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

Seventy-Eighth Session
March 6, 2015

The joint meeting of the Assembly Committee on Ways and Means and Senate Committee on Finance Subcommittees on Human Services was called to order by Chair James Oscarson at 8:05 a.m. on Friday, March 6, 2015, in Room 3137 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. The meeting was videoconferenced to Room 4401 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: www.leg.state.nv.us/App/NELIS/REL/78th2015. In addition, copies of the audio or video of the meeting may be purchased, for personal use only, through the Legislative Counsel Bureau's Publications Office (email: publications@lcb.state.nv.us; telephone: 775-684-6835).

ASSEMBLY SUBCOMMITTEE MEMBERS PRESENT:

Assemblyman James Oscarson, Chair
Assemblywoman Jill Dickman, Vice Chair
Assemblyman Derek Armstrong
Assemblywoman Maggie Carlton
Assemblyman John Hambrick
Assemblywoman Marilyn K. Kirkpatrick
Assemblyman Michael C. Sprinkle
Assemblywoman Robin L. Titus

SENATE SUBCOMMITTEE MEMBERS PRESENT:

Senator Mark Lipparelli, Chair
Senator Ben Kieckhefer
Senator Aaron D. Ford

STAFF MEMBERS PRESENT:

Cindy Jones, Assembly Fiscal Analyst

Mark Krmpotic, Senate Fiscal Analyst
Stephanie Day, Principal Deputy Fiscal Analyst
Mandi Davis, Program Analyst
Janice Wright, Committee Secretary
Cynthia Wyett, Committee Assistant

The Committee Assistant called the roll and all members were present.

Chair Oscarson reminded the Subcommittees, witnesses, and audience members of the rules and protocols. He announced that room 3142 was the overflow room and asked that persons in the overflow room come to room 3137 to testify. He knew many persons were present to testify, and he would expedite the meeting to hear public comment. Chair Oscarson stated that he appreciated all the persons who spent the time and effort to be present. The Subcommittees would review the budget materials before hearing public comment.

HUMAN SERVICES
AGING AND DISABILITY SERVICES
HHS-ADSD - SENIOR Rx AND DISABILITY Rx (262-3156)
BUDGET PAGE DHHS-ADSD-16

Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services, presented "Aging and Disability Services Division, Budget Presentation" (Exhibit C) and introduced her staff. She presented an overview of the agency and explained that after the 2013 Session, the Aging and Disability Services Division (ADSD) merged with the early intervention and developmental services sections into the current ADSD. The Division's vision was to integrate services and make a seamless, accessible system. The process began with a steering committee to create a strategic integration plan to guide ADSD. The steering committee received feedback and input from constituents using surveys from consumers, staff, and provider partners. The ADSD held focus groups and town hall meetings across the state to gather input, which was used to create a five-year strategic plan based on collaboration, communication, and commitment.

Ms. Gruner referred to slide 2 of Exhibit C that showed the organizational structure of ADSD. She explained the ADSD mission, vision, and philosophy shown on slide 3 of Exhibit C. The mission was shortened during the last two years to, "We serve people."

Ms. Gruner advised that ADSD created five critical aspects for its strategic plan:

1. Diversify funding streams to reduce reliance on the State General Fund.
2. Create a person-centered framework throughout ADSD.
3. Use evidence-based practices.
4. Develop and report on outcomes for individuals.
5. Create a system to recruit and train a qualified workforce.

Ms. Gruner explained the strategic plan required ADSD to create policy workgroups to consolidate and standardize the policies that crossed all service areas and met the individual needs of each program. Each program had policies that guided the program to serve the unique needs of its consumers. The ADSD employed a new service coordination computer system for developmental services and would combine both the autism treatment assistance program and the early intervention program in a future biennium. The ADSD integrated the fiscal, information technology, and personnel staff.

Ms. Gruner called the Subcommittees' attention to the outcomes noted in green print on the bottom of various pages of Exhibit C. Consumers could expect those outcomes from ADSD. The strategic plan was used as a guide in building the budget.

Ms. Gruner cited some of the Division's accomplishments over the last two years. The ADSD had completed its overall strategic plan, which was posted on its website; completed a strategic plan for autism services and Alzheimer's disease; and contributed to the Governor's Behavioral Health and Wellness Council.

Chair Oscarson asked the Fiscal Analysis Division, Legislative Counsel Bureau, staff to reschedule several budget accounts and indicated the last budget account to be heard today would be budget account (BA) 3208 for Early Intervention Services. He wanted to allow sufficient time to accommodate the public comments. The remainder of the budget accounts would be rescheduled later in the week. He noted that there was a considerable amount of public comment regarding early intervention services and home and community-based services. The Subcommittees would hear four budget accounts listed on the agenda to give persons the opportunity to know exactly when public comment would be opened.

Ms. Gruner continued with her overview and stated that ADSD was in the midst of completing an Olmstead plan update [a U.S. Supreme Court decision *Olmstead* v. L.C., 527 U.S. 581 (1999), relating to services under the Americans with Disabilities Act] that should be finished by the end of April. An integrated employment task force would develop a three-year, five-year, and ten-year strategic plan to provide integrated employment opportunities for individuals with developmental disabilities. The ADSD collaborated with its sister agencies at the Department of Health and Human Services; Bureau of Vocational Rehabilitation, Rehabilitation Division, Department of Employment, Training and Rehabilitation; Department of Education; local governments; Governor's Council on Developmental Disabilities; and its system partners to find innovative solutions to the challenges faced by the consumers. The ADSD received a grant to fund person-centered planning and begin a "train-the-trainer" model to pass down to all its providers.

Ms. Gruner said ADSD organized two statewide conferences around the theme of "mission possible." The conferences focused on community collaboration and innovation. The ADSD launched evidenced-based pilot programs in each of its major programs, including behavioral therapy, early intervention, integrated employment pilot projects for developmental services, and services to support dementia-capable systems for seniors.

Ms. Gruner noted that ADSD focused on diversifying some of its funding streams by applying for grants. The agency received a grant for Alzheimer's disease support systems to create a dementia-capable system of care. The ADSD received a lifespan respite grant and a "no-wrong-door" grant to improve access to services for consumers.

Ms. Gruner said ADSD worked with Medicaid on a balanced incentive payment program designed to create a stronger support system for long-term services. The Division expanded the child-care development program to support integration of infants and toddlers with disabilities into regular community child-care centers. The ADSD proposed to integrate the physical disabilities waiver and its staff into ADSD during the 2015 Session.

Julie Kotchevar, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, testified that slide 6 of Exhibit C showed the core functions of ADSD. Slide 7 of Exhibit C showed the funding request breakdown for the 2015-2017 biennium separated by sources of funding and by programs. Three revenue sources were used to pay for services for an average of over 14,000 consumers each month across their lifespan. Slide 8 of Exhibit C showed the major budget initiative for autism treatment funding that was shared with the Division of Health Care Financing and Policy, Department of Health and Human Services. The ADSD requested budget authority to serve an additional 264 children over the 2015-2017 biennium, increasing the caseload for the Autism Treatment Assistance Program (ATAP) to 836 children by the end of fiscal year (FY) 2017.

Continuing, Ms. Kotchevar explained that budget account (BA) 3156 funded the state pharmaceutical assistance program, known as the Senior Rx and Disability Rx program. The program helped low-income seniors and persons with disabilities obtain essential prescription medications by subsidizing the costs of medications and helping with the monthly premium payments for Medicare Part D plans for individuals who were eligible and a cost-sharing benefit for those who were not. The outcome was uninterrupted access to essential medications permitting seniors and persons with disabilities to remain healthy and independent in the community.

Ms. Kotchevar explained the three decision units in BA 3156. Decision unit Enhancement (E) 710 replaced $2,287 of computer hardware and software in FY 2016 based on the Division of Enterprise Information Technology Services (EITS), Department of Administration, five-year replacement schedule. Decision unit E-276 requested an increase in accordance with available funds in the Fund for a Healthy Nevada based upon projected need. Decision unit E-902 transferred a management analyst from BA 3156 to BA 3151 to better align the funding.

In response to a question from Chair Oscarson about elimination of the dental portion of the program, Ms. Kotchevar replied that the dental program was underutilized. She said that the program received good outcomes, but was underutilized because the need far exceeded the amount of benefit that could be funded. There was a significant increase in the cost of pharmaceuticals, and the Division needed to refocus on the primary function of the program, which was to provide prescriptions.

Chair Oscarson asked whether there was a plan to provide dental benefits in the future. Ms. Kotchevar responded that ADSD looked to provide dental benefits when future funding allowed. The Division had to collaborate with the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services, to structure a program. The ADSD completed the largest oral health surveillance ever done on the senior population and obtained good data. She indicated that the ADSD needed to use that data to create a more targeted program to provide the level of services needed by the senior population.

Chair Oscarson asked what amount of funding would be required to eliminate the waitlist, and Ms. Kotchevar replied there was no waitlist for the Senior Rx program, but there was a waitlist for the dental program that was being proposed for elimination.

In response to a procedural question from Assemblywoman Kirkpatrick, Chair Oscarson explained the Subcommittees' plan was to review the individual budget accounts and ask questions related to each budget account as it was presented. Ms. Gruner had completed her general overview, and Ms. Kotchevar would continue to present each budget account.

Assemblywoman Carlton said the problem with the dental program was the underserved senior population needed more dental services than $1,000 of care per person would provide. Many seniors needed dental care, but there were insufficient funds to pay for all the dental services needed.

Ms. Kotchevar said the Division opened the dental program to any eligible senior. The problem was the senior could only spend $1,000, and that was not enough to cover the needed services. Typically, a new pair of dentures cost $5,000. In the second year of the dental program, even fewer seniors used the program because they already knew their needs would cost more than the $1,000 per senior allowed. Ms. Kotchevar reiterated that the dental program was underutilized now. However, the program provided dental services related to infections and pain. Seniors reported a significant reduction in pain related to dental problems. The dental program was only funded to provide emergency triage for dental patients and not to serve their long-term oral health needs.

