Draft Minutes

HOME CARE EMPLOYMENT STANDARDS BOARD
October 4, 2022
2:00 p.m.

MEETING LOCATIONS:

Per Assembly Bill (AB) 253 (2021), public bodies whose members are not required to be elected officials may hold public meetings by means of remote technology system with no physical location.
Accordingly, all members of the public were encouraged to participate by using the web-based link and teleconference number provided in the notice.

Call to order– Cody Phinney, Chair Designee

Cody Phinney, Chair opened the meeting at 2:03 p.m.

Agenda Item 2: Roll Call – Kayla Samuels, Management Analyst

Kayla Samuels reviewed expectations for the meeting and took roll call.

BOARD MEMBERS PRESENT:

Cody Phinney, Chair Designee
Safiyyah Abdul Rahim
Robert Crocket
Farren Epstein
Maxine Hartranft
Gerardo Luis Gonzales
Stephanie Schoen
Shanieka Cooper
Kristi De Leon

DIVISION OF PUBLIC & BEHAVIORAL HEALTH (DPBH) STAFF PRESENT:

Kayla Samuels, Management Analyst, Bureau of Health Care Quality and Compliance (HCQC)
Kirsten Coulombe, Social Services Chief, Health Care Financing and Policy (DHCFP)
Wendy Montgomery, Provider Enrollment, DHCFP
Cathy Vairo, Social Services Chief, Provider Enrollment, DHCFP
Brooke Maylath, Health Facility Inspector, HCQC

OTHERS PRESENT:

Ryan Sunga, Attorney General's Office
Alexandria Von Mohr, Office of the Labor Commissioner
Annemarie Culp, Caregiver Support Coordinator, Aging and Disability Services Division (ADSD)

Tracey Richards, Home Care Worker
Shawn Slatter, Home Care Employer

Roll call was taken, and it was determined that a quorum of the Home Care Employment Standards Board (HCESB) was present.

General Public Comment

Alexandria Von Mohr introduced herself from the Office of the Labor Commissioner and announced that a new Labor Commissioner has been appointed, Brett Harris. Ms. Von Mohr said it is very exciting to have a new Commissioner in place. Ms. Von Mohr said Ms. Harris unfortunately had a schedule conflict and could not attend the meeting, however Ms. Harris does have some good background on the Board now and will be joining in the near future.

Agenda Item 4: Action Item – Approve Minutes from August 23, 2022, HCESB Meeting and September 19, 2022, HCESB Subcommittee on Systemic Racism and Economic Injustice Meeting

Chair Phinney called for edits or discussion on the August 23, 2022, meeting minutes. None heard.

Chair Phinney called for a motion to approve the August 23, 2022, meeting minutes. Robert Crockett made a motion to approve the August 23, 2022, minutes. Shanieka Cooper seconded the motion. The motion passed unanimously.

Chair Phinney called for edits or discussion on the September 19, 2022, meeting minutes. None heard.

Chair Phinney called for a motion to approve the September 19, 2022, meeting minutes. Safiyyah AbdulRahim made a motion to approve the September 19, 2022, minutes. Ms. Cooper seconded the motion. The motion passed unanimously.

Agenda Item 5: Possible Action Item – Presentation on the cultural competency training requirements for home care workers

Brooke Maylath, Health Facility Inspector, HCQC

Brooke Maylath presented Cultural Competency Training Requirement Overview. Ms. Maylath said staff have heard a lot of the concerns that have been expressed, particularly by personal care agencies (PCAs), and are looking at refining the regulations, closing certain loopholes, creating come allowances that will hopefully be able to mitigate costs, find other avenues as ways to be able to get the material out to organizations, and perhaps legislation that would be somewhere in the cultural competency training realm in the upcoming session, though that is just speculation.

Kristi De Leon said the cultural competency training is very much needed and that it is great it is being brought to the forefront so people can be better educated on the different diverse situations

that are faced. Ms. De Leon asked if the industry could come together to present a way to streamline the training, saying her current understanding is that agencies have to come up with the training program and make sure that all topics that should be covered are included. Ms. De Leon asked if there is a plan to streamline the training similar to the elder abuse prevention training.

