MINUTES OF THE JOINT MEETING
OF THE
ASSEMBLY COMMITTEE ON WAYS AND MEANS
SUBCOMMITTEE ON HUMAN SERVICES
AND THE
SENATE COMMITTEE ON FINANCE
SUBCOMMITTEE ON HUMAN SERVICES

Seventy-Seventh Session
March 13, 2013

The joint meeting of the Assembly Committee on Ways and Means' Subcommittee on Human Services and the Senate Committee on Finance's Subcommittee on Human Services was called to order by Chair Maggie Carlton at 8:05 a.m. on Wednesday, March 13, 2013, in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4412E of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. Copies of the minutes, including the Agenda (Exhibit A), the Attendance Roster (Exhibit B), and other substantive exhibits, are available and on file in the Research Library of the Legislative Counsel Bureau and on the Nevada Legislature's website at nelis.leg.state.nv.us/77th2013. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's Publications Office (email:publications@lcb.state.nv.us; telephone: 775-684-6835).

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblywoman Maggie Carlton, Chair
Assemblyman Michael Sprinkle, Vice Chair
Assemblyman David P. Bobzien
Assemblyman John Hambrick
Assemblyman Pat Hickey
Assemblyman William C. Horne
Assemblywoman Marilyn K. Kirkpatrick
Assemblyman Randy Kirner

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Debbie Smith, Chair
Senator Ben Kieckhefer
Senator David R. Parks

STAFF MEMBERS PRESENT:

Michael J. Chapman, Principal Deputy Fiscal Analyst
Alex Haartz, Principal Deputy Fiscal Analyst
Catherine Crockett, Program Analyst
Mark Winebarger, Program Analyst
Janice Wright, Committee Secretary
Olivia Lloyd, Committee Assistant
Cynthia Wyett, Committee Assistant

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
TOBACCO SETTLEMENT PROGRAM (262-3140)
BUDGET PAGE DHHS-ADSD-20

Jane Gruner, Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, presented Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," and testified that page 2 showed the funding sources for the Division. She explained that page 3 of the exhibit showed the funding sources for developmental services, and page 4 of the exhibit showed a pie chart of the effects of the automatic across-the-board cuts known as sequestration, necessitated by the Budget Control Act of 2011. Those estimated cuts totaled an estimated $2.1 million (5 percent). The programs affected by the cuts included senior employment, elder abuse, legal assistance, preventative health, Nutrition Services Incentive Program, assistive technology, Office of the State Long-Term Care Ombudsman, Part C of the Individuals with Disabilities Education Act (IDEA), and Nevada Early Intervention Services (NEIS). She worked with the office of the Director of the Department of Health and Human Services to determine whether additional tobacco funding might be used to mitigate some of the cuts.

Ms. Gruner recounted that ADSD's vision of integration was to build a continuum of care system across the lifespan of a client. The system would be evaluated and judged by the outcomes of the consumers that used the system. The phrase, "you are eligible for services," would be the Division's response to the tearful pleas of parents who asked whether their children could receive services.

Ms. Gruner reported that the current challenges facing the Division included rapid growth, funding limitations, lack of provider availability, poor data collection methods, and inaccessible services. These challenges crossed the program lines. The challenges had a common thread but affected different populations. The thread was the need for a quality supportive service system focused on individual need regardless of age or disability. The ADSD envisioned weaving stability, flexibility, and integrity through the fabric of each program. Integration of the Division of Mental Health and Developmental Services, Department of Health and Human Services, and ADSD would create a continuum of care that would be proactive in developing the type of support that consumers wanted and delivering services in a "person-centered" fashion. The client was the expert in what services he wanted and how he wanted to receive the services.

Ms. Gruner elaborated that her initial goals for integration were to make improvements in building a system that valued and retained consistent and effective providers across services and integrated a management system guided by accurate data. The integration must provide accessible services when a service was requested. The integration must continually assess and evaluate performance based on the stated outcomes.

Ms. Gruner described the five–year plan developed by ADSD. The first phase of the integration process was building a solid infrastructure. The Division must standardize policies and procedures for the overarching areas that supported the continuum of care. The infrastructure would include support services consisting of fiscal operations, human resource services, and information technology services. The quality-assurance component created a statewide process for creating, monitoring, and evaluating the service outcomes. The program process entailed aligning and matching the policies and processes between the programs of ADSD and the Division of Mental Health and Developmental Services. Integration must standardize the intake and eligibility processes and develop specific transition criteria.

Ms. Gruner revealed that after ADSD integrated the internal systems, the agency would focus on the development of a five-year strategic plan incorporating input from the stakeholders. The plan would guide the Division in setting performance outcomes and addressing current and unmet needs. The plan would address the critical areas of concern such as standardizing the data and evaluation protocols. The ADSD must enhance its ability to use data to drive its service delivery system.

Ms. Gruner highlighted pages 6 through 9 of Exhibit C that contained a five-year timeline for achieving the integration of ADSD and the Division of Mental Health and Developmental Services. She anticipated integration would result in consumers obtaining services when those services were needed. The ADSD would be proactive and provide an individualized service delivery system. The system would avoid service disruption and improve consumer choice and satisfaction. She wanted to create a standardized intake and eligibility process in which the eligibility determinations would cross the Division's programs. An example would be a child diagnosed with an autism spectrum disorder receiving services from the Nevada Early Intervention Services (NEIS) program might qualify for the Nevada Autism Treatment Assistance Program (ATAP). That child might also qualify for developmental services without additional testing and application.

Ms. Gruner mentioned that pages 10 through 13 of Exhibit C showed the organization charts. Those charts illustrated the proposed integration of NEIS moving from the Health Division, Department of Health and Human Services to ADSD, and developmental services moving from the Division of Mental Health and Developmental Services.

In response to a question from Assemblyman Sprinkle, Ms. Gruner replied that ADSD created work groups to study the integration plan. The timeline outlined when each deliverable would be completed. She requested a "one-shot" appropriation for an information system as part of the integration plan. The Division had begun the process to align its policies and protocols.

In response to another question from Assemblyman Sprinkle, Ms. Gruner replied that the timeline was developed according to the legislative sessions. No work was shown for the fifth year of the timeline because no legislative session would be held that year. She thought that by the end of the fourth year, ADSD would spend much of its time evaluating its future course of action. The timeline would be adjusted after completion of the five-year strategic plan to imbed the outcomes created by the stakeholders.

In response to a question from Chair Carlton, Ms. Gruner replied that combining early intervention services, developmental services, and aging services created some synergies that were not available in other program areas. Those services used similar provider types and had similar information system and case-management needs and similar advocacy groups and commissions to guide the integration process. She believed that it made sense to combine programs

that shared the common theme of quality assurance. Creating and monitoring quality provider types was a shared goal. The agency's fiscal staff must become experts at developing contracts. The integration plan combined similar service types to strengthen ADSD. The agency spent years developing its quality assurance policies to support community providers delivering direct services. The Division worked with those providers to build a strong system.

Chair Carlton commented that the integration of NEIS was proposed but had not, as yet, been approved. She wanted to gather some history about the proposal. It was important to learn from history and not repeat mistakes from the past. It appeared that every 10 to 12 years, someone proposed a new way of doing business. She wanted to ensure that this was the right way of combining services. She did not want to learn that in six years, the Legislature was asked to separate these programs because ADSD was too big, and its clients could not navigate through it. Integration was a serious matter, and the Subcommittees must deliberate and study the history of the agencies before making a decision. History should not repeat itself if the proposal failed to work the first time.

Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, testified that she supervised aging and disability programs for the Division. She referred to page 14 of Exhibit C and indicated budget account (BA) 3140 contained the Tobacco Settlement Program. The Division provided home and community-based services for seniors. The agency funded services including transportation, caregiver support, information, and assistance. The automatic across-the-board cuts known as sequestration, necessitated by the Budget Control Act of 2011, would decrease funds by about $389,000. The tobacco settlement funds would decrease, and those funds paid for respite services. There was some discussion about supporting family caregivers who provided care for younger clients diagnosed with Alzheimer's disease. The Independent Living Grants served a total of 9,503 clients at an average cost of $364 per client.

Ms. Gerber-Winn commented that the budget accounts for ADSD included the common decision unit Enhancement (E) 804 to adjust the cost allocation for support services including fiscal, information technology (IT), and personnel. She referenced a chart on page 15 of Exhibit C that showed the five-year funding history from fiscal year (FY) 2010 through FY 2015. A decrease in

funding occurred in FY 2011, but the agency requested an increase of revenue for services for the 2013-2015 biennium.

