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Contact Information

State Name	Nevada Aging and Disability Resource Center- Nevada's Care Connection
Grantee contact person	Wanda Brown, ADRC Project Manager
Contact telephone	(775) 688-2964 ext. 250
Contact email	wbrown@adsd.nv.gov

Participants in ADRC Statewide Plan Development*

Name & Title	Organization
Tina Gerber-Winn, Deputy Administrator	State Unit on Aging and Disability Services Division
Dena Schmidt, Program Specialist	Department of Welfare and Supportive Services (DWSS)
Betsy Aiello, Deputy Administrator	Division of Health Care Financing and Policy (DHCFP), Medicaid
Melaine Mason, CPM, Deputy Administrator	Rehabilitation Division, Department of Employment, Training and Rehabilitation (DETR)
Marilyn Wills, Interim Director	Governor's Office of Consumer Health Assistance
See Appendix A	Nevada ADRC Advisory Board Members (9)**
Toby Hyman, MA	DHHS-Grants management Unit, Family Resource Centers
Jeannie Pearce, Director	State Health Insurance Program (SHIP)
Reggie Bennett, Executive Director	Rebuilding All Goals Efficiently, (RAGE) Inc.
Sara Brower, Program Manager	Lyon County Human Services (LCHS)
Grady Tarbutton, Director	Washoe County Senior Services (WCSS)
Teresa Sacks, MPH, Health Research Analyst	Sanford Center for Aging, University Nevada-Reno
Betty Munley, Retired, Advocate	ADRC Sustainability Subcommittee Member
Barbara Deavers, Disability and Elder Advocate	Retired Social Worker
Angie Pratt, Executive Director	N. NV Alzheimer's Association and ADRC Program Evaluation Subcommittee Member

* The above participants have indicated that they have actively participated with the planning of the ADRC Statewide Plan and agree with its content. Letters of support are also acceptable for documenting active participation and support.

** Short biographical has been included for ADRC Advisory Board Members in Appendix A.

SECTION I: INTRODUCTION

In 2003, the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) launched the national Aging and Disability Resource Center (ADRC) demonstration grant initiative. The ADRC concept is part of the President's New Freedom Initiative, which aims at overcoming barriers to community living for people with disabilities of all ages. ADRCs are a tool to help states redirect their systems of support. This tool will be consumer-driven and supportive of home and community-based service options. During the first year, twelve states were awarded the three-year demonstration grants, another twelve states were added in 2004. The Nevada Aging & Disability Resource Center (ADRC) administered by the Nevada Aging and Disability Services Division (ADSD) became one of 19 resource center projects funded in 2005.

In 1971 the Nevada State Legislature established the Nevada Division for Aging Services, which is the State Unit on Aging. Nevada is a single state planning unit and has no Area Agencies on Aging. Since its inception 40 years ago, the Division has been the primary advocate for Nevada's elders by developing, implementing and coordinating programs for seniors throughout the state. During the 2009 legislative session, SB 434 which "*Combines the Office of Disability Services of the Department of Health and Human Services and other disability programs with the Aging Services Division of the Department*", united forming Aging and Disability Services Division (ADSD). This merge seemed timely to this initiative in the fact that as of July 1, 2009 the division could streamline efficiencies in serving persons with disabilities as well as older Nevadans.

Nevada ADRC intends to improve access to long-term care (LTC) services and supports for Nevada's elders, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. The aim is to provide one-stop-shop access to a seamless system of support that is consumer-driven so individuals are empowered to make informed decisions about the services and benefits they need or want. The Nevada ADRC is designed to streamline eligibility processes with public partners and provide consumer access to a variety of public benefit programs. The regionally based ADRC sites have been established within existing community-based organizations to provide unbiased information and gain public trust.

Since 2007, the Nevada ADRC has provided consumers with access to community-based one-stop-shop entry points that offer "walk-in" access to specialists. Currently, there are three walk-in sites located in Clark County, Lyon County and Washoe County.

As required by ADSD, these sites at a minimum provide:

- Information and Referral (I & R),
- Assistance and Advocacy (A & A) – also known as Options Counseling

- Eligibility and Access (E & A) – also known as Benefits Counseling

This strategic plan defines Nevada ADRC vision, goals, objectives, key dates and sustainability efforts through September 2016.

Nevada ADRC Mission

The mission of Nevada ADRC is to maintain or enhance quality of life of our consumers and communities in a respectful, efficient and fiscally responsible way.

Vision

To have Resource Centers available to every community across the state serving as highly visible and trusted sources. People of all ages, incomes and disabilities can access information on the full range of long-term support options and a single point of entry to public long-term support programs and benefits.

Goals

An estimated 65% of individuals age 65 and over will at some point require some type of long-term care (LTC). Where appropriate, the Nevada ADRC will use concepts consistent with *Own Your Future*, a long term care awareness campaign developed and sponsored jointly by the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services-Office of the Assistant Secretary for Planning & Evaluation, Administration on Aging (AoA), and the National Governors Association. The program's goal is to increase public awareness about the importance of advanced planning for future LTC needs. The planning guide includes information on determining future LTC needs; financial considerations; LTC insurance; the need to establish clear legal directions (putting legal affairs in order); sharing plans with family, friends; learning what community services are available; and housing considerations as an individual ages.¹

In general, the goals of the ADRC project are to:

- Better coordinate aging and disability service systems
- Raise visibility about the full range of options that are available
- Provide objective information and assistance
- Empower people to make informed decisions about their long term supports as a means to maintain independence
- Serve as convenient entry points for all public and private long-term care programs and support services

¹ Own Your Future: Planning Guide for Long-Term Care (2008).

- Streamline eligibility processes for the consumer when working with public benefit partners

ADRC goals fall in line with the overall agency mission and goals set forth by both the Department of Health and Human Services in its 10 Year Strategic Plan for Senior Services *and* the Division's State Plan – Services for Nevada's Elders.

Philosophy

Nevada's ADRC initiative began in 2005 and is not necessarily located in a single physical place. The operational components are carried out by our agency staff and grantee sites. The initiative involves coordinating the work completed by our Interagency Group that consists of Department of Health and Human Services Divisions:

- Health Care Financing and Policy,
- Welfare and Supportive Services,
- Aging and Disability Services and
- local organizations in a manner to provide consumers with integrated access points to long-term services and supports such as:
 - Medicaid waiver programs,
 - State funded community based programs,
 - Older Americans Act services, and
 - Independent living services.

ADSD, in consultation with its Advisory Board, grantees, partnering public agencies, and other stakeholders, has designed and implemented the Nevada ADRC project. The project will enable seniors, people with disabilities, families, caregivers, and anyone else planning for future long-term care needs, to be offered choices.

