

Nevada Association of County Human Services Administrators

**Minutes**

July 12, 2019

**Active Members:**

Mary Jane Ostrander, Carson City

Shannon Ernst, Churchill County

Tim Burch, Clark County

Karen Beckerbauer, Douglas County

Amanda Osborne, Elko County (phone)

Nikki Linn, Humboldt County (phone)

Shayla Holmes, Lyon County

Debbie Lee, Mineral County (phone)

Karyn Smith, Nye County

**Associate Members:**

Mike Pawlak, Clark County

Ariana Saunders, Clark County

**Affiliate Members:**

Tracey Bowles, Washoe County Public Guardian (phone)

**Guests:**

Dagny Stapleton, NACO

Valerie Cauhape, Rural Regional Behavioral Health Coordinator (phone)

Jennie Martin, Nye County Senior Nutrition

Char Buehrle, West Hills Hospital (phone)

Jessica Flood, Regional Behavioral Health Coordinator (phone)

Marla, Strategies 360 (phone)

**Item 1: Call to Order**

The meeting was called to order at 12:07pm by Tim Burch.

**Item 2: Introductions**

Tim Burch asked those attending the meeting to introduce themselves and introductions were made.

**Item 3: Public Comment**

Tim Burch inquired as to whether there was any public comment. There was none.

**Item 4: Verification of the Posting of the Agenda**

Karyn Smith verified the agenda had been posted according to NRS.

**Item 5: Review and Adoption of Agenda**

Tim Burch called for a motion to adopt the agenda as submitted. Karen Beckerbauer made a motion to adopt the agenda as submitted. Mary Jane Ostrander seconded the motion, and it was passed unanimously.

**Item 6: State Updates Not Previously Provided**

No updates.

**Item 7: Regional Behavioral Health Efforts**

Ariana Saunders stated that the next major updates after recuperating from the last legislative session is focus on strategic planning. All of the Boards are going through a process that will lead us to a Strategic Plan for the region. The major update that came out of the session is that we now have a 5<sup>th</sup> Board. Ariana is now the coordinator of the Clark Regional Board which encompasses a little portion of Nye. There's a new Southern Board that encompasses Lincoln, Nye, Esmeralda and Mineral Counties. The state is working on a contract to identify and hire a new coordinator for that position, and when that happens we will have 5 coordinators. NyE Communities Coalition is doing the hiring for the position, as the former coordinator Kim Johnson is retiring. For all of the other Boards, we are working on priorities and goals so that we can focus on the next 2 years. We are working with the state on couple events that are coming up. The most recent event is on August 13, which is a MOSTT event which is a pre-conference to the Opioid Prevention Conference that is happening down here in August. It is to focus on Crisis Diversion Activities that are happening across the state. The goal is to get everybody in the same room to hear the best practices, hear from experts, and have people share what their strategies are.

Tim Burch asked Ariana if the conference was specific to people who are in the mental health crisis, or if it will be directed towards the trauma of a child being removed from their home and if that can be part of the discussion. Ariana stated she is unsure if it is on the agenda but she can ask if it can be part of the planning panel discussions. Jessica Flood stated that it is a great idea and we should have a session covering it. Shannon Ernst asked if there are any more spots available for that Conference. Ariana stated they think they are at capacity, however they are trying to clean it up and estimate how many possible no shows there will be. Jessica stated that because it's the first conference for this, there was so much interest. That being said, it probably won't be the last conference either.

Ariana stated the other event they are working with the state on is the Crisis Now Summit which is the second day and a portion of the Suicide Conference that is happening on October 17-18. It is focusing on the state wanting to get out some of their efforts and goals in terms of implementing this Crisis Now Best Practice across the state when it comes to crisis services. It's talking about the continuum of crisis which covers how to address it early on with prevention, all the way to stabilizing somebody and what we do in the aftermath in making sure they get ongoing treatment.

The state is trying to implement an Open Bed System which is for all behavioral health facilities, hospitals and providers. This system will be so more referrals into certain beds will start happening and also shows who has vacancies and who doesn't. It will also allow the facilities to follow the client post discharge. It fills a huge gap in our system, especially with being able to follow clients who are in legal holds and what happens with them. Washoe County will be the first county they start implementing this in, then the rural counties, and they are saving Clark County for last. They also want to work on the idea that all social services providers will have access to this system as well and possibly connecting it with HMIS. Jessica Flood stated that since the social services agencies have a lot invested in CMIS that we can find a bridge for CMIS to Open Bed. This way we wouldn't have to use another database. Jessica also recommended possibly getting Jessica Woodard from the state to do a presentation on this program. Tim stated that he agrees we have a lot invested in CMIS and others are entering into Clarity. He stated that if we add a third database, it could all start to crumble. Everyone agreed with Tim. Ariana stated that they do want as many people as possible on the Open Bed System since that is the only way they will get accurate data is to get everyone involved.

