be the one who knows everything and neither does ADSD. My clients and caregivers deserve to have access to that information.

In conclusion, we want to implement these and build career paths, address service gaps, grow a well trained professional PCA workforce, remove unnecessary rules and regulations.

The most important thing is I do not want to be here two years, four years, six years from now, begging for money. I want the cost study we approved at SB 340 done, so we show we have a positive ROI. If you give us an extra $50 million, we are going to save you $100. We should do that, and you should make us partners in addressing Olmstead issues. We are the people in the community. If you have an Olmstead issue, ask us; let us see if we can fix it. And the tiered reimbursement gives us the flexibility to pay for that and get them out there to fix it. You do not want to say, "Well it is $25—so I am only going to do someone locally—cannot do them because they are 50 miles away." We will fix that. Anyway, there is reason for excitement. I think we can be partners. I consider us like a moat around the Medicaid health care system. You give us the tools and fill up our moat—we are going to keep people out of the hospital, reduce readmissions, delay people going into institutions. Every single person wins. Agencies are better, the State is better, the client is better, the caregiver is better.

That is the end of my presentation, if anybody has any questions.

Chair Spearman:

Thank you. Committee Members, questions? Vice Chair.

Vice Chair Brown-May:

First, thank you for the presentation. I appreciate the detail and understanding where—I look forward to continuing the conversation relative to PCAs. You talk a lot about the Medicaid funding rates, the 80/20 rule. Personally, I understand that; but I am curious to know, do you have private pay patients? Do you bill private insurance, or is it all specifically Medicaid funded?

Mr. Crockett:

Are you talking about my Agency specifically? Medicaid is where I want to be in my life—taking care of those people. There are people who do private pay, and it might be $35 to $40 an hour. The Veteran Administration (VA) rate—we do VA—it is over $40; and that is shopping and meal prep and stuff like that. It is not using a Hoyer Lift or doing anything hands on.

Vice Chair Brown-May:

Thanks for that clarification. I look forward to following up.

Chair Spearman:

Committee Members, additional questions? I do not think we have any additional questions or comments here.

We have in front of us recommendations that have been proposed, and they are in our Work Session today. However, this appears to be an actionable item, and I will entertain a motion from the Committee to act on the recommendation. Specifically, number one—expand ADSD Frail Elderly waiver, which provides community based in home services to enable the frail and elderly to remain in their homes and avoid placement in a long term care facility, to permanently include nutrition and attendant care services offered in the home- and community-based services waiver for persons with physical disabilities. And number two—create a caregiver portal for caregivers and recipients which will connect recipients and caregivers to avoid caregiver deserts, confusion when trying to contact service providers, duplication of services, and caregiver poaching. Is there a motion?

> VICE CHAIR BROWN-MAY MOVED TO APPROVE RECOMMENDATION TWO AS STATED IN THE WORK SESSION DOCUMENT.
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.

Chair Spearman:

Any discussion? I have one thing for discussion, because I did not hear this. There are some housing units for the elderly. Do you all work with them in terms of coordinating care? I am thinking specifically about one that just opened up in my District with Nevada Hands.

Mr. Crockett:

Depending on the facility, I do have people in—

Chair Spearman:

This is not an assisted living. It is a senior housing unit.

Mr. Crockett:

Yes. If it is straight senior housing, I will go over there.

> THE MOTION PASSED (SENATOR KRASNER AND ASSEMBLYMAN GRAY WERE ABSENT FOR THE VOTE).

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AGENDA ITEM VII—PRESENTATION BY THE INTERAGENCY COUNCIL ON VETERANS AFFAIRS

Chair Spearman:

We will move now to Agenda Item VII, presentation by the Interagency Council on Veterans Affairs (ICVA), and Doug Williams is presenting from Las Vegas. Welcome, and please begin when you are ready.

Doug Williams, Chair, ICVA:

Good morning, Madam Chair, Vice Chair, Members of the Committee. I am a supervisory Human Resource Analyst for the State of Nevada, and I have been the Veterans Coordinator for the Division of Human Resource Management for almost nine years. I have also had the honor of serving as the Chair for the ICVA since 2019. With me today in our Carson City location is my supervisor, Brian O’Callaghan, who is a Deputy Administrator for our Division of Human Resource Management. He can also be available to answer questions from the Committee today. I truly appreciate the opportunity to provide an overview on the ICVA to this Committee, as well as a summary of the reports the ICVA collects on an annual basis, and a summary of our most recent ICVA Biennial Report that was provided to the Governor and the LCB Director earlier this year. As a military veteran myself, I would also like to personally thank Senator Spearman, Assemblyman D’Silva, and Assemblyman Gray for your service to our country; and thank all the Members of this Committee for your service to Nevada citizens and our veteran community at large.

First, I would like to provide a brief overview of the history of the ICVA and context as to how the ICVA was established, and how the Council has evolved over time, as well as the evolution and data that is now provided in the ICVA Biennial Reports. (Agenda Item VII A) In summary, the duty of the ICVA is to identify the needs of veterans, servicemen, and servicewomen—including the needs of their family members; to develop and disseminate best practices for improving outcomes for those individuals through policy recommendations at the State and local levels; and to also foster the development and dissemination of research and policy to aid in improving those outcomes.

The ICVA was first established by Governor Sandoval's Executive Order 2012-15 and then codified in NRS 417 by AB 58 during the 77th Legislative Session in 2013. When the ICVA was codified in 2013, the Council was required to provide an annual report. However, it was not until the 78th Legislative Session in 2015, the NRS was amended through AB 62 and AB 482, which in turn created a requirement for 14 different State agencies, as well as various regulatory bodies, to also provide annual reports to the ICVA. As a result, the ICVA provided its first *Nevada Veterans Comprehensive Report* in 2016 that synthesized the data and information provided by those specified State agencies and regulatory bodies. Then the report grew from less than a dozen pages to well over 100 pages in length.

The 79th Legislative Session brought more changes to the ICVA through the passage of SB 137, which required those identified State agencies and regulatory bodies to use specific verbiage when collecting data from a veteran, such as asking, "Have you ever served on active duty in the armed forces of the United States and separated from such service under conditions other than dishonorable?" And other verbiage as well, specific to those who may have served in the National Guard or reserve component. In my opinion, this was a very important change and is still to this day. Unfortunately, I encounter veterans—have interactions with them—who do not consider themselves to be a veteran due to not having served in combat or other misconceptions of who meets the definition of being a veteran.