Ms. Maylath said there is an option that employers create their own training so it can be tied into the culture of their own company or tie it in with existing company policies. However, employers do not have to create their own training, there are approved third party trainings that can be used. Streamlining in other ways has not been defined. There are conversations that the team has been having as to what possibilities might look like that can be offered, but those talks are very speculative right now. There is nothing concrete to comment on since staff have to work within the confines of both the statute and where the situation is at to figure out where it needs to go.

Chair Phinney said a facility can submit their own training and there is a team that will assess the training and work with the facility to get it approved. Chair Phinney asked Ms. Maylath how many currently approved third party trainings are there.

Ms. Maylath said at least five (5) or six (6). Ms. Maylath said she thinks one more is due to come online within the next 60 days.

Chair Phinney asked if PCAs could access the approved third party trainings and not have to come up with their own.

Ms. Maylath confirmed.

Chair Phinney asked if it is correct that there is no prohibition against a group of facilities developing a training together and going through the approval process.

Ms. Maylath confirmed.

Ms. De Leon asked where the approved third-party training courses could be found.

Ms. Maylath said she would provide the link.

Ms. Cooper said the cultural competency training is very much needed and is valuable, however is an issue for people like herself who are family caregivers. Family caregivers do not typically need this training, so it is time consuming and a cost for workers who are already struggling. Ms. Cooper said she thinks that the training will increase the shortage of workers as well since it is another requirement that caregivers have added. It will scare people away because it is already costly to be a care giver before this training is added on. Ms. Cooper suggested that the training be online. It is an issue that workers have to pay and take off time that is not paid.

Ms. Maylath said most of the third-party training options are online and if there is a large group of people from an agency taking the training, some may offer different rates for the training. The

State has nothing to do with that process, just approving the content. Ms. Maylath said staff are sensitive to the time and cost issues and are exploring different ways to address it, particularly for those that are dealing with giving care to family members.

Ms. Cooper asked if other employers, such as hospitals and nursing home workers attend this training.

Ms. Maylath confirmed and said hospitals are embracing the training, it is required for hospitals and nursing homes.

Ms. Cooper asked if the training requirement will fall under the new regulations and guidelines for paid trainings by the employers for home care workers.

Ms. Maylath said the way that the statute for the cultural competency training is worded, the facility is responsible for training the employee.

Chair Phinney clarified that the Board has made a recommendation to make changes to other regulations and believes the answer to Ms. Cooper's question is "yes," but said she will confirm.

Stephanie Schoen said she has concerns that the training being another requirement placed on family caregivers, people who care for only a family member and nobody else. Certainly, those individuals are competent in their own family's culture. Ms. Schoen said she takes issue with families being required to do the training, especially under the ISO model where they are being hired by the family member to do the care. Ms. Schoen said it would be best if one training was put out by the State with what is required since there is a lot of room for interpretation in this particular topic. Ms. Schoen asked if there can be a waiver for individuals who are in situations where they are in professional healthcare and their license depends on other cultural competency training requirements. Ms. Schoen asked if anything has been built that allows workers to waive the requirement because of another professional license or family or if the requirement could be replaced by a continuing education course that applies towards a professional license. It would be nice if the requirement could overlap in more than one environment, so someone is not taking the same class for two different agencies.

Ms. Maylath said ISOs are not covered as a facility by this law, so if someone is a caregiver working through an ISO, the requirement for the training does not apply. Ms. Maylath said there is nothing existing as a waiver right now, and interpretation of the statute looks as if a waiver would need to be put into statute so it would have to go through the legislative process.

Ms. Schoen said it is an issue that families continue to be asked to protect themselves and advocate for their own ability to e a family and not have to adhere to too many regulations just to be supported to do home care. To go through the legislature is a lot of work that would have had to start being planned at least two years ago to get talked about in the next legislative session. The earliest the issue would be talked about legislatively would be for the 2025 session.