Valerie Cauhape stated that at the T/A Meeting last month they let us know they will have several T/A rollout meetings with representatives for Open Beds. There also should be other opportunities moving forward to get more information on Open Beds. Valerie also stated that the Rural Regional Board is scheduled to do their Strategic Planning Retreat which is a public meeting on October 17-18 in Elko. Also Valerie stated that Elko County is planning the CIT Reform Training is September 16-20 in Winnemucca. Valerie stated that she and Jessica have been working with Kim Donahue from the Nevada Department of Veterans Affairs who is the Program Manager for Suicide and Homeless Prevention for veterans and their families. She is trying to do more outreach in the rural counties and will be reaching out to some of you. Jessica stated that regarding CIT, everyone decided that we are going to have a statewide Crisis Intervention Training website. Clark County is willing to participate as well for metro. If you are interested in participating, let Jessica know so she can put you on the list.

Jessica stated that we are also working on being able to place minors on an involuntary mental health hold statewide. Right now they are working on educational materials and developing the web page with information on it. Valerie stated that AB76 came out and states that each region is supposed to have an online resource guide and a data publication repository. They are working with DPBH and their data to figure out what information we need to publish, and also how we can make the data easily digested by the public. The resource guide isn't meant to take away each counties resource guide but we may be pulling that information up into a regional resource guide. This guide will essentially point back down to the resources and organizations in each county.

**Item 8: Updates on monthly Maximizing County Medicaid Workshops**

Karen Beckerbauer stated that she did contact Sara Lamb who has been our contact thus far. She said she needs to find out who the right players are at the state, and she will get back to Karen. Last Karen heard, Sara hasn't been able to find that out. Karen stated that she will find out who wants to be involved in those discussions once we find out who the players are so we can jump ahead. Jessica asked if this has to do with the 1915i. Karen stated that this is following up on Director Whitley's continued comments about counties maximizing their reimbursements from Medicaid because we currently don't get reimbursed from Medicaid for anything; also moving forward in the conversations about the community health workers getting reimbursed as well. Jessica stated that she heard that 1915i can be used for reimbursement for case management. Everyone stated that is only for housing. Tim Burch stated that Clark County is doing a full comb through first with Department of Family Services Child Welfare to make sure they are maximizing Medicaid and doing the same with our Social Services Department. We claim nothing and are continuing with that conversation. There's a lot that can be done.

Tim asked what Karen means by looking for the right people. Karen stated that Sara Lamb has been our contact that was appointed. There have been changes recently up in their office. They've had two kinds of conversations; one being whether they want to open up another provider type under Medicaid. The other one being some other interpretation of the existing targeted case management. Karen doesn't know if she's trying to identify if there is a policy person, finance person or a mixture of both. Tim stated that we should have Director Whitley come to the September meeting when we will be talking about this again.

**Item 9: Recommend to NACO Board that Tim Burch replace Mike Pawlak on the IAF Board**

Tim Burch stated Mike Pawlak is retiring on August 9<sup>th</sup>. His role is the Director of Social Services in Clark County. Tim stated that Mike took on a huge role and did a great job integrating housing affordability and accessibility conversations. We appreciate the work that you've done. Mike stated that it has been great working with this group. Shannon Ernst made a motion to appoint Tim Burch to the IAF Board replacing Mike Pawlak. Karen Beckerbauer seconded the motion, and it passed unanimously.

**Item 10: Update on IAF Application Reimbursement**

Dagny Stapleton stated that we were waiting for session to end because there was a bill that had to be passed for the IAF and monies being transferred into multiple accounts. There was an IFC meeting where they had to have similar approval. Those things have happened, and she has been talking to the CFO for Medicaid. A couple weeks ago he said it should only take a week or so Dagny emailed him again this week. He has been excellent to work with and very transparent and admitted to Dagny there were a lot of challenges he's faced with the confusion, inconsistency, billing, and estimates for assessments. He admitted they have a lot to do and are working on those things. Dagny is hoping they are working on getting everything in order again. She will reach out to him again and they need an application sent in from Clark County. Dagny stated Shannon sent her an email asking about the assessment bill that had some weird credits and debits on it. The question was, "is this the Medicaid Match reimbursement through the IAF?" Dagny stated that those reimbursements are going to come as a credit to your Medicaid Match Assessment Bill. I asked Medicaid if we can have a conversation about it to learn so that

everyone knows what to look for when they get their bills and make sure you are getting your money. Dagny is going to follow up on that to make sure everyone understands.

