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# AGING AND DISABILITY SERVICES DIVISION



Independent Living Grants  
Annual Report

SFY 2015

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## EXECUTIVE FINDINGS

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1. Independent Living Grants provide supportive social services that delay or prevent institutionalization of frail, elderly Nevadans, saving millions in Nevada General Fund dollars. (Ref. Page 2: *The Economic Sense of Funding ILGs*)
2. During SFY 2015, ILG grants served 12,567 unduplicated clients, at an average annual expenditure of \$350 per client – 44 times less expensive than the annual General Fund expenditure of \$15,312 to institutionalize a Medicaid client. (Ref. Page 2: *The Economic Sense of Funding ILGs*)
3. Relevant to income status, 52 percent of ILG clients (6,492) live at or below 100 percent of the 2015 Federal Poverty Level, or \$980.83 monthly for a single person in SFY15. Absent other disqualifying assets, this income level meets the “financial” eligibility criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 4: *Client Income and Medicaid Eligibility*)
4. More than 44 percent of ILG clients (5,494) had three or more deficits in Instrumental Activities of Daily Living (IADLs). Without social supportive services, these clients are at risk for deteriorating to institutionalization. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
5. About 15 percent of ILG clients (1,909) are *severely* frail and considered at imminent risk for institutionalization. Each has at least three deficits in Activities of Daily Living (ADLs). This level of frailty meets the “functional” criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
6. Almost 9 percent of these severely frail clients (1,122) also likely meet the “financial” criteria for Medicaid coverage, because they live on incomes at or below 100 percent of the Federal Poverty Level (FPL). Factoring this with the annual cost to Nevada for each Medicaid client in skilled nursing facility, ILGs helped save at least \$17.2 million in Nevada General Fund annually. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
7. The accounts of clients and social workers about clients are compelling and underscore elder Nevadans’ struggles and desire for independence. ILG services comprise a vital safety net that stands between these elders and their complete loss of independence. (Ref. Pages 8-15: *ILG Service Descriptions and Client Vignettes*)
8. Loss of Independent Living Grant services would create a cascading effect of overwhelming numbers of frail, elderly Nevadans, who would rather live independently, instead declining to incapacitation and skilled nursing facility placement.

# INDEPENDENT LIVING GRANTS

## Historical Perspective

The 1999 Nevada State Legislature enacted NRS 439.620, which created Independent Living Grants (ILGs), funded with Nevada's share of funding from the 1998 Master Tobacco Settlement Agreement (TSA). ADSD staff has awarded ILGs statewide to grantees every year since 2000, primarily to community-based providers of supportive services in Nevada. In light of reductions in Older Americans Act federal funding and the ever-increasing needs of Nevada seniors, ILGs are more essential than ever for sustaining the Division's mission:

*To ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.*

Historically in accordance with NRS 439.630, 50 percent of Nevada's TSA funds were deposited into the Fund for a Healthy Nevada (FHN) annually, and 30 percent of the FHN was allocated to ADSD for ILGs. However, the 2011 Nevada State Legislature enacted changes to NRS 439.620, which increased the share of Nevada's TSA funds for deposit in the FHN from 50 to 60 percent. It also removed the previous FHN allocation percentage criteria.

Now, the Director of the Department of Health and Human Services (DHHS) considers recommendations of the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities regarding community needs and priorities. The Director uses these recommendations to propose an FHN allocation plan to the Governor for each biennium. The outcome of this process determines the amount of funding ADSD is allocated for ILGs to serve senior Nevadans.

## The Economic Sense of Funding ILGs

In addition to supporting seniors' desire to live independently in the community, funding ILGs simply makes economic sense for preserving the Nevada General Fund. Skilled nursing facility care is almost 44 times the average annual cost of caring for an ILG client at home.

<b>ILG Community-Based Care Vs. Medicaid-Supported Institutionalization</b>	
Annual Average Medicaid (General Fund Expenditure) per Skilled Nursing Facility Resident*	\$15,312
Annual Average ILG Expenditure per Client = 2% of Medicaid Institutionalization Cost**	\$350

\*Based on the 2015 weighted average Medicaid Skilled Nursing Facility daily rate of \$116.66, with the Nevada share being \$41.95 per Medicaid bed day X 365 days = \$15,311.75 per year, per client – rounded to \$15,312. (Mary Gordon, MA3, DHCFP Rates & Containment Unit)

\*\* Based on the total number of unduplicated ILG clients served in SFY 2015 (12,567), divided into the funding allocated to serve these clients (\$4,396,217), for annual average cost of serving an ILG client (\$350).

Considering that 1,122 ILG clients live at or below 100 percent FPL and have three or more ADL deficits, it is reasonable to estimate that ILGs achieve at least a \$17.2 million General Fund savings each year.

