

**AGING AND DISABILITY RESOURCE CENTER (ADRC)
FACE TO FACE SITE MEETING MINUTES**

**March 11, 2010
10:00 a.m. – 3:00 p.m.**

Northern Nevada Center for Independent Living-Sparks

Call in: 888-363-4735
Access code: 4522177

Attendees: Wanda Brown (ADSD-ADRC), Teresa Sacks (UNR), Blanca Leon (WCSS), Hilda Velasco (NNCIL), Richard McFeely (NNCIL), Debbie Enos (ADSD), Tina Gerber-Winn (ADSD), Lee Derbyshire (WCSS), Cheyenne Pasquale (RAGE), Susan Harris (SCA), Rori Lee (SCA), Lisa Erquiaga (NNCIL), Lisa Jones (ADSD), via video conference, Brittany Johnson (RAGE) , via telephone, Kristi Martin (ADSD), Shirley Chantrill Elko (ADSD), Corrie Herrera from Elko (guest), Joan Inglis from Fallon (guest), Cindy Tapp (ADSD)

Absent/Excused: Presenter, Dena Schmidt

Meeting called to order at 10:00 a.m. by Wanda Brown.

Introduction of all attendees 10:05 a.m.

Ms. Brown stated Dena Schmidt had a family emergency and won't be presenting the Nevada Medicaid training, item number six on the agenda. Ms. Brown confirmed today's meeting will be a basic refresher nationally about Medicaid 101 and Medicaid 102 on the webinar. We won't go into the Nevada portion until the next site meeting.

1. Minutes Review from the January Meeting – Wanda Brown

Ms. Brown asked if there are any comments or questions regarding the January's minutes. No comments noted. Ms. Brown acknowledged they were really long and intensive. Ms. Brown thanked Lisa for her hard work on them. Ms Brown reaffirmed the minutes will be made final and be put on the Nevada Aging Disability Services Division website. She acknowledged that the minutes are up to date and the minutes will be added to the website as final.

**2. Operations Manual; Framework for Nevada ADRC Final – Wanda Brown
Edits to section J (DE & KM)**

Edits were made and accepted from Kristi Martin and Debbie Enos since the last site meeting. It pertained to their site monitoring for the site working under the service specifications. Thanks Debbie and Kristi for clarifying the section. Ms. Brown asked the group for questions or comments on that section. **No responses.** Ms. Brown will put this framework for Nevada ADRC as the final.

Ms. Brown asked the group if they would rather have the final Operations Manual at once or final by section. It was decided to wait and distribute when complete. The final Operations Manual will also be posted on the agency website; www.nvaging.net.

3. Operations Manual; Required Functions & Program Components review – Wanda Brown

Ms. Brown read through the whole draft and made comments along the way that pertains to the site specialists.

Grantee Performance Standards

Refer to Section III Required Functions and Program Components

Staffing Structure –

Information and Referral (I&R): Follow-up is the key, that's what makes the difference between regular information and referral.

Eligibility and Access (E&A): We are still using Nevada Care Connection for provider resource submittal. ADRC Staff categories by function and minimum qualifications as a reminder we are a State unit on aging, we do not have area agencies on aging; all the sites nationally do have their ADRC sites within their county organization within their area agency on aging. Staffing component might be different than what we have in Nevada because we are using partner agencies that perform different levels of service so we don't want to hinder the site or the sites we recruit because we make the minimum qualifications too high for people.

Role of Nevada ADRC Sites: See Chart 1: ADRC Service Flowchart, page 20.

Key ADRC Function: See Page 21 & 22 of handout for definitions of the following:

- Intake and Assessment
- Information and Referral (I&R)
- Financial and Programmatic Eligibility Determinations
- Access
- Advocacy
- Short-term Involvement
- Follow-Up
- Case Management
- Benefits Counseling
- Options Counseling
- Futures Planning

- Communication
- Program Evaluation and Data Reporting
- Marketing and Outreach

Concepts to Consider When Performing Key ADRC Functions:

ADRC must help the consumer realize the risks as well as the benefits. Again, you are not making the choice for them you are making them aware.

Tips for Health Literacy:

- Use simple language to express information (short words are easier to understand than big words).
- If providing a consumer with information in writing, make sure handwriting is legible.
- When in typed format, use large plain fonts.
- Use open-ended questions to elicit answers.
- Ask the consumer to repeat back information or explain directions.

