

**Draft Minutes**  
**HOME CARE EMPLOYMENT STANDARDS BOARD**  
**SUBCOMMITTEE ON SYSTEMIC RACISM & ECONOMIC INJUSTICE**  
**September 19, 2022**  
**10:00 a.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 opened the meeting at 10:01 a.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  
Shanieka Cooper  
Gerardo Luis Gonzales  
Maxine Hartranft  
Safiyyah AbdulRahim

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

Kayla Samuels, Management Analyst, Bureau of Health Care Quality and Compliance (HCQC)

**OTHERS PRESENT:**

Pierron Tackes, Attorney General's Office  
Tina Dortch, Program Manager, Office of Minority Health and Equity  
Arianna R. Ramos, Social Services Manager, Aging and Disability Services Division  
Melissa Madera, Management Analyst 4, Division of Healthcare Financing and Policy  
Cassandra Muñoz, Nevada Minority Health and Equity Coalition  
Robert Crockett, HCESB Member, Home Care Employer  
Kristi De Leon, HCESB Member, Home Care Employer  
Farren Epstein, HCESB Member, Home Care Worker

Roll call was taken, and it was determined that a quorum of the Home Care Employment Standards Board (HCESB) Subcommittee on Systemic Racism and Economic Injustice was present.

### **General Public Comment**

Chair Phinney called for public comment. None heard.

### **Agenda Item 4: Possible Action Item – Approval of the August 2, 2022, meeting minutes from the Subcommittee on Systemic Racism and Economic Injustice.**

Chair Phinney called for edits to the August 2, 2022, meeting minutes. None Heard.

Maxine Hartranft motioned to approve the August 2, 2022, meeting minutes. Shanieka Cooper seconded the motion. The motion passed unanimously.

### **Agenda Item 5: Informational Item – Discussion of activities from the Nevada Office of Minority Health and Equity (NOMHE).**

#### **Tina Dortch, MPA, Program Manager, NOMHE**

Tina Dortch introduced herself as the program manager of NOMHE and presented the [Office of Minority Health and Equity Overview](#). Ms. Dortch said the Heckler Report was created around 1985 and it was generated under then United States Department of Health and Human Services leader Secretary Margaret Heckler. The report spoke to the black and minority health outcomes that were being witnessed in the country at the time and it highlighted a series of chronic diseases that were disproportionately affecting these populations. The report then gave rise and funding to the Federal Office of Minority Health and a nationwide network of offices of minority health. Due in part to this paradigm shift, the Office of Minority Health and Equity began in 2005. Ms. Dortch said she was not the program manager at that time, and the office has had a series of professionals, some of whom are very noteworthy through the community, who have managed the office. NOMHE did cease operating for a short period of time from about 2015 to about 2017 due to funding priority shifts and some state-level priorities based on economic situations at that time. The 79<sup>th</sup> Legislative Session, Assembly Bill 141, which was codified under Nevada Revised Statute (NRS) 232.474, reconstituted the program and it became known as the Nevada Office of Minority Health and Equity. Ms. Dortch said by way of introducing this body to the office as of 2018, she became the program manager. Ms. Dortch said she was the only position in NOMHE at the time, however, with COVID and some other legislative actions that emanated out of the 81<sup>st</sup> session, NOMHE is now officially an office of nine. As a result, NOMHE is able to take on COVID and other pandemic-induced responsiveness activities, awareness and education initiatives that are related to general health prevention, and actioning a series of legislative priorities, such as those about accessing the state's public health infrastructure. NOMHE is able to assign personnel who are knowledgeable across all the determining sectors like workforce development. The statute that reactivated NOMHE also then reactivated the requirement that an advisory committee is maintained, which is a major source of support for the office. Membership to the advisory committee is purposed to reflect all the