ADRC sites are not about replacing existing organizations and networks. They're about building a better, more coordinated network.

The ADRC project is designed to:

- Actively promote public awareness of both public and private pay long-term support options, as well as awareness of the resource center, especially among

under-served populations.

- Provide information and guidance, as needed, on all available long-term support options.
- Help people assess their potential to utilize private funds to obtain the assistance they need or want.
- Help people assess their potential eligibility for public long-term support programs and benefits.
- Coordinate with Division of Health Care Financing and Policy (Medicaid) to assist with applications for programmatic eligibility for public long-term support programs and benefits, including referrals for nursing home and home and community-based services (HCBS) waiver programs.
- Assist people with the financial Medicaid eligibility determination process in collaboration or coordination with the Division of Welfare and Supportive Services staff.
- Help people to access short-term assistance and/or care management to stabilize long-term support for individuals and their families in times of immediate need (short-term crisis support).
- Provide information and referral to other programs and benefits that can help people remain in the community, such as disease prevention and health promotion programs, i.e., Chronic Disease Self-Management program, transportation services, income support programs and private-pay services.
- Help people plan for their future long-term support needs.
- Organize and simplify access to public long-term support programs.
- Refer consumers to appropriate services; and assist with applications, procurement of supporting documentation and follow-up for services.

Program Evaluation and Quality Management

In addition to the 5 Year Strategic Plan, ADSD must establish measurable performance goals and indicators in order to track ADRC progress. A Program Evaluation Report has been submitted by the Sanford Center for Aging (Appendix B).

Evaluation measures consist of indicators used to track progress and levels of performance applicable to each indicator. Measurement areas which are designed to promote continuous quality improvement and development of Nevada ADRC include:

- A. Visibility** – The extent to which the public is aware of the existence and functions of the ADRC;
- B. Trust** on the part of the public in the objectivity, reliability, and comprehensiveness of the information and assistance available at the ADRC;

- C. **Ease of Access**- The reduction in the amount of time and level of frustration and confusion individuals and their families experience in trying to access long-term support;
- D. **Responsiveness** to the needs, preferences, unique circumstances, and feedback of individuals as it relates to the functions performed by the ADRC;
- E. **Efficiency and Effectiveness**- The reduction in the number of intake, screening, and eligibility determination processes, diversion of people to more appropriate, less costly forms of support, improved ability to match each person's preferences with appropriate services and settings, the ability to rebalance the state's long-term support system and the ability to implement methods that enable money to follow the person.

Process and Outcomes

Nevada ADRC performance measurement will be conducted utilizing:

- Document review,
- Meetings with the ADRC project manager,
- ADRC site visits,
- ADSD reports including minutes from ADRC Site Meetings,
- Minutes from Advisory Board Meetings, and
- other documents as necessary,
 - SAMS data,
 - ADRC Data Tracking Tool (DTT) data,
 - Website visitor reports (analytics data),
 - Website review,
 - Consumer Intake Survey (CIS) data (Appendix C),
 - Follow-up Consumer Intake Survey (FCIS) data (Appendix D),
 - Findings from the Stakeholder/Partner Satisfaction Survey (SPSS) (Appendix E).

ADSD monitors grantees' programmatic and fiscal activity on an ongoing basis. ADSD Resource Development (RD) Specialists conduct program assessments and provide technical assistance according to service specifications (Appendix F and G). RD Specialists review participant records, site files and policies and procedures during these periodic assessment visits. A written report from the site's RD Specialist containing recommendations and a corrective action plan is sent to the grantee's project authority or project director within one month of the visit. Corrective action compliance dates must be approved by the ADRC project manager and must ensure the basic

ADRC service delivery expectations are met in a timely fashion to sustain project integrity.

Based on The Lewin Group's assessment completed for Nevada in July 2010 that marked Nevada's statewide progress toward realizing the AoA/CMS vision of fully functioning status, areas that needed more attention have been taken into account in this plan. These include:

- Marketing to private pay individuals
 - Nevada is currently in the development process of a training module specific to identifying and serving private pay consumers.
- Information and Referral
 - While Nevada currently identifies a program site (WCSS) that employs an ADRC Specialist with AIRS Certification; this is not a mandatory requirement of site personnel. The ADRC Operations Manual includes a section with procedures on how to handle their calls in the most professional manner. Site specific feedback is collected from consumers and when warranted, the program manager may recommend remedial action and additional training.
 - Follow up methods and tracking procedures are continually addressed at regular site meetings.
- Resource Databases
 - Nevada ADRC is currently centralizing and combining resource databases in the ADRC portal that were previously stored within individual agencies or programs.
 - Nevada has completed a formal database inclusion/exclusion policy. (Attachment H)
- Standard and Protocols
 - Nevada has developed an Options Counseling training module specific to who will provide it; what it entails; when it should be offered; and to whom and under what circumstances it should be offered that includes the follow up tracking and outcome details. Nevada was also invited to sit on a panel discussion at the ADRC national grantee conference in February 2011 to share information on the development.
 - Sites have access to a common intake tool with a minimum data set necessary to assess a consumer's needs. The tool is conveniently located within ADSD's Management Information System (MIS) that allows for required data collection, documentation, and reporting. The MIS system

has improved data quality and collection. Sites also have the option to customize the intake instrument to meet their needs.

- Short-Term Crisis Support
 - Immediate needs are identified within the Nevada's Options Counseling training module and the Nevada ADRC Operations Manual. These work in conjunction with previous modules developed for site staff that have been developed to include a core curriculum on communication, interviewing and crisis management. The goal of these training modules is to respond to the needs of site personnel while creating sustainable plans for community living.
- Planning for Future Long-Term Support Needs
 - ADRC site staff currently develop community partnerships via formal agreements and have created trusted relationships to refer consumers to counselors specializing in financial management and other long-term supports.
- Overall Coordination and Integration
 - Nevada continues to assess its current structure by identifying bottlenecks and access barriers. Sites have been trained in this area and follow specific procedures for submission to public and private programs. While methods to streamlining consumer access have been identified and implemented, this is an ongoing process and Nevada recognizes it has more work to do during this planning period.
- Comprehensive Assessment/Functional Eligibility
 - Nevada developed a training module to identify consumers at imminent risk of institutionalization. The universal assessment will be conducted to identify the most vulnerable targeted populations in need of Options Counseling. Functional eligibility is a duty of our agency in relation to consumers participating in Medicaid Waiver Programs.
- Financial Eligibility
 - Nevada ADRC has partnered with the Division of Welfare and Supportive Services to pilot test their online Medicaid application tool, Nevada ACCESS, prior to launching it to the public. The use of this tool assists the agency in completing the application and gathering supporting documents to render an eligibility determination in the most efficient way possible.