Ms. Maylath said, regarding Ms. Schoen's question on the training aligning with professional licensing, there is consideration. There was a bill passed in the 21 Legislative Session mandating

cultural competency training for specific licensing boards. How that law was written was that the facility cultural competency training should meet the requirements for the licensing board, but it does not work the other way around. What is approved by the nursing board does not necessarily mee the approval for the facilities. It could be submitted for approval, but what staff are finding is that for facilities, there is a higher standard being held to make sure the training is robust. Staff are looking at different ways to adopt that methodology and how craft it in a way that could harness that kind of uniformity. Ms. Maylath said staff want to collect all this input and refine things to make them better.

Chair Phinney said the feedback from the Board is going to be helpful in the work that Her and Ms. Maylath are going to be working on to make the requirement better.

Ms. Schoen said maybe there should be a pilot study to determine different methodologies and determine which one works. Th idea of standardizing it as part of other state training could be a solution.

Mr. Crockett said he has taken three (3) of the different cultural competency classes and thought they were great. Everyone should be proud, but the trainings are wonderful for an administrator, someone who oversees the whole body of caregivers and clients. Mr. Crockett said he had 15 of his caregivers take the training in the last month, and the feedback was relatively positive with one issue being that they will have to repeat the same process in a year, and it will likely be the same course. Mr. Crockett proposed a 30 minute to one (1) hour refresher course to renew the training requirement. Mr. Crockett said he is perfectly happy to spend the money for the eight (8) hour class for his new caregivers, but a lot of them are family caregivers who are only ever going to have one client, and he does not want to have to pay to go to that class every year. It would be a waste of resources that could be used on other training. Mr. Crockett asked if the cultural competency training is part of the annual training time for a PCA and how statute defines annual as it relates to cultural competency.

Ms. Maylath said it is the same as other trainings that if the inspector comes and pulls files for employees, it is expected to see those certificates. Ms. Maylath said the annual basis is whether the training has been completed in the last 12 months.

Mr. Crockett asked if it expires in 365 days.

Ms. Maylath confirmed.

Mr. Crockett said that system is preferrable because he has the option to get certain groups of his caregivers together, such as those who speak Spanish or do not speak English as a first language, together no matter when he hired them to complete training and share experiences. Mr. Crockett said he would be more comfortable is the Nevada Office of Minority Health and Equity were responsible for the cultural competency training, stating he is concerned that it is part of the licensing requirement and from his experience, cultural competency is not necessarily HCQC's expertise.

Chair Phinney said cultural competency is under HCQC because that was how the law was written. When looking at mechanisms to ensure healthcare facilities take an action, HCQC is the place it can be done based on the licensure.

Mr. Crockett said that is not the system for elder abuse and the rules are different.

Chair Phinney said the elder abuse piece could also impact a licensure.

Mr. Crockett said the statute does not say HCQC.

Ms. Maylath said it is under HCQC because the requirement falls under the licensing chapter. HCQC is the unit within the government that enforces and oversees the licensing process and any of the complaint investigations or annual surveys.

Mr. Crockett asked what happens if Ms. Maylath leaves or the people spearheading the requirement leave.

Ms. Maylath said staff have discussed what continuation looks like, what refreshers and updates look like, and how to keep the material fresh without having to go back to the drawing board for a lengthy process. There are a lot of moving pieces that staff are taking into consideration.