## Types of Services Funded

NRS 439.630, Section 4 (d) states that the Aging and Disability Services Division will allocate the available ILGs for persons age 60 and older for:

- Respite Care for relief of informal caretakers, and caretakers for persons of any age with Alzheimer's disease or other related dementia.
- Transportation for new or existing services to assist senior citizens in living independently.
- Supportive Services that enable senior citizens to remain at home instead of in institutional care.

## Service Targeted to Most Vulnerable Seniors

In keeping with Older Americans Act Amendments of 2006, the Division established the following clients as priorities:

- Low income older individuals;
- Low income older minority individuals;
- Older individuals with limited English proficiency;
- Older individuals residing in rural areas;
- Older individuals at risk of institutional placement; and
- Older individuals with the greatest economic or social need.

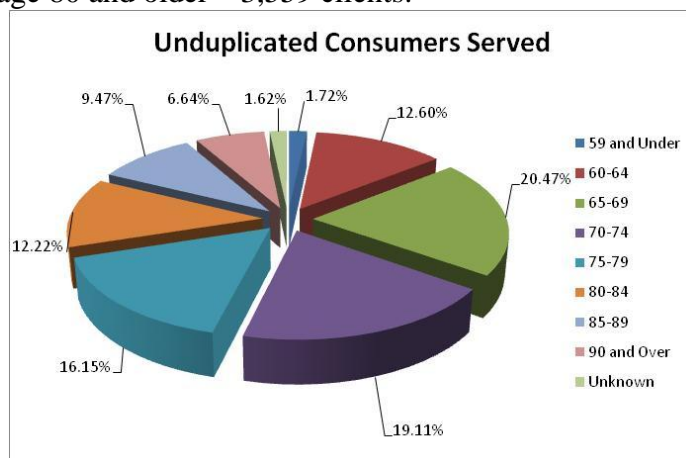
## 2015 Profile of ILG Clients for Age, Function and Income Risk

Significant numbers of the 12,567 ILG clients are aged, frail and live on low incomes.

### Age as a Risk Factor

ILGs are awarded to organizations that promote self-sufficiency to individuals age 60 and older, and their caregivers who may be under age 60. The chart below shows a significantly elder population among ILG clients. (Bullet percentages are rounded to nearest whole)

- 44 percent is age 75 and older – 5,583 clients.
- 28 percent is age 80 and older – 3,559 clients.



## Functional Deficits as a Risk Factor

Of the 12,567 clients served, about 7,690 or 61 percent of ILG clients are considered at risk, due to having one or more deficits in either Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).

A total of 1,909 or about 15 percent of ILG clients have three or more ADL deficits, which make them at imminent risk for institutionalization and able to meet the “functional” criteria for Medicaid coverage if institutionalized. ADLs consist of the self-care tasks listed below:

- Personal hygiene and grooming
- Dressing and undressing
- Self feeding
- Functional transfers (moving self from bed to wheelchair, onto or off of toilet, etc.)
- Bowel and bladder management
- Ambulation (walking without use of an assistive device [walker, cane, or crutches] or using a wheelchair)

A total of 5,494 or about 44 percent of ILG clients have three or more IADL deficits, due to their inability to perform tasks listed below:

- Housework
- Taking medications as prescribed
- Managing money
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Use of technology
- Transportation within the community

## Client Income and Medicaid Eligibility

The Division collects data on the number of ILG clients who live at or below 100 percent of the current Federal Poverty Level, which for a single person is \$980.83 per month. In 2015, 6,492 or about 52 percent of ILG clients had a monthly income at or below 100 percent of the Federal Poverty Level. Although Medicaid eligibility has additional criteria, this income is less than half at which a single person can financially qualify for Medicaid coverage in a skilled nursing facility - \$2,199. This means that most ILG clients likely live at or near incomes that would financially qualify them for Medicaid coverage in a skilled nursing facility, if they deteriorated physically.

Physical/Financial Capacity of ILG Clients	Number of ILG Clients	% of ILG Clients
Three or more deficits in Activities of Daily Living	1,909	15%
Three or more deficits in Instrumental Activities of Daily Living	5,494	44%
Living at or below 100% Federal Poverty Level (FPL)	6,492	49%
Three or more ADL deficits <i>and</i> Living at or below 100% FPL	1,122	9%

## How ILG Funds are Awarded

Programs funded for SFY 2015 were in Year-2 (Y-2) funding of a two-year cycle. Y-2 funding for SFY 2015 depended on acceptable performance in SFY 2014.

- Request for Proposal February 19, 2014
- Applications due March 26, 2014
- Application reviews\* Spring 2014
- Y-2 grant year July 1, 2014 – June 30, 2015

*\*In Y-1, outside reviewers read applications and make funding recommendations for the two-year grant cycle. Outside reviewers can be current and/or former members of the Governor's Commission on Aging, members of the Department of Health and Human Services Grants Management Advisory Committee, along with other community members who have an interest or experience in services for seniors.*

For the SFY 2015 grant period, July 1, 2014, through June 30, 2015, \$4,396,217 was allocated to grantees, after the following funding was first reserved: \$196,554 for the Division's Community Service Options Program for the Elderly (COPE); \$298,723 for Homemaker Services - Elder Protective Services; \$103,000 for the Division's Software Management; and \$200,000 for the Assisted Living Program Reserve.