Additionally, in 2017, the Division of Human Resource Management was added to the ICVA as a Council member, and I have been directly involved with the Council since that point in time as the designated representative for [inaudible]. Also, AB 19 amended NRS 417 reporting requirements for the ICVA, from the submission of annual reports to biennial reports on even numbered years.

Finally, more recent amendments were made in NRS 417 during the 82nd Legislative Session through the passage of AB 36, which further streamlined reporting requirements for the ICVA and also added the Attorney General, the Superintendent of Public Construction, and the Executive Director of the Office of Workforce Innovation as Council members, which brought the total number of ICVA Council members to 14.

As prescribed in NRS 417, the ICVA submits a report concerning the activities of the Council during the two preceding fiscal years to the Governor and the Director of the LCB on or before February 15th of each even-numbered year. Additionally, the report includes information that is synthesized and compiled pursuant to NRS 417 reporting requirements, as well as any Council recommendations. *Nevada Revised Statute* 417.0194 specifically identifies the State agencies which are required to report various veteran related information no later than November 30th to the ICVA. Currently, there are 14 State agencies that are identified in this section of NRS 417, as hopefully you can see there on the slide. Reporting requirements are also specified for each regulatory body from which veterans and service members have either applied for a license, been issued a license, or renewed a license. Current consideration is also underway with the Council's newest members regarding Veteran related services and programs that fall within their purview for which new data reporting requirements may be beneficial. I anticipate a recommendation of new data reporting requirements for those offices may be provided by the ICVA prior to the next legislative session.

The ICVA's 2024 Biennial Report is a comprehensive report with over 50 pages of information which includes recommendations by the Council, highlights of State of Nevada programs that directly support veterans and their families, as well as an extensive data report summary of the information provided to the ICVA for the two preceding fiscal years. (Agenda Item VII B) Since ICVA was created, the Council has provided many recommendations over the years, which have been adopted and enacted through statute and regulation. The most recently adopted recommendation was the balance through regulation of up to 96 hours of paid administrative leave for new veteran employees in their first 12 months as a State employee for any service-connected health care services, appointments, or evaluations. Other notable ICVA recommendations that have been adopted are the creation and codification of the Nevada Transition Assistance program that is designed to augment federal military transition programs with State transition information and resources; the creation through Executive Order of a veteran networking group for State employees; the vast improvement of veteran hiring preferences through NRS 284 for State employment, both for external and internal veteran candidates; and the creation of the veterans unit and program at the High Desert State Prison.

In total, the Council provided 21 different recommendations in the Report—with five of the top ten recommendations focused on occupational licensing; licensure requirements; and reciprocity for military members, veterans, and their spouses. The top recommendation of the Council in the 2024 Report is to codify the State of Nevada's Veteran Hiring Program and Veteran Peer Mentor Program in NRS to ensure long term sustainability of State workforce development initiatives and employment resources for veterans, State employees, and military spouses. This recommendation was also identified as the second highest priority item by over 120 participants who represented 16 different veteran organizations at the Veterans Legislative Symposia held earlier this year. The remainder of the Report consists of highlights of State agency-specific programs for veterans and family members and also includes the synthesized data for the past two fiscal years as required in NRS 417. Madam Chair, this concludes my presentation. I am happy to answer any questions.

Chair Spearman:

Thank you. Committee Members, questions? Assemblyman D'Silva.

Assemblyman D'Silva:

Thank you, Mr. Williams, for your awesome presentation. On the record, I know you touched on it a little bit—tell us why it is so important to codify the State's Veteran Hiring Program.

Mr. Williams:

Our State of Nevada hiring program existed since we stood it up in 2016, so it has been around for quite a while. We have serviced literally over 10,000 veterans. We have assisted with the employment and connection to other resources here in Nevada and the codification of that will help ensure long term sustainability [inaudible], regardless of any other changes that may go on in administration or otherwise—those programs will be codified and continue to be there as a resource for veterans in Nevada and veterans that are coming to Nevada seeking employment and trying to build their network here.

Chair Spearman:

Additional questions? I have a question. I continue to get questions about NRS 417. That bill was passed—I want to say it was 2019. It was a bill I carried to make sure the Department of Veterans Services had an outreach person that specifically looked for veterans who were discharged under "Don't ask, don't tell" (DADT). If that was the only reason, they had an other than honorable [discharge], they could get their DD214s upgraded. I am not sure right now that is happening, but I believe that is something that should happen. I would respectfully ask if you all would make sure that is something the ICVA follows as well—because DADT destroyed a lot of people's lives for no other reason than the fact that they were a member of the LGBTQIA community. It was President Obama, I believe in 2012, who had the Executive Order. We followed up here in Nevada to make sure that was happening. As you know, that can be the difference between getting a service-connected medical issue resolved, the difference between getting access to the GI Bill for education benefits, VA loans, and all sorts of things—so that is very important. I am not clear—I know under the previous Administration—the previous Director—it was basically shelved; but the NRS is still there—so that is a requirement to happen. I want to make sure that is a priority as well. I was looking at slide number two, where you talk about duties—number one, two, four, and six—that I think that would fall specifically under. I would like to make sure that is something you are following, and also encourage you to add that as part of any presentation you give—so the Legislature knows this is indeed a statute that has been followed. When the statute passed, it was not a suggestion—it was actually a command. If you can make sure that happens, I certainly would appreciate it. If there is any way to get a response—if you cannot get it to us today, if you could get it to me, and I will make sure the other Committee Members get it. That is something that is near and dear to my heart.

Mr. Williams:

Absolutely, Madam Chair. I appreciate that. I will certainly circle the wagons on that and get you a response. As you know, the Director of the Nevada Department of Veterans Services (NDVS) is a member of the ICVA and is currently serving as our Vice Chair.

Chair Spearman:

Yes, I know, and Colonel Devine is good people and I know she is just starting, but I want to make sure that does not fall off the radar, because I have had a couple of veterans who are in that category and are trying to figure it out and I said, "You should not be trying to figure this out. This is something that is required by law." So, I sent them right back to the NDVS. If I have people asking me, that means the outreach is probably still not there. If they have someone in that position, we need to make sure they understand what is supposed to be happening, so that it does.

Members, additional questions? [There were no additional questions.]