In response to a question from Assemblyman Sprinkle about the elimination of the dental program, Ms. Kotchevar replied that the Division requested the elimination of the dental program because the funding was needed to pay for prescription drugs. The ADSD had to focus on the prescription drugs because the cost of generic and brand name pharmaceuticals had increased. More persons fell into the Medicare prescription drug coverage "donut hole" gap. [The donut hole referred to a gap in prescription drug coverage under Medicare Part D. In 2014, once individuals reached $2,850 in prescription drug costs, which included both their share of covered drugs and the amount paid by their insurance, they would be in the coverage gap.] Some generic drug costs had increased 1,700 percent. An example was a common drug, captopril, for hypertension, which cost $.04 to $.06 per pill in the past, and now cost $4 to $9 per pill. The result of cost increases was that more seniors fell into the gap where before their Part D prescription plan paid for the drugs.

Assemblyman Sprinkle asked what options seniors had for dental care, and Ms. Kotchevar replied that the seniors would have to find some other way to access dental insurance or free care.

Assemblywoman Titus expressed concern that the state insufficiently funded the dental program when there was such a great need for services. She knew that dental health was a big problem, especially for seniors who accessed the dental program. She wondered why the dental program was being eliminated, leaving seniors with no dental coverage, rather than finding a solution to the problem.

Ms. Kotchevar responded that the primary purpose of the Senior Rx and Disability Rx program was to provide a subsidy for pharmaceutical payments. The ADSD also could provide dental services, hearing aids, and other services authorized under *Nevada Revised Statutes* (NRS) 439.665. During the period when there was sufficient funding to pay for the drugs, ADSD was able to offer dental services under a pilot program. When there was insufficient funding to pay for the drugs, ADSD made the difficult choice to eliminate the dental program. Ms. Kotchevar launched the dental pilot program and regretted losing the program. The ADSD made the decision that the medications were the primary purpose of the program, and ADSD no longer had the funding to extend the pilot program for dental benefits.

Senator Kieckhefer stated that under the Affordable Care Act (ACA), the donut hole would close in 2020.

Ms. Kotchevar clarified that the donut hole would narrow by 75 percent. The gap narrowed slightly because of drug rebates, but the cost of drugs had increased and the rebate was not sufficient for seniors.

In response to a question from Senator Kieckhefer, Ms. Kotchevar confirmed the donut hole would not be eliminated but would narrow by 75 percent.

Senator Kieckhefer wondered about the long-term cost projections. He believed when the gap narrowed, additional revenue might be available to expand services into the other program areas that could not be funded now.

Ms. Kotchevar responded that additional revenue might be available. The projections considered how many persons fell into the gap and the cost per person of additional services.

HUMAN SERVICES
AGING AND DISABILITY SERVICES
HHS-ADSD - FEDERAL PROGRAMS AND ADMINISTRATION (101-3151)
BUDGET PAGE DHHS-ADSD-23

Julie Kotchevar, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, presented Exhibit C, "Aging and Disability Services Division, Budget Presentation," and testified that budget account (BA) 3151 supported the administrative costs of the Aging and Disability Services Division (ADSD). The budget also funded the Office of the State Long-Term-Care Ombudsman, the required match for the federal grant funds, and supplemented older volunteer services, senior transportation, and senior services programs. The stated outcome was "effective leadership, guidance, advocacy and support will ensure quality services that result in independence, dignity, and self-determination for all consumers served by ADSD." Only 2.5 percent of the budget funded administrative expenses, and the remainder funded the program operating costs.

Ms. Kotchevar referred to slide 12 of Exhibit C that detailed the decision units in BA 3151. Decision unit Maintenance (M) 200 sought to establish a caseload for the long-term care ombudsman program. A 1:60 staffing ratio was established. The funding paid for staff to support intake, answer phones, and manage calls of concerns.

Senator Kieckhefer wanted an explanation of the caseload calculations. He said the caseload was not growing sufficiently to support four additional administrative assistant positions. He expressed concern that the caseload was projected to increase by 8.09 percent, but the administrative assistant staff would increase by 67 percent. He wondered why ADSD was not increasing staff to work in the facilities and help persons directly.

Ms. Kotchevar responded that ADSD requested two different things. One was a request to increase staff to answer the phones. The ADSD based its request on a federal statistic of telephone volume and the number of staff required to answer calls in a timely manner. The second request was to increase staff to perform the ombudsman work. In the past, ADSD funded the ombudsman work but failed to fund any support staff for the intake process. The ADSD experienced a "bottleneck" when persons called to access an ombudsman. The budget request would resolve the staffing problems, and ADSD could handle the call volume effectively to allow persons timely access to ombudsman staff.

Senator Kieckhefer requested additional statistics on the call volume and staffing levels, and Ms. Kotchevar agreed to provide the documentation.

Ms. Kotchevar continued, explaining that decision unit Enhancement (E) 225 requested three information technology (IT) professionals, one technician, and one administrative assistant to reduce the reliance on contracted IT programmers for maintenance and support. Decision unit E-225 was a companion to decision unit E-227 in BA 3266 that reduced the cost spent on IT contractors to offset the cost of decision unit E-225.

Chair Oscarson wondered who was performing those IT duties now. He expressed concern about replacing contract staff with state IT positions that cost more money. He asked for information about the rationale for decision unit E-225.

Ms. Kotchevar responded that contract IT staff was expensive and cost more than state IT staff. That was why the cost of decision unit E-225 was largely offset by decision unit E-227. The ADSD had an ongoing need for IT support as the agency merged with the developmental services staff. The ADSD had grown in size after the integration approved in the 2013 Session, and it lacked sufficient staff to support the internal work and work of the providers that used the IT system for effective case management and billing. The ADSD worked with the Division of Enterprise Information Technology Services (EITS), Department of Administration, to develop the staffing ratios and determine a reasonable staffing number. The request for $114,775 in fiscal year (FY) 2016 and $204,107 in FY 2017 would pay for the IT staff needed to support the users. The costs for the three IT professional positions were offset by what was spent for contract IT staff.

In response to a question from Chair Oscarson about the four-month overlap between when the new IT staff would start and when the contracted programmers would end, Ms. Kotchevar replied that ADSD also built in how long it would take for the agency to recruit and train the new staff. The ADSD would begin the recruitment process in October and phase out the contract staff over time.

Chair Oscarson asked whether two persons would be doing the same job and Ms. Kotchevar replied no.

Assemblywoman Kirkpatrick asked what might occur if ADSD was unable to fill the IT positions. She expressed concern about ADSD retaining the contract IT staff.

Ms. Kotchevar responded that ADSD removed the funds for contract staff from the budget to offset the costs of the new state IT positions. If ADSD was unable to hire enough state employees, the agency would absorb that work with the existing IT staff.

Assemblywoman Kirkpatrick expressed concerns because IT staff was difficult to recruit. She thought the agency would not be more efficient unless it was able to hire IT staff.

Ms. Kotchevar replied that there were no current vacancies in IT staff. The ADSD was successful in recruiting and retaining qualified programmers and had a low turnover rate of its IT staff. The ADSD worked closely with the universities to employ new IT graduates. Ms. Kotchevar believed ADSD would be able to fill the positions.

Senator Kieckhefer spoke about the transformation of ADSD moving to a caseload-driven agency. He often heard about the aging population and wondered about long-term projections showing where ADSD was going as it transitioned to a caseload-driven account.

Ms. Kotchevar responded that she believed Senator Kieckhefer had referred to the long-term-care ombudsman program and stated ADSD projected an 8.9 percent increase in the population served. The agency focused on serving those in community settings, including persons in nursing homes and group homes. The ADSD took the first step in establishing and monitoring its caseload and would work on projections over the 2015-2017 biennium.

Senator Kieckhefer asked how many beds were in the state's long-term-care facilities. Ms. Kotchevar replied that the state had an increasing number of long-term beds. The ADSD projected a need for more ombudsmen in the future to handle the number of facilities and increase the rate of visits performed.

Senator Kieckhefer commented that as the number of beds increased, the number of elder care specialists must increase to allow ADSD to visit those facilities on a scheduled basis.

Continuing, Ms. Kotchevar explained that decision units E-228, E-285, and E-286 funded various task forces and commissions to receive feedback from the community and guide the services. Decision unit E-228 funded the Task Force on Alzheimer's Disease. Decision unit E-285 funded the Governor's Taskforce on Integrated Employment. Decision unit E-286 funded the Nevada Commission on Aging.

Senator Kieckhefer asked about the Nevada Commission on Aging. He noted ADSD had spent little money on the Commission on Aging in the past five years, and he wondered why a significant increase in funding was requested.

Jane Gruner, Administrator, Aging and Disability Services Division (ADSD), Department of Health and Human Services, responded that the increase was requested because the group held no face-to-face meetings in the past several years. The increase in funding would pay for face-to-face meetings for the Commission.

Senator Kieckhefer asked for justification of the cost of $42,540 in each year of the 2015-2017 biennium to pay for face-to-face meetings.

Ms. Kotchevar responded that the majority of the cost was for travel for the commissioners plus funding for interpreters and other needs of the Commission.

Senator Kieckhefer asked how many members were on the Commission, and Ms. Gruner replied that ten members served on the Commission.

At Chair Oscarson's request, Ms. Kotchevar agreed to provide a breakdown of the travel costs and the budget to the Subcommittees.