Shannon stated that this is the first year that a credit showed up one month, and went back 7 months. Maybe at the next workshop we can get the right person to come in and explain the bills to us. Dagny stated that she did ask for someone to come in and teach us how to understand these bills. Mary Jane Ostrander stated that there was someone who came in and did a presentation about 2 or 3 years ago and did a good job. They didn't get into the credits and how all that works. Shannon stated that was held the one with billing at NACO in Douglas. She stated that one of her big questions with the IAF Board because they've never received reimbursements like this. We were supposed to be reporting in July where we spent this money and showing that we were using it on the priorities in our applications. We're in July and we haven't received the money yet. Dagny stated that they asked for an IAF workshop in July talking about how the IAF funds work, what money goes into the account and where it goes. Mike Pawlak stated that we anticipated the reimbursements because we need the funds before we apply again.

Mary Jane stated that they were only awarded the difference between where our cap was and what our debt was with Medicaid. Dagny stated that amount should have reduced their assessment bill. Dagny stated the application is for a previous year but the fiscal year you get the money it's a credit against your assessment from last year. Mary Jane stated that it wasn't until after the fiscal year closed then IAF would meet who didn't meet the caps or who applied for that difference. It never went through any of our paperwork. Dagny stated that we changed the application so that the application amount is based on last year and the award is going to be for this fiscal year. Shannon said we can't use it towards the assessment. She went back to the County Comptroller to explain it. When we get a bill that shows an \$186,000 credit, but it's very clear that credit is not to be used towards our actual Medicaid Match. It is for the other programs we applied for in our application. Dagny stated that the idea was that this payment is supposed to be used to free up money from your indigent tax rate to be used on for other human services or other indigent needs. Currently for some of the rural counties whole tax rate is going to the Medicaid Match. The idea is to free up some of that and put it towards other programs. Shannon said that previously that's not what it was for.

Dagny stated that she and Amanda went back a table of every one of the IAF awards since the program started. We sent the table to Medicaid and asked if they have a record of the monies being sent to the counties so that we make sure they received the credits. Dagny stated she got an informal response from them basically saying they don't have a record of the monies that were given to the counties, but that should be on the Medicaid bills. We are trying to figure out and we're pretty much figuring out there's no record of them ever doing what they were supposed to be doing. Mary Jane stated they put in the application and haven't seen anything. We assumed the IAF distributed it directly through Medicaid and not to the counties.

Mary Jane said that they are accumulating a debt, since they reached their cap in April. May and June haven't been paid. Dagny stated the nature of that cap is that the county is not liable for anything over 8 cents. If you go over 8 cents, that is the state's responsibility. In the year you received the IAF funds, you essentially wouldn't be paying whatever that 8 cent amount is. You'd be paying 8 cents minus your

award and if that saves you \$200 then you put that money towards another program. Karen said that basically what she is saying is that the state isn't able to produce a record of how those funds transfer. Tim stated that we can give them 30 days to hopefully correct this and address it again in September.

**Item 11: National Association Conference - July 2019**

Tim asked if there were any questions or comments about the conference we are currently in. Tim stated that Aaron from NACO National who came for the Nevada NACO workshops was great. There were no other comments.

**Item 12: Meet and greet meeting with Richard Whitley – September 2019**

Tim stated that this is probably going to be more of a work session than a meet and greet and can re-title this item as a work session. Dagny asked if this was our annual meeting and if it was the morning after our conference. She said that she sent out an email regarding this meeting and he confirmed that he and 5 of his Administrators are all going to be there. Dagny also stated that she confirmed from Ross from DCFS that this meeting was on his calendar as well. Richard stated that not only does he want this group to meet him and the Administrators and form relationships, but also to be able to cover any topics everyone wants to discuss.

Shannon suggested that since this is becoming a big item, perhaps we can separate it from the actual meeting and have the work session afterwards. Tim stated that we can have our regular meeting first and then roll into the work session with Richard Whitley. Shannon asked where we were going to have these meetings at. Tim stated that we should do NCAA from 8-10am. We can do NACHSA and the work session from 10-Noon, however we should get the actual meeting items out of the way and save the rest of the time for Richard. Dagny asked if everyone is going to compile a list of questions and topics they want to cover. Tim stated that everyone can email him their topics they want to discuss, and we can compile the list in the August meeting. Just be ready to speak on it at the September meeting if you suggest a topic.