In response to a question from Senator Smith, Ms. Gerber-Winn replied that the Alzheimer's Association—Northern California and Northern Nevada Chapter provided an estimate of persons who would be served by respite care, but the number of consumers was small. She did not project any change in the availability of respite care. The ADSD had respite providers and could adjust the service descriptions of the age of the clients served to incorporate the effect of passage of Senate Bill 86 (1st Reprint).

Senator Smith commented that Senate Bill 86 (1st Reprint) would become effective upon passage and approval. She believed the agency could find funding for respite care in its budget.

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
FEDERAL PROGRAMS AND ADMINISTRATION (101-3151)
BUDGET PAGE DHHS-ADSD-22

Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, testified that page 16 of Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," showed details of budget account (BA) 3151 that funded the administrative activities related to federal grants. Decision unit Enhancement (E) 225 requested a program officer 2 for the statewide management of volunteers who provided services for several programs. She noted the programs that used volunteers included the Senior Medicare Patrol, State Health Insurance Assistance Program, and the Office of the State Long-Term Care Ombudsman Program. During the 2011-2013 biennium, ADSD was fortunate to receive funding to start the volunteer program for the Ombudsman Program. The program advocated for seniors and persons with disabilities in nursing homes and group homes. Additionally, a State Health Insurance Assistance Program (SHIP) assisted persons enrolling in Medicare to assess which insurance plan might work best for them. The agency had a Senior Medicare Patrol (SMP) program that assisted persons to identify fraud in Medicaid and Medicare billings. The ADSD requested a program officer to recruit and manage the volunteers. The ADSD currently had 102 volunteers assisting in SMP and SHIP. The Division

had 22 volunteers assisting in the Ombudsman Program that provided access to care and cost-avoidance, aided in the selection of the best insurance for the consumer, and improved care in nursing homes and group homes. The funding mix for the program officer position originally included federal funds that were cut by the automatic across-the-board cuts known as sequestration, necessitated by the Budget Control Act of 2011. The agency requested General Funds to replace the federal funds and continue these programs. The ADSD was constantly recruiting volunteers and provided intensive training on Medicare and Medicaid. The ombudsman staff members must attend a 15-level course on how nursing homes operated.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that the program officer position was a new position. The ADSD had some contract staff but preferred a permanent state position because of the large number of volunteers and extensive management required. The ADSD must understand multiple reporting requirements and must ensure that volunteers had workers' compensation insurance.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that the programs currently used contract staff to supervise the volunteers. There had been discussion about a reduction of hours for the volunteers. The ADSD might need to lose a part-time position. The cost of the new program officer position had been allocated across several of the programs and funding streams. The ADSD would monitor the costs carefully.

In response to a question from Assemblyman Sprinkle about recruiting volunteers, Ms. Gerber-Winn said that there was a specific skill set required for volunteers. It was difficult to recruit volunteers, who must learn about Medicare and Medicaid and become knowledgeable about nursing homes and group care facilities. The ADSD must recruit a special group of persons. Some of the volunteers had completed training and later decided they could not perform the duties. The volunteers must be committed. The agency recruited volunteers on an ongoing basis. The ADSD retained volunteers sometimes for 10 to 15 years or more. Many retired state employees returned as volunteers to assist in these programs. Retention of volunteers was not the problem. Recognition events were important, and the volunteers deserved recognition and acknowledgement for their efforts.

Ms. Gerber-Winn discussed the information on page 17 of Exhibit C that listed decision units E-228 and E-229 to fund the network connectivity for the

Carson City and Reno offices. The ADSD needed more bandwidth to operate its data systems and phone system. Decision unit E-490 funded the Ombudsman Program authorized by the federal Older Americans Act. During the last biennium, the agency was able to use civil money penalty (CMP) funds for some of the positions and needs of the program, including advocacy for seniors and persons with disabilities in nursing homes and group homes. The Division was advised by the Centers for Medicare and Medicaid Services (CMS) that use of CMP would be restricted under provisions of the Affordable Care Act. The agency was provided a long list of items that were allowed as eligible expenses. The cost of staffing the Ombudsman Program was not an allowable expense. The ADSD worked with CMS and was granted a two-year extension to find another source of revenue to pay for the cost of the Ombudsman Program. Decision unit E-490 requested $244,876 in FY 2014 and $245,001 in FY 2015 to support the Ombudsman Program.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that CMP funds were fines that nursing homes paid based on inspections and reviews of the Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services. When deficiencies were found, the nursing homes were fined, and those fines were deposited in a CMP account. Fines were levied to improve performance in the nursing homes. The CMS provided a list of items for the Division to consider as pilot projects for CMP funds. The CMS would approve short-term, two- or three-year programs to improve quality in nursing homes. Pilot projects could include culture change to help persons understand how important it was for nursing home residents to have choice in care and participate in scheduling; development of family councils to advocate for the family members in nursing homes; better protection of certain rights within the facility; provision of information to assist persons in choosing the best facility; and methods to advocate once a family member was in a facility. Civil money penalty funds could be used to pay for a temporary administrator on an interim basis when a nursing facility lost its administrator.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that the agency was no longer allowed to use CMP funds to pay the cost of the Ombudsman Program. The agency must find an alternate funding source for decision unit E-490, or ADSD would lose about five ombudsman positions. The Division currently had about ten ombudsmen providing services. The ombudsmen handled complaints and the more difficult matters. The volunteers helped with regular visits and easier tasks. Sometimes the ADSD staff would move residents to different facilities when small nursing homes faced

bankruptcy. The agency lacked staff to assist with moving consumers without CMP funds. Volunteers could be used to augment the more simple tasks; however, there were some technical confidentiality problems with health records, and paid staff must perform those duties.

In response to a question from Senator Kieckhefer, Ms. Gerber-Winn replied that she was unaware that any maintenance of effort requirement would exist if General Funds were used to fund the Ombudsman Program.

Ms. Gerber-Winn explained that decision unit E-710 requested replacement computer hardware and software in accordance with the recommended replacement schedule. Decision unit E-711 requested a replacement phone system for the Reno office. The proposed phone system would be integrated and standardized with the existing state phone system. The current phone system was old, and replacement parts were no longer available. New staff could not be located in the Reno office because another phone could not be added to the existing system. Decision unit E-804 requested funding for a new cost allocation plan for support services. Decision unit E-805 requested the reclassification of a budget analyst 2 position to an administrative services officer to adequately support the restructured fiscal unit as part of the agency integration.

In response to a question from Assemblyman Sprinkle, Janet Murphy, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, replied most of the duties of the staff would remain the same as before the integration. Some information technology (IT) services positions currently located at the Division of Mental Health and Developmental Services would move to ADSD to support and perform the same type of IT duties. The human resources management and fiscal staff would continue performing the same type of duties. The ADSD would centralize some of its processes. Integration would create some changes within the duties of positions. All assigned duties would be permissible tasks allowed within the existing classification of the staff positions. The agency worked with the staff and was preparing integration plans.

Ms. Gerber-Winn revealed that page 19 of Exhibit C showed details of decision unit E-806 that requested alignment of the salary of the Administrator and the deputy administrator positions with other similar positions within the Department. Decision unit E-807 requested a reclassification of a management analyst 2 position in the grants development unit to a management analyst 3

position commensurate with the duties of the position. The ADSD would work with the Division of Human Resource Management, Department of Administration, on all the proposed reclassifications requested in the budget. Decision units E-900 and E-901 requested transfers of positions between the administrative account (budget account 3151) and the Home and Community Based Services program (budget account 3266) to align the positions with the proper budget account. Decision units E-510 through E-531 and E-910 through E-931 requested transfers of positions and aligned the revenue as part of the integration of services within ADSD.

Chair Carlton asked how the duties would change for the Administrator and the deputy administrators because the salaries of the positions were requested to increase by 9.8 percent for the deputy administrator and 8.9 percent for the Administrator.

Jane Gruner, Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, replied that the request would bring the salaries for the Administrator and deputy administrator positions into equity with other similar positions in the Department such as those in the Division of Child and Family Services, Department of Health and Human Services. The Administrator of ADSD would oversee more employees after the integration because the agency would grow from 250 employees to 850 employees, and about 12,000 consumers would receive services from the newly consolidated agency. The duties of the Administrator and deputy administrators would be aligned with the duties of similar positions in similar agencies. The deputy of administration would be tasked with infrastructure matters including information technology services and developing a new IT system for developmental services. Integration would centralize the fiscal staff to ensure that all aspects of fiscal duties were completed. Human resources would be supervised by the deputy of operations, who would ensure that adequate staff was available to perform all the needed services. The deputy of programs would be responsible for combining the programs and developing similar policies and procedures that matched and crossed program lines. The Division would become one entity instead of three different programs. The Administrator would be charged with having a vision of the Division that provided the services that were needed by its consumers.