Ms. Kotchevar advised that decision unit E-282 funded an update to the expired strategic plans for senior services and persons with disabilities. The strategic plan was a joint plan that served as the state Olmstead plan [a U.S. Supreme Court decision *Olmstead* v. L.C., 527 U.S. 581 (1999), relating to services under the Americans with Disabilities Act]. Decision unit E-229 requested technology-specific training for information technology staff to remain up to date on the needs of the population served. The training was online training only and did not require travel. Decision unit E-232 requested additional travel for the Division's administrative, IT, and fiscal staff to provide better support for the Division's offices. Decision unit E-241 funded anticipated increases in rent and costs to relocate the Reno staff from the current location. This was a companion to decision unit E-241 in BA 3266. The Reno building location was not easily accessible and the population served had difficulty getting to the location. Decision unit E-233 funded ADSD's share of the bandwidth expansion for state offices in Elko. Decision units E-710 and E-712 funded computer hardware and associated software based on the EITS recommended replacement schedule. Decision units E-711 and E-722 requested a fleet services [Fleet Services Division, Department of Administration] van used by IT staff in Las Vegas and a van used in northern Nevada. Decision unit E-724 requested new equipment and software necessary to ensure personal health information was properly protected. Decision units E-902 and E-903 transferred staff to BA 3151 to properly align funding.

HUMAN SERVICES
AGING AND DISABILITY SERVICES
HHS-ADSD - HOME AND COMMUNITY BASED SERVICES (101-3266)
BUDGET PAGE DHHS-ADSD-39

Julie Kotchevar, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, presented "Aging and Disability Services Division, Budget Presentation" (Exhibit C) and testified that budget account (BA) 3266 supported community-based care, elder protective services, Autism Treatment Assistance Program (ATAP), and the disability services unit. The stated outcome was "quality services and supports will enable seniors and persons with disabilities to remain safe and independent in their homes and communities." The stated ATAP outcome was "early and intensive behavioral therapy will result in meaningful behavioral changes that lead toward independence, community involvement, and decreased need for lifelong supports."

Ms. Kotchevar advised that decision unit Maintenance (M) 200 was a request to increase the number of seniors and persons with disabilities who might be served within the community-based care unit. The decision unit increased the community-based care unit caseload to be served by 20, the homemaker program by 78, the personal assistance services (PAS) by 20, and the home and community-based waiver (HCBW) for the frail elderly by 173 over the biennium.

Senator Kieckhefer asked about the HCBW and whether the Aging and Disability Services Division (ADSD) would merge the different waivers into one program.

Ms. Kotchevar responded that two of the waivers had merged. The ADSD still had three waivers that had not merged. The agency had a waiver for the intellectual disabilities and for the frail elderly, and assuming the transfer was approved, the waiver for persons with physical disabilities would merge.

Senator Kieckhefer asked whether those mergers must be approved by the Centers for Medicare and Medicaid Services (CMS) and Ms. Kotchevar replied in the affirmative.

Senator Kieckhefer asked whether the applications for a state plan amendment had been submitted.

Ms. Kotchevar replied that the Division of Health Care Financing and Policy, Department of Health and Human Services, submitted the transition plan for the waivers. The ADSD was unable to request an amendment until the transition plan was approved. After the amendment was approved, ADSD would research how to combine the frail elderly waiver and the physical disabilities waiver. The ADSD must work with advocates to ensure that everyone agreed the merger was acceptable.

Senator Kieckhefer was concerned that mergers to create a more efficient program would result in longer waitlists. He wanted justification for the increased funding and questioned whether the agency was becoming more efficient.

Ms. Kotchevar replied that the number of seniors increased significantly and contributed to the number of persons who needed the waiver services. The population as a whole also grew, but the senior population grew at a greater rate. Nevada had the second largest population of seniors percentagewise in the nation behind only Florida.

Senator Kieckhefer asked how much it would cost to eliminate the waitlist, and Ms. Kotchevar said she would provide the details to the Subcommittees later.

Assemblywoman Titus asked about the large increase in the waitlist. A senior who needed help in the home could not wait a day for services. She stated that one-day-sooner intervention might prevent the senior from having a fall, a hospitalization, or a fractured hip. She asked for a plan that would decrease the waitlist.

Ms. Kotchevar replied that she would provide the information to the Subcommittees later.

Assemblywoman Dickman asked when ADSD might receive approval from CMS to increase the caseload slots.

Ms. Kotchevar replied that ADSD had to get approval of the transition plan first, and then it would request an amendment to the state plan to allow it to add more waiver slots. The ADSD had to request funding for the additional slots. She agreed to provide information later to the Subcommittees about when the transition plan might be approved and when the waiver slots could be added.

Assemblywoman Dickman said the process may take some time, and she wondered whether those additional positions were contingent upon receiving CMS approval and the funding for the waiver slots.

Ms. Kotchevar explained ADSD had budget approval for the additional 173 slots. If the agency wanted to eliminate the waitlist of 628 persons, then it might need to request additional slots.

Chair Oscarson asked when approval from CMS would be received, and Ms. Kotchevar replied she would meet with the Division of Health Care Financing and Policy, Department of Health and Human Services, and research the timelines.

Jane Gruner, Administrator, Aging and Disability Services Division, Department of Health and Human Services, commented that the transition plan must either be approved or denied by CMS within 90 days, and the plan had been submitted three weeks ago. Chair Oscarson asked that Ms. Gruner keep the Subcommittees informed on the status of the plan.

Ms. Kotchevar stated that decision unit M-201 requested an increase in the number of children served in the Autism Treatment Assistance Program (ATAP) program by 264 over the 2015-2017 biennium. This was part of ADSD's major budget initiative.

Senator Kieckhefer asked how the transition would affect the caseload growth, how providers were identified to serve the population, and whether Ms. Kotchevar was confident the providers would be available. He wondered about the barriers. The Executive Budget explained that the reason for the waitlist of 1,000 children was ADSD could not find enough service providers.

Ms. Kotchevar replied ADSD had 28 ATAP providers and 22 providers were pending approval. The ATAP was structured into a two-tier provider system. The first tier was the professional who was a board-certified behavioral analyst (BCBA) or licensed psychologist who developed and supervised the plan. The second tier was the paraprofessional who performed the intensive in-home treatment and ran the behavioral programs. The limiting aspect to the provider pool was the shortage of BCBAs.

Ms. Kotchevar explained the total number of children to be served was about 2,600. The agency determined how many licensed professionals were available. The Behavior Analyst Certification Board indicated that a ratio of 1:24 was the maximum number of children a BCBA should supervise, but the number varied based on the intensity of treatment. The ADSD used that ratio and calculated how many persons would be Medicaid-eligible and how many ATAP could serve with the existing number of providers, and that projection was used in the budget. It was unknown if all of the licensed professionals specialized in treating children were currently practicing, if they wanted to work for ATAP, or if children were included in their specialty. The ADSD worked with the universities, but qualified BCBAs could not be created overnight. The ADSD was waiting for Medicaid to issue its new rates because that might influence whether or not persons or larger companies were willing to move to Nevada to provide the services. All of those factors went into the determination of how many persons ADSD could realistically serve.

Senator Kieckhefer said that explanation made sense to him, but it did not solve the problem of serving 1,000 children waiting for services when they were at the most critical point in their development. He wondered what plan was being developed to address that waitlist.

Ms. Kotchevar responded that ADSD expected the gap would be narrowed through access to private insurance. Some of the barriers that prevented families from accessing private insurance might be eliminated, and more private insurance plans might include autism treatment services as part of the benefit package. The agency understood that many factors must be considered. The ADSD must work to ensure sufficient providers were available if it received additional funding to serve 1,000 children on the waitlist. Ms. Kotchevar said that was a promise to families that ADSD could keep.

Senator Kieckhefer said that Assembly Bill (A.B.) 6 was relevant. He wondered whether the provisions of the bill would help and whether Ms. Kotchevar supported it because it eased the licensing requirements for behavioral interventionists.

Ms. Kotchevar said ADSD would submit a friendly amendment to A.B. 6 to alter the language, because at the time the bill was written, there was no national certification for Registered Behavior Technicians. The industry sought to replace statewide licenses with the national certification. Licensed professionals could more easily move to Nevada because a national certification was good in all states. A national certification was less costly to the paraprofessionals and would remove some barriers to improve access to care.

Assemblywoman Carlton wondered whether the supervising ratio of 1:24 children related to the upper-level professional who supervised the paraprofessional who worked with the intensive in-home treatment plans.

Ms. Kotchevar replied the BCBA would supervise the paraprofessional, but the children were ultimately the responsibility of the professional. The paraprofessional provided the in-home treatment and ran the programs, but the BCBA was responsible for the children.

Assemblywoman Carlton wondered whether the process was similar to a collaboration agreement with different professions working together and was just a sign-off service, or as she believed, there might still be actual physical supervision involved.

Ms. Kotchevar responded that there was still physical supervision involved.

In response to a question from Assemblywoman Carlton about the qualifications for a BCBA, Ms. Kotchevar replied ADSD wanted the person to be a BCBA. A BCBA held a master's degree, and there was also a certification at the Doctor of Philosophy (Ph.D.) level, or the position could be filled by a licensed psychologist.

Assemblywoman Carlton asked whether that level of certification was necessary. There were other qualified professionals in the state, and ADSD had 1,000 children on the waitlist. She wondered whether there was a way to certify some other professionals to serve those children.

Ms. Kotchevar replied that she understood the time commitment that certification demanded. She was a third-year Ph.D. student, and she felt everyone's pain. Helping persons to change their fundamental behavior was a complex task. Most professionals agreed that without the proper training within their scope of work, it would be challenging for them to perform that work. She thought Assemblywoman Carlton's question should be referred to an industry representative. She stated that if marriage and family therapists thought behavioral therapy was within their scope of practice, ADSD would consider that. However, most licensed professionals would be reluctant to take on a complex task without it being included in their scope of training.

Assemblywoman Carlton said it was important for everyone to understand the problems of serving children with autism spectrum disorders. She said The Executive Budget contained an initiative authorizing ADSD to receive $14.7 million for ATAP, but she asked about the use of the remainder of the funds for the initiative.

Ms. Kotchevar explained that the largest portion of the money went to the Division of Health Care Financing and Policy, Department of Health and Human Services. The $14.7 million portion was for ATAP, but the Division of Health Care Financing and Policy used its portion to serve the Medicaid-eligible children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit program.