AGENDA ITEM VIII—WORK SESSION—DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATING TO PROPOSALS TO ASSIST SENIOR CITIZENS WITH DEMENTIA AND THEIR CAREGIVERS, SUPPORT OF SERVICES FOR VETERANS, AND PROPOSALS TO ASSIST VULNERABLE ADULTS

Chair Spearman:

We are on Agenda Item VIII, our Work Session. Members, you should have the WSD in your folder. (Agenda Item VIII) It is also posted on the Committee meeting page. This list of possible actions refers to senior citizens, veterans, and adults with special needs—proposals to assist seniors with dementia and their caregivers, support services for veterans, and proposals to assist vulnerable adults. The purpose of the Work Session is for the Committee to decide which legislative measures, if any, it will request for the 2025 Session of the Legislature. Staff has assisted in preparing the WSD to help guide us through the Work Session. The WSD contains a combination of recommendations based upon testimony heard by this Committee throughout the interim and recommendations from stakeholders and Committee Members. With that, let us begin.

The recommendations outlined in the document are not necessarily set in stone. If the Committee is so inclined, recommendations may be amended prior to the vote. Staff will guide us through each of these items, and the documents and there will be an opportunity to discuss each item. Then, if they are so inclined, we will accept a motion to approve them. I will ask our very able policy person, Ms. Cooper, will you please walk us through the document?

Ms. Cooper:

As nonpartisan staff, I can neither advocate for nor against any measure that comes before this Committee today. I will provide a short overview of the WSD. While the WSD is designed to assist the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs in determining what act it wishes to take, each item in this document may be subject to further discussion, refinement, or action. As a reminder, the Committee can recommend drafting either bills or resolutions, send letters to request certain action, and request to report back to the Committee during the next interim, or put a position statement in its final report.

With that, I will now walk you through the first item on the WSD. As briefly mentioned before, the Chair and LCB staff have prepared this WSD to assist the Committee in determining which legislative measures it will request for the 2025 Session of the Nevada Legislature, as well as other actions the Committee may endorse. The WSD contains a summary of recommendations presented during public hearings through communication with individual Committee Members or through correspondence submitted to the Committee Members or staff. The Members of the Committee do not necessarily support or oppose the recommendations in this WSD, and the Committee staff has compiled and organized the proposal so Committee Members can review them and decide whether they want to accept, reject, modify, or take no action on the recommendations.

The WSD groups the proposals by topic, and they are not preferentially ordered. Pursuant to NRS 218D.160, the Committee is limited to six legislative measures, which includes both BDRs and requests for the drafting of resolutions. The Committee may vote to: (1) send as many letters of recommendations of support as it chooses; and (2) include as many statements in its final report as it may choose. Committee Members are advised that the

LCB staff, at the direction of the Chair, may coordinate with interested parties to obtain additional information for drafting purposes or for information to be included in the Committee's final report.

With that, I will move on to the first section of the WSD, proposals to assist senior citizens with dementia and their caregivers.

A. PROPOSALS TO ASSIST SENIOR CITIZENS WITH DEMENTIA AND THEIR CAREGIVERS

Recommendation number one—request the drafting of a bill to require the DHHS; the UNR School of Medicine; and the UNLV School of Medicine to establish a system of care for the diagnosis and care of Nevadans with dementia called the Nevada Memory Network. In establishing the Network, these entities will: (a) contract for services of memory assessment clinics. Clinics would expand capacity by hiring or contracting with neurologists, neuropsychologists, and geriatricians to perform the duties prescribed in the request to diagnose dementia in patients referred by primary care providers, create plans of care, and train primary care providers in the screening for and treating dementia. Clinics will use telehealth where appropriate to perform these duties for patients and providers in rural Nevada; and (b) employ or contract with four community health workers that specialize in dementia to perform the duties described in the request to provide care coordination and referrals to community-based services and in-home care, monitor the well-being of care providers, and provide support to care providers, including respite care.

In addition, this bill will require the ADSD of DHHS to establish and administer a program for dementia care specialists in the State. The program established will: (a) develop and provide crisis intervention services for persons with dementia and their families and caregivers, including, without limitation, services that provide an initial crisis response, crisis stabilization, and long-term care for persons with dementia who exhibit behavioral problems; and (b) proactively support persons with dementia and their families and caregivers to ensure the highest quality of life possible and to enable persons with dementia to remain in their own homes or with family and avoid placement in a facility for long-term care by, without limitation: (subsection 1) providing assistance, education, information, and support to people with dementia and their families and caregivers; (subsection 2) facilitating the development of communities in the State where people with dementia may remain safe and active; (subsection 3) providing training to governmental agencies and nonprofit organizations that provide services to people with dementia; and (subsection 4) raising awareness and developing community support for the people with dementia and their family caregivers.

This recommendation was proposed by Benjamín Challinor, Nevada Director of Public Policy, Alzheimer's Association, based off the testimony provided during the Committee meeting on February 14, 2024.

With that, I will pass it back to the Chair.

Chair Spearman:

Thank you, Ms. Cooper. Are there any questions or comments related to recommendation number one? [There were no questions or comments.] Then I will entertain a motion to pass.

> VICE CHAIR BROWN-MAY MOVED TO APPROVE RECOMMENDATION ONE AS STATED IN THE WSD.
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE)

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Ms. Cooper:

Recommendation two—we already took a motion on that, so we will move forward to Recommendation three.

B. SUPPORT OF SERVICES FOR VETERANS

I want to clarify that the topic has changed, and we are now on "Support of Services for Veterans."

Recommendation number three—request the drafting of a bill to: (a) allow Nevada-based business preference and the veteran preference to be stacked; and (b) remove the inverse preference from subsection (2)(a) of NRS 333.3354.

This recommendation was proposed by the Purchasing Division of the Department of Administration based on testimony provided during the Committee meeting on April 30, 2024. I am passing it back to the Chair.

Chair Spearman:

Committee, questions or comments? I will entertain a motion.

> VICE CHAIR BROWN-MAY MOVED TO APPROVE RECOMMENDATION THREE AS STATED IN THE WSD.
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE).

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Ms. Cooper:

Recommendation number four—request the drafting of a bill to create a State holiday recognizing National Women's History Month. The holiday will occur in the month of March as declared by the United States Congress.

Recommendation proposed by Chair Spearman and Kelley Guidry, Chief Executive Officer, Forgotten Not Gone, in response to the Committee's solicitation of recommendations.

Chair Spearman:

Questions?

Vice Chair Brown-May:

I do have a question. It feels like there is one word missing, and I believe we discussed it was about Women Veterans History Month.

Chair Spearman:

You are correct. Let us make a change to that, so it would be National Women Veterans' History Month. Just a point of information—women veterans are the fastest [growing] demographic in the veterans group, so I think this is apropos. Many times the service of women veterans is overlooked. There was a Veteran, 102 [years old] who just did a tandem jump—I think it was Saturday—and she was a veteran who served in combat in World War II. How about that? So, for those people who are worried that women—because of the Equal Rights Amendment—might have to go to combat, too late. I will entertain a motion.