Chair Carlton understood that the 9.8 percent salary increase aligned the deputy administrators with other deputy administrators at that same

responsibility level. The proposed increased salaries would only be added to the budget if the Legislature approved the proposed integration and consolidation.

In response to a question from Assemblyman Sprinkle, Ms. Gruner replied that the consolidation would result in a Division that provided services in a seamless manner to the consumer. Initially, the consumer would not see a difference after consolidation other than it would be easier to obtain the needed services. The Division policies would be aligned, and the policies for Nevada Early Intervention Services (NEIS) would become the policies for developmental services. She would guide staff to improve access to care for consumers. She did not believe there would be an overlap or a duplication of services.

Ms. Gerber-Winn added that many of the agency programs were constrained by federal rules that restricted reimbursement. The Division was unable to duplicate services because it could not receive reimbursement for duplications, and ADSD must comply with federal rules. The consumer was not aware of the federal constraints but must answer questions on the application to allow staff to place the consumer in the proper care. The staff would adhere to all the payment requirements to certify that the services were billed to the correct funding source. Staff must also guarantee that the consumer received the correct type of care. The agency must ensure it billed correctly, did not duplicate services, and validated expenses.

Assemblyman Sprinkle said according to Ms. Gerber-Winn's testimony, the consumer may not notice much change after the integration because it appeared the Division was proposing internal efficiencies. He wondered what the problem was that the agency was trying to solve with the proposed integration and consolidation.

Ms. Gruner responded that integration was less about having a problem than it was about creating a system that was efficient and met the needs of a broad spectrum of consumers.

Ms. Gerber-Winn stated that the persons who sought services from ADSD had no other way to provide for themselves. Those consumers did not understand how to obtain treatment for their child, how to become eligible for Medicaid, and what services were available. The problem the agency wanted to solve was to improve consumer access to advice, guidance, and help. The agency wanted to help consumers determine their needs and options one time only

without applying for services at numerous different agencies. The goal was to make it easier for persons in crisis to obtain the needed services. The consolidation made sense to the agency from a service perspective because ADSD knew how humbling it was for persons to tell their stories and ask for help.

Chair Carlton said the state had multiple silos of services and persons must access each individual silo to obtain help. What she did not understand was why the state must create a large silo with everyone in the same silo rather than eliminating the barriers and allowing the agencies to communicate. She believed no prohibitions existed to prevent agencies from eliminating barriers. Building a bigger silo was not the best solution. She trusted the staff's judgment and understood that the agency wanted to do what was right. Staff was passionate and cared about their consumers. But she wanted to ensure that the state did not create an agency so large that consumers could not maneuver through the system. Her ultimate concern was eliminating barriers to consumers. Creating a larger agency could result in a different set of problems. The current service delivery system worked, and she did not want to create new problems.

Chair Carlton wanted to understand the agency's goal in creating a new data warehouse. She listened to information technology (IT) proposals every day. She wanted a guarantee that ADSD had sufficient staff to support the existing system and the conversion to the new data warehouse. She wondered about IT usage and what benefits and efficiencies would result from the new data warehouse.

Ms. Murphy replied that ADSD requested decision unit E-510 that included several IT servers, storage devices, and software that would be used for a dual purpose. The new data warehouse would provide a safe environment to store data while the application team developed a new IT system without having to affect ADSD production until the new system was properly developed and tested. The data warehouse would allow the agency to develop a central repository for reports. The Division of Mental Health and Developmental Services (MHDS), Department of Health and Human Services, staff that would transfer to ADSD was working on a data warehouse system for MHDS in the Substance Abuse Prevention and Treatment Agency (SAPTA) program. The MHDS staff was building the architecture and infrastructure for the data warehouse for dual-diagnosis and tri-diagnosis of SAPTA consumers. When the integration was approved, ADSD would leverage that architecture and

combine it with the new data warehouse system to produce reports. The goal was to combine MHDS and ADSD data in a central repository to improve the reporting process.

In response to a question from Chair Carlton, Ms. Murphy replied that the agency had sufficient IT staff to perform the transition. Integration would combine the IT teams from MHDS and ADSD. The IT staff from MHDS had the knowledge, architecture, and understanding to build the modules that ADSD needed.

Senator Smith commented that ADSD's consumers had many advocates including young, old, and disabled persons. She wondered how the agency had involved its stakeholders and consumers in the decision to integrate. She was sure there were federal requirements to involve the stakeholders. She expressed concerns about performance-based budgeting. She hoped to see more public meetings about the budgets before the Legislature closed the budgets. She knew it was important to involve stakeholders in a major decision to integrate and consolidate services.

Ms. Gerber-Winn replied that ADSD had many commissions, some required by federal rules. The Nevada Commission on Services for Persons With Disabilities was established pursuant to *Nevada Revised Statutes* 427A.1211. The Division was fortunate to have created a plan about ten years ago that focused on providing services to the disabled population. That Commission was active and had been advised by ADSD about the proposed integration. The previous Administrator of ADSD had discussed this transition to solicit the Commission's opinions and concerns about a year ago. The Nevada Commission on Aging was interested in problems of the aging and had been advised of the change. There were several working groups that were provided information about the integration and consolidation.

Ms. Gruner added that ADSD held employment policy summits in 2010 that focused on the importance for all programs to stop acting as individual programs and start sharing and working across program boundaries to allow persons access to services. Most consumers just wanted the services delivered in the way that they needed the services. Consumers did not care who delivered the service but wanted to ensure that they received the service. The summits illustrated how stakeholders felt about the lack of cooperation between different agencies. The ADSD developed many performance outcomes. The summits were held in Reno, Las Vegas, and Elko and attracted a broad range of disability

groups and seniors. They brought together a large number of stakeholders, providers, and interested citizens to discuss the future direction of the agency. The integration proposal was well vetted with advocates and consumers.

Senator Smith wondered whether the consolidation had been well received and whether the vast majority of stakeholders supported integration.

Ms. Gruner said the majority of the stakeholders agreed that ADSD needed to integrate. The consumers were nervous about changes to the funding of services and depended on the stability of the programs. Most consumers wanted integration to occur as long as there was a stable funding source and they continued to receive the needed programs and services.

Chair Carlton wondered about the comment that stakeholders wanted to get the services and were not concerned about which agency provided the services. That comment contradicted the phone calls and emails she received from citizens who did not want to receive a lesser level of care. Consumers wanted to ensure that the person delivering the care was qualified to deliver the service. She had not received concerns about the inability to obtain services. The concerns were about getting quality services. She cautioned about failing to ensure that consumers received quality services.

Ms. Gruner clarified that ADSD should only deliver quality services. She thought the problem was that consumers wanted to receive services and did not care which agency provided the services. Consumers wanted to rely on the stability and availability of quality service. They did not want to have difficulty searching for the correct agency to provide the service.

In response to a question from Assemblyman Sprinkle, Ms. Murphy replied that the effect of consolidation on the budget would be primarily on the support services sections. There were no changes in the program services. The consolidation would bring together some of the support services that had experienced the most growth. The ADSD instituted a cost allocation plan that resulted in a savings to the General Fund of $196,501 over the 2013-2015 biennium. It was difficult to quantify and project future savings because the agency was just starting to study which funding sources should pay for its support services.

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
SENIOR RX AND DISABILITY RX (262-3156)
BUDGET PAGE DHHS-ADSD-42

Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, testified that page 20 of Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," showed details of budget account (BA) 3156 that funded the Nevada Senior Rx, Disability Rx, and dental benefit programs. Decision unit Enhancement (E) 225 requested "one-shot" funds for the migration of the database to a newer version of the structured query language database. The ADSD had estimated the number of hours required to update the database.

Ms. Gerber-Winn explained that page 21 of Exhibit C listed a timeline for the dental benefit pilot program that was included in decision unit E-275. The Interim Finance Committee authorized the agency to begin a dental assistance program. The ADSD wanted to clarify to recipients that the pilot program would end on June 30, 2013. The Division requested continuation of the dental program in its 2013-2015 biennium budget. The ADSD had a dental contract approved in February 2013, mailed letters to its consumers, and enrolled 800 participants in the pilot program. The program had a waiting list of 324 persons as of March 8, 2013. The 800 participants were enrolled, had benefits cards, and could access dental care. The ADSD worked with the Health Division, Department of Health and Human Services, to complete an assessment of the clients' general dental health concerns and access problems. The 800 participants submitted self-assessment surveys.