Assemblywoman Carlton asked whether the dollars were State General Funds, and Ms. Kotchevar replied the funding was a mix of General Funds and federal funding.

Assemblywoman Carlton asked about the breakdown of the funding. Ms. Kotchevar said the breakdown figures would be in the budget for the Division of Health Care Financing and Policy, Department of Health and Human Services.

Assemblywoman Carlton said the provisions related to A.B. 6 were developed in 2009 with a group of insurance providers and medical professionals. The group thought it was doing the right thing. Assemblywoman Carlton was pleased to see ADSD move to a national certification because standardization was a problem that the group was unable to resolve. Parents, providers, and funders were uncomfortable with the lack of national certification standards. She supported A.B. 6.

In response to a question from Chair Oscarson about the number of providers, Ms. Kotchevar replied that ADSD requested approval of the State Board of Examiners (BOE) in February for a combined provider agreement that could be used for both early intervention and ATAP. The combined provider agreement would allow the programs to share providers across programs without requiring providers to go through the process multiple times. The ADSD was holding providers at bay until that approval was granted. After approval, the providers would be able to use the new combined agreement and not have to re-sign an agreement. The requirement to provide proof of insurance related to vulnerable populations delayed the process. The ADSD worked diligently to streamline the process to make it quicker for providers to apply and be accepted.

Chair Oscarson wondered whether there was something that the Legislature could do to improve or streamline the process for providers, because the providers were a critical component of providing care.

Ms. Kotchevar said she believed the process was streamlined by using provider agreements rather than contracts. The agreements did not contain an upper-payment amount, and thus ADSD did not have to complete amendments. The goal was to improve the process of maintaining and adding new providers. She said that process worked well now. The ADSD worked with the Risk Management Division, Department of Administration, to determine what insurance must be obtained to meet the requirements.

Assemblywoman Dickman said it appeared that the agency wanted approximately $2.2 million to put in reserve in the event the number of providers exceeded the current projection and the additional waitlist clients could be served. She wondered whether it was realistic to assume ADSD would have enough providers to spend the $2.2 million by the end of FY 2017.

Ms. Kotchevar responded that the agency put the $2.2 million in reserve because there were so many unknowns related to what the Medicaid rates would be, how many providers would serve Medicaid clients, and which providers would not want to provide services to ADSD clients. The ADSD wanted that amount in reserve to accommodate the possibilities. She was confident in the staff and believed ADSD could generate enough providers to serve those children. She understood that ADSD could return and ask for the $2.2 million to be moved from reserves to the operating budget.

Assemblywoman Dickman whether ADSD had any data that would show how many persons were being served by private insurance.

Ms. Kotchevar said she did not have that data. She believed that the Division of Insurance, Department of Business and Industry, had some statistics and some of the advocates might have that data. She agreed to provide the information to the Subcommittees.

Assemblyman Sprinkle said that he was concerned about caseload growth in several budgets. The middle class was still struggling, and even the lower-middle class was trying to improve its lifestyle. He wondered about the ADSD projections and whether ADSD was concerned that the caseloads would continue or even increase. He needed information about the basis of the ADSD projections.

Ms. Kotchevar replied that the autism population was not limited by socioeconomic status, and autism occurred at all levels. The ATAP provided assistance to persons without income limitations. The ATAP had a copay system, and families who earned a higher income paid a larger portion of the therapy costs than low-income families. The staff worked with families who might lose jobs and/or insurance coverage. Staff might increase the coverage of treatment until the person's insurance coverage resumed to ensure that a child did not have a break in therapy. The ADSD remained flexible to ensure the best outcomes for the child, regardless of circumstances.

Assemblyman Sprinkle asked whether the caseload growth was taken into consideration in the budget, and Ms. Kotchevar confirmed that caseload was considered in the budget. In some populations, ADSD saw more persons whose families could no longer provide care and needed services. The provision of care was based on a family's ability to help. Provision of care was factored into the caseload projections. It was reflected in the growing number of persons who sought services, and that increase outpaced even the growth in population.

Chair Oscarson asked for information about rural providers; he maintained that there were challenges getting rural providers to serve clients. He stated that the ADSD explored telemedicine and telecommunications and faced some broadband problems in rural areas. Integrated fiber networks and other technology improved access to care and provided assistance to some rural providers.

Ms. Kotchevar replied that ADSD worked with providers to improve access to care in rural areas. The ADSD paid urban providers "windshield time" to travel to rural areas to provide services. The agency used telemedicine and a program allowing families to take videos of their child during a difficult behavior episode. The videos could be uploaded to a secure website to allow the therapist to mark certain parts of the behavior and recommend a certain type of intervention to the family to resolve the behavior. That program worked well because often a therapist could not see all the erratic behavior episodes during a home visit. The video program helped rural families receive better care, but it did not replace the benefits of a face-to-face meeting about the behavior. A video program was a great supplement, but it was not a replacement. Being in the environment and helping the family was still the best form of therapy.

Ms. Kotchevar said bandwidth problems made it a struggle, because even with an iPad and a cell phone plan, communications did not always work well in the rural areas. Remote communications had become one of the more significant barriers to telehealth.

Senator Kieckhefer expressed concern about building a General Fund reserve and allowing ADSD to transfer it to the operating budget. He felt more comfortable putting the funds in the Interim Finance Committee's (IFC) Contingency Account. The ADSD must justify the use of the reserves and receive approval from IFC before making any expenditures. He noted a significant increase in revenue for the program and a significant increase in the number of children applying for services, but there was a cap on the ability to serve children because of provider shortfalls that resulted in increases in the waitlists.

Ms. Kotchevar agreed with Senator Kieckhefer's summary. She pointed out that the average wait-time was 1,839 days during the 2013 Session, and the average wait-time now was 375 days. The waitlist was still too long, but the wait-time was significantly better than it had been.

In response to a question from Senator Kieckhefer, Ms. Kotchevar replied the cost per child served was increasing. The average cost was used in preparing the budget. Typically, younger children received higher intensity services, and the larger number of younger children served, the higher the average cost.

Senator Kieckhefer asked whether ATAP had absorbed all the children from Early Intervention Services (NEIS) with autism spectrum diagnosis.

Ms. Kotchevar replied that ATAP had a partnership with NEIS. The NEIS budget paid its portion of the behavioral therapy until the child was three years old, and ATAP paid for services for children older than three years of age. Both ATAP and NEIS had worked on the partnership for the past two years. The focus of NEIS was on determining an early diagnosis to identify those children with autism and transition them to ATAP.

Senator Kieckhefer wondered whether any child with autism over the age of three was in the ATAP budget, and any child with autism under the age of three was in the NEIS budget. He thought the caseload projections in the ATAP budget were based on the number of students enrolled in public schools with an autism spectrum disorder (ASD) diagnosis and represented the number of children with ASD that would apply for ATAP services.

Ms. Kotchevar clarified that the ATAP caseload projections were based on the rates of growth for persons who had applied for ATAP services. For example, the ADSD was now receiving about five times the number of applications for ATAP services that it received during the 2013 Session. The 6,000 figure for the number of children diagnosed with ASD by the school districts was used only to determine the eligible population for either ADSD or Medicaid autism services for overall budgetary purposes.

Senator Kieckhefer said his understanding was the number of individuals in schools who had an ASD diagnosis was less than what was presented as the national average ratio of 1:68 persons. Ms. Kotchevar confirmed that Senator Kieckhefer's understanding was correct.

Senator Kieckhefer said the ratio of children with autism had been increasing every year, and Ms. Kotchevar affirmed that he was correct.

Ms. Kotchevar said decision unit E-225 requested an elder rights specialist for the elder protective services (EPS) program in Elko. The EPS provided outreach and assistance to seniors who were unable to care for themselves and trained persons to spot elder abuse in the rural community. Decision unit E-235 requested a health program manager for the ATAP program to manage its increased size and complexity. Decision unit Maintenance (M) 540 requested additional support for the independent living program that provided home and vehicle modifications for persons who could remain independent and live in their own homes. The additional support was based on the increase in the rate of inflation for goods and services. Decision unit E-226 requested a social services program specialist for the interpreter oversight and training program to support persons who were deaf or hard of hearing. Ms. Kotchevar said that the ADSD was responsible for the regulation of community and educational interpreters, and the agency had not devoted the necessary time and attention to that population.

Chair Oscarson asked who maintained the registry of interpreters and wondered about the difficulty in maintaining current data. He expressed concern about paying the costs of the new position by adding an additional surcharge rate to the telecommunications telephone device for the deaf (TDD) service.

Ms. Kotchevar responded that the Public Utilities Commission (PUC) of Nevada was responsible for setting the surcharge rates, but the surcharge was included in the budget proposal. The PUC did not indicate that any increase in the surcharge would be assessed. One person operated all of the ADSD deaf and hard of hearing programs statewide, including the 7-1-1 TTD relay system. That same person supervised the grantees and advocates and regulated the community and educational interpreters. The complex workload was too much for one person to complete.

Ms. Kotchevar advised that the educational interpreters were an important area of concern because they were the responsibility of the school districts. A deaf child in any school district might need an educational interpreter, and that was a lot of area to cover for every school district. Educational interpreters must be certified interpreters who were registered and performed at a level sufficient to properly serve the deaf children.

Chair Oscarson requested additional information about some court cases that had recently been heard and said he would contact the agency after the hearing to arrange a meeting to review those items.

Ms. Kotchevar said decision unit E-230 requested support for the Commission on Autism Spectrum Disorder to pay for travel for the commission members and some limited staff support. Decision units E-227 and E-241 were companion decision units to reduce the costs of contract programmers and the anticipated increase in rent and costs to relocate ADSD staff in Reno. Decision units E-710 and E-711 requested replacement of computer hardware and software. Decision units E-900 and E-901 transferred the Waiver for Physical Disabilities [formerly called the waiver for Independent Nevadans] from the Division of Health Care Financing and Policy, Department of Health and Human Services, to ADSD to better support the lifespan services.

