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

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MINUTES

February 23, 2026

The first meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs for the 2025–2026 Interim was held on Monday, February 23, 2026, at 3:30 p.m. in Room 2 of the Nevada Legislature Hearing Rooms, 7230 Amigo Street, Las Vegas, Nevada. The meeting was videoconferenced to Room 3137, Legislative Building, 401 South Carson Street, Carson City, Nevada.

The agenda, minutes, meeting materials, and video recording of the meeting are available on the Committee's meeting page. The video recording may also be found at https://www.leg.state.nv.us/Video/. Copies of the 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:

Assemblymember Reuben D'Silva, Chair
Senator Michelee Cruz-Crawford, Vice Chair
Senator Lori Rogich
Assemblymember Rebecca Edgeworth
Assemblymember Linda F. Hunt
Assemblymember Venise Karris
Assemblymember Jason Patchett

COMMITTEE MEMBER ABSENT:

Senator Marilyn Dondero Loop (Excused)

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Cesar Melgarejo, Senior Principal Policy Analyst, Research Division
Destini Cooper, Senior Policy Analyst, Research Division
Virginia Weitzel, Research Policy Assistant, Research Division
David Nauss, Senior Deputy Legislative Counsel, Legal Division
Teresa Zetwick, Deputy Legislative Counsel, Legal Division
Jaimarie Mangoba, Principal Program Analyst, Fiscal Analysis Division

Items taken out of sequence during the meeting have been placed in agenda order. [Indicates clarification.]

AGENDA ITEM I—OPENING REMARKS

Chair D'Silva:

Good afternoon. Welcome to the first meeting of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs. At this time, Ms. Weitzel, please call roll.

[Roll call is reflected in Committee Members Present.]

At this time, I would like to take a few minutes to allow the members to introduce themselves. If the members would please include the District, you represent as well as your goals for the Committee during the 2025–2026 Interim. I guess we will start here with Senator Rogich and move on down the back row, and then we will go to the front, so Senator.

Senator Rogich:

Thank you, Chair. Well, good afternoon, everyone. It is a pleasure to meet you. I am the Senator from District 11, which is in the southern part of Nevada. It is located in the southwest area and includes Mountain's Edge, Blue Diamond, Southern Highlands; and I am looking forward to finding out a little bit more about what is going on with the programs with our seniors, and veterans, and adults with special needs. I do have a child with special needs who is an adult now, so we are into that next chapter of finding out what we need to do to help her become as independent as possible. I am a very strong advocate when it comes to those folks, and I look forward to meeting everybody and talking to everyone in person. Thank you.

Senator Cruz-Crawford:

Thank you, Chair. I represent Senate District 1 in North Las Vegas. I am very happy to be here on this Committee with the priorities of senior citizens. I recently got a senior citizen when my father-in-law suddenly died right after session. My mother-in-law moved with us, and we have been navigating the Medicare process. He was also a veteran—so navigating those veteran resources. And so, I would like to better connect our seniors with the resources that already exist. In regard to veterans, I am active in the Guard. I am the equal opportunity officer for the State of Nevada. I am recently promoted to Captain, and I would really like to expand some of those resources in regard to college opportunities and career opportunities. I know we have veteran resources at each one of our universities, but sometimes they are not staffed at the level to be able to do the appropriate outreach. And last, adults with special needs are very important to me. I am a Principal of a school. This is my 11th year leading that school in east Las Vegas that has a primary autism unit, an intermediate autism unit, a STAR program which includes students with bipolar and schizophrenia and a deaf community as well, and as well as students with wheelchairs. I really want to make sure that we get this right so that when they become adults, they will be able to have the resources they need to have a high quality of life. Thank you very much.

Assemblymember Karris:

Good afternoon, everyone. I represent Assembly District 10. It is a central part of the Valley, basically from the 15 West all the way up to Cimarron and pretty much between Charleston and Sahara. It is a little wider on the bottom, but that is basically my District. It is all pretty much old Las Vegas, and my interest in this Committee, I am a senior. So, I look forward to delving into the issues that seniors are having and furthering the things that we can do for them. Also, I am a retired member of the IBEW [International Brotherhood of Electrical Workers], which does participate in the Veterans Helmets to Hardhats Program. That is always a great way to transition back into the regular world with a really good paying job. And of course, our disabled community, our adults with special needs, we need to do everything that we can. I love seeing our speech pathologists here with their American Sign Language going for everyone. This is a great start, and we need to further these issues. Thank you.

Assemblymember Hunt:

Hi everyone, I represent Assembly District 17, which is North Las Vegas and basically my District is like a triangle, 215 to the north, Nellis Air Force Base to the east, Craig to the south, and Commerce to the west. I am a true advocate of the seniors and the veterans, and I am just—I want to dive in and get a little bit more information and learn more and just want you guys to know that I always have an open door and my phone number or my office is always open to you. I thank you guys for being here. I really appreciate you guys and lets do this. Thank you.

Assemblymember Edgeworth:

Hi, good afternoon, everyone. I represent District 35, which is down in the southwest. It is Southern Highlands and Mountain's Edge, about as far southwest as you can go without being in the desert. I am the only practicing physician that is in the Assembly, so all of these are topics I feel are very dear to my heart. The medicine that I practice is internal medicine, which is older folks typically so those are the people that I really enjoy caring for. I do a lot of outreach out in the community, doing homeless outreach, people who are victims, things like that. So, people who are disabled and certainly seniors are people I treat all the time. It really breaks my heart to say that I also treat a lot of veterans in my outreach. I was born at Nellis Air Force Base, and my dad was in for 20, so veterans are very close to my heart and there is a tragic amount of veterans that are experiencing homelessness in Las Vegas unfortunately. These are all topics I love; I cannot wait to get started.

Assemblymember Patchett:

Good evening, I represent the constituents in Assembly District 19 which is eastern Henderson and out into the rurals; Overton, Logandale, Moapa Valley, and out to Mesquite. I am excited to be on this Committee. I look forward to working with the members and the constituents. I am here to learn and again, like all the others on the Committee, my door is wide open, and I am looking forward to engaging in discussions and policy rulemaking practices so we can better the senior citizens and the veterans, and the adults with special needs in this particular district. Thank you.

Chair D'Silva:

I represent Assembly District 28, which comprises primarily of east Las Vegas and parts of north Las Vegas. I am a schoolteacher at Rancho High School. The older I get, I think the more of my family members are becoming senior citizens. My mom is a proud senior here in Nevada and so many of my other friends and family. When it comes to veterans, I myself am a veteran. I served in the United States Marine Corps, served in the Iraq War. When it comes to people with disabilities, a lot of people do not know about me, but I do have a disability myself. I sustained a gunshot wound, a sniper round in the War and lost use of my left arm—significant use. I cannot type, you know, it is hard to like do certain basic things so there is a sense of understanding that you need to navigate the world in a different way. It was a life changing event, and I am definitely looking forward to learning more about the ways that the state can help our constituencies. Our seniors, our adults with special needs, and our veterans; having a near and dear place in my heart for all three of these constituencies.

When it comes to this Committee, this is my first time chairing a Committee; presiding over a Legislative Committee here. I am a little nervous and if I mess up, please do not hold it against me. But I know that we have a very professional body here. We are expecting professionalism, we want to encourage questions. I want to see this be as open a format as possible. And also, our viewers at home, I know there are multiple ways that you can engage with the Committee. You can call in; you can write letters. We want to hear from the people of Nevada. I definitely want to encourage participation and engagement and want to let the membership know here that all questions are welcome.

Next, let us have our staff introduce themselves. We will start with Teresa Zetwick.

Ms. Zetwick:

Good afternoon, Chair D'Silva, Vice Chair Cruz-Crawford, and Committee members. I am rather new to the LCB, so this is my first Committee meeting, interim, or otherwise. I am here as Committee Co-Counsel. Nice to meet you. Thank you.

Mr. Nauss:

Good afternoon. I am LCB Legislative staff, here as Committee Co-Counsel for Seniors, Vets and Adults With Special Needs. This is my second time being Committee Counsel for this Committee. I have also been Committee Counsel for Health and Human Services for the last two Legislative sessions and this special session we just had. I am also committee counsel for the Nevada Youth Legislature. So, excited to be here and to serve the Committee in whatever way they need. Thank you.

Ms. Cooper:

Good afternoon. I usually staff Health and Human Services on the Senate side during the legislative session. This is my second interim on the Seniors, Vets, and Adults With Special Needs Committee. I have been with the LCB almost four years and excited to be here to help the Committee. I will pass it to Carson.

Mr. Melgarejo:

Thank you. This is my third interim staffing this Committee in this interim. I am also staffing the Interim Judiciary committee. I am happy to help the Committee and Destini with anything you need.

Ms. Mangoba:

Good afternoon. I am the Principal Program Analyst for the LCB Fiscal Analysis Division. This is my first time to staff this Committee, and I am very excited, and I am here to help with any fiscal related questions.

Chair D'Silva:

We also have our Research Policy Assistant, Virginia Weitzel. Is she in attendance today? Okay. Lastly, also, I want to give a thank you to our Audio Visual Hearing (AVH) and ITS [Information Technology Services] staff. Without you we would only be a bubble here, but because of you we can actually expand out and engage with the rest of the state so, thank you.

A couple of housekeeping measures. Before we begin, I would like to go over a few housekeeping items. First, I would like to remind everyone to please silence all your electronic devices, especially cell phones and laptops during the meeting. This Committee will meet four times during the interim and Las Vegas will serve as our primary meeting location with videoconferencing to Carson City. Members and presenters may also attend virtually via Zoom. Everyone is encouraged to participate from whichever location is most convenient. The Committee's meeting materials can be found on the Committee website located on the Nevada Legislature's website. You can also sign up for electronic notifications related to any activity on the Committee's website. If you wish to testify in person, please sign in at the table by the door and leave a business card. If you do not testify, you may also want to sign in so there is a record of who is interested in a particular topic and in the event the Committee needs to contact you later. When testifying in person, please turn the microphone on, speak directly into the microphone, and please turn the microphone off when you are done speaking. We have listeners and viewers in Carson City and online, the meeting is being recorded and is available on the Legislature's website.

We will have a public comment period at the beginning and end of the meeting. Public comment is limited to two minutes per speaker. In addition to testifying in person members of the public may provide public comment in four different ways, all of which are listed on the agenda. You can provide public comment by calling, emailing, and by old snail mail—mailing written comments to the address provided. You can find the phone numbers, email address, and mailing address on the agenda. With that, let us get started.

We move on to Agenda Item II, public comment.

AGENDA ITEM II—PUBLIC COMMENT

Chair D'Silva:

We will start with public comment from those in the physical locations and then move to public comment from anyone who has called in.

Is there anyone in Las Vegas who would like to provide public comment at this time? Seeing nobody in Las Vegas. Is there anyone in Carson City who would like to provide public comment at this time? Seeing nobody make a dash to the desk, our AVH staff will interact with those calling in to make public comment to facilitate participation in this meeting. AVH, please add the first caller with public comment to the meeting.

AVH:

To provide public comment, please press *9 now to take your place in the queue. Chair, we have no callers wishing to participate at this time.

Chair D'Silva:

Thank you. There will be another public comment period at the end of the meeting, or you can submit a written statement which will be added to the record. Please submit your written statement no later than 48 hours after the meeting. With that said, we move to the meat and potatoes of the meeting here.

AGENDA ITEM III—REVIEW OF THE COMMITTEE'S MEMBERSHIP, DUTIES, AND RESPONSIBILITIES

Chair D'Silva:

Agenda Item III, a review of the Committee's membership, duties, and responsibilities.

Ms. Cooper:

Thank you, Chair D'Silva. It is my pleasure to serve as the lead Committee Policy Analyst for you this interim. My role is to assist the Committee as a whole, and to each of you as individual legislators while also providing policy and research needs to help you make informed decisions about the issues reviewed. Before you is a copy of the Committee Brief, which is also available on the Committee's webpage. (Agenda Item III)

The Committee Brief provides a general overview of the Committee, and the Committee is charged with reviewing, studying, and commenting on issues related to senior citizens, veterans, and adults with special needs.

Chair D'Silva has scheduled all four meetings of the interim that were allotted to us with the next meeting scheduled for Monday, March 30th. Please note a work session will be held on Monday, August 17th. Let me know if there is any questions. Thank you.

Chair D'Silva:

Thank you. Are there any questions from the members? Okay, so we are going to go a little bit out of order here today. I think we have staff from NCSL [National Conference of State Legislatures] who have to catch a flight. So, we will be going to Agenda Item V first, a presentation on state options for improving care for people with intellectual and developmental disabilities.

AGENDA ITEM IV—PRESENTATION ON THE STATE OF DISABILITY IN NEVADA, AND OVERVIEW OF PROGRAMS AND SERVICES

Chair D'Silva:

Next, we will go back to Agenda Item IV, which will be a presentation on the state of disability in Nevada and an overview of programs and services. Our presenters will be representatives of the Aging and Disability Services Division of the Department of Human Services. With that said, whenever the presenters are ready, we can begin.

Rique Robb, Administrator, Aging and Disability Services Division (ADSD), Department of Human Services (DHS):

Good afternoon, Chair D'Silva and members of the Committee. We are happy to provide you an overview of services and programs that we provide through Aging and Disability Services, I will reference it as ADSD. (Agenda Item IV A)

On our agenda today, we are going to talk about details that will include population data, our mission and vision, programs, and services that we offer by Aging and Disability Services, our program participation, our organization and the oversight, recommendations, and legislative updates. Also, I have our executive staff here that will be available for questions as well at the end of the presentation. But in the interest of time, I am going to allow all of you to be able to look at the mission and our vision. I think the main thing for us today; we want you to understand that we support individuals through the lifespan. So, people of all ages with disabilities, older adults, and family caregivers. I know you guys have a long agenda, so I want to make sure I am respectful of that.

Our adult population, we are in line with the national averages and so, you will be able to see that as of 18 to 34, 35 to 64-year-olds, 65 to 74 and then that older population, 75 and older. Again, we are in line with the national averages, but this is our population throughout Nevada, and keeping in mind that Aging and Disability Services serves the entire state, I know this group seems to be more southern focused, but our goal also will be to educate and show all of you what the state population looks like as well so that you guys have that perspective. And then, on slide five, you will see the 2024 census data, and this is broken out by disability and age group. This is really important because we do serve the lifespan in all age groups and multiple disabilities and then you will also see the disability types. This is more of a grouping, you may have a specific disability that you are interested in, but it would be within this group. Just keep that in mind as you are looking at our data. (Agenda Item IV B)

This is just the overview of our programs, but I am going to speak to the different programs that are serving this population. Again, we also serve the under 18 through our developmental services, the Autism Treatment Assistance Program, and then the Nevada Early Intervention. So, please keep in mind this is really the over 18 population. Our programs and services start with our Adult Protective Services, which is known as APS. It used to be under Elder Protective Services until we expanded to that 18 and over group. So, the individuals who are—sorry, the vulnerable populations—this group is where we work to ensure that safety and well-being of every person served with protective intervention while safeguarding their civil liberties. It is really important to know that many people believe that this is similar to like Child Protective Services, but the Adult Protective Services program is a volunteer program. When we receive a complaint or concern by a constituent that maybe there is a report of abuse and neglect, self-neglect, exploitation, isolation, and or abandonment, the individual that we meet with, they have to agree to be a part of the Adult Protective Services. We do not have the authority over an individual who has the ability to make decisions for themselves. Just wanting to make sure that people understand that Adult Protective Services is not the exact of Child Protective Services. We have the contacts for statewide as well as Las Vegas to ensure that if you do have a concern or if you have a constituent that has a concern, you can give this information directly to them.