### Assisted Living Program Reserve

Assisted living facilities can receive ILG funding per NRS 439.630, which states the ADSD must set aside \$200,000 in Independent Living Grant funds annually for assisted living facilities to provide Assisted Living Supportive Services.

This funding is only available for assisted living facilities that satisfy the criteria for certification set forth in the statute, and that are financed through tax credits relating to low-income housing or other public funds. Funded facilities provide or arrange for the provision of case management services for their residents, guarantee affordable housing for a period of at least 15 years and satisfy any other requirements set forth by the ADSD.

The following types of assisted living services can be provided: Personal Care Services, Homemaker Services, Chore Services, Attendant Care, Companion Services, Medication Oversight, Therapeutic (social and recreational) and services that ensure that residents are safe, secure and adequately supervised.

Funding is committed for up to one year, with additional funding contingent upon grantees meeting or exceeding goals and objectives and the continued availability of funding.

#### **NRS 319.147 Certification of assisted living facilities: Requirements; regulations.**

1. The Division [Housing Division of the Department of Business and Industry] shall certify an assisted living facility for the purpose of providing services pursuant to the provisions of the home and community-based services waiver which are amended pursuant to NRS 422.2708 if the facility:
  - (a) Provides assisted living supportive services to senior citizens of low or moderate income;
  - (b) Provides or arranges for the provision of case management services for its residents;
  - (c) Guarantees affordable housing for a period of at least 15 years after the facility is certified;
  - (d) Is financed through tax credits relating to low-income housing or other public funds; and
  - (e) Satisfies any other requirements set forth by the Division in any regulations adopted by the Division.

2. The Division shall adopt regulations concerning the certification of assisted living facilities pursuant to this section.
3. As used in this section:
  - (a) “Assisted living facility” has the meaning ascribed to it in paragraph (a) of subsection 3 of NRS 422.2708.
  - (b) “Assisted living supportive services” has the meaning ascribed to it in paragraph (b) of subsection 3 of NRS 422.2708.
 (Added to NRS by 2005, 922)

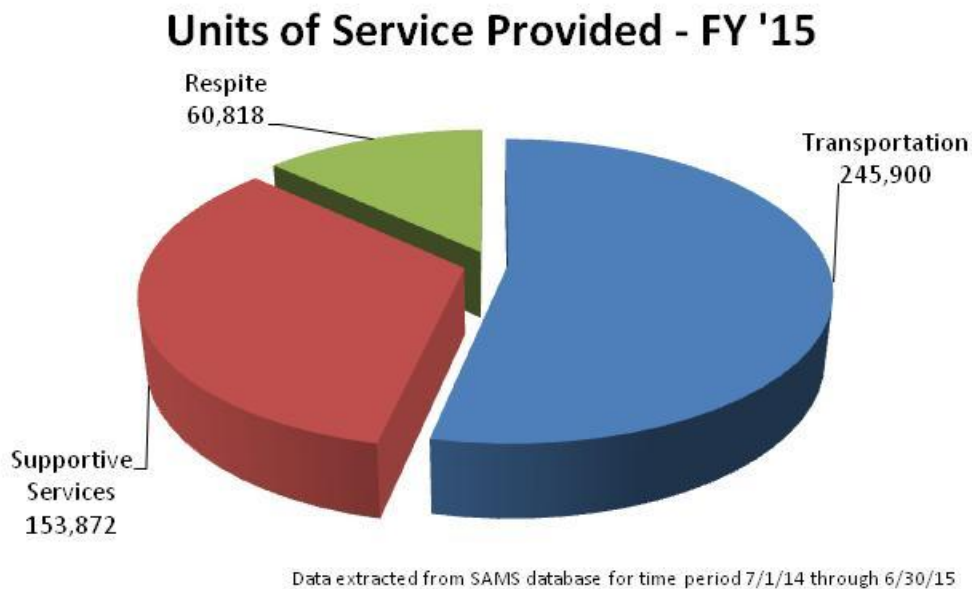
## ILG Grants for SFY 2015

A table on pages 16-19 of this report provides a county-by-county listing of the agencies that received funding. In SFY 2015, about 25 percent of ILG funds were allocated for Transportation Services, 22 percent for Respite Care and 53 percent for Social Supportive Services.

ADSD staff conducts an annual grantee survey to help determine the added or reduced need for service funding, based on waitlists and grantee performance, along with demographic changes. As service needs increase in some areas and decrease in others, the Division adjusts allocations accordingly.