In response to a question from Assemblyman Kirner, Ms. Gerber-Winn replied that she believed the results of the surveys might not be analyzed before the budgets were closed. Persons must get appointments, be assessed, seek treatment, and pay claims. She was unsure how quickly the information would be available. Reports from the vendor could be shared. The Health Division worked to evaluate the self-assessments and results of the treatments. The ADSD would deliver any reports and information it acquired to the Subcommittees as soon as possible.

Ms. Gerber-Winn wanted the pilot program funded for each of the two years of the 2013-2015 biennium because it was difficult to attract a vendor for a one-year program. It would be difficult to complete a contract, administer the program, and enroll persons in a program that would only last one year. The agency would be able to provide regular reports about the outcomes of the pilot program. The ADSD would have administrative problems with a one-year contract and no long-term commitment. The agency had difficulty solidifying the infrastructure for the autism treatment program because it lacked the funding to create the information-sharing and -reporting process while delivering services.

Chair Carlton asked whether the Senior Rx and Disability Rx programs would end in 2014.

Ms. Gerber-Winn replied that the Senior Rx and Disability Rx programs would continue in existence through the year 2020. The programs funded prescriptions for catastrophic coverage for Medicare recipients. The "donut hole" of Medicare prescription coverage would not close until 2020, but the agency would see a decrease in the usage of the programs.

Chair Carlton asked whether the provider for the dental benefit pilot program would be able to develop utilization rates. She thought it would take about one year to develop good utilization rates. She expressed concern about the selection process and wanted justification for the "first come, first served" policy for the 800 persons enrolled in the pilot program. She believed dental services were more critical for the health of persons with certain diseases. She was concerned that 324 persons were on the waiting list. If any of those persons were heart patients, they might be at serious risk because oral health and heart disease were intricately linked.

Ms. Gerber-Winn replied ADSD would receive about a year's worth of data to develop trends and determine the demographics and health status of the consumers. The agency would work with the Health Division to refine the eligibility criteria of the program. Those individuals with the most critical health needs would be targeted for the program.

Chair Carlton asked for details of the maximum amount of dental benefits allowed and the copays. She was concerned that consumers might use the maximum benefits but still need services. She was also concerned that the 50 percent copay on major services might be cost-prohibitive for some

consumers. She wondered whether the pilot program should develop a means test for eligibility. Chair Carlton wanted to ensure that the persons most in need of care who had the lowest income could access care. She did not want consumers put in the position of going to a dental appointment but lacking the means for the copay amount. She wondered how the contractor would compile this data. Interviews could be conducted with participants to find out where problems occurred. It was important for the appropriate persons to receive the proper care with the right amount of resources.

Ms. Gerber-Winn replied that the quality process developed by the agency would include discussions with the participants. The ADSD was concerned about quality services. The Division must evaluate how well the program worked and what obstacles the participants faced. The quality process would be a joint effort between ADSD, the Health Division, and the vendor. The entities would work to project what occurred in the program and develop altered strategies and better ways to address the client load. The agency would assist persons who had access problems. The ADSD had two employees that were on the phones every day working to find other services for the consumers. The agency used community-level dental providers. Dental services had always been difficult to obtain in Nevada for the underinsured. The agency must improve access to the program and analyze service demand. The ADSD did not collect utilization data because it was not required to do so. It lacked information on dental services and needs, but this pilot program would provide good data.

Chair Carlton understood that access to dental care had been a problem for the past decade. Access to dental providers had improved in the urban areas but was still difficult in the rural areas.

In response to a question from Assemblyman Sprinkle, Janet Murphy, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, agreed that ADSD should budget funds to continue to provide copay assistance for persons in need. Reserve funds had been used to help eligible persons pay the copay amounts. The reserve funds did not rollover but reverted to the original sources of revenue. The ADSD requested a copay assistance account that could be used to provide up to $500 for copay assistance. The agency was unsure how persons might access that account. The Division wanted to roll over the balance from year to year depending on the amount remaining in the account each year. The ADSD decided it should budget for copay assistance and agreed to work with the Legislative Counsel

Bureau, Fiscal Analysis Division staff to determine the correct reserve amount. There was a need for copay assistance.

In response to a question from Chair Carlton, Ms. Murphy replied that access to the contingency reserve would be restricted to copay assistance. This pilot program was new to the Division, and staff was unsure of the need but wanted a safety net. The agency would return to the Legislature with actual figures and inform the legislators about the true need for reserve funds.

Ms. Gerber-Winn referred to page 22 of Exhibit C and explained decision unit Enhancement (E) 710 requested replacement computer software and hardware according to the recommended replacement schedule. Decision unit E-804 requested funds for an internal cost allocation for support services. Decision unit E-805 requested a reclassification of an administrative assistant 3 to a family services specialist 2 and an administrative assistant 4 to a family services specialist 2. The ADSD agreed to work with the Division of Human Resource Management, Department of Administration, to study the proper classification commensurate with the duties of the positions.

Chair Carlton wondered about the complexity of the eligibility duties.

Ms. Gerber-Winn explained the agency had procedures for the eligibility staff to follow and provided training to staff of the Division of Welfare and Supportive Services, Department of Health and Human Services. Employees were trained on welfare and Medicaid requirements. Staff understood the requirements of Medicare savings plans and what other services consumers might be eligible to receive. Medicaid and Medicare eligibility rules were taught, and the personnel were knowledgeable about the requirements of the plans to properly counsel the consumers. The Senior Health Insurance Assistance Program requirements and benefits were taught to the workforce. Staff was trained on many programs to understand the eligibility and benefits to ensure the maximum advantage for the consumer. The employees could address numerous programs and perform an evaluation of each person to ensure that persons received guidance and were directed to the best plan for the consumer, even programs that the consumer may not have considered before the evaluation.

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
HOME AND COMMUNITY BASED SERVICES (101-3266)
BUDGET PAGE DHHS-ADSD-48

Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, testified that page 23 of Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," showed the details of budget account (BA) 3266 that funded the Home and Community Based Services units. The first decision unit Maintenance (M) 200 was a request to fund the increased caseload for the waiver programs based on demographic growth. The waivers allowed persons who were at the nursing-home level of care to receive assistance in the community and become eligible for Medicaid. Staff worked to ensure that consumers had a functional need for care. Clients must need assistance with personal care, transferring, cooking, or personal hygiene. Staff assisted with the complex eligibility requirements of Medicaid. The ADSD requested new positions because it expected 117 new recipients in the waiver programs during the 2013-2015 biennium. Staff needed assistance with oversight to facilitate entry to this program. The agency experienced about 30 to 50 persons leaving this program every month because of institutionalization or death. The ADSD was constantly processing cases and recruiting for persons to provide services for this program. Staff must address caseload growth to assure it could continue to fill the requests for care. The agency understood that consumers may need to wait for care but wanted to decrease the wait-time. The wait-time for this program was 67 days and was considered reasonable because of the number of cases entering and leaving this program. The ADSD worked with Medicaid to project the program's caseload.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that ADSD requested 7 new staff positions to support 117 additional waiver slots for the Home and Community Based Services Waiver (HCBW) program for the 2013-2015 biennium. The Division of Health Care Financing and Policy (Medicaid), Department of Health and Human Services, worked on a grant to move more persons out of institutions. The ADSD partnered with Medicaid to ensure waiver slots were available and would prioritize those persons leaving institutions. The ADSD projected that there would be an additional 117 persons to serve, and ADSD wanted to accommodate those consumers.

Ms. Gerber-Winn said the agency must have federal approval for the 117 new waiver slots. The Division worked with the Centers for Medicare and Medicaid Services (CMS) to project the number of persons who needed to be served with new waiver slots. The ADSD could submit an amendment to the waiver to advise CMS that ADSD planned to serve more persons than listed in the original waiver application. Generally, CMS issued decisions in 90 days. The ADSD did not project a change in services or eligibility so the amendment was considered a simple request to CMS. The ADSD could not fill waiver slots until CMS issued its decision. The ADSD projected some duplication because it had persons entering and leaving the waiver slots at all times. The agency projected a slightly higher unduplicated count and had some flexibility to provide services before it received approval for additional participants. The new full-time-equivalent positions requested by ADSD would be in the process of being filled because the Division of Human Resource Management (DHRM), Department of Administration, conducted ongoing recruitments for social workers. Persons generally left state service for higher salaries elsewhere, and the state was always recruiting for social workers and interviewing for staff. The new waiver slots would improve access to care by serving more persons but would not reduce the wait-time of 67 days.

