

**MINUTES OF THE  
JOINT SUBCOMMITTEE ON HUMAN SERVICES/CIPS  
OF THE SENATE COMMITTEE ON FINANCE  
AND THE ASSEMBLY COMMITTEE ON WAYS AND MEANS**

**Seventy-fifth Session  
March 11, 2009**

The Joint Subcommittee on Human Services/CIPS of the Senate Committee on Finance and the Assembly Committee on Ways and Means was called to order by Chair Bob Coffin at 8:08 a.m. on Wednesday, March 11, 2009, in Room 3137 of the Legislative Building, Carson City, Nevada. The meeting was videoconferenced to the Grant Sawyer State Office Building, Room 4412, 555 East Washington Avenue, Las Vegas, Nevada. [Exhibit A](#) is the Agenda. [Exhibit B](#) is the Attendance Roster. All exhibits are available and on file in the Research Library of the Legislative Counsel Bureau.

**SENATE SUBCOMMITTEE MEMBERS PRESENT:**

Senator Bob Coffin, Chair  
Senator Bernice Mathews  
Senator William J. Raggio

**ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:**

Assemblywoman Sheila Leslie, Chair  
Assemblyman John Ocegüera, Vice Chair  
Assemblyman Morse Arberry Jr.  
Assemblywoman Barbara E. Buckley  
Assemblywoman Heidi S. Gansert  
Assemblyman Joseph (Joe) P. Hardy  
Assemblywoman Debbie Smith

**STAFF MEMBERS PRESENT:**

Steve J. Abba, Principal Deputy Fiscal Analyst  
Brian M. Burke, Principal Deputy Fiscal Analyst  
Laura Freed, Program Analyst  
Cynthia Clampitt, Committee Secretary

**OTHERS PRESENT:**

Carol Sala, Administrator, Division for Aging Services, Department of Health and Human Services  
Brenda Berry, Administrative Services Officer, Division for Aging Services, Department of Health and Human Services  
Michael J. Willden, Director, Department of Health and Human Services  
Tina Gerber-Winn, Deputy Administrator, Division for Aging Services, Department of Health and Human Services  
Nancy L. McLane, Director, Clark County Department of Social Service  
Barry Gold, Director, Government Relations, American Association of Retired Persons, Nevada  
Connie McMullen, Chair, Strategic Plan Accountability Committee for Seniors  
Janice Ayres, President, Nevada Senior Corps Association  
Grady Tarbutton, Director, Washoe County Senior Services  
Bob Redding, Owner, Comfort Keepers

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Richard Whitley, M.S., Administrator, Health Division, Department of Health and Human Services  
Mary C. Keating, CPA, Administrative Services Officer, Health Division, Department of Health and Human Services  
Marla McDade Williams, Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services  
Mary Wherry, R.N., M.S., Deputy Administrator, Health Division, Department of Health and Human Services

CHAIR COFFIN:

We will open the hearing on Budget Account (B/A) 101-2363, the Division for Aging Services, Department of Health and Human Services.

HUMAN SERVICES

AGING SERVICES

HHS - Senior Citizens' Property Tax Assistance – Budget Page AGING-1  
(Volume II)  
Budget Account 101-2363

CAROL SALA (Administrator, Division for Aging Services, Department of Health and Human Services):

I have provided my written testimony ([Exhibit C](#)). The Subcommittee has been provided a booklet titled, *Department of Health and Human Services, Division for Aging Services, Budget Presentation to Joint Subcommittee on Human Services/CIP, 2009 Legislature, March 11, 2009* ([Exhibit D](#), original is on file in the Research Library). [Exhibit D](#) gives an overview of the Division and is tabbed for each budget. There is a tab listing specific points of the proposed consolidation of the Senior Rx, Disability Rx and Office of Disability Services (ODS) into the Division for Aging Services (DAS). The remaining tab discusses the role of the Aging and Disability Resource Center (ADRC) concept. The budget tabs include a description of budget account activities, an outline of decision units, performance indicators and caseload charts.

All budgets include the E-670 series decision units and an E-710 decision unit for replacement equipment.

CHAIR COFFIN:

Please proceed with the major issues in each budget and the demographic concerns, one budget at a time.

MS. SALA:

The Senior Citizens' Property Tax Assistance Program begins on Page 16 of [Exhibit D](#). The only decision unit in this budget addressing growth is decision unit M-200.

It funds projected growth in the number of applications. The estimated average refund is based on State fiscal year (FY) 2008-2009 projections of a 3.9-percent increase. It also reflects an estimated 3.75-percent increase in applications received.

M-200 Demographics/Caseload Changes – Page AGING-2

This account is 100-percent funded from the General Fund. It adds \$1 million in FY 2009-2010 to the program and approximately \$1.4 million in FY 2010-2011.

Page 20 of [Exhibit D](#) shows the projected number of applications over the biennium: 18,000 in FY 2009-2010 and 18,800 in FY 2010-2011.

CHAIR COFFIN:

What is the expected impact of the county assessors' aggressive efforts on behalf of the program? There has been a significant increase in the number of applications. How can the impact be correctly forecast?

Ms. SALA:

We cannot forecast the impact of the outreach efforts. The Division forecasted projected growth based on demographics. However, outreach and interest in the program is increasing. I was approached yesterday after a hearing by a man who works with the Retired Public Employees of Nevada. He asked if we could send him the eligibility criteria. He wants to do outreach to all his members. He also asked if we would make a presentation at one of their meetings.

Our projected estimates have been established using the same methods as in the past. The program authorized certain levels of refunds enacted during the 2003 Legislative Session to try to hold harmless those people who are at or below the federal poverty level. If there is not enough funding to pay the entire number of applicants and eligibles, then those at or below the federal poverty level would receive the maximum-eligible benefits. Those applicants above that level would receive decreased payments on a graduated scale.

The statute provides the Division with the authority to approach the Interim Finance Committee (IFC) for additional funding when there is a budget shortfall.

CHAIR COFFIN:

Do you have the statutory authority to decide what income levels might be saved?

Ms. SALA:

There is a schedule. The individuals at or below the federal poverty level are allowed to receive the maximum benefit. That is what we call the "hold-harmless" provision. Those above that level would receive a graduated refund up to the maximum benefit amount.

CHAIR COFFIN:

Senator Joyce Woodhouse has sponsored a bill that would change the cap from \$500 to \$1,000 per person. Because of the current fiscal crisis, the bill may not pass. An amendment has been proposed to defer the actions of the bill for two years and to require inflationary indexing efforts.

CHAIR LESLIE:

Property values in Washoe County have been projected to decrease. Has that been factored into the projections for this budget?

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Ms. SALA:

That information was not included in the projections. They were based on the situation in March and April 2008.

CHAIR LESLIE:

It appears the projection methods have changed. In the past, other components regarding growth factors for homeowners versus renters have been included. Now, the projection appears to be calculated on a ten-year average. Please explain the changes.

BRENDA BERRY (Administrative Services Officer, Division for Aging Services, Department of Health and Human Services):

Unfortunately, I do not have the information on how the calculations were done in the past. This budget was crafted using a ten-year average. It was my understanding that was the method used in the past.

CHAIR LESLIE:

Please consult with our staff. We want the projections to be as accurate as possible, especially with the current economic situation.

CHAIR COFFIN:

Many of the Spending and Government Efficiency (SAGE) Commission recommendations were adopted by Governor Jim Gibbons and placed in this budget and many others. In this case, the SAGE Commission had recommended many of the administrative responsibilities be handed to the counties. Why was that SAGE Commission recommendation not followed?

Ms. SALA:

It is my understanding the SAGE Commission recommendations are not yet final.

MICHAEL J. WILLDEN (Director, Department of Health and Human Services):

The SAGE Commission's discussion was around the issue that if this was a property-tax rebate, it should be funded from property taxes rather than the General Fund. When the budgets were being built with the Governor and Mr. Andrew Clinger, Administrator, Department of Administration, it was their decision not to follow that recommendation. They requested growth projections because they wanted to provide assistance payments to qualified homeowners and renters who are seniors.

CHAIR COFFIN:

A big driver in the projections for this account is the aggressive push by the assessors. Do the projections fluctuate in election years?

Ms. SALA:

We have not seen an increase at election time in previous years. Part of the issue is the economic situation which has led to an increase in individuals seeking any help they can find. The lady who testified before the Senate Committee on Taxation yesterday is a good example. She knew nothing about the program. She happened to be in the city offices and was handed an application because staff noted she was 63 years old. She was facing hardships from recently becoming a widow.

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CHAIR COFFIN:

We will close the hearing on B/A 101-2363 and open the hearing on B/A 262-3140, the Tobacco Settlement Program.

HHS – Tobacco Settlement Program – Budget Page AGING-7 (Volume II)  
Budget Account 262-3140

Ms. SALA:

Budget account 262-3140 begins on page 21 of [Exhibit D](#). This budget account has traditionally been funded 100 percent from the Tobacco Settlement revenue. The funds are distributed to the local senior network for the independent living grants (ILG). Those grants provide transportation, supportive services and respite care.

The major change in this budget account is the proposal to transfer the Senior Rx and Disability Rx funds into this budget as a part of the proposed consolidation. That transfer will bring a small allocation of General Fund into this budget account. I have shown the E-900 through the E-905 decision units which transfer staff and associated costs and the Senior Rx and Disability Rx funds into this budget.