HUMAN SERVICES
AGING AND DISABILITY SERVICES
HHS-ADSD - EARLY INTERVENTION SERVICES (101-3208)
BUDGET PAGE DHHS-ADSD-54

Julie Kotchevar, Deputy Administrator, Aging and Disability Services Division, Department of Health and Human Services, presented Exhibit C, "Aging and Disability Services Division Budget Presentation," and testified that budget account (BA) 3208 supported Early Intervention Services (NEIS). The program identified infants and toddlers who were at risk for or had developmental delays or disabilities. Individualized services were provided to support the child and his or her family. The stated outcome shown on slide 17 of Exhibit C was "early, individualized, community-based, and family-centered services will assist children and their families in achieving their full developmental potential." The Aging and Disability Services Division (ADSD) currently served 3,106 babies and toddlers in the NEIS program statewide.

Ms. Kotchevar explained that decision unit Maintenance (M) 200 requested an increase in caseload of 6 percent to allow NEIS to serve an additional 193 children over the 2015-2017 biennium. The request included two administrative assistant positions to support intake.

In response to a comment from Senator Kieckhefer that actual caseload was significantly less than what was projected in the 2013-2015 biennial budget, Ms. Kotchevar agreed. The NEIS caseload had increased over the prior year, and the agency met the national average for the "child-fund" rate—the number of children that the agency would expect to serve.

Senator Kieckhefer observed that the budgeted caseload appeared to be higher than the fiscal year (FY) 2014 actual number served.

Ms. Kotchevar confirmed that Senator Kieckhefer was correct. The cost of services per child increased, and NEIS had no waitlist for services. The ADSD used the actual cost of providing services to each child. The budget showed the increase in caseload and the increase in cost per child.

Senator Kieckhefer said it sounded to him as though NEIS served fewer children but the cost per child increased.

Ms. Kotchevar clarified that more children received more services. The NEIS contracted for physical therapy, occupational therapy, and speech therapy.

In response to a question from Senator Kieckhefer about nonmedical therapies, Ms. Kotchevar replied that 50 percent of the therapies were provided to those children who were not medically fragile or had intense medical needs.

Chair Oscarson asked whether increasing the provider capacity in rural areas was sufficient.

Ms. Kotchevar replied that NEIS had no waitlist for services and had sufficient providers to serve the needs of the NEIS population. All of the children received timely services. She said the state operated the NEIS program in the rural areas and contracted with therapists directly. If the NEIS program encountered difficulty, state therapists could travel to the rural regions to ensure those children received services. No community partners of NEIS operated in the rural regions.

Assemblyman Sprinkle asked about the cost-per-child increase and how much of that cost resulted from the partnership that had been established with the community partners.

Ms. Kotchevar clarified that the community partners were paid a flat rate, and that cost did not increase. The NEIS program was now providing children with needed services in a timely manner. The increase in costs resulted from providing more services in a timely manner.

Assemblywoman Titus complimented NEIS on its services. Whenever she made a phone call requesting early intervention services, the clients never had to wait to receive timely services.

Ms. Kotchevar said decision unit Enhancement (E) 717 replaced four laminators used to develop individualized curriculum for children and families. Decision units E-710 and E-712 replaced computer hardware and software. Decision unit E-720 added an air conditioning unit for the server room in the Las Vegas office. Decision unit E-718 replaced audiology equipment for early hearing detection that could no longer be repaired or supported. Decision unit E-721 requested new mobile audiology equipment to provide hearing screenings in the home. Decision unit E-719 replaced the infant scale in the Carson City NEIS office. Decision unit E-722 requested seven new Fleet Services Division, Department of Administration, vehicles to be used by developmental specialists. No cost was shown in the budget because the cost would be offset with a reduction in mileage costs of the developmental specialists who provided those services in the home.

Decision unit E-490 restored 3.51 full-time-equivalent (FTE) positions associated with the Maternal and Child Health (MCH) Block Grant. Several pediatric positions that had been in the agency since the special children's clinics in the 1970s had been funded by the State General Fund. During the most recent recession, funding was shifted to the MCH block grant. The ADSD was informed that MCH funding could no longer be used, and the General Fund must be restored as the funding source.

Finally, Ms. Kotchevar explained that decision unit E-937 transferred a part-time health program specialist from the Division of Public and Behavioral Health (DPBH), Department of Health and Human Services to ADSD. The position supported the metabolic screening at NEIS and was not included in the transfer during the integration approved in the 2013 Session.

Chair Oscarson said the following four remaining budget accounts would not be heard now to allow for public testimony. He said staff would contact the agency to reschedule the following budget accounts:

- Family Preservation Program (BA 3166)
- Sierra Regional Center (BA 3280)
- Desert Regional Center (BA 3279)
- Rural Regional Center (BA 3167)

Chair Oscarson said because of the significant number of persons who had traveled long distances to testify, he believed it was appropriate to give them time to voice their comments. He reminded the audience to state their names for the record and provide any written comments to the secretary. He opened public testimony and asked the first witness to come to the table.

Jeffrey B. Klein, Fellow of the American College of Healthcare Executives (FACHE), President and CEO, Nevada Senior Services, Inc., testified he was the chair of the Nevada Commission on Aging Subcommittee Concerning Legislative Issues and expressed appreciation for the large number of individuals in the audience in Carson City and Las Vegas. He said the audience provided faces to often the faceless and most vulnerable population and was a tribute to the interest in the Aging and Disability Services Division (ADSD), Department of Health and Human Services budget.

Mr. Klein stated the Home and Community-Based Waiver waitlist contained 513 persons waiting for services that might take a year to receive. The Community Options Program for the Elderly (COPE) also had a long waitlist. The waitlists included persons who by definition and by virtue of being eligible for the waiver were at imminent risk for placement in an institution. He stated that a significant percentage of the population in Nevada had dementia. Persons who required institutionalization had to be placed out of state because Nevada had no available beds for dementia. The out-of-state placements would cost between $15 million and $20 million.

Mr. Klein said Nevada should offer the types of services and communities that allowed seniors and the intellectually challenged adults to age in place. Allowing persons to live independently resulted in a significant financial benefit, particularly for The Executive Budget.

Mr. Klein advised that capacity was a problem in the state, and adult day care centers were going out of business at an alarming rate. According to a recent study, Nevada had lost 50 adult day care centers, and only 18 adult day care centers remained. In the rural areas, Douglas, Churchill, and Mineral Counties lost their only adult day care centers. Carson City lost two centers. Washoe County lost two centers, and the balance was lost in Clark County, including some in several rural areas of Clark County. A significant part of the loss was attributable to 12-year-old reimbursement rates that forced providers to go out of business at the same time that the need for capacity increased.

Mr. Klein said one of the services provided by ADSD was home modifications for disabled persons who could not afford a general contractor to perform the work. Rural areas experienced a shortage of general contractors, causing problems for the disabled who needed home modifications. Nevada Senior Services often spent a week doing home modifications in the rural areas that lacked resources. Additional services were needed for nutrition services and personal assistance services. The low rates being paid caused a shrinking number of providers at a time when there was a growing demand for services.

Mr. Klein stated Nevada should bring person-centered care and evidence-based successful technologies to its residents. The state might save money by using Medicaid funds to pay for care and technologies rather than using time-limited grants from the federal government or private resources, because a provider no longer provided services when a grant ended and payments stopped.

Jan M. Crandy, Commissioner, Commission on Autism Spectrum Disorder presented Exhibit D "Testimony and ATAP Cost Effectiveness Sheets" and read her testimony.

> Good morning, Mr. Chairman and committee members. For the record, I am Jan Crandy, chair of the Nevada Commission on Autism Spectrum Disorder, a parent, and a contractor for Nevada's Autism Treatment Assistance Program, ATAP.
>
> I am here today to applaud and support the ATAP program. The program assists families with the expensive cost of delivery of evidence-based treatment. Treatment models utilizing applied behavior analysis (ABA) have the unique potential to restore normal functioning. The program also promotes family independence through parent training and education.

> The Commission has collaborated with ATAP to develop policies that ensure accountability, the establishment of outcome measures, levels of parent participation, and the promotion of cost sharing. ATAP now tracks outcome measures, which include 64 impact targets, which drive providers to address functional meaningful behavior changes [and] quarterly and annual goals. The percentage of time spent in regular education [and] IQ, language and adaptive behavior scores are tracked on all children.
>
> ATAP is cost-effective and a proven vehicle. Children are exiting the program without the need for further services.
>
> The Commission recently conducted statewide provider and consumer surveys: both recognized ATAP as an effective program. The Commission completed our Five-Year Strategic Plan in December; supporting state and federal funding allocations for ATAP was a priority.
>
> We were pleased the Governor's budget provides funding to support 836 children in the Autism Treatment Assistance Program (ATAP) by the end of [fiscal year] FY 2017, we recognize this is an additional 290 children. However, even with the increase to the budget, and the start of Medicaid coverage in 2016, the ATAP waitlist is expected to grow to 1,000 by 2017.
>
> It is the Commission's job to advocate for all individuals with ASD [autism spectrum disorder] and to make sure decision makers understand by allowing any child with autism to wait, we are defining a future of life-long supports.
>
> With hope and gratitude,
>
> Jan Crandy
> 3812 Ginger Creek
> Las Vegas, Nevada 89108

Ms. Crandy addressed some of the earlier questions from the Subcommittees. She believed ATAP lacked funding and that was the reason there was a waitlist. Currently, there were sufficient providers to serve all of the children on the waitlist. She stated that when Medicaid and private insurance begin to cover ATAP services, more providers would be needed to serve the ASD population. She was excited that many out-of-state providers might move to Nevada. Some big companies from California had made application to ATAP and might move to Nevada.

