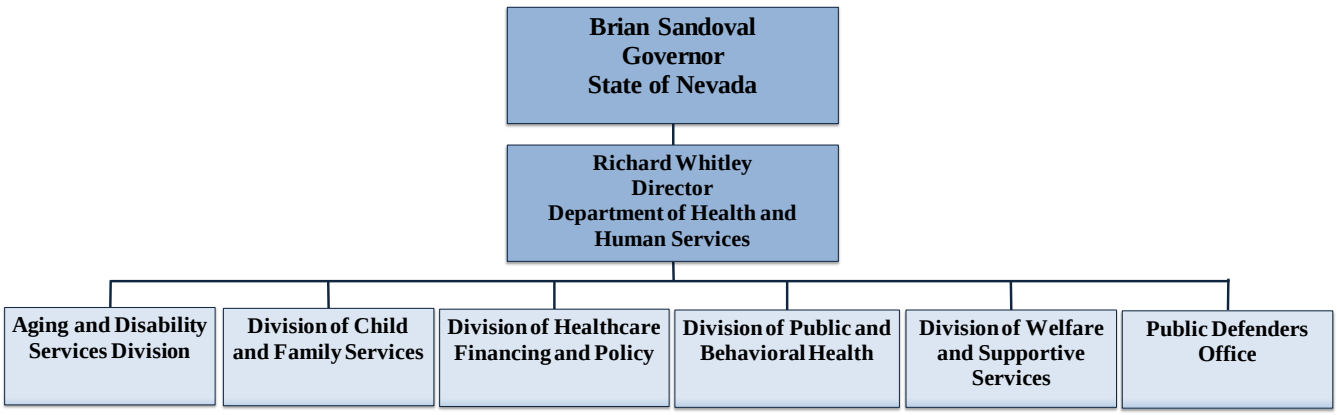
Appendix C: The Division and Its Programs

The Aging and Disability Services Division (ADSD) has evolved over 45 years since 1971, when the Nevada State Legislature established the Division for Aging Services (DAS) as a single State Unit on Aging. The genesis of DAS is the Older Americans Act (OAA) of 1965, which was signed into law by President Lyndon B. Johnson, on July 14, 1965.

The OAA was the first federal initiative directed at providing comprehensive services for older adults. It funded the Division's first programming, to ensure nutrition and social supportive services for Nevada's older adults. Nevada's designation as a Single State Unit on Aging means it has no Area Agencies on Aging. Since the Division's inception, it has consistently been the primary advocate for older adult Nevadans, by developing, implementing and coordinating programs for them throughout the state.

In recent years, the Division's role and size has greatly expanded. During Nevada's 2009 Legislative Session, Senate Bill 434 combined the Nevada Department of Health and Human Services' Office of Disability Services with DAS. At this point and to recognize the merger, the Division for Aging Services was renamed the Nevada Aging and Disability Services Division. The expanded agency then began providing enhanced coordination opportunities to seamlessly serve Nevada's older adults and persons with disabilities. In 2013, the Nevada Legislature further advanced the agency's role by merging it with Developmental Disabilities and the Nevada Early Intervention Services (NEIS) Program. This merger quadrupled the agency's size and significantly enhanced its programming.

Today, the Nevada Aging and Disability Services Division (ADSD) is one of five divisions, along with the State Public Defender's Office, housed within the Department of Health and Human Services. ADSD seamlessly serves Nevadans across the age spectrum, advocating for its older adults, adults and children with disabilities and children with special health care needs.



Agency staff and programming are guided by the Division's:

Vision

Nevadans, regardless of age or ability, will enjoy a meaningful life, led with dignity and self-determination.

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.

Philosophy

ADSD seeks to understand and respond to the individual and his/her needs using principles of accessibility, accountability, culturally and linguistically appropriate services, ethics, mutual respect, timeliness and transparency

ADSD BOARDS AND COMMISSIONS

The Aging and Disability Services Division (ADSD) operates the following boards and commissions:

- Assistive Technology (AT) Council
- Commission on Aging (COA)
- Commission on Autism Spectrum Disorders (ASD)
- Commission on Services for Persons with Disabilities (CSPD)
- Statewide Independent Living Council (SILC)
- Task Force on Alzheimer's Disease (TFAD)
- Task Force on Integrated Employment (TFIE)

Some of these boards have particular relevance to older adult Nevadans and are described below. For information on all of the boards: http://adsd.nv.gov/Boards/Boards_and_Commissions/

THE NEVADA COMMISSION ON AGING

Established in 1983, the Nevada Commission on Aging (COA) serves as an advisory body for the Division relevant to Nevada's older adults.

Vision

Become a visible and informed organization, establish priority of needs for elder Nevadans, and advocate for programs and services to meet those needs through collaboration and education.

Mission

To facilitate and enhance the quality of life and services for all Nevada seniors, through partnership with the Aging and Disability Services Division and other entities.

The Commission is comprised of 11 voting members, appointed by the Governor, and four non-voting members, for a total of 15 members. Two voting members are selected from governing bodies of cities and two from county governments. At least six members appointed as voting members must be age 55 or older and have an interest in or knowledge of problems and concerns of older individuals. Seven of the members should have experience with or an interest in the problems of and services for the aging. The four non-voting members include: the Director of the Nevada Department of Health and Human Services (Chairperson); the Administrator of ADSD; a member of the Nevada State Assembly; and a member of the Nevada State Senate.

The following are the 2016 members of the Commission on Aging, with non-voting members' names in italics.

Richard Whitley, Director, DHHS
Jane Gruner, Administrator, ADSD
Joyce Woodhouse, State Senator
Glenn Trowbridge, State Assemblyman
John Rice, City Representative
Stavros Anthony, City Representative
Patsy Waits, County Representative
Vacant, County Representative

Travis Lee, Commissioner
Lisa Krasner, Commissioner
Nancy Anderson, Commissioner
Connie McMullen, Commissioner
Jacob Harmon, Commissioner
Jose Tinio, Commissioner
Maria Donald, Commissioner

The Commission on Aging's duties, defined in NRS 427A.038, are:

- Determine and evaluate the needs of the older people of Nevada.
- Seek ways to avoid unnecessary duplication of services for older persons by public and private organizations in Nevada.
- Establish priorities for the work of the Division according to the most pressing needs of older persons, as determined by the Commission.
- Promote programs that provide community-based services necessary to enable frail elderly persons, to the fullest extent possible, to remain in their homes and continue as integral members of their family and community.
- Establish priorities for programs funded under the Older Americans Act.
- Review and approve the state plan for providing services to meet the needs of older persons. Gather and disseminate information in the field of aging. Conduct hearings, conferences and special studies on the problems of older persons and on programs which serve them.
- Evaluate existing programs for older persons, recommend needed changes in those programs and propose new programs, which would more effectively and economically serve the needs of older persons.
- Evaluate any proposed legislation which would affect older persons.
- Recommend to the Legislature any appropriate legislation.
- Coordinate and assist the efforts of public and private organizations which serve the needs of older persons, especially in the areas of education, employment, health, housing, welfare and recreation.