E-900 Transfer Base from Sr Rx to Tobacco Settlement – Page AGING-9

E-901 Transfer M101 from Sr Rx to Tobacco Settlement – Page AGING-9

E-902 Transfer E710 from Sr Rx to Tobacco Settlement – Page AGING-10

E-903 Transfer M200 from Sr Rx to Tobacco Settlement – Page AGING-10

E-904 Transfer M300 from Sr Rx to Tobacco Settlement – Page AGING-11

E-905 Transfer E290 from Sr Rx to Tobacco Settlement – Page AGING-11

There are no other changes in this budget account. As long as the Division continues to receive Tobacco Settlement funds, we will continue to grant them to our network.

CHAIR COFFIN:

What impact will tax increases on tobacco have on this budget? Why is the merger necessary?

Ms. SALA:

The Senior Rx and Disability Rx programs are a perfect marriage with DAS. They are direct service programs under the Department of Health and Human Services. Mr. Willden's vision is to have the Department be more administrative and less programmatic in its approach. Those programs work closely with the State Health Insurance Assistance Program (SHIP) and the Medicare Part D program. When Medicare Part D was established, we worked closely with the Senior Rx program. Their data system was based on the provisions of the Senior Tax Program.

The intent of the merger is to have the Senior Rx manager supervise the SHIP and the Senior Tax Program. Currently, our fiscal staff manages the Senior Tax Program. The eligibilities are aligned and many of the cross issues are the same, especially with Medicare Part D and the insurance portion of the Senior Rx program.

CHAIR COFFIN:

Why was the entire Healthy Nevada Fund budget account not transferred to the Tobacco Settlement budget?

Ms. SALA:

We have discussed that fact. There is an interest in moving the entire budget account. It makes more sense when the intent is to have more administrative functions at the Department level and more programmatic functions at a Division level. We did not transfer more programs into the DAS this Legislative Session because of the economic crisis. The intent was to move accounts that would be cost neutral and less overwhelming without the appropriate infrastructure. Building infrastructure has associated costs.

CHAIR LESLIE:

I have been slowly warming up to this idea since the budget overviews. Why would we not track the ILGs separately from the Senior Rx and Disability Rx programs? I do not like seeing them all placed in one budget account.

Ms. SALA:

We plan to separately track the three programs as we have always done. When only the funding was being moved, it went into B/A 262-3140 because that was the budget account with the ILG funds. Programmatic and internal tracking functions would still be separated.

CHAIR LESLIE:

Would the agency object to the funds being placed in separate budget accounts? It is important to make the separation clear.

Ms. SALA:

I have no objection to separate accounts. We do not plan to mingle the funds. The funding allocated to the Senior Rx and Disability Rx programs is specific to those programs.

Currently, the funds received without the Senior Rx and Disability Rx programs are separately tracked in some areas. For example, the statute for the ILG grants carves out \$200,000 annually to help assisted-living efforts.

CHAIR LESLIE:

Please work with our staff to identify how the funds can be clearly tracked if the programs are moved to the DAS.

Ms. SALA:

We will work with staff.

CHAIR COFFIN:

There is also a question regarding personnel monitoring the program. There is a vacant auditor II position in the Director's office which is not being moved to the DAS. It is being eliminated. Does the Division have sufficient staff to properly monitor these funds?

Ms. SALA:

We are comfortable that staffing is sufficient. Ms. Berry has begun having meetings with the fiscal staff at the ODS. One accounting assistant position would be moved into this budget account. We have considered how to restructure to make the merger work. Currently, Senior Rx is a single consolidated program. The accounting assistant would be added to our fiscal unit. If the ODS is moved to our Division, they have an administrative services officer position that works solely on their issues. We are anticipating more efficiency, cross training and the ability to provide better checks and balances. We believe we can make it work.

The DAS currently has two auditor positions, one in the north and one in the south, as well as an auditor supervisor. They would assume some of the responsibilities.

CHAIR COFFIN:

We will close B/A 262-3140 and open B/A 101-3146, Home and Community Based Programs.

HHS – Home & Community Based Programs – Budget Page AGING-15  
(Volume II)  
Budget Account 101-3146

Ms. SALA:

This budget begins on page 28 of [Exhibit D](#). This is the largest section of this exhibit. This budget account holds the three waivers and the State-funded Community Options Program for Elderly (COPE). We target individuals at risk of entering nursing homes and provide services in their homes.

During FY 2008-2009, several rounds of budget cuts were made. Our Medicare Waiver Programs are driven by the Medicaid budget. Health Care Financing and Policy (HCF&P), otherwise known as Medicaid, negotiated a reduction in our waiver caseloads. The caseloads that were reduced, from what had been approved in the 2007 Legislature, have been carried forward into the 2009-2011 biennial budget.

Page 36 of [Exhibit D](#) is a chart of the Children's Health Insurance Program (CHIP) caseloads, the largest waiver. The blue line at the top reflects what was approved in 2007 indicating a gradual increase. The green line shows the actual caseload in 2008 and 2009 as it started falling off. That was because we lost social workers and positions were frozen. The red line reflects the negotiations with the HCF&P to remain at a reduced rate for 2009. The biennial budget for 2009-2011 was crafted to remain flat over the two years. Each of the waivers has a similar chart throughout [Exhibit D](#).



The COPE chart on page 38 of [Exhibit D](#) reflects a small amount of growth. That is because of decision unit M-540 which incorporates a slight increase in State funding to address individuals covered in the *Nevada Revised Statutes* (NRS) 426. Those are the individuals who are unable to bathe, toilet or feed themselves.

#### M-540 Mandates - Olmstead – Page AGING-17

Of the four programs, COPE is the only program that shows an increase of 12 caseload slots over the biennium.

As requested at the budget presentation, we have projected how the wait lists would change. Page 37 of [Exhibit D](#) reflects the CHIP Program wait list projections. The green line shows the current wait list. We have worked, since March 2008, to redefine both the wait list and the referral list. Previously, clients would call and be placed on a referral list that became the wait list. We added staff at the front of the process to contact individuals when they are placed on the referral list to determine if they meet eligibility requirements. It was a disservice to our clients if it appeared they would be eligible, then sat on the wait list only to be denied later. Now, staff are going out and conducting an initial overview to determine if the clients meet the functional criteria for the program and a general overview of whether they will meet the financial criteria.

The chart shows the green line dropping as the new process began last year. It began increasing because, as clients were cleaned off the old wait list, we began to derive a “real” wait list. It consists of individuals who appear to meet the needs.

A “referral” is a call that is received. Those calls were separated from the wait list. They are represented by the red line on the chart. Referrals have also decreased. The blue line begins projecting an actual wait list. The wait list was projected based on demographic growth.

CHAIR COFFIN:

The caseload on page 37 of [Exhibit D](#) shows a flat caseload growth. You mentioned demographics driving the caseload. What about economic conditions as a factor?

MS. SALA:

The economic conditions do not change the criteria for eligibility. The eligibility is based on Medicaid eligibility and functional requirements. Changes are more prevalent in Medicaid caseloads related to the Temporary Assistance for Needy Families. Our caseload growth was based on demographics according to historic caseloads.

CHAIR COFFIN:

Are the caseloads somehow being understated? This is a flat budget. How can the agency care for increased caseloads if no staff is added? Will the agency fall behind?



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Ms. SALA:

We have fallen behind in the sense we are already 450 senior clients behind what was approved during the 2007 Legislative Session. Decision unit E-606 removes an additional seven social workers and those 450 senior clients.

#### E-606 Staffing and Operating Reductions – Page AGING-18

I want to give credit to my staff for cleaning up the process and finding new approaches to our work. Although the wait and referral lists have been reduced, I believe that will change. They will likely continue to increase. The projections are based on what we felt was the best methodology. We are open to other recommendations.

CHAIR COFFIN:

Did the Division have a targeted budget amount to reach?

Ms. SALA:

Yes, we did. Part of the issue is the need to negotiate with the Medicaid office because much of the funding for these Programs is in their budget. I have a saying, "When they sneeze, we get pneumonia."

CHAIR COFFIN:

If we make reductions in the home health services, I am concerned increased funding will be needed in more expensive institutional programs.

Ms. SALA:

We build our staff using the criteria that a staff person is added for every 45 or 50 cases. It is an interesting phenomenon that two years ago we were stating we were having trouble recruiting social workers; now we have people waiting to come to work for us, but we cannot hire them due to budget constraints.

CHAIR LESLIE:

I share Chair Coffin's concern regarding whether we are being realistic about the needs. Please prepare better projections for us in all the waiver programs. If there were American Recovery and Reinvestment Act of 2009 (ARRA) funds available to provide to the Division for this purpose, what would your priorities be? Your testimony is that you are 450 senior clients under what was approved last Session?

Ms. SALA:

That is correct. The decreased caseload for FY 2008-2009 was to meet budget requirements. It has decreased by 450 senior clients. That is 450 senior clients across all the waivers.

CHAIR LESLIE:

I am also concerned about the social worker position plight. For years, we have heard about the problems recruiting and retaining social workers and payment of a competitive salary. Your testimony today sounds like it is more about vacancies and freezing positions. How does that issue tie to this? Has an agreement been reached regarding which positions can be filled and when they can be filled?