Our funding sources, I will not go into detail, but just for your knowledge, all of our programs are what we consider braided or multi-funded. It is anywhere from state, federal, as well as Medicaid funding. We do bill on many of our programs are currently serving for Adult Protective Services. You can see on the right hand side, it talks about the actual open

cases and then we have a breakdown on the left—sorry, I was not reading this left to right for you—but I wanted to be able to show you that our current services are on the right. Our overall state fiscal year services are on the annual on the left hand side. Our total from this fiscal year, we are at 5,172 cases that we have opened throughout just this first part of the fiscal year.

Our largest program is Developmental Services. Developmental Services, as we call DS, supports individuals with intellectual and developmental disabilities of all ages. We provide family support programs, employment and vocational training, and residential programs so that individuals can gain independence in their own homes and communities. The piece that we really focus on is, we want an individual to be able to make decisions based on their choices and what that looks like as an individual living independently. I think so many times people believe that these individuals have guardians, or they are not capable of making their own decisions, but it is really important to know that they are a part of that, and they should, that is their right to be able to make decisions as an individual.

The Developmental Services in Las Vegas also operates the one intermediate care facility. That is in Las Vegas, it provides 24-hour services focused on active habilitative treatment to promote functional skills and increased independence. Currently, we are licensed for 43 beds, and I believe that census is pretty close to 43 at this time. Just for many of you that have been following the Campus for Hope as well as the forensic hospital, the ICF, the intermediate care facility is on that campus and has been. So, there is individuals that reside at the 24-hour facility at the intermediate care facility. Again, we have put the contacts here. You are welcome to—if you have a referral for any constituent—just feel free to pass those that number out for them to be able to make their inquiry directly.

Okay, our currently served for developmental services. This data is tentative, and it is subject to change. We, in fact, just received some data today that actually helps on our waitlist and some of those numbers, but were not able to have it validated before the meeting; so just know that this information is tentative because we have had some good changes as we have navigated. But I think it is important to be able to look at the different programs. If you look at FY [Fiscal Year] 26 and that RRC stands for a Rural Regional Center and that they have served 865 individuals in FY 26. And if you really look at from the last four years, it is an increase. These types of individuals are coming in on a daily basis so there is referrals that are significantly high. As you heard the last person speak, these types of services are at an institutional level of care. An autism diagnosis does not necessarily mean they are going to qualify for developmental services. They do have to meet the level of care, so it is really important.

If you look at SRC—that is Sierra Regional Centers—in FY 26 they had 1,900 individuals that they served in comparison to the previous years, you can see that is a pretty significant jump. Sierra Regional Center is in the Washoe County area in the north and then you have DRC, which is Desert Regional Center, and that is our Las Vegas region. When you look at these in comparison—and you can see the years—8,811 individuals were served by the Regional Centers for Developmental Services. That is a significant number. I think it is important to be able to see the impact we are making in the service delivery. Specifically, it also breaks out the adult services. So, for DRC, again that is Desert Regional Center, it is over 4,000, rural regional is 700, Sierra Regional is 1,418. So, of that 8,811—6,500 of those are the adults that we are providing services. So again, those are intellectual developmental disabilities again, that meet that institutional level of care.

Developmental Services—we had a significant funding shift in this last Legislative cycle. We have really become creative in what that looks like, and how we are providing those services and ensuring that our waitlists have increased. So, we are really working with the individuals to see what their service needs are and offering services which will ultimately reduce the waitlist. I wish that we could say that we had validated numbers, but what I can tell you is—on slide 11—we have had a significant decrease in our waitlist. We are happy to do a follow up and send that information for you, so you have that moving forward, so you have accurate numbers. But because of the changes in our funding, we have actually had unprecedented waitlists, and we have waitlists in service coordination for the first time in Developmental Services history. So, that has become a conversation in our communities. It will be a conversation for all of you for the adults that we serve in those regional center services. I am not going to highlight these waitlists at this point, because I would like to be able to provide you some information on the reductions. Rural Regional, they have almost zeroed out their waitlist, we cannot wait to share that confirmed data. Desert Regional and Sierra Regional, they have gone down upwards to 50 percent in some of those regions.

Okay, some of our other programs. Long-Term Care Ombudsman, they are advocates for residents who are in long-term care facilities. They are addressing those complaints, promoting quality care, and supporting residents' rights. It is really important when we have individuals that are in those long-term facilities. But if there is an issue, they can call an ombudsman, and that ombudsman is there to support the actual resident. They are not there to support the facility, they are there to ensure, to investigate, and to ensure that individual's rights are being served within that residential facility and that their care is appropriate.

The other group is Office of Consumer Health Assistance, which we call OCHA, and this program supports Nevadans navigate the health insurance, workers' comp, medical billing, and they offer resources for uninsured and underinsured. Any time you receive an explanation of benefits, an EOB, their contact information is on your EOB. So, any resident that is questioning a billing, maybe that it was much higher than they had expected, or there was a service that was stated on their statement that was not provided. The OCHA advocates can support them in navigating that, and they will actually work with the insurance companies, the medical providers, to ensure that data is accurate and that the individuals are paying for what they actually received in that medical care. And again, it is a statewide program, and we have a contact for you as well.

The seniors and adults who are with disabilities, who are served by OCHA, we have a breakout for you here as well. These numbers are—we have been working on defining a caseload for this group until you can see that the numbers vary from year to year. But we have it broken out by the adult 65 plus. Over the last four years they have served about 2,292 individuals and individuals with special needs is about 970. That is something that has grown over these last several years, and it has been great to be able to support the individuals, but also educate them on their rights once they receive medical care.

Our Office of Consumer—sorry—Office of Community Living, they offer a variety of supportive services and programs for older adults, people with physical disabilities, as well as family caregivers. Our main goal is to empower individuals to live as independently as they can, and to make decisions and choices for themselves. We also have Nevada 211 and Nevada Care Connection, and those are resources that any Nevadan can utilize within our state to either find resources, obtain referrals, as well as receive actual in-person connections when it comes to Nevada Care Connection; they can—in-person services and

supports. We also have the PAS Program which is personal assistant services, and the community options for elderly, which is COPE. Those are state-funded in-home care programs to avoid nursing home placement. Again, ADSD's goal is to support individuals in living in their communities, as well as living as independent as possible.

We are the operating entity for three of the HCBS Medicaid waivers. So, the Frail and Elderly, you hear it referenced as the FE Waiver, individuals aged 65 or older at risk for nursing home placement, waivers for persons with physical disabilities, so the PD waiver, individuals with a documented physical disability, at risk for nursing home placement, as well as the Structured Family Caregiving—SFCG Waiver, individuals aged 21 or older with a diagnosis of dementia or at risk for nursing home placement. That is a new waiver. So, we are still working on—we are working with Nevada Medicaid, so the Nevada Health Authority in obtaining appropriate caregivers as well as service coordination. The contact for the statewide intake is there as well.

For the home- and community-based services; HCBS, PAS, and COPE. So, we currently serve 97, we have a waitlist of 47 and then for COPE, we have 37 and a waitlist of 20. In regards to this particular program, this is based on the budget. So, the budget is going to dictate the number of individuals that we serve. Again, on the Medicaid waivers that we serve, the ID Waiver, which is the Intellectual Disability Waiver, we currently serve 3,199 individuals. We have 874 individuals on that waitlist. The FE Waiver, Frail and Elderly Waiver, 303,197 individuals, and we have a current waitlist of 2,226. Same for PD Waivers, 1,271, and we have a waitlist of 1,108. Again, on the Family Structured Caregiver Waiver, that program has not started yet, so we are still pending appropriate providers.

We also have the attorney for the rights of older persons and persons with physical disabilities, intellectual disability, or developmental disabilities. OARA is what we call it for short. Shauna Brennan is our legal advocate, and she provides legal advocacy for education and grievance resolutions for older adults and individuals with special needs.

On the next slide it, really shows what the program is able to do. I can say during this new structure with Shauna, we have been able to really develop and work the core operational framework including intake protocols, referral pipelines, and MOUs [memorandum of understanding] to streamline service delivery to the frail and older persons. They also identify legal issues, mitigate, or refer to legal services and providers to improve client outcomes. And then we have the types of matters that the OARA Office has been working through the past two years.

In regard to the 83rd Legislative Session, we have an outline of just some of the main bills that either touched older adults or individuals with disabilities. We just have these outlined. One of the ones that I just want to highlight for you is AB [Assembly Bill] 368. In regards to this, we have heard individuals speak that there are barriers to this, and this is where a guardian or an individual could request to have an electronic communication device in their room. The law is very specific that it is to the individual's bedroom, and the challenges is that the advocates who requested this law, it sounds as though they really wanted it to be more open-ended. That it could be throughout the entire home for them to be able to see their individual and their loved one. However, there is a language barrier, because the concerns that they are bringing to AB 368 is that the structure of the language in the law is very strict. So, the policies that Aging and Disability Services, Developmental Services has had to develop is based on the law. I do think that that might be something that this body may want to review, that language and talk to the advocates, and see what the real need is

because we can only write policy based on law. That enforcement will also have to be on law, based on law, so I think this is something that would be a good review to be able to determine what would best suit the individuals, and what the request is through the advocates and the guardians and the individuals that they serve.

On the next page, we have several bills that are impacting adult services that are our service deliveries through ADSD. Again, ADSD's role is to interpret the law and then to provide policy based on that language.

Okay, I am going to take a breath here. In regards to federal and state impacts to services, ADSD administers the programs and services funded by the federal older Americans Act, the OAA, including transportation, nutrition services, caregiver support, and homemaker services. However, the OAA has not yet been reauthorized at this point and the federal budget for these programs is undetermined at this time. We are unable to make decisions on those federal programs, and how we actually have the authorization and that the funding levels have been determined. We just want this body to know that we are working closely with our federal partners and as soon as we have that information and the details from the budget, we will obviously continue to communicate that out and then also ensure that the appropriate service delivery is managed through that federal grant and requirements.

Also, federal changes to Medicaid funding and eligibility will have a direct impact on older adults with low income, so some of those insurance changes and cost changes, changes to the MCO, those will have a direct impact. Recent changes to Medicare policy including the reductions in provider reimbursement rates and restrictions on telehealth are resulting in increased provider shortages and limited access to critical health care needs. You will hear from Department of Human Services and Aging and Disability Services—really that entire group—where we do have provider shortages. Unfortunately, the changes to Medicaid and Medicare has had a direct and will have a direct impact to our provider capacity, which means we do not have enough providers to support the individuals that live in our state.

Through Federal Coronavirus American Rescue Plan Act fiscal recovery funds from the Governor's Finance Office (GFO) and ARPA, as we lovingly refer to them, ADSD funded a lot of capacity building projects to expand bed availability for adults ages 65 plus or individuals 18 and over with physical disabilities and licensed residential facilities (RFGs). This will result in 180 additional beds at project completion in March of 2026. We are really excited that Aging and Disability Services was able to utilize that funding appropriately within the timelines and the restrictions to increase our beds by 180.

Okay, I think that was a lot, but we stand for questions.

Chair D'Silva:

Thank you, Committee members, are there any questions that you have?

Assemblymember Edgeworth, did you have a question? Let me make a note here.

Assemblymember Edgeworth:

Thank you, Chair. Thank you for the presentation. This is really important information. I love that. I have personally used that OCHA, we used to call it GOVCHA, I do not know, it is very useful. My clients have been really happy with what you have been able to do, or how you have been able to help. I have two very quick questions; if it is okay with the Chair, hopefully it is. My question number one is that I am very proud to have brought the bill,

AB 161 that has to do with hospice care. It was meant to address the sad state of hospice care that is happening particularly in Clark County. I wonder if you could just tell me who I could talk to about how that is being implemented and who might be—and the ramifications that might happen if people are not implementing the things that are set out in that law.

Sorry, was that a complex question; a compound sense.

Administrator Robb:

Yeah, so and my apologies again. It impacts our population, but we are not directly in the implementation. If you do not mind, I would love to be able to go back, get you an appropriate contact, and make sure that you have that information. So again, it impacts our population, but this is not necessarily a bill that we will be the one implementing based on the hospice care and the facilities that provide that; if that makes sense.

Assemblymember Edgeworth:

Thank you, I appreciate that. I did not expect you to be overseeing it at all, but I am having—I have gotten some feedback from some hospice providers that not everyone is implementing it the way that it was meant to be implemented I think, so I appreciate that.

Along those same lines, I know that you probably have to do with Adult Protective Services or reporting to them, and I also would be interested in how I would access data for who is reporting on hospices because that was part of the bill as well. If you could get back to me, I would very much appreciate that.

Administrator Robb:

We will be happy to get that information and get it back to you. Thank you so much. Thank you, Chair.

Chair D'Silva:

Next, we will have Assemblymember Karris.

Assemblymember Karris:

Thank you for your presentation and thank you, Chair.

I am a little concerned with the waitlist that you have on almost everything. Some are going down, but most are not. Is it—I am looking for the best ways that we, as a Committee, can help you and your group do better for the people of the state. Obviously, one component is probably going to be more funding. Would you need it more for staff or is it equipment? Is everything stalling in assessment protocols to be able to help people? Give me an idea. Thank you.

Administrator Robb:

It is a multitude of things. I will say first of all, funding. As many of you know, caseload was not funded for many of our programs in the last legislative session. It really shifted the last day for us. I think really looking at our funding—we are currently in the interim, we have an LOI that we will be reporting on that. I would really encourage you to take a look at those reports. They are—they will not come out until the end of our fiscal year, but we will be reporting on those LOIs that we will talk about.

Our waitlist. I think the challenge is that if you do not have full funding for caseload, it makes it very difficult to reduce your waitlist. It is the chicken or the egg. I think that is really important for us to look at, but we are really looking at how we can—our service delivery models. Once we have that information, we are working with Nevada Health Authority, along with Sellers Dorsey, to be able to look at the models that we currently use, see if there is some improvements or things that we can do differently. I think the other piece of that—it is really what is in our law, right? We serve individuals based on what is in statute. I think it is making sure that people really understand our statutes as well.

It is not typically equipment. One of the things, and I will refer to the Committee that did the funding—the Finance Committee. They talked about not funding new or additional state staff, but depending upon which program that is, we have community programs as well as state staff. We have to try and balance that and look at what programs are our state staff, what programs are community staff, and how that is funded. That is something that we are working on in the interim. And so, any support that you guys can provide once we have that reporting structure and that information, you know, we greatly appreciate your review and your feedback on that as well.

Assemblymember Karris:

Thank you, Chair, if I might add one additional. So, in the areas where you were able to reduce your waitlist greatly, can you tell me how you achieved such a great thing when you are lacking funding?