- Under the Medicare Improvements for Patients and Providers Act (MIPPA) partnership, ADSD will have direct access to submitted application information in order to assist applicants more timely.
- Formal Agreements with Critical Pathways Providers (CPPs), i.e. hospitals, nursing facilities, physicians, etc.
 - Nevada ADRC will continue to plan in this area.
- Local Contact Agencies
 - Nevada has initiated conversations with regard to establishing an authorized local contact agency. At this point, Medicaid has decided to keep this responsibility within their agency.
- Medicaid
 - Nevada has developed and implemented a Memorandum of Understanding with the agency responsible for eligibility determinations which includes explicit description of partner roles in eligibility determination and data sharing policies.
- IT/MIS
 - Nevada already provides a data sharing system for internal and external partners to alleviate repetitive duplication of consumer information. The current IT enhancement is in development to ensure increased security of data and reporting. It will also enable the capturing of more detailed statistical data of external partners and consumers.
- Performance Tracking/Program Level
 - Performance tracking at the program and site level is completed on an ongoing basis through Consumer Intake Surveys (CIS) and administration of 90-Day Telephone Follow Up Consumer Intake Surveys (FCIS).
- Performance Tracking/State Level
 - Currently, staff addresses tracking baseline data from first initial contact to eligibility determination through program evaluator activities.
 - Staff is in the beginning stages of developing caseload reports similar to those already utilized within the agency for other programs.

Our intent is to implement this 5 Year Strategic Plan as a standalone plan and in the future, incorporate it into Nevada's 2016 submission of the State Plan to Administration on Aging (AoA).

Section II: Goals, Objectives, Outcomes and Key Dates

These partnership goals call for strategies that directly support increased partnership opportunities and technical support from Nevada Aging and Disability Services Division (ADSD).

Goal #1:

To identify and provide access of statewide service providers for ADRC Sites so the ADRC Sites can assist consumers with obtaining needed services.

In an effort to increase statewide partnerships and participation of increased resource submittals to on online resource directory, ADSD will:

- Objective 1.1: Assist the ADRC sites with the compilation of an updated database of statewide service providers from credible databases and existing partners in the community.
- Objective 1.2: Require the ADRC sites to participate in a minimum of three Outreach or Marketing Events per month in order for the ADRC sites to develop partnership agreements to document evidence of the partnership roles and obligations.

To be able to measure progress towards this goal ADSD will:

- Objective 1.1: Assist in the research and compilation for completion of the comprehensive database of statewide service providers.
- Objective 1.2.1: Calculate the percentage of new Partnership agreements obtained by each ADRC site yearly.
- Objective 1.2.2: Calculate the percentage of service providers that participate in the ongoing update of their resource in the statewide website database.

One measureable outcome each year of the Five-Year Strategic Plan:

- Objective 1.1: Identify the new service providers not previously listed in the prior years.

Objective 1.2.1: Identify the increased percentage of new Partnership agreements obtained by the ADRC sites.

Objective 1.2.2: Identify the increased number of new services provided by existing service providers that participate in the ongoing update of their resource.

The following are our anticipated barriers and how we will address the challenges:

- Manual data collection
 - Using software available to track the numbers of new service providers.
 - Utilizing software that sends reminders to service providers requesting update of their service delivery information.
 - Provide access to more automated database features for timely updates of resource information through user friendly tools.
- Continued funding and maintenance of the database.
 - Investing in open source software and tools as well as cost effective software.
 - Seeking out new funding sources for ADRC enhancement.

Key dates in an effort to increase statewide partnerships and participation of increased resource submittals to on online resource directory, ADSD will:

September 2010- June 2011	<ul style="list-style-type: none"> • Complete 50% of the compilation of new and existing service providers by conducting research and verification for the completion of the statewide service provider database.
July 2011- September 2011	<ul style="list-style-type: none"> • Complete remaining 50% of the compilation of new and existing service providers by conducting research and verification for the completion of the statewide service provider database.
September 2011	<ul style="list-style-type: none"> • Complete the current comprehensive list of potential service providers to the webmaster for importing or reviewing service providers into website database utilizing the inclusion/exclusion policy.
April 2011- September 2016	<ul style="list-style-type: none"> • Continuing update of the comprehensive statewide service provider database.

Key players and responsible parties involved in identifying and providing access of statewide service providers for ADRC Sites so the ADRC Sites can assist consumers with obtaining needed services are:

- ADSD
- Aging Network partners
- Key stakeholders
- Existing ADRC sites
- Program Evaluators
- Public partners, and
- Agencies and providers serving private pay individuals.

Goal #2

Provide effective technical support to sites for the development of partnerships.

To provide effective technical support to sites for the development of partnerships ADSD will:

- Objective 2.1: Assess the current methods used by Resource Development (RD) Staff to guide grantee partnership development.
- Objective 2.2: Develop additional training and guidance for RD staff when providing technical assistance.
- Objective 2.3: Develop self-training materials for grantees and agency staff using the ADRC portal's Learning Management Solution (LMS).

To measure progress towards the following goal ADSD will:

- Objective 2.1: Complete an agency staff survey on the current methods of partnership development.
- Objective 2.2: Research the Technical Assistance Exchange (TAE) resource directory and local resources for applicable training content and methodology.
- Objective 2.3: Develop a method to track the number of persons completing the self-training tools.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

- Objective 2.1: Calculate the number of current methods and devise a plan to develop comprehensive instructions of partnership development to staff.
- Objective 2.2: Identify the most applicable methodologies and a training curriculum.
- Objective 2.3: Identify the number of grantee and agency staff completing the self-training tools.

The following are our anticipated barriers and how we will address the challenges:

- Grantee and agency staff's reluctance to system change.
 - Educating, increased supervisory intervention and reminding all involved of the positive effect it has for the consumer.
- Lack of training materials specific to the goal
 - Locating Really Simple Syndication (RSS) feeds covering the topic.
- Territorial issues with grantees as they perceive their roles and financial sustainability.
 - Increased communication and reinforcement of ongoing technical assistance.

Key dates to increase and provide technical support from ADSD:

April 2011- April 2013	<ul style="list-style-type: none"> • Complete the plan and develop comprehensive instructions of partnership development methods for staff including LMS content.
April 2013- September 2016	<ul style="list-style-type: none"> • Review and update materials as needed.

Key players and responsible parties involved in providing effective technical support to sites for the development of partnerships are:

- ADSD
- Aging Network partners
- Key stakeholders
- Existing ADRC sites
- Program Evaluators
- Public partners, and
- Agencies and providers serving private pay individuals.