Ms. SALA:

During 2008, when the Division underwent a hiring freeze, we had vacancies and those positions were held open. As individuals left positions, further positions were not filled. Since that time, with the finalization of the proposed budget and decision unit E-606, those social worker positions are off of our radar. Other vacancies have been filled. We are currently down two positions and those justifications to fill have been approved. With the state of the economy, we have not had as many social workers leaving.

Unfortunately, one year ago, prior to the freeze, we had gone through the interview process and had two excellent candidates ready to begin. One week before their hire, we had to stop the process. It has been a juggling act.

CHAIR LESLIE:

Your explanations today make sense, but this budget needs more work. I do not want to mistake realignment with actual needs. The changes will help us track the need more accurately over time. It does not address the fact we are far behind where we need to be today.

We will not be able to meet all the needs, but we need your expertise and ideas to determine where the need is greatest. We must determine where social workers can be hired and bring this budget slowly back to where it needs to be. It has been shortchanged over the past few years.

CHAIR COFFIN:

This is the type of budget where money can be saved if funds are spent appropriately. We have worked for over 20 years to arrive at the current budget savings.

Please discuss decision unit E-610, the change in compensation for the personal caregivers.

#### E-610 Staffing and Operating Reductions – Page AGING-18

Ms. SALA:

Decision unit E-610 contains the proposal to decrease the hourly rate for personal care assistants (PCAs) from \$18.50 to \$15.52. The reason it is \$15.52 is because they bill by the quarter-hour. This reduction is across all divisions of the Department. Two Sessions ago, the rate had been \$16 and was increased to \$18.50. At that point, different agencies, such as Medicaid, were paying slightly more than the DAS. The Medicaid unit sets our rate. Therefore, they were setting our rate and then, in a sense, competing with us with their hiring rate because we use the same contractors.

When reductions occurred, Medicaid proposed all agencies providing personal care should accept the across-the-board rate. There are approximately 1,200 clients who receive personal care assistance. The Division has contracts with providers in all communities. We pay the agency \$18.50. We have no control over what they pay individual aides in their employ.

The ODS is also looking at the \$18.50 wage which is a problem. Through the merger proposal meetings, we discovered their business practices are different

from ours. Their \$18.50 an hour is a different package than the \$18.50 we pay. We pay \$18.50 an hour for direct personal care services. The assessment, plans of care and client monitoring are done by our social workers. We bill Medicaid directly for those. Under the Saint Mary's Hospital's contract, it is all inclusive. We are comparing apples and oranges with the rates. The \$18.50 an hour paid by our Division to the providing agency is strictly for direct services such as bathing and feeding of clients.

CHAIR COFFIN:

Most other business expenses have not decreased. Will we have clients losing care with the lower PCA compensation? Do we lose good caregivers when an agency cannot continue its higher salary? We are trying to place more clients in home care and fewer in institutionalized care.

Ms. SALA:

I have not heard directly from any of our providers. At the Department's budget hearing, Saint Mary's representatives testified if the rate were reduced from \$18.50 to \$15.52, they would be out of business. They are the only contractor for the ODS personal care program. The package we pay for is different from that under the Saint Mary's contract.

CHAIR COFFIN:

There appear to be policy changes mixed with the budget changes in this area. Please discuss the COPE Program.

Ms. SALA:

The COPE Program is the State program that mirrors the federal CHIP waiver. It is funded primarily from the General Fund and a small portion of the Tobacco Settlement funds. This is historically a small program. The current caseload for the COPE Program is 145 clients. We are budgeted for 181 cases. We prioritized the referral list to target those most at risk. This is the only program where the caseload is built for the NRS 426 or Olmstead clients. In the past, when we have built additional capacity with the other waivers, there have been priorities in place to target those people most at risk.

Historically, we have met the needs using that methodology. The clients under the Olmstead provisions generally have higher asset limits which make them ineligible for the Medicaid Waiver. They can also have twice as much income as that allowed under the Medicaid eligibility. We try to place certain services at their disposal and to broker certain private payments for services because of their larger assets.

CHAIR COFFIN:

Some caseload growth is being added in the COPE Program. Will that eliminate the wait list?

Ms. SALA:

It will not eliminate the wait list. It will target the individuals who are at the highest level of need, the NRS 426 clients. During the previous two Legislative Sessions, decision units were built for the NRS 426 clients at nine cases over each biennium. We are projecting an increased caseload of 12 cases

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in the current budget deliberations. Over the past two biennia, we have met the services of the group of people with the highest needs with these projections.

CHAIR COFFIN:

Pre-qualification is a favor to individuals to prevent the later disappointment of not qualifying for programs.

Ms. SALA:

That is correct. It also allows us, during the initial contact, to help them access other services that might meet their needs if they do not qualify for our programs.

CHAIR COFFIN:

We will close the hearing on B/A 101-3146 and open the hearing on B/A 101-3151, Aging Federal Programs and Administration.

HHS - Aging Federal Programs and Administration – Budget Page AGING-24  
(Volume II)  
Budget Account 101-3151

Ms. SALA:

Budget Account 101-3151 begins on page 46 of [Exhibit D](#). This budget funds the administrative functions, the Elder Rights Unit, the Resource Development Unit or grants unit, fiscal services and smaller services such as the Senior Ride Program and the SHIP.

The budget has several funding sources. It contains federal funds through Title III of the Older Americans Act, Title VII of the Older Americans Act for elder protective services and elder rights. It contains funds under Title V from the Department of Labor for the Senior Employment Program. There is also some funding for Centers for Medicare and Medicaid Services (CMS) for the SHIP. Revenue is included from the Taxicab Authority for the Senior Ride Program in Clark County.

Decision unit E-250 recommends continued funding for the social service program specialist II. This position is responsible for the ADRC project. Pages 13 through 15 of [Exhibit D](#) outline the vision of what an ADRC should be. The federal government says Nevada does not yet have a fully functioning ADRC at this time. [Exhibit D](#), pages 13 through 15, lists what steps are necessary for Nevada to reach the fully functioning level.

E-250 Working Environment and Wage – Page AGING-28

Nevada received a three-year federal grant for the startup costs of the ADRC. The grant has ended. Nevada was funded in the second round of grants for the Program. There are only a few states which do not have some level of an ADRC Program. The ADRCs are the cornerstone for initiatives the Administration on Aging is proposing. A couple of grant opportunities were missed because the federal entities do not consider Nevada to have a fully functioning ADRC.

We have not had the social service program specialist II since July 2008. Ms. Tina Gerber-Winn has acted as administrator and project manager to keep

the ADRC project moving forward. The program requires the ongoing, full-time attention of a project manager. There are ADRC requirements for continued training. There are currently three sites, two in the north and one in the south. One site is Rebuilding All Goals Efficiently in Las Vegas. There are also programs at the Washoe County Senior Center and a partnership with the Northern Nevada Center for Independent Living.

The program began with federal funding. There is still some Title III B funding to help. However, I believe it is critical to continue to move the ADRC forward.

CHAIR COFFIN:

Please discuss the transfer of the ODS into the DAS.

Ms. SALA:

When the ODS was moved to the Department of Health and Human Services (DHHS) from the Department of Employment, Training and Rehabilitation, it was determined to be a better fit. It was never the intent to maintain the program in an administrative unit. The intent was for the program to be part of a direct services unit. Many of our programs and services overlap. Our issues tend to be nearly the same. Our focus is to maintain individuals as independently as possible, to avoid institutionalization and to provide services such as in-home care and home modification. Current practices create silos. We try to communicate with both sides to determine whether an individual is more in line with disability services although they are a senior.

Page 10 of [Exhibit D](#) shows 71 percent of the ODS PCA clients are 60 years old or older. Also, 30 percent of the ODS independent-living clients are 60 years old or older. Many of the DAS clients are disabled. There are major overlaps in the programs.

There are concerns regarding whether the disability community would be lost if they were incorporated into the DAS and vice versa. The issues are similar and we could provide a more united effort to provide needed resources and assistance. It does a disservice to clients when they are under one program and must transfer to another program when they reach a certain age.

Some of that issue was addressed a few years ago when the age requirement was removed from the Waiver for People with Disabilities (WIN). Previously, when a client reached the age of 60, they were moved to the CHIP Program. The CHIP Program had a different focus with more indistinct disability services.

We can make the transfer of the ODS work. It will provide a different view on how services are provided. Personal care rates are one example of what can be accomplished.

CHAIR LESLIE:

I have a concern that has been expressed by both aging and disability advocates. It is their opinion their needs would not be addressed if the ODS were transferred. Have you considered structural changes to address that concern?

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Ms. SALA:

Mr. Todd Butterworth, Chief, the ODS, and I have spent time considering organization and the placement of different functions. The process has started. Mr. Butterworth currently presides over numerous boards and commissions and we are considering how to make those functions more efficient and streamlined. There is a core group of advocates at a variety of meetings whether the issues are senior or disability issues.

CHAIR LESLIE:

It is clear overlaps exist. I understand the Director's office of the DHHS should not be overseeing direct services. I also share the concerns of the advocates.