Ms. Crandy continued that ATAP did not require paraprofessionals to be certified and had 560 providers serving ATAP children. The Commission heard in December that there were only 65 certified agencies providing services for private insurance for ASD children. The problem was 65 agencies would only be able to serve approximately 300 children with the level of funding that private insurance provided.

Ms. Crandy said ATAP was currently only serving two children who were two years of age. It was important to provide ATAP services to children three years and younger to maximize the outcomes. If those young children received enough treatment, they might never need treatment again. Typically, those children would only need treatment until they were five or six years old. Treatment provided to older children often must continue for the rest of their lives. Exhibit D contained information that showed the cost effectiveness of ATAP. Ms. Crandy closed by saying she appreciated the support for ATAP and for A.B. 6.

Assemblywoman Carlton said Ms. Crandy was one of the most wonderful women she had ever met. She thanked Ms. Crandy for all her work and said there were many happy healthy families that benefitted from the work done by Ms. Crandy.

The two interpreters for the deaf in Carson City were Kimberly Dawson and Katherine Edwards, and the two interpreters in Las Vegas were Stephanie Gardner and Sammy Milburn.

Using an interpreter, Gary W. Olsen, Consultant/Trainer/Facilitator, Leadership Education and Advocacy Designs, testified that he had been a deaf advocate for 15 years and served on various committees. He was also the chair of the Subcommittee on Communication Services for Persons Who Are Deaf or Hard of Hearing and Persons with Speech Disabilities of the Nevada Commission on Services for Persons With Disabilities, and also President, Nevada Association of the Deaf (NVAD). He had been involved with many groups including the Legislature and appreciated its support.

Mr. Olsen said the discussion about autism, Alzheimer's disease, and aging focused attention on problems in the state. He reminded the Subcommittees that there were about 30,000 deaf persons living in Nevada who received no services. He was concerned about that and asked for support.

Mr. Olsen advised that he had seen some positive changes and appreciated working with ADSD over the last several years. However, this was the worst year for him because the Public Utilities Commission (PUC) of Nevada cut the funding for services for the deaf persons in the state. He emphasized that the deaf population needed necessary support services.

Mr. Olsen asked the Subcommittees to consider giving $200,000 or $250,000 to ADSD to establish a pool of interpreters for deaf persons. It was a civil responsibility to communicate, and he believed interpreters aided both the deaf and the hearing population. An interpreter pool would solve many problems. For instance, the state used many interpreters, but often the deaf population could not find interpreters. When he attended meetings at the Legislature, often he would sit and feel like a dummy because he could see mouths move, but he had no idea what was being said. He could read, but could not hear. There were more interpreters in southern Nevada than in northern Nevada. He suggested that the pool of interpreters have seven interpreters, and the Legislature would be able to use the interpreter pool. If he wanted to meet with Chair Oscarson, having an interpreter would be better, especially for a lengthy conversation, than having to write back and forth. He understood that interpreters cost money, but it was a good investment for the state. He strongly recommended that the Subcommittees add more dollars to the ADSD budget to facilitate participation from deaf persons performing their civic duties.

Mr. Olsen thanked the Subcommittees and said he wanted to see some improvements over the 2015-2017 biennium. Deaf persons had a responsibility as part of the community, and it was up to the Legislature to help them get more involved.

Chair Oscarson thanked Mr. Olsen for his presentation and invited him to his office anytime to discuss his concerns.

Barbara Paulsen, Nevadans for the Common Good read her testimony.

> Good morning, Chairman Oscarson and Senate and Assembly committee members, my name is Barbara Paulsen and I am speaking on behalf of Nevadans for the Common Good (NCG). NCG is a broad-based community organization whose members are faith-based and nonprofit social service institutions. The purpose is to build relational power among diverse people to work on issues of common concern across the Las Vegas Valley. Over the last year, one focus of NCG has been issues of concern to seniors. We have met with state agency representatives and service providers to educate ourselves on senior issues and have listened to stories from individuals in our member institutions describing their experiences. One thing that came out loud and clear from seniors, and those who would soon be seniors, was that most would prefer to remain in their homes as long as possible. Remaining at home has important physical, emotional, social, and financial benefits. However, the ability to remain at home is dependent on the availability of home and community-based services and the financial resources to obtain those services.
>
> The Home and Community-Based Waiver (HCBW) placements administered by the Aging and Disability Services Division is one of those resources. NCG is pleased to see that the ADSD budget includes an increase in the number of these placements, which help low-income seniors receive community-based, long-term care services. The increase will help ADSD serve the growing number of seniors living in Nevada. The Home and Community-Based Waivers are also cost effective for the state since about four people can be served through community-based services for the same cost as placement for one person in a nursing home. NCG strongly supports the increase in HCBW placements.
>
> Related to the number of HCBW placements is the current rate of reimbursement for Medicaid waiver programs. This rate has not been increased in over a decade, while the cost of delivering the covered services has increased. This means insufficient providers of Medicaid-covered services in Nevada for the growing number of seniors needing services. NCG supports increasing the Medicaid

> reimbursement rate for community-based services to meet Nevada's growing needs.
>
> Family caregivers play a vital role in the health of the loved ones they care for. These individuals provide loving care to a family member or friend without recognition and often at emotional, physical, and financial cost to themselves. Caregivers today are often asked to provide complex medical and nursing tasks to loved ones with lengthy periods of physical and/or cognitive decline. NCG supports additional funding that will provide education and training for family caregivers.
>
> NCG supports the work that ADSD is doing to provide needed services to Nevadans of all ages and the funding for them to do it.

Christopher A. Vito, Master of Healthcare Administration (MHA), President and Chief Executive Officer, Nevada Adult Day Healthcare Centers, presented Exhibit E, "Adult Day Care in Nevada," and testified that he was a proud Nevadan. A colleague of his shared an article that identified the five worst states in which to grow old, and unfortunately, Nevada was identified. He represented the senior, elderly, and disabled citizens that received care at the Nevada Adult Day Healthcare Centers and the fellow providers of adult day care.

Mr. Vito advised that adult day care was a form of preventive care to help a person age without being institutionalized. Studies had shown clinical effectiveness about physical, emotional, and cognitive improvements for seniors in adult day-care centers compared to seniors at home or institutionalized. He explained the reason for the decrease from 50 to less than 18 adult day-care providers in the state was the low reimbursement rates. He identified that Medicaid reimbursed adult day-care services at $54.48 for up to 12 hours of care, and the rate was unchanged since 2003. The Home and Community-Based Waiver reimbursed adult day-care services at a rate of $40 per day for up to 12 hours of care. The rate included health-care services, hot breakfasts and lunches, a snack in the afternoon, food monitored by a registered dietitian, cognitive stimulating exercises, physical exercises, and emotional stimulation. He believed in the services provided by adult day-care centers, and his own mother attended an adult day-care center.

Barry Gold, Director, Government Relations, AARP Nevada, testified about budget account 3156 for the Senior Rx program. He understood the difficult choice between funding dental services or prescription drugs. However, the dental program had been sought for years to provide minimal coverage to persons who could least afford it and who had serious problems. Mr. Gold noted that when a program was defunded, the program was gone forever. The Subcommittees heard that the dental program only provided minimal coverage and emergency pain relief for persons with no alternatives. He urged the Subcommittees to consider the needs of the dental program for emergency pain relief for seniors.

Mr. Gold spoke about budget account (BA) 3151, decision unit Enhancement (E) 282, to fund an update of the Olmstead plan. The Olmstead plan was essential to comply with the legal decision of the Supreme Court and avoid costly federal lawsuits. The *Olmstead* case [a U.S. Supreme Court decision *Olmstead* v. L.C., 527 U.S. 581 (1999), relating to services under the Americans with Disabilities Act] mandated that states provide services in the least restrictive community setting. It had been a long time since Nevada updated its Olmstead plan, and Mr. Gold said it was time to complete the update and provide the services.

Mr. Gold spoke about BA 3266 for the Home and Community-Based Waiver (HCBW). He supported the increase of 173 waivers slots and reminded the Subcommittees that slots represented persons receiving services. While the 173 slots were an improvement, ADSD had originally requested over 400 additional slots. That was a big difference. He wondered what it would cost to serve all the persons on the waitlist. Persons on the waitlist who failed to receive services eventually would be forced out of their homes and might go to nursing homes or die. The longer persons remained on the waitlist, the more services the person would ultimately need. It had been said that a society was judged on how it treated its most vulnerable. AARP urged the Subcommittees to carefully consider how to adequately fund ADSD to provide appropriate services to meet the real needs of the state.

Korrie Ward, Commissioner, Commission on Autism Spectrum Disorder, read her testimony.

> My name is Korrie Ward. I live in Elko. I am president of a nonprofit charity in Elko that helps kids get treatment; I am here

> today as a member of the Commission on Autism Spectrum Disorder.
>
> I want to recognize ATAP [Autism Treatment Assistance Program] for being flexible and developing programs to reach out to rural children with autism. ATAP does this by funding travel to rural Nevada. This travel benefits families with private insurance to "piggy back" on the travel of BCBAs.
>
> BCBAs need interventionists and have told me they will not go to a community if there are not interventionists. If Medicaid and Assembly Bill 6 allow for RBTs [registered behavior technician], it will help this service pool to grow.
>
> As a commissioner, I conducted a town hall meeting in September. I was surprised that persons were asking for services that already exist. I understand that ADSD will be funding rural outreach. These families need to know what services are available. Our legislators have funded good programs, but persons in rural areas are not aware of the programs and are not accessing treatment.
>
> Thank you.

Connie McMullen, Publisher, Senior Spectrum Newspapers, testified that she was a member of the Nevada Commission on Aging. Since 2000, she had been a member of the task force for senior services, the strategic planning accountability committee, and another subcommittee recommended by former Senator William J. Raggio. She had researched the caseload growth numbers for the last 14 years. The Administrator of ADSD asked for funding for 500 slots, and it seemed that those slots were reduced every year, leaving a big waitlist. The ADSD tried to reduce the wait-time to 90 days. The priority was to serve persons who were at the most imminent risk. A waitlist of 513 meant that those who were at the most imminent risk would receive services first, and someone else who had applied might never receive services. Some of those persons might not survive without services.