Mr. Crockett said he believes the personal care industry is a little bit different because caregivers are predominantly in marginalized groups already. They are mostly minorities, women, and low income and the training is tough for them. Mr. Crockett said half of his caregivers do not speak English as a first language and a third have immigrated. Mr. Crockett said those workers do not necessarily agree with all America's culture, and he does not expect them to. Mr. Crockett said he is a big fan of cultural awareness, and that they can think what they want if they take care of the client and treat people with respect. Mr. Crockett said it would be great to integrate Assembly Bill (AB) 217 that included that training for non-medical caregivers that came out in the last legislative session. In Section One (1) it requires the Division opposed to the nationally recognized list of organizations that offer free or low-cost training to meet the training requirements. It would be great if the industry could follow that. Mr. Crockett said that NRS 449.0303 says those affected by the requirement are facilities that provide any type of medical care or treatment, and regulation is necessary to protect the health of the general public, such as hospitals. Personal care agencies do not provide any medical care or treatment unless it is an ISO, which is not covered by the requirement. Mr. Crockett said to him it seems PCAs should be excluded, but that does not mean get rid of the training.

Maxine Hartranft asked which part of the requirement does not apply to ISOs, whether it is the statute itself or the way the bill was written.

Ms. Maylath said it is her understanding that in the interpretation of what is a facility, the PCAs fall under that facility definition but the ISOs do not.

Ms. Hartranft asked for confirmation that ISOs do not get audited on cultural competency.

Ms. Maylath confirmed.

Ms. Cooper said she thinks the Board needs more time to develop recommendations about how the cultural competency training can be rolled out and the most suitable and effective way to develop implementation on how to delay the process until things can be figured out.

Chair Phinney said HCQC cannot wait on this process. The process is already going. The law was passed and HCQC does not have the authority to wait on that process. There was the ability to hold off enforcing or penalizing agencies for a period of time because of COVID in the. This particular training is unusual in that it requires each agency that it applies to submit a training to HCQC to have it approved. That has pros and cons but is definitely a labor-intensive process. As Ms. Maylath has indicated, HCQC is looking at revisions to the regulation. Regulation is below law and regulations are able to be made within the law that the Legislature passed. Everything the Board wants to provide as recommendation would be helpful in the review. If there is a need for additional legislation, there are opportunities for that in the future.

Ms. AbdulRahim asked for more information on the ISO side of things and if it is possible to make sure that the training is paid for the home care workers and make sure that there is a way for the training to be tracked and paid for if the worker does it online.

Chair Phinney said she will confirm with the Deputy Attorney General about the application of ISO versus PCA for the next meeting.

Kayla Samuels said she will compile a list of recommendations and unanswered questions regarding the cultural competency training and submit that to Chair Phinney, Ms. Maylath, and their team. Ms. Samuels said the Board can make recommendations regarding the cultural competency at the next meeting, but to come prepared with those recommendations, as that will be the last meeting tot make them.

Agenda Item 6: Possible Action Item – Presentation on respite services available to home care workers

Annemarie Culp, Caregiver Support Coordinator, ADSD

Annemarie Culp introduced herself as the Caregiver Support Coordinator with Aging and Disability Services and presented Respite Services in Nevada.

Farren Epstein said she found a lot of the presentation a little misleading. Ms. Epstein said her son is 37 years old and she is the primary caregiver with no family. Ms. Epstein said she has been searching for respite for at least twenty of those years and on every level, there is a gap with obtaining respite services. There is a caregiver crisis. Ms. Epstein said she is disappointed with 211 on many levels for information and services and some of the people who answer 211 do not know what respite is. The pay for respite is so low, even if someone could be found to perform respite, they do not want to work for such low wages. It is poverty. Ms. Epstein suggested a YouTube clip called unseen that highlights how family caregivers have been failed. Family caregivers are tired and isolated. The isolation gets worse as the family member or disabled

individual gets older and the duration gets longer. Caregivers get more isolated and more desperate. Ms. Epstein said it takes a big toll on here health and that she gets up every four (4) hours to turn her son. Ms. Epstein said she would like a break from the pressure, but it has not happened and prevents her from pursuing a living with a living wage and benefits. Ms. Epstein said her son had been on a waiting list for a long time through the Desert Regional Center (DRC) for respite funds. Ms. Epstein said she finally got the respite funds and put her son in Henderson therapeutic recreation programs. Ms. Epstein said during COVID, since her son is very medically fragile, he wanted to stay isolated due to concerns about contracting COVID and not being able to take the risk of being with people he did not know. Ms. Epstein said she did not use the respite for a couple months and got a letter saying her son was taken off the program and that COVID was not a valid reason for not using respite funds. Ms. Epstein said she thinks it is absurd and outrageous that respite services are reimbursed at $10.00 an hour under the frail and elderly waiver program and $14.52 an hour under the physically disabled waiver, as opposed to the already shamefully low $17.56 an hour for personal care services and $15 an hour for homemaker services. Ms. Epstein motioned that HCESB recommend to the Director that respite services under the waiver programs are reimbursed at the same rate as personal care or homemaker services based on the service that the respite worker is providing.