Additional information about the COA can be found at: http://adsd.nv.gov/Boards/COA/COA/.

THE NEVADA COMMISSION ON SERVICES FOR PERSONS WITH DISABILITIES

Consisting of 11 members and two nonvoting members for a total of 13 members, the Nevada Commission on Services for Persons with Disabilities (CSPD) was created in 2009 within ADSD by Nevada statute, NRS 427A.121.

Vision

Become a visible and informed organization, establish priority of needs for Nevadans with disabilities, and advocate for programs and services to meet those needs through collaboration and education.

Mission

To facilitate and enhance the quality of life and services for children and adults with disabilities in Nevada.

Members are appointed by the DHHS Director and have experience with or knowledge of services for people with disabilities. The majority of the voting members of the Commission must be persons with disabilities or the parents or family members of persons with disabilities. The Administrator of ADSD serves as a nonvoting, ex officio member of the Commission.

The 2016 Commissioners are:

Brian Patchett	Karen Taycher
Gary Olsen	Mary Bryant
Jennifer Pharr	Nicole Schomberg
Jodi Sabal	Shelley Hendren
Jon Sasser	William Heaivilin
David Daviton	James Osti

The duties of the Commission are to:

- Determine and evaluate the needs of persons with disabilities in Nevada.
- Seek ways to avoid unnecessary duplication of services for persons with disabilities among public and private organizations.
- Establish priorities for the work of ADSD, according to the most pressing needs of persons with disabilities as determined by the Commission.
- Promote programs that provide community-based services necessary to enable a person with a disability, to the fullest extent possible, remain in his or her home and be an integral part of his or her family and community.

The Commission may also:

- Review and make recommendations regarding plans for services for persons with disabilities.
- Gather and disseminate information relating to persons with disabilities.
- Conduct hearings, conferences and special studies on the problems of persons with disabilities and on programs that serve persons with disabilities.

- Evaluate existing programs for persons with disabilities, recommend changes in those programs and propose new programs that would more effectively and economically serve the needs of persons with disabilities.
- Evaluate any proposed legislation that would affect persons with disabilities.
- Carry out the provisions of the Strategic Plan for Persons with Disabilities developed by the Department.
- Recommend to the Legislature any appropriate legislation concerning persons with disabilities.
- Coordinate and assist the efforts of public and private organizations that serve the needs of persons with disabilities, especially in the areas of education, employment, health, housing, welfare and recreation.

For additional information, please see: http://adsd.nv.gov/Boards/CSPD/CSPD/.

THE TASK FORCE ON ALZHEIMER'S DISEASE

The Task Force on Alzheimer's Disease (TFAD) was created within the Department of Health and Human Services late in 2013, with the passage of Assembly Bill 80 in the 2013 Legislative Session. It is responsible for developing, monitoring and updating the *State Plan to Address Alzheimer's Disease*. This plan serves as a blueprint for identifying specific actions that will enable the development and growth of a high quality, comprehensive support system for individuals affected by Alzheimer's disease.

Vision

Become a visible and informed organization, establish priority of needs for elder Nevadans, and advocate for programs and services to meet those needs through collaboration and education.

Mission

The Aging and Disability Services Division provides leadership and advocacy in the planning, development and delivery of a high quality, comprehensive support service system across the lifespan. This allows all of Nevada's elders, adults and children with disabilities or special health care needs to live independent, meaningful, and dignified lives in the most integrated setting appropriate to their needs.

The TFAD, which is staffed by the Aging and Disability Services Division (ADSD), is made up of 10 members with diverse backgrounds in Alzheimer's disease, including medical professionals, caregivers, service providers, legislators, educators, and policy developers. The TFAD, which is required to meet at least quarterly, is authorized to meet through June 2017.

Members of the Task Force include:

Julie Kotchevar, ADSD Deputy Administrator	Jane Fisher, PhD
Senator Joseph Hardy	Peter Reed, PhD
Assemblyman James Oscarson	Senator Valerie Wiener
Dr. Charles Bernick	Wendy Simons
Gini Cunningham	Albert Chavez

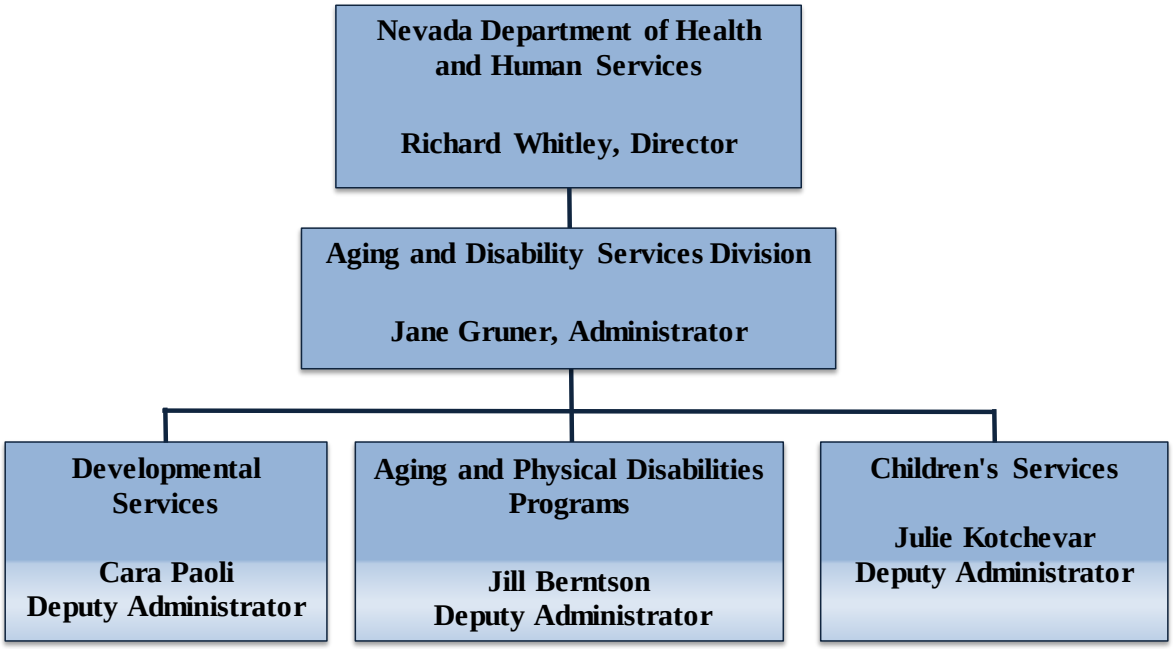
The duties of the Task Force are:

- Develop a State Plan to address Alzheimer's disease.
- Monitor the progress in carrying out the State Plan.
- Review and revise the State Plan as necessary.
- Develop and prioritize the actions necessary to carry out the State Plan.
- Research and review any other issues that are relevant to Alzheimer's disease.
- Prepare and submit a report to the Governor and to the Director of the Legislative Counsel Bureau on or before February 1 of each year, for transmittal to the Legislature concerning its findings and recommendations.