**Item 13: Indigent care for unfunded mental health patients**

Char Buehrle thanked everyone for allowing her to be on the call and hopefully answer questions people might have. She stated that Karyn sent out additional information she sent over to Nikki which is a list of NRS statutes. I also included a sample letter agreement from a hospital management corporation. Our hospital in Casper, Wyoming has an agreement in place with the county, so I just used the sample of what it would look like from the county. Back in June I reached out to a couple County Managers in regards to a couple NRS statutes trying to get somebody's attention trying to get this in place. We provide care for mental health patients across northern Nevada. We see a lot of patients from the rural and frontier areas. We see a lot of those patients that receive services that are Medicaid funded. We are at a point where we cannot sustain this amount of care. I stumbled on a statute and thought it would be good to have a discussion and get an agreement in place that all the counties can access and agree on a rate that works for everybody instead of being individual counties.

Tim Burch stated that he is looking at the sample agreement and the NRS reference is blank and asked if she could toss it out real quick so everyone has it in front of them. Char stated that the NRS is 428.115, that's the definition, and then it goes from there. There are a few NRS statutes that kind of come off of there. Within those statutes it refers to 439B chapter which states the hospital months without charge.

Care for indigent patients in the amounts of which represents 0.6% of the debt revenue for the hospital's preceding fiscal year. I do have the figures that I can share with everyone for fiscal years 2018 and 2019. The chapter of 428 really gives you the specific payments of what the liability of the county is.

Shannon stated that one of her big questions regarding 428 is that it is pointing to that we need to do this within the 439B. Is it for indigent; because it kind of sounds like on your agreement it's for anyone who doesn't have it or is willing to pay for it? Char stated that this is specific to unfunded indigent folks. The indigent coverage is defined by the statute at what it means. It would be for someone who has no Medicare, no insurance whatsoever, Medicaid for adults aged 21-64. Shannon said that the statute does define the rates and gives the basics, and the lowest one is \$438 for one individual. Counties can also establish their own and we are a last payee resort. If there is another resource they can obtain such as Medicaid or private insurance, then they are not considered indigent. This is all because of the ACA and the now small population of indigent people, and is the reason we have extra funds in the IAF. We haven't had someone in over 5 years that qualified to be indigent in Churchill County for medical.

Char stated that we are seeing a very large population and these are people who are defining what indigent care means in each county. These are folks who cannot pay for their care and/or not getting care because we don't see fee for service Medicaid patients, because we do not get reimbursed for them. There is nowhere here besides a couple places that do not see fee for service Medicaid patients. We are trying to figure out a way to care for these people and get them out of your Emergency Rooms. Shannon stated that she loves working for West Hills and all the programs, but the problem she struggles with is there is a statutory outline of what indigent is. If we were to say that these individuals are coming to you because you don't take those fees for service patients, we are now going to define them as indigent. We are unable to do that legally. Char stated that the reason she is on this call is for us to discuss this and to know what every county defines as indigent. I see what the statutes are, but she doesn't know the specifics in each county.

Shannon stated that she's pretty sure each county is pretty much the same. Char said that they are seeing a large homeless population in Elko. Shannon stated that if they are eligible for Medicaid, then they are not indigent. Char asked what if they are homeless and unemployed would they qualify for Medicaid. Tim stated that would establish if they are homeless. If they are homeless in Washoe they should be working with the COC and should be enrolled in Medicaid once they come in contact with an agency. For example the county hospitals down in Clark County such as UMC have enrollment people right there as folks walk into the ER to make sure they will be covered. Char stated that they do the same thing there. Also, when someone comes in and meets the criteria for psychiatric care, whether they are funded or unfunded, they still have to treat them. The only exclusion is that we don't allow payment for those programs them even if they are Medicaid eligible and become a Medicaid recipient.