> VICE CHAIR BROWN-MAY MOVED TO APPROVE RECOMMENDATION FOUR WITH THE ADDITION OF THE WORD "VETERANS," IN "NATIONAL WOMEN VETERANS HISTORY MONTH."
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE).

*****

Ms. Cooper:

Recommendation number five requests to send a letter to NDVS and Nevada's Housing Division to encourage housing units to be dedicated specifically to veteran women for mental, physical, and emotional health purposes.

Recommendation provided by Sergeant First Class Dixie Thompson, Women Veterans of Nevada, based on testimony provided during the Committee meeting on March 26, 2024.

Chair Spearman:

Committee Members, any questions? I believe we had a bill—SB 363, last session—that passed, was signed, and would allow the Department of Real Estate to prioritize grants for women veterans, women who were formerly incarcerated, women who are survivors of domestic violence, and senior women who are housing insecure. I believe during our meeting, I indicated that one woman veteran can fit all four of those categories, specifically because of military sexual trauma (MST); which is a fancy way of saying they were raped while they were in the service. Any questions or comments?

> ASSEMBLYMAN D'SILVA MOVED TO APPROVE RECOMMENDATION FIVE AS STATED IN THE WSD.
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE).

*****

Chair Spearman:

Moving now to Section C, proposals to assist vulnerable adults.

C. PROPOSALS TO ASSIST VULNERABLE ADULTS

Ms. Cooper:

Recommendation number six requests to send a letter to the Director of the LCB to encourage signage for accessibility resources, such as hearing devices, seating arrangements, et cetera, within the legislative buildings to increase access.

Recommendation proposed by Chair Spearman and Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities.

Chair Spearman:

This is something that has been a long time coming. I worked with Ms. Erdoes, before she left. It is something we do not have. It is not just hearing, but we also do not have access for those who are sight challenged or blind in our facility. I am glad we now have a handicap ramp that is ADA qualified. I am going to ask if we will include those who are sight challenged and blind to this as an amendment, because I do not think we can work with one group of disabled citizens and constituents and ignore another. That would be my recommendation—if we can amend it to include those who are sight challenged and blind, I will entertain a motion on that. Yes, please comment.

Vice Chair Brown-May:

Thank you, Chair. Given a lot of the testimony we have heard this morning, I think it would also be wise for us to include the direct feedback with regard to accessibility for people who are deaf or hard of hearing. We also have folks who have physical barriers. I think it is also important we acknowledge with our LCB the good work they are doing and the strides they have made in improving accessibility. We have seen that play out here today, specifically with regard to closed captioning. It is important we continue to recognize the good works being done. I understand we have two staff with the LCB who are now 100 percent focused on ADA, and the compliance, and moving us forward. I think it is important while we are asking for specific considerations that we also call out the good work that is being done.

Chair Spearman:

Thank you, I appreciate that. I know we are talking about sight and hearing, but there was another meeting we had where—and in this meeting—there was a young woman who is on the autism spectrum. One of the things—and I am not sure how we word it—would be to encourage more education for people—understanding the disabilities—particularly those who are on the autism spectrum. I was reminded last week, as I watched Governor Walz's son, Gus, gushing with pride. I understand he is on the spectrum, and he has limited language—and so to see him verbally acknowledge how emotionally engaged he was with his father, I think that was very touching. I am not sure there was a dry eye around me, but it is those types of things that for people who are either unaware, because they are unaware, or unaware because they do not want to know, and they make fun of them or make light of their condition—so, whatever we can do. I am not sure how to word that in this letter, but I think it is important for us to make sure we are at every turn. As you said last year, LCB is doing a lot. We have made a lot of strides towards becoming more perfected, if you will, in this area. We are not there yet, but we are still continuing to strive towards that. But at every turn, to make sure there is education among staff, legislators, and anyone else who might come in to contact. There was a bill we had, Vice Chair, last time—the State as a Model Employer. That is something we should probably make sure is in this letter, so we are not creating laws that go into the NRS, but they might as well go into the abyss because no one is paying attention, and they are not enforced. Along with what we are talking about here to assist the vulnerable, I would like us to talk about education for people with cognitive disabilities and make sure that as a State—everywhere there are people that are employed by the State—make sure there is some type of ongoing education to make sure people understand what is happening and that these individuals deserve the same amount of respect as those who may not be challenged by these difficulties. I am not sure how to exactly phrase that.

Vice Chair Brown-May:

I will take a stab at that if you would like. I would move that we send a letter to the Director of the LCB to encourage signage for all of those who have accessibility issues, to include all of those that are under the Disabilities Act. Rather than including such as hearing devices—rather than specifically calling that out—I would suggest we do that broad—under the Disabilities Act. Also, to include continued awareness and access to any information for the legislative buildings and the legislative staff. It probably needs to be refined a little bit, but I think that might cover it.

Chair Spearman:

I think that was said more eloquently than I did. I am not sure—and I just asked. I do not know if the bill called it the same—State as a Model Employer—I do not know if there were any reporting requirements under that. If there were not, we certainly need to look at that as a BDR, so it does not escape us. The State as a Model Employer Program requires the State to do as much as we require private employers, with respect to hiring, making accommodations for those with disabilities under the ADA. With that, I want to take a motion for the verbiage provided for us. Is there a motion?

> SENATOR DONDERO LOOP MOVED TO APPROVE RECOMMENDATION SIX WITH ADDITIONAL VERBIAGE—INCLUDING EVERYONE COVERED UNDER THE ADA, ACKNOWLEDGING THE EFFORTS ALREADY BEING MADE BY THE LCB TO IMPROVE ACCESSIBILITY, ENCOURAGING ADDITIONAL EFFORTS AND AWARENESS ON ACCESSIBILITY, AND FOLLOWING THE STATE AS A MODEL EMPLOYER PROGRAM GUIDELINES.
>
> ASSEMBLYMAN D’SILVA SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE).