The Subcommittee is concerned, if the ODS Program is transferred into the DAS, whether there will be sufficient infrastructure resources, specifically in the areas of information technology (IT) and personnel. Would the merger add 25 positions to the DAS?

Ms. SALA:

That is correct. The 25 positions include the Senior Rx and Disability Rx programs.

CHAIR LESLIE:

Do you feel the Division will have sufficient personnel for all the necessary functions?

Ms. SALA:

I believe we will have sufficient staff. I was allocated a personnel officer in the 2007 Legislative Session who is now a personnel analyst. One provision in the budget is a decision unit requesting the reclassification of the personnel analyst as a personnel officer. That is a critical need with the reorganization. The Division also has a personnel technician position. The technician's duties include the day-to-day functions and keeping abreast of the Family Medical Leave Act and workers' compensation issues.

CHAIR LESLIE:

Are you in agreement with the transfer of the ODS?

Ms. SALA:

I agree. It was necessary to consider the infrastructure and how to make the transfer cost neutral.

CHAIR LESLIE:

The Subcommittee does not want to set the Division up for failure either. Do you feel your IT services are sufficient?

TINA GERBER-WINN (Deputy Administrator, Division for Aging Services, Department of Health and Human Services):

There is one vacancy in the IT section we are trying to fill. It is a long process through the many budget issues to sustain the position. We have worked with the ODS and they are incorporating their data tracking into our database. We began with Deaf Services and will continue with the other programs. There are certain programming needs.

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CHAIR LESLIE:

Are those resources being added? The budget does not appear to add any IT infrastructure in the merger proposal.

MS. GERBER-WINN:

A contractor has assisted with data development. We have held discussions about moving forward with IT needs. One issue that stands in our way is to make this a neutral transition. We would fill the position and use contract funding under the ODS.

CHAIR LESLIE:

I want to see a specific plan. If the Legislature is suggesting there is insufficient infrastructure, there must indeed be a problem.

MS. SALA:

We will work with your staff to develop a clearer plan.

CHAIR COFFIN:

Our staff reviews all the budgets closely. Some of their concerns are pay disparity and span of control; functions that get compression at the top. There are Grade 39 social service II positions. There is a Grade 41 position that will supervise 11 professional staff. Please address the pay equity issue.

MS. SALA:

There is currently a discrepancy for the disability services chief at a Grade 41. He is currently a stand-alone entity over his agency budget and services. That will change when the position is transferred to the DAS. He will be integrated similar to the other program chiefs. We have not approached the disparity in the budget.

CHAIR COFFIN:

This is a question for the Director. With these mergers and possibly others in the future, how will span of control issues be addressed?

MR. WILLDEN:

There is an organizational chart, on page 12 of [Exhibit D](#), which shows the inequity issue. I did not consider that detail when we held merger discussions. Mr. Butterworth currently has all responsibility for the ODS. The exception is most of the budgeting and accounting functions are performed by the Director's office.

If the ODS transfer is approved, the DHHS will request the Department of Personnel (DOP) to review the positions as usual and consider equity issues. They will make recommendations for adjustments they identify. If an employee pay grade is lowered, there is a DOP rule that requires the individual to be placed on a retained rate for a period of time. The situation levels out over time. The DOP would likely consider all the chiefs with regard to span of control, size of programs and number of employees supervised.

Regarding personnel and IT issues, there are no IT personnel in the Director's office. We either perform the functions ourselves or ask for assistance from the other Divisions or the Department of Information Technology (DoIT).



None of the programs proposed for transfer into the DAS have personnel staff positions. They consult the deputy director who has department-wide responsibilities. The transferred staff will likely have better personnel representation and IT services than under the current situation.

SENATOR MATHEWS:

I do not understand how Mr. Butterworth is a Grade 41 with 11 employees, and the other chiefs who will have twice that many employees, under the reorganization, will be a Grade 39.

MR. WILLDEN:

At the present time, Mr. Butterworth administers an individual office. He has programmatic, fiscal and many other functions under his span of control. Under the reorganization, his role will be different. The fiscal responsibilities will be under fiscal staff, IT functions will be under IT personnel and personnel functions will be the responsibility of personnel positions. His responsibilities will be more programmatic.

SENATOR MATHEWS:

Is there a mechanism for adjustment?

MR. WILLDEN:

The mechanism is that the DOP would be requested to review equity and will make recommendations for either increases or decreases in grade levels.

SENATOR MATHEWS:

How long does that process take? Could it take years?

MR. WILLDEN:

The process is not too lengthy. Positions are reclassified under a process called a Position Questionnaire (NPD-19). The employees will initiate an NPD-19 form that describes their functions and the DOP will study the positions and make appropriate recommendations.

SENATOR MATHEWS:

Has that already been done?

MR. WILLDEN:

Those actions will not be taken unless the reorganization proposals are authorized.

CHAIR COFFIN:

You cannot assume the DOP knows what is really happening in a merger. We must be careful as this plan moves forward.

MR. WILLDEN:

The idea of the reorganization is to incorporate certain efficiencies. Whether the Department is reorganized or not, we will give our best support to all the services and programs we administer.

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CHAIR COFFIN:

While the Director's Office does not have IT staff, you may wish to consider whether the DAS, as it grows under the reorganization, should be provided IT support staff. We must ensure appropriate infrastructure is in place to address all programs and provide appropriate performance measures.

MR. WILLDEN:

I understand. I do not believe the reorganization will fail. The same players will be in place and we know how to work together.

SENATOR MATHEWS:

I commend the agency. My comments are not a criticism of the agency or how it operates.

CHAIR LESLIE:

I concur with Senator Mathews' praise of the agency. If additional staff is not needed, that will be considered.

MR. WILLDEN:

You are correct. We do our planning based on what we believe is best for the Department.

CHAIR LESLIE:

I am concerned about the Office of Ombudsman for Aging Persons. The Centers for Medicare and Medicaid Services (CMS) apparently decided the Ombudsman Program could not be funded in the same way it has been. Please explain.

MS. SALA:

We are considering funding reallocation for the Elder Rights Advocate/Ombudsman Program. The CMS final ruling, after three responses from our agency, denied the requested plan. With that, we must backfill the Title XIX Program that was funded. Five positions were being held for lack of funding. Four of the positions are elder rights advocate IIs and one is an elder rights advocate III; the supervisory position that is located in Reno has been vacant. A total of seven elder-rights advocates are budgeted in Las Vegas. We are currently operating with only three filled positions. Those three staff persons are responsible for Clark, Esmeralda, Nye and Lincoln Counties. Their scope of work and coverage area is quite large.

CHAIR LESLIE:

Do you have caseload information for the Subcommittee?

MS. SALA:

There are 47 nursing homes located in Las Vegas. The three elder-rights advocates are responsible for those nursing homes.

CHAIR LESLIE:

Please provide the Subcommittee with caseload documentation. When the four positions were authorized in 2003, the Program was under Title XIX which is a concern. Is there a new philosophy under the new administration?

Ms. SALA:

This is a rule of the CMS. The national assistant directors have not yet been named. All federal focus is on the ARRA package. Nevada has been a part of this program since 2003. My counterparts in other states have been doing this for many more years. Medicaid has been billed many millions of dollars for their activities. Nevada activity was not at that magnitude. All states are in the same position. The CMS has denied them as well.

The Ombudsman position functions have been restructured. Part of the process was stepping back and reviewing the components of the Older Americans Act.

CHAIR LESLIE:

When you provide the caseload information, please also provide a statement of what the impact would be if Nevada were unable to assume the various programs funded by the federal government.

CHAIR COFFIN:

The Senior Ride Program is funded through the Taxicab Authority. The budget for Senior Ride shows a small increase over the next two years. What is the status of revenues from the Taxicab Authority? Am I correct in assuming the amount of taxicab fares have decreased in this economy?

Ms. SALA:

The funding is received on the surcharge for taxicab rides at 15 cents for each taxicab ride. We based our projections on the projections of the Taxicab Authority for their revenues. With tourism declines in Clark County, it is likely there are a decreased number of taxicab rides given, thus decreasing the amount of surcharge revenue we will receive. We have good tracking documents to determine the revenue received monthly and can reproject how many coupon books to sell. It affects the people who depend on the coupon books for rides. We work closely with the Taxicab Authority.

CHAIR COFFIN:

We will close the hearing on B/A 101-3151 and open the hearing on B/A 101-3252, the Elder Protective Services (EPS)/Homemaker Programs.

HHS – EPS/Homemaker Programs – Budget Page AGING-44 (Volume II)  
Budget Account 101-3252

Ms. SALA:

This budget account begins on page 54 of [Exhibit D](#). This budget account supports the Title XX Homemaker Program and the EPS Program. Although the EPS Program is in the Elder Rights Unit, their funding is in this budget account.

The EPS workers investigate reports of abuse, neglect, exploitation and isolation. The funding stream is from federal Title XX, the General Fund and Tobacco Settlement funds. There are no new position requests or caseload increases.

The Homemaker caseload is flat through the 2009-2011 biennium. The change for the EPS workers is that they now do the investigations in facilities such as

nursing and group homes. Those functions were previously conducted by the Ombudsman.

The charts in [Exhibit D](#) project the number of EPS cases will increase because of the change in duties. There are no vacant positions and current employees are managing the caseload.