The following sustainability goals have been identified to improve the visibility of the ADRC model, garner ongoing support from community partners and embed service principles into ADSD's overall service delivery structure:

Goal #3:

Establish the ADRC as a valued and reliable safety net for vulnerable persons who are elderly, persons with disabilities, caregivers and their families and persons planning for future long-term support.

To establish the ADRC as a valued and reliable safety net for the target population indicated, ADSD will:

Objective 3.1: Educate community partners and stakeholders about the benefits to their consumers and each partner's relationship with the ADRC.

Objective 3.2: Provide statewide access to a comprehensive ADRC website as well as walk in access and referral through community partners.

To measure progress towards the following goal ADSD will:

Objective 3.1: Require that a minimum of three outreach events be conducted monthly to community partners and stakeholders for each ADRC site.

Objective 3.2: Facilitate training and cross training about ADRC services and community partner services at least quarterly.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

Objective 3.1: Calculate each year the total number of outreach events conducted by ADRC sites increasing awareness.

Objective 3.2: Collect data identifying community partner participation at ADRC sites and community partner referrals. Track universal consumer and provider website usage.

The following are our anticipated barriers and how we will address the challenges:

- Continued availability of community resources to support ADRC efforts.

- Encouraging collaboration and buy in from community partners by demonstrating the value of ADRC services.
- Outreach efforts to rural and/or underserved communities.
 - Increased collaborations with city, county and private organizations within those areas.
- Lack of ADRC walk in sites in rural and/or underserved areas.
 - Continued recruitment for potential ADRC sites.

Key dates to improve the visibility of the ADRC model, garner ongoing support from community partners and embed service principles into ADSD’s overall service delivery structure:

<p>April 2011- September 2016</p>	<ul style="list-style-type: none"> ● Monitor goals and report quarterly to the ADRC Advisory Board and Commission on Aging members. ● Monitor ADRC program grantees every 6 to 18 months depending on risk status established by the State Unit on Aging. ● Regular reports through the quality management team.
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Key players and responsible parties involved in establishing the ADRC as a valued and reliable safety net for the target population indicated are:

- ADSD
- Aging and disability network partners
- Key stakeholders
- Existing ADRC sites
- Program Evaluators
- Public partners
- Consumers, and
- Agencies and providers serving private-pay individuals

Goal #4:

For the ADRC project structure to be open, inclusive and responsive to consumer and stakeholder priorities.

For the ADRC project structure to be open, inclusive and responsive to consumer and stakeholder priorities ADSD will:

Objective 4.1: Build well defined partnerships with other related service providers and community organizations.

Objective 4.2: Continue and expand inter agency group to include county and municipality representatives. The purpose is to streamline access to public programs.

To measure progress towards the following goal ADSD will:

Objective 4.1: Collect referral source data to quantify partner involvement.

Objective 4.2: Extend invitations to County and Municipality representatives to participate and convene the interagency group at least twice per year.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

Objective 4.1: Collect the number of successful community partner agreements each year. Identify the number of retained partners and new community partner agreements as well as those partners that did not renew their agreements. Report the reasons for non-renewal.

Objective 4.2: Review the membership of the interagency group and document attendance at bi-annual meetings to ensure expansion is achieved.

The following are our anticipated barriers and how we will address the challenges:

- Formalizing community partner agreements with defined obligations and roles.
 - Cooperative development of customized agreements with partners that are reviewed at an agreed upon frequency.
- Territorial issues with partners as they perceive the dissolution of their current boundaries, funding sources, and local program recognition.
 - Ongoing communication, relationship and trust development.
- Vastness of the state to identify consumer priorities.
 - Increased collaboration and communication with Family Resource Centers (FRCs) who provide case management, information and referral for individuals and families in need of assistance in accessing

programs and services that will strengthen and support the family, statewide senior centers and provider networking groups.

- Diversity of the state population.
 - Increased collaboration and communication with statewide senior centers, provider networking groups and Family Resource Centers.
- Trust and recognition of outside resources by consumers.
 - Demonstrating value to the local community of the comprehensive services provided by ADRC.

Key dates to improve the visibility of the ADRC model, garner ongoing support from community partners and embed service principles into ADSD’s overall service delivery structure:

April 2011- April 2012	<ul style="list-style-type: none"> • Develop more comprehensive guidance and instruction to ADRC sites regarding the establishment of provider agreements.
April 2011- September 2016	<ul style="list-style-type: none"> • Develop and maintain a communication strategy to work with the providers to ensure their agreements are meeting expectations and address any concerns. • Develop a statewide mapping of partners to determine which consumer priorities may be under represented. This could be reviewed and updated annually with the Advisory Board and ADRC sites to strategize a plan to create more partnerships. • Interface with the Office of Minority Health to understand diversity issues and statewide resources. ADSD to provide bi-annual cultural competency training for partners and ADRC sites. • Continue ongoing statewide outreach targeted to consumers and the providers that serve them.

Key players and responsible parties involved in the ADRC project structure to be open, inclusive and responsive to consumer and stakeholder priorities are:

- ADSD
- Aging and disability network partners
- Key Stakeholders
- Existing ADRC sites
- Program Evaluators
- Public partners

- Minority Populations
- Consumers, and
- Agencies and providers serving private-pay individuals

Goal #5:

To transition current Information, Assistance and Advocacy (IA&A) grantees into fully functioning ADRC sites to achieve statewide coverage.

The description of approach to obtain this goal Nevada’s Aging and Disability Services Division (ADSD) will:

Objective 5.1: Develop a plan to assess the IA&A grantees current feasibility into becoming a fully functioning ADRC site.

To measure progress towards the following goal ADSD will:

Objective 5.1: Require currently funded IA&A grantees to complete the ADRC Readiness Assessment and the IT Infrastructure Assessment.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

Objective 5.1: Identify the number of grantees, their outcome or score of each assessment indicating strengths and weaknesses.

The following are our anticipated barriers and how we will address the challenges:

- Reluctance of grantees to meet requirements or participate.
 - Develop recommendations to successfully transition into a fully functioning ADRC site.
- Lack of staffing and resources in rural and frontier areas of the state.
 - Become more actively involved in identifying and facilitating partnerships to meet fully functioning criteria.
- Maintaining integrity of confidential information.
 - Ensuring assessment prior to awarding a site and making recommendations to utilize space in the facility effectively.

- Current funding structure that does not include serving younger persons with disabilities.
 - Re-evaluate agency funding priorities as noted in the Essential Services Overview (Attachment I)
 - Include the Department of Health and Human Services personnel into our interagency group to discuss future granting of funds dedicated to persons with disabilities.