Understanding Medicare for instance is a huge hurdle for people. It is overwhelming, understanding basic insurance. This is why they need people like you, to help them figure out what they need and help them develop a plan.

Imminent Risk:

If their caregiver is talking to you and they are telling you about their spouse, their father, or daughter or sister wandering and doing odd things at different hours of the night that might be an indicator that something is going on. They might need additional resources and some more planning.

Common Signs and Symptoms of Depression:

- Feeling of helplessness and hopelessness
- Loss of interest in daily activities
- Appetite or weight change
- Sleep changes
- Loss of energy
- Feeling bad about oneself
- Concentration problems

Word choice makes a difference. Older adults are not “fossils,” “geezers,” “over the hill,” etc.

Ms. Brown stated we have access to Misty Allen from Office of Suicide Prevention if the sites need training. Ms. Brown acknowledged some sites do it annually but that is going to be one of our training at a future site meeting. Ms. Allen can make her training 20 minutes, all day, or two day training whatever your preference is for your staff. Ms. Allen will also travel to Las Vegas or Elko.

Ms Derbyshire stated Washoe County had Ms. Allen come in for a four hour training that was very good. Ms. Derbyshire reaffirmed that it is okay to ask a person if they are contemplating suicide. She stated that is one of the hardest things to ask a person. Ms. Brown affirmed that it is not as hard as one would think once you have the training.

Motivational Interviewing from the ADRC Perspective:

Ms. Brown went over the issues to consider as listed below:

- We tend to jump to education/options too quickly-they ask, we respond without exploring larger issues and concerns about setting a plan.
- Because of this, we tend to get frustrated when the need to accept services is obvious, but the person just doesn't accept our help-why?
- We struggle with accepting a consumer's resistance or become "expert advisors" on what is available and what needs to be done.
- We tend to feel we can "fix" a situation, get stuck on that idea and get frustrated when it falls apart.
- If someone asks you a basic question that their hynning and hawing about something else are you going to give them the answer to that basic question or are you going to say "Is there anything else I can help you with?"
- If they are asking about food or something like that are you going to ask them or prompt you to ask them "Are you paying your energy bill okay?" or "Is everything at home okay?" "Are you taking your medication or are you able to afford them?"

Ms. Brown stated this is going to give you that moment like you should proceed a little bit further, depending on the person. She proceeded with, if we were in the business of "here is your basic question" and "here is your basic answer," then you are not going to be an ADRC site. That is not what it is about, helping and gaining more trust with that person, moving them along and trying to get them to the end. In the future they can navigate the system of issues on their own with a little bit more insight and planning. It is a philosophy on the way you deliver your services and what you hope to accomplish. Helping empowering the public to plan is the key.

Assistance and Advocacy (A&A) Options Counseling

Listed below is the response to the scenarios on page 32:

- Some of these might incorporate into when you are getting into your option planning. You might have a community partner agreement where the discharge planner at the nursing home might contact you and say they might contact Medicaid FOCIS Program and say they want to go back into the community. They might work to collaborate with you, as the ADRC Specialist, to see what services are available for this person in this area; you might be

the specialist to help out FOCIS/Medicaid to get the person back to where they want to be.

- If a person has a good rapport with you in the past, they might call you; you might direct them and work with them and with the discharge planner. This is to try and get to have the discharge planner to assist and say who might have a bed available under this pay source for this person. Also, what is the plan when she/he is done with her/his rehab and does she/he have a home to go back to? These are questions you can ask to help that person along.
- When you have a person who would like to keep their spouse at home with Alzheimer's disease you might offer that person the option for respite or Nevada Caregiver Support Center. You might offer that person Northern Nevada or Southern Nevada Alzheimer's Association, and tell them to let them know if the referral works out, because they may not be aware that there is help out there for them. They're not the only one in this position and ADRC can help them realize this.
- 80% of LTC is provided by people at home as family caregivers. There are a high percentage of caregivers that die before their care recipient that may have a chronic disease. Or they may have higher level of dementia and other conditions, and they are trying to take care of the care recipient and yet they're the ones that need a caregiver. You are going to track those people under DTT and in SAMS as a caregiver because we need to count all caregivers specifically due to funding streams.
- In Las Vegas you need to outreach those supports that are in the Pahrump area to try and keep consumers at home as long as possible. You are going to make them aware of the risk and the benefits being independent in a rural area. There might be risk involved in the area they're living, if there isn't a lot of support to offer these consumers.