Tim stated that he wanted to verify that because they are a freestanding hospital, they are unable to bill Medicaid or mental health services. Char said that is correct, and also anyone that has over 16 beds. Tim asked what is the ballpark they are looking at for recruitment in the support of this. Char stated we are just trying to get the conversation started to see what counties are even interested in doing this. We have exceeded the 0.6 % year to date, and we are at 1.45% of uncompensated care. That's not necessarily from the rural counties, it's just a total. However, we've seen 6 unfunded patients since

January. They are basically looking at getting compensated at county set price. Tim thanked Char for bringing this issue to their attention, and they are going to continue this conversation offline in a subcommittee on Compensated Care. It will cover what Compensated Care looks like for mental health treatment. We will make sure we get the right people in the conversation; in all fairness we don't have a representative from Washoe right now. Char stated that there are many people who get stuck in the rural hospitals for days until they can get to a bigger hospital in Clark or Washoe to get the care that they need. Char asked if they are not eligible for Medicaid, does that make them eligible. Tim stated that we are a payer of last resort so if they have any other resources we have to use those first. Char stated that she works with a lot of Indian Health Clinics and they are also a payer of last resort. Tim stated we will move forward with the subcommittees and make sure everyone is involved in that.

#### **Item 14: County Match contracts**

Mary Jane stated that she asked for this to be put on and first wanted to say that they've been sent out. She was curious on if there was any feedback regarding the contracts, although they were basically the same as last year. Mike Pawlak stated that Jessica is reviewing theirs, and there were concerns about there being no cap. Mary Jane stated that she has a problem with paying June ahead of time, because it is now July and they already got paid their June bill. I've been asking for a reversal since September or October of last year on someone that we are being billed for consistently who isn't a Carson City resident. We haven't gotten a decision on it and the year is closing out. When it happened last year, they told me sorry the year is closed. Mary Jane stated that in the past we've held our payments until they get it straightened out. Now they've already paid for June and for the rest of the year they say they will get it fixed and you'll see it on the Tru/Up.

Karen Beckerbauer asked if she's trying to ask them to pay June 2020 ahead of time. Mary Jane stated that somehow they get it in the existing bills in your county and mixes in the first July bill. Dagny stated that we should invite them to our August meeting and see if they can go over it with us. Karen stated that is part of the bigger conversation is not understanding how to read the bill but also where the numbers come from. Are they true peoples service numbers as it's supposed to be or if there's some other behind the scenes calculations going on? It is not represented on the detail backup. Tim stated that we could put language in there to change it, but that is a conversation for them. Mary Jane stated that she has not paid it, but it is added in the next invoice on the front page. Tim stated that he hasn't seen it. Karen stated that in Douglas they don't pay things in advance, since it isn't June yet. Tim asked if there were any other concerns regarding this topic. Tim stated that there are a lot of Medicaid conversations, so he asked if we wanted to continue this with a Medicaid representative in the August meeting and bring her back into the September meeting.

#### **Item 15: Approval of Treasurer's Report for June 2019 and approval of bills submitted for payment and update on IRS Filing/Reinstatement and FY19 dues**

Mary Jane stated that we have cut two checks. One went to Frushon Accounting who is doing all of our IRS stuff and the 2018 tax return for \$100. The second check is \$50.00 for the Annual Filing fees to the Secretary of State that are on time with no late fees this time. Interest accrued both in May for \$0.16 a piece which brings our checking account balance to \$639.31 and our savings account to \$3,819.16 for a



total balance of \$4,458.47. To update on the IRS, we did hear back from them. They needed additional information and I submitted that along with the feedback from everyone to the IRS. It should take about 3 months for us to hear back from them.

Shayla Holmes made a motion to approve the Treasurer's Report for June 2019. Karen Beckerbauer seconded the motion, and it passed unanimously.

**Item 16: Setting of Annual dues**

Tabled for next meeting.

**Item 17: Approval of Minutes from the June 11, 2019 Meeting**

Tim asked if there were any revisions or changes for to the minutes. There were none.

Mary Jane Ostrander made a motion to approve the minutes from the June 11, 2019 meeting. Shayla Holmes seconded the motion, and it passed unanimously.

**Item 18: NACO Staff Update on Items Not Agendized**

Dagny stated that staff from ADSD reached out to her, and they are working on their 4 year plan. They scheduled a call with her to do outreach in other counties, and I'm going to give them the contacts to everyone in the meeting for more resources. Tim stated at the September meeting I'm sure they will go over that as well. They are no longer Elder Protective Services, but now Adult Protective Services. Tim asked if anyone else was having issues with their Regional Centers with Independent Living Placements. Karen stated that they had issues last year, but not right now.