## ILG Units of Service Provided

In SFY 2015, ILGs provided the following Units of Service during the 12-month grant period. Variations that occur from year-to-year in the number of service units in the three areas below are largely due to moving one or more types of services between ILG and Title III-B federal funding of the Older Americans Act (also Supportive Services) to maximize funding. “SAMS,” referenced in the note below the graphic is ADSD client data tracking system – the Social Assistance Management System (SAMS).





<b>FY15 Independent Living Grant Dollars at Work</b>		
<b>Services Provided July 1, 2014 through June 30, 2015</b>	<b>Individuals Served*</b>	<b>Service Units**</b>
<b>Transportation</b>	4,818 / 11,472	245,900
<b>Respite Services</b>	810	60,818
<b>Supportive Services</b>		
<b>Adult Day Care</b>	13	841
<b>Case Management</b>	2,577	5,471
<b>Food Pantry</b>	3,036	26,300
<b>Home Safety, Modification and Repair</b>	614	2,716
<b>Homemaker</b>	252	9,231
<b>Legal Assistance</b>	0 / 3,774	6,702
<b>Legal Assistance (Ward Representation)</b>	202	2,480
<b>Medical Nutrition Therapy</b>	174	226
<b>Personal Emergency Response System</b>	40	56
<b>Senior Companion</b>	269	48,207
<b>Volunteer Care and Assistance</b>	2,988 / 3,888	51,642
<b>TOTAL</b>	<b>12,567 / 19,134</b>	<b>460,590</b>

\* Numbers to the left of a "/" are unduplicated consumers. Numbers to the right of a "/" are consumers served in a group setting and are not unduplicated. Also note, because one client may receive more than one ILG Supportive Service, the addition of numbers in the Individuals Served column will not add up to total number of 12,567 unduplicated clients.

\*\*Service Units are defined on page 20 of this report.

In 2012, the Division streamlined the types of social supportive services it funds, giving priority to the following Core Services, listed in alphabetical order:

- Adult Day Care
- Aging and Disability Resource Center
- Case Management
- Homemaker
- Legal Assistance
- Personal Emergency Response System
- Respite
- Senior Companion
- Transportation

## ILG SERVICE DESCRIPTIONS AND CLIENT VIGNETTES

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The following narrative describes services and provides brief, firsthand accounts of seniors and their caregivers. While the accounts are true, the names used are fictitious to preserve client confidentiality.

### Respite Care

Respite Care is a fundamental priority of the Independent Living Grant legislation, because it provides caregivers with a small break from their around-the-clock responsibilities. This is important because the nonstop demands of caretaking add considerable stress to the lives of caregivers, and Respite Care breaks help sustain caregivers in their vital role.

Caregivers are the backbone of the long-term supportive services system in the United States, providing the majority of care for people who need help with activities, such as bathing, eating, paying bills and taking medication. Most of this caretaking is unpaid and is the safety net that prevents seniors from being institutionalized. In its most recently available estimate, the AARP Public Policy Institute estimates the value of caretaking in the United States at \$450 billion. It further estimates that 42.1 million family caregivers provide daily care to an adult with limitations and about 61.6 million provide care at some time during the year.

Respite Care has an especially important role for employed caregivers, reports the Institute. Both men and women face the challenge of working outside the home, while caring for an elderly parent and often children as well. Almost half of the “sandwich generation,” the cohort of Americans between age 45 and 55, have children less than age 21, as well as aging parents or aging in-laws. Millions of these elderly are coping with chronic illnesses, increasing frailty and prolonged periods of dementia, which can last for years, even decades. The Institute concludes, “For families, the emotional toll of caring for dependent family members can be overwhelming.”

To assist Nevada’s caregivers, ILGs provide vital funding for respite voucher programs statewide. Families are able to apply for up to \$1,000 per year in respite vouchers to hire individuals who provide in-home respite care, pay for adult day care hours or pay for a short stay in an assisted living or skilled nursing facility. Sometimes such a stay is necessary, because the caregiver needs a vacation or may be faced with hospitalization. In addition, funds have been awarded to volunteer companion programs, which provide short periods of respite to a stay-at-home caregiver.

A respite care recipient relays the following comments:

*I would like to thank the Nevada Aging and Disability Services Division for making the respite grant program possible. I am the primary caregiver of my 80-year-old mother, who is diagnosed with mid/late Alzheimer’s disease. The respite program allowed me to take several small overnight breaks away from home to catch up on rest and sleep. I strongly believe that these breaks allow me to take better care of my mother. In-home caregiving can be never ending. The Respite assistance allowed me a little time away to ‘recharge.’*