In response to a question from Chair Carlton, Janet Murphy, Deputy Administrator, Aging and Disability Services Division, DHRM, replied ADSD received approval of caseload adjustments for the HCBW from the Budget Division, Department of Administration. The ADSD requested this decision unit as a maintenance unit and not an enhancement unit because it had received approval for the caseload increases.

In response to a question from Senator Kieckhefer, Ms. Gerber-Winn replied that all the waiver applications were separate documents. A different application must be submitted to CMS to amend each waiver. The CMS staff who approved the waiver amendments were different than the CMS staff who approved the Medicaid state plan amendments.

Ms. Gerber-Winn stated that ADSD could request a reduction of the Assisted Living Waiver slots after January 2013. That waiver required a maintenance of effort included in the American Recovery and Reinvestment Act (ARRA). The ADSD worked with the assisted-living facilities in the state to provide needed services. The waiver contained numerous administrative changes, and the facilities did not understand the complexity of the program. The facilities worked with ADSD and identified 16 persons who were potentially

eligible for the waiver services or should be eligible in the next couple of months. The ADSD expected to fill 54 slots in the Assisted Living Waiver. The caseload for the waiver would increase, and the additional slots were included in the budget request.

In response to a question from Assemblyman Sprinkle, Ms. Gerber-Winn said the Elder Protective Services (EPS) program had vacancies. The EPS staff was cross-trained but may not be able to assist with the HCBW services because of a staffing ratio. The agency developed a realistic caseload ratio of 1:40 cases for staff in the EPS program for staff to respond to requests. The staff must investigate any complaints of elder abuse within three days. The caseload ratio of 1:40 kept the staff busy because they must field two or three new referrals every day as well as address the existing cases assigned. The 1:40 ratio was a manageable caseload. The new positions requested in the budget would allow the agency to maintain the 1:40 caseload ratio. The agency filled vacancies as they occurred.

Ms. Gerber-Winn said the HCBW staff had a caseload ratio. The ADSD tried to acknowledge the many duties in the intake process with the intake ratio. The HCBW staff received about 100 referrals that required staff to educate the consumers about the benefits and services for which consumers may be eligible. About 50 to 60 percent of the 100 referrals became consumers of one of the ADSD programs. The ADSD needed to provide assistance to all 100 of the referrals. The Division wanted to add positions to improve the intake process and provide help to all the referrals.

Ms. Gerber-Winn referred to page 25 of Exhibit C that showed information on the caseload and waitlist details. The Community Services Options Program for the Elderly (COPE) was a small state-funded program that mimicked the HCBW program but was for persons with slightly higher income who were not eligible for Medicaid. On page 26 of Exhibit C, she referred to the statistics for the Assisted Living Waiver and explained the caseload and waitlist details. Page 27 of Exhibit C showed details of decision unit Maintenance (M) 540 that requested additional funding for the Assistive Technology for Independent Living. This program was a partnership between ADSD and the Department of Employment, Training and Rehabilitation to provide persons with access to technology and home modifications to remain independent. The ADSD had two vendors in the state that contracted as community providers to assess the needs. The vendors evaluated home modifications such as a bathroom remodel, a lift for a van or vehicle, ramps to access a home, and some smaller equipment

needs to shower independently. This program had a waitlist. The ADSD prioritized access to this program based upon functional or physical needs or the risk of persons being forced to move out of their own homes because they could not care for themselves without the modifications. The ADSD based the budget request on a 4 percent increase supported by historical data including the cost-per-eligible. The ADSD requested additional funding to reduce the wait-time, but could not eliminate the waitlist for this program.

In response to a question from Chair Carlton, Ms. Gerber-Winn said the agency looked at the wait-times. The date the modification was completed was used as the performance measure. That date had nothing to do with the services that had not been delivered. As an example, sometimes it took a while to complete a ramp that would allow the disabled homeowner access to the home. It took time to receive three bids to install a ramp, evaluate the bids, select the best bid, and have the work completed by the successful vendor. The nature of the work may cause some delays.

Chair Carlton said the Subcommittees must remember the United States Supreme Court decision *Olmstead v. L.C.*, 527 U.S. 581 (1999) when considering the services provided and the ability of persons to live independently. She wondered whether COPE helped persons remain independent.

Ms. Gerber-Winn replied that COPE helped because persons accessing ADSD programs were at risk of being unable to continue to live at home independently. It was reasonable to address a consumer's needs within 90 days, but that did not mean that the service was complete in 90 days. It meant that ADSD acknowledged that the person needed help, and ADSD was processing the case for approval of needed services.

Chair Carlton said it would be helpful to understand when a project started and when a project finished and that might not be the ending date. She wanted to know the initial date when ADSD recognized the need and took the first step to address the need. It might take time to build a modification. The initial first step date would be of interest to the Subcommittees and not the final date. The members could evaluate and study the additional funding needed to reduce the time before the initial first step was taken.

Ms. Gerber-Winn referred to page 5 of Exhibit C that showed the need for ADSD to provide consistent caseload projections, information, and data points.

The agency knew it must keep its performance measures simple. It was hard to explain and hard to understand information about COPE.

Ms. Gerber-Winn testified that decision unit Enhancement (E) 275 requested funds for services for children diagnosed with Autism Spectrum Disorder. The request was shown on page 28 of Exhibit C. The ADSD wanted to increase the caseload from 137 to 341 children families served and by the end of the 2013-2015 biennium. The funding mix included General Fund and tobacco settlement funds. The ADSD request would not eliminate the waitlist but would serve the highest priority cases on the waitlist. The common theme was intake; the agency would assess persons and try to help families understand services and available solutions for the child. Some of those individuals would be placed on the waitlist. The ADSD assisted all families requesting information.

Senator Smith stated that she studied the budgets in the past and thought the lack of funding for autism was unfortunate. It was good to see Nevada had made progress. She asked for comments about the effects of decisions of the 76th Session (2011). She was not satisfied with the continuation of the waitlist but was pleased progress had been made.

Ms. Gerber-Winn said that ADSD had worked hard to solidify the tiers of autism service that had been a pilot project for the past several years. The agency addressed service needs on a comprehensive level including the benefits of wraparound private insurance. The ADSD worked with the Division of Insurance, Department of Business and Industry, to gain access to private insurance for consumers. The ADSD advocated for change and had case managers who were skilled at obtaining insurance benefits for consumers and finding providers for behavioral assistance.

Ms. Gerber-Winn reported that ADSD tried to estimate a cost-per-eligible. As the caseload grew, there would be more data to develop a more accurate cost-per-eligible. Unfortunately, one outlier cost could skew the results of what ADSD paid for the cost-per-eligible for each tier of service. The Division tried to build a comprehensive, specific set of levels of care. The agency developed a plan to recruit providers who understood the complex needs of children with autism. The ADSD wanted to provide persons with information before services were needed, as well as facilitate entry into the service model when they needed services. It was rewarding work and there was more work to do.

In response to a question from Assemblyman Sprinkle, Ms. Gerber-Winn replied that ADSD could project a cost for each tier after it gathered more expenditures and history. The staff would improve estimates of costs for each level of care. The formal billing process was new to staff, and currently the vendor could pay claims for behavioral interventionists. There would be better data to project costs and more years of history tracking costs of the program. It was unknown how the Affordable Care Act (ACA) would affect the cost-per-eligible. Staff may help clients qualify for other forms of care or insurance, and that would affect the cost of the program. The Division would work to gain a better understanding of what would affect the cost-per-eligible, but it may not be able to accurately project the cost-per-eligible. That cost would depend on the person, what specific services were needed, and what insurance or other benefits were available to the person.

In response to a question from Assemblyman Sprinkle, Ms. Gerber-Winn replied the effect of the ACA was unknown, and healthcare reform could create better access to care for persons. The essential healthcare benefits may or may not include the behavioral services. Nevada had a law that required insurance companies to fund certain levels of service for children with autism. Essential healthcare benefits may include some of those levels of service. It would be difficult to predict what one person's insurance might cover versus what another person's insurance might cover because coverage depended on the insurance plan. The staff would have to become experts on insurance plans. Healthcare benefits would be available, but many of the services provided by ADSD were not common and not covered as essential healthcare benefits.