**Item 19: Comments, Updates, Reports NACHSA Members Not Agendized**

Mike stated that after the start of the New Year, the Board allocated funding from Marijuana License fees to be used for the homeless programs. They initially allocated \$19 million for two years of accrued revenue. Going forward it's going to be about \$12 million a year. Since May, we've moved about \$8 million over to be used on these services. Tim stated that it increases the homeless services by 15%. One of our commissioners introduced a 3% max on each portion of the sales. We are trying to articulate those monies to families that are experiencing homelessness, because federal laws aren't doing a lot about homeless families or accompanied minors and we want to bridge that gap.

Mary Jane Ostrander wanted to share that Carson City, when they get their reimbursement, wants to work with the specialty courts. The biggest barrier as everyone knows, is housing. They're in specialty court, they're supposed to be in sober living and you can't send them back to family or friends house so they find themselves homeless and working in sobriety programs. We have started a transitional housing type of program, and that's what we're going to be putting our reimbursement towards. There is one sober living house and also the Community Counseling Center is opening up a couple apartments. We will be expanding on that program and will have at least one full time Community Health Worker specific to that clientele in getting them where they need to go and following up on it. We've been piloting with the program and it's been working really well with our MTC Court. It was our Mental Health Court and we have to work through that. If you are going to have a 90 day Transitional Housing Program, something has to change within that 90 days and it's very difficult with mental health.

Tim stated that we started talking with our Family Drug Court and noticed we had a big drop off at the 9 month mark of the program. It's about the time they have to find a job. They start working many hours a week, and stop going to treatments because they have these jobs they are working at to get their apartment and financially stable. We're talking about how to use some of our marijuana money to create shallow subsidies so they don't have to go from 0-60, but build up slowly so they don't lose 9 months of their hard work. Mary Jane stated that they are doing 90 days because that is the quarter the judges are saying no work. The idea is to roll them over to our Emergency Solutions Grant Program where we have another 24 months to work with them. Karen stated that in Douglas County we are trying to start something similar on a smaller scale. We have a private investor in the community that recently purchased a small apartment complex. He is agreeing to identify a vacant unit as a sober living program. Our staff will provide the support services and case management, and he will coordinate the physical plans of funding the lease agreement. We are just in the planning stages as he's renovating right now, but we will open it to our first client in September.

Tim asked if everyone is getting support from their HMOs around those types of services. We've been working hard up here to get it, but I think maybe one system does. In the next 11 months we're going to plan out the next HMO contracts. There's open listing sessions around what should be in those HMO contracts. I think we need to have a unified voice that those HMOs are making a lot of money off of our people. They need to be providing back to the housing support services. They don't necessarily have to pay the room and board, but they definitely have an investment there with all the case management that goes into it. Even if they don't have room and board, because if the people are being housed and treated, they're not going to want them back in the emergency room since the premiums will go up. I would encourage everyone to attend the listing sessions coming up. Those HMOs should not only be working for Clark and Washoe, they should be working for the whole state as well. Karen stated that she really appreciates that as part of the conversation about maximizing reimbursement, whether it comes as a fee for service under a community health worker, or a more administrative plan amendment in that respect. I'd appreciate having both sides of that conversation. We've been working with the Division of Corrections in the northern part of the state doing some discharge planning for the inmates returning to Nevada locations. We're going in and providing information on where to connect for services when they return to their communities.

#### **Item 20: Scheduling of Next Meeting**

Karyn stated that August meeting is in Lyon County, however there were suggestions on having it down in Vegas since the MOST and Opioid Summits are that Tuesday- Thursday. Everyone would have to attend the meeting on Monday in Lyon County, hurry up and get back to Reno to fly back to Vegas for the Summits. Some people will still be in Lyon County for the NCAA meeting. Tim suggested that the meeting stay in Lyon County for anyone that is up there, but Clark County will host a listening call for the meeting down in Las Vegas. The meeting in Lyon County will be held in Silver Springs, and the Summit and other meetings will be held in Las Vegas at the Tuscany.

#### **Item 21: Future Agenda Items**

Tim stated that we are going to invite the Medicaid Director for the next meeting so that we can go through and talk to them about any questions or concerns so they are ready for the September meeting.

We will follow up on the IAF assessment. Karen stated that we need an item about us needing to hold elections in the September meeting.

**Item 22: Public Comment**

There was no public comment

**Adjournment**

There being no further business to come before the committee, Tim Burch called for a motion to adjourn the meeting at 1:44 pm.

APPROVED: \_\_\_\_\_



Tim Burch, Chair  
Nevada Association of County Human Services  
Administrators



Karen Beckerbauer, Vice-Chair  
Nevada Association of County Human Services  
Administrators