The Nevada State Plan to Address Alzheimer's Disease, deemed as the official plan by the 2013 Nevada Legislature was completed in January 2013. It includes a list of 20 recommendations designed to improve: access to services, quality of care, quality of life, and public awareness regarding the disease. The plan does not have a specific end date, therefore the TFAD is working to establish clear timelines and strategies to achieve and revise the recommendations as necessary.

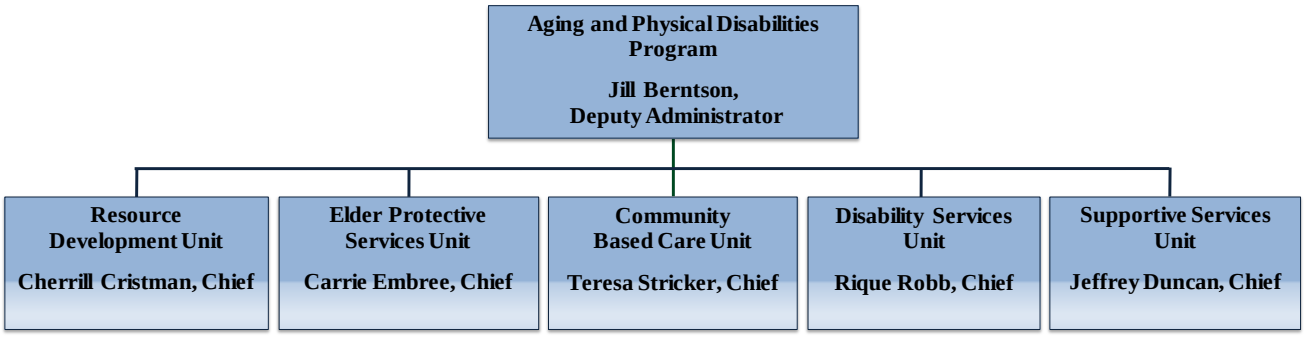
THE DIVISION'S THREE MAJOR PROGRAMMATIC AREAS

I. Aging and Physical Disabilities Programs
II. Developmental Services
III. Children's Services



I. AGING AND PHYSICAL DISABILITIES PROGRAMS

The Aging and Physical Disabilities Programs provides resources at the community level that assist older adults and people with severe disabilities and their families to live as independently as possible in an integrated setting. The units under this operational area include:



A. Resource Development Unit
B. Elder Protective Services Unit
C. Community Based Care Unit
D. Disability Services Unit
E. Supportive Services Unit

A. THE RESOURCE DEVELOPMENT UNIT

The primary responsibilities of the Resource Development Unit are:

1. Grants Management
2. Advocates for Elders Program

GRANTS MANAGEMENT

The Grants Management Team is responsible for managing the granting and monitoring activities of up to $17 million received annually in aging services funding, allocated by ADSD. The Grants Management Team is comprised of five Resource Development Specialists (RDS), led by their RD Unit Manager and Unit Chief. Together, they currently administer 176 grants, including 125 for supportive social services and 51 for nutrition services, awarded to 65 unduplicated grantees throughout the state.

Grant Funding Resources

Federal: Administration for Community Living (ACL)

1. **OAA Title III:**
   - Part-B for Social Supportive Services, such as Transportation, Homemaker, Legal Assistance, Case Management, Adult Day Care, etc.
   - Part-C1 for Congregate Meals at senior centers and other community sites throughout Nevada.

- Part-C2 for Home-Delivered Meals.
- Part-D for Evidenced-Based Health Promotion and Disease Prevention Services, such as the Chronic Disease Self-Management Programs.
- Part-E for National Family Caregiver Support Program funded services, such as Respite Care, Grandparent Respite for grandparents caring for their grandchildren, ADRC and other caregiver support programs.

2. **OAA Title IV** – Discretionary Grants, such as the Alzheimer's Disease Supportive Services Program (ADSSP).

3. **OAA Title V** – the Senior Community Service Employment Program (SCSEP).

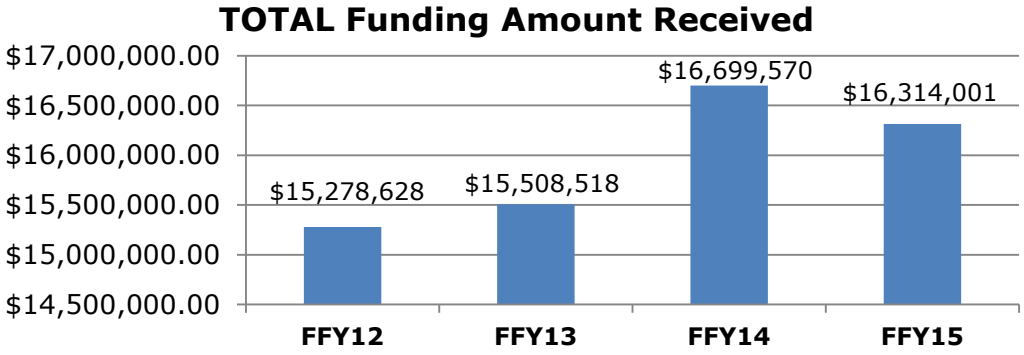
USDA Nutrition Services Incentive Program (NSIP): distributed to states based on their proportionate share of the annual federal appropriation, as well as the number of meals served in the prior year.

State of Nevada

4. **Independent Living Grants (ILG)**
   - Derived from a portion of the Fund for a Healthy Nevada, created from Nevada's share of funds from the 1998 Master Tobacco Settlement Agreement.
   - Funds Transportation, Respite Services and Supportive Services provided in the home to help frail older adults remain in their homes rather than be admitted to institutional care.
   - Serves as state "match" for Title IV Discretionary Grants.
   - Matches federal funding for vehicle purchases.