Chair Carlton stated that the Subcommittees understood that ADSD staff were not actuaries and must use historical usage information to make projections of future costs. One outlier case could skew the results of a projection model. The Division of Insurance, Department of Business and Industry, and the Silver State Health Insurance Exchange had studied the effects of ACA on healthcare benefits for children up to the age of 26 years. The mental health care component added to the difficulty of projecting costs. She wondered how many children were currently being served.

Ms. Gerber-Winn replied the budgeted caseload was 137, and ADSD was serving 137 in the Autism Treatment Assistance Program (ATAP).

In response to a question from Senator Kieckhefer, Ms. Murphy said ADSD looked at the cost to eliminate the waiting list; worked with the Budget Division,

Department of Administration; and estimated the cost at about $5 million over the biennium.

Ms. Gerber-Winn explained decision unit E-710 requested replacement of computer hardware and associated software in accordance with the recommended replacement schedule. Decision unit E-711 requested funding for voicemail for 36 positions in the Reno office. Decision unit E-804 requested funds for an internal cost allocation for support services. Decision unit E-805 reclassified a social services manager 1 to a social services manager 2 and a social worker 2 to a social services manager 2 for the Elder Protective Services (EPS) program. This reclassification matched the infrastructure of the HCBW program that had one manager in the north and one in the south. The EPS growth occurred because the Interim Finance Committee in October 2010 approved an additional 11 staff to transition Clark County Social Services to the state, doubling the number of direct reports. The ADSD office in the south had no onsite manager but had the largest caseload. The agency expended time and effort to develop caseload ratios, train staff, and serve additional needs of elderly persons who were vulnerable to abuse, neglect, and exploitation. The Division offered some services to mediate the most severe problems of the elderly population. The ADSD would work with the Division of Human Resource Management, Department of Administration, to properly classify the positions according to the duties.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that ADSD had one social services manager 1 in the north and wanted that position upgraded to a level 2 because of the complexity of the caseload and additional duties in policy and program development. In the south, ADSD had added staff and had four to five units of five to seven employees in each unit. The span of supervision was too large. The ADSD had a large amount of program growth. The manager in the north worked more on policy development and contract problems. The new position would facilitate access to specialty providers for psychiatric evaluations and temporary placements. The manager in the south would address the daily operations. The manager in the north also covered the Elko populations and had to travel greater distances. The agency equalized the workload, but both positions worked hard.

Ms. Gerber-Winn explained decision units E-900 and E-901 transferred positions between the Federal Programs and Administration budget account (BA) 3151) and the Home and Community Based Services account (BA 3266) to align positions with the proper budget account.

In response to a question from Chair Carlton, Ms. Gerber-Winn replied that the technology project was completed to provide information to the Subcommittee on Traumatic Brain Injuries (TBI). The Division developed a consumer-facing website portal to provide information and assistance to persons based on medical conditions. The website had information on respite, which was a big federal initiative. Information was provided on the Senior Health Insurance Assistance Program and other services available to persons who were caregivers. The website provided training and learning modules to help persons learn how to provide care. The ADSD recommended the use of this website to provide information on TBI. The agency heard that traumatic brain injury was often undiagnosed in older persons. It could be misdiagnosed or disguised as other illnesses. The website provided assistance on how to deal with behavioral problems related to care delivery. The agency wanted to add to the infrastructure and expand the website. The Division could not serve every TBI patient, but could help family caregivers serving those with TBI to learn where to start providing care and prepare for whatever was coming next. The ADSD had historical experience in delivering information. The website project would provide information to persons to access care. The ACA would probably increase the caseload but would provide additional benefits resulting in fewer persons using the current service delivery system. The agency did not believe TBI services would be eliminated, and some TBI care would still be needed. The funds requested were used for persons who had no other pay source. Money used to fund technology projects would reduce funds available for providing care.

Chair Carlton expressed concerns about shifting money from providing care to enhancing technology. It was important to the long-term recovery of a person to obtain services within the first few months of receiving a traumatic brain injury. She believed that funding care should be first and technology should be second. She was concerned about those persons who would not receive care.

Ms. Gerber-Winn explained the TBI program did not have a waiting list at this time. Access to care had been stable. The ADSD projected a decreased demand for access to care. The agency intended to improve access to information that assisted a caregiver and helped persons plan for care. These services addressed the lingering effects of TBI and were normally available at the end and not at the beginning of a rehabilitation path. Insurance generally covered the care needed at the beginning of a rehabilitation path.

In response to a question from Assemblyman Sprinkle, Ms. Murphy said 51 persons were served in the TBI program in FY 2012.

Chair Carlton said she would open the hearing for public comment about autism because there had been concern expressed about autism during the last several years. Later, the Subcommittees would return to the budget portion of the hearing and begin with BA 3276 for Individuals with Disabilities Education Act (IDEA) Part C.

Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders, presented Exhibit D and testified that she was a member of the federal Interagency Autism Coordinating Committee. She read her prepared testimony (Exhibit D). She thanked the Legislature for its past support. She believed that an additional state staff position should be funded for the Autism Treatment Assistance Program (ATAP). She stated that 137 children were served by ATAP, and The Executive Budget provided funding for an additional 100 children to be served by ATAP. Children who received early treatment could achieve near-normal functioning. She urged additional support for autism programs.

Mary Liveratti, former Administrator, Aging and Disability Services Division, Department of Health and Human Services, testified that she was a member of the Nevada Commission on Autism Spectrum Disorders. She said one of the problems with insurance was the pool of providers. The ATAP had about 400 behavior intervention specialists who worked individually with each child with autism. There were only about 40 to 50 of those providers who were certified autism behavior interventionists (CABI). The insurance companies required the use of CABI to provide services to the autistic children. Ms. Liveratti worked with the health insurers to try to overcome that restriction by encouraging more providers to become certified to increase the number of available providers. Access to care was a problem for families with children diagnosed with autism.

Kimberly Abbott, private citizen, read her prepared testimony presented as Exhibit E. She spoke about her son who began receiving ATAP services when he was two years of age. She recalled the improvements her son made because of ATAP services. Her son was now five years of age with few signs of autism and attended a typical classroom with typical children. She emphasized the importance of providing early care for autism, constant parental

involvement, and financial assistance from ATAP. She urged continued support for ATAP.

Gordon Gilbert, private citizen, testified that he had two children diagnosed with Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS). One child was high functioning and the other child had more severe delays. The child with severe PDD-NOS had received ATAP support. As a family who received services from appropriations for ATAP, he felt it imperative that he emphasize the benefits of ATAP. He talked about the problems with insurance denials and appeals. The insurance company approved limited services for his child, and only covered a small portion of what was necessary.

Mr. Gilbert said the best practices for treatment of autism recommended 30 to 40 hours of intensive behavioral therapy each week. Unfortunately, insurance did not pay for that service. Without the support of ATAP, his son would not be receiving the services he needed. The ATAP provided a means to augment the small amount of services insurance provided. His son's therapy increased from about 6 to 8 hours covered by private insurance up to about 25 hours of therapy covered by ATAP. Those figures excluded the services his son received at school. His child also received in-home services that produced the most positive results.

Mr. Gilbert commented that he was out of work for a short period of time, and during that time, ATAP bridged the gap in insurance coverage and maintained the continuity of services for his son. Without ATAP, he would be unable to provide his son with the possibility of the best outcome. Since his son received the first diagnosis of autism spectrum disorder, the prevalence of this neurological disorder had increased from 1 in 150 to 1 in 88 children. A recent study in Korea showed that 2.5 percent of the population would be diagnosed with PDD-NOS. Only 137 children were currently covered by ATAP, and there were more on the waitlist. He would like to see the waitlist eliminated because the earlier treatment was received, the better the potential outcome. The cost to provide long-term care to a person with autism from the age of 18 years until death was between $3.2 million and $8 million.

Mr. Gilbert continued that his son was nonverbal until four years of age. He was one of the beneficiaries of ATAP. About a week ago, his son approached Mr. Gilbert and initiated a conversation. It was rare for a child with autism to initiate a conversation. His son said, "Dad, guess what, I am all wet." Mr. Gilbert was overjoyed that his son initiated a conversation. His son had

rarely said the word "Dad." The fact that his son engaged him in conversation was a direct result of the behavioral services funded through ATAP. Without those services, Mr. Gilbert would not hear his son calling him "Dad." Mr. Gilbert had a middle-class family and fought an uphill battle every day to obtain services. Many other children would not receive the needed services without ATAP. The services funded by ATAP were essential services and were necessary to save the children. The ratio of boys diagnosed with autism versus girls was 2:1. Our country was losing certain young men because of autism. Mr. Gilbert asked the Subcommittees to consider the long-term aspects of this condition and increase the funding to remove the waitlist.