Jessica Adams, Deputy Administrator Programs, ADSD, DHS:

As Rique mentioned, I think as we start seeing some more waitlist numbers, you are going to see some pretty dramatic drops. One of the ways that we were able to do that, multifaceted, but one of the easiest ways for us to do it, is we do have that HCBS Waiver for people with intellectual disabilities when were able to add people onto the waiver for some of those services, like supported living, jobs- and day-training. The federal government then picks up about 60 percent of the bill for that service. So, we have been very methodically over the last year and a half, for people who are getting those services, adding them on to the ID Waiver, which then allows us to free up other State General Fund to add more services. That is really how we have been able to do it there, and I think that is trying to just figure out the best funding mechanism knowing that we have limited amounts of State General Funds. So, how do we pull in federal dollars, other sorts of dollars to be able to do that? The other piece that we have been doing is some very specific look at all the different service authorizations, making sure that people are in fact authorized for services at the levels that they should be. Meaning that we are not paying too much for service, people are still getting the service that they need. There has been a lot of work going on around that the last year and a half. We actually did get funding this last session for a standardized assessment called the inteRAI, which is scheduled to start this coming July. That will really be the first time that our state will have a standardized assessment for people with intellectual and developmental disabilities to tell us the types of activities of daily living and instrumental activities of daily living that they need the most help with. That will really kind of also help guide us with the types of services people need, the amount of services that people may need.

It has really just been a lot of work and kind of looking at how we are authorizing services trying to shift as much funding to the federal dollars as we can. It has resulted in us being able to add some new people into services more than we have been able to do for about the last year. It has been a nice change for us to be able to do that, but it is certainly not going to get rid of all of the waitlists.

Assemblymember Karris:

Thank you so much and congratulations on a job well done. Thank you.

Chair D'Silva:

Next, we will have Assemblymember Hunt.

Assemblymember Hunt:

Thank you, Chair, and thank you for the presentation. I have a two part question. Can you answer me; how many youth are you currently serving right now? And the second part of that question is, what part of your budget is allocated to the youth programming?

Administrator Robb:

Thank you for the question. Are you—for the youth programs? Is that, I am sorry, I just want to make sure I have the right question.

Assemblymember Hunt:

Yes Ma'am.

Administrator Robb:

Okay, so we only reported on adults today, but we are happy to get those numbers for you.

Chair D'Silva:

Thank you, Senator Cruz-Crawford.

Senator Cruz-Crawford:

Thank you, Chair. My question was regarding slide 20. You talked about the recent federal changes for telehealth Medicare—billing telehealth. I know—I think earlier this month they extended that through December of 2027, the telehealth policies. I just want to make sure because I know that is a huge cost savings for us. Can you explain if that is something else, or if I missed the mark?

Administrator Robb:

It is actually specific to the service and the provider type, so not all were blanket, only certain ones. I do not have that in front of me to be able to tell you that it, you know, it was one to the other, but there are some services and some provider types that can continue on through December, but many of those we actually lost over the last two years since COVID. So, again, that would be Medicaid, we could find that information out from Medicaid, but that is not something that we necessarily are tracking, because it just depends on the provider type and the service.

Senator Cruz-Crawford:

Thank you. I would like some clarification on that because I know that is very, very important for our aging population, our rural population to utilize that. So, my next question was in regard to the ombudsman and all the support they provide for people that might be at risk or abused. Are there notices within facilities, or how do people access that information if there is a crisis?

Administrator Robb:

Actually, if you walk into any facility, you will see a very large poster that explains their rights and then it also has the contact for the Long-Term Care Ombudsman Program. And it also is—I believe most of them are in their packets as well as when they become a patient at those facilities. But it is on the walls for sure and then it is throughout most of the buildings.

Senator Cruz-Crawford:

Okay, thank you.

Chair D'Silva:

Committee members, any questions? Okay, I have a couple of questions here. Firstly, so when it comes to the institutional level of care, what is the cost to serve a single person in these institutional care situations? And is there a cost to care comparison in a community setting?

Deputy Administrator Adams:

Yes, I mean, we would have to work with Nevada Medicaid to get you what those comparisons are, but we do have average cost of care. I do not have them with us so we will have to get those back to you.

Chair D'Silva:

Thank you, and then my final question. I was under the impression that there was some funding that was passed by the Legislature. There was a notice—I know in the IFC [Interim Finance Committee] meeting last week that during the 2023 Legislative Session, $105.7 million was approved in the regional centers budgets to increase rates paid to providers of intellectual and developmental disabilities waiver services. That was from IFC last week. I was wondering if you could just share some information on the change in funding.

Deputy Administrator Adams:

That is correct. That was in the—we had the last two legislative sessions; we had implemented a new rate methodology and entirely changed in the rates that went into effect on April 1st, 2024. When we put those into effect, essentially, it was somewhat of a guess as to how much it was going to cost. And so, what ended up happening last session was we did have to ask for some supplemental appropriation along with—we did get a increase in the funding so we could keep the current services going based on what those new rates were. With those rates, it was quite a significant increase from what our providers had been paid previously. We did see the benefit of people being able to take on some new services. It was then just trying to play catch up with the amount of money that we actually needed.

Chair D'Silva:

Thank you. Committee members, any further questions? Okay, I think we are good with the questions. Thank you so much for your presentation today.

AGENDA ITEM V—PRESENTATION ON STATE OPTIONS FOR IMPROVING CARE FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

[This agenda item was taken out of order.]

Chair D'Silva:

With that said, we will turn the floor here to our presenters. You may begin when you are ready.

Kathryn Costanza, Fellow, Health Program, National Conference of State Legislatures (NCSL):

All right, thank you, Chair D'Silva. One moment, accessing slides here. Sorry, I might need a little bit of technical assistance. This is my apologies. One moment, sorry, we are getting the slide deck up. Thank you for your patience with the technical difficulties, not my forte. (Agenda Item V)

Thank you so much, Chair D'Silva and Vice Chair Cruz-Crawford, for inviting the National Conference of Legislatures to speak here today. I am joined today by my colleague, Annie Miller, from our Employment, Labor, and Retirement Program. Before we kick off, I just want to flag for you all if you are not familiar, that the National Conference of State Legislatures is your professional membership organization. We provide bipartisan and nonpartisan support for the over 7,300 legislators and the over 20,000 legislative staff in all 50 states, D.C., and the territories with nonpartisan policy support and research assistance including: technical assistance, presentations like this one. So, if we are unable to answer any questions during the presentation today, please reach out to us any time we are always happy to provide confidential and nonpartisan research support on any policy topic in the future. And if we do not know the question, we will connect you to someone who does.

With that, let us go ahead and kick it off. Today, we have been asked to provide an overview of national trends and state health and employment policy options to support adults with disabilities. We will start with demographic trends, move into state health policy options and examples, discuss the role of access to technology, and then I will pass it over to Annie to discuss state policy options related to employment. Let us dig right in.

Nationally, more than one quarter of adults, about 61 million people have one or more disabilities. For demographic research purposes, adult disabilities can include six different disability types. This includes serious difficulty hearing; serious difficulty seeing; cognition difficulties, which includes serious difficulty concentrating, remembering, or making decisions; mobility disability, which includes serious difficulty walking or climbing stairs; and self-care disabilities, which include difficulty dressing, bathing, or feeding oneself. I also want to flag there is also independent living disabilities, which includes challenges running errands alone and other activities. That was accidentally omitted from this slide, so that is an additional type of disability.

Disability can occur as a result of age or of temporary or permanent physical or behavioral health conditions. Disability is not condition specific. Additionally, while this is the definition used to research disability prevalence and type for adults; disability can be defined in different contexts for different purposes. There is a federal definition of developmental disabilities that is used to establish legal rights and funding for certain services and research activities. The federal definitions of disability under the Social Security Act establish eligibility for income support through social security, disability insurance, and the supplemental security income. State specific definitions of disability determine eligibility for state programs and services, and the definitions of disability look different for children than they do for adults. That is all important to keep in mind as we are looking at this definition here.

When we look at the rate of disability for adults or for the total U.S. population, sorry, I lost track of my notes, there we go. This particular graph shows data from the American Community Survey on the rates of disability for the total United States population by age and the gold bar is the percentage of people with a disability in each age group. The blue bar is the percentage of people without a disability in each age group. As you can see, 13.7 percent of the total U.S. population has a disability across age groups, but disability rates increase as individuals age, with 5.3 percent of children under 19 categorized as having a disability and up to 45 percent—just under half of adults aged 75 or older—classified as an individual with a disability.

Now we are going to transition to the same graph, but we are going to look at the Medicaid population specifically. I will note that the age ranges that are listed on the next slide are slightly different from the one on this slide, but it is drawing from the same data, the American Community Survey. What the biggest difference that we see here in the rates of disability within the Medicaid population is that the prevalence of disability in Medicaid enrollees is higher across all age groups, averaging 22 percent. This data separates out ages 19 to 49 and 50 to 64, it does not differentiate past the age of 65. This is not an apples to apples comparison to the last data set. But, when we look at it, we see that when we reach 65 years and older, more than half of Medicaid enrollees have a disability, and the rate of disability in Medicaid enrollees aged 50 to 64 is similar to the rates for the total U.S. population at ages 75 and older.

Now, let us take a look at the breakdown of how many individuals have each type of disability. Those are the six disability types we talked about earlier. While adults can have more than one type of disability, some disabilities are more prevalent than others. Mobility and cognition disabilities account for 13.3 percent and 13.6 percent of disability types, respectively. Whereas self-care disabilities in the total U.S. population only account for 3.6 percent of all disability types. Again, we are going to transition to look at the prevalence of different disability types for Medicaid enrollees specifically. And specifically, as we transition slides, I want you to look at the scale. Right now, we are looking at about 3 to 14 percent for the total U.S. population, and as we transition to Medicaid, we are going to see that scale shifts pretty significantly to 18 to 53 percent of the total Medicaid population by type of disability. It is important to note that this is going to total more than 100 percent, because it is common for individuals to have more than one type of disability simultaneously. According to KFF [Kaiser Family Foundation], 60 percent of Medicaid enrollees with a disability have two or more co-occurring disabilities, and the prevalence trends are somewhat consistent with the non-Medicaid population. Cognition and mobility disabilities continue to be the most common, but independent living and self-care disabilities are prevalent at higher rates than in the general U.S. population.

Now let us go ahead and transition into talking about health policy specific to support these populations. A lot of state agencies and services support the health of adults with disabilities, including your mental and behavioral health services, your aging and disability services agency—who I know you are going to hear from later—social and protective services, vocational and workforce agencies, housing and the justice system. But you cannot talk about health and people with disabilities without talking about Medicaid.

The Medicaid program covers more than one-third of people with disabilities nationwide. The reason for this is because this population—people with disabilities—are less likely to be employed full time than their nondisabled peers. Those lower rates of employment mean lower rates of employer sponsored insurance and access to employer sponsored insurance as well as the ability to afford private marketplace coverage. When we talk about Medicaid coverage for people with disabilities, you will often hear the term long-term services and supports or LTSS. That is a group of services that includes institutional care provided in nursing homes and intermediate care facilities and some other facilities, and it includes services provided in an individual's home or in their community, known as home- and community-based services or HCBS. These services are intended to support individuals and provide in assisting with their activities of daily living.

Now, the important thing to know about Medicaid long-term services and supports is that they are not available to every Medicaid enrollee. Typically, an individual has to demonstrate that they need what is called an institutional level of care in order to qualify for those services. Additionally, states are required in the Medicaid program to cover institutional services, but they are not required to provide home- and community-based services, although all states do. Institutional care is far more expensive than care provided in the home and community, and states have a variety of flexibilities through which they can deliver home- and community-based services, including what is called the Medicaid State plan. That is a benefit provided to all enrolled Medicaid beneficiaries or home- and community-based services waivers, which provides a targeted set of—or I am sorry—an enhanced set of benefits to a targeted population. States are also permitted to cap enrollment in waivers, which can lead to waitlist for individuals to participate in waivers, which we will talk about in a little bit.

When we look at Nevada, according to KFF data from 20—KFF analysis of American Community Survey data from 2023, over 137,000 Medicaid enrollees in Nevada had a disability. About a third of these qualified on the basis of being eligible for supplemental security income, whereas the other two thirds of those individuals did not qualify on the basis of that. Over 81,000 of those individuals were adults aged 19 to 64. So, when we look at the state policy options to support the health of people with disabilities, these options include by the way, both Medicaid specific policies and those beyond the Medicaid program. You can check out the linked brief in the center of this document for more information about some of these policy options today.

First, states can consider addressing co-occurring conditions. As we mentioned earlier, adults with disabilities can have more than one type of disability, particularly in the Medicaid program and so individuals with multiple conditions need additional supports to manage those multiple conditions that can live healthier and more productive lives when those conditions are managed.

Moving to caregiver supports, one in five Americans provide unpaid care to another person and caregivers can play an important role in helping individuals remain in their home and communities rather than in institutional settings but caregiving is hard work. One in

four caregivers report negative impacts from the physical emotional or financial strain of caregiving. So, states can consider a range of options to support caregivers from paying caregivers for Medicaid covered services, to providing specific supports like respite care, education and training, home modifications, and more.

Moving on to Medicaid buy-in programs. These are programs designed to support working people with disabilities. Often, working people with disabilities may have access to employer sponsored insurance but need more health services than their employer offers or may face employment disincentives if their income rises above the eligibility for the wraparound services that they need to remain employed and remain healthy, including complex technology, complex medical equipment transportation, and other services. The Medicaid buy-in program provides Medicaid wraparound benefits for working people with disabilities that supplements their primary health coverage that they receive through their employer. Individuals with disabilities who use the Medicaid buy-in program may be required to pay premiums on a sliding scale basis based on their income.

Moving on to home- and community-based services waivers and waitlists, as we talked about, oftentimes these waivers can come with waitlists because states are permitted to cap their total enrollment in the program. States can consider options to alleviate waitlist to increase those access to those home- and community-based services, which can include employment supports, and a lot of other additional supports for individuals' health. We will talk about access to technology in the next section.

Starting with co-occurring conditions, we have a couple of state examples here. Arkansas specifically enacted several pieces of legislation in the 2025 Session to expand access to dental care for certain Medicaid enrollees. So, people with disabilities, particularly those with intellectual and developmental disabilities, are particularly vulnerable to poor oral health outcomes and have a harder time accessing traditional preventative dental care. Arkansas covered sedation dentistry for beneficiaries that receive their long-term services and supports. They also required reimbursement for dental schools to provide care to individuals with high complexity oral health care. That also adds in a training component so that providers are more familiar with the services they are providing when they are more complex.

In Kentucky, the Lee Specialty Clinic is a multidisciplinary clinic that serves individuals with complex intellectual and developmental disabilities, and it provides medical, dental, psychiatric, vision, podiatry, and other specialty care services through the clinic that are funded in part through a State General Fund appropriation. According to preliminary analysis—some preliminary evidence—the clinic's multidisciplinary care model has reduced overall health care spending for people with complex intellectual and developmental disabilities by 44 percent and has reduced inpatient admissions and readmissions and emergency department visits as well.

Moving on to caregiver supports, one option—states have is to pay family caregivers for the Medicaid covered services they provide to Medicaid beneficiaries. During the public health emergency states had some flexibilities—temporary flexibilities—to pay family caregivers through the Medicaid program. Since the end of the public health emergency, at least nine states have extended those flexibilities. Additionally, states can consider non-Medicaid grant or subsidy programs like the ones listed here for Arizona, Maryland, Mississippi, and Pennsylvania to identify a certain class of caregivers who need support. For example, the Pennsylvania program assists caregivers of individuals with dementia, functionally dependent older adults, and individuals with disabilities. States can also choose the types of caregiver supports that are covered. Arizona's program covered part of the costs of hearing aids, glasses, counseling, respite care, and informational supports. Maryland's

program covers home modifications, equipment purchases or leases, costs for adult daycare, specialized transportation, and legal or financial services. States can also choose the type of financial support covering some or all of the costs of certain services or capping benefits at an upper payment limit.