CHAIR COFFIN:

Tobacco Settlement revenue has been decreasing. Will that funding source continue to decrease?

Ms. SALA:

Are you asking if the total amount transferred to the Division will decrease, or are you referring to the amount of funding requested in this budget?

CHAIR COFFIN:

Has it been the DAS's understanding that the money committees intended it should utilize General Fund prior to Tobacco Settlement funds to support the Homemaker Program?

Ms. BERRY:

The need for General Fund revenue in this budget account decreased. That is due to family support worker vacancies. Those positions are being decreased through attrition. I will research and provide a response to your staff.

CHAIR COFFIN:

It appears a policy decision has been made to continue to interpret the 2003 Letter of Intent that suggested the Division search for a funding stream rather than Tobacco Settlement funds. The agency has been interpreting the Letter of Intent to mean they should use Title XX and General Fund revenue before expending Tobacco Settlement funds for six years. Does the agency feel it should continue with that practice?

Ms. SALA:

The 2003 Letter of Intent was addressed in the 2005 Legislature. When the original Tobacco Settlement funds became available, a decision was made within the Division to use a portion of the funds from the Tobacco Settlement for this program and the Home and Community-based programs. When the Letter of Intent was received, we looked for other funding. There are no other funds available except from the General Fund. The Title XX funds have continued relatively unchanged. There are many people in line to receive Title XX funds.

CHAIR LESLIE:

We are concerned the Division appears to interpret the Letter of Intent to mean that the General Fund revenue should be spent first. The Legislature always prefers for General Fund revenues to be spent last.

Ms. BERRY:

You are correct on how the funding was split prior to 2008. A change was made in 2008 to first spend Title XX funds, then Tobacco Settlement funds and finally, General Fund. All allocated General Fund revenue was reverted for 2008.

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The reason the General Fund is lower in FY 2009-2010 and FY 2010-2011 is because of the E-600 series decision units for salaries.

E-670 Temporary 6% Salary Reduction – Page AGING-46

E-671 Suspend Merit Salary Inc for FY10 & FY11 – Page AGING-46

E-672 Suspend Longevity for FY10 & FY11 – Page AGING-47

E-673 Implement SAGE Commission Recommendation – Page AGING-47

The summary reflects a reduction in the General Fund because the funding will not be needed if the E-670 series decision units are approved. We will use Title XX and Tobacco Settlement funds. If the E-670 series provisions are restored, the General Fund will be needed to fund the increases.

CHAIR LESLIE:

The homemaker services contract budget appears fairly flat. However, the intermittent positions are being reduced. My concern is that services may be decreased.

Ms. SALA:

Services are not affected. When the program was placed in our Division around 1999, there were approximately 85 intermittent family support workers. They provided all services for the Homemaker Program. The DAS had contracts already in place for the CHIP program which had a homemaker services component. We amended the contracts to provide the same services for the Homemaker Program. Over time, as positions have decreased through attrition, we used the contracted agencies to provide the services. They are at-will services; they do not need to be rescheduled if a client is not home. The DAS has been shifting the functions from the family support workers to the contracted services.

CHAIR LESLIE:

Is this a cost savings because the contracted workers are not paid benefits?

Ms. SALA:

That is true. The rate for an hour of service costs doubled if family support workers were used.

CHAIR LESLIE:

Is there information on the number of hours of services being provided for tracking purposes?

Ms. SALA:

We track that information and will provide it to the Subcommittee.

CHAIR LESLIE:

There was information during the 2007 Legislative Session and during the interim that Clark County wanted out of their commitment to the EPS. What is the status of that situation?

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Ms. SALA:

I have had numerous meetings with Ms. Nancy McLane, Director, Clark County Social Service. She assumed her duties soon after the end of the last Legislative Session. Prior to her arrival, Clark County was pushing to transfer the services to the DAS. Ms. McLane understands we are talking about the most vulnerable and critical-need population. We have worked closely.

CHAIR LESLIE:

Does Clark County plan to transfer their program to the DAS or not?

Ms. SALA:

That may happen eventually, but Clark County will allow time for proper planning and does not plan to force the transfer on the State during the 2009-2011 biennium. A contractor has developed a transition plan.

CHAIR LESLIE:

Is there an agreement with the County regarding how much time Clark County will allow before transitioning the Program?

Ms. SALA:

We do not have an agreement.

CHAIR LESLIE:

An agreement needs to be in place. Model agreements are available from other transition situations.

Ms. SALA:

We will work on an agreement.

CHAIR COFFIN:

We will open the meeting to public comment.

NANCY L. MCLANE (Director, Clark County Department of Social Service):

I have prepared comments on various aspects of the DAS budgets ([Exhibit E](#)).

We have many concerns about the lack of caseload growth, especially in the Home and Community-Based Programs and the EPS/Homemaker Programs. As the County indigent services agency, we are the safety net provider. The caseload growth not appearing in the State's budget is because the individuals are being served by the County.

Unfortunately, the homemaker services we provide are at a much lower level of care than provided by the DAS. We maintain clients on our homemaker program for a longer period of time. They are in a more fragile condition and may ultimately be placed in nursing homes which are more restrictive and far more expensive than community-based care.

The reimbursement rate for PCAs is one of our concerns. While the new rate closely mirrors what Clark County is paying currently, we pay for a lower level of care. We provide housekeeping, laundry, meal preparation, grocery shopping and some assistance with personal hygiene. The lower State personal care rate could cause an inability to contract for the more in-depth services.

The lack of caseload growth in the Title XX services has caused the Department of Social Service to provide homemaker services to those clients as well. If we were not able to do so, we would expect the lack of service to result in reports to the Elder Protective Services Program or to our Senior Protective Services Unit, particularly in cases of self-neglect which is approximately 40 percent of our EPS caseload.

We have an ongoing dialogue and a good relationship with Ms. Carol Sala and the DAS. We are largely reliant on the Tobacco Settlement funds for the EPS Program which is slightly less than one-half of the funding for the County Program. If those funds are reduced, Clark County will not have funding to continue the Program. Our staff currently consists of six social workers, and we could utilize double that number to effectively meet the needs of the seniors in Clark County. Each social worker is responsible for approximately 150 clients. The DAS has three investigators responsible for four counties. They would not have the capacity to absorb the caseload Clark County currently assists.

CHAIR COFFIN:

Your caseload ratio is considerable.

BARRY GOLD (Director, Government Relations, American Association of Retired Persons, Nevada):

I have prepared comments for the Subcommittee ([Exhibit F](#)). I represent the Red Shirts who are present in Las Vegas. We have heard testimony this morning about the many programs of the DAS that keep people living independently at a savings to the State.

The American Association of Retired Persons (AARP) questions why there is no inclusion for caseload growth in three of the major DAS Programs. The CHIP program provides service to the majority of people in the waiver program. We have heard this program was reduced by 472 clients over what the Legislature approved during the last regular Session. Nevada is one of the fastest growing states. How can we not increase a program that is keeping the aging population out of nursing homes? The AARP urges the Legislature, on behalf of its 330,000 members, to include caseload growth in this budget.

The Assisted Living Waiver Program was created to provide affordable assisted living. That program is in danger. The number of clients has been reduced to 45. There is, and was, a second assisted living project that, due to this reduction, has stopped construction. We request the number of clients be restored to the original 54 clients approved by the 2007 Legislature. Nevada has earned national recognition and praise for this unique program.

The Waiver for the Elderly in Adult Residential Care (WEARC) deserves caseload growth. We must provide alternative options such as the WEARC to placing individuals in nursing homes. They say a society is judged by how they treat their elders.

Lowering the rate for PCA services has been proposed. Lowering the amount of services was the injury; lowering the rate is the insult. The AARP opposes the rate reduction and urges restoration of service levels based on individual case plans.



Money has been swept from the Tobacco Settlement funds for the ILG that will result in lowering the amount of services provided. These are the most cost-effective State programs because local agencies can leverage community funding. We urge the funding to remain for critical services.

The AARP supports funding for the Elder Rights Advocates. The AARP recognizes the dire budget situation in the State and the need for everyone to help navigate through the crisis. We cannot balance the budget on the backs of children, seniors and people with disabilities.

CONNIE McMULLEN (Chair, Strategic Plan Accountability Committee for Seniors):  
I have provided my written testimony ([Exhibit G](#)). Despite budget reductions, the DHHS was budgeted at a 4.6-percent increase in caseload growth. The DAS received zero caseload growth.

The staffing reductions and PCA rate reductions for the Home and Community-Based Programs place those most at risk toward premature institutionalization. With the exception of the COPE Program, waivers were down 21 percent since the first round of budget cuts and the DAS budgets will remain flat in the 2009-2011 biennium. Seniors with functional disabilities are being left behind. Approximately 1,235 clients will be affected by the PCA service reductions, 1,093 on the CHIP Program and 142 on COPE.

The DAS is sliding backward in its Olmstead mandate. We need to do better. The Strategic Plan Accountability Committee (SPAC) recommends restoration of the CHIP Program to previous levels and that the 450 clients be restored to the budget. The SPAC also recommends increased caseload growth in the WEARC waiver for flexibility. The SPAC recommends the COPE remain at the same level as proposed in the *Executive Budget* but the Assisted Living Waiver be brought to the 54 clients to help assisted-living projects.