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
IDEA PART C (101-3276)
BUDGET PAGE DHHS-ADSD-59

Tina Gerber-Winn, Deputy Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, referred to page 33 of Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," that showed the details of budget account (BA) 3276, which funded the Individuals with Disabilities Education Act (IDEA) Part C Office. Decision unit Enhancement (E) 710 requested replacement computer hardware and associated software per the recommended replacement schedule. Decision unit E-711 requested funding for voicemail for two positions in the Reno office. Decision unit E-804 requested funding for an internal cost allocation for support services. The staff funded in BA 3276 provided oversight for Nevada Early Intervention Services (NEIS). The IDEA Part C Office had transferred several times over the last five years in response to concerns about its dual roles of service delivery and monitoring and compliance of NEIS. The Part C Office applied for the federal grant and the agency received $4,445,269 in fiscal year (FY) 2012. That grant would be reduced by 5.1 percent.

Ms. Gerber-Winn said staff must confirm that NEIS complied with 14 quality assurance measures. The NEIS must certify that children received service within 45 days of acceptance and must have a qualified pool of providers to address the needs of children assuring that the child developed and improved after the services were delivered. One of the problems was evaluation of how NEIS guaranteed it was properly judging its own performance.

The ADSD currently judged some of its other programs. The ADSD had several waivers and was obligated to provide quality oversight of its programs. The agency needed to assure that the provider qualifications were clear, the contracts were clear, and the direct service staff provided oversight of the delivery of services. It was customary to measure and judge ADSD's quality assurance measures.

Ms. Gerber-Winn said there had been growth in NEIS, and the Division must acknowledge the need for staff to understand the quality assurance principles and monitor the daily services instead of merely the annual review that was required. The staff would complete all the quality assurance measures. The rules of the NEIS program were complex. The need to respond quickly was an important requirement, and response times would be improved after the integration. The roles would be more defined, and it was normal to have quality assurance management and service delivery under the same umbrella agency.

Chair Carlton wondered about the appropriateness of combining service delivery and monitoring and compliance in one agency. It was important that the Subcommittees were informed about the safeguards and walls that would be put in place to ensure that independent monitoring of NEIS would remain at the highest caliber.

Ms. Gerber-Winn replied that ADSD contracted with the University of Nevada, Reno to complete annual surveys of NEIS participants and their families. That survey process was independent of the agency. The ADSD used that information to determine where the agency was deficient, where there were areas that needed improvement, and opinions about the services provided. The ADSD continued to use survey results to monitor its programs. Self-criticism was difficult but was something that the agency must complete. The parent surveys were independent of the agency and would continue.

Chair Carlton wanted to ensure that there would be a discussion about private contractors as NEIS changed. It was hard for the agency that proposed use of private contractors to be critical of its own proposal. The Subcommittees must ensure that any problems were addressed as early as possible. It was crucial to be objective and study the outcomes of the children and the contractors. It was often difficult to address a problem that was created by something that one proposed. The Subcommittees must build in those safeguards.

Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services, testified that there would be a direct line of authority in separate areas to maintain objectivity. The Part C services were supervised by Tina Gerber-Winn. If this integration was approved, the NEIS program would be supervised by Michele Ferrall, who currently served as the Deputy Administrator, Division of Mental Health and Developmental Services, Department of Health and Human Services.

Chair Carlton said there were no major problems with this budget account. She had reviewed the decision units and had no other concerns. She said the Subcommittees would begin the review of the regional centers budget accounts. She wanted to start with the basic overview of the major problems and would reschedule the remaining budget accounts for another day.

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
RURAL REGIONAL CENTER (101-3167)
BUDGET PAGE DHHS-ADSD-75

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
DESERT REGIONAL CENTER (101-3279)
BUDGET PAGE DHHS-ADSD-83

HUMAN SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
SIERRA REGIONAL CENTER (101-3280)
BUDGET PAGE DHHS-ADSD-94

Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services, began a general discussion about the three regional centers in Nevada that provided developmental services. The Rural Regional Center served all rural areas in Nevada except Clark County and small portions of Nye, Lincoln, and Washoe Counties. The Desert Regional Center served all of southern Nevada including Clark County and portions of Nye and Lincoln Counties. The Sierra Regional Center served Washoe County. Desert Regional Center

included an intermediate-care facility, which served 48 persons. Developmental services included psychological services, family support, residential services through the supported-living arrangements, and jobs and day-training services. The overarching workload problem developed because of failure to fund caseload growth during the last two biennia.

Ms. Gruner explained that another problem was the complexity of the needs of individuals requesting and receiving services in the intermediate-care facility in Las Vegas. She referred to page 35 of Exhibit C, "Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation," which explained decision unit Maintenance (M) 200 for budget accounts (BA) 3167 [Rural Regional Center], BA 3279 [Desert Regional Center], and BA 3280 [Sierra Regional Center]. The population had shifted away from rural areas, and new growth was located in the urban areas, mainly Las Vegas. The downturn of the economy caused families to move to urban areas to find work or additional services. Decision unit M-200 supported the agency's request to restore legislatively approved caseload ratios. The overworked staff continued to serve all eligible individuals. No person had been placed on a waiting list because the staff assumed a larger caseload.

Ms. Gruner referred to BA 3167 [Rural Regional Center] and decision unit M-200 that requested funding to provide services needed by consumers. The consumers received service coordination but were waiting for other services such as supported living or jobs and day-training. The Desert Regional Center (BA 3279) requested an additional 41 positions. That request included 20 developmental service specialists 3 who performed the case-management function, 3 developmental specialists 4 who provided supervision, 1 mental health counselor who would be a behavior specialist to assist treatment teams in developing appropriate programs for persons with significant complex needs, 2 nursing positions, and 15 administrative support personnel to build the infrastructure to support the complete array of services offered at the regional centers. Ms. Gruner commented that BA 3280 funded the Sierra Regional Center and requested 3.51 full-time-equivalent developmental specialist 3 positions.

Chair Carlton said the integration portion of the budget was of concern. Studying the caseload growth caused her to wonder where the new positions for the Aging and Disability Services Division would be located. She also wondered how the new positions would be managed.

Ms. Gruner explained the new positions requested in each budget account would remain in those budget accounts. These new positions were not located in the new integrated Division but would be located in the regional centers.

Janet Murphy, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, testified that the majority of the new positions requested in the budget for the 2013-2015 biennium would remain in the Division of Mental Health and Developmental Services. There were a few positions that would be integrated. Two information technology (IT) positions would be integrated because the Division was centralizing IT services, and those positions would become part of the centralized IT services section. One human resources position would be part of the integration because ADSD was centralizing its human resources section and the position would be located in Las Vegas. The other new positions would be located at the Desert Regional Center.

In response to a question from Chair Carlton, Ms. Gruner replied the staff had exceeded the caseload ratios. The agency would prioritize the new positions. The highest priority would be the developmental service specialists who performed the service coordination and provided direct services to consumers. It was essential that staff members had the support needed to do their jobs.

In response to a question from Chair Carlton, Ms. Gruner replied she was confident that the agency would be able to hire the new positions. Developmental services was a good place to work and had a low turnover rate.

Senator Smith wondered about the 41 new positions and asked for information about the nursing and administrative positions that were not a normal part of the caseload management staff.

Ms. Gruner responded that the nursing positions would be part of the caseload management staff to address caseload growth. There was a caseload ratio of 220:1 for the nurse positions. The administrative staff historically was not part of the caseload management staff. Decision unit M-200 was requested to compensate for the lack of funding and staff for caseload growth during the past several biennia. The new administrative positions would support the service coordination at the Desert Regional Center.

In response to a question from Senator Smith, Ms. Gruner agreed to work with the Legislative Counsel Bureau Fiscal Analysis Division staff to provide documentation to understand the caseload growth at the regional centers.

Senator Smith stated the caseload budgeted for the Sierra Regional Center was 706 clients, but the actual caseload served was 597 clients. She expressed concern about the difference and wanted to ensure the agency addressed the difference with the Fiscal staff.