On the Medicaid buy-in side, states have expanded access to programs that provide wraparound supports to working people with disabilities in recent years. Either clarifying or increasing the income and asset thresholds to qualify for the program. For example, Utah recently extended the income limits to include individuals with incomes between 250 to 800 percent of the federal poverty line and assets under $125,000. It also does require cost sharing on a sliding scale basis. Virginia also required its department to proactively collect information to help determine individuals' eligibility for their Medicaid buy-in program called the Medicaid Works Program.

When it comes to home- and community-based services waiver waitlists, states have a variety of options to consider. Arkansas added a measure to essentially track their waiver waitlist and waiver waitlist durations in their managed care organization quality reporting. Mississippi has authorized its Division of Medicaid to spend funds to provide home- and community-based services to avoid institutionalization without those services counting towards waiver slots in the state. And states like Colorado and Kansas have enacted legislation to put in place long-term plans to address this issue. Colorado enacted legislation requiring the development of a strategic plan to address waitlists in 2014, and Kansas has established a joint committee to oversee home- and community-based services programs including waiver waitlists.

Moving on to assistive technology, I will fly by this really quickly. We are going to look at access to technology, starting with assistive technology. Assistive technology is fairly broadly defined as any item, piece of equipment, or product system, whether it is acquired commercially or modified or customized that can increase, maintain, or improve the functional capabilities of individuals with disabilities. While you might think of complex technology, the types of assistive technology that are most commonly used by older adults specifically are the five listed here: canes; walkers; wheelchairs; grab bars; and bath seats.

Additionally, adults with disabilities may also use other types of assistive technology to support activities like communication, navigation, queuing, skill development and task completion, and other activities. Assistive technology is only one category of access to technology. According to the Pew Research Center, adults with disabilities are also less likely to own a computer or smartphone, which can obviously impact other aspects of daily living. When we think about the full range of technology that can support independent living and employment for individuals with disabilities, there is a wide range of technologies to consider. Based on the linked survey and report here of 40 responding state Developmental Disability Services agencies, the scope of technology that can be used to support individuals with intellectual and developmental disabilities specifically, can include: adaptive aids; home modifications; durable medical equipment; and remote patient monitoring to monitor their health conditions; personal emergency response wearables; smart home technology; telehealth; and more.

There is many different funding authorities that can be available for access to technology and technology supports. Medicaid home- and community-based services were identified as the primary funding authority, but these were followed by State General Fund revenue as well as vocational rehabilitation agencies.

Looking at some state examples. States have several ways of supporting access to technology for adults with disabilities starting with Assistive Technology Loan Funds, which can help people with disabilities purchase some of that technology equipment. States can also convene task forces or councils, some of which like Missouri's were created to administer their Assistive Technology Trust Fund as well as coordinate across agencies.

Ohio also established a Technology First Task Force to expand innovative technology solutions for people with developmental disabilities and align policies across state agencies. Illinois took a different approach related more to evaluation and training. Their assistive technology evaluation and training centers help provide people with disabilities with comprehensive evaluations, training, and hands-on experience with assistive technology before they purchase it. Puerto Rico has an Assistive Technology Loan Program that also requires coordination across agencies and municipalities to establish an equipment recycling and loan program. Also, 18 states and Washington D.C. have permanently included the use of telehealth services for home- and community-based services for people with intellectual and developmental disabilities.

While we most commonly think of telehealth as the way people receive physical or behavioral health services, according to the survey of 40 state agencies, telehealth was most frequently used for employment services, day programs, and prevocational services for people with intellectual and developmental disabilities. And that is a great segue to hand you off to my colleague, Annie Miller, who will discuss state policy options to promote employment for people with disabilities. We have more NCSL resources here and at the end.

Annie Miller, Policy Associate, Employment, Labor & Retirement Program, NCSL:

Good afternoon, I will be speaking today about apprenticeship opportunities for individuals with disabilities. I was able to collaborate with the Department of Labor as well as the State Exchange on Employment & Disability on NCSL's policy brief on apprenticeship opportunities for individuals with disabilities, which is why I am here talking today. During my presentation, I will provide an overview of the disability employment landscape as well as some quality apprenticeship programs, the associated costs and benefits of those programs, and some state approaches and policy examples.

To begin, this is just a brief snapshot of the disability employment landscape and the chart on the left is derived from the Bureau of Labor Statistics, and it shows us that people with disabilities are employed at more than double the rate of people without disabilities. We also know that workers with a disability are nearly twice as likely to work in part-time roles than workers with no disability. The same dynamic applies to education attainment rates. In 2024 about 23 percent of all people with a disability had completed a bachelor's degree or higher compared to 42 percent of those with no disability. Additionally, I have included the labor force participation rate of individuals with disabilities, which is defined as the rate of the number of people who are either working or seeking work as a share of the working age population, which is 16 or older. We can see that people with disabilities have a 43 percent participation rate while those without disabilities have a 78 percent participation rate. Why is this the case? So, people with disabilities may experience many different barriers to employment and this slide highlights several common obstacles. For instance, income limits—which Kathryn touched on—on benefit systems like Supplemental Security Income or SSI and Social Security Disability Insurance, SSDI, can present a barrier to employment. These limits might discourage individuals from pursuing employment altogether, or it might segregate them into part-time roles.

Another common barrier is a lack of accommodation. The Americans with Disabilities Act requires employers to provide reasonable accommodations to applicants and apprentices with disabilities to help them perform critical job functions. However, some employers may lack the ability to implement and incorporate new or modified tools as well as physically accessible facilities, flexible work schedules, or personnel support.

The next barrier I will cover includes a lack of reliable transportation or financial resources. These are needed to pay for things such as program tuition fees, supplies, other training materials, and associated costs. Transportation specifically can present a huge obstacle, especially in rural areas or areas without reliable public transit. And equally important are accessible wraparound support services and preemployment transition for individuals with disabilities. This can mean postsecondary training opportunities as well as workforce readiness or self-advocacy training. These training opportunities can really assist individuals with disabilities with their own career exploration as well as their job search, job placement, and coaching to help them excel once they are already in those roles.

Now, I would like to transition the conversation to talking about apprenticeships. These programs can be a really valuable tool to help individuals with disabilities access the job market. But how do they work? How are they structured, and what sets them apart from other jobs? How can people with disabilities really benefit from these types of programs? They are typically registered and authorized by the U.S. Department of Labor or a designated state agency. They are unique in the sense that they provide workers with paid employment upfront while also delivering structured education—usually in a classroom—and they also provide on-the-job training at the same time. All of these factors together can really lead to a highly skilled workforce. They additionally might come with a new credential as well, that the applicant can carry on into their future employment.

Although apprenticeships represent a great employment opportunity for individuals with disabilities, there are both costs and benefits to participation. Most, if not all, I should say of the research on the cost and benefits are not specifically focused on apprentices with disabilities, but we can kind of extrapolate many of those results and suppose that they are largely true for people with disabilities as well. For the benefits, apprenticeship programs have very few financial costs to participants because apprentices are paid employees and therefore the programs often result in more timely returns on investment compared to other training and education options. Apprenticeships also provide participants with in demand skills, which can lead to both strong ties to the labor market, and long-term increases in earnings.

In the *Inclusive Apprenticeship Report,* which was done by the Urban Institute, employers of inclusive apprenticeship programs were interviewed about their experience running these types of programs. One employer noted that the structured progression through the apprenticeship program, and the achievement of certain competencies led to the particular success of apprentices with disabilities. They noted that this structure and support is often unavailable in other jobs. However, apprentices might also experience several cons of participation, and this circles back to the barriers I mentioned before. A loss of certain benefits like SSI and SSDI can be a huge barrier and lead to non-completion of the programs. Apprentices with disabilities might also experience lower entry level earnings compared with other jobs. But as I mentioned before, many of the long-term studies on financial returns for participation in apprenticeship programs is not focused on apprentices with disabilities.

Now turning to the cost and benefits for employers. Similarly to apprentices that are moving through the programs, employers must also consider the cost and benefits before starting one of these programs. Research cited by the same *Inclusive Apprenticeship Report* shows

that in the United States apprenticeship programs are valuable to employers because they increase worker productivity as well as reduce turnover and improve workplace culture and production processes.

However, on the flip side, employers must also consider the cons of inclusive apprenticeships. The financial costs of accommodations vary depending on both the individual apprentices' needs and the employers' prior investments in inclusive programs. A state staff member from a state agency was interviewed for that report and said that employers often overestimate the accommodation costs and are therefore less willing to develop an inclusive apprenticeship program. However, I would like to note that many affordable options for accommodations do exist. For example, an employer might opt for a virtual job coach who can check in with apprentices remotely instead of paying an in-person person to come and support.

Aside from the costs and benefits of the programs themselves, also wanted to talk about some common state approaches and implementation strategies. Many states take a preliminary goal setting or planning approach for creating and funding new programs. This can take the form of new state facilitated task forces and these task forces may allow stakeholders within the disability and workforce development communities to initiate a program planning process in a collaborative and informed way. During this planning phase, states might also put funding towards apprenticeship opportunities, or they might also work closely with state and community colleges to get an understanding of programs that are both successful and in demand.

Another state approach is to reach out to existing agencies to look for areas of collaboration. The state might encourage collaboration across a group of agencies as well to help determine workforce demands and identify opportunities for the future. Tax incentives also provide states with a strong mechanism to create buy in from employers and by offering tax credits to employers who facilitate inclusive apprenticeship programs, states are able to help businesses absorb the cost associated with expanding employment opportunities to individuals with disabilities.

One of the final approaches that I want to touch on includes wraparound services and support programs. I also mentioned this briefly in the barriers conversation, but these services can be very meaningful in providing additional support to ensure the long-term success and program completion for individuals with disabilities.

Now that we have looked at some state approaches, we can turn to some of the ways states have implemented these strategies. For instance, Ohio's apprenticeship agency called Apprentice Ohio works in close collaboration with a diverse group of state agencies including Opportunities for Ohioans with Disabilities, and other stakeholders to provide inclusive apprenticeship programs. In New Jersey in 2020, they created a pilot program to offer stipends to offset transportation and childcare costs for apprentices. Workers who are often underrepresented in apprenticeship programs were prioritized for this program as well and still given priority throughout the measure. California's Interagency Advisory Committee on apprenticeship created a subcommittee authorized by Assembly Bill 1019 to address apprenticeship opportunities for the disabled community. The bill also adds the Director of Rehabilitation and the Executive Director of the State Council on Developmental Disabilities to that Interagency Committee.

Both Louisiana and Delaware have created tax incentives for employers participating in inclusive apprenticeship programs. In Louisiana for each qualified individual with a disability that a company employs during a taxable year, employers can claim a tax credit of up to 50 percent of gross wages during the first four months of employment and 30 percent of

gross wages during each subsequent continuous month of employment. In Delaware, they offer a tax credit for employers who hire individuals with disabilities who are referred by the state Vocational Rehabilitation Program. It is equal to 10 percent of the employee's gross wages paid by the employer over the course of the employees sustained employment during that taxable year.

So obviously, those are not all of the state examples, but we do have more resources on NCSL's website, and these are some other sources that I have used to put together the presentation today; encourage you to access these tools and learn more about inclusive apprenticeship opportunities. Thank you so much for your time.

Chair D'Silva:

Thank you. Committee members, are there any questions? Senator Rogich.

Senator Rogich:

Thank you, Chair, and thank you for the presentation. It was very informative. Being new to this, and I am sorry if this is a silly question, but does Nevada have a Medicaid buy-in program in place?

Ms. Costanza:

Thank you Chair, and thank you, Senator. I should know the answer to that question, and I do not, but I will follow up with you afterwards and confirm. I believe most states have one, but I will follow up and confirm with you.

Senator Rogich:

Then may I just follow up? Again, I just—I am sorry if it is a question that should be easily answered that I should know. If you can just clarify a little bit more about how other states and perhaps Nevada as well is addressing this benefit cliff that you were discussing, where individuals increase their earnings through apprenticeships or work and that jeopardizes them receiving certain benefits. It sounds like, you know, it is just a very fine line there. Is it—these wraparound services supplementing them in order for them not to have to pay out of pocket or—I am just trying to get an understanding as to how this is working.

Ms. Miller:

Yes, so that is a huge barrier, what I mentioned about the income limits on benefits. I have not seen specific state legislation tackling this issue directly. If there are examples, I can search for those and follow up with you. But I know that it is a huge barrier, and it is something that programs are always trying to work around through those support systems and to try to make it more accessible.

Senator Rogich:

I would appreciate that. Especially now, we are hearing about how costly just the standard of living is, and I am assuming the impact is even harder on this certain population, whether it be seniors, veterans, or adults with special needs.

Ms. Costanza:

One thing I will add to that is we do have colleagues that cover benefits cliffs specifically, and I know we have some existing publications and resources. So, even though we are not experts in specifically the benefits cliff topic, we can share some of those additional resources with you after the presentation.

Chair D'Silva:

Members, any further questions? Yeah, I have a quick question. When it came to the dental care, I know we looked at several states here and some of their programming. The funding, was it provided by federal grants? Did it come from general funds or was it a mix or amalgamation of both? Can you just extrapolate a little bit on that? Thank you.

Ms. Costanza:

Thank you, Chair. The Arkansas example specifically, the coverage that they provided was specific through the Medicaid program; so, it was. Medicaid is jointly financed by both the federal and state governments. It is a mix of the state's federal match and own state financing for the program itself. That is how it was funded, out of the Medicaid budget.

Chair D'Silva:

Any further questions, members? Okay, with that said, I know you have a flight to catch so thank you again for visiting us, and thank you for being here today. Safe journey back home.

Ms. Costanza:

Thank you, Chair, and thank you to the members of the Committee.

Next, we will go back to Agenda Item IV, which will be a presentation on the state of disability in Nevada and an overview of programs and services. Our presenters will be representatives of the Aging and Disability Services Division of the Department of Human Services.

AGENDA ITEM VI—OVERVIEW ON BARRIERS TO ACCESS AND LEGISLATIVE NEEDS

Chair D'Silva:

We will move on to jump over to Agenda Item VI, which will be an overview on barriers to access and legislative needs. Our presenters today will be representatives from the Las Vegas Deaf Seniors and the Nevada Commission for Persons Who are Deaf and Hard of Hearing. With that said, presenters, you have the floor.

American Sign Language (ASL) Interpreter:

We are just coordinating logistics with the interpreters. Thank you.

Obioma Officer, Executive Director, Nevada Commission for Persons Who are Deaf and Hard of Hearing:

[Translated from ASL.]

Hello, just continuing to support the accommodations. Thank you. We are going to have the online interpreter continue to provide interpreting services, because we do have individuals accessing the interpreter online.

Okay, thank you so much for welcoming us today. I am so excited to be here today. It is nice to see some new faces and some known faces from prior sessions as well. Thank you, Chair and Vice Chair, for inviting us today. Before we proceed, I want to talk about our Commission—before we talk about the Commission, excuse the interpreter. I want to introduce our team today of presenters. I have myself, and then I will yield my time to Eli.