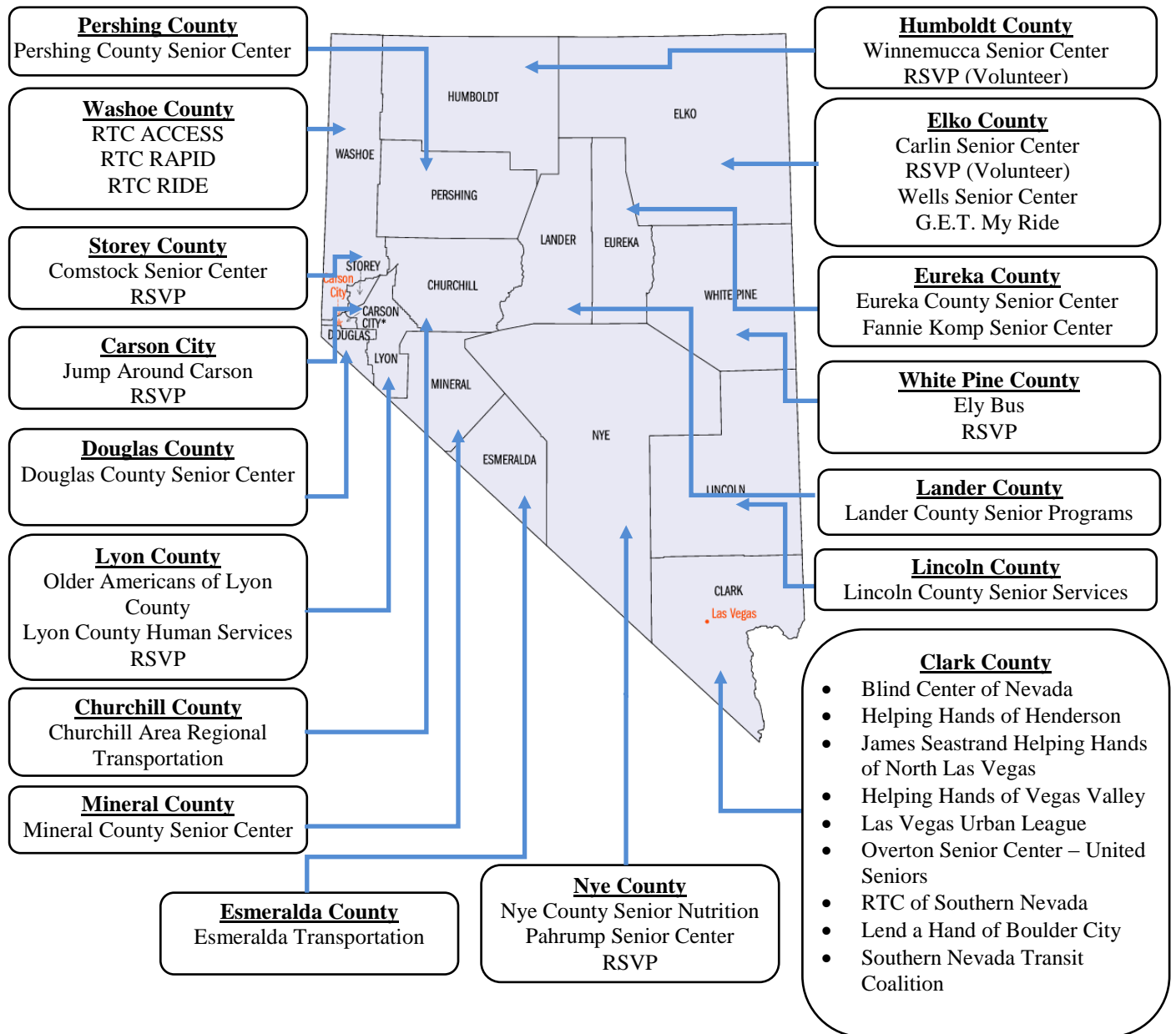
## **Transportation**

Most of the literature regarding the importance of mobility for seniors indicates that maintaining mobility is crucial to health and wellbeing. In a speech, *Transportation for an Aging Population*, Dr. Patricia F. Waller said, “The strongest predictor of premature death among older people is social isolation.”

In SFY 2015, ADSD helped ensure an array of transportation resources for seniors. Funds were granted for senior center transportation programs, transit coalitions, and taxi and/or bus voucher programs. In addition, many dedicated volunteers donate their time and the use of their own vehicles for helping Nevada’s elderly. Escorted Transportation, which is one volunteer escorting one frail senior to and from appointments, was provided by the Retired Senior Volunteer Programs (RSVP) statewide and by the Helping Hands programs in Las Vegas, North Las Vegas, Boulder City and Henderson.

To help ensure the wellbeing of Nevada seniors using transportation services, programs funded by ADSD are required to provide and document annual Elder Abuse Awareness Training for all drivers, program staff and volunteers. Division grantees are required to report suspicions of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have Emergency and Accident, Defensive Driving and Passenger Service, Assistance and Safety, including Wheelchair Securement and Lift Operations training within three months of hire and at least every three years thereafter. As the map on the following page demonstrates, ILGs, in concert with other local, state and federal funds, help meet transportation needs for Nevada seniors in all 17 counties.