Ms. Schoen seconded Ms. Epstein's motion. Ms. Schoen asked for an amendment to the motion to include the rate that people get under the developmental waiver for habilitation services for family host homes. Ms. Schoen said any respite worker should get the same rate as whoever they are replacing.

Ms. Epstein said she would like to amend the motion and asked if the motion could be worded to include generally all waiver programs.

Chair Phinney said the wording is acceptable. Chair Phinney called for a second to Ms. Epstein's motion with the amendment.

Ms. Schoen seconded the motion. The motion passed unanimously.

Chair Phinney asked the Board if there were any other comments on the agenda item. Chair Phinney said that Ms. Culp was here to share her understanding of how these services are supposed to work, however it does not always work the way it was designed. The staff person presenting is not necessarily at fault for that. Feedback helps make programs better and explains to staff that what was designed does not have enough capacity or the needs of those it affects are not being met. It is not about any individual. Chair Phinney said she would be happy to connect Ms. Epstein with somebody if she wanted to make a complaint about her particular issue.

Ms. Epstein said she was not aware of ADSD until very recently and that there is a breakdown with information and knowing where and who to go to.

Ms. AbdulRahim asked if there is a specific place for people to go to get this information. Ms. AbdulRahim asked where people go to get respite services and what to do when they are denied

the services. There is issue in people not being told the services even exist or how to go about getting them or who to contact. There are people in need of services that are not getting those services or being told about them. It is a vital issue that needs to be addressed. Ms. AbdulRahim asked where someone would go and how would they go about getting respite services.

Ms. Culp said she can see the frustration with the barriers and limitations in trying to navigate the very complex system to find services offered by ADSD. Staff are trying to look at ways to alleviate those barriers and make it as easy as possible to access respite. There are various providers that provide respite, but the main place to go would be Nevada Care Connection, who are also lined to the Nevada 211. For respite specifically, there is the Respite Care Coalition who keep up to date on everything respite to try to help people and guide them to what the most appropriate program might be. Ms. Culp said if there is a specific question about a certain type or where to find it, she may be contacted as well.

Chair Phinney said if Ms. Culp provides the links she referred to, Ms. Samuels can post the information on the HCESB website.

Ms. AbdulRahim asked if respite is automatically offered to new home care workers by the company they work for or if they would have to know and ask about. Ms. AbdulRahim asked how caregivers would find out about respite services.

Chair Phinney said the respite services are attached to the recipient, not the provider or care worker.

Ms. AbdulRhaim asked how the recipients would know about respite services.

Ms. Culp said a lot of times the respite is something that is authorized for the provider agency to provide to the care recipient, or that caregiver has applied for a specific respite program in which the agency is providing that service specifically. If it is felt that someone should be getting respite services that is not or they do not know about it, then the person either needs to go to their case manager or program if they have one or would need to seek out a respite service through one of the ADSD providers.

Gerardo Luis Gonzales said he supports Ms. Epstein's recommendation because family caregivers have to be informed about their options. Families need to be aware of the option of respite. Mr. Luis Gonzales said from the point of view of a recipient, he can see the toll that his care is taking on his mother since he left the hospital more than 20 years ago after his accident. Mr. Luis Gonzales said his mother has less opportunity to work in a different area and that he feels guilty about it, but it is something his mother does without regrets or second thought. The ISO program is a very important tool for patients and their family members who care for them.