Offer the right amount of assistance by:

- Prioritize needs and wants
- Identify and consider values and preferences
- Identify options available to meet needs
- Identify personal resources to meet his/her needs
- Identify the next steps for addressing long term care needs

Future Planning – Helping the consumer develop a list to help guide future decisions and actions.

Educate and assist individuals to make a “plan” for future long term care needs. The ADRC specialist should provide a copy of the “Own Your Future Guide” that outlines a roadmap for planning for care. Specialist can order this guide online at,

http://longtermcare.gov/LTC/Main_Site/planning_LTC/Campaign/Kit/index.aspx

When appropriate, Nevada ADRC sites will assist individuals in applying for, or making referrals to:

- Nevada Medicaid (Medical or SNAP)
- Waiver for Independent Nevadans (WIN)
- Homemaker Program (Title XX)
- Community Home-Based Initiative Program (CHIP)
- Community Options Program for the Elderly (COPE)
- Waiver for the Elderly in Adult Residential Care (WEARC)
- Assisted Living Waiver
- State Funded Independent Living Program
- State Funded Personal Assistance Services
- Senior Rx
- Disability Rx
- State Health Insurance Assistance Program (SHIP)
- Elder Protective Services

This is the minimum list and not everything you will be doing for public benefit programs. There are other public benefits like meals on wheels as well. These are the programs listed in the ADRC service specifications.

Partnerships and Stakeholder Involvement

ADRC specialists must maintain involvement with the following community partners:

- Division of Welfare and Supportive Services (DWSS)
- Division of Health Care Financing and Policy (DHCFP)
- Aging and Disability Services Division (ADSD)
- Community Partners
- Stakeholders

Ms. Brown confirmed we are working with the inter-agency agreements with these entities and they are going to provide us with contacts for you.

Ms. Brown reinforced, as an ADRC site we want you to have access, and provide you with the intake process and the people you need to contact when you encounter the referrals, problems or questions you need to make or ask.

Documentation and Reporting

ADRC staff is required to collect consistent information on each case, which generally includes demographic, services delivery, and assessment documentation for all ADRC activities and consumers.

The Social Assistance Management System (SAMS) is complimented by the Nevada ADRC website and virtual tool located at www.NevadaADRC.com

The SAMS manual can also be accessed on-line at <http://nvaging.net/grants/sams/ADRCGeneralOverview.pdf>

ADSD provides on-line technical assistance to its grantees through SAMS HELP, by emailing questions and issues related to SAMS to aginghelp@adsd.nv.gov. Grantees can receive technical assistance within 24-hours. “**SAMS HELP**” needs to be in the subject line of your email to ensure a response.

E-Forms are still active but are rarely used. There was an issue with confidentiality as sites could see other consumer’s applications. The reality is the only people that have to see information are the people involved with the project. We did disclose in the beginning that we would be working with people who had to sign what our privacy act should cover. Ms. Brown affirmed that has been resolved. Ms. Gerber-Winn stated we note it in the database that you reviewed it with us. It was really quite an issue, they had to acknowledge, say what they were up against and then they could decide whether or not they were going to collect the information.

Ms. Brown confirmed the e-forms are located on Nevada ADRC.com but you still have to log in. Ms. Gerber-Winn explained that for the profile we need to know the names of people and their email addresses and we can set them up. Send an email with the information to Ms. Brown.

Ms. Gerber-Winn stated one of the things we did previously was pilot into the Welfare application when they were testing out the system. The goal is to have the application submitted electronically to Welfare in the future.

Funding can be de-obligated based on your performance and the performance of the ADRC.

Washoe County has until the 25th of the month to export the data to us in SAMS because their overall programs are so large.

Staff Training

ADRC Specialists must complete trainings offered or identified by the Division. Trainings are to focus on elder abuse awareness, program regulations, eligibility criteria, documentation, SAMS training, and eligibility processes for publicly-funded programs. At a minimum, programs will include:

- Nevada Medicaid (Medical and SNAP)
- Waiver for Independent Nevadans (WIN)
- Homemaker Program (Title XX)
- Community Home-Based Initiative Program (CHIP)

- Community Options Program for the Elderly (COPE)
- Waiver for the Elderly in Adult Residential Care (WEARC)
- Assisted Living Waiver
- State Funded Independent Living Program
- State Funded Personal Assistance Services
- Senior Rx
- Disability Rx
- State Health Insurance Assistance Program (SHIP)
- Elder Protective Services (Mandatory)

Staff must receive five additional hours of relevant training each calendar year.