Ms. McMullen said there were only nine ombudsmen in the state, and southern Nevada had experienced tremendous growth in its population. The ombudsman program was one of the finest programs the state had to connect persons who had needs with caregivers. The Olmstead plan required the state to keep persons in the least restrictive setting of choice, and an institution was not where seniors wanted to live. The problem was access to care and quality of care. Less funding meant less access to care.

Ms. McMullen said she had advocated for the dental program in 2002 and 2003 and tried to get funding. *Nevada Revised Statutes* (NRS) 439.665 allowed hearing aids and dental services to be provided when sufficient funds were available. The Senior Rx provided good benefits for the participants, and dental services reduced heart attacks related to infections from dental problems. She hated to see that program eliminated and asked the Subcommittees to revisit the decision.

Erik Schoen, Executive Director, Human Services Network, presented Exhibit F "Memorandum dated March 6, 2015," and testified that human services providers served upwards of nearly one out of three Nevadans. The representatives of the advocacy organizations described why those investments in health and human services saved money. The benefits were measurable increases in the quality of life for the individual, the community, and the family members.

Mr. Schoen advised that historically, the problem was Nevada had underinvested in health and human services. On average Nevada invested about $3 per person in health and human services, while Utah invested $30 per person in health and human services. He agreed dental and drug coverage services were vital, and hard choices must be made in the face of economic reality. He had faith in the ADSD staff, because multiple levels of reviews occurred. If the staff could have squeezed out any additional money to serve one more person, they would have done so. He wanted to see more money spent on services, but he understood that as much efficiency as possible had been squeezed from the providers. The population needed more resources, but he could support the ADSD budget.

Lynn Hunsinger, Director of Professional Services, Nevada Senior Services, testified in support of increasing the slots for the Medicaid waivers and other home and community-based service programs. Those programs had a lengthy wait-time. She recounted a story about a friend of hers, whose mother had dementia, and his father had been her primary caregiver for the last couple of years. Both of them were in their late 80s and lived in their own home. They received less than $2,200 per month combined in retirement, and their home was their only asset. Last November, the friend's father was hospitalized for three weeks and was eventually diagnosed with prostate cancer. The situation created a caregiving crisis for her friend and his wife, who both worked full-time jobs and lived across town. They had to immediately set up private-paid services in the home for the friend's mother. Nevada Senior Services assisted with coordinating adult day-care services. Because the mother lived outside the boundaries of the regional transportation system, her friend began getting up every morning at 4:00 a.m. to drive across town to take his mother to the day-care center before he went to work. A referral was made to the Home and Community-Based Waiver program at ADSD for his mother to receive adult day-care services and transportation services, but they were still waiting. Since that time, her friend's father returned home and the mother was hospitalized again and then discharged back home. The father, who was fiercely independent, was dealing with his own cancer treatment and was doing his best to take care of his wife. The family was unable to pay privately for adult day care and the corresponding transportation services needed long term. Her friend had described the last three months as one of the most stressful and gut-wrenching experiences of his life. His mother was one of the 600-plus persons on the current waitlist for services through the Home and Community-Based Waiver program. Based on the average wait-time, the family had another nine months of waiting for the help they needed now. In Nevada, this is what waiting looked like for at-risk seniors who needed care in their homes. She thanked the Subcommittees for allowing her to share the story.

Beverly King read her prepared testimony.

> My name is Beverly King and this is my 33-year-old son Travis. We moved here a little over three years ago and now reside at 1461 Orchard Road, Gardnerville.
>
> My husband and I have been working with the Nevada Rural Regional Center and have been made aware of the many challenges in regard to the State of Nevada and the options of programs they provide for group homes versus the host-home program. Host homes is a program that we see as a perfect and viable environment for our son and many others with disabilities to reach their highest potential in regards to quality of life now and in the foreseen future.
>
> After continual research and many phone calls, my husband contracted Senator [James] Settelmeyer, who put us in contact

with Roger McClellan [a Legislative Counsel Bureau staffer], in which we received a letter from Jane Gruner at the State of Nevada Department of Health and Human Services (Aging and Disability Services Division).

She has been very responsive and listened to all the problems I have in regards to Travis' condition and abilities due to his mental challenges. Ms. Gruner informed me that the host-home program has been stalled due to uncertainty in implementation.

From all the investigating I have done on my own, it seems that one major problem is that the U.S. Department of Labor enacted new rules effective January 1, 2015, related to the companionship exemption. Subsequent to that, a lawsuit was filed challenging their authority to change those rules without legislation coming from Congress. The federal judge ruled in favor of the plaintiff; however, the Department of Labor appealed and the outcome is still pending.

Many trade and advocate organizations worked closely with the U.S. Department of Labor (USDOL) to ensure that even if the rules were changed, adult foster care of host homes would have a "safe harbor" for adults with disabilities to be operated as independent contractor arrangements and not be impacted by those changes. Many states continue to utilize the host-home model as they recognize it as being the least restrictive, the most community integrated, and the most cost-effective models of care.

As I understand it, the State of Nevada has advised the regional centers to put on hold the host-home program while they review the new USDOL (Fair Labor Standards Act) [requirements] for home care and shared living.

I would ask that the state reconsider this position for people with disabilities in Nevada.

As a mother, I urge the legislative members give hope to families who have special needs children and their caregivers by implementing this very critical program and the funding that will

> provide a quality of life that would not and could not, be attained without your passage of the host-home program.

Elana T. Graham, Esq., Deputy Director, Southern Nevada Senior Law Program, testified that the law program was the only exclusively senior, free, quality legal services provided in southern Nevada serving frail, disabled, non-English speaking, rural, and other seniors. She was honored to do that work. Since 1978, the program received ADSD funding assistance specifically. The law program had been the recipient of Title III-B funds under the Older Americans Act. It also received the independent living grant to assist seniors to remain as independent as possible. The funding partially paid for the guardianship work. The legal services program resolved spirit-crushing, alarming, immediate legal problems and assisted seniors to prepare for a dignified future while remaining as independent as possible. Ms. Graham supported the ADSD budget. The law program could not provide services to as many persons without the ADSD financial support.

Heather Spaniol, parent, testified that she represented her autistic daughter named Angelina, who was eight years old and was completely nonverbal. She was a runner, had sensory problems, and many more deficits. Angelina was diagnosed six years ago. Ms. Spaniol supported increasing the funding for Autism Treatment Assistance Program (ATAP) services. She had spent thousands of dollars on hyperbaric chamber treatments, diets, supplements, medications, and nothing helped except for applied behavior analysis (ABA) therapy that took years to get. Angelina finally received ATAP services. The waiting list was long. The school district recently eliminated the entire ABA program.

Ms. Spaniol said getting private insurance was helpful, but expensive. Most families could not afford the copays. Even when families could afford the copays, few taxicabs would drive all the way out to where she lived. A child on a waiting list for one year meant it was one year longer that the child could not use the toilet by herself, communicate, dress herself, brush her teeth, or learn her letters or colors. After two years of ATAP services, her daughter had learned all those skills. She felt that it was a miracle.

Ms. Spaniol said that while Angelina was on the waiting list, she was in a special autism class and never learned one thing. Ms. Spaniol said she recently discovered that the teacher had no idea that her daughter, who could not speak, knew colors and letters and could point to them.

As of April 1, there would be one less family on the waiting list because Ms. Spaniol was moving her daughter out of the state. She could no longer endure the lack of services, the long waitlist, and the awful way children were treated in the school district. She was taking her daughter away to a state that offered good services and families did not need to fight for services. She had friends who had no idea that there were services available. The worst part for Ms. Spaniol was that she had to sell her house, leave her job, her family, and friends, and her daughter had to leave her father behind.

Ms. Spaniol asked the Subcommittees to not cut funding and help those families learn all that her daughter had learned in the two years of receiving ATAP services. Through the ABA program, Angelina learned to use the toilet on her own and many other things. Children who did not receive ATAP services would require state assistance for institutionalization for many years. It was expensive to provide medical care, food, clothing, and shelter for autistic children.

Ms. Spaniol was not the only family to leave the state, and she was sure there were many others who had left already. She wished she had left years ago to help her daughter because she wanted her daughter to have some type of normalcy when she was older.

Stephanie Schoen testified that she was an occupational therapist and the parent of a medically involved daughter who had previously been institutionalized, but had successfully been living at a host home since 1998. Ms. Schoen and her husband had been pioneers of that program, and she served seniors in their homes by providing home care. Seniors often thought Nevada was a great place to retire until they moved here and learned that was not the case.

Ms. Schoen supported all of the budget items presented by ADSD. She had concerns about dental services for seniors, youth with intellectual disabilities, and autism. Dental problems led to health problems, resulting in expensive medical care. Mental health was not in the ADSD budget, but it should be funded well. Families often were in a 24/7, on-call basis caring for the loved ones at home, and Ms. Schoen said that was overburdening the family. Failure to provide care could result in a report to adult or child protective services. Often families did not sleep for three days because the child had not slept in three days. There was no way to function without sleep. The services needed funding to address those caregiving problems because the family could not be expected to do everything. There had to be some assistance.

Ms. Schoen said families should receive the proper support and training. When she provided home care, she saw families in the same situation as she, struggling to pay bills, taking time off work to care for their loved one, and doing everything with no sleep. Caregivers were entitled to take a shower and get some sleep.

Ms. Schoen advised that it was important to educate everyone about the wonderful programs for children in this state. There were programs for seniors that needed more funding. There were marginalized adults in the middle with permanent disabilities because they failed to receive proper services as children. There were persons whose needs spanned across multiple waiver categories. A person could only choose to be on one waiver at a time, but might need various elements within several waivers. She recommended a voucher system that might result in potential cost savings to support a host-home program. She wanted the Subcommittees to fund everything she asked for and then find a way to creatively fund even more.