Key dates to transition current Information, Assistance and Advocacy (IA&A) grantees into fully functioning ADRC sites to achieve statewide coverage.

July 2011- June 2012	<ul style="list-style-type: none"> • Assess IA&A grantees for ADRC Readiness. • Re-evaluate and update ADRC Service Specifications
July 2012- September 2016	<ul style="list-style-type: none"> • Develop and follow up with recommendations to successfully transition IA&A grantees into fully functioning ADRC sites as feasible. • Re-evaluate progress and statewide coverage yearly.

Key players and responsible parties involved to transition current Information, Assistance and Advocacy (IA&A) grantees into fully functioning ADRC sites to achieve statewide coverage:

- ADSD
- IA&A Grantees
- Aging and Disability Network partners
- Program Evaluators
- Consumers
- Existing ADRC Sites
- Key Stakeholders

Goal #6:

To collaborate with the Money Follows the Person (MFP) Grantee in order to develop ADRC processes as applicable.

The description of approach to obtain this goal Nevada’s Aging and Disability Services Division (ADSD) will:

Objective 6.1: Identify and create referral strategies with Local Contact Agencies (LCAs).

Objective 6.2: Identify methods used by the LCAs to connect with Critical Pathway Providers.

To measure progress towards the following goal ADSD will:

Objective 6.1: Calculate the number of cross referrals by ADRC Sites to Local Contact Agencies.

Objective 6.2: Count the number of referrals provided by Critical Pathway Providers to ADRC Sites.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

Objective 6.1: Evaluate the number of cross referrals by ADRC Sites to Local Contact Agencies and increase the number of cross referrals by 10% each year.

Objective 6.2: Contact and attempt to increase the number of ADRC Partnership Agreements in their respective regions with Critical Pathway Providers by 20% each year.

The following are our anticipated barriers and how we will address the challenges:

- Conflicting program goals with the Money Follow the Person Grantee.
 - Continued education on ADRC goals.
 - Participation in like minded projects with overlapping goals.
- Money Follows the Person project is still under development with limited structure that could affect sustainability and expansion.
 - In our cross collaboration we will assist with methods and best practices used by the ADRC program such as the Technical Assistance Exchange resources.
- Territorial issues and lack of participation in system change by Money Follows the Person entity.
 - Ongoing communication, relationship and trust development.
- Perceived lack of skill set of ADRC Sites to participate in Money Follows the Person initiatives.
 - Share and review with Money Follows the Person Grantee the ADRC Provider qualifications and training requirements and revise if necessary.

Key dates to collaborate with the Money Follows the Person Grantee in order to develop ADRC processes as applicable:

<p>July 2011- January 2012</p>	<ul style="list-style-type: none"> • Meet with LCA Staff and educate them on ADRC program goals.
<p>January 2012- July 2012</p>	<ul style="list-style-type: none"> • Develop a plan to meet with Critical Pathway Providers and outreach to them on the value of ADRC assistance.
<p>July 2011- September 2016</p>	<ul style="list-style-type: none"> • Extend an invitation to the MFP Core Work Group to participate in ongoing Interagency Group meetings.

Key players and responsible parties to collaborate with the Money Follows the Person Grantee in order to develop ADRC processes as applicable:

- ADSD
- MFP Grantee
- Aging and Disability Network partners
- Program Evaluators
- Existing ADRC Sites
- Key Stakeholders
- Consumers

The following goals were identified by the Program Evaluation Subcommittee as a means to increase the availability and effectiveness of ADRC sites:

Goal 7:

Increase the number of ADRC's statewide by expanding into rural/frontier areas.

In an effort to expand the ADRC program statewide and to reach individuals most in need, ADSD will:

Objective 7.1: Evaluate the existing Family Resource Center (FRC) structure, particularly in the rural and frontier areas, for compatibility with the

ADRC project as well as service gaps and potential ADRC service penetration via statewide mapping. (Appendix J)

Objective 7.2: Identify potential rural and frontier areas and recruit new ADRC sites in uncovered areas of the state.

To measure progress towards the following goal ADSD will:

Objective 7.1: Document date when the statewide, rural and frontier region evaluation was completed and findings documented in a report.

Objective 7.2: Document number and location of potential rural and frontier areas; identification of potential ADRC site partners; date and location of recruitment presentations; number of competitive grant applications submitted to and awarded by ADSD and locations of new ADRC sites.

One measureable outcome each year of the Five-Year Strategic Plan ADSD will:

- Assessment evaluation
- Number, location, and agency name of new ADRC sites located in rural/frontier regions of the state.

The following are our anticipated barriers and how we will address the challenges:

- Funding
 - Commitment of state resources to research and identify funding opportunities
 - Continued participation in competitive grants
 - Program accountability to the appropriate legislative bodies
 - Sustainability of state leadership
- Identifying sites in the geographical area that share the ADRC philosophy and have the staffing, infrastructure and capacity to perform the key functions as required by the grant application process.
 - Periodic re-evaluation of underserved geographic service areas
 - Ongoing statewide outreach and education to promote the ADRC philosophy and key functions to potential partners and stakeholders
 - Evaluation of potential sites for ADRC suitability
 - Ongoing support and technical assistance to ensure ADRC success
 - Increased coordination between ADRC sites and partners
- Identifying and reaching underserved populations in rural areas

- Continued coordination with agencies serving vulnerable target populations
- Development of innovative approaches for working with transient populations
- Data collection and reporting challenges
 - Maintenance and continued enhancement of IT systems for data collection, monitoring and reporting
 - Continued commitment to streamline data collection and reporting
- Training
 - Education of legislators
 - Continued statewide training of ADRC program staff, partners, stakeholders, providers, and consumers
 - Ongoing statewide outreach and marketing of ADRC project

Key dates to increase the availability of ADRC sites:

November 2009	<ul style="list-style-type: none"> ● Completed review of historical documentation of FRC by the Nevada Department of Health and Human Services, Grants Management Unit (GMU).
December 2009	<ul style="list-style-type: none"> ● Collaborated with GMU regarding statewide coverage and implemented service regions for ADRC.
February 2010	<ul style="list-style-type: none"> ● Determined underserved areas; devised recruitment plans for those areas; and completed a rural regional orientation.
March 2010- December 2016	<ul style="list-style-type: none"> ● Ongoing informational/outreach meetings with FRCs and Aging Network partners in rural frontier areas to explain ADRC philosophy and program service delivery
July 2010	<ul style="list-style-type: none"> ● Awarded Lyon County Human Services as first rural frontier ADRC site; conducted new-site orientation and initiated ongoing training.
July 2010- September 2016	<ul style="list-style-type: none"> ● Train new ADRC program sites

Key players and responsible parties involved in ADRC expansion into rural/frontier areas include:

- ADSD
- Aging Network partners
- Key stakeholders
- Existing ADRC sites
- Program evaluators

- Public partners, and
- Agencies and providers serving private-pay individuals

Goal #8:

Evaluate the effectiveness of the ADRC program and program sites.