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Ms. Cooper:

Recommendation number seven—request the drafting of a bill to amend Chapter 118 of NRS to include that landlords and real estate management companies must be willing to rent and sign residential leases with corporations if the business of the corporation is to assist people with disabilities to obtain community housing. If a corporation applies for an available rental property on behalf of an individual with a disability and is denied tenancy, a written explanation of denial must be submitted to the applying entity, ADSD, and the Office of the Ombudsman for Owners in Common-Interest Communities and Condominium Hotels within seven days of the decision. Landlords must be subject to fines or additional penalties if a written denial is not filed within the set timeframes. Landlords who are unwilling to rent to disabled individuals or to companies who support disabled individuals will be subject to all applicable legal penalties related to Chapter 118 of the NRS and the federal Fair Housing Act (42 U.S.C. § 3601 of 1968).

The recommendation was proposed by the State of Nevada Association of Providers.

Chair Spearman:

Discussion? The last part there comes under the Equal Housing or the Fair Housing Act. I cannot believe people are trying to avoid that. Further discussion? I want to add this as a matter of record. I always say these challenges could happen to any of us at any given time. I know there are members of our veteran community who went into combat fully able, and they came back, and they were disabled. Whenever this happens—people deny commercial space or opportunity for people who are trying to find housing—I look at that with great disdain, because that means there are veterans who are not being served also. That does not mean it is more important for veterans, but I want to make people cognizant of the fact that when we are talking about people with disabilities, that could be any of us at any time. I believe we should do what we can do for the least of these. Who knows, at some time in the future—what we do for the least of these right now—we could fall into that same category. So, let us have patience, and let us have empathy. With that, I will entertain a motion.

> VICE CHAIR BROWN-MAY MOVED TO APPROVE RECOMMENDATION SEVEN AS STATED IN THE WSD.
>
> SENATOR DONDERO LOOP SECONDED THE MOTION.
>
> THE MOTION PASSED (ASSEMBLYMAN GRAY WAS ABSENT FOR THE VOTE).

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Ms. Cooper:

Recommendation number eight requests that we send a letter to the Nevada Governor's Council on Developmental Disabilities to encourage collaboration between the Legislative Branch and the Executive Branch to ensure accessibility for people with disabilities.

Recommendation proposed by Chair Spearman and Catherine Nielsen, Executive Director of Nevada Governor's Council on Developmental Disabilities.

Chair Spearman:

Vice Chair.

Vice Chair Brown-May:

I have a question, Chair. This is to send a letter to the Governor's Council to encourage collaboration, but the recommendation comes from the Governor's Council. I was curious why we are sending them a letter. I think collaboration between the Legislative and Executive Branches is one of the things we are always working on. I am not clear what the letter is for, or what it is going to do. If the recommendation came from the Developmental Disabilities (DD) Council, why are we sending the DD Council a letter?

Chair Spearman:

Good question. When the recommendation was made, I think they were asking for formal collaboration, but you are exactly right—we should be doing that already. If we have to say to the Executive Branch, this is something you should be doing—I am not sure how that squares with State. Legal, you want to weigh in on that? We are sending a letter to the Executive Branch because they asked us to send a letter. We are looking at recommendation number eight now.

Mr. Nauss:

The Committee is allowed to send letters for any purpose as long as it is within the jurisdiction of the Committee. This would be under the jurisdiction of the Committee. If the manner by which we came to send the letter is a bit interesting, we are still fully in our legal ability as a Committee to send this letter.

Chair Spearman:

We can send the letter, and I guess the caveat could be that we were asked to send the letter, so it is clear when the letter gets to the intended recipient that it was not something we thought up on our own. How about that? Additional comments? I will entertain a motion.

> SENATOR DONDERO LOOP MOVED TO APPROVE RECOMMENDATION EIGHT AS STATED IN THE WSD.
>
> ASSEMBLYMAN D'SILVA SECONDED THE MOTION.
>
> THE MOTION PASSED UNANIMOUSLY.

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AGENDA ITEM IX—PUBLIC COMMENT

Chair Spearman:

We are now up to Agenda Item X, public comment. As a reminder, we would ask everyone who is going to do public comment to please limit your remarks to two minutes. If someone has already said what you are going to say, "ditto" is perfectly appropriate. Do we have anyone in Las Vegas for public comment? I see someone coming to the table. Is there anyone in Carson City? Las Vegas, please proceed.

Annie Allis:

Good afternoon. I would like to say thank you to Doug Williams, and I would like to touch on a little bit about our veterans. Our veterans are in need of more services—we all know this. They are men and women who have gone anywhere across the world and have sacrificed for our great nation. Not all veterans have all day to sit and beg for doctor's appointments at our VA. How can we meet them somewhere in the middle—whether it is remote appointments or other means? They do not have all day to sit there. I urge the State to have more accessibility for those veterans who still have to go to work 9 to 5 in order to make their means. While they might be able to collect the VA check they might get every month, it is not enough. I know that is not within your realm but make something more accommodating. I did hear earlier here that they said there are 96 hours for State employees. What about those who are not State employees? What do they get in return? How can we better serve our veteran community? There are so many hoops that our veterans have to jump through to even get a combat service connection. Myself, I am a fiancé to an army veteran who was in combat twice, and there are so many hoops through doctor's offices to get all of that combat service connected. How can we better mitigate as a State to get them what they need, and what they so deserve? Including maybe ASL classes for veterans that suffer from tinnitus—and they cannot really hear, and they do not sign. How can we, as a State, maybe offer low income or cheap classes for those veterans who might be interested in taking ASL classes? Thank you for your time.

Chair Spearman:

Anyone else in Vegas? Do we have anyone in Carson City?

Ms. Nielsen, Previously Identified:

There are a couple of us in Carson, whenever you are ready.

Chair Spearman:

Thank you. If there is anyone here in Las Vegas who would like to participate in public comment, please come forward now and take one of the vacant chairs at the desk. Carson City, we are ready.

Ms. Nielsen:

Hello, everybody, I wanted to make note—thank you so much for all of your hard work, and Spearman, for acknowledging we are all one second away from being a part of this group, and so the work is urgently needed, and we appreciate that. In regard to the Work Session, number eight, to send a letter to our Council—I am not sure what that is completely referring to as far as sending a letter. Although we did mention to encourage collaboration between the Legislative Branch and the Executive Branch. So, I am certain that may have something to do with that, but we appreciate the letter, and we will use it to help support any of the efforts we come forward with. Then the last piece, I am actually a Veteran's wife. My husband served in the Army National Guard for Nevada for seven years. When we are talking about approving services and such and, Spearman, you mentioned whether or not they receive active-duty status—

Chair Spearman:

Excuse me if I can put something on the record. I hold many titles, but in this role, I hold Senator Spearman.