Eli Schwartz, Member, Nevada Commission for Persons Who are Deaf and Hard of Hearing and Chair, Legislative Subcommittee Nevada Commission for Persons Who are Deaf and Hard of Hearing:

Hi, my name is Eli Schwartz. I am a member of the Deaf Commission, and I am also the Chair of the Legislative Subcommittee. Thank you.

Beth Jones, Member, Legislative Subcommittee Nevada Commission for Persons Who are Deaf and Hard of Hearing and Parent of Two Deaf and Hard of Hearing Children:

Hello, my name is Beth Jones. I am a Legislative Subcommittee Member, and also a parent of two deaf and hard of hearing children.

Shelly Freed, Secretary, Las Vegas Deaf Seniors and Member, Legislative Subcommittee Nevada Commission for Persons Who are Deaf and Hard of Hearing:

Hello, I am the Secretary of Las Vegas Deaf Seniors, and I am a member of the Legislative Subcommittee.

Jaime Vitale, Chair, Interpreter Subcommittee Nevada Commission for Persons Who are Deaf and Hard of Hearing and Legislative Subcommittee Nevada Commission for Persons Who are Deaf and Hard of Hearing:

Hello, my name is Jamie Vitale. I am a Commissioner and a Chairperson of the Interpreter Subcommittee. Thank you.

Executive Director Officer:

[Translated from ASL.]

Well, thank you all so much again for taking the time today. As I said in the beginning, we are here to address and to touch on the legislative needs of the deaf and hard of hearing community, the Commission, and all of the barriers to access for our community. (Agenda Item VI A)

Advance to the next slide, please. Do we have someone advancing to the next slide for us? I believe it is on this laptop. My apologies.

Administrator Robb, Previously Identified:

Obioma, would you like us to present it from Carson?

ASL Interpreter:

We actually were able to get this worked out I believe. Are we good? Okay, thank you so much.

Executive Director Officer:

[Translated from ASL.]

Thank you, Rique Robb, for the offer. Okay yay, this is how we assign applause in ASL—like this. I am just going to take a moment to applause. Thank you all so much. Okay, slide number two, as you can see in the agenda, is quite robust. We will do our best to keep this short and to touch on each topic so that way you are aware of what is going on in our community and some of the concepts that we are recommending from the community perspective.

Slide number three, you will find our state plan. This plan is designed by feedback from the community, a survey that has been passed out community wide to gather feedback from them on the priorities, and you will see that we do have eight recommendations from this report. Our goal is to touch on all eight recommendations annually to make sure that we are covering the full perspective and experiences for the deaf and hard of hearing persons who come into the State of Nevada.

Next slide, one way that we capture that in the recommendations is through our town hall that we host. We do have two town halls which happen twice annually, in April and then another session in October—every six months. That gives time to check in and see if we are having impact in the community, voices are heard. The last town hall was in 2025, and that report is still being analyzed. However, we do have a legislative session every two years and so 2024 is still relevant to our needs in this current time.

The top three areas of concern are inclusion of community with 60 percent impact participation for our concerns for deaf and hard of hearing needs. The second is qualified interpreters, 66 percent of concern collectively in accessing their needs. And then the third is health care access, and that is collective of—I do not see that number here on the slide. I apologize, but I will get that for you. Also know that everything that we share with you today is coming from the community, the voices from the community, those experiences that were told from the community to the Commission.

Next slide number five, through those recommendations—the three that I just mentioned—I as Executive Director will make recommendations from the community that are approved by the Commission themselves. For inclusive community, continuing to engage with the community through town halls, talking to the community, and getting their voices and bringing them to you. The second is qualified interpreters, continuing our efforts with training programs and established registry here in the State of Nevada. Testing sites, I apologize, we do have a registry but establishing testing sites where interpreters can become certified. That way they do not need to leave the state, fly to other states to get testing and also to pay for the test itself. A lot of people are struggling in this area. I will touch on more about this—the team will—excuse the interpreter. The team will elaborate more on this area.

The next is health care, the final area. We do want to note that SB [Senate Bill] 188 was very successful. However, the community still recognizes that trained providers are new and so they are still learning the new law, supporting collaboration with those providers, and asking for patients during this transition. However, this is still a need and so we are encouraging this through having a deaf center, having a deaf school, having deaf spaces that can promote those providers, support those providers, and understanding the cultural comprehension and not a one track Commission, but having other community service needs, making sure they are trained, those providers are trained.

Okay, that is it for me. I am going to yield my time, and I am going to give the last piece of my presentation and then I will yield my time. We do have bill concepts on the next slide, slide seven. So, these are all the recommendations—to impact all of the recommendations. (Agenda Item VI B) (Agenda Item VI C) (Agenda Item VI D)

Closed caption in public spaces, ASL being recognized as a foreign language to help with our public pipeline—excuse the interpreter—pipeline concerns. That is developing interpreters locally, our own interpreters locally. Second is a Nevada Deaf School, the fourth is deaf and hard of hearing community living. The fifth is deaf-blind support services with an emphasis on support service providers and CoNavigators (CN). The next—the last one is revisions to NRS 656A, interpreter registry.

Each presenter today will expand on each of these topics to help you better understand the community feedback, the historical notes, as well as our recommendations as a Commission and a community. Thank you for your time.

Mr. Schwartz:

I am here to talk about the close captions. I just want to let you know that the community expect us to promote full and equal communication assets to all. When I mean public spaces, I mean bars, restaurants, hospital, medical waiting room, et cetera—like health club.

As you know, ADA [Americans with Disabilities Act] prohibits discrimination based on disability and activity of placing the public accommodation that have been reported to the Commission that the public space is not complying with the federal statute. Also, the Section 508 mandates accessibility for disabled person law. I really recommend you look at our draft proposal language, which is close caption BDR [bill draft request] proposal. Thank you.

This is Eli Shwartz again. I am here to talk about ASL [American Sign Language] as a foreign language. The community would like us to recognize ASL as a foreign language credit, not as an elective in secondary—postsecondary setting. As you know, we have a severe shortage of quality interpreter. By having the credit, it might encourage people to go into interpreting business. In other states, universities, and colleges are accepting ASL as a foreign language credit—but not in Nevada. Again, like I said, it was reported to the Commission that it is only an elective here in the State of Nevada so, we would like to recognize ASL as a foreign language credit.

Bear in mind, we are not asking to develop sign language classes, just to recognize ASL as a foreign language credit as one of the foreign language you take in high school, college. I would like to recommend you take a look at the document called 2027 proposed draft for ASL as a foreign language. Thank you.

Ms. Jones:

I am going to be talking about a Nevada school for the deaf. Chair D'Silva and Vice Chair Cruz-Crawford, I hope you get to see some of our students at your schools, the amazing deaf and hard of hearing students that we have in our state. However, there is no statewide data collection on education outcomes for deaf and hard of hearing(D/HH) students. Therefore, a lot of our kids are not receiving an adequate education. Many families and staff report inadequately trained and experienced ASL interpreters as well as just, we only have a handful of teachers of the deaf and speech and language pathologists that are aware of the deaf education needs of our students.

Some of the historical notes for Nevada are very slim. We are one of four states that do not have a state funded school for the deaf. There used to be a charter school for the deaf and hard of hearing, but that closed down in 2011. So really, what our recommended plan of action is to implement a school, a Nevada school for the deaf in an inclusive model. That inclusive model would include students who are deaf, hard of hearing, deaf-blind, speech impaired, and deaf plus. Deaf plus is defined by deaf plus an additional disability, so deaf plus autism or deaf plus cerebral palsy.

This emphasis would be on a bicultural approach, which would be instruction in both American Sign Language and spoken oral language and it would have developed specialized, excuse me, specialized design instruction in deaf and hard of hearing services. And then we would also have support services and an assessment center. For example, professionals like pediatric audiologists, speech and language pathologists, behaviorists, and social workers so it would really be inclusive to all of the students that it would serve. We also recognize that this Committee has made efforts to support the deaf and hard of community, deaf and hard of hearing community in the past, and we are working on retrieving the original language that Senator Spearman had helped us with in the past. Thank you.

Executive Director Officer:

[Translated from ASL.]

Hello, Chair and Vice Chair. In regards to community living as collected from the community, we have other folks in other cultures and communities have community living and understand the needs of those language. This community, a lot of senior citizens are feeling isolated, so we want to have a model of community living for those with an understanding of cognitive development and social needs.

The second is relative to—or as it pertains to historical notes, AB 3395 [*sic*] failed to—failed due to fiscal reasons. Nevada has a high number of older adults—senior citizens—with hearing loss in this state compared to other states nationwide. Out of 34 states throughout the nation, they already have community living for deaf and hard of hearing senior citizens.

Our recommendation is to propose language, as you will see referenced in AB 395 R1 here in this document. Next slide, this relates with deaf-blind advocacy services, and this is for SSP's [Support Service Providers] and CoNavigators. This state does not have any law, or regulation, or policy, or an agency that serves this specific population—that being the deaf-blind population. There is no support providers, and we have made continual requests to provide these services to the state; those have not been provided.

Currently and historically, personal care attendants, PCA's have been the only available option at an institutional level or end of life care for deaf-blind individuals, but really the appropriate care is SSP or CoNavigator. My recommendation is a new BDR for deaf-blind individuals and that a request is a new BDR be written. Thank you.

Ms. Vitale:

[Translated from ASL.]

Hello everyone, I have a request to revise the NRS 656A to the interpreter registry. The community has expressed several concerns regarding the lack of qualified interpreters. For example, in K-12 settings, providing an interpreter for medical settings, whether it be a doctor, a hospital visit. Many community members have expressed a lot of grievances in the lack of interpreters. There is a concern with interpreters not passing the test to be qualified to work in these settings. They are struggling. The community needs a revision for NRS 656A and to NAC 656A to align better with the national standard for the grievance process and to take liability against noncompliance with the grandfather clause and to require those interpreters to attend workshops and ongoing training.

The community has expressed concerns regarding NAC 656, which had already been in place in 2023, which was included in the process—the revision process. Excuse me, that was an interpreter clarification. Yes, to be included with the NRS 656A and NAC 656A revision from 2023. Thank you. With historical notes today, this was started in 2001, and this community still recognize this is a big impact on the community, causing a lot of trauma and concern. NAC revision aligns with Nevada state interpreter and communication access and CART services. Community has ongoing concerns in this area. You will see that other states already have these established services, Nevada does not, and we have a link provided as well.

Next slide, the recommendation—or the recommend action is having a board of advocates or an audit board to audit the reported grievances for the interpreter registry, agencies, or any independent contractors to make sure that they are in compliance with their code of ethics, the CPC—the code of professional conduct. Making sure that the grievance process is being audited and providing consequences for those who are out of compliance, making sure that they are attending workshops and ongoing training. For those who are in interpreting programs, making sure that they are taking testing prior to graduation as part of their graduation requirement. Thank you for your time.

Executive Director Officer:

[Translated from ASL.]

At this time again—hello, I moved. I want to go ahead and open the floor for you to ask us any questions, or if you would like us to expand on anything that related to community feedback or the concepts that we have presented today. We want to thank you all for your collaboration, your ongoing support for the deaf and hard of hearing community. We would not even have a Commission without this panel; so thank you for that, and thank you for your efforts and any questions.

Chair D'Silva:

Thank you so much for your presentation. Yes, we do have a series of questions here, and we will start with Senator Cruz-Crawford.

Senator Cruz-Crawford:

Thank you, Chair. I would like to first say before anybody else, I am really interested in adding ASL as a foreign language so please reach out to me. I would love to explore that and carry that. I actually was shocked; I thought it was classified as a foreign language. I have—the reason why is I have had difficulty—finally qualified a student that I have had since last school year for a one-on-one interpreter. Now I have been flying the position trying to hire someone and there is not a good—here is not a big pool of people. If we do this, I know we want the school, and we want all these things; but I think we also need to think about how we front load that, because if we build a school are we even going to have the teachers to be able to teach there. So, I am kind of thinking like pipeline. So yes, please reach out to me. I have already wrote it on my list of possible pieces of legislation.

My second item is I know that you said that there was no way to track these students and their academic progress. Within CCSD [Clark County School District]—and I believe Washoe—we use Infinite Campus, and students are flagged as hearing impaired. So, you could—there would be a simple way not that you can legally now, but there is—those students are already flagged so you could pull their academic records, you could pull their proficiency and just filter by hearing impaired. I did want to let you know that it is a low hanging fruit, I just do not know if you have the legal access to that. That might be something that you could also pair with that ASL legislation. Thank you.

Chair D'Silva:

Thank you. Next, we will have Senator Rogich.

Senator Rogich:

Thank you, Chair. Thank you for coming here today. I really appreciate it, and I met some of the children up at the last session, and it was a pleasure meeting with the group. I am also a lawyer, and I do get involved pro bono with a lot of special needs matters. My first question is this—who has current oversight for compliance regarding training for interpreters? Is it the Nevada Department of Education? Is it the school district? Is it both?

Ms. Freed:

[Translated from ASL.]

I am only—I am going to speak, frankly. There is no one who is responsible for this.

Senator Rogich:

So, if the child—I am sorry, Chair, may I follow? So, if the child needs these services and under federal law is entitled to receive these services, who is forcing that compliance?

Ms. Freed:

[Translated from ASL.]

NRS 656A is focused on K-12 interpreters who pass what is called an educational interpreter assessment, EIPA. But there is only one person overseeing the ongoing results or skills of those interpreters, the level of language proficiency for students in the academic system opposed to community interpreters, which typically are certified through CASLI [Center for Assessment of Sign Language Interpreters]—organization called CASLI registry of

interpreters for the deaf. Typically, they will earn CEU's [continuing education units], they have to take CEU's, ongoing credits and to maintain their certification. This is the only, currently the only certifying body that is maintaining their certification. But for K-12 interpreters, this is still a big concern after they register with the state. Again, there is no one really monitoring their compliance because they contract with interpreter agencies or will become like a classroom aid. And so, it is really two different kind of descriptions of duties or scopes of work. Compared with as it pertains to a classroom aid or an interpreter, it is very a different ball game if you will.

Executive Director Officer:

[Translated from ASL.]

So really that pertains to the revision request for NRS 656A. Currently the registration overseas activities, making sure that people with hands up—meaning signing—making sure they are tracked by some sort of system. But if they are in violation, there is no teeth or any consequences for their noncompliance or their violation against the requirements. Just keep that in mind, please follow up with us so we can give you more in depth information about that, and I can give you from the direct—directly from the CAS [Communication Access Services] team. I have the lead person there I can connect you with. Very thorough, very knowledgeable with this law and the needs that can help you with the limitations of this registry.

Senator Rogich:

Thank you, and may I ask one more question?

Chair D'Silva:

Before you ask your second question Senator, I think we have Administrator Robb in northern Nevada in Carson City there. Would you be able to chime in?