In an effort to evaluate the effectiveness of ADRC program and sites, ADSD will:

Objective 8.1: Evaluate consumer and partner satisfaction.

Objective 8.2: Evaluate the effectiveness of ADRC sites in serving target populations.

To measure progress towards this goal ADSD will:

Objective 8.1: Compile and analyze data from consumer, partner and stakeholder satisfaction surveys.

Objective 8.2: Compare and analyze projected to actual target populations served (each FY year) through review of SAMS and other data sources.

One measureable outcome each year of the Five-Year Strategic Plan:

- Pre-ADRC site consumer baseline data compared to projected / actual target populations served (each FY year) through review and analysis of data from the Social Assistance Management System (SAMS) and other data sources.
- Level of satisfaction reported by consumers, partners, and other stakeholders

The following are our anticipated barriers and how we will address the challenges:

- Identifying and reaching underserved populations statewide
 - Continued coordination with agencies serving vulnerable target populations
 - Development of innovative approaches for working with transient populations
- Data collection and reporting challenges
 - Maintenance and continued enhancement of IT systems for data collection, monitoring and reporting
 - Continued commitment to streamline data collection and reporting
- Training
 - Education of legislators

- Continued statewide training of ADRC program staff, partners, stakeholders, providers, and consumers
- Ongoing statewide outreach and marketing of ADRC project

Key dates to evaluate the effectiveness of ADRC sites:

April 2010- September 2016	<ul style="list-style-type: none"> • Semi-annual reporting in April and October for data collection and quality-management activities
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Key players and responsible parties involved in ADRC program evaluation activities include:

- ADSD
- Program evaluators
- ADRC program sites
- Partners
- Stakeholders
- Providers
- Consumers

Section III: Financial Plan – Resources to Sustain Efforts

What existing funds/programs are currently being used to carry out ADRC activities?

We currently utilize Aging and Disability Service Division (ADSD) state funds to fund the ADRC Project Manager position and three Advocate for Elders positions in the Resource Development Unit. This commitment to funding is in line with the ADRC program philosophy to become fully functioning and statewide within our state agency.

We also have access to Administration on Aging (AoA) monies that support supportive services grants such as our Caregiver Support funds and Independent Living grants.

What additional programs and service offerings are necessary to operate fully functional ADRCs across the state?

It will be necessary to refine our currently funded Information, Assistance and Advocacy grantees into determining the feasibility of the grantee program to become a fully functional ADRC Site. There are ten grantees statewide that may have the potential to operate a fully functional ADRC. This plan is structured over the next five years to assess current IA&A grantees with the ADRC Readiness Assessment as well as an Information Technology (IT) Infrastructure assessment to determine what is needed, what barriers exist and a plan to address the barriers. It is possible that the IT assessment could indicate a cost for our agency associated with increased cost of advancement in technology.

Ongoing service offerings are vital to continue operating toward achieving statewide fully functional status. This will include further training development such as Options Counseling, serving private pay individuals, serving individuals with mental health issues, and Medicaid application processing through the internet to name a few. The goal is to increase ADRC expertise and hone in on this skill set, properly utilizing our interagency staff to assist in achieving this goal.

ADSD's further involvement with Money Follows the Person (MFP) program as a whole with continued collaboration with Medicaid to streamline access for our state is a vital part of the plan.

What is your estimated cost to expand statewide (e.g., new MIS purchase)?

After determining uncovered areas statewide with the development of a statewide coverage map (Appendix K) with direct services provision to cover rural or frontier areas of the state noting the higher costs associated with supporting travel, cultivating partnerships in rural/frontier areas and the time associated in completing the task. Based on this, staff are utilizing a readiness review to determine what is lacking. IT support needs are harder to determine based on infrastructure in different parts of the state. The cost of becoming a fully functioning ADRC will be determined on the outcome of the assessment for each proposed site. To assure success, continued expansion in awarding grants to new ADRC sites in uncovered areas of the state we approximate awarding one or two sites per grant cycle, dependent on the applications received.

Continued IT development to the ADRC portal as the conduit of the ADRC is expensive and the need to continue to refine the processes, streamline ongoing access to services, maintain security standards and continue rolling out features and modules is imperative to the success of this program.

How will you access the resources and create the revenue opportunities necessary for sustainable ADRC implementation on a statewide basis?

The agency has identified a group of services that are considered essential in maintaining or enhancing independence through the provision of community based care. The availability of an ADRC is included and is viewed as a priority in the agency's government spending. Staff will continue to stress the importance and priority of ADRC, embedding the philosophy within Nevada's State Unit on Aging and outreaching to partners, consumers and key stakeholders on what a trusted and viable program ADRC is for the state. Continued partnerships with Medicaid MFP, Local Contact Agencies (LCAs), and other funding opportunities as they present will also add to sustainability to implement ADRC statewide.

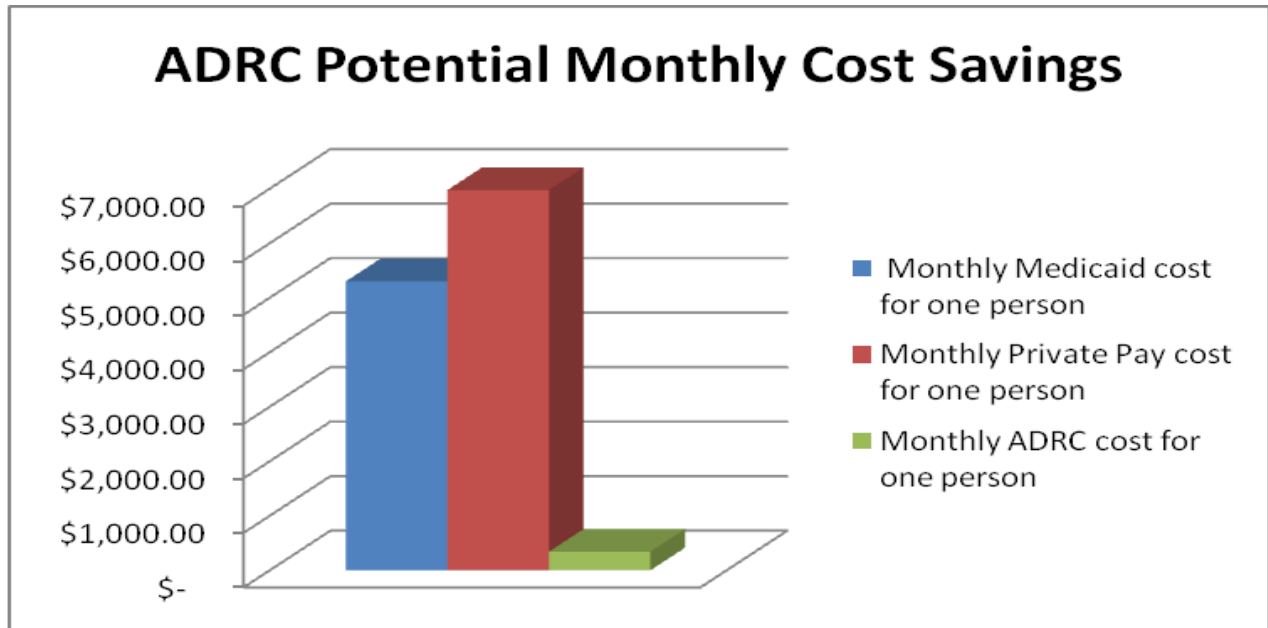
What are the estimated projected cost savings/offsets of having fully functional ADRCs statewide?