Ms. Nielsen:

I am sorry—I apologize, Senator Spearman. You mentioned veterans, and it is really difficult for our National Guard Veterans to receive services unless they were activated for—I think it is 30 days or so. My husband happens to be one of those veterans that does not qualify, though he spent seven years training with the Guard. I wanted to make note, that as we—you guys make any changes, to remember the Army National Guard—or any of the National Guards—also struggle to receive those same services. Thank you and my apologies.

Grace Larkins:

Hello and thank you very much for giving me a chance to speak today. This has been a really incredible meeting to be a part of and to listen; there has been a lot of important things spoken about. This is my daughter Luciana Larkins or Lucy—my perfect girl. I am here to speak on behalf of Lucy and as a parent and as a friend to many other parents who are in my situation. I have two issues to speak on and they are intrinsically linked to each other and also to much of what has been discussed today—particularly in items five and six related to personal care services, attendant care, and these special cases with more complex kiddos who require nursing, such as my daughter Lucy. First, in the waiver and Medicaid reimbursements for family caregivers—to be qualified as a family caregiver, we hear over and over about those populations we may take care of, such as our parents, elderly population, even if our spouse were to need that care, for example, I would be able to be a paid family caregiver in that situation. However, in all of the discussion, the big gap is always families like mine, when we are talking about children. We are the one population that is excluded from being a paid family caregiver. Until Lucy reaches adulthood, while she is still a minor, there is no avenue for myself or any of my friends who have to stay home to make any kind of a life. Where there is forced isolation, there is a really ugly loop of poverty that I see. These choices that we have to live [with], many end up having to use the community services in all kinds of other ways. But the most simple thing is if we are forced to take care of our child—and I will point out if they require skilled nursing, the shortage of skilled nurses is so great that almost nobody I know actually receives the nursing they have been qualified for. Their insurance—whether that be their primary insurance and Medicaid as a secondary or just Medicaid—is ready to cover, but their nurses are not there. So, there is that cycle, they are stuck at home. To me, that is a really egregious heartbreaking problem I see all over. You see these incredible people, any kind of guardian, oftentimes it is the parents and oftentimes it is mothers. Especially when you see single mothers who are stuck in this loop and they cannot work, they cannot be in the workforce. They cannot go back to increase their—they cannot continue their education themselves. They have to stay home unpaid, and these particular individuals end up developing these amazing skill sets that you cannot get in—

Chair Spearman:

Thank you, ma'am. I have to be fair. Comments are supposed to be limited to two minutes, and we have gone a little bit over; but, if you will submit the rest of your comments in writing, we will be more than glad to put them as part of the record.

Ms. Larkins:

Thank you very much.

Chair Spearman:

Thank you. Do we have anyone else in Carson City? Please remember you have two minutes, and I want to be fair to everyone. Thank you.

Mary Pierzynski, State of Nevada Association of Providers:

Good afternoon, Senator Spearman, and Members of the Committee. I am here representing the State of Nevada Association of Providers. Our organization would like to thank all of you, the Committee Members, for your work during this interim session. Your dedication, your commitment to adults with intellectual disabilities is very much appreciated, and we know it is a lot of time and a lot of work that goes into this Committee work and it is thankless—a lot of it—in several instances. Senator Spearman, we would like to thank you for your years of dedicated service to the Nevada Legislature. You have always come with a great spirit about you, and a great spirit of helping others. Your time, your dedication, your commitment is really appreciated by our organization, and I know many other Nevadans. So, thank you and the best of luck in the future.

Chair Spearman:

Thank you, I appreciate that. Let us come back here to Las Vegas. We have someone in Las Vegas for public comment.

Obioma Officer:

Hello, everyone. Hello, Committee Members. I want to take a moment to recognize you. I am here to stand before you today as a community member, because of that, I am changing my hats. I took annual leave to be here today, so I am here as a member of the community. As a member of this community—as a hard of hearing person—I have a hearing loss; I have been here since 2015, and I have seen an enormous amount of heartache. I have listened to many concerns, and I have advocated for 100 percent of you. You know I am here today to do the same, but I want to talk about my experience as a person in Nevada. I am a transplant from California. This is my home. This is where I live, and I am so encouraged today. I am inspired to see we were all able to be here. I see the support from every member of the community and from the Committee. I recognize every comment that was made today—you have added deaf and hard of hearing needs to the bills, to the letters, to the comments, to the presentations, to the challenges. You have put that into your mindset, and it is now part of your planning. So, I want to thank you very much for that. It really touches my heart and brings me to tears that you have taken the time. So, I do not have a grievance. I do not have feedback. I do not have anything you need to improve on. I wanted to share my love for the effort you gave us today, each and every one of you.

Chair Spearman:

In Las Vegas.

Laura Fussell, Employment Subcommittee Representative, Nevada Commission for Persons Who Are Deaf and Hard of Hearing, ADSD, DHHS:

Hello everyone. I want to thank each and every one of you for coming here and for sharing your experiences to help facilitate collaboration and have improvement within our community. I would like to thank everyone for their hard work in investing in our future. I know as a member of the Deaf Commission, the legislation will continue to work on recommendations within our legislative subcommittee and consider what we need to bring to the table and share with you as soon as we can for the next legislative session. We thank all of you for your continued effort and your collaboration in order to continue to improve the deaf community here in the State of Nevada. Thank you so much.

Chair Spearman:

We are still in Las Vegas and after this, we will go back to Carson City.

Ms. Freed, previously identified:

As we have gone through the course of this morning, I thought about the assisted living that has been brought up—and nursing homes, home care attendants, and keeping senior citizens in their home. I wanted to bring up—we have some deaf senior citizens who have spoken with social workers, and they do have some kind of portal that they access. For example, for Alzheimer's, dementia, memory care, and for different specific types of services—but there is not anything in the portal for deafness or deaf and hard of hearing. So, I would like to make a request that we add that to the portal—in addition to or as an indicator—maybe some way to indicate the patient is hard of hearing in addition to whatever other things that need to be listed. So that is one of the options—they can put they are a deaf and hard of hearing senior citizen who needs services. The other thing I wanted to add to what was brought up today is I have been to several nursing homes and assisted livings, and I have requested a tour of the facility. When I asked for interpreting services, all three refused to give me them. They told me I had to bring my own. When I was doing research for a facility that me or a family member might have to be in, I was not even given services to tour that facility. That is obviously something that needs to change.

Chair Spearman:

Let us go back to Carson City.