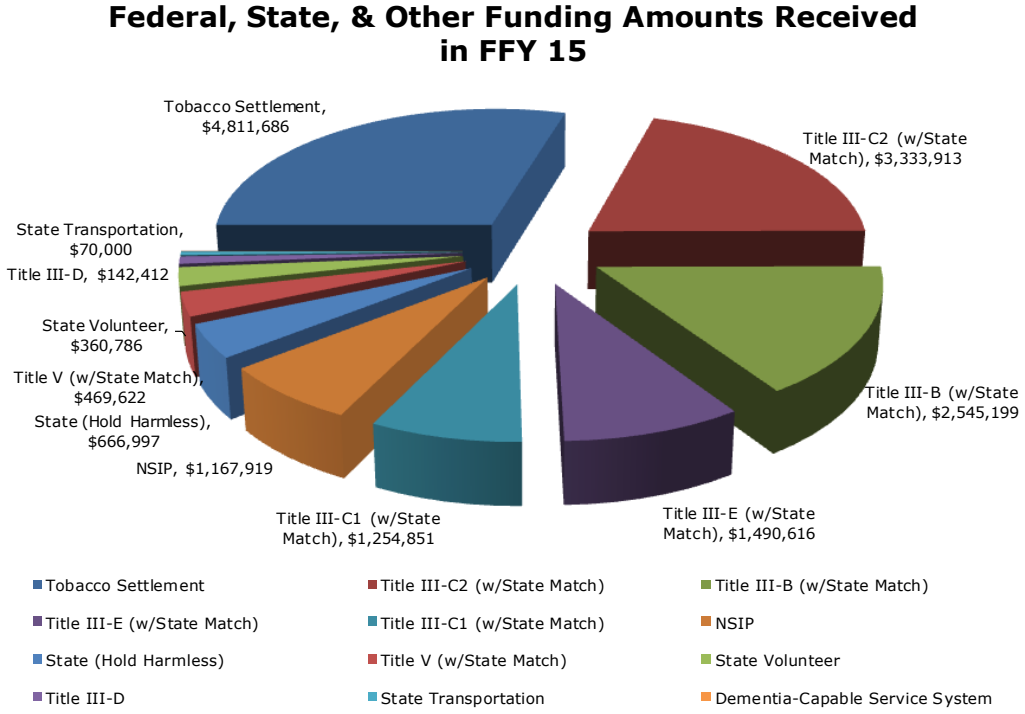
5. **Nevada State General Fund**
   - State Transportation – serves as state match for vehicle purchases.
   - State Volunteer – Legislature funded this as state match for volunteer services grantees of the National Corporation for Community Service funding.
   - Hold Harmless funding to ensure adequate resources for Rural Nevada services
   - Rural Caregiver Training

For additional information on services provided by the above funding resources, please see Appendices F (Funding by County), G (Service Definitions) and H (Service Allocations).



Note: In FFY 14, additional federal funding ($1,102,910) was received for Discretionary grants/ Dementia Capable.

The following pie chart depicts all funding managed by the Resource Development Unit and each resource's proportional share of the total funding received.



Grant Award Process

The RD Unit's competitive grant process occurs every two years. Resource Development Specialists (RDS) conduct an initial review of submitted grant applications and make funding recommendations to management staff. RD management also relies on a team of outside reviewers to read applications and make recommendations. These reviewers can be current and/or former members of the Governor's Commission on Aging, along with other community members who have an interest or experience in aging services. RD management makes final recommendations to the Administrator, with supportive documentation for final funding decisions. The following is an example of ADSD's competitive application activities.

2015/2016 Competitive Award Process Activities & Timeframes			
Activity	**Social Services***	**Nutrition III-C1 & C2**	**Title V SCSEP**
RFP published in newspapers and applications posted	2/5/2015	4/30/2015	-
RFP emailed to current or potential applicants			2/19/2015
Applications due	3/19	6/3	3/26
Applications sent to RD Specialists and Outside Reviewers	3/24	6/8	3/31
RDS and outside reviews due	5/1	7/24	4/25
Management develops recommendations	5/7	8/12	-
Management presents recommendations to Administrator	6/3	8/20	-
NGAs emailed to grantees	6/15	9/3	6/22

**OAA Titles III-B, D, and E; Independent Living Grants; State Volunteer; and State Transportation*

Grants are Fixed-Fee or Categorical: Programs awarded fixed-fee grants earn their grant funds by providing units of service. Current reimbursement rates for fixed-fee grants are as follows:

Congregate Meals	$2.20 per meal
Home Delivered Meals	$2.65 per meal
Transportation	$2.50 per one-way ride
Adult Day Care	$40 per six-hour day or $6.67 per hour for less than six hours
Homemaker Service	$15 per hour

Categorical grant programs are not funded on a cost per unit basis. Instead, a detailed line item budget is required. Grant funds are earned when the grantee incurs expenses within the approved grant budget categories and amounts. The level of funding is tied to the grantee's performance and level of service provided by the grantee during the year, prior to a new grant cycle.

Grant Monitoring: After funding is allocated, RDS have primary responsibility for programmatic grant monitoring. They conduct orientations for new grantees, periodic Program Assessments for all grants, and provide technical assistance as needs are identified. Emphasis is placed on performance indicators set forth in the grant application and established with each grantee at the beginning of the grant cycle. Grantees are considered the Division's community partners, and the RD Unit's goal is to provide whatever assistance is necessary to help grantees be successful.

The assessment process includes a review of program compliance with the service specifications, an analysis of service levels and outreach, and a determination of whether the program is successfully addressing a critical need in the community. Typically, program assessments are conducted biennially, but more frequently if a program is new or having difficulty with meeting performance standards. Each program is assigned a risk category based on its performance. Medium or High Risk programs receive more visits and attention.

Reporting Requirements: In addition to undergoing program assessments, grantees are required to report performance output and outcome measures. With the 2007 implementation of

computerized reporting through the Division's Social Assistance Management System (SAMS), grantees provide monthly reports, which are reviewed by RDS, to track program progress. SAMS has greatly enhanced oversight and the provision of timely technical assistance.

Likewise, RD Unit staff uses SAMS to meet its own reporting requirements. The Administration for Community Living requires states to report funding outcomes annually, through the National Aging Program Information System (NAPIS) for OAA Title III funds. In January of each year, states submit a consolidated State Progress Report to the Administration for Community Living for the previous year's data. Additionally, as a condition of receiving a portion of Nevada's Fund for a Healthy Nevada for ADSD's Independent Living Grants, Resource Development is required to produce and disperse an annual report relevant to the utilization of these funds. In both circumstances, SAMS is an invaluable asset in providing needed reporting data.

Grant Programs

The Division has a number of grant programs identified below. A complete listing of funded services can be found in Appendix F: "Funding by County" and Appendix H: "Service Allocations."

1. **Social Supportive Services:** OAA Title III-B Supportive Services and Nevada's Independent Living Grant funds, derived from the 1998 Master Tobacco Settlement Agreement, support Social Supportive Services. Together these resources support grants to promote self-sufficiency for individuals aged 60 and older, by providing services such as, transportation; case management; respite; information and referrals; adult day care; legal services; homemaker; companion; food pantry; home safety, modification and repair; and representative payee. When Respite Care is funded by Independent Living Grants, it can serve persons of any age, afflicted with Alzheimer's disease. Title III-B, along with Title III-C Nutrition Services funding, is also subsidized by $666,997 in Hold Harmless state funding, to ensure adequate services for Rural Nevadans.

2. **Nutrition Services:** Nutrition services are separated into two distinct types of programs. Funds under OAA Title III-C1 are allocated to provide meals to seniors in *congregate* settings, usually at senior centers. Title III-C2 funds are used to provide meals that are delivered to *homebound* seniors, who are too ill or frail to attend a congregate meal site.

Nutrition programs typically earn their funds based on the number of meals served each month. Meals are reimbursed at fixed rates. Some small nutrition programs have categorical grants, because a fixed-fee reimbursement would not be enough to adequately support the program. The grant amount serves as the maximum amount of funds that can be earned by a program during the grant year. All programs maintain records that document the number of meals and the number of unduplicated seniors served each month, and this information is entered into SAMS. Programs must find other funding for meals provided, over and above the number of meals funded by the Division.