Ms. De Leon said as an agency, when there are new employees or clients, she offers the respite programs that her agency is approved for, and how she found out is working in the community and being exposed to what is available. Agencies can then help clients find what programs they

might qualify for. Ms. De Leon said the $10 and hour for respite care is not acceptable because at the end of the day, it is still a whole caregiver that is needed. It is a real job that needs to be reimbursed a fair wage to provide whatever that care is. Everything that comes with being a caregiver is involved in that respite time.

Ms. Epstein said for many individuals, the whole idea of respite is to relieve the pressure. Companion services are different than respite services. People want the same kind of training and same level of care to come into the home for respite.

Ms. Schoen said when a client has high level care, it cannot be handed off to just any respite worker, it has to be someone able to perform a variety of skill tasks. Respite workers who were doing those skilled tasks were told to cease. Ms. Schoen said there is a huge need for nursing respite. Ms. Schoen motioned that the Board recommend to the Director of DHHS to do a cost saving analysis on how much money is being saved by family caregivers doing nursing in the home as opposed to having those people served by private union nursing, institutional nursing home care, or hospital care.

Chair Phinney asked if Ms. Schoen's motion is related to item 10 on the agenda of requesting a study.

Ms. Schoen said it probably could be a portion of that study and withdrew her motion for the time being.

Chair Phinney said she wanted to confirm with support staff before the next meting on the Board's authority within statute to address the issues Ms. Schoen brought up. Chair Phinney said the Director may be willing to hear Ms. Schoen's feedback regardless of the Board's authority.

Ms. Schoen said when families are doing most of the caregiving and a lot of it is medical, it puts a barrier when they cannot get medically based respite.

Agenda Item 7: Informational Item – Progress updates from Nevada Medicaid

Kirsten Coulombe, Social Services Chief, DHCFP

Kirsten Coulombe said a vendor has been selected for the American Rescue Plan Act (ARPA) rate study. Ms. Coulombe said she cannot yet disclose who the vendor is, but the details are being worked out and will need to be approved by the Board of Examiners. Medicaid is planning to use ARPA funds to look at rate methodology, which drives the rate in the Medicaid world. The rate is tied to methodology. Medicaid is looking to have a vendor assist in reviewing the rates for the frail elderly waiver and the physical disability waiver, among others. The rate methodology is also being reviewed for personal care services, which is a state plan service. It will be a lot of activity that Medicaid is hoping that vendor will complete within a short time frame since the ARPA funding is limited. Once the contract is in place, work can begin and there will be kickoff meetings and stakeholder engagements as part of that process. Ms. Coulombe

said if anyone is not already signed up with the Medicaid listserv, it is definitely encouraged to sign up to keep informed. Ms. Coulombe said she will also forward updates to Ms. Samuels to distribute to the Board. Ms. Coulombe said in relation to the recommendation from the Board for inquiring with providers that received the 15% supplemental payments, a survey was sent on September 30th. It was sent to about 200 providers, and there have been 42 responses. The survey will close October 14th. Ms. Coulombe said she will send a reminder about the survey on Friday and once responses close, that information can be shared with the Board. Ms. Coulombe said the second round of applications for the $500 payments to workers has been officially opened. There is a new application, frequently asked questions (FAQ) sheet, and employee roster. The hire date for round one to qualify for the payment was November 1, 2021, and the hire date for the current round of payments would be July 1, 2022. The application is for providers to submit on behalf of their caregivers, which is a fillable document that accepts electronic signatures. The employee roster template is necessary to submit an application and must be submitted as an excel.

Mr. Crockett asked if Ms. Coulombe could send the survey to the Board.

Ms. Coulombe said she could send the survey to Ms. Samuels to distribute to the Board.

Mr. Crockett suggested adding language to the FAQ sheet encouraging agencies to distribute the $500 to workers when applying to expedite getting money to the caregivers if they accept the risks involved.