Administrator Robb, Previously Identified:

Thank you, I did want to clarify the interpreter registry—which is what they are referring to in NRS 656A—that right now is the only registry that we have and to clarify, Obioma Officer did state, that right now we do not have the teeth on ensuring the compliance. That is part of our issue, part of what they are looking at in modifying NRS 656A. But I just want to make sure that the registry is a requirement of all certified interpreters. Unfortunately, because of the lack of ability to hold them accountable, that is part of the challenge. I also want to clarify that in regards to education, the districts—and sometimes it comes down to the actual school depending upon what district you are in—they are the ones that are hiring the individuals who are supporting and educating our children within our districts and that is part of our challenge. Shelly was talking about that it could be an aid, so what she is saying is that they literally are putting in aid with a child who needs one-on-one support, who needs ASL interpretation, who also is learning ASL as their language as their foreign language, and those individuals are not qualified. Unfortunately, the registry does not have the authority to hold those school districts accountable for an aid that has—they might have basic sign, they might be able to sign cookie, cracker, please, thank you. Unfortunately, that is the lack of support for those children in our district. That is really where we want to make sure that we can have the ability to hold the districts and the schools accountable in who is supporting and teaching our children. That is where that lack of compliance comes from, is that we do not have the authority or the ability within our statute. Hopefully that helps, but I just wanted to make sure the registry is there, it is

within 656A. Unfortunately, we do not have the authority to hold them compliant when they are not. And we have worked on this throughout the years, and it has just been an ongoing challenge.

Senator Rogich:

Thank you. No more questions.

Executive Director Officer:

[Translated from ASL.]

Thank you, Rique Robb.

Chair D'Silva:

Okay, next we will have Assemblymember Edgeworth.

Assemblymember Edgeworth:

Thank you, Chair. Thank you, Ms. Officer, and your team. What a great presentation. A lot of surprising information actually. As somebody who works in the health care space, I would love to have a larger pool of people to help me to communicate with my patients, so I like all these efforts. A quick question, I too was very surprised along with the Senator that this is not considered to be an official language requisite that people can take. I literally have a niece that takes ASL, took it in high school in another state. Do you have any thoughts on how many states do not recognize ASL as being an allowable foreign language?

Executive Director Officer:

[Translated from ASL.]

Currently, we are the only state that does not, and the word America is what is ruining it for us if you will.

Assemblymember Edgeworth:

Sorry, the word America as in the "A" in ASL?

Executive Director Officer:

[Translated from ASL.]

Exactly.

Assemblymember Edgeworth:

Okay, thank you very much for—I hate that Nevada is last in anything. That is a great, this is a great project.

Executive Director Officer:

[Translated from ASL.]

Thank you.

Chair D'Silva:

Thank you. Members, any further questions? If there are not any questions from the Committee members, I just had an actually two shorter questions. Firstly, I do not know if this was mentioned in the presentation, but is there an actual population count of D/HH population? A number here in Nevada?

Executive Director Officer:

[Translated from ASL.]

There was a census track of the number of folks with hearing loss and folks with disabilities. Specifically for Nevada, we are asked often but however, we do not have that number.

Chair D'Silva:

Is there a potentially a rough estimate? Or is—

Executive Director Officer:

[Translated from ASL.]

I am not sure, but I do not have that number with me, but let me ask my team briefly.

Ms. Freed:

[Translated from ASL.]

Well, as it pertains to National Association for the Deaf from two years ago, the census does show that Nevada has 138,000 folks who are identified as deaf.

Chair D'Silva:

Okay, thank you Shelly.

ASL Interpreter:

I apologize.

Chair D'Silva:

Thank you. We had a few questions as a Committee as to try to get a sort of encapsulation of the number of people we are dealing with here in Nevada who had these sort of access issues. Thank you again for this, this does really help. And then secondly there was a mention here for a potential BDR to establish a school of the deaf, which I think is a great idea. Has there been any kind of study—a fiscal study—to how much this would cost the state or some sort of a ballpark estimate or number? Thank you.

Ms. Freed:

[Translated from ASL.]

I am a retired principal for California school for the deaf in Riverside. I did make a request for an impact analysis to compare the cost of a deaf school and a mainstream school. I do not have that information. However, the benefit of having a deaf—for deaf and hard of hearing children to have a deaf school, the data, the learning environment to become productive citizens in society by having access to a deaf school is profound. Having teachers who are deaf, having a specific number of personnel, will require less use of interpreters and less use of interpreter services in general to provide support services that are currently being used now in mainstream settings. I do not again—I do not have an impact analysis on the cost of this, but this is what I am looking at right now, and I can bring this answer to you for sure.

Executive Director Officer:

[Translated from ASL.]

The Commission is researching some of that. We are working in partnership with the DD Council to research and do a study more on this, and that is our plan. That was the original plan. However, we have been pivoting by the advice of the legislative groups to just ask for it. We need a deaf school, and we have a gap of interpreters and so this would be a solution—that solution being a deaf school.

Chair D'Silva:

Thank you so much. Yeah, I think it is a great BDR ideas here, and I do really want to make sure that we work with you, and I am sure the rest of the Committee also feels. And again, thank you for your presentation. Are there any last questions from the Committee members? Okay, with that said, thank you so much. We will now move on to our next Agenda Item, which is VII, I believe.

AGENDA ITEM VII—PRESENTATION ON SERVICES PROVIDED, EDUCATION CONCERNS, AND BARRIERS TO ACCESS

Chair D'Silva:

Agenda Item VII, presentation on services provided, education concerns, and barriers to access. We will have representatives from the Nevada Governor's Council on Developmental Disabilities as our presenters for this next Agenda Item.

We are ready when you are ready to present. Thank you.

Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities and Vice Chair, Nevada Commission for Persons Who are Deaf, Hard of Hearing or Speech Impaired:

Thank you guys so much. Good afternoon, Chair D'Silva and members of this esteemed Committee. I am the Executive Director of the Nevada Governor's Council on Developmental Disabilities, but we will shorten it and call us the DD Council today. Presenting with me is our Chair, and I will allow her to introduce herself.

Anna Marie Binder, Chair, Nevada Governor's Council on Developmental Disabilities:

Thank you, Mr. Chair, members of the Committee. I am honored to be with you today as the Chair of the DD Council.

Executive Director Nielsen:

Wonderful, and I will start today. First, thank you for the opportunity to present. We will start with a brief overview of who we are and what we do, but as Administrator Robb said, in the essence of time, I will not go through this too deeply. We are federally funded; 75 percent and 25 percent of our funds do come from the State General Fund. We are a state appointed advisory council, so the governor appoints to our full Council. Our role is not service delivery, but systems change. We listen to people with lived experience, including individuals with intellectual and developmental disabilities, their family members and providers, and we elevate trends, gaps, and policy concerns to state leadership and the Legislature. We serve the entire state including rural and frontier communities, and our work is grounded in data and community voice. There is a DD Council in each state and U.S. territory, as you heard mentioned earlier—the California DD Council. (Agenda Item VII)

We are federally authorized. We primarily operate under federal authority and guidance with accountability and oversight from our full Council. We also receive support from our designated state agency—which is now the Nevada Health Authority. The Council exists because of federal law, specifically the Developmental Disabilities Assistance and Bill of Rights Act, and our funding comes through the Administration for Community Living at Health and Human Services at the federal level, which gives us both authority and accountability. Under the DD Act, we are designated as Nevada's statewide body that is focused on systemic change and advocacy for people with intellectual and developmental disabilities, not just direct services.

We also have accountability and oversight, as we do operate on a five-year state plan, which is developed with extensive public input and takes us about two years to develop. The plan sets our priorities, outcomes, and how we measure impact. We are required to report annually both to federal partners and state partners on our performance, our finances, and our projects. We do have a Council membership. As I mentioned, this structure ensures that our work is driven by lived experience, not just policy or systemic perspective as the majority of our Council is made up of individuals with I/DD and their family members. The other members are state agencies and community partners so that we can align policy implementation and systems change.

When we talk about our programs and our priorities, we are grounded in federal authority informed by lived experience and accountable to both the public and our partners. Our work focuses on identifying system level barriers and informing policy solutions, rather than providing direct services. Our core work includes statewide policy monitoring, legislative engagement, and cross agency collaboration, and as I mentioned, we started in May of 2024 to put together our next five-year state plan with extensive community input. We also provide training and technical assistance. We support self-advocate leadership development, and we help agencies think through policy implementation challenges before they become crises. We have provided a copy of the town hall report for your reference as well.

Chair Binder:

All right, thank you. Accessibility remains a major concern. The lack of adult-size changing tables and universally designed facilities continues to limit full participation in public life for individuals with intellectual and developmental disabilities and their caregivers. This is not just a dignity issue, it affects employment, education, and community engagement. There are opportunities for statewide audits, funding incentives, and partnerships to address these gaps.

Executive Director Nielsen:

We also want to talk to you guys about some barriers to access and some of those key system pressures. Across Nevada people with disabilities are facing growing barriers to essential services. Budgeting constraints at Aging and Disability Services have led to unprecedented waitlists and as Administrator Robb said, they have actually added waitlists for the first time in our state's history to service coordination. Families in crisis are unable to access supports when they need them most and at the same time administrative changes to Medicaid also create confusion for the community. We are working to be able to provide some clarity on some of those changes. Families are anxious due to the uncertainty about any policy changes that are talked about, and many remain unaware of things like our Katie Beckett Waiver option that could provide critical support to those with disabilities in our state.

Finally, low reimbursement rates are driving workforce intrusion which limits access to therapy and behavioral health services. Together, these pressures place a significant burden on families and increase the risk of service disruptions across the state. They do not operate in isolation. Medicaid administrative complexities, our workforce shortages, and our service waitlist compound one another, increasing the likelihood of coverage interruptions, delayed care, and family destabilization. Without stronger coordination across systems, these challenges will continue to escalate and place additional strain on families providers and our state's infrastructure.

Chair Binder:

Nevada's regional centers operate within an existing ecosystem of Medicaid, education, and human service programs. The challenge families face is not eligibility alone but fragmentation. Multiple applications, duplicative documentation, and disconnected provider enrollment process across systems that are intended to serve the same individuals. Nevada has an opportunity to strengthen regional centers by aligning them more closely with existing Medicaid in infrastructure, similar to the way California's regional center systems operate. In California, eligibility determinations, provider enrollment, and service coordination are integrated across systems, reducing duplication for families and providers while improving accountability and continuity of care. Under this approach, families would not be required to repeatedly submit the same information to multiple agencies and providers would not need to navigate separate enrollment and reporting systems for the same individuals. Once eligibility documentation or provider information is established within Medicaid, that information could populate regional center systems and vice versa, allowing each system to operate from a shared up-to-date source of information. This type of integration does not require the creation of a new program or eligibility category. Instead, it focuses on improving communication, data sharing, and coordination within systems Nevada already operates. By leveraging existing infrastructure, the state can reduce administrative burden, improve service continuity, and support families more efficiently without significant new costs.

Executive Director Nielsen:

Many of our concerns echo that of the Nevada Commission for Persons Who are Deaf and Hard of Hearing, so I will try not to duplicate what they have spoken about, but I will compliment them.

Nevada continues to lack a dedicated deaf school. As mentioned, statewide services remain severely under resourced and as mentioned, the DD Council has efforts that we would like to put forward to ensure that that deaf school study does take place. Also, this includes shortages of qualified interpreters, limited early intervention supports, and the insufficient access to communication rich environments. Our recommendations include increasing deaf and hard of hearing services statewide, which includes a dedicated school for the deaf, to increase transparency and accountability, and to expand interpreter service models statewide. I know that it was a shock to you all that American Sign Language is not a foreign language in most of Nevada's schools, and so we applaud the efforts of the Commission to work alongside of you guys for that as well.

Chair Binder:

As I am sure you all know, education concerns are among the most frequent issue we hear statewide. Families report chronic staffing shortages, and special education reduced supports, and inconsistent IEP [Individualized Education Program] implementation including concerns about classroom placements. While these challenges are not limited to any one district, the Clark County School District is frequently mentioned due to its scale. Many families are experiencing long delays and evaluations and related services leaving students without timely support. Families often know their rights but face increasing barriers when attempting to enforce them. Additionally, many systems are not consistently equipped to screen for or provide tailored support for specific learning and developmental needs such as dyslexia, dysgraphia, or dysphoria. These gaps place students at risk of falling behind and increase the stress on families navigating the system.

To address these challenges, several strategies can help improve access and outcomes which include increased training and continued retention, incentives for special education staff to stabilize the workforce, expand access to remote or regional specialist for districts with staffing or expertise shortages, providing clear statewide guidance on IEP implementation to ensure consistency across schools, strengthen compliance monitoring, and oversight to help facilities access meaningful enforcement pathways. These steps align with broader goals in our five-year state plan to improve education access, ensure consistent compliance, and support families and students across Nevada.

I am very proud of our Council; we have recently began an ad hoc Education Committee to kind of start addressing some of these barriers. We have—thus far in conversation—had a lot of cooperation with the Clark County School District, as well as the State of Nevada. I am also very proud and pleased to be working with the Clark County School District as they begin the first Special Education Parental Alliance to also focus on some of the data, and how we can help them improve their system.

As a quick intro for this Committee, I also am appointed to sit on the Commission to Review Suicide Fatalities. And so I wanted to bring this topic to this Committee as we are also a veteran and active duty family as well as a disabled family. Suicide disproportionately affects the disability community. Research shows that individuals with disabilities are at a higher risk of suicide than the general population, influenced by multiple factors. Social isolation and lack of community support can make it harder for people with disabilities

to feel connected and valued. Limited access to mental health services, whether due to physical barriers, lack of specialized care or affordability, also increases risk. Poorly designed or inaccessible physical environments can create additional vulnerabilities for those already at risk. Chronic pain, ongoing medical conditions, or functional limitations can heighten stress and despair. While stigma, discrimination, and societal marginalization further contribute to feelings of hopelessness.

Addressing this disparity requires more than expanded mental health services alone. Suicide risk within the disability community is closely tied to system fragmentation, barriers to access, and prolonged delays in care. Strengthening coordination across behavioral health education and community-based systems while ensuring accessibility and continuity of services is a critical protective factor. When systems align, individuals are more likely to receive timely support, remain connected to their communities, and experience improved outcomes.

Executive Director Nielsen:

One of the things that we were asked to bring forward today were our legislative concerns. We do have a few, but we also brought solutions. Even when a law passes, families often encounter barriers that limit their ability to fully benefit from the protections that were intended. SB 174 which did not pass—we do want to—we did want to mention that this Bill aimed to strengthen protections and services for students with disabilities including IEP standards, visual impairment supports, and mobility device safeguards. While the Bill failed—these remain strong—there remains strong and continued demands for these protections and administrative pathways are being explored to implement some of these elements. We have been working with the school districts to see if there are ways that we can implement these elements outside of the legislative session and requirements.

AB 368—as Administrator Robb mentioned—did pass, and this law provides Medicaid protections for families, but families continue to be denied the use of facility cameras due to the restrictive language in that law. We are hopeful to work with the Bill sponsor to see if there is clean up that can be brought forward this next legislative session that helps to implement the intentions behind that as well. SB 188 is also talking about hospital language access, and this Bill did pass. This law increased access to language services for patients who are deaf and hard of hearing or speak languages other than English. Our Council is actively working with community partners to educate hospitals including Las Vegas Deaf Seniors and Sammy's Den out of Las Vegas, but some facilities are still struggling to provide consistent accessible services. We are working to try to find some solutions, especially with the Bill sponsor to see if there are ways we can get that forward.