<u>USDA Nutrition Services Incentive Program (NSIP)</u>: Nevada nutrition programs also receive additional funding from the USDA Nutrition Services Incentive Program (NSIP), which is distributed to states based on their proportionate share of the annual federal appropriation, as well as the number of meals served in the prior year. To participate in NSIP, programs must

receive nutrition funding from ADSD and sign an agreement regarding acceptance of cash and/or commodities. Once Nevada receives its share, the Division apportions NSIP to programs based on the proportion of statewide meals a program served in the previous year, either in commodities and/or cash, depending on what the grantee has previously requested in the signed agreement.

Specific Nutrition Services criteria required: All nutrition programs funded with Title III-C monies must meet specific criteria established through federal and state regulations. Program Service Specifications cover the major operational areas of nutrition service—food safety, home-delivered meal procedures and menu planning. All nutrition services directors (typically the senior center directors) and head cooks are required to complete the national ServSafe or equivalent training within three months of employment. Kitchen staff and volunteers must complete a four-hour food safety course within three months of employment. Training money for food safety training needs is allocated to each program, as appropriate.
Nutrition resources for grantees: Interactive nutrition-based web pages have been incorporated onto the ADSD website, to facilitate preparation of safe, healthy food for seniors. Nutrition grantees and Native American tribal staff are able to access this portion of the website to:

- Ask questions of the Division's Registered Dietitian.
- Obtain Dietary Reference Intakes (DRI)-compliant recipes and menus.
- Inquire about and take food-safety quizzes.
- Obtain materials to conduct self-assessments of program compliance with food safety standards.
- Read about current nutrition topics and food safety reminders from Division staff.
- Download nutrition education flyers for their participants.
- Access sample forms and links to other local and national food safety and nutrition-based websites.

This interactive site has enabled the Division to provide much needed training and support to Title III and VI nutrition programs across the state, which in turn has increased quality and program compliance with Division standards and OAA regulations.

3. Disease Prevention and Health Promotion: OAA Title III-D funds evidence-based programs. An evidence-based program is one that has been proven effective through rigorous scientific testing and evaluation. Beginning in October 2016, all programs funded under Title III-D must meet the highest level of ACL's evidence-based definition. For more information, see:
http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Programs/Grant/ServSpecs/Evidence-BasedServices.pdf.

For SFY 2016, the Division is funding the following evidenced-based (EB) programs:

- CDSMP (Chronic Disease Self-Management Program)
- DSMP (Diabetes Self-Management Program and the Programa de Manejo Personal de la Diabetes - Spanish version of DSMP)
- CarePRO (Care Partners Reaching Out)
- Thriving and Surviving (for patients with cancer)
- Power Tools for Caregivers

- EPIC (Early Stage Partners in Care - for patients with early-stage Alzheimer's disease and their caregivers
- Savvy Caregiver
- BRI Care Consultation (Benjamin Rose Institute on Aging Care Consultation Program)

Although ACL requires that only Title III-D programs be evidence-based, the Division has incorporated evidence-based programs under its other funding streams.

4. National Family Caregiver Support Program: The Division grants funds under OAA Title III-E, the National Family Caregiver Support Program (NFCSP), to support ADRC, Respite Services, CarePRO, and various other caregiver support programs.

5. The Title V, Senior Community Service Employment Program (SCSEP): This program provides part-time, subsidized employment and training for individuals, age 55 and older, whose income is at or below 125 percent of the Federal Poverty Level (FPL).
The target group is individuals with: the greatest economic need, the greatest social need, veterans and minorities. SCSEP is funded by the U.S. Department of Labor. ADSD grants its SCSEP funds to AARP Foundation, to implement SCSEP in Clark County.

The SCSEP program provides significant benefits for older adults and employers. Older adults gain meaningful employment, training and wages to supplement fixed incomes. Other benefits include an opportunity for older workers to realize and demonstrate their worth and capabilities in competitive employment positions. Employers and the community greatly benefit through the utilization of local seniors in the workforce. For example, employers find their experience with the SCSEP program enriches their workplace. A significant value of hiring enrollees is the elimination of stigmas and myths associated with aging. This program is typically a "win-win" for everyone involved.

6. State Volunteer Program: The Nevada Legislature set aside Nevada General Fund dollars for State Volunteer Grants, with the sole purpose of funding senior volunteer programs that also receive federal funding from the Corporation for National and Community Service. The Legislature did this in the 1990s at the request of several volunteer program directors, who needed this state funding as match for the federal dollars they receive from the Corporation for National and Community Service. These volunteer programs provide older adults with a sense of security and well-being, and help prevent nursing home admission. Volunteers and their frail clients are recruited through senior centers, retirement communities, senior housing, newspaper articles and community outreach.

7. State Transportation Program: Transportation funding is used in combination with OAA Title III-B funds and Independent Living Grants funding, to support transportation programs for older adults as follows.

<u>Federal Transit Authority (FTA), Section 5311</u> funding is administered by the Nevada Department of Transportation (NDOT) for operating costs of public transit service in small urban and rural areas of the state. State transportation funds are allocated to help ensure the federally required match: 20 percent for Administrative; 5 percent for Maintenance; and 40 percent for operations.

Federal Transit Authority (FTA), Section 5310 funds are allocated to match grant funds for vehicles. The FTA supports 80 percent of the cost of the vehicles, while NDOT provides 10 percent. ADSD supports up to 10 percent of the remaining matching requirement, if funds are available, upon request from the rural senior transportation programs.