Ms. Coulombe said Medicaid is risk adverse and that suggestion carries a lot of liability, so Medicaid would just encourage providers to take the time to submit the application. Once an application is submitted, it gets processed even though the application period has not ended. The applications are processed as they are received. If the application is submitted correctly and completely, it is about a two- or three-week turnaround for payment. Ms. Coulombe said Medicaid's preference would be to encourage providers to apply as soon as they can.

Ms. De Leon said thank you and that she is excited to distribute these funds to her employees.

Agenda Item 8: Possible Action Item – Presentation on family caregiving and consumer direction

Kirsten Coulombe, Social Services Chief, DHCFP

Ms. Coulombe presented Family Caregiving and Consumer Direction.

Ms. AbdulRahim said she appreciates all the work Ms. Coulombe has hone and for the research presented. Ms. AbdulRahim said it is still frustrating that employers get to determine whether workers receive the $500 checks and that it took so long for the second round of checks to happen because they were supposed to happen six months after the first round. Ms. AbdulRahim asked once the application is submitted if the checks are being processed right away or if it will wait until January. If workers had a union, they could use their collective power to make sure every worker got the money that is owed to them. All the workers should be getting the $500

because they have been essential throughout the pandemic. Workers deserve more respect and need to be compensated. Long term change is needed through increasing the reimbursement rate to $25 an hour and raising the minimum wage to at least $15.

Ms. Coulombe said a survey was sent to providers that did not apply for the first round of $500 payments. Medicaid does not have the authority to mandate that all providers apply, and that is why there is the application process. Medicaid does not enroll caregivers, so does not have a relationship with the caregivers. The application for round one of the $500 payments was reopened for anyone that was interested in applying, and that was part of the delay for opening round two. Seven providers have since applied.

Ms. Cooper asked if there will be a third check to home care workers.

Ms. Coulombe said that refers to workers who may not have qualified for the first round of payments but may now qualify for the second.

Ms. Cooper said family caregivers face obstacles from isolation, lack of pay and compensation for 24-hour care, high levels of stress, and exhaustion. There is a lack of respite care, there are physical demands, no matter age or medical situation. Family caregivers suffer from a lack of hope for their future and their loved ones. Many family caregivers have given up careers because they cannot find help for their loved ones. They could all be working a job, but under the circumstances cannot, and the caregiver earnings are horrible. The funding family caregivers get is not enough and cannot find people to come and care for their loved ones. In this caregiver shortage crisis, family caregivers need to be supported. Family caregivers work whether they are sick or not and work all hours whether they are paid or not, because their commitments to their loved ones matter. These gaps in caregivers are caused by the low reimbursement rates, low wages, and lack of benefits. It is such a difficult role to take on, especially when not informed of waiver programs, caregiving options, and other services. Ms. Cooper motioned for the Board to recommend that DHHS require every home care consumer to receive options counseling from the state on the availability of the ISO model prior to beginning home care services as well as during the annual update visit. Ms. Cooper added that consumers should receive a document describing the differences between agency models and ISO models and sign off on their selection.

Mr. Crockett said in the frail, elderly, and physically disabled programs, respite hours, usually 336 hours a year are awarded on an annual basis, and all other waiver services are offered on a weekly basis. Mr. Crockett asked if agencies have to ask permission from Centers for Medicare and Medicaid Services (CMS) to change all services to annual so clients or recipients and caregivers can mix and match what works best for them.

Ms. Coulombe said CMS would have to ask permission to update the frequency of awarded hours. The topic would be a good conversation to involve partners at ADSD since they give those authorizations. If Medicaid were to expand and allow respite for more hours, that would technically be an expansion of the waiver service, which would require budget initiative.

Mr. Crockett said he is looking for flexibility of services, like respite, where it is awarded annually. A client may get three hours of homemaker services every week, but there are a lot of people who prefer that someone come five hours to do all the laundry, shopping, and cleaning every other week. That kind of flexibility works out better for the client and makes it easier for people to get services they want.

Ms. Coulombe said staff can look into that option.

Ms. Hartranft asked how members are informed of the different programs that are available to them.