ethnic, racial, and geographic diversity of the state and they are provisioned to provide input, resources, and support to the office. Ms. Dortch said the board will soon be fully seated. The vision of NOMHE remains to work to achieve optimal level of health and wellness for all minority groups and marginalized communities across the state. NOME's mission also remains to avoid and when possible, reverse, disproportionately experienced health related disparities among the state's most vulnerable and high-risk populations. NOMHE focuses their efforts not only on disease specific emphasis, but to include system changing emphasis that institutionalizes health equity. The office is now allowing for the intentional expansion of their targeted audience and are now supporting and advocating on behalf of the sexual and gender minority categories and those who identify as differently abled, as well as undocumented or resettled individuals. The office is of course continuing to include communities that identify as black indigenous persons of color (BIPOC). Ms. Dortch said in order to address systemic racism and equity, it requires action over time and that the office addresses issues at the root cause, which often involves deconstructing legacy systems. To address this systematically, the office must recognize that there is a difference between diversity which involves having all demographics represented versus inclusion, which is consciously ensuring that power is shared across the diversity and decision-making roles and activities. General activities of NOMBE include revision of policies that affect socioeconomic inequalities, sometimes done by looking to new partners and nontraditional providers, such as community health workers or peer navigators, to reallocate resources in a way that can allow for more access to be gained and barriers to be removed. Ms. Dortch said one very noteworthy example of legislative branch directives that NOMHE provisioned to action is Assembly Bill 214 from 2017 for the 79<sup>th</sup> session, codified under NRS 439.263, that provisions that the Department of Health and Human Services (DHHS) in general take actions that increase the ability to diversify participation in clinical trials of drugs and medical equipment that is conducted in the state. NOMHE was named in that legislation as having a fundamental role in the outreach efforts, and one thing being done is NOMHE's partnership with the National Institutes of Health (NIH)-funded nationally recognized program called "All of Us". The initiative creates the most racially stratified database of individuals, so that those who are doing research have a pool from which to draw here in the state. The project will be hosted by NOMHE in Carson City on October 25<sup>th</sup> and 26<sup>th</sup>, and in Southern Nevada between November 16<sup>th</sup> and 19<sup>th</sup>. Senate Bill 222 of the 81<sup>st</sup> Legislative Session, codified under NRS 232.0083 to 232.0087, provisions that where practicable, the departments of state government identified diversity inclusion liaisons. The bill provisions that NOMHE, the Nevada Commission on Minority Affairs, and the Governor's Office for New Americans support these new diversity inclusion liaisons (DILs) so that they can serve as a bridge between the resources within their respective departments and the community, particularly the minority community. One of the things NOMHE is required to do that took place in July is to help the DILs meet with the minority-serving organizations to brainstorm how best to do this. NOMHE will be helping by producing a report that is going to be prepared towards the end of this year. Ms. Dortch said NOMHE is in the midst of lifting the Governor's 2021 proclamation that named systemic racism a negative influence on public health, doing this within DHHS. NOMHE has convened a diversity, equity, and inclusion (DEI) steering committee and is named one of the lead entities in helping to lift the steering committee, which is supported on the division level by advisory groups. NOMHE has listed and is working to facilitate BIPOC support groups and has a project underway where NOMHE is looking at how service delivery could become more culturally sensitive. NOMHE is also working with the Division of Public and Behavioral Health (DPBH)

on its accreditation process. DPBH must demonstrate how its institutionalized measures will serve to address and or reverse systemic racism, and NOMHE is working as part of that think tank. New public health resource officer under Ms. Dortch, Karina Fox, will be looking at public health infrastructure and noting what works well and amplifying that, but will also look for opportunities where it could be improved, and that improvement should reflect in a way to reverse systemic racism. NOMHE also works hand in hand with the Nevada Minority Health and Equity Coalition. Ms. Dortch said NOMHE addresses workforce diversification as well and has been invited to be part of dialogues under the healthcare workforce and pipeline development work group that has been convened by DPBH and is supported by University of Nevada Reno (UNR) School of Public Health and the High Sierra Area Health Education Center (AHEC). Some of that work is going to involve and result in asset mapping for workforce development resources and create a pipeline for those development plans.

Ms. Hartranft asked if there are any initiatives NOMHE is currently working on for the home care industry specifically.

Ms. Dortch said home care is a very new request that just came out of the advisory committee. Legislative advisor, Senator Spearman, and the new chair, Dr. Samuel Hickson, have raised concerns regarding disparity of pay experienced by home aides and those who are working within the home setting. What was discussed at that meeting was that these positions are often disproportionately held by BIPOC individuals and or immigrant personnel, and that there is a noted pay disparity. The advisory committee has asked that NOMHE look into any potential connections to systemic racism to see if that might be a root cause and what can be done. Working with Ms. Fox and NOMHE management analyst, Amanda Annan, there will be a white paper that NOMHE hopes to present at the November meeting of the advisory committee, then share more broadly, that may be the impetus for more research.