To address some of these gaps we do recommend a few things, clear guidance and training for the facilities and obviously clearer guidance through the next legislative session so that that law can be cleaned up and those cameras can be hung. Robust monitoring and enforcement infrastructures so constituents can report noncompliance, particularly with language access and legislative clarification if needed to ensure protections are fully effective and as mentioned, we do need it.

Chair Binder:

Our key priorities focus on strengthening supports for people with disabilities. This includes stabilizing funding for ADSD services, investing in the workforce, and reforming reimbursement, working with Medicaid to assist in simplifying processes and providing clear guidance to consumers, and ensuring consistent education compliance oversight.

Recent legislative actions demonstrate that meaningful change is possible when systems align. Some examples include the paid family caregiver laws including SB 185 for Alzheimer's and dementia, and AB 519 for children with disabilities that will allow family members to be reimbursed or authorized as caregivers, helping families manage financial strain while providing essential support. Once fully enacted in 2027, we anticipate many positive benefits for families.

Executive Director Nielsen:

There were several other additional positive outcomes including those that surrounded guardianship reform through SB 346. It has been noted that this has prevented unnecessary guardianships and increased family autonomy and protections. The law has already been cited by the guardianship court and shows early positive outcomes. The next steps include monitoring implementation and expanding support for guardianship alternatives. Hospital language access under SB 188 increases access to language services—patience for people who are deaf and hard of hearing as mentioned, but we are still working with community providers to try to ensure that there is consistent compliance and understanding throughout all of our health care providers. But these examples do highlight progress and ongoing monitoring, and support are essential to ensure laws function as intended and families fully benefit.

Chair Binder:

Many individuals with disabilities face ongoing gaps in essential supports. Transportation gaps are particularly acute in rural areas and for medical appointments. The lack of a coordinated transportation system across the state makes travel difficult or even impossible for some individuals. We are also proud that we have brought back our ad hoc Transportation Committee to also move through the state and focus on transportation work over the next five years.

Executive Director Nielsen:

Housing shortages and limited support living options leave families without safe, accessible, and stable living arrangements. This topic is set to be prioritized at the 2026 Self-Advocacy Conference and throughout our next five-year state plan starting in October of this year where we hope to make a meaningful impact on housing for those with IDD in our state.

Chair Binder:

Behavioral health access remains a significant challenge for people with intellectual and developmental disabilities, especially those with co-occurring conditions—limiting timely intervention and treatment. Addressing these gaps is critical to ensure individuals can live safely, participate fully in their communities, and receive the care they need.

Executive Director Nielsen:

In closing, the NGCDD serves as an early warning system for systemic gaps. The issues we are raising today are consistent statewide, growing in frequency and severity, and solvable. We are prepared to provide data to illustrate these trends, community testimony, and lived experience, stories from people directly affected, policy support, and written briefings. We appreciate the opportunity to share these insights and look forward to continuing our collaboration to address these systemic gaps. We stand ready to answer any questions that you may have.

Chair D'Silva:

Thank you again so much for that thorough presentation. Committee members, are there any questions? Yes, Senator Cruz-Crawford.

Senator Cruz-Crawford:

Thank you, Chair. Thank you for the presentation. Quick question, I know we take care of our adults with disability in our public school systems from age 18 to 21, I believe. Is that paid federally or by the state? And then, is it funded at the same rate that our regular per pupil funding is for 18 and under?

Chair Binder:

Thank you so—

Senator Cruz-Crawford:

And that is not a trick question, that is just going in my head about possible legislation going forward. This is not a quiz.

Chair Binder:

Sure, thank you, Senator, so much for the question. I am not the expert on educational funding.

Executive Director Nielsen:

I will note that they do go through the age of 22, but we will get some information for you and get that back to you on the funding streams for that, because I do know that it is split between federal and state funding.

Senator Cruz-Crawford:

Okay and I know—Chair, may I continue? I—one of the things that I have struggled with too is that ASL is not just beneficial to the deaf community. For me, I have a lot of nonverbal autistic students at my school that would also benefit from services like these as well. I just wanted to flag that—put that on the record.

Chair D'Silva:

Committee members, any other questions? Yes, I have one closing question. Again, going back to the IEPs, I know you did mention that when it came to educational concerns, there was a concern about inconsistent IEP implementation. I was wondering if you could just go a little bit deeper into—and inform us exactly what some of those issues are, and how we can help. Thank you.

Chair Binder:

Thank you, Mr. Chair. I would really like to bring—at least obviously—Clark County School District or Nevada Department of Education to the table on this because it is a myriad of issues. I can only probably personally speak to what the community brought to me in my lived experience, which is probably not representative of the totality of the data.

Chair D'Silva:

Thank you so much. Yes, I will probably be following up with Senator Taylor I believe is chairing Interim Education this session and will be—I believe they will be having the State Superintendent before them on this upcoming meeting. I will be following up with her as well and bring this question to her. Thank you again, Ms. Binder. Committee members, any further questions? Okay, that is it. I guess we can move on to our next agenda item. Thank you again so much.

AGENDA ITEM VIII—OVERVIEW OF PROGRAMS AND SERVICES, BARRIERS TO ACCESS, AND LEGISLATIVE NEEDS

Chair D'Silva:

We have Agenda Item VIII, which is an overview of programs and services, barriers to access, and legislative needs. This agenda item will now be presented by representatives from the State of Nevada Association of Providers (SNAP) as well as the Opportunity Village.

Mary Pierczynski, Executive Director, SNAP:

Good evening, Chair D'Silva Vice Chair Cruz-Crawford. I am the Executive Director of the State of Nevada Association of Providers, and we call ourselves SNAP. We want to thank you first of all for inviting us to speak with you today. SNAP is an organization that was formed in 2006, and currently there are 30 provider agencies in the southern, the northern, and the rural parts of Nevada that form SNAP. These agencies provide services to adults with intellectual and developmental disabilities, and they work with the Nevada Department of Human Services, Aging and Disability Services Division that you have heard from this evening.

Primarily working with the ADSD through the three regional centers; Desert Sierra, and rural regional centers, thousands of adults with a variety of unique individual challenges are served by SNAP providers with a person-centered philosophy and a commitment to serve through supported living arrangements and jobs and day training. SNAP board members are all volunteers, today you will hear from the President of SNAP, Chuck Neuwohner, who is the Chief Program Officer at Opportunity Village in Las Vegas, and SNAP Secretary Keith Scheessele, the Executive Director of Pinnacle Community Services, also located in Las Vegas. Along with our Executive Team, you will hear from stakeholders who will tell you about the impact of services they receive from SNAP providers have had on their lives.

I will turn it over now to our Executive Team and our—the stakeholders they brought with them. Thank you.

Chuck Neuwohner, President, SNAP and Chief Program Officer, Opportunity Village:

Good evening, Chair D'Silva and Committee members. As Mary indicated, what staff will be presenting today is a provider perspective on the SLA [Supported Living Arrangement] and JDT [jobs and day training] service delivery models and related challenges. How elected representatives such as yourselves can ensure that these vital services are sustained in our state will be part of our closing. But why these services and challenges deserve your

attention is best shared directly by the fellow citizens with disabilities who depend on and benefit from what Nevada providers do each and every day. To introduce the first of these stakeholders and provide an overview of the SLA service delivery model. I will turn it over to Keith Chesley.

Keith Scheessele, Secretary, SNAP, and Director, Pinnacle Community Services:

Good evening. Thank you for having me today. We did not make it a point to choose the most difficult names to spell; it just happened that way. Chair D'Silva, this is my first time doing something like this. I am also nervous so I will root for you, you can root for me. All right, man. I am the Secretary of SNAP and the Director of Clinical Community Services. (Agenda Item VIII)

Daily, we provide opportunities for hundreds of individuals with intellectual and developmental disabilities across Clark County. Today, I brought with me Pinnacle's Associate Residential Program Director, Tatiana Dawley, and one of the individuals we serve Matthew Reardon. Of all the services delivered by providers across the great State of Nevada, ultimately the goal is the same. To ensure those with disabilities are provided the same opportunities you and I have to achieve the highest level of independence possible. The people we serve work, they vote, they pay taxes, at the end of the day they sit down at the dinner table just like you and me—they go to ball games. And while it is not required, we do strongly encourage them to be Golden Knights fans, I brought one with me. People much smarter than me have put fancier words to it to describe the different services provided, but in short, when you hear us talk about respite services, we are talking about housing that is provided on a short-term basis during a transitional period. Host Homes is an arrangement where a person with a disability lives with a family. Intermittent Services is where an individual served lives with family or perhaps semi-independently—perhaps in an apartment—a provider stops by for an agreed upon amount of time and helps with tasks we call ADL's—activities of daily living. They might need a little bit of help, maybe a little bit more money management, cooking meals, planning medications—that sort of thing.

And then there is SLA's supported living arrangements, four bedroom homes with trained and compassionate staff who aid in creating satisfying experiences for those we serve. On the residential side, that is mostly what Pinnacle does. Think of it as intermittent services, we are just there more often. And with that, Tatiana, if you will share a little bit about what you do.

Tatiana Dawley, Associate Director, Pinnacle Community Services:

Good evening, everyone. I would like to thank all of you for taking the time out of your day and being here with us and allowing us to give you the insight into what Pinnacle Community Service do for our individuals with the community. I have been with the company for more than four years and as the company has grown, I have been given the opportunity to grow with them. Something that I really love about Pinnacle Community Services is that it gives me the opportunity to assure that individuals can grow, and they can be protected, and they can succeed and thrive in life.

As for what I do, as an Associate Director, my role is to protect their dignity, to their safety, and well-being of every individual we serve. I ensure we meet the state regulation, not just to stay in compliances, but to safeguard the physical, emotional, and mental health of our individuals we serve but always leading with respect, compassion, and advocacy. It is not

only about policies and procedures. I am sorry, I love what I do. It is about being active and all our individuals lives and helping them thrive with the community and with themselves, and it is about meeting every single individual needs. With that said, we brought Matt. Okay, now can I ask you a couple of questions?

Matthew Reardon, Recipient of Services, Pinnacle Community Services:

Yes.

Associate Director Dawley:

What is your last name?

Mr. Reardon:

Reardon.

Associate Director Dawley:

Okay, what do you like about your Pinnacle house?

Mr. Reardon:

I like it.

Associate Director Dawley:

Why?

Mr. Reardon:

I like to go to an outings, to go to NASCAR, go to the games, and go to the casino, and go to walk to the store, and walk around the neighborhood, and go to the gym, and go to wrestling in April. Go to NASCAR next month.

Associate Director Dawley:

Choices, right? What do you like about your work?

Mr. Reardon:

Right. I work at transition services.

Associate Director Dawley:

Where you work at?

Mr. Reardon:

Transitions.

Associate Director Dawley:

All right. Is there anything we like to say to the gentlemen and ladies over here with us?

Mr. Reardon:

Yes.

Associate Director Dawley:

What would you like to say?

Mr. Reardon:

I use the power tools, and I have a long time in two hours in community at home. I sleep in my [inaudible]. Go see my family in New York, I go to San Diego to see the Padres, I go to the Bills game, and they are coming to Vegas next year, going to the Bills game in New York first.

Associate Director Dawley:

Awesome. Thank you, Matt.

Director Scheessele:

Thanks, Matt.

Mr. Reardon:

Welcome.

Director Scheessele:

I have often encountered a lot of people who are not familiar with the work that we do. They think it is in a hospital or a more institutionalized setting, it is not. If you were to drive down the street where one of our homes is, you would not be able to pick out our home among the others. If you were to enter, you would not know that people with disabilities live there. That is the goal, to help them live like we do, and that does not just happen. We serve a lot of people that do not have much in the way of family involvement. Creating these opportunities requires work, and it requires resources.

Now, she is too modest to say this out loud, so I will say it for her. Tatiana is spectacularly talented. Hers is a 24/7 job, and she sacrifices a great deal to make sure our people get to do all the things I spoke about earlier, and she is not alone. You talk with Chuck, you talk with any Director across the state, and they will tell you stories of people who have dedicated their lives to serving people with disabilities. We only wish we had more of them. On the state side at ADSD and DRC [Desert Regional Center], we have the right people in place. Rique Robb, Jessica Adams, Megan Wickland, Michelle Clem—their dedication towards advocating for our people and achieving the highest level of independence is unmatched. We are fortunate to be able to work with them. I appreciate the opportunity to work with you today, and thank you for the role you play in serving people with disabilities. I will turn it over to Chuck.

Mr. Neuwohner:

Thank you, I will now introduce Lizzy Samlowski and Sarah Quinn, both of Opportunity Village by first providing Lizzy with an opportunity to share her story.

Lizzy Samlowski, Recipient of Services, Opportunity Village:

Hello, I have five things to share. First was my goals, and then it is about getting a job and my mom, and my old DRC case worker helped me. And two, it was about working hard and been doing training at OV with OV staff and case managers. And then next, I worked up my way there, and I did [inaudible] and trained there. Then I eventually got a job in the community at Starbucks. And then I also got my own apartment too with an OV job coach. Also, I have been at Starbuck for almost eight years. The fifth thing I want to do is learn how to drive so I could be more independent.

Mr. Neuwohner:

Lizzy, that was a quick run of a lot of amazing things. You had a lot of people along the way, and you called out your mom for the support that she gave when you were just beginning to reach your goals.

Ms. Samlowski:

Yeah, my mom too.

Mr. Neuwohner:

Who else was in that story?

Ms. Samlowski:

My old DRC case worker.

Mr. Neuwohner:

A lot of folks that were helping.

Ms. Samlowski:

Yep.

Mr. Neuwohner:

And when it came time to find that job, who was there to help you make that last step and get hired?

Ms. Samlowski:

I would say my job coach and my mom was also there again.

Mr. Neuwohner:

I think it goes without saying there is nothing stopping you. You will probably get that driver's license.

Ms. Samlowski:

Yeah, I am hoping eventually. I have to study hard on the handbook.

Mr. Neuwohner:

Alright; I do not think anyone is going to stop you Lizzy. For the record, I do want to acknowledge that Susan Samlowski is in the audience—Lizzy's mom—and her job developer was here earlier to see Lizzy make this debut. Thank you, Lizzy.

Ms. Samlowski:

Yeah, you are welcome.

Mr. Neuwohner:

Alright; I am now going to turn it over to Sarah Quinn.

Sarah Quinn, Director of Program Services, Opportunity Village:

Good evening, and now that we have gotten to hear from Lizzy a little bit about how jobs and day training services are essential infrastructure to support independence, workforce participation, and long-term community inclusion. I am going to take this time just to briefly highlight an overview, a few key service types that fall under the umbrella of jobs and day training, day habilitation, prevocational services, and supported employment.

Day habilitation focuses on building independence, socialization, and adaptive skills through activities that promote community inclusion. For many individuals with intellectual and developmental disabilities, consistent daytime supports are—would allow them to safely and meaningfully engage in their communities. Participants work on functional communication, problem solving, daily living skills, and social relationships all within environments designed to be supportive but also growth oriented. These services reduce isolation, support mental and behavioral health stability, and help individuals develop both confidence and autonomy. From a systems perspective, day habilitation also strengthens family stability by ensuring individuals have safe structured environments during the day while caregivers maintain employment or other responsibilities. In short, day habilitation is often the foundation upon which independence is built.