RAGE staff, the SHIP volunteer counselors, and Mr. McFeely from NNCIL attend the monthly SHIP Program meetings.

Ms. Leon from WCSS should be attending all meetings.

SHIP meetings are held on the second Tuesday of the month and located at 400 South Virginia, Old Town Mall/ Reno Town Mall. The only months they don't have meetings are in July and December. Access to Health Care Network is the program grantee or the overseer of the SHIP program in the North. Each month they have a meeting and then they have trainings. Trainings are offered to people who don't know all the initial rules and regulations of Medicare. The purpose of the SHIP meeting is so you can partner with them and be kept up to date regarding rules and policy.

Our agency has the Advocate for Elders who does the training for our internal programs, which are a lot of these programs on the list. If you get the basics with that, in the manual that we are producing now working with the inter-agencies that actually do the program and oversee these programs you are getting the training once a year. But then you have it to refer to it and any changes each year. When the income guidelines change they are responsible for letting us know and then we will put that into the next chapter updating it and letting site staff know when those increases are.

SHIP has their components that they offer training to get people up to speed on all the components of Medicare. Some updates come from Jeanie Pierce who is the statewide SHIP Director for Nevada.

Attending monthly SHIP meetings is considered a formal training that comes directly from the Centers for Medicare and Medicaid Services (CMS).

Ms. Brown stated you need to be able to help consumers to sign up for Part D or other Medicare benefits. You should get the ongoing training but if you're not on the list each month when I get the attendee list, I am going to wonder who is going on behalf of the ADRC site. Ms. Brown gave an example, if someone comes in and has a question, they brought their medication to sign up for a Part D Plan because it's open enrollment, are you going to turn them away because the SHIP volunteer isn't there? she would

hope not.

Ms. Brown stated as a concern as an advocate and wanting your consumer to make their own choice you might want to ask what is most important to them:

- Is it the cost of the program that is most important based on their income?
- Or is it most important to them that the formulary they are choosing covers most of their drugs? If they don't know, then you need to prompt further and let them know, based on your income of said amount per month, (maybe they are low income or maybe there just over the threshold low income), and then you tell them this is what it will cost you a month, but it doesn't cover all your drugs. According to your drugs this chronic condition or this chronic condition for this drug you really need to have this. So what is the best? You are going to state the risks and the benefits. A lot of times people will say, well I'm just not sure which one I should pick. The ADRC specialist would state to the consumer:
- Is it more important to be able to have a certain medication on the formulary? You might have to have your doctor do an authorization to get it on the formulary as a special condition.
- Or is it more important that most of your drugs are covered? This might lead into providing and assisting with a low income subsidy (LIS), Disability Rx, or Senior Rx application. Ms. Gerber-Winn stated a part of the concern is how each agency decides who is capable of delivering the services that we just outlined. If you don't feel comfortable with the process you just explain what should be expected. Agencies need to make sure the right person is in that role. That's part of why we delineated who is supposed to be addressing each level of service. If you are not comfortable with that you need to go to your boss and ask who they should refer this too.

Ms. Brown stated you can tell a person what is the best option, you can tell them if that is their priority and that's what they want, you are going to identify the risk whether it's the best option or not and why and why is it the best option or not.

Program Evaluation and Quality Management

Measurement areas which are designed to promote continuous quality improvement and development of Nevada ADRC include:

- Visibility
- Trust
- Ease of Access
- Responsiveness
- Efficiency and Effectiveness

Site Staff are required to participate in the evaluation process by:

- Entering consumer and consumer group data into SAMS
- Disseminating Consumer Intake Surveys (CIS)
- Completing the monthly ADRC Data Tracking Tool (DTT)
- Completing the ADRC site Excel Entry Tool (EET) that informs the Semi-Annual Reporting Tool (SART), twice a year
- Completing staff training evaluation surveys
- Responding to questions concerning data
- Participating in site visits and other SCA evaluation activities

Ms. Brown asked the group, if they have comments or questions please email them to her.

4. ADRC National Convention update – Tina Gerber Winn and Wanda Brown

Ms. Gerber-Winn stated she and Wanda did go to a National ADRC meeting the end of February. It was a really great conference. This was about the best ADRC meeting they have had.