Cost savings were determined by calculating how many consumers it would cost Medicaid or an individual paying privately to live in an institutional skilled nursing facility for one year. The average daily rate in Nevada for a Medicaid and private pay resident is:

Medicaid: $\$171.00 \times 365 \text{ days} = \$ 62,415 \text{ yearly}$

Private pay: $\$225.00 \times 365 \text{ days} = \$ 82,125 \text{ yearly (not calculating supplies)}$

The following graph indicates the monthly cost for institutional services and the average monthly cost if an ADRC consumer utilized community based care services:



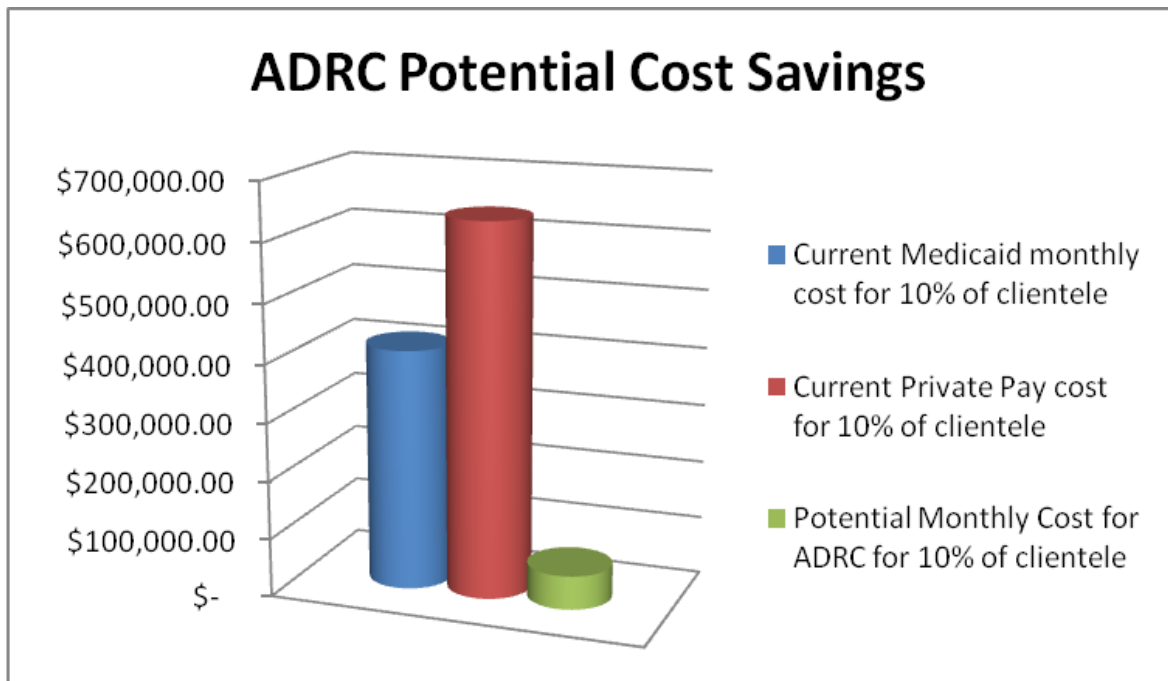
If an individual was helped to access a community based program such as the state funded Community Options Program for the Elderly (COPE), the average daily rate for services that may include case management, homemaker services, personal care attendant services, personal emergency response system, companion services and/or Adult Day Programs equals to an average monthly rate of \$341.69 per individual. The average yearly cost could be \$4,100 to keep someone in their own home.

The following chart shows the comparison of ADRC projected cost savings for community based care versus what Nevada Medicaid and a private pay consumer would pay monthly for institutional services:

	MEDICAID	PRIVATE PAY	ADRC
*Average monthly client caseload currently in institutional skilled nursing as of 2/28/11	781	915	
Monthly cost for 1 person	\$ 5,301.00	\$ 6,975.00	341.69**
Monthly cost for services of current average monthly client count	\$ 4,140,081.00	\$ 6,382,125.00	
If ADRC potentially diverted 10% of the residents out of institutional skilled nursing the amount of clients would equal	78	92	
Potential cost to acquire services through ADRC for 170 clients diverted from Medicaid and Private pay Vs current established costs	\$ 414,008.10	\$ 638,212.50	\$ 57,950.62
Potential monthly saving for one ADRC consumer after paying for community based services	\$ 387,322.11	\$ 606,947.87	
Projected Annual Savings for 10% of the current clients	\$ 4,647,865.33	\$ 7,283,374.38	

* Statistics for caseload were obtained from Division of Health Care Financing and Policy

** Cost per eligible was determined by using the state rate for services in the Community Options Program for the Elderly (COPE) which mimics the rate used for Medicaid Home and Community Based Waiver Services (HCBW)

