



Nevada

Early Stage Dementia Project: *Telehealth Early Phase Patient and Family Support Program (TESP)*

Cost Analysis



Alzheimer's Disease Supportive Services Program Innovation Grant

Nevada Aging and Disability Services Division ~ August 2010

Table of Contents



Contents

Table of Contents	ii
Overview	1
Infrastructure	2
Disbursements and Spending	2
Analysis	3
Conclusion	5
FINANCIAL STATUS REPORT	6



Overview

This cost analysis addresses the costs and expenditures related to Nevada's Early Stage Dementia Project, Telehealth Early Phase Patient and Family Support Program (TESP) for the period of September 30, 2008 through March 31, 2010. The analysis outlines costs associated with this grant, both federal funds and state match for activities implemented in Nevada by the Aging and Disability Services Division (ADSD) and program partners throughout the Telehealth project.

Nevada's existing telecommunications infrastructure, connecting urban areas to rural areas, was utilized during Nevada's Telehealth project. Costs associated with this grant include direct costs and indirect costs from the federal funding and the state match and not for infrastructure. The project was federally funded at \$110,857 and included \$45,681 in state match for a total of \$156,538 for this project.

The project served 654 individuals and their care providers affected by Alzheimer's disease, through 69 clinics and provided 112 family care consultations. In addition, one goal of the project was outreach to Native American and Hispanic communities, to form partnerships for future efforts. The outreach into these critical populations developed and strengthened relationships between the tribes and the Northern Nevada Northern California Alzheimer's Association. Basic information was provided to the tribes, and the Alzheimer's Association was invited to attend several events which generated additional contacts in the tribal community.



Infrastructure

The telecommunications infrastructure is not part of the cost analysis of the telehealth program. Equipment costs to provide service and costs associated with accessing the telecommunication infrastructure are included. Some sites required upgrades to their internal structure in order to accommodate the compressed video for telehealth sessions. This telehealth infrastructure is continually utilized to provide outreach and information to the rural areas of Nevada, reducing and eliminating the need for travel into urban areas for support and care related to Alzheimer’s disease.

Disbursements and Spending

After accepting the federal funds, the Nevada Aging and Disability Services Division sub awarded funds to program partners: Alzheimer’s Association of Northern Nevada Northern California and University of Nevada Reno, School of Medicine; and later to the Cleveland Clinic Lou Ruvo Center for Brain Health. The Nevada Aging and Disability Services Division moved its portion for staff salaries to a program partner to enhance service delivery. Project funding is detailed below.

Project Federal Funding Distribution				
	UNR CCLRCBH	AA-NoNV	ADSD	TOTAL
10/1/2008-9/30/2009	\$ 37,815.00	\$ 46,074.00	\$ 1,054.00	\$ 84,943.00
10/1/2009-3/31/2010	\$ 14,265.00	\$ 10,595.00	\$ 1,054.00	\$ 25,914.00
Supplemental		\$ 11,054.00		\$ 11,054.00
TOTAL	\$ 52,080.00	\$ 56,669.00	\$ 2,108.00	\$ 121,911.00

Note: \$11,054 from moved from Aging and Disability Services Division allocation for staff time to Northern Nevada Alzheimer’s Association for Direct Costs.



Analysis

The program served 654 individuals and offered 69 clinics. The table below details the total costs from federal and state sources for telehealth and clinical services offered , as well as the costs per individual served or clinic offered.

Project Costs Caregivers and individuals Affected by Alzheimer's Disease			
Costs Per		Telehealth	Clinics
	Total Funds	654	69
Federal Funds	\$110,857.00	\$ 169.51	\$ 1,606.62
State Match	\$ 45,681.00	\$ 69.85	\$ 662.04
TOTAL	\$156,538.00	\$ 239.35	\$ 2,268.67

Total funds dispersed resulted in a cost per client served of \$239.35 and a cost per clinic of \$2,268.67. These individuals were assisted by professional and paraprofessional individuals at both ends of the service and were provided feedback from the nurse practitioner and the project neurologist.

Cost per individual were reduced by removing costs associated with travel for State of Nevada staff , including individuals reached through information and referral and family care consultations. The table below details this reduction to total direct service funds used.