The SPAC recommends considering new qualification criteria for personal care service versus homemaker services before the PCA rate is reduced.

The wait time in some programs is reaching beyond a 90-day level. In extreme cases, clients waited 11 months for service in Carson City, while those in Reno waited up to 16 months for service.

The SPAC recommends the Tobacco Settlement funds be preserved for the ILGs. The SPAC supports the budget proposal to increase the Property Tax Assistance Program.

I have provided additional written testimony ([Exhibit H](#)) from Ernie Nielsen of the Washoe County Senior Law Project.

JANICE AYRES (President, Nevada Senior Corps Association):  
The Nevada Senior Corps Association incorporates all ILG grantees. We concur with the previous testimony. The Association was formed because of fears over the loss of Tobacco Settlement funding for the ILG grants. These 40 programs perform much good work utilizing 61 grants. Much of the work is being done by volunteers. Long-term care and institutionalization should be the last options considered.

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During 2008, we kept 11,507 seniors living in their homes which would have cost the State approximately \$1 billion to place in institutions. The cost to do so was approximately \$439 for each senior for a year. In an institution that amount would pay for approximately two days.

More money should be directed to nonprofit organizations. Our organization has five direct service options that are provided at no charge. We urge the Subcommittee not to further diminish the Tobacco Settlement funds, rather add to them.

The DAS does a good job, but they are terribly underfunded.

GRADY TARBUTTON (Director, Washoe County Senior Services):

I am speaking in support of the DAS services and budget. I want to reinforce Washoe County's commitment to work with the State in implementation of the initiatives.

A question was asked earlier about how much the demand for services is growing. In Washoe County, in the first six months of FY 2008-2009, we saw 1,100 more clients, or a 41-percent increase than at the same time the previous year.

I have provided my written testimony ([Exhibit I](#)). We reviewed the impact on Washoe County for the CHIP Program if a certain percentage of those individuals went into nursing home care. Using Ms. Sala's data of a 1,700 caseload in the last biennium to a 1,200 caseload this biennium, it would cost Washoe County \$500,000 annually. The funds are entitlement program dollars and could not be spent on prevention programs.

Washoe County is considering integration of the Senior Adult Services within the next six months. Programs we are working on include early intervention, multidisciplinary teams for individuals at high risk and a nursing home diversion project in cooperation with the State and Renown Medical Center. We have found ways to save \$1,000 per month for each client diverted to community-based care.

The proposed budget does not adequately extend in terms of funding community-based care. The cuts will place people at risk and limit the County's ability to partner in the efforts.

This is not just a money issue. It is quality of life issue for individuals. People want to remain independent as long as possible.

BOB REDDING (Owner, Comfort Keepers):

I have provided my written testimony ([Exhibit J](#)). Ms. Sala mentioned earlier she had not heard from independent contractors on the reduction in PCA rates. I have reviewed the proposal. We cannot make the programs work with a PCA rate of \$15.52 an hour. The PCAs must be licensed, and workers' compensation and insurance rates have increased.

Caring for and bathing an elder with severe rheumatoid arthritis takes skill. Nursing homes are paying an hourly rate of \$18 to \$20 an hour. There was

already a 40-percent reduction in September 2008 when the HCF&P shifted certain PCA hours to the Homemaker Program. The PCA-hourly rate was reduced at that time from \$18 to \$15. This will not work from an economic standpoint.

ASSEMBLYWOMAN SMITH:

I appreciated Ms. McMullen's comments about the wait times and the wait lists. We need to ensure we have the most current wait times as budget decisions are being made.

CHAIR COFFIN:

We will open the hearing on budgets of the Division of Health. The first budget account is 101-3223, Office of Health Administration.

HHS - Office of Health Administration – Budget Page HEALTH-124 (Volume II)  
Budget Account 101-3223

RICHARD WHITLEY, M.S. (Administrator, Health Division, Department of Health and Human Services):

Ms. Mary Keating, Administrative Services Officer, will describe the decision units in this budget account.

MARY C. KEATING, CPA (Administrative Services Officer, Health Division, Department of Health and Human Services):

The Division's administrative budget is B/A 101-3223. It is funded substantially from a cost allocation, indirect cost rate plan. All of our budgets include decision units M-100, M-300 and E-670s. You have heard those provisions in other budgets.

This budget includes the elimination of 14 positions in decision units E-225 and E-226. The eliminations were made to enhance efficiencies within the Division.

E-225 Eliminate Duplicate Effort – Page HEALTH-126

E-226 Eliminate Duplicate Effort – Page HEALTH-127

Decision unit E-275 is for IT maintenance and related costs for the Division. The cost allocations will be transferred to the user divisions.

E-275 Maximize Internet and Technology – Page HEALTH-127

Decision unit E-290 was requested by the DoIT concerning the physical location of the building and the Gigaman wireless project they need.

E-290 Maximize Internet and Technology – Page HEALTH-128

The majority of this budget concerns transfers in and transfers out. Decision unit E-900 transfers the bureau chief from B/A 101-3223 to B/A 101-3190. It also transfers the funding to B/A 101-3190.

E-900 Transfer from 3223 to 3190 – Page HEALTH-131

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HHS - Health Statistics and Planning – Budget Page HEALTH-20 (Volume II)  
Budget Account 101-3190

Decision units E-900 through E-929 reflect the consolidation of the fiscal accounting staff from the different bureaus into B/A 101-3223. That represents 14 positions.

E-900 Transfer from 3223 to 3190 – Page HEALTH-131

E-921 Transfer from 3101 to 3223 – Page HEALTH-131

E-922 Transfer from 3194 to 3223 – Page HEALTH-131

E-923 Transfer from 3208 to 3223 – Page HEALTH-132

E-924 Transfer from 3214 to 3223 – Page HEALTH-132

E-925 Transfer from 3215 to 3223 – Page HEALTH-133

E-926 Transfer from 3216 to 3223 – Page HEALTH-133

E-927 Transfer from 3218 to 3223 – Page HEALTH-133

E-928 Transfer from 3222 to 3223 – Page HEALTH-134

E-929 Transfer from 3224 to 3223 – Page HEALTH-134

CHAIR LESLIE:

Please explain how the transfer of the fiscal accounting services will be more efficient.

MR. WHITLEY:

I provided a document ([Exhibit K](#)) for the Subcommittee. Page 2 of [Exhibit K](#) illustrates the budget accounts and programs being consolidated. Page 3 of [Exhibit K](#) illustrates the full-time equivalent (FTE) realignment. The reorganization was prompted by the fiscal crisis and the need for reductions.

It was clear there were duplications of effort occurring at the bureau level and the administrative level and functions were being diluted. We utilized vacant positions to meet reduction requirements and centralized the fiscal function for a more potent oversight.

CHAIR LESLIE:

Please explain “more potent oversight.”

MR. WHITLEY:

There were fragments of fiscal functions imbedded in the bureau, program level and administrative levels of the Division. No cross training was being accomplished. The consolidation increases efficiency and provides backup knowledge for fiscal functions.

CHAIR LESLIE:

Are all the fiscal staff now a part of administration? Do they report to Ms. Keating and she reports to you?

MR. WHITLEY:

That is correct.

CHAIR LESLIE:

Those changes make sense. Please address the Health Planning budget for Medicaid that was not transferred.

MS. KEATING:

It was simply how the math was done. It was not our intention to leave the funding in another budget. Historically, the funds had supported that position. At the time the budget was prepared, we believed the amount set was a fixed amount. We have committed to work with the Legislative Counsel Bureau staff to fix the problem.

CHAIR LESLIE:

What is the amount of Health Planning revenue being transferred? Where is it located in the budget?

MS. KEATING:

The amount is approximately \$110,000 annually. There are health planning funds in other budgets and funded in other ways.

CHAIR LESLIE:

Please explain the indirect cost assessment and shift to the cost allocation.

MS. KEATING:

The Division has, and will continue to have, an indirect cost rate plan. I use the term cost allocation more as a methodology. Officially, under chapter 887 of the NRS, cost allocations are only allowed for statewide cost-allocation plans and public assistance cost-allocation plans. Those include the DCFS, Welfare and Medicaid.

The methodology applied here provided for the costs of an administrative office divided by the salaries of the different agencies that use it. However, there are programs that do not pay salaries. They still have to be processed and consume a portion of our time. I created a methodology that allocated the fiscal staff based upon their activity and the IT and personnel costs. Those costs are more truly driven by FTE computation.

The prospective allocation plan filed with the Division of Cost Allocation, U.S. Department of Health and Human Services includes allocations over total activity so the grants and programs not related to payroll are also paying their share.

Our Division has one program, the Bureau of Early Intervention Services which contains the major portion of our employees. Their funding is from the General Fund. More appropriate allocation is a benefit to the General Fund.

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CHAIR LESLIE:

The bottom line is the General Fund positions will be paying their fair share. That is appropriate.

Please provide an update on what will be needed in supplemental appropriations and the reasons for the request.

MS. KEATING:

The Division came to the IFC in the fall of 2008 to close B/A 101-3223. The calculation for the indirect rate was prepared correctly, although it was based on salary. The implementation left out the General Fund provisions. This agency is in a death spiral because funding decreases every year. We will be back in 2009 to close the budget for FY 2008-2009. The amount requested will be approximately \$545,000. It is not substantially different than the FY 2007-2008 amount.