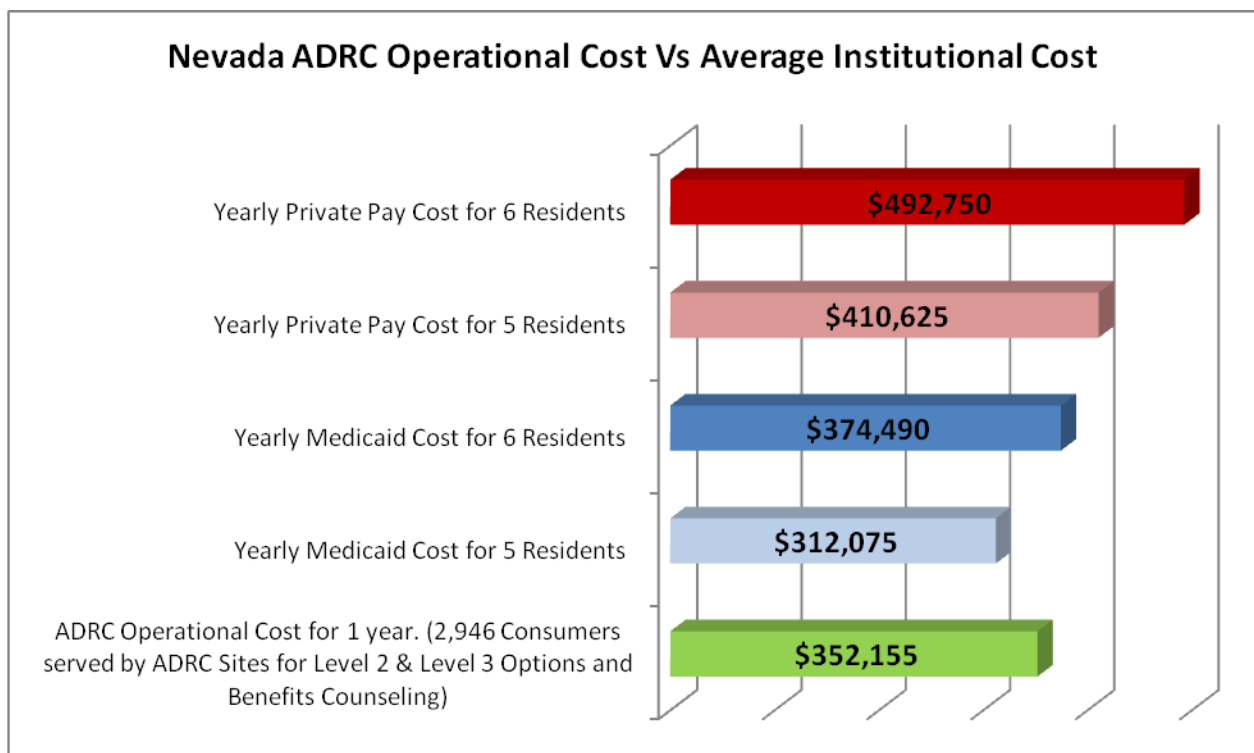


The operational cost for one year with three current ADRC Sites statewide (one site started July 2010) and an additional site for 10 months of the year that is no longer an ADRC Site, including program evaluation, database maintenance and the ADRC Project Manager salary is: \$ 352,155.

For Medicaid to pay skilled nursing facility costs for 5 residents for one year is equal to \$312,075, for 6 residents it would be \$374,490.

For a private pay individual the average annual nursing facility cost for 5 residents is \$410,625, for 6 residents it would be \$492,750. This does not include supplies and is an average for a private room.

The number of consumers served by ADRC Sites from March 3, 2010 through March 3, 2011 for level 2; Assistance and Advocacy (Options Counseling) and level 3; Eligibility and Access (Benefits Counseling) equals 2,946 consumers served.



The stated two levels of support identified in the chart above are the counseling portion of ADRC service delivery that assists consumers with obtaining and accessing community based care. The purpose of these service levels is to assist individuals in decision making, to enable them to live independently where they choose. In assisting this amount of consumers and accessing community based care, ADRC activities have likely diverted these consumers from admission into a skilled nursing facility setting or at least delayed the prospect of that transition.

ADSD does not have statistical data to calculate ADRC diversion of institutional placement but we will develop a method to track the number of consumers that state the ADRC services they received may have helped them stay in their community longer and track this data and measure cost savings through the ADRC 5 Year Strategic Plan.

In addition, ADSD has been evaluating the current IT Infrastructure within ADSD and particularly ADRC. Using a vendor hosted solution initially in the project presented some issues in regards to timely and effective response. The use of SaaS; *Solution, System or Software as a Service*; created use issues with some data. Some SaaS systems will allow the customer to use a version of the application when a formal contract ends. This allows for ongoing use of data collected during the life of the project in a particular software application. The resource center solution Nevada used in the beginning of the project put the state in the position of relying on a customer facing solution that staff could not carry forward independent of the vendor nor customize any of the vendor's proprietary solution. We also discovered the vendor's solution did not meet our security needs with the project.

After evaluation of current structure and needs, it was apparent that the current software and solutions were not going to meet the goals of ADRC. Based on the needs of the project, specifically low maintenance costs, security protocols and customization, and future sustainability, staff decided to replace the current SaaS solution with a well supported, open source solution framework that could handle the majority of the agency's needs. The enhanced solution is fully customizable, expandable and non proprietary making future enhancements low cost, swift to implement, and maintainable. The solution provides user and business friendly tools to lessen the need for technical support, customization, enhancements and content management as well as some maintenance needs. The replacement design also took in consideration related systems within the agency and built upon related solutions that were already successfully in place. This effort is ongoing and should yield a cost savings as the agency will no longer need to make monthly payments to access the software services the project requires.

In conclusion, the Nevada Aging and Disability Resource Center's 5 Year Strategic Plan will guide Aging and Disability Services Division through the fiscal year ending September 2016. During this period of time the agency will consider options and develop methods for the provision of serving older Nevadan's, Persons with Disabilities, Caregivers and their families and anyone planning for their future long-term care needs, keeping in mind the importance of partnerships and the fiscal impact during these difficult economical times.

Section IV: APPENDICES A-L

Appendix A-	ADRC Advisory Board Members Brief Biographical Profiles
Appendix B-	ADRC Program Evaluation Report 10/2009-6/2010 by Sanford Center for Aging, -UNR
Appendix C-	ADRC Consumer Intake Survey (CIS)
Appendix D-	ADRC Follow Up Consumer Intake Survey (FCIS)
Appendix E-	ADRC Stakeholder/Partner Satisfaction Survey (SPSS)
Appendix F-	General Service Specifications - Older Americans Act (OAA)
Appendix G-	ADRC Service Specifications
Appendix H-	Database Inclusion/Exclusion Policy
Appendix I-	ADSD Essential Services for At Risk Nevada Elders 4/09
Appendix J-	ADRC Statewide Mapping of Family Resource Center (FRC) / Aging and Disability Resource Centers (ADRC)
Appendix K-	ADRC Sites Statewide Coverage Map
Appendix L-	Nevada ADRC Project Goal Checklist