Pam Berek:

Hi. Thank you, Senator Spearman, for hearing us today. I am the mother of my son, Carson Berek, who is with me now. Basically, I would like to say ditto to what Grace Larkins said, but I also want to be the example of what she was referring to as far as problems—we have the authorizations to get nursing services in our home and there are just not enough nurses. They are not being paid well enough to supply the services. In my family situation, my son is 22. I have been taking care of him his whole entire life with the help of his father. We are getting to the point in our age where it is getting very difficult to lift and take care of him. He does have violent outbursts. I have had serious eye injuries, broken ribs, miscellaneous—a couple of heart attacks, things like that—due to having to take care of my son and not having the assistance we need. This has forced us to have to make the very difficult decision to look into a group home placement for our own health and safety. Had we been supplied with enough nursing services and enough support in-home or enough money, as far as a host home—we are a host home provider as of right now—that I could hire people on our own—it would have made life a lot easier, a lot more doable. And we would not have had the heart attacks. I got hit in the eye with a toy a few months ago, and it basically exploded my eye. I thought I was going to lose vision in the eye—and that was the final straw. We knew we could not do this anymore on our own. He has multiple disabilities, and we are just getting older, and he is getting older and stronger. So, I want to put my two cents in. I do not know what can be done, but we need to have increased pay for nurses, so the nurses will be able to come to our house and fill the hours we are allotted, so we can have the help we desperately need and not have to be forced into the position we are in right now, where we are having to put our son into a group home. That is all, thank you for listening.

Chair Spearman:

Anyone in Carson City?

Elena Duncan:

Hi, I am here as a community member, although some people in this room might have seen me interpreting. That was something that was arranged at the last minute, and I find that does happen often. I am really excited to hear there is a plan, and there is what sounds like a committee or a segment of this legislative body that will be dedicated specifically and explicitly to ADA violations, because that is actually what we are talking about here—not necessarily a law that needs to be implemented or anything that really needs to be revised. I find that when I come to these meetings, whether they be legislative—whether they be a subcommittee or a committee—it does not matter where I go, I do want to—my primary focus of coming here and being here because that is originally what my plan was, was to come as a participant and just say my piece and hear what everyone has to say and be gone. There is a profoundly concerning attitude regarding accessibility, specifically and explicitly for the deaf and hard of hearing. We, as interpreters, hear and see it. There are all kinds of side conversations and eye rolls and things that happen in our communities, particularly in Northern Nevada. "There goes that interpreter again." "Oh, there goes that deaf person again, who is rabble-rousing." I find that maybe the attitude has become such that we do not want to address the deaf and hard of hearing issues directly because they are scary, not everyone understands them, and because people are upset. These are people's lives—these are lives of people. This is from zero all the way until people end up in hospice—and we will be lucky if we see people in hospice advocating for an interpreter. We would be lucky to see people in ERs, and all of these different very extreme places where interpreters should already be—the budget should already be in place. The services should have already been arranged far in advance from when they are. It does not seem to matter how many times we keep coming up here, rabble-rousing and making people feel ultimately uncomfortable with something I think people just do not want us to continue talking about. The only reason we are—is because it is still an issue. It is an issue of compliance. It is not just accessibility—we are talking about accessibility—but we are talking about compliance. We are talking about ADA rights violations, because ADA has been around for 30 years.

Chair Spearman:

Thank you, ma'am. I am trying to be fair, and we want two minutes for everybody, but thank you for your testimony. You can submit that in writing, of course.

Ms. Duncan:

Thank you.

Chair Spearman:

I do not see anyone else at the table up there, so we will come back down. Is there anyone else in Vegas? This is the last person. There is one more, and that is the only one I see because I have asked everyone who is going to comment to please come to the vacant chairs.

Justin:

Hello. It was about last year; I was at Henderson Hospital. I was very ill for about a week—high temperature, everything—I went to the Emergency Room (ER). They did not have the VRI, and they did not have a live interpreter there. I went all day. They put in an IV. They told me there would be a room available. When I was there, I thought I would be transferred to a room, but instead I was just placed on a bed in the hallway—people walking right by me for three days straight. I never received a room, never received any communication access, had no idea what was going on. I was very frustrated and isolated. I kept requesting an interpreter. When I finally got the VRI, that was after three days of being in the hallway. Then the nurse would hand it to me to hold and I had an IV in, and it was awkward, and I could not communicate, and then they would leave. I did not have a stand to set the VRI on—I was trying to hold it while I was trying to communicate—and it was so frustrating and very upsetting. Three days—I did not have a shower, a change of clothes, communication, and it was a very traumatizing experience. By the time I got back home, I had called the insurance to talk about it, file a complaint through the hospital, as well as the State of Nevada Disability. I had filed all these complaints about the interpreter and the other issues and have never received a response. It has been three months. Thank you.

Lexie Bullock:

I am a financial student—a master's student at UNLV. I am focused on education right now. I want to talk about a situation that happened about two years ago. I am a student moving from Texas. I am fully deaf; I require an interpreter for communication. I moved here from Texas, and I wanted to change my Individualized Education Program (IEP) to go into a mainstream program. They refused. They would not change my IEP for over a year because I was moving from another state. They told me they could not change the IEP for over a year, so I was stuck in a Special Needs Education Department for over a year before I could transfer into the regular mainstream program. That is something we need to fix—IEPs should be able to be amended at any time. I do not know where we went wrong with that. Now I am going to put my health care hat back on. I know someone in Carson City had talked about—we have the laws in place, but what are we going to do to enforce [them] and make sure those laws are followed—with the front desk staff, the nurses, anyone who is involved. How do we make sure those are actually accommodated? Thank you so much for your time.

Unidentified Member of the Public:

I recently changed my doctor to ArchWell, and I required an interpreter, but was told that it is only permitted to have the VRI, and it was not working, and the office Wi-Fi was not working. So, I had to reschedule my appointment for the next month. Then the Office Manager told my son, "We do not provide interpreters." That is a violation of the ADA law, and I had to switch back to my old doctor's office, but that is so far away from my home. Thank you.

Chair Spearman:

Thank you. Broadcast and Publication Services, do we have anyone on the phone?

BPS:

To provide public comment, please press *9 to take your place in the queue. Caller, you are unmuted, please go ahead.