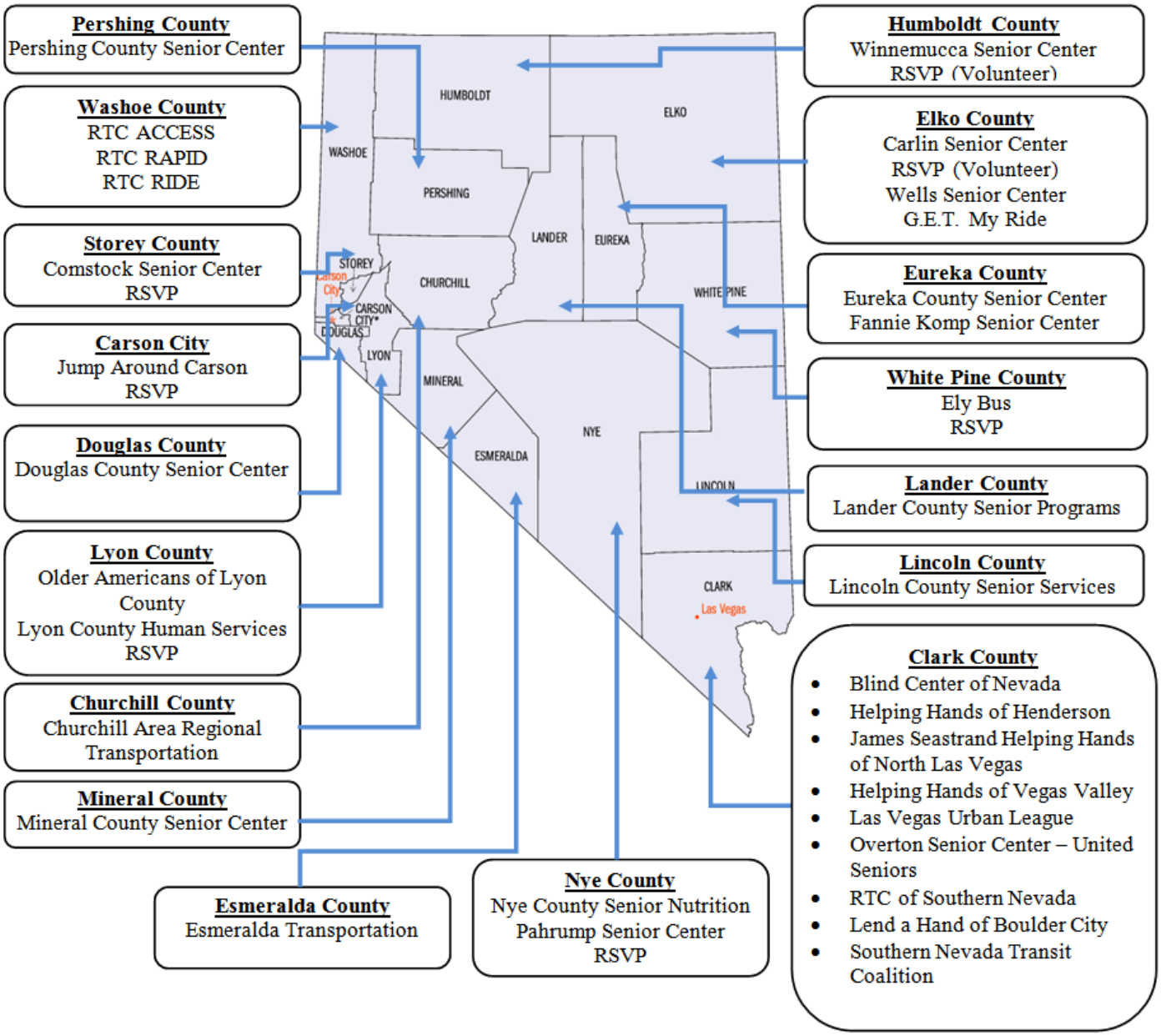
State Transportation Program funds are also granted to help rural and elderly transportation programs buy tires, repair vehicles or supplement fuel expenses.

The tables found in Appendix H, pages 6-8, summarize Aging and Disability Services Division's (ADSD) recent state transportation allocations.

To help ensure the well-being of Nevada seniors using this vital service, ADSD funded transportation programs are required to provide and document annual Elder Abuse Awareness Training for all drivers and program staff: http://adsd.nv.gov/Programs/Grant/Addtl_Info/Elder_Abuse_Awareness_Training/ Division grantees are required to report suspicion of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have driver safety training biennially. Transportation providers also follow Transportation Service Specifications to ensure the quality and safety of the service.

Transportation Services Providers in FY 2016

As the map on the next page demonstrates, ADSD funding helps address the transportation needs for Nevada seniors in all 17 counties.



8. OAA Title IV Discretionary Grant Programs

The Division applies for a number of grants each year, as opportunities become available. These grants fund specialized programs, and goals are achieved through partnerships forged with many state and local organizations.

Alzheimer's Disease Supportive Services Program (ADSSP): ADSD has received Alzheimer's Disease Demonstration Grants to States (ADDGS) and ADSSP funding for several years. In 2008, ADSD received an award for an Innovative Alzheimer's Grant for 18 months, ending March 31, 2010. In 2009, ADSD received an award for an Evidence-Based Alzheimer's

Grant for 36 months, ending September 29, 2013. ADSD's next Alzheimer's funded project was in 2014 for Creating and Sustaining a Dementia-Capable Service System.

The Alzheimer's Disease Supportive Services Program (ADSSP) supports state efforts to expand the availability of community-level supportive services for persons with Alzheimer's Disease and Related Disorders (ADRD) and their caregivers. Formerly known as the Alzheimer's Disease Demonstration Grants to the States (ADDGS), the ADSSP was created by Section 398 of the Public Health Services Act and administered by the U.S. Administration for Community Living. The program supports the creation of responsive, integrated, and sustainable service delivery systems for individuals with ADRD and their family caregivers across the United States.

The Administration on Aging's Alzheimer's Disease Supportive Services Program:

- Delivers supportive services and facilitates informal support for persons with ADRD and their family caregivers using proven models and innovative practice;
- Translates evidence-based models that have proven beneficial for persons with ADRD and their family caregivers into community-level practice; and
- Advances state initiatives toward coordinated systems of home and community-based care – linking public, private, and non-profit entities that develop and deliver supportive services for individuals with ADRD and their family caregivers.

Nevada's goals for the 2014 Dementia Capability for Persons with Alzheimer's Disease and Related Dementias are:

- Goal 1: Develop screening for early identification of Alzheimer's disease or related dementia and their family care provider.
- Goal 2: Connect individuals living with ADRD and their caregivers to appropriate program and service modalities based on consumer needs and person-centered approaches (i.e., implementation of Benjamin Rose Institute (BRI) Care Consultation, and other program expansion planned).
- Goal 3: Establish and improve datasets to quantify measurable outcomes and expand program evaluation to develop and implement program improvements.

To achieve these goals, Nevada partnered with the following organizations funded through the project:

- Rosalynn Carter Institute for Caregiving provides training and support for the Care Consultations Program.
- Alzheimer's Association – Desert Southwest Chapter and the Alzheimer's Association of Northern California and Nevada both deliver the Early Stage Partners in Care (EPIC) Program.
- University of Nevada Reno, Sanford Center for Aging provides program evaluation and recommendations for data collections.
- Arizona State University provides training, guidance and evaluation for the EPIC Program.

In addition, several other partners and programs, funded through Older Americans Act funding and State "matched" funding, further expand Nevada's evidence-based services tool box for individuals with Alzheimer's disease and other forms of dementia, and their families.

Chronic Disease Self-Management Education (CDSME) Programs: ADSD received funding for the CDSMP Program in 2010, funded through the American Recovery and Reinvestment Act (ARRA).

Evidence-based programs, such as CDSME, help individuals deal with single or multiple chronic conditions. These programs help individuals better manage these conditions and take a more proactive role in their health, which reduces or eliminates unnecessary hospital visits and Medicare/Medicaid payments. Some benefits of CDSME programs:

- Significant, measurable improvements in patient outcomes and quality of life.
- Effectiveness across chronic diseases, socioeconomic and educational levels.
- Participants enabled to manage progressive, debilitating illness.
- Individuals maintain health and behavioral improvements over time.
- Healthcare expenditures reduced, with evidence suggesting the cost savings in the first year is sufficient to cover the cost of the program.
- Utilization of healthcare resources becomes more appropriate, to address healthcare needs in outpatient settings rather than ER visits and hospitalizations.