AoA uses the term ADRC like they would an Area Agency on Aging (AAA). We do not have AAA's in Nevada. For the Aging and Disability Resource Center it is really much broader than what each site will ever be able to achieve. Ms Gerber-Winn stated we might need to start rephrasing what we consider an Aging and Disability Resource Center program; it includes our agency programming and the site as far as some of the tasks that Aging and Disability Resource Center encompasses. AoA says ADRC and to me this equals our agency plus the site work so we will clarify that with them as we ask for addition funding or clarify what our state agency has to achieve for advancing this. AoA allotted what they're going to be concentrating on is supporting the sandwich generation. Those people who are providing care and who are trying to achieve and assist family members, they have a lot of concern about that. The middle class caregiver initiative is one of the groups they will work on. Sites need to provide information on caregivers and what to conserve because family caregivers are the ones in many respects that will keep people in community based situations and support it. ADSD also has a grant for respite.

Ms. Gerber-Winn stated if you ever been a caregiver then your eyes are open. That was one of things that AoA stated. Really, on a larger scale we have to talk about this issue.

Ms. Gerber-Winn stated people always wonder if we can handle the demand as an ADRC site and if we start advertising what's going to happen, are we going to get run over flat? AoA recognizes that and basically there are studies that show certainly a spike and then it will level out. She stated for a little while you'll probably feel pressure

and then it will level out. She thinks we owe it to our community to be obvious that we are present and ready to assist.

Ms Gerber-Winn confirmed, as an agency we are going to concentrate on trying to replicate what we're doing in our project with the three sites to a statewide scale. That's our mission as noted in our grant and that is what AoA is looking for. She stated we have to have a model that is broad. That's always been our mission.

AoA is looking at system change as people are looking at those essential services and what they want from the system not the system telling them what they need. And that system addresses focus, AoA's focus, really changing the work force, how we prepare people to provide care, whether it is volunteers or direct service providers to a consumer focused system.

The VA was present and our AoA focus has been respite grants, ADRC grants and now the consumer directed grants that couple the VA. This was the original nursing home diversion and now the VA is heavily focused on that. We have the VA looking for home and community based services for veterans, because they don't offer it themselves. They want to offer it to veterans and are looking to transform from institutional care to work on community based care. They need caregivers in the community. That a lot of what they are looking for from our network to provide and so that is an example when AoA talks about ADRC, they really see the ADRC as our agency for that role because you have to contract with direct health care providers. You have to be able to provide essential menu of services to help people stay in the community. You have to assess them for eligibility, which our ADRC sites do not do. So it's really not a skill set that a site would have. Some may, but we haven't asked you to have it. So that would really be where we might partner with the VA at an agency level. And then still take some of the I&R for veterans to the ADRC site. This is how I can see it working based on what the AoA is expecting of the ADRC. Ms. Gerber-Winn talked about Fiscal management services and how we need to start looking at those as a state and how we help people self-direct and then buy their own care once we give them a dollar amount. She said this is something we do in our autism program for the state but we are going to probably have to do it for some of our AoA technical services. Ms. Gerber Winn stated our system will change it may or may not impact the sites but it will definitely be something we need to do as an agency.

Ms. Gerber-Winn stated we are going to talk about care transitions as this is a hot issue. We had tried to apply for diversion grants. This is the year for community living and AoA expects us to be involved in that type of programming.

Helping people living in the community, planning, evaluating in the community, that was really why we focus some of the policy that Ms. Brown just went through for you to partner with hospital, because they would be a resource to help and for people to get out of nursing homes. We haven't really devised a process for the ADRC site yet but that is something we need to work on together to figure out how it is possible because that is part of what will help with disabilities as far as the AoA is concerned.

Olmstead is ten years old that was an issue with people talking about people marking their status and consumer direction and community living focus is truly what people are saying what Olmstead compliance is. We are the cultural change vehicle; Aging and Disability Resource Centers to help provide community based care to people.

Ms. Brown stated AoA also focuses on “system change” but what does it mean? They are saying the most difficult part of system change is changing the system from being provider driven to consumer driven. Again, the ADRC is the vehicle to assist with that change. That is where they want the focus to go and that is where we need to educate people in empowering them; giving them the options and the information to navigate themselves. But to change that from provider driven, we talked about that in the chapter, not making the decision for them giving them the risk and the benefits and letting them navigate for their own self. Again, 80% of LTC is provided by family caregivers. At the person center system you expect responses to the consumers needs. Consumers and providers work together to make it person centered. As the ADRC needs to help the consumers realize the risk as well as the benefits. Ms. Brown stated the policy priorities from the policy leader on aging issues, Assistant Secretary, Kathy Greenlee:

- We must support health enrollment which includes fall prevention, chronic disease self-management, expanding home and community based services, that’s where she thinks the money should be expanded. Nursing facility culture change; this should be the last choice for people. We have always said that people don’t want to end up in nursing facilities. They are an unnecessary evil for some people, and sometimes it is necessary for those people that really, really need it. After they do some research there are a lot of people that really don’t need to be there. So they want to address what is best for the resident, and make it resident centered and resident directed if they should be there or if they want to be out in the community.
- She thinks that they should return the focus on the core services that demonstrate the value like serving meals to people. Title 3, title 6, title 7, and elder justice; they have to maintain the basics. She talked about the Older Americans Act funding that is 45 years old. It is not an entitlement it was meant to be complimentary to the resources offered by states and private funding. Partners that they are looking for in the future are the housing for seniors HUD, Money Follows the Person, transportation, and CHIP.
- She is concerned about Elder Protective Services as well. Ms. Greenlee stated she was feeling good that President Obama is in support of the Elder Justice Act.
- I&R case management activities are critical to support these priorities.

CMS also have some program priorities from their Director of Medicare

Outreach:

- She stated that two hundred and fifty million went to 49 states for workers assistance abilities. That's where they are funding some programs.
- One point seven five billion for Money Follows the Person which is the grant money that follows the person through the deficit reduction act of 2005. It's supposed to rebalance real choice system change Medicaid form. This approach has two major components of financial system that allows Medicaid funds for institutional services to be spent on community and home based service for individuals who is back in the community and nursing facility in transition program that identify the consumers in institution who will transition back to the community and they need help to do it. They are looking at ADRC in the future if possible participation in the employment work force.

ADRC site staff encounters people who are either retired or have been retired and need to go back to work because they can't pay all their bills. You have the AARP employment assistance program you can refer them to. A lot of older people are working again because they can't make their bills and retirement is not an option for them anymore.

There are other things that we learned in conjunction with what we need to do with our grant is our five year plan, our five year goal. We received directives and a template. It was good and it was overwhelming. It was one of those conferences that go all day long, with tons of information and you are learning all the way.

Mr. McFeely asked, as far as other ADRC sites in other states, is there a list for those because we have people that want to move. It was suggested he try the TAE Exchange or the internet and type in California ADRC and what county they plan to move to.

5. DTT/SAMS Keyboard Session and input – Teresa Sacks, Rori Lee, Cheyenne Pasquale, Richard McFeely and Blanca Leon

The outcome of this session was to come up with a data entry process that is consistent and the same among all of the sites.

Ms. Pasquale from RAGE stated she would like to take the opportunity to share how they enter the data and how they are collecting it, and standardize the whole process for all three sites.

Ms. Lee researched and compared the clients the sites had provided.

Ms. Lee discussed access. She received three names total; one from each site and only one did not appear in SAMS. The representatives from all three sites showed concern since their client's were entered and present in their SAMS access views. There may be something occurring in the transfer of data through SAMS particularly with regard to

WCSS clients. For the client files opened during the keyboarding session, there were information and data fields missing in Ms. Lee's access view.

Ms. Lee commented data quality could be higher if everyone could just have SAMS open on intake and assessment and input everything directly into SAMS. Discussion regarding how many licenses for each site ensued. Ms. Pasquale said she inputs the data information into SAMS at the end of her day. Their intake person would be able to be in SAMS throughout the day and could update as calls come in. Client registration forms are done at the end of the day when the intake person is granted access to SAMS, so she can upload all the intakes for the day, and the ADRC specialist can use SAMS during the day.

Ms. Derbyshire stated that Ms. Leon and other staff that are the main focus point for phone calls have two monitors so that SAMS can be up at all times. They can have the caregiver website on one monitor and SAMS up on the other.

Ms. Derbyshire stated everyone under her supervision and the people outside that use the ADRC concept all have their own access to SAMS. She also stated they recently took aging network and downloaded the data on their own server so they are not even going through aging network anymore. Pros and cons to that, because it just happened a couple of weeks ago, they have not worked out all the bugs yet but it certainly will help with the accessibility part. WCSS had to upload it into the State's and that has been an interesting challenge but you know it's starting to look like it works. Ms. Lee stated it's all in the coding.

Ms. Lee stated she is trying to research and apply the best way to benchmark ADRC data.

Ms. Lee demonstrated with a Washoe County client that you get a bigger selection of ethnic races if you go directly to that field instead of ethnic races under the NAPIS field. She stated they are able to pull out a better report utilizing this method.