Chair Phinney said she would be happy to connect Ms. Dortch with the information HCESB has collected if it would be helpful in the production of the white paper.

Ms. Cooper asked how she could get involved with NOMHE and that she would love to be part of this and do whatever she can to help with their activities.

Ms. Dortch said in addition to sending invitations through the support team of Ms. Samuels and Chair Phinney, she will make sure that Ms. Cooper is aware of the advisory committee meetings that occur quarterly. The next meeting is November 15<sup>th</sup> and will be virtual. Ms. Dortch said she will make sure Ms. Cooper is on NOMHE's rotation for events that are being sponsored or facilitated by her office. The advisory committee is having conversations that may result in new subcommittees that will be important to have additional conversations outside that two-hour window every quarter. Ms. Dortch committed to making sure HCESB has information on the advisory committee meetings.

Safiyah AbdulRahim joined the meeting.

**Agenda Item 6: Informational Item – Discussion of activities from the Nevada Minority Health and Equity Coalition (NMHEC).**

**Cassandra Muñoz, Program Coordinator, NMHEC**

Cassandra Muñoz presented the [NMHEC Overview](#).

Ms. AbdulRahim asked how long NMHEC has been active.

Ms. Muñoz said NMHEC existed in 2011 and was more of an informal group of people who worked in health equity getting together to work and advocate together in the Legislative Session. NMHEC has been at the School of Public Health since 2019, and before that was a nonprofit.

Ms. AbdulRahim asked how to get more awareness about NMHEC.

Ms. Muñoz said NMHEC is putting together a health disparities campaign that will promote NMHEC's website starting in November. Ms. Muñoz said if anyone would like to be involved, they can do so on the NMHEC website. NMHEC has a loose partnership structure where there are two levels of partnership. One is for the people who are just starting to get involved and the second is for people who have been working with the coalition a little longer who are wanting to be involved in grant activities. People can also attend one of the quarterly meetings.

Ms. AbdulRahim asked if NMHEC is a nonprofit organization.

Ms. Muñoz confirmed.

**Agenda Item 7: Informational Item – Discussion of Medicaid analysis of home care awarded hours**

**Melissa Madera, Management Analyst 4, Division of Health Care Financing and Policy (DHCFP)**

Melissa Madera presented the [Personal Care Services Prior Authorization Report \(PAR\) Study](#).

Ms. Cooper asked how the information in the study was gathered.

Ms. Madera said she has access to the Nevada Medicaid data warehouse and in that data, warehouse are different tables where different types of forms are entered. When people do data entry, all that information goes into a data system. Ms. Madera said from that table, she pulls the information for these clients by entering the date period and provider types.

Ms. Cooper asked what the difference was between Average Medicaid Population and Member Count with approved PAR for Personal Care Services (PCS).

Ms. Madera said the average is the population.

Ms. Cooper asked if that means the population that is using the state for home care services.

Chair Phinney said the figure means the whole Medicaid population, all the Medicaid enrollees that fall in that group.

Ms. Madera confirmed and said the member count is everyone who has had an approved PAR in the population of Medicaid-enrolled people.

Ms. Cooper asked if the approved PAR means they have approved hours for home care.

Ms. Madera said she cannot tell the board if the person has had home care, only that the person has been approved for it.

Ms. Cooper noted that the figures seem low.

Ms. Madera said the figures are a monthly average that includes 2019 in the average as well. The total population comes to about 800,000 per month and that the inclusion of data from 2019 makes the average lower.

Ms. Cooper asked how people get approved for hours.

Chair Phinney said Ms. Madera is from the Office of Analytics and is not an expert in policy about how Medicaid makes approvals. The Board would need to have a conversation about the topic at a full committee meeting.

Ms. Madera said she wants to see if the data can be layered in the conditions a client may have to see if there is a disparity in the way the hours are approved.

Ms. Cooper said she would be interested in that information.

Chair Phinney said the Board needs to evaluate the information to make sure the correct data is being pulled.

Ms. AbdulRahim asked for the Board to talk with someone familiar with policy at the next meeting.

Chair Phinney said Kirsten Coulombe, who attends most HCESB meetings, would be the correct person to talk to about policy.

Ms. Hartranft said the data on hours is helpful and can be used as a starting point and asked if the Board could get explanation on functional assessment at a future meeting.

Chair Phinney called for public comment on the agenda item.