Ms. Gruner suggested the Subcommittees refer to page 36 in Exhibit C that listed the caseload for each of the three regional centers. Every consumer was assigned a service coordinator in the regional centers, making it easy to determine the caseload for each center. As of June 2012, the Rural Regional Center served 645 clients; the Desert Regional Center served 3,776 clients; and the Sierra Regional Center served 1,216 clients.

Chair Carlton asked about some of the integration problems. She wondered whether it was common to combine aging services with developmental services into one agency.

Ms. Gruner replied that in the last five years, there had been a number of states that had consolidated aging services and developmental services, which included Kansas, Oregon, and Washington. Louisiana was in the process of integrating similar services including early intervention. Other states had placed services into an integrated group including vocational rehabilitation. It appeared that states studied the allocation of funding and determined where efficiencies might be found in combining services. A senior citizen seeking personal assistance would use a similar provider type as the developmental services consumers.

Chair Carlton wondered how many persons transitioned from early intervention services to developmental services.

Ms. Gruner replied that transitions did not occur as frequently as she expected. A large number of consumers might be eligible for services. Some families transitioned from early intervention services into services provided by the schools. Children received their services directly from the schools, and they did not access developmental services until later in the life cycle. About 25 percent of the consumers would transition immediately.

In response to a question from Chair Carlton, Ms. Gruner replied the largest barrier to receiving developmental services was whether the testing had been completed for the client. The Division was working to ensure it understood the necessary protocols for clients to complete the transition directly into developmental services. The agency had worked on the transition criteria. During the last six months of a person's program at NEIS, the agency would work on the individual transition plan, so if the person qualified for developmental services, that person would transition directly into the developmental services system.

In response to a question from Assemblyman Sprinkle, Ms. Gruner replied that she thought there was a life cycle for a family as well as an agency. When families received early intervention services for several years, many families were ready for a period of a normal life, without the need for constant appointments for services. She thought the smooth transition would allow for more preventative care. Some families were unaware that there was a service that could support them and required fewer appointments than early intervention services. A smooth transition would allow families to understand what services were available and access the services when the services were needed and would not require additional applications or tests for eligibility. If the family indicated an interest in the service, they would receive the information.

In response to a question from Assemblyman Sprinkle, Ms. Gruner replied that consumers lacked an understanding of all the available services such as respite care that they may not have considered. Developmental services had an intermediate program for families and young children that provided a set allocation of services, and a family was allowed to purchase additional evidence-based services for the child. The intermediate program was not as robust as the program provided by NEIS, but it provided a continuity of service support to maintain the skills already developed by the child. Aligning the services and policies would improve access.

Chair Carlton said additional questions must be asked about developmental services provided by the regional centers; therefore the Subcommittees would reschedule the remaining budget accounts for another hearing.

Chair Carlton opened Public Comment.

Janice R. Ayres, Executive Director, Nevada Rural Counties Retired and Senior Volunteer Program (RSVP), testified that 15 rural counties participated in RSVP over the past 40 years. She began attending the legislative sessions in 1969 and had advocated for aging services for 35 years. The ADSD had made improvements and provided good services. The RSVP was a nonprofit agency. The ADSD partnered with 75 nonprofit agencies with 1,600 volunteers, who provided services to allow seniors to live independently at home. The RSVP concentrated on giving seniors the extra help needed to stay at home. The services included respite care, senior companions, legal services, and transportation. There was a "tsunami of aging" coming to Nevada. She thought ADSD planned to address this tsunami with its own staff and by partnering with agencies such as RSVP. She saw improvement in working with ADSD to maximize the benefit for the money spent. The nonprofit agencies were funded with grants for independent living. The automatic across-the-board cuts known as sequestration, necessitated by the Budget Control Act of 2011, would reduce funding to RSVP. The RSVP worked closely with ADSD, and the programs worked together to serve the seniors in Nevada. She wanted to ensure that the independent living grants remained available. Funding partner agencies was cost-effective, and she was pleased to see the tobacco settlement funds dedicated to senior services.

Susan Haas, Director of Marketing and Development, Nevada Rural Counties Retired and Senior Volunteer Program (RSVP), testified that working with ADSD had been beneficial to maximize the benefits for seniors. She worked with volunteers and believed it was a cost-effective program.

Edward Guthrie, Executive Director, Opportunity Village, presented Exhibit F and testified that Opportunity Village was a community training center that provided assessment, training, and employment services for persons with intellectual disabilities. Opportunity Village was a place where persons with autism sought services when services had not been provided in early childhood or when services failed to improve a person's functional outcome. About 47 percent of the children who received early intervention services became near normal, and the other 53 percent required vocational services or other supports. Those were the consumers who received services from Opportunity Village. In 2012, 1,695 persons received assessment, training, and rehabilitation services from Opportunity Village.

Mr. Guthrie commented that he was interested in the integration of ADSD and thought integration would work well for persons with intellectual disabilities.

He thanked the legislators for support. Persons with autism and intellectual disabilities were unable to communicate their needs. There were many champions of the needs of the disabled, including Chair Carlton and Governor Brian Sandoval.

Mr. Guthrie continued that the jobs and day-training services was one of the best programs for leveraging money. Every dollar that came from the General Fund was matched with a dollar from Medicaid, and those funds were given to partner nonprofit agencies. Opportunity Village served all the meals to the personnel at Nellis Air Force Base and hired persons with disabilities to serve those meals. Opportunity Village was one of the larger document destruction firms in southern Nevada and hired persons with disabilities. The money from the budget helped provide the extra support and supervision that those persons needed to be successful in their jobs. The $1 received from the General Fund and the $1 received from the federal sources, such as Medicaid, were leveraged to generate another $8 of private money. More than half of the funds were contract revenue, but another 25 percent of the budget for Opportunity Village was generated from fund-raising events.

Mr. Guthrie explained that the biggest problem was the waiting list for services for children transitioning from school services. There were over 400 persons between the ages of 19 and 21 years who would be eligible for services. No growth was funded during the last two biennia, and that caused the waiting lists to grow for jobs and day-training services. The jobs and day-training services allowed a family to keep the child at home and allowed caregivers to continue to provide care for their family members.

Mr. Guthrie continued that that there had been no rate increases approved since the 2006 budget for developmental services. Lack of provider rate increases made it more difficult to hire and retain good staff at Opportunity Village.

Connie McMullen testified that she chaired a subcommittee of the Nevada Commission on Aging that had provided strategic planning for seniors over the last decade. The strategic plan was coming to a close in 2013. The state was facing a rapidly aging population. She supported the proposal that her subcommittee update the strategic plan. She expressed concerns and wanted the update to be completed in a thoughtful, mindful way with everyone involved. She thought it could be done before this session ended. She expressed concerns about the community-based services that were

short 20 slots because the caseload had increased. Services were still underfunded because of the cuts over the past two biennia.

Keith Uriarte, Chief of Staff, American Federation of State, County, and Municipal Employees (AFSCME), AFL-CIO Local 4041, thanked the Subcommittees for their questions. The answers to those questions were troublesome. A Part C audit was completed in January 2013 of a community provider, and he believed the Department of Health and Human Services failed to take appropriate action. The comment was made that all of the concerns of the audit were complied with and he challenged that statement. The NEIS staff was directed to send children to a community provider without verification that all the problems in the audit had been corrected. The ATAP should be about the children, and the program was not about children right now.

Chair Carlton directed staff to reschedule the remaining four budget accounts, including Family Preservation Program (BA 3166), Rural Regional Center (BA 3167), Desert Regional Center (BA 3279), and Sierra Regional Center (BA 3280), for another hearing because of a lack of time.

There being no further public testimony or other business before the Subcommittees, Chair Carlton adjourned the meeting at 11:07 a.m.

RESPECTFULLY SUBMITTED:

_____
Janice Wright
Committee Secretary

APPROVED BY:

_____
Assemblywoman Maggie Carlton, Chair

DATE: _____

_____
Senator Debbie Smith, Chair

DATE: _____

EXHIBITS

Committee Name: Assembly Committee on Ways and Means

Date: March 13, 2013 **Time of Meeting: 8:05 a.m.**

Bill	Exhibit	Witness / Agency	Description
	A		Agenda
	B		Attendance Roster
	C	Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services	Department of Health and Human Services, Aging and Disability Services Division, SFY 2013-2015 Budget Presentation
	D	Jan Crandy, Chair, Nevada Commission on Autism Spectrum Disorders	Prepared Testimony
	E	Kimberly Abbott, Private Citizen	Prepared Testimony
	F	Edward Guthrie, Executive Director, Opportunity Village	Prepared Testimony