Ms. Coulombe said the situation depends on if someone were on the waiver, they would have a case manager and go through that process. The case manager would be the one to determine hours then ideally would give the option of whatever type of service delivery model. If someone is not on the waiver and does not have a case manager, they would have to go through the authorization process for the service first, then they would have that option. Ms. Coulombe said the Board's feedback is helpful and that it seems like there is perhaps some gap in communication, and that perhaps staff can work on one-page documents to send out and make sure is available when someone is authorized for Medicaid at the welfare eligibility level. The level of material should be a bit more user friendly than the Medicaid Services Manual.

Ms. Hartranft asked with Provider Type (PT) 30 and PT 83, when clients are not on the waiver, how do they get the options presented to them.

Ms. Coulombe said it should be after the client has been assessed and then if they are also working with the Medicaid District Office, sometimes clients might work with their case coordinator and that can also let the client know about services.

Ms. Cooper restated her motion that the Board recommends that DHHS require every home care consumer receive options counseling from the State on the availability of the ISO model prior to beginning home care service and during their annual update visits. The consumer should receive a document describing the differences between the agency model and the ISO model and should sign off on their selection.

Ms. AbdulRahim seconded the motion. The motion passed unanimously.

Agenda Item 9: Possible Action Item – Presentation and approval of proposed recommendations to the Director of DHHS from the Subcommittee on Systemic Racism & Economic Injustice

Shanieka Cooper, HCESB Member, Home Care Worker
Safiyyah AbdulRahim, HCESB Member, Home Care Worker

Ms. Cooper and Ms. AbdulRahim presented Recommendations from the Subcommittee on Systemic Racism and Economic Injustice.

Chair Phinney called for a motion to approve the first Subcommittee recommendation that DHHS publicly acknowledge that poverty wages paid to home care workers and low investment in these essential services is a historic product of systemic racism.

Ms. De Leon made a motion to approve the recommendation.

Ms. Cooper seconded the motion. The motion passed unanimously.

Ms. AbdulRahim made a motion to approve the second recommendation from the Subcommittee that DHHS refer the matter of discrimination to the appropriate state body and assert that an industry-wide investigation be conducted to develop policy solutions, such as annual reporting by employers to safeguard against discrimination.

Ms. Schoen seconded the motion. The motion passed unanimously.

Agenda Item 10: Possible Action Item – Recommendation to Director of DHHS to request a study on the savings to Nevada Medicaid due to home and community-based services

Chair Phinney tabled the agenda item for next meeting.

Agenda Item 11: Possible Action Item – Recommendation to Director of DHHS for increased surveillance of licensing requirements for agencies to provide personal care services in the home

Chair Phinney tabled the agenda item for next meeting.

General Public Comment

Tracey Richards introduced herself as a home care worker of 16 years. Ms. Richards said the Board is doing a great job and is covering a lot of good topics on the respite and competency training. Ms. Richards asked if the cultural competency training can be accessed by clients and said she feels the clients could use the cultural competency awareness as well.

Chair Phinney said HCQC does not require clients to participate in the cultural competency training. Chair Phinney said she will look into whether HCQC can get clients that information.

Shawn Slatter introduced himself as the owner of Right at Home Las Vegas. Mr. Slatter said he has no doubt the cultural competency training needs to be improved and said that nationally approved training agencies and organizations have been denied their cultural competency training. Mr. Slatter said there is supposed to be a committee with the person that gave the presentation, however when people have requested to speak to the committee, they have been denied. Only the person who gave the presentation today is solely making the decisions. Mr. Slatter said cultural competency is very important, but the courses that are being submitted are being denied and told that there is not enough LGBTQ+ topics and the training needs an addition four to eight hours specifically on that. Mr. Slatter said he encourages the Board to look more into that and know that nationally approved training groups, their trainings are being denied,

which is preventing access to personal care agency workers and agencies from being able to provide said training.

Adjournment – Cody Phinney, Chair Designee

Meeting Adjourned at 4:45 p.m.