ADSD applied for additional federal funding to support its CDSME programs in 2012 and 2015, but Nevada was not awarded funding. ADSD continues to fund agencies delivering CDSME programs through its Older Americans Act and Independent Living Grant funding.

ADSD funds several agencies to deliver CDSME programs to seniors. These programs are:

- Dignity Health, St. Rose Dominican Hospitals: delivers CDSMP/ DSMP in English and Spanish.
- Nevada Senior Services: delivers CDSMP/ DSMP in English.
- University of Nevada, Reno, Sanford Center for Aging: delivers CDSMP/ DSMP in English, trains workshop leaders and master trainers, and provides quality control development for trained leaders.

The Division of Public and Behavioral Health (DPBH), while not funded by ADSD, is a strategic partner with a similar vision to enhance CDSME services in Nevada. DPBH is funded through the Centers for Disease Control and funds agencies throughout Nevada for Stanford-model Diabetes Self-Management Programs and the Quality Technical Assistance Center, which provides technical assistance for Stanford-model programs and trains leaders in English and Spanish.

The partnership between ADSD and DPBH is a critical component to enhancing Nevada's services for CDSME programs, but each agency is still restrictive to guidelines from specific funding streams. Staff at these agencies continues to work together toward a similar vision but struggle without a cohesive funding source to enhance the systemic necessities required for universal data collection, program funding, and tracking.

Vital Collaboration with Grantees and Tribes

1. **Regional Planning Groups**: Four years ago in 2012, the Resource Development (RD) Unit initiated Regional Planning Groups (RPGs). A Regional Planning Group (RPG) is comprised of ADSD's RD Unit staff, grantees and Native American tribal representatives

operating within one of four clusters of contiguous counties, identified as a "region." Attendance is not mandatory, but all grantees and tribes are invited. Other aging services stakeholders in the region are also invited to participate. The leadership of each RPG is determined by and from among the grantees, for two-year terms.

RPGs are crucial to addressing a well known and ongoing service delivery problem: *the number of senior Nevadans to be served is increasing, while the available funds have remained the same or decreased*. Planning group participants and ADSD staff work collaboratively to help ameliorate this longstanding reality. Additionally, ADSD staff desired more onsite regional involvement with grantees for relationship building, to better understand the circumstances of its constituency, and for sharing information with an ultimate goal of together enhancing service access. Holding RPGs also helps fulfill Assurances the Division Administrator signed and submitted to the Administration on Aging in 2012 to accept federal funding, indicating that the Division will seek and consider input from all areas of the state in planning for services to be funded and delivered throughout Nevada.

For ADSD to implement RPGs is very much in keeping with its mission, to develop, coordinate, and deliver a comprehensive support service system of essential services, which will allow elder Nevadans and those with disabilities to lead independent, meaningful and dignified lives.

ADSD determined that holding planning meetings within each of four regions, clusters of contiguous counties, is a geographically manageable way to work collaboratively with grantees, tribal entities and stakeholders on a periodic basis. It is significantly more informative and cost effective for ADSD staff to travel to regions, than to have all grantees periodically travel to one location for meetings and discussions with ADSD.

The four RPGs are geographically defined in areas of the state by the following contiguous counties:

Southern Nevada RPG: Clark, Lincoln, Nye and Esmeralda
Carson City RPG: Carson City, Storey, Lyon, Mineral and Douglas
Reno RPG: Washoe, Churchill and Pershing, and often Lyon
Elko RPG: Elko, Humboldt, White Pine, Eureka and Lander

RPGs hold quarterly meetings to: share information about services and events; address common concerns and interests; maximize available and potential resources; and innovate new strategies to meet needs and overcome service barriers. Planning groups will enhance the relationship and communication between grantees, tribes and ADSD staff, and maximize access to critical services that promote independent living for senior Nevadans**.**

RPGs and ADSD collaboration has accomplished much during the last four years, such as:

- The identification and addition of three new congregate meal sites in the Las Vegas area.
- Establishment of a Caregiver subcommittee that developed a rural Caregiver Resource Brochure, and provided quarterly Caregiver Workshops.
- Quarterly trainings to grantees, i.e. Mobility Management; Adult Day Care; and EPIC - (Early Stage Partners in Care - for patients with early-stage Alzheimer's disease and their caregivers)
- Sharing of best practices, upcoming events, and problem solving among grantees.

2. **Nevada Senior Center Association:** Reactivation of the Nevada Senior Center Association is underway and will be an important partner in the coming four years.

COMMUNITY ADVOCATE FOR ELDERS

The Community Advocate for Elders Program, created in 1991 and established by NRS 427A.300, is funded by the Nevada State General Fund. This program enables older persons and their family members to make informed decisions and enhances the ability of family caregivers to continue their care for older family members. The program serves adults residing in communities throughout Nevada. The program is comprised of 2.5 staff, who work in collaboration with the RD Unit Manager to handle up to 850 contacts a month through the Las Vegas, Carson City/Reno and Elko ADSD offices, with most of the continually increasing demand in Las Vegas. Advocates' contacts include phone calls, letters, walk-in clients or e-mails each month, to provide these services:

- Advocacy
- Information, options counseling and assistance on services available to seniors
- Resources and information to older adults and community and advocacy groups
- Information and referrals regarding programs and services available to homebound seniors
- Outreach to locate and identify needs, resources and services

---

B. THE ELDER PROTECTIVE SERVICES UNIT

The Elder Protective Services (EPS) Unit, created in 1989, continues to diligently improve existing services, and provide advocacy and protective services for Nevada's residents. The program endeavors to develop and maintain relationships with agencies and community partners in order to increase their effectiveness on behalf of clients.

The Elder Protective Services (EPS) Unit receives and investigates reports of abandonment, abuse, neglect, self-neglect, exploitation and isolation of older persons age 60 years and older per Nevada Revised Statute (NRS) 200.5093. The Unit's mission is:

To assist older persons, age 60 and over, who are abandoned, abused, neglected (including self-neglect), isolated, or exploited, by investigating and providing or arranging for services to alleviate and prevent further maltreatment, while safeguarding their civil liberties.

During the 2015 legislature, revisions to Nevada's elder abuse statute, NRS 200.5091-200.50995, were signed into law. This revision added the allegation of abandonment and defines the term abandonment as it relates to the care of older persons. Effective October 1, 2015, the EPS Unit began receiving and investigating reports of abandonment as well as abuse, neglect (including self-neglect), isolation and exploitation. Revisions also included the requirement that the name and other identifying information of a person who reports abandonment, abuse, neglect (including self-neglect), exploitation, or isolation of an older person be redacted before certain information concerning the report is made available.

Elder Protective Services was established within the Division, on July 1, 1999. EPS social workers take action to safeguard the well-being and general welfare of older persons in need of protection and unable to protect themselves. This includes those who have physical, emotional, or mental impairments. These impairments may limit the older person's ability to manage their personal, home, social, and/or financial affairs.