## TRANSPORTATION SERVICE PROVIDERS IN FY 2015



Regarding the vital importance of transportation, a provider reports:

*Despite cardiac problems, James was hitchhiking from the supermarket to his home, ten miles away, when one of RSVP's Lyon County volunteers stopped to offer him a ride. This elderly gentleman had been hitchhiking to the supermarket for several months, because he doesn't have a car. The RSVP volunteer gave him an information card for RSVP services, and since then RSVP has taken James to get his prescription medicine and for essential services.*

A senior writes about his transportation service:

*This letter is to let you know how very much I appreciate the services of Churchill Area Regional Transit. In my six so-called senior years, I seem to have accumulated many health problems and knew the time would come that I'd have to give up driving. This is the most difficult decision I have ever faced. Without the services of C.A.R.T., I wouldn't have been able to face life.*

## **Supportive Services**

For many seniors, what should be the best time of their lives is not. They are experiencing deteriorating health, illness and disability, which can increasingly challenge financial resources. Seniors who live with a disability or chronic illness may have out-of-pocket expenses never before anticipated, causing some to become indigent.

These issues can lead to worry about sustaining their living circumstances. Most seniors prefer to remain living independently in their own homes. However, without supportive services, they are often forced to relocate, move to an assisted living facility and, ultimately, to move to a skilled nursing facility.

Providing seniors with Supportive Services makes it easier for them to hold onto their independence and helps eliminate or delay the need for seniors to enter assisted living or skilled nursing facilities.

## **Adult Day Care**

Adult Day Care is planned care in a supervised, protective, congregate setting during some portion of a day.

The daughter of Adult Day Care recipients shares the following:

*Ms. T is the primary caregiver for both of her parents, who are in their 80's. Her parents, diagnosed with Alzheimer's disease, have been going to Day Care for five months. Ms. T's mother is particularly eager to attend the program and very happy, because she enjoys the socialization and physical exercise. Prior to attending the program, Ms. T's mother spent her days in bed. The program has enabled both parents to be more alert and active. Ms. T says the program helps her to be more active in life, to socialize and to complete chores. She said a tremendous burden has been lifted from her shoulders, and that the family could not afford to pay for this service on their own.*

## **Case Management**

Case Management is a service that identifies client needs and then locates, coordinates and monitors services to help with these needs.

A grantee provides this story about a Case Management client.

*John, age 62, was living alone, and received a pension and Social Security. He was diagnosed with polio as a child and struggles with the limitations it has caused his*

legs. The case manager received a call from a concerned neighbor, stating that he had seen John crawling to and from his mailbox, and while getting in and out of his car.

The case manager visited and assessed John, finding that he needed assistive devices for ambulating safely, had very poor eye sight and was very lonely. The case manager discussed using a walker for ambulating, but John was reluctant to use it in public. After several visits and with rapport established, the case manager convinced John to accompany her to the senior center for lunch, using his walker. After lunch, John said he was very grateful and excited to make his next visit to the center. The case manager arranged for the senior center to pick him up daily for lunch and activities at the center.

John's poor eyesight meant he couldn't easily read and pay his bills, so the case manager began doing this for him. The case manager was also concerned about John driving with such poor eyesight, so she contacted the Department of Motor Vehicles, which terminated his license until an exam could be conducted. She then arranged for an appointment with an eye doctor. The doctor found that John had cataracts and performed surgery. Once the cataracts were removed, John was able to see and resumed driving.

Due to his medical condition, the case manager helped him apply for Disability, and took him for an appointment at the Social Security Administration. He was awarded Social Security, which has increased his monthly income. John is now flourishing in his community and continues to attend the senior center daily.

## **Food Pantry**

A Food Pantry provides purchased and donated non-perishable food items to individuals, age 60 and older, to assist with meeting their nutritional needs. Perishable items may be provided through other funding.

The following describes the importance of this program, in three recipients' words:

*I can't buy food most of the time. My money goes toward rent, doctor visits and prescriptions. I get food from Jude 22 and also from my church. I really don't know how I would still be alive without it.*

*I am so grateful for the food. It helps me a lot. I make it stretch as long as I can.*

*When you try to live on Social Security and you have all these expenses, you really appreciate it when there is a program like Jude 22. Although it doesn't last me all month, the food I get has helped me so much.*

## **Homemaker Services**

This service provides homemaker and chore assistance to individuals, age 60 and older, who are unable to perform the service due to identified functional deficiencies and because they are in need of a support system to provide essential homemaker services.

A provider relays the following regarding two homemaker clients.