Benjamin Challinor, Director of Public Policy (Nevada), Alzheimer's Association:

Thank you, Chair, Members of the Committee. I apologize for not being there in person. I am technically on parental leave with Nevada's newest little lobbyist at 13 days old. My partner might be a little upset that I am on here and monitoring the meeting, but I wanted to come on and make sure I provided a huge thank you to the Committee, to staff, for working with us and making sure we were able to get the Memory Net reintroduced for next session along with the dementia care specialist. I continue to look forward to working with staff and the Members of the Committee as they go into the next legislative session, making sure we are able to get this passed and eventually implemented, and working with our stakeholders to make sure that is possible. Lastly, I wanted to provide a huge shoutout and thank you to Chair Spearman. You have been one of the biggest advocates I have ever seen whether it be in public office—and how you use your voice. Thank you for your years of service. I know you are not going anywhere. I think the way you told me it was a quote unquote "retirement." So, I am looking forward to seeing how we will continue to see you in the future. Thank you again, Senator Spearman, for everything.

BPS:

Chair, we have no additional callers for public comment at this time.

Chair Spearman:

Thank you. I saw someone sit in the chair, but I have asked several times for anyone who wanted to make a comment to come forward. I am going to ask the gentleman, and no one else, please; no one else comes up to the chairs. Anyone else who wanted to testify—I have asked several times for you come to the chair. So, this is the last one and only two minutes.

Unidentified Member of the Public:

Before we close, I wanted you, Committee Members, to please help to better service interpreters at the hospitals. Senator Spearman, you have mentioned, what happened to 2017? I thought we passed that interpreter [bill] for the hospitals. I am shocked as well. I hope maybe you can speak out and really spearhead and challenge those hospitals to see why that is not being enforced again. Thank you so much for helping us.

The following written public comments were received:

- Steven Cohen (Agenda Item IX A).
- Joshua (Agenda Item IX B).
- Evelyn Ortiz, State Director, Consumer Direct Care Network Nevada (Agenda Item IX C).

Chair Spearman:

Thank you. With that, we will close out public comment. As this is our last meeting, I am going to ask any of the Committee Members if you have expressions. Assemblyman D'Silva.

Assemblyman D'Silva:

I wanted to thank you, Chair, Senator Spearman, for your dedicated service to this country, to the State, to this community. You are a local legend, especially up in our neck of the woods, the north and the east. We are going to miss you at the Legislature, but I know this is just the beginning of many other wonderful endeavors of service, because your life has been dedicated to service—whether it was the armed services, serving as the President of the school board, or a leader in our State Legislature. So, I wanted to thank you, Senator.

Chair Spearman:

Thank you. Vice Chair.

Vice Chair Brown-May:

Thank you, Chair, for the opportunity.

Chair Spearman:

You are not going to make me cry.

Vice Chair Brown-May:

Yes, that is our goal. Thank you, Chair. I want to ditto my colleague's remarks, and I am honored to have served as Vice Chair throughout the interim on this Committee working alongside you. I treasure our time together in Carson City, the bills we have championed to support these populations that are so near and dear to us, and you will certainly be missed in this chair, for sure. I am honored to have served this interim with you.

Chair Spearman:

Thank you.

Senator Dondero Loop:

Senator. Last, but not least, maybe. I want to say, as your colleague in the Senate, I have never met anybody so passionate. For those of you I know in the audience, you recognize that when she says something, she does something. For that reason, I respect you and hope to see you in the future in another leadership role. Thank you.

Chair Spearman:

Thank you. Assemblyman Gray.

Assemblyman Gray:

Thank you, Madam Chair. I want to say what an honor it has been serving on this Committee with you guys and looking out for these populations, especially our veteran population. I am looking forward to serving on it for years to come. Thank you.

Chair Spearman:

Thank you. Senator Krasner.

Senator Krasner:

Senator Spearman, it has been an honor serving with you in the Nevada Legislature. You and I have championed and passed so many bills over the last multiple sessions in the Legislature. Thank you for your service to our country. Thank you for your service to the people of Nevada. It has been an honor working with you.

Chair Spearman:

Thank you. To my colleagues, some of you I may see again at another committee meeting, but I want to thank you all and thank the LCB staff—it has been impeccable. Thank you so much. As you know, sometimes when you are in a leadership role, you wear a lot of hats. For those of you who have picked up the slack for me—especially the last three or four months when I was traveling all over the place—I really appreciate that. I appreciate the time I have had here to serve. I will be going away from the active role in the Senate, but I will not be far because I intend to continue advocacy for populations such as those we serve on this Committee, especially our veterans. We have not done enough yet for our veterans. Those of you who have taken time to come today and to other meetings and those of you who have taken time on the phone, and who testified or attended virtually, I certainly appreciate that. With that, we will get started with what is next. What is next right now is adjournment. We are adjourned. Thank you.

AGENDA ITEM X—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 1:21 p.m.

Respectfully submitted,

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Terese Martinez
Research Policy Assistant

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Destini Cooper
Senior Policy Analyst

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Jennifer Ruedy
Research Director

APPROVED BY:

____

Senator Pat Spearman, Chair

Date: ___________________________________

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item II A	Anna Marie Binder, Appointed Member, Nevada Governor's Council for Developmental Disabilities and Nevada Commission on Autism Spectrum Disorders, Aging and Disability Services (ADSD), Department of Health and Human Services (DHHS)	Written Public Comment
Agenda Item II B	Connie McMullen, Personal Care Association of Nevada (PCAN)	Written Public Comment
Agenda Item II C	Eric Wilcox, Nevada Commission for Persons Who Are Deaf and Hard of Hearing, ADSD, DHHS	Written Public Comment
Agenda Item IV	Stacie Weeks, Administrator, Division of Health Care Financing and Policy, DHHS Dena Schmidt, Administrator, ADSD, DHHS	PowerPoint Presentation
Agenda Item V	Dena Schmidt, Administrator, ADSD, DHHS	*Family Caregiver Assessment 2024 Annual Report*
Agenda Item VI	Robert Crockett, PCAN and Advanced Personal Care Solutions, Inc.	Surviving and Thriving Under the Medicaid Access Rule Presentation
Agenda Item VII A	Doug Williams, Veterans Coordinator, Supervisory Human Resource Analyst, Division of Human Resource Management (DHRM), Department of Administration	PowerPoint Presentation
Agenda Item VII B	Doug Williams, Veterans Coordinator, Supervisory Human Resource Analyst, DHRM, Department of Administration	2024 Biennial Report *Interagency Council on Veterans Affairs*

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item VIII	Destini Cooper, Senior Policy Analyst, Research Division, Legislative Counsel Bureau	Work Session Document
Agenda Item IX A	Steven Cohen	Written Public Comment
Agenda Item IX B	Joshua	Written Public Comment
Agenda Item IX C	Evelyn Ortiz, State Director, Consumer Direct Care Network Nevada	Written Public Comment

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