Direct Project Costs For Caregivers and individuals Affected by Alzheimer's Disease			
Costs Per		Telehealth	Clinics
	Total Funds	887	69
Direct Federal Funds	\$108,749.00	\$ 122.60	\$ 1,576.07
Direct State Match	\$ 45,681.00	\$ 51.50	\$ 662.04
TOTAL	\$154,430.00	\$ 174.10	\$ 2,238.12



Basic information was relayed through outreach efforts to 121 individuals not counted toward the telehealth services. Also, 112 families were provided care consultations through this project. In addition to the individuals served, the project connected the state infrastructure to Native American populations. Though few Native Americans attended the educational seminars, the connection into this population was relevant to outreach efforts and valued by the tribes based on their increased communications with the Alzheimer's Association and invitation of subsequent tribal events.

The results of this project were hindered by key staff changes, cultural differences associated with technology, and through the addition of added Nevada resources in the care of Alzheimer's disease. Though changes in Nevada infrastructure initially slowed down results for this project, these changes and increased presence will further enhance the care provided to individuals in rural areas and allow for access to expert advice both medical and caregiver related.



Conclusion

Nevada's Early Stage Dementia Project, Telehealth Early Phase Patient and Family Support Program (TESP) for the period of September 30, 2008 through March 31, 2010, provided expert advice and care to individuals who otherwise would not have had support. The project was federal funded at \$110,857 and included \$45,681 in state match from tobacco settlement dollars for a total of \$156,538. Federal funds were primarily dispersed to program partners to provide the direct assistance and care for individuals affected by Alzheimer's disease and their care providers.

The Nevada project served 654 individuals and their care providers affected by Alzheimer's disease, through 69 clinics and 112 family care consultations. In addition to the numbers served, this project improved the relationships between Native American populations and the existing Nevada Alzheimer's care infrastructure, resulting in increased opportunities to offer assistances and provide support to this population.

This project has the potential to serve much greater numbers than were demonstrated in Nevada. The individuals served in this project were very appreciative of the connection to medical expertise and care consultations to continue to care for their loved ones affected by Alzheimer's disease. Without the support of the Administration on Aging and the Alzheimer's disease and Supportive Services Program, individuals in the rural areas of Nevada would have been forced to commute to urban areas for care, or worse yet, not have any support for their loved ones with Alzheimer's disease.



FINANCIAL STATUS REPORT

(Long Form)
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Dept. of HHS Administration on Aging	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 90AI0019/01		OMB Approval No. 0348-0039		Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Nevada, Division for Aging Service, Department of Human Resources 340 N. 11th/State Mail Room Complex, Las Vegas, Nv. 89158					
4. Employer Identification Number 1-88-6000022C5	5. Recipient Account Number or Identifying Number CFDA #93.051	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 9/30/2008	To: (Month, Day, Year) 3/31/2010	9. Period Covered by this report From: (Month, Day, Year) 9/30/2008	To: (Month, Day, Year) 3/31/2010		
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		\$120,022	\$36,516	\$156,538	
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)		\$120,022	\$36,516	\$156,538	



Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions	\$45,681	\$0	\$45,681
f. Other Federal awards authorized to be used to match this award			
g. Program income used in accordance with the matching or cost sharing alternative			\$0
h. All other recipient outlays not shown on lines e, f or g			
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	\$45,681	\$0	\$45,681
Program income, consisting of:			
j. Federal share of net outlays (line d less line i)	\$74,341	\$36,516	\$110,857
k. Total unliquidated obligations			0
l. Recipient's share of unliquidated obligations			0
m. Federal share of unliquidated obligations			0
n. Total federal share (sum of lines j and m)			110,857
o. Total federal funds authorized for this funding period			110,857
p. Unobligated balance of federal funds (Line o minus n)			0
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			



t. Total program income realized (Sum of lines q, r and s)

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title Vickie Rutledge, Budget Analyst 2	Telephone (Area code, number and extension) 775-687-4210
Signature of Authorized Certifying Official	Date Report Submitted 6/29/2010