Ms. Pasquale stated she has been able to get a lot of her DTT information out of SAMS putting in information certain ways.

Ms. Lee pointed out the area in service delivery where sites can enter each level and add topics. You can enter the date, name, and the time so it doesn't have to be only one unit of service.

Ms. Lee recently discovered that the topic delivery field is going to help sites with the data tracking tool (DTT). The screen where it says follow-up you can type a follow up date. Then if you click on that outcome column you can choose an outcome for that topic and a report based on the outcome can be generated.

Ms. Leon stated last time she checked the units she didn't have access to topics. Ms. Derbyshire stated that WCSS has been using sub-services versus topics.

Ms. Erquiaga stated that based on her experience with their own records and their reports that they submit to the Federal Government that obtaining demographics is critical so you don't have to backtrack and re-address those client records a second time to have accurate reporting.

There was more discussion regarding empty data fields and the difficulty of trying to benchmark due to the lack of information.

Ms. Derbyshire stated if it weren't for this whole process of attempting to benchmark and evaluation, we may not be having that conversation, instead we would be making assumptions that we shouldn't be making. So this is an opportunity to really start drafting that here. This information from DTT and instructions will help pull in the whole process and they will go in the operations manual. This is important for future sites as they are awarded.

Ms. Derbyshire suggested the tool office should be standardized as well, and everyone agreed.

Ms. Sacks stated a few things about the Consumer Intake Survey (CIS). In regards to the 90 day CIS follow-up, SCA will be reserving an area on the new CIS V4. The intake assessment date or the date you see the consumer and the person's initials so the 90-day follow-up call is consistent among consumers (CIS may not get completed by the consumer right away) and the follow-up calls are closer to the actual date of services.

It was stated that the best way to track follow up entries is to have a fourth ADRC service for follow-up in SAMS.

Ms. Gerber-Winn stated anything is possible. We will be hiring someone to set up our website as well as the I&R tool. She tasked the group to come up with some requirements on what we want in the system to pull out with information on to collect it. A concern would be if your site database wouldn't match what we're doing you will have a difficult time trying to achieve what we have already achieved. When you make suggestions you are going to need to have someone participating to figure out what you want to do to the database or not. The reality is if we can get it out of SAMS all these details that are entered into SAMS, then we will be expecting everyone to report that. Please start making a list of the issues you want to address so when we do requirements we can have it ready. Also, provide us with a copy so we know what you're looking for to submit. Ms. Gerber Winn stated these are great suggestions and addressed to the group the question at hand; how do we track those follow-ups for those different service deliveries? Do we just use the same service delivery in the new month and make a notation that it's a follow-up? She stated issues brought up could be a system change remedy that we could do now while we track all the issues corrected. She suggested a work group be established to address these technical issues regarding topics, follow-up fields, sub-service, service delivery, journal notes, reports, etc., so we can present them to the IT contracting consultant while we have the person available to

make the changes or direct us if it can be done.

Ms Brown reaffirmed to the group the need to write your list of wants and we will decide, with the help of our consultant, how we can put them into the database.

Break

6. Power Point webinar for Medicaid 101 and Medicaid 102.

Ms. Brown had Ms. Lee log into the NCOA Benefits Outreach training site to access the Medicaid 101 and Medicaid 102 webinars for the group to view. The intent is to refresh staff and train new staff on the history of the Medicaid program. Dena Schmidt will give her Nevada specific presentation at the next site meeting along with a demonstration of the new online Medicaid application tool. The tool is not set up for electronic submission but may be in the future. It will be available to answer the questions, print and then submit to Welfare.

Any questions regarding the power point should be saved for Ms. Schmidt to address during her presentation.

There are numerous training materials on the NCOA website that any site can access on their own if they like. The group stated the webinars were interesting because of the history. Ms. Brown knows the veterans in the room may have found it to be basic but thought it would be helpful to understand the background and the bigger picture of the programs newer site staff is assisting consumers with. Ms. Gerber Winn stated the information can be overwhelming because Medicaid is overwhelming. There was discussion that power point with the voice over is something we can do for training because we have some people that know how to do set it up. It would be a self education session were you can look through it together or you can look through them as a group depending on what time you had for your staff.

7. ADRC Granting Applications – Debbie Enos

Debbie Enos reported on the status of the FY11 Social Service grant application process. Applications for ADRC are being accepted for consideration for funding under this Social Service cycle. The grant submission deadline is Thursday, March 18, 2010 by 4:00 p.m. Applications may be hand delivered to any of the four ADSD offices. Applications submitted via mail must be post marked by March 18, 2010.