Moving along, prevocational programs take the next step by focusing particularly on skill development that prepares individuals for employment. Through instruction and real world practice participants learn workplace expectations, time management, teamwork, task completion. These environments allow individuals to build stamina and confidence while they also identify strengths and interests that align with future career pathways. Prevocational services are particularly important because they bridge a critical gap between education and employment. Many individuals require additional support and practice before they can transition into the workforce, and these programs offer opportunities for those who are eager to contribute but still need intentional skill development to succeed.

Next is supported employment, which ensures that individuals both obtain jobs in the community and also have the ongoing support needed for long-term success. Through job development and job coaching it encompasses employer collaboration, training, and individualized accommodations to help people maintain employment, not just get a job, but keep it. This approach benefits both employees and businesses. Employers gain access to dedicated workers while individuals gain financial independence, purpose, and community belonging. It has been shown that with the right support, individuals with disabilities are highly reliable employees. Supported employment reduces turnover, increases job retention, and helps reduce long-term reliance on more intensive support systems.

While the outcomes of jobs and day training services are powerful, delivering them effectively requires significant coordination. Individuals served often have complex needs that involve behavioral health providers, medical professionals, case managers, families, employers. Providers must coordinate across multiple systems to ensure systems remain person centered compliance and effective. This multidisciplinary approach requires dedicated and trained staff, strong and consistent funding structures, and strong collaboration across agencies. When all these elements are aligned, people thrive.

Ultimately, these services are an investment in both people and the strength of our communities. They promote independence, prepare folks for employment, and ensure that those who want to work and participate in community life have every opportunity to do so successfully.

Mr. Neuwohner:

Thank you, Sarah. I believe it is obvious after hearing the testimonies and even the high level descriptions of the service delivery models that there is a common thread and there somewhere in the midst of that has to be a workforce with an incredible heart. We call them direct support professionals or DSP's, and they are indeed the superheroes who are found in every service delivery model and not only have to be experts at that full continuum but have to know how to meet the needs of each and every individual. For without that, services are meaningless.

I would say that right now through the descriptions you have heard previously from partners and other agencies and testimony from experts about the state of the workforce and the challenges this state faces. I am in agreement with my partner that we have some really smart people in this state, in these elected offices, and in various state agencies who can find the solutions. Our workforce is challenged in ways that you probably are not surprised by—recruitment and retention, and training and development, and competitive compensation for a field that has to attract the right person.

In the interest of time, I am going to invite you on the heels of what DHHS has already done, and that is to revisit the rate model derived from the Burns and Associates Study published way back in 2021, and the Aging and Disability Services Division budget shortfall analysis that Deborah King was commissioned to complete. She published that back in October 2025. Not looking at how we got here, but how we move forward, there is two things I would call out. In the very last of her short report there are some suggestions and first of which seems obvious, it is structured already within the Burns and Associate Study itself. That is the inflationary influences that can be adjusted. It is time that report was published in 2021, and we are almost two years from the full implementation of that rate model. The second was an inherent weakness in the rate model itself and at a high level, what we see was that a structure that was reflective of pre-pandemic delivery models for our services is outdated. Things have changed and there is an opportunity to revisit so we would ask for both of those suggestions published in Ms. King's report to be considered by this Committee. You will find providers in SNAP, and I believe throughout the state as well as those same smart people and state agencies and here willing to work together. We certainly are. With that, Chair D'Silva, Committee members, we thank you for this opportunity. We are grateful for the state partners that we have. We are grateful for the opportunity to serve Nevadans. Open for questions.

Chair D'Silva:

Thank you so much. I do believe we have some questions here from Committee members, starting with Senator Cruz-Crawford.

Senator Cruz-Crawford:

Thank you Chair. We did not receive a copy of that Burns Report in the presentation. If you can, go ahead and send that afterwards.

Mr. Neuwohner:

Absolutely.

Senator Cruz-Crawford:

I did want to request a few items—not that you have this but—in addition to that, can you send us basically a list of businesses so I can better understand the nature of the work that we are doing here?

Mr. Neuwohner:

Absolutely.

Senator Cruz-Crawford:

And then in addition to that, I would like to—and I do not know if this is in the Burns Report—know the monetary support that the businesses versus the individual receives and maybe any barriers that we have with those. Like if an individual with a disability receives a certain amount, do they not get social services? And what that rate is? Is this too much to ask as a follow up?

Mr. Neuwohner:

Chair through you to Committee member. I believe what you are asking is sort of an inventory of the benefits that the service recipients receive. The services themselves, which are also talking about their funding, if I am not mistaken.

Senator Cruz-Crawford:

I am asking specifically, what does the business receive in return. Like is there anything outside of the nature of the work, let us say some tax credits or any other item like that, or reduced rate of pay that they would pay the employee. And then the additional—what the individual receives. If they get the same rate of pay, or is there a certain amount of pay that they have to stay under in order to continue to receive services? Just very basic, but you know, probably take you five minutes to whip all this up.

Mr. Neuwohner:

We can get that.

Senator Cruz-Crawford:

Thank you so much. I appreciate it.

Chair D'Silva:

Any questions from the Committee? Okay, I have—we have Assemblymember Karris.

Assemblymember Karris:

I am going to break protocol a little bit. It is not actually a question, but I want to give a big shout out to Lizzy and Matt for doing such an excellent job.

Chair D'Silva:

Committee members? Okay, I think I have one final question actually, and that is going back to the supported living arrangements. Is there a process for an individual to apply? Is there an avenue that they have to go through in order to qualify to get this service and can you explain that process?

Director Scheessele:

Sure, by the time they are introduced to us, as a provider, they are on a Desert Regional Center—DRC caseload. They have a process of sending out referrals to various providers, we will respond to them. Those referrals do not have a name on them; there is just a number and a diagnosis and some basic details. At that point we schedule a meet and greet, followed by a tour, followed by an intake. So, it is a fairly involved process, but if things are going right then that can all happen very quickly.

Chair D'Silva:

Thank you. Committee members, any final questions? Okay, I guess we can now move on to our next agenda item. Thank you so much for your presentation.

Director Scheessele:

Thank you.

AGENDA ITEM IX—DISCUSSION OF POTENTIAL TOPICS FOR FUTURE MEETINGS

Chair D'Silva:

Which will be Agenda Item IX, which is a discussion of potential topics for future meetings, and we can have an open floor here amongst the Committee members if there is any issues, or concerns, or topics that you would like to address for our next meeting sessions. I know one was brought up to me by Senator Cruz-Crawford, which was reaching out to the Nevada Blind Center, seeing if they may be interested in also coming down and giving a presentation to us. I know we have engaged with them as a Legislature in the past, and it would be great to hear from them.

Okay, so we close Agenda Item IX, move on to Agenda Item X which is public comment.

AGENDA ITEM X—PUBLIC COMMENT

Chair D'Silva:

As a reminder, we ask that public comments be kept to two minutes so everyone interested in speaking can be accommodated. A person may also submit public comment in writing either in addition to testifying or in lieu thereof. Written public comment may be submitted before, during, or 48 hours after the meeting adjourns. Is there anyone in Las Vegas who wishes to provide public comment? Seeing nobody, anybody in Carson City? Nobody is making a mad dash to the table. Broadcast, do you have anybody online?

AVH:

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

Dora Martinez, Resident, Nevada:

Good evening, Chair, Vice Chair and members of the hard working overtime Committee. I want to thank the awesome Director Catherine Nielsen and her mighty team of tiny but mighty and our Chair Anna Binder and Rique Robb and Ms. Officer for being there and advocating for us. If you all may know [inaudible], I am sorry, sir, do not touch him. As you may know I am blind, and I am really disappointed and very concerned on—we were hoping that DETR would be there to speak up and speak up regarding Braille and people who are blind in our state. I am hoping that somebody in the Legislature would be able to sponsor a bill for Braille, it is our alphabet as blind folks. And we want a productive, educated members of society of people who are blind as well to write and read and be a functioning members of the society. Sorry Sir, I lost my thought because somebody is touching my dog. I thank you so much for all that you all do and hearing my concern, and thank you very much, bye.

Chair D'Silva:

Thank you. Broadcast, can we go to the next caller?

Jean Coquilla:

Hello, Chair and members of the Committee. Thank you, please let me know if I am audible.

Chair D'Silva:

Yes, we can hear you.

Ms. Coquilla:

Okay, hi. I appreciate all of your work addressing seniors, veterans, and adults with special needs across Nevada. Nevada has approximately 55,000 residents living with Alzheimer's disease and 219,000 veterans, many in HOA [Homeowners Association] governed communities. Between 2020 and 2025, 29,000 HOA notices of default were recorded in Clark County across 3,900 communities—HOA communities. NRS 116 does not require HOAs to provide written acknowledgement of homeowner payments or compliance before enforcement escalation including recording a notice of default for seniors with cognitive decline and veterans managing service related disabilities or those deployed. A communication breakdown can escalate into enforcement that places home equity at risk.

HOA board members as instructed by Nevada Division of Real Estate, the DRE are fiduciaries legally bound to act in homeowners' best interests, ensuring fairness and transparency in enforcement actions.

However, even in one instance, an 89 year old veteran with Alzheimer's received a $10,000 enforcement demand despite documentation of compliance. States like Colorado, California, Florida, and North Carolina have strengthened HOA statutes to improve notice requirements, cure opportunities, and enforcement safeguards. So, I respectfully request that the Committee consider an interim review of whether NRS 116 communication safeguards adequately protect vulnerable populations. This review would not require a new appropriations. And I will submit supporting data to the Committee manager. Thank you.

Chair D'Silva:

Thank you. Broadcast, can we go to the next caller?

AVH:

Caller with the last three digits—you are unmuted and may begin.

Donna Clontz, Resident, Reno, Nevada:

Good evening, Chair and members. I am in Reno, Nevada, and I have enjoyed listening to the whole Committee conversation this evening and this afternoon; on hearing from all of the different representatives on behalf of our seniors, veterans, and disability communities. I am part of several groups here in Reno that are very concerned about our senior population. The Senior Coalition of Washoe County and AARP [American Association of Retired Persons] Age-Friendly Reno, both groups have begun to follow your Committee and several others that are meeting in the interim on behalf of senior communities so that we can be better advocates, and so that we can offer some ideas to you as you work toward the next Legislative session.

Our biggest concerns are that the elimination of the waitlists, which I heard from several members this afternoon today on the Medicaid waivers. To have thousands waiting for the service that they need in order to even remain alive is something that we really have to put our heads together to come up with ways to shorten the wait or eliminate those waitlists. The second one is supporting state and local home- and community-based services that our local counties and other community agencies need that allow more seniors and folks with disabilities to remain in their homes. And last, is two overriding concerns that affect all of our communities, which is affordable housing issues and better transportation. I know those interact with so many different things but keep those in mind that they are there connecting to all the other needs that our seniors and disabled community and veterans need. Thank you for your time and good evening.

Chair D'Silva:

Thank you, next caller Broadcast.

AVH:

Caller, please press *6 to unmute.

Jody Collins:

Hello, good evening, Chair D'Silva and Committee members. I am the parent and legal guardian of my son, Andre Collins. He is 30 years old and has multiple disabilities. And I would like to speak about AB 368 that you talked about earlier. My son, Andre, moved into an apartment with roommates and the lease lists only Andre and his two roommates as tenants. There is no provider named on the lease. As such, this apartment is not considered a provider-controlled facility under Medicaid guidelines. According to medicaid.gov, if a Medicaid recipient rents an apartment with roommates and receives 24-hour supervision from a provider or state agency but holds the lease and is able to change providers without breaking this lease, the setting is not provider-controlled. This accurately describes Andre's current living arrangement, and I believe this is why AB 368 does not even apply to my son and his roommates who all want cameras. Given that, I am asking where under the new ADSD policy that was developed from AB 368—my son's type of living arrangement is categorized. I do not believe it falls into what is covered as facilities in AB 368. If you or I rented an apartment and the lease did not prohibit the use of cameras, we would be free to install them if we chose to do so. So why then is my son being treated differently? Is it solely because he has a disability? Having worked on AB 368 with Assemblyman Carter during the last Legislative session, we realized there is still work to be done. We have concerns with the definition of living quarters under NRS 449.176, it has defined living quarters as the room in which a patient resides. My loved one is not a patient. He is a person who happens to have a disability. Additionally, most legal definitions of living quarters encompass any inhabitable or any habitable, excuse me, area within a dwelling. I do not understand why the NRS statute restricts the definition solely to a bedroom. My son rents the entire apartment, not just one room. And we hope that this Committee continues to advocate for this, for many loved ones who are requesting cameras in their apartment that they rented. I thank you for allowing me the opportunity to speak.

AVH:

Chair, we have no additional callers for public comment.

The following written comments were submitted for the record:

- Dan and Janice Kemple (Agenda Item X A)
- Jennifer Mckinnish, Nevada State Chair, National Conference on Severe Autism (Agenda Item X B)

Chair D'Silva:

Thank you. Okay, we will move on to our next item which is adjournment. Before we adjourn, I do want to make an announcement for the members now that binders will be for request only for future meetings. If you need anything, just let our Committee Secretary here know. So, everything will be, I think digitally available then, correct?

Ms. Cooper:

Yes.

Chair D'Silva:

Okay, so this concludes our meeting for today. Our next meeting is scheduled for Monday, March 30th, 2026, beginning at 3:30 p.m. We are adjourned.

AGENDA ITEM XI—ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 6:54 p.m.

Respectfully submitted,

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Virginia Weitzel
Research Policy Assistant

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Cesar Melgarejo
Senior Principal Policy Analyst

APPROVED BY:

_____

Assemblymember Reuben D'Silva, Chair

Date: _____

MEETING MATERIALS

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item III	Destiny Cooper, Senior Policy Analyst, Research Division, Legislative Counsel Bureau	Committee Brief
Agenda Item IV A	Rique Robb, Administrator, Aging and Disability Services Division (ADSD), Department of Human Services (DHS)	Microsoft PowerPoint Presentation
Agenda Item IV B	Rique Robb, Administrator, ADSD, DHS	Census Data
Agenda Item V	Kathryn Costanza, Fellow, National Conference of State Legislatures	Microsoft PowerPoint Presentation
Agenda Item VI A	Obioma Officer, Executive Director, Nevada Commission for Persons Who are Deaf and Hard of Hearing	Microsoft PowerPoint Presentation
Agenda Item VI B	Obioma Officer, Executive Director, Nevada Commission for Persons Who are Deaf and Hard of Hearing	Recommended Language for Assembly Bill 395
Agenda Item VI C	Obioma Officer, Executive Director, Nevada Commission for Persons Who are Deaf and Hard of Hearing	Proposed Language for Bill Draft Request (BDR)
Agenda Item VI D	Obioma Officer, Executive Director, Nevada Commission for Persons Who are Deaf and Hard of Hearing	Proposed Language for BDR
Agenda Item VII	Catherine Nielsen, Executive Director, Nevada Governor's Council on Developmental Disabilities	Microsoft PowerPoint Presentation
Agenda Item VIII	Keith Scheessele, Secretary, State of Nevada Association of Providers and Director, Pinnacle Community Services	Microsoft PowerPoint Presentation

AGENDA ITEM	PRESENTER/ENTITY	DESCRIPTION
Agenda Item X A	Dan and Janice Kemple	Written Public Comment
Agenda Item X B	Jennifer Mckinnish, Nevada State Chair, National Conference on Severe Autism	Written Public Comment

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