The FY 2007-2008 budget included cash and reserves that were zeroed out before requesting additional funding. Mathematically, it is nearly the same. We will not be requesting a supplemental appropriation. We will prepare a work program for a transfer from some other division within the DHHS, perhaps the Medicaid budget. The end result is the same.

CHAIR LESLIE:

Now that the problem has been rectified, should the Subcommittee anticipate seeing such requests in FY 2009-2010 or FY 2010-2011?

MS. KEATING:

That is certainly my intent.

MR. WHITLEY:

I agree.

CHAIR LESLIE:

I have a question regarding decision unit E-275. Why is \$40,000 requested annually for the Windows server environment?

MS. KEATING:

Based upon information provided to us, the Division IT Program has been based on a Novell environment and must be changed over to a Windows environment. I have provided general information for our IT staff which I have forwarded to your IT staff.

I have been advised this is the Microsoft Windows Server 2003 Enterprise Edition as a platform for running all of our applications. It differs from the Windows Server Standard Edition in its support for high performance processes.

CHAIR LESLIE:

Please provide that detailed information to our staff.

CHAIR COFFIN:

We will close the hearing on B/A 101-3223 and open the hearing on B/A 101-3216, Health Facilities Hospital Licensing.

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HHS - Health Facilities Hospital Licensing – Budget Page HEALTH-80 (Volume II)  
Budget Account 101-3216

MS. KEATING:

There have been many hearings for this budget account. This budget is responsible for protecting the safety and welfare of licensing of medical facilities. It contains the standard decision units.

Decision unit E-250 is the component that drives the request for Assembly Bill (A.B.) 206 and Bill Draft Request (BDR) 1184. It requests the transfer of \$25,000 from B/A 101-3217, which is not an Executive Budget item. The fines go into this budget to fund the activities of B/A 101-3216.

E-250 Working Environment and Wage – Page HEALTH-83

[ASSEMBLY BILL 206](#): Revises provisions relating to public health. (BDR 40-858)

**BILL DRAFT REQUEST 1184**: Provides additional authority for the state's public health system to ensure safe operation of medical facilities.

CHAIR LESLIE:

Please return to decision unit E-250. What kinds of training will be provided to the facility operators for the requested funding?

MARLA MCDADE WILLIAMS (Bureau Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services):  
Part of the ongoing training is to group-home operators and assisted-living facility operators. We are assisting them with compliance requirements for a variety of regulations. In the past, some regulations were not being followed.

We have also implemented a grading system for the operators. With the grading system, we have concluded that resurveys are needed. It is primarily training to the regulations.

CHAIR LESLIE:

Is it possible that statutory changes may be needed?

MS. MCDADE WILLIAMS:

There may be some opportunity to broaden the provisions, not limiting them to residents of facilities. Not all regulated facilities have residents. We also regulate PCA agencies. It may need a technical change.

CHAIR LESLIE:

There are several bills in other committees on this issue. Please advise Assemblywoman Smith if the agency wants the changes added onto one of the bills.

ASSEMBLYWOMAN SMITH:

There is still a Committee bill that could be used for this purpose. I do not see how the fiscal note on A.B. 206 relates to the *Executive Budget*. Please explain. Have all needs been covered? I know the provisions will be fee based to the



facilities. However, there are start-up charges. Is that covered in this budget account?

CHAIR LESLIE:

That is the question of the day. You are looking at 18 months, whereas the interim health bills are looking at two years. Please discuss the staffing changes in this budget.

MS. KEATING:

The intent was to convert a 6-year inspection program to an 18-month inspection program. Approximately 1,200 facilities would be placed in the 18-month program. Do not assume each facility will have the same level of review. Some may have a limited scope and others may take longer. It is the intent to change the timing of the inspection program. There are additional decision units to meet that requirement. This is in response to the Hepatitis C outbreak in Las Vegas and the need to inspect facilities more frequently.

ASSEMBLYWOMAN SMITH:

In addition to changing the timeline, are there not more facilities being added requiring a larger budget?

MS. MCDADE WILLIAMS:

There is going to be a need to reconcile the bills on this subject with this proposal. We must also consider whether or not the one statute for group homes and assisted-living facilities should eliminate the one-year inspections for those facilities and extend them into the 18-month inspection period.

CHAIR LESLIE:

Please clarify what is currently contained in the *Executive Budget*. That will assist when determining the policy issues in the proposed bill.

MS. KEATING:

The budget begins with the 69.51 FTE positions in existing levels of staff. The budget is enhanced in certain decision units. Decision unit E-326 requests funding for a management analyst position to be located in the Carson City office with the related costs.

E-326 Services at Level Closest to People – Page HEALTH-84

Decision unit E-327 requests a biostatistician position, which will be physically located in the Bureau of Health Planning and Statistics, but funded from B/A 101-3216, because that is where the activity occurs.

E-327 Services at Level Closest to People – Page HEALTH-84

Decision unit E-329 requests three health facility surveyors II, two health facility surveyors III, six health facility surveyors II, nurses and one administrative assistant II. This would constitute the additional staff required to conduct the additional survey functions.

E-329 Services at Level Closest to People – Page HEALTH-85

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Decision unit E-501 is connected to the E-901 transfers. We are transferring two environmental health specialists from this budget. The E-501 unit fixes and changes the funding.

E-501 Adjustments - Transfers In – Page HEALTH-85

E-901 Transfer from BA 3194 to BA 3216 – Page HEALTH-88

Decision unit E-504 is similar.

E-504 Adjustments - Transfers In – Page HEALTH-86

CHAIR LESLIE:

When this began, the Division had a large vacancy rate. Much progress has been achieved. There is concern for the drastic expansion of the functions of the Division. What happens if the positions cannot be filled?

MR. WHITLEY:

We have developed a successful recruitment plan. All positions have been filled over the past six months. A nurse/surveyor resigned last week, due to a move out-of-state. I believe a good recruitment plan and staying on top of staff movement is the only way to keep positions filled.

CHAIR LESLIE:

For example, how long will it take you to fill the current vacancy? Is the position frozen?

MR. WHITLEY:

It is not frozen. It is also a stand-alone classification. We recruit even when we have no vacancies. I do not anticipate a problem.

CHAIR LESLIE:

Are these positions fee funded? There was a discussion in the Senate Health and Human Services Committee meeting recently. There is concern about how to fill the positions. It will be awhile before fee revenue is sufficient to fund the positions. Is the agency going to begin by funding from the reserve? What is the current level of the reserve? Is there a concern the reserve will be drawn down too low?

MR. WHITLEY:

We plan to fund the positions from the reserve. We are not concerned the reserve will be reduced to a critical level. We revisited the time, effort and cost of doing business. We have the ability by regulation, through the Board of Health, to adapt the fees to cover the cost to do the inspections.

CHAIR LESLIE:

Can that be done within the anticipated timeline for proposed legislation? There is a difference in the time spent in the field. I have worked during the interim with the agency on the changes. Please explain for the benefit of the Subcommittee.

MR. WHITLEY:

The Hepatitis C outbreak caused us to identify the need to go into all the ambulatory surgery centers (ASC) to perform, in some cases, initial inspections. The efficiencies were not built into the system. There were environmental health specialist employees located in one bureau who did food inspections in hospitals and nursing homes. They were not a part of the overall regulatory functions. Radiological staff was performing inspections of hospital emergency rooms in another program.

We identified a missed opportunity when any one of those staff went into a facility where they could identify systemic issues and initiate a full inspection. We considered the crisis an opportunity to reorganize for efficiency. That is the motivation for relocating positions into this bureau.

Historically, each facility was considered individually and took appropriate action based on the deficiencies identified. We never paused to consider total issues for certain facility groups and to take broader actions through regulation or inspections. Statutory change requests were not being identified. I refer the Subcommittee to our Website, [health.nv.gov](http://health.nv.gov). The first annual ASC report is posted there. That is an illustration of our intent to produce annual reports for every facility type we inspect if the biostatistician position is funded. Those reports would include the data from the inspections, complaints received and the sentinel events data reported. That is another lesson learned from the crisis.

CHAIR LESLIE:

I compliment the agency on the complete change in its business practices and becoming more aggressive in inspection efforts. The ASC report shows over half of the ASCs still have problems with infection control. I have confidence the inspectors will be available and problems will be corrected.

Will the biostatistician position allow the agency to establish any new data sets?

MR. WHITLEY:

The benefit of placing the position in our office is the ability to consider other data sets available from billing data, birth and death data, sentinel events data and birth outcome data. The sentinel events data is separate from Ms. McDade Williams' Bureau. It will tell the story of what has occurred the previous year in each facility. Actions can be planned based on that data to improve the quality of care.

CHAIR LESLIE:

Your Division is one where the data is usually straightforward, and progress, or the lack thereof, is easily identified.

One management analyst II position was approved by the 2007 Legislature. Another management analyst II position is being requested. Is this a new position? Are the duties different? Please explain.

MS. MCDADE WILLIAMS:

The new management analyst II position will work to carry out the items identified by the biostatistician's analysis. The management analyst will be the one to move forward programmatic efforts or targeted training. The current

management analyst is the hub for other work not being done because of the health surveyor classes being conducted.