Bob Crockett said to Ms. Cooper that he can explain the breakdown of a functional assessment if she has one. The issue is that the functional assessments have been suppressed from agencies since 2017. Everyone should get their functional assessment so workers can be trained on it. With the information in functional assessments, the Board might be able to see the average

amount of service or the change in service that occurred when agencies ask for more hours to see if there is a difference by race and ethnicity.

Ms. Madera asked if there are initial PAR forms then follow up PAR forms, and if she should be looking at the differences in that.

Mr. Crockett confirmed.

Farren Epstein asked if those performing the intake process and functional assessments are training in understanding and avoiding bias.

Chair Phinney said staff can ask that question at get an answer to the Board.

Arianna Ramos said she is representing community-based care and that the bureau chief, Crystal Wren, is usually in attendance at HCESB meetings. Ms. Ramos said that her bureau is a source of information as well for the Board's questions.

Chair Phinney asked if Ms. Ramos knows if the individuals doing functional assessments receive training on avoiding bias.

Ms. Ramos said those performing the assessments are now in more healthcare roles.

Chair Phinney asked if those workers are not state staff and are contract providers.

Ms. Ramos confirmed and said herself or Ms. Wren could give more information at a future meeting as well as feedback on the Medicaid data presented.

Chair Phinney clarified that Ms. Ramos is from Aging and Disability Services (ADSD), which is different than Medicaid and separate from Chair Phinney's division.

Ms. Cooper said she would like to get more information on how hours are determined from Ms. Ramos.

Ms. Dortch said she will share training opportunities with Ms. Samuels, some of which are focused for state employees and others for providers.

Ms. Hartranft asked why the individual providing the care, whether or not they are a family member, would affect the level of care needed for the Medicaid participant and said she would like to know if that is a factor in the functional assessment.

Chair Phinney said her understanding is that who is providing care is not supposed to be a factor, but that the way it is discussed seems like it is.

**Agenda Item 8: Possible Action Item – Discussion and possible action to make proposed recommendations to Director regarding systemic racism and economic injustice as it relates to the home care industry.**

Ms. Cooper and Ms. AbdulRahim presented their [recommendations for the subcommittee](#).

Gerardo Luis Gonzales said that from the client's point of view, discrimination based on race makes a shortage of home care workers and it affects clients directly in the kind of service and hours they receive, so it is a problem that needs to be addressed.

Ms. Cooper made a motion to bring to the main committee a recommendation that DHHS refer the issue of systemic racism to the appropriate state body and assert that an industry-wide investigation be conducted. Ms. Hartranft seconded the motion. The motion passed unanimously.

Ms. AbdulRahim made a motion to bring to the main committee a 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. These problems hurt home care workers and quality of care for clients of all races. There is a moral imperative to solve this crisis by increasing the reimbursement rates and minimum wage for the industry as recommended by HCESB. Ms. Cooper seconded the motion. The motion passed unanimously.

Kristi De Leon said the presentation was done very well and included important information. Systemic racism does affect everyone.

Ms. Samuels asked if Ms. Cooper and Ms. AbdulRahim would be giving their presentation to the next HCESB meeting or just the recommendations.

Ms. AbdulRahim said she and Ms. Cooper will give the presentation at the next meeting as well.

### **General Public Comment**

Ms. Epstein said she loved the presentation from Ms. Cooper and Ms. AbdulRahim and said in her experience, systemic racism hurts workers and clients of every single race in the industry because it holds down the wages and funding. It makes it nearly impossible in today's economy to find caregivers and is ruining the industry. Ms. Epstein said she supports the motions.

Mr. Crockett said he thought the presentation was great and asked to add the companion and respite rates to the information. The \$8 and \$10 highlights the fact that the reimbursement rate is too low. Mr. Crockett said that 74% of his caregivers are people of color and the state is paying less than minimum wage for their services and is devaluing them. Mr. Crockett said the board should collect worker race and ethnicity information to assess the data.

Ms. Samuels said the next meeting of the Board where the proposed recommendations made during this meeting will be addressed is on Tuesday October 4 at 2:00pm on Microsoft Teams.

Ms. Cooper asked if she could get the contact information for members of the board.

Chair Phinney said that there cannot be an email with five or more board members having a discussion as it would be in violation of Open Meeting Law. Chair Phinney said that board



members can go through Ms. Samuels to make those communications work and have questions answered.

**Adjournment – Cody Phinney, Chair Designee**

**Meeting Adjourned at 11:52 a.m.**

DRAFT