Bob Redding, owner, Comfort Keepers, testified that his company was a senior-care business in Reno and Sparks, and employed about 85 professional caregivers. The client base ranged from 10 years of age to 112 years of age. About eight or nine years ago, his business earnings had been a mix of about 80 percent Medicaid and 20 percent private insurance. Since then, earnings reversed to 20 Medicaid and 80 percent private insurance. The reason for the change was that he used his private insurance clients to subsidize the low rates he received for his Medicaid clients. Otherwise, he could not provide the care. Most of his competitors no longer accepted Medicaid, but the businesses were not profitable. No rate increases had been approved in over ten years, and it was hard to survive as a business owner. Costs had increased exponentially, for employment, insurance, liability, and licensing.

Mr. Redding said the 2015 Session considered assessing even more taxes on business owners. The state created an environment in which businesses could not profit. The state needed more providers to decrease the waitlists and increase services to the senior and disabled populations. The state could not attract more providers with the low reimbursement rates. He expected over 50,000 new jobs to open over the next few years. There would be increased competition for the dwindling caregiver pool. He thought the state needed more providers, and the future of the program depended on good quality, compassionate caregivers. He said the state could not attract caregivers unless it could pay a livable wage. To pay a livable wage meant the state had to break that logjam of a decade long lack of increases in provider rates.

Jacob R. Harmon, Regional Director, Northern Nevada Alzheimer's Association, testified that he agreed with the prior speakers that there was a large need for an expansion of senior services in Nevada. The shifting demographics made that imperative. He thanked the Subcommittees and ADSD for its partnership. Without both, it would be impossible to deliver the services throughout Nevada to the 40,000 persons who needed services. The Association was able to offer free services 24/7/365 because of its partnership with the state. An expansion of that funding would allow the Association to serve even more clients. Nearly half of those 40,000 persons living with Alzheimer's and dementia were undiagnosed. The lack of a diagnosis increased medical expenses for Alzheimer's and dementia exponentially. Mr. Harmon stated that any opportunity to expand the funding would result in significant cost-savings potential.

DulceMaria Santillan read her prepared testimony.

> Good morning, my name is DulceMaria Santillan, and this is my history.
>
> Autism came to my house 17 years ago and doubled: I have two teenagers with autism. It is something that only someone who lives [with it] knows what it is. When they were small, my kids thought once they grew up we would have a normal life and that they would be independent because autism would no longer be in our home. It makes everything so different: days do not have nights; friends leave and you are able to count them with your fingers; there is sadness and sometimes that brings illnesses due to stress that we are living [with].
>
> My son would stay awake three nights in a row, sometimes crying or throwing a ball all the night. Nothing would make him go to sleep. And no one would sleep. Another thing, the people judge you when they see children hitting themselves or having a tantrum during waiting in line at the store. They think you are a bad parent, that you do not have good parenting skills and we have to

deal with their comments. This and more is autism in our family, and you live it mostly in their childhood.

My children controlled most of their behaviors due to in-home therapies such as ABA [applied behavior analysis], speech, OT [occupational therapy], and social training in between. The Autism Assistance Treatment Program (ATAP) helped us to pay. With the services of ATAP, they learned to play Wii, go to the park, and make friends, among many things. At the time, they progressed so much and my family was happy. If it had not been for ATAP, I am sure my kids would be in residential placement now.

As I said in the beginning, we thought autism would leave our home when they grew up, but no, it is still here. Now they are teenagers, and it is very difficult to have therapies for them. We have new challenges, hormones, and feelings. If sometimes it is hard for a typical child to understand; it is worse for young adults with autism. Some bad behaviors come back [with the] anxiety of wanting to do things, but not being able to.

Some behavior we can redirect because ABA taught us. Now my 17-year old has dreams. He wants to go to parties, but does not know how. He wants a girlfriend, but does not comprehend the commitment. He wants a job, but not as a janitor. He wants to graduate and go to college, but he is not being successful. We feel alone, because we do not have more services of ABA therapy; they helped a lot.

We need the support, orientation, and therapies. Now we need to [wait for] to Medicaid to cover ABA therapy. We cannot wait, because autism is destroying us.

For now, autism continues to steal my children's dreams.

As parents we are not eternal. Today, my children sleep at night, but [not] us, thinking of what their future holds when autism is no longer here.

> Please, autism does not run my house. ATAP helps my family, so do not cut the budget: many families need [ATAP].

Ms. Santillan said she knew some children remained on the waitlist for a long time. She thought ATAP services were important. Now that she had teenagers, the future was not clear for her. She was sure if her family had early intervention services, those skills would provide the best future for her son.

Melody Mojica, representing The Independent Senior Foundation, testified that the Foundation was a voice for seniors, the disabled, and their caregivers, and she represented the employees and staff members who served that population. She also represented Nevada Adult Day Healthcare Centers, which was a dedicated sponsor of The Independent Senior Foundation. She said her colleagues shared some statistics, but she was unsure how accurate they were. Many knew that Florida had the largest number of seniors in its population and spent over $690 million on senior services. The State of Nevada was number two in senior population, but Nevada only spent $9.2 million on senior services.

Ms. Mojica stated that she had a media background and was a television host and a newspaper community director. She started working in the media industry about 1 1/2 years ago and stated that it had fulfilled and changed her life. She represented the Nevada Adult Day Healthcare Centers as the director of marketing and development. Her work with seniors and disabled citizens also filled and changed her life. She was certified to teach Zumba, and taught Zumba classes to seniors and disabled citizens, because she knew it made a difference. She saw the difference every day and every time she taught a class, she wished she could do more. She asked the Subcommittees' members to open their hearts and minds to allow an increase in the budget for adult day care and disabled services. She wanted her employers to increase the payroll for those employed by her facility and increase the income for other providers who cared for seniors and disabled citizens. She suggested that if the Subcommittees members' parents needed services, the members would want them to receive quality services.

Jennifer Ty, volunteer with Baby Boomers Activities Club in Las Vegas, agreed with the prior testimony. She stated she had an aging brother who was mentally disabled and attended Opportunity Village. He loved going to Opportunity Village because it gave him hope and rehabilitated him in many ways. He had polio and a disability when walking. He learned a lot and enjoyed the social activity and the friends he made. He came home every day and shared all his activities with neighbors. Before Opportunity Village, he would sit in his room quietly watching television, sleeping, and being unproductive. Human beings needed to feel productive.

Ms. Ty had made three trips to Las Vegas and had given up a lucrative career in New York because her mother was aging and slowly experiencing dementia but was unaware of it.

Ms. Ty became a volunteer at Baby Boomers Activities Club, because she needed to learn what services were available for her mother. She stated the adult day-care business, and in particular the Baby Boomers Activities Club, seemed to offer good environments for persons to thrive as human beings and not merely wait to die. Ms. Ty said she provided touch therapy, singing, math problems, and a range of motion exercises. She stated that it made a difference in the smiles and the hearts of everyone who attended. She asked the Subcommittees to make the right decision with the budget.

Larry Weiss, Ph.D., founder and CEO of the Center for Healthy Aging, testified that his colleagues had presented the cost-effectiveness and necessity of focusing on home and community-based services. He stated that Nevada had to move out of the 18th century when institutionalization was the norm. The state had to modernize its health system, use cost-effective processes, and focus on humane family and community-oriented services. He supported the ADSD enhanced budget.

Barbara Deavers, senior citizen, explained that she had occasion to work with the waitlists, and she knew persons on the waitlist felt as though nobody cared about them. She wanted more funding to reduce the waitlists. Dental problems were the highest priority for the elderly. Medicare did not pay for dental services, but Medicaid paid for emergency dental services. However, many seniors were not eligible for the Medicaid program. She wanted funding restored for the dental program.

Chair Oscarson thanked everyone who testified and stated that any persons who had written comments but did not have an opportunity to speak could submit them to the Secretary for inclusion in the record.

The following exhibits were submitted by individuals who did not testify:

- Exhibit G - Testimony submitted by Edward Guthrie, Chief Executive Officer, Opportunity Village in support of funding for the Aging and Disability Services Division, Department of Health and Human Services programs.
- Exhibit H - Testimony submitted by Natale Mouer, parent, in support of funding for the Aging and Disability Services Division, Department of Health and Human Services programs.
- Exhibit I – Testimony submitted by Lisa Foster, representing State of Nevada Association of Providers, in support of funding for the Aging and Disability Services Division, Department of Health and Human Services programs.

Chair Oscarson thanked the audience and expressed his gratitude for the passion and services provided to the citizens in need. He closed the public comment portion of the hearing and adjourned the meeting at 10:33 a.m.

RESPECTFULLY SUBMITTED:

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Janice Wright
Committee Secretary

APPROVED BY:

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Assemblyman James Oscarson, Chair

DATE: ____________________________

____
Senator Mark Lipparelli, Chair

DATE: ____________________________

EXHIBITS

Committee Name: **Subcommittees on Human Services**

Date: **March 6, 2015** **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	Aging and Disability Services Division, Budget Presentation
	D	Jan Crandy, Chair, Commission on Autism Spectrum Disorder	Testimony and ATAP Cost Effectiveness Sheets in support of ATAP
	E	Christopher A. Vito, MHA, President and Chief Executive Officer, Nevada Adult Day Healthcare Centers	Adult Day Care in Nevada
	F	Erik Schoen, Executive Director, Human Services Network	Memorandum in support of funding for the Aging and Disability Services Division programs
	G	Edward Guthrie, Chief Executive Officer, Opportunity Village	Testimony in support of funding for the Aging and Disability Services Division programs
	H	Natale Mouer, parent	Testimony in support of funding for the Aging and Disability Services Division programs
	I	Lisa Foster, representing State of Nevada Association of Providers	Testimony in support of funding for the Aging and Disability Services Division programs