The ADSD Resource Development Specialists and a group of outside reviewers from the community will review the applications, and submit recommendations for funding and special conditions to ADSD management. ADSD management will consider the recommendations to distribute funds. Carol Sala will make the final decision on the funding levels for 2011. This is a two year grant beginning July 1, 2010 through June 30, 2011. The second year of funding will require an application with budget. That grant

cycle will begin July 1, 2011 through June 30, 2012. Funds are limited; therefore the grant application process is a very competitive.

Wanda Brown has been receiving many inquiries from potential applicants from Las Vegas and rural areas. She said a PowerPoint presentation is available to provide information about ADRC on NvAging.net.

8. ADRC August Monthly Call: Streamlining Access to Public Benefits – Lee Derbyshire

Ms. Derbyshire stated it was a good class the only problem was you had to call in on your cell phone and could not hear it on your computer which made it quite cumbersome. Ms. Derbyshire stated the information was good and she wanted to share with the group. Ms. Derbyshire sent out the information to the group and stated if they didn't have a copy of it she has a few extra copies with her.

9. Updates: Advisory Board and Interagency Group - Wanda Brown and Tina Gerber-Winn

Ms. Brown stated, we solicited and reviewed applications for Advisory Board Members and we selected out of approximately 18 applications, nine advisory board members. The nine members selected are as follows:

- Mary Brock, Senior Companion Program, Sparks,
- Sara Brower, Lyon County Human Services, Silver Springs,
- Debbie Dauenhauer, Southern Nevada Transit Coalition, Laughlin,
- Ida Davis, Las Vegas Urban League-MLK Senior Center, North Las Vegas,
- Jackie Kassower, Jewish Federation of Las Vegas/Las Vegas Senior Lifeline, Las Vegas
- Sherri Rice, Access to Healthcare Network, Reno,
- Tara Swartz, Ron Wood Family Resource Center, Carson City,
- Barbara Tobin, Pershing County Senior Center, Lovelock, and
- Veronica Wilson, Blind Center of Nevada North Las Vegas.

She also stated she would have liked to receive applications from advocates for people with disabilities. Hopefully this group will be willing to work together and assist with some of the topics that verify our strategic plan, marketing and outreach, program evaluation and giving us advice on things to present. We are having our first meeting on March 30. It will be an open meeting. Ms. Gerber-Winn asked if the agenda was going to be on our website, if people want to look at it. Ms. Brown confirmed. Video conferencing will be at NNCIL in Sparks, NNCIL in Fallon and RAGE in Las Vegas; it's from 1:30 to 3:30 in the afternoon.

Our inter-agency group; Welfare, our department head for disability service, Senior Rx, Disability Rx services, EPS and Department of Healthcare Financing and Policy met. We are working on the next section of the manual. It will include program information,

contacts, forms needed and where to submit. It will also include links if available if you want program manuals or their website we are going to provide that in the chapter. We have probably seven or eight program already done and still waiting on some. Ms. Brown is hoping to be finished by the next site meeting if everyone turns in their program information. Then the manual will almost be complete. We are also working on changing the agreement between ADSD and the inter-agencies. They agree they are going to keep us up to date on any policy program changes so that site staff is aware whenever they do occur.

10. Anything Else

Next meeting will be held April 15th 9 a.m. to 10:30 a.m.

Ms. Gerber-Winn added the following:

We are going to be on a crunch to show our work and once we get an IT person we can start collecting data more specifically to the project but that also means we all are going to have to do it. So keep writing down those suggestions because it's really hard to do over if we skip something that everyone finds important and we don't note it, when we have the person working on the system.

Ms. Brown added we might not have the money in the future to make changes. So we have to get it right the first time. Ms Gerber-Winn stated the operations manual will be our bible. If you don't like something that is in there that surprises you or if you haven't really read it and you wander right through it, look at it again because we aren't going to change it after we adopt it for a while. We are going to live by it to see how it works so I don't want people to act like they didn't realize that didn't have to meet those requirements after we say it's legitimate. Ms. Brown stated it is read verbatim for this purpose. If there are any questions or comments in between site meetings please submit them so we can make the edits if they are reasonable and the next round will make them final. The only thing that will change consistently is the chapter that has eligibility numbers, information that changes nationally every year.

Meeting adjourned at 3:14 p.m.