*Louise was an 83-year-old widow, who lived alone. She was very frail, and had a history of pulmonary disease and stomach cancer. She was on continuous oxygen and used a walker and the assistance of one person to ambulate. She had a niece with whom she was very close.*

*A few years ago, Louise was hospitalized for a ruptured ulcer. However, she was insistent on returning to her apartment and refused long-term care placement.*

*She was provided with Homemaker Services through ADSD for two years. By that time, her condition had deteriorated to the point where long term care was the only option. However, it is conservatively estimated that sustaining Louise with Homemaker and other needed services for those two years saved almost \$100,000 in long-term care facility costs.*

### **Home Safety, Modification and Repair**

This service provides home safety evaluations, home safety training, home modifications/installations of assistive technology, home maintenance and/or home repair services to people age 60 and older, who are at risk of injury and/or have decreased ability to remain in their residences.

A grantee says of a home repair client:

*Mr. W is age 86 and had been living in his mobile home for seven years. His swamp cooler leaked so badly that it was falling through the ceiling. His monthly income is only \$617 and his space rents for \$250, making him unable to afford repairs. I was able to remove the swamp cooler and replace it with a window cooling unit, as well as seal the roof.*

### **Legal Services**

Legal Services programs provide consultation and/or representation in legal matters. Such services are critically important for seniors, as the following story from a provider illustrates:

*Mr. and Mrs. B lived in an upstairs apartment. After 12 years of residence there, the clients received a “no-cause eviction.” They felt this was retaliation for pursuing an insurance claim against the landlord, because a tree fell on their car. The landlord advised Senior Law Practice staff that the eviction was due to his perception that the couple could no longer navigate the stairs. However, the landlord had previously refused to approve the tenants’ request to move to a downstairs apartment. Both of these are Fair Housing Act violations.*

*Based on procedural issues, the court denied the landlord’s eviction request and filed a formal Fair Housing complaint with HUD. The Eviction Hearing transcripts contain the landlord’s admission to illegal housing discrimination.*

## **Medical Nutrition Therapy**

Medical Nutrition Therapy (MNT) screens older individuals to determine if they are nutritionally “at risk.” If an individual is identified as “at risk,” a nutrition assessment is conducted by a registered dietitian to ascertain if counseling/education, additional meals, nutrition supplements and/or case management may be required.

The following is an example of MNT service and its value.

*A client with a history of poorly controlled diabetes, heart disease and a cerebral vascular incident requested help from Catholic Charities of Southern Nevada, Meals on Wheels (MOW). His main problem was very serious skin ulceration due to being wheelchair bound, and his quality of life was poor. MOW registered dieticians and support staff began aggressive treatment that included education, diet adjustments and vitamin supplements to facilitate wound healing. Within two years, the client achieved an intended 47 pound weight loss, consistently average blood glucose readings and the ability to walk short distances. The client's quality of life has significantly improved.*

## **Personal Emergency Response System (PERS)**

This program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter, worn on the wrist or around the neck. The transmitter alerts a monitoring station that assistance is needed. This service is provided in an effort to maintain the independence of persons age 60 and older, who are homebound and live alone.

Another type of emergency response system is a computer-assisted or volunteer-staffed telephone reassurance program that contacts clients through their personal telephone, on a set schedule, which can occur several times a day. The contacts ensure clients are safe, remind them to complete certain tasks, such as: take medication, prepare for appointments, or meet needs as defined by the provider in a care plan prepared with the client and/or his/her representative. If the client fails to respond to the computerized calls, an emergency alert protocol is automatically initiated.

Regarding Personal Emergency Response Systems, a provider relays the following:

*Mary, a recent widow, is suffering with osteoporosis and had fractured three vertebrae while lifting her husband in and out of bed during the last few months of his life. Now bent over and afraid of falling, she needed to have a sense of security restored. RSVP helped her obtain a PERS for her home, through a combination of Aging and Disability Services Division funds and other resources. Now Mary knows she will have care immediately in case of emergency, making her feel more secure in her own home.*

## **Senior Companion Services**

This service provides companionship activities for a client in his or her home. The companion may also accompany the client and provide transportation to access services outside of the home.



A provider relates the following story:

*A companion volunteer reported concerns about one of her neighbors, Mrs. J, who she hadn't seen in recent days. As it turned out, Mrs. J had been left alone while her husband underwent major heart surgery in California. The Senior Companion provider checked on Mrs. J and learned that she is in the early stages of Alzheimer's disease, and had been alone for a month. A Senior Companion was assigned to her for assistance with shopping and medical appointments. This continued for two months, until her husband returned home. The companion remains dedicated to working with Mrs. J, especially given the health status of her husband.*

### **Volunteer Care and Assistance**

The value of Volunteer Services for Nevada's elders is enormous, in terms of the compassion and care volunteers provide to seniors and because of Nevada's return on dollars invested in volunteer programs. One hour of volunteer time in 2014 was valued at \$23.07 ([http://independentsector.org/volunteer\\_time](http://independentsector.org/volunteer_time)).