CHAIR LESLIE:

Do other Bureau staff members currently perform some of these functions? Would the additional bureau chief in the Consumer Health Bureau overlap? It seems the requested position in your Bureau might be nice to have but is not essential at this time.

Ms. McDADE WILLIAMS:

We have a structure of health surveyor IIs who conduct most of the survey work. The health surveyor IIIs are a supervisory level that approve the work completed by the health surveyor IIs. The health surveyor IVs are all trained as surveyors. They can review data, pull out the tagged items and the findings. They do not have the skill set to identify the meaning of the data and carry the work results forward. Training is contracted because we do not have staff positions with that skill set.

CHAIR LESLIE:

Is the training issue the driving reason for the request?

Ms. McDADE WILLIAMS:

That is correct.

CHAIR LESLIE:

Please explain the transfer of the bureau chief from Consumer Health Protection in decision unit E-904. Will there be two bureau chiefs in one Bureau?

Mr. WHITLEY:

The NPD-19 document process from the DOP initiates a review for reclassification of a position. Our intent is to move the transferred position to Las Vegas. Another outcome of the Hepatitis C outbreak was the realization all management staff is located in Carson City. Yet, the bulk of the workload is located in Las Vegas. We intend to move the position to Las Vegas and request a reclassification review. The position would act as a deputy to Ms. McDade Williams's oversight of the surveyors in Las Vegas.

CHAIR LESLIE:

Ms. McDade Williams will supervise this position? The concern was that there would be two positions at the same level who would supervise each other. I see your intent. Is that intent shown in [Exhibit K](#)?

Mr. WHITLEY:

The chart in [Exhibit K](#) includes the bureau chief being transferred into this Bureau. It does not give the level of detail we have discussed.

CHAIR LESLIE:

Does the Governor approve of the plans to utilize the reserve account to fund the new positions until the fees have built to a level to sustain expense requirements? It is reflected in the *Executive Budget*.

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MR. WHITLEY:

The actions have been approved. We believe there are sufficient reserve funds to start the process. We are not introducing any new behavior in how fees are assessed. It is done routinely.

CHAIR LESLIE:

You are assessing a new group of facilities. That is a big change.

MR. WHITLEY:

Correct, we are assessing new people.

CHAIR LESLIE:

In our hearings, it seems the industry is in agreement with the changes. Is that what the agency understands as well?

MR. WHITLEY:

That is correct. We will conduct public workshops where formal engagement will occur. The process will allow and mandate that the ASCs be at the table and participate in the process. They attended in force at the Board of Health meeting when the fees were proposed.

CHAIR LESLIE:

If the Legislature decides on inspections every two years instead of every 18 months, or whatever, this budget would need adjustment accordingly. Would that include a process of determining how many health surveyors would be needed and what the level of fee revenue will be?

MR. WHITLEY:

That is correct. We reviewed other states concerning their frequency of visits to ASCs. Once the process begins, a schedule will be established. There does not appear to be a set frequency standard. The focus is performance of the initial inspections.

CHAIR LESLIE:

This is a good approach.

CHAIR COFFIN:

Please return to the question of two bureau chiefs. Who will supervise whom? Will one be paid more than the other?

MR. WHITLEY:

The chiefs are currently the same level. It is my discretion as Division Chief whether or not an employee supervising someone at the same level is compensated with a 5-percent increase. We are in the process of reclassification of the transferred position. The position will be downgraded. If the DOP determines the position should remain in the bureau chief classification series, there is a classification of bureau chief I. Ms. McDade Williams is a bureau chief II. The transferred position will report to Ms. McDade Williams.

CHAIR COFFIN:

During the 2007 Legislative Session, a 2-step increase was given to incumbent nursing positions. It appears some staff members have received an overpayment over the last few pay periods.

MS. KEATING:

Certain positions were listed in decision unit E-814 in 2007 and are a part of Senate Bill No. 575 of the 2007 Legislative Session. Between the time of approval and the time the DOP identified which specific position control numbers (PCN) qualified, there has been some movement of individuals. Last night, we provided the list of PCNs to your staff of which positions came through the DOP. The real question is whether or not an NPD-19 was required for those positions. We are committed to work with the Budget Division and your staff to ensure the proper procedures are followed. We do not believe any individuals have been overpaid. It is our position any person in the nursing option qualifies for that increase. We will revisit the issue.

CHAIR COFFIN:

We will close the hearing on B/A 101-3216 and open the hearing on B/A 101-3101, Radiological Health. We want to ascertain that close supervision is being maintained over the operators of radiology machines. We want to ensure proper inspection schedules are being followed. I wonder, when I go to the dentist, how much radiation I am receiving. I have the same concerns when I go to the airport.

HHS - Radiological Health – Budget Page HEALTH-1 (Volume II)  
Budget Account 101-3101

MR. WHITLEY:

I can give a programmatic update. We are in compliance with the periods of review. We do not inspect machinery at airports.

We have identified problems and taken actions in areas such as mammography. That is a benefit of the coordination with other facility surveyors. This Bureau is in compliance. We can provide the Subcommittee the detail of each facility type and the inspection schedule.

CHAIR COFFIN:

We want to ensure the job can continue to be done adequately.

MR. WHITLEY:

This program, much like the health facility inspections, has a unique job classification. These positions have also been recruitment challenges. There are only two vacancies at this time. Historically, there have been vacancies in the program offering certain programmatic challenges. Unlike the health facility surveyors, this program has met its workload requirements of the federal and State governments.

CHAIR COFFIN:

When is the last time inspectors reviewed the nuclear waste facility in Beatty?

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MR. WHITLEY:

That inspection is done annually. I will provide the date of the inspection, the findings identified and what is involved in the inspection to the Subcommittee.

MARY WHERRY, R.N., M.S. (Deputy Administrator, Health Division, Department of Health and Human Services):

We have a performance measure of 16 visits concerning environmental safety. In 2008, the site was visited 46 times. A cap on the trench needed replacement. Many soil samples were taken to ensure no leaching had occurred. We are confident our staff is properly monitoring the site.

CHAIR COFFIN:

Are wells surrounding the property monitored for radiation contamination?

MS. WHERRY:

That is correct.

SENATOR MATHEWS:

The machines at the airport are under the control of the federal government. Previously, the State inspected them under a private contract. The machine operators wore badges to detect radiation levels. Senator William Raggio, former Senator Raymond Rawson and I signed a Letter of Intent to the federal government asking why they did not conduct the inspections. Their response was they did not see the need. The seven big machines that used to be in the lobby at the Reno International Airport radiated as much as a magnetic resonance imaging machine. The operators were exposed all day long.

CHAIR COFFIN:

How long ago was the letter sent?

SENATOR MATHEWS:

It has been quite a long time.

CHAIR COFFIN:

We owe it to the public to monitor the compliance of those machines.

SENATOR MATHEWS:

We do not have the authority to assume that responsibility.

CHAIR COFFIN:

There has been a lot of discussion about agencies working together. It may not be the responsibility of the Health Division. Someone has to watch what the federal government is doing. What can be done?

MR. WHITLEY:

I would commit to provide an analysis, much like what was done with surgery centers, what the CMS requires and what the State requires. That might identify whether gaps are present and where oversight may be needed.

CHAIR COFFIN:

That is not an inspection. Could you simply walk by the machines and monitor the amount of radiation leaking to the public?



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MR. WHITLEY:

The positions funded in B/A 101-3101 are funded from fees. It would not be appropriate, in terms of how they are funded, to require additional activities. I will follow up on the situation.

CHAIR COFFIN:

Is there another agency that has those duties?

MR. WHITLEY:

Not that I am aware of within the State level.

CHAIR COFFIN:

We would need to identify a nonfee-based agency to perform the function.

SENATOR MATHEWS:

A new Letter of Intent could be requested to ask the federal government what the radiation levels are. It is a fact of life and the State has no authority. That was the response from the federal government.

CHAIR COFFIN:

We will now close the hearing on B/A 101-3101 and open the hearing on B/A 251-3152, Health Radioactive and Hazardous Waste.

HHS - Health Radioactive & Hazardous Waste – Budget Page HEALTH-11  
(Volume II)

Budget Account 251-3152

MS. KEATING:

This budget is the post-closure monitoring performance of the low-level waste site at Beatty. This budget has the standard decision units. The Division is making no enhancement requests in this budget beyond continuation of the funding. It is not funded by the General Fund. It is funded by fee-based revenues.

CHAIR COFFIN:

We touched on this budget when discussing the previous budget.

ASSEMBLYWOMAN SMITH:

I visited the site with the Public Lands Committee in the interim. Have the fees been increased recently to the people who use the facility? Is the State receiving what is appropriate from the facility?

MS. KEATING:

I can provide more specific detail to your staff. My understanding is we are operating on the interest in the account.

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CHAIR COFFIN:  
Seeing no further business before the Subcommittee, the meeting is adjourned  
at 10:51 a.m.

RESPECTFULLY SUBMITTED:

\_\_\_\_\_  
Cynthia Clampitt,  
Committee Secretary

APPROVED BY:

\_\_\_\_\_  
Senator Bob Coffin, Chair

DATE: \_\_\_\_\_

\_\_\_\_\_  
Assemblywoman Sheila Leslie, Chair

DATE: \_\_\_\_\_