Relevant to Independent Living Grant funding, volunteers staff a significant number of programs that typically care for seniors, who are alone and frail, chronically ill, homebound and/or dependent on a primary caregiver. Among the services volunteers provide to seniors are: transportation for medical appointments; companion services; installation of personal emergency response systems and instruction in their use; grocery shopping and putting groceries away; accomplishing chores, such as meal preparation; assistance with reading mail and bill paying; prescription pick-up; and book reading.

A volunteer service provider relays the following:

*Kathie, a Dayton volunteer, has taken on the assignment of visiting with two sisters-in-law in Stagecoach. She has helped one of them with managing her records, as this woman has macular degeneration. Kathie has helped the other sister with repairing her house by providing a weatherization referral for both clients. This has helped them feel more secure and comfortable this winter. Both women have come to depend upon Kathie's visitations as a major source of comfort.*

## PROGRAMS FUNDED FOR SFY 2015 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
<b>Carson</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Jump Around Carson	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
<b>Churchill</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Churchill Area Regional Transportation	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
<b>Clark</b>	Alzheimer's Association of Southern NV	Respite Vouchers
	Blind Center of Nevada	Transportation
	Blind Center of Nevada	Transportation Vouchers
	Boulder City Senior Center	Volunteer Care and Assistance
	Catholic Charities of Southern Nevada	Case Management
	Catholic Charities of Southern Nevada	Medical Nutrition Therapy
	Helping Hands of Henderson	Transportation
	Helping Hands of Vegas Valley	Respite Vouchers
	Helping Hands of Vegas Valley	Volunteer Care and Assistance
	Helping Hands of Vegas Valley	Transportation
	James Seastrand Helping Hands of NLV	Volunteer Care and Assistance
	James Seastrand Helping Hands of NLV	Food Pantry
	James Seastrand Helping Hands of NLV	Home Safety, Modification and Repair
	Jewish Federation of Las Vegas	Homemaker
	Jude 22 Senior Nutrition Program	Food Pantry
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
	Overton Senior Center	Transportation
	RTC of Southern Nevada	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Southern Nevada Transit Coalition	Transportation
	Southern NV Senior Law Program	Legal (Ward Representation)
The Urban League	Transportation	

<b>Douglas</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Douglas County Senior Services	Transportation
	Douglas County Senior Services	Personal Emergency Response System
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
<b>Elko</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Carlin Senior Center	Transportation
	Elko County	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
		Respite Vouchers
<b>Esmeralda</b>	Alzheimer's Association of Southern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
<b>Eureka</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Respite
<b>Humboldt</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Senior Citizens of Humboldt County	Transportation
<b>Lander</b>	Seniors in Service	Respite
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Battle Mountain Senior Center	Transportation
	Nevada Legal Services	Legal Assistance
	Seniors in Service	Respite
<b>Lincoln</b>	Alzheimer's Association of Southern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
<b>Lyon</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Lyon County Senior Services	Transportation

	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
<b>Mineral</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Mineral County Senior Services	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
<b>Nye</b>	Alzheimer's Association of Southern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
	Pahrump Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Respite
<b>Pershing</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
<b>Storey</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
<b>Washoe</b>	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Adult Day Care
	The Continuum	Home Safety, Modification and Repair
	UNR Board of Regents	Volunteer Care and Assistance
	Washoe County Senior Center	Case Management
	Washoe Legal Services	Legal (Ward Representation)

**White Pine**

Access to Healthcare Network  
Alzheimer's Association of Northern NV  
Nevada Legal Services  
Rural RSVP  
Rural RSVP  
White Pine Social Services

Volunteer Care and Assistance  
Respite Vouchers  
Legal Assistance  
Personal Emergency Response System  
Transportation  
Transportation

## UNITS OF SERVICE DEFINITIONS

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Service	Unit of Service
<b>Adult Day Care</b>	One hour
<b>Case Management</b>	One hour
<b>Companion</b>	One hour
<b>Food Pantry</b>	One bag of food
<b>Home Safety, Modification and Repair</b>	One home modification, home maintenance activity or home repair and/or any other intervention that is part of the home service plan or One unit equals completion of one hour of home safety evaluation or home safety training
<b>Homemaker</b>	One hour of Homemaker and/or optional assistance
<b>Legal Assistance</b>	One hour
<b>Legal Assistance (Ward Representation)</b>	One hour
<b>Medical Nutrition Therapy</b>	One client contact to screen, assess, intervene, counsel and/or provide education
<b>Personal Emergency Response System</b>	One Personal Emergency Response System installation or One telephone contact or one contact with, or on behalf of, a client
<b>Respite Care Services</b>	One hour
<b>Senior Companion</b>	One hour
<b>Transportation</b>	Each time a client exits the vehicle = one trip recorded
<b>Volunteer Care and Assistance</b>	One hour
<b>Voucher Services (contains several categories)</b>	
<i>Transportation Voucher</i>	One voucher
<i>Respite Voucher Program</i>	One hour of respite care regardless of the cost to provide that unit