EPS clients struggle to maintain independence and are at risk for victimization and institutionalization, unless services are put into the home to alleviate negative situations and maintain their safety. The social worker develops a case plan and offers services to support the older person with the person's consent and willingness to accept assistance. Social workers support the rights of their clients and support consumer control and choice whenever possible.

Social workers are stationed in Division offices located in Carson City, Elko, Las Vegas and Reno, and initiate investigations within three working days of receiving a report. Social Workers: evaluate circumstances; counsel clients and/or their legally responsible parties; arrange for necessary services; write reports for law enforcement and health care providers; and follow up to make certain clients are accessing the services they need and/or willing to accept. When a crime may have been committed against an older person, social workers report the cases to the appropriate law enforcement agency for possible investigation and prosecution. They may be asked to appear in court to provide testimony.

The EPS Unit works closely with other services funded by the Division. Often clients are referred to the Community-Based Care Unit for services. Many of the Division's grantees provide services that benefit EPS clients, such as respite, legal services, homemaker services, shopping, case management, nutrition programs, food pantries, transportation services, mental health outreach, and caregiver support.

The EPS Unit continues to identify, develop and update areas of the program's formal service delivery model. As part of bringing best practices into the Unit's service delivery model, EPS currently has provider agreements with geriatric psychiatrists and licensed group homes to provide supportive services, alleviate and prevent further maltreatment, and safeguard EPS clients' civil liberties. These supportive services include mental capacity evaluations, which are used to determine an individual's capacity to make sound judgments and live independently.

These evaluations are critical in determining mental capacity and the right to self-determination. The evaluations are used to determine a client's need for legal guardianship, either of the person, estate, or both. Supportive services also include Temporary Assistance for Displaced Seniors (TADS), which provides temporary, short term housing in emergency situations to EPS clients. Additionally, ADSD has contracts with forensic financial and medical specialists to assist EPS staff with the investigative process of complex cases involving allegations of abandonment, abuse, neglect and exploitation.

The EPS Unit currently has an Elder Rights Specialist located in both the Northern and Southern part of the state. In order to provide the same level of service delivery to all areas of the state, the 2015 legislature approved an Elder Rights Specialist position for the Elko office. This

position's role is to conduct community outreach regarding elder protective services to the remote counties including Elko, Humboldt, Lander, Eureka, and White Pine. Community outreach activities include research and development of public presentations to educate the public regarding elder abuse, as well as recruitment of providers for EPS supportive services.

The Elder Rights Specialist will assist EPS clients by providing information and referrals to agencies that provide services to support the clients' physical, emotional, social and economic well-being, including resources for financial, health care, housing, in-home care, long-term care, legal, transportation and other service needs. The Elder Rights Specialist will assist social workers with more difficult abuse cases by providing follow-up to ensure services are accessed properly.

The EPS Unit has non-investigatory responsibilities as well. Per Nevada statutory requirements, the Division collects statewide statistics regarding elder abuse reports. Law enforcement agencies are required to send their report information to the Division within 30 days of case closure. An annual report is made available to the public and is often used during the legislative process to illustrate the need for changes to the law and to support program funding requests.

Statute also allows the Division to create teams to assist with the assessment and planning of protective services. Currently, Nevada has three teams – one in Las Vegas, on in Carson City and the other in Reno. Team members include representatives of various entities associated with abuse of older persons including ADSD, the Division of Public and Behavioral Health's Bureau of Health Care Quality and Compliance, the Medicaid Fraud Control Unit, the Public Guardian, County Social Services, Medicaid, the Nevada Attorney General's unit for Crimes Against the Elderly and occasionally law enforcement agencies. These teams meet monthly to discuss issues related to elder abuse, investigations, training opportunities, and special cases or problems within long-term care facilities.

The Division provides numerous training sessions for various community organizations and providers regarding elder abuse and mandatory reporting laws. These trainings include small groups of volunteers or employees, large organizations, law enforcement trainees, or large provider groups. This is an important role for the Division in assisting the public to recognize, prevent and report abandonment, abuse, neglect (including self-neglect), exploitation and isolation of Nevada's seniors.

An effective EPS quality management program is essential for the protection of program participants and assists in ensuring compliance with the best practice standards and the implementation of program process and policy. Additionally, four Administrative Assistants for the Centralized Intake Unit were approved to ensure timely access to EPS and Ombudsman programs and to provide quality customer service to the public. The Centralized Intake Unit is responsible for receiving facility complaints and reports of elder abandonment, abuse, neglect, isolation and exploitation.

C. THE COMMUNITY-BASED CARE UNIT (CBC)

The Community-Based Care Unit operates the Home and Community-Based Waiver for the Frail Elderly, the Home and Community-Based Waiver for Persons with Physical Disabilities, the Community Options Program for the Elderly (COPE), the Homemaker Program and the Personal Assistance Program (PAS). These services assist older persons and individuals with disabilities to live in the most integrated settings and avoid or delay institutionalization with various supports and services, such as homemaker, respite, chore, personal emergency response systems, and attendant care.

Because the CBC Unit provides programs that foster independence and self-reliance, its frail consumers maintain their dignity, to be an integral part of their families and communities. Its programs help ensure individuals at risk of being placed in a facility for long-term care are able to receive the services and supports that will keep them in their homes to age in place.

The CBC Unit is responsible for the proper and efficient operation of:

1. Home and Community-Based Waiver for the Frail Elderly
2. Home and Community-Based Waiver for Persons with Physical Disabilities
3. Community Service Options Program for the Elderly
4. Homemaker Program
5. Personal Assistance Services program

Duties include eligibility determination, evaluation of level of care, assessment of service needs, case management, development of the plan of care, utilization review and quality management. Program applicants and recipients participate in person-centered planning and are given the choice of either institutional or home and community-based waiver services, and may select any willing and qualified provider to furnish waiver services included in the plan of care. Policies are established to ensure recipient choice is achieved whenever possible, as well as processes to facilitate employment of a qualified caregiver through an enrolled provider agency. These programs also promote the participation by any appropriate public or private agency, organization or institution in the collaborative development of services that offer options to individuals.

Community-based services can provide a more cost effective alternative to nursing home care by preventing or delaying institutional placement.

Medicaid Waiver Programs

1. **Home and Community-Based Waiver for the Frail Elderly (HCBW-FE)**
   - Services**:** Case Management, Homemaker, Chore, Respite, Adult Companion, Social Adult Day Care, Personal Emergency Response System (PERS), Augmented Personal Care
   - Target population: Persons 65 years and older (FE); nursing facility level of care; at risk of institutionalization within 30 days; monthly waiver service need; meet financial eligibility as determined by the Division of Welfare and Supportive Services

(DWSS), including income at or below 300% Social Security Income (SSI) - $2,199/month

- Funding source: Medicaid funds from Title XIX of the Social Security Act and state general funds
- Roles: CBC staff performs administrative activities and operations and direct service case management
- Cost: Average annual cost per eligible for HCBW-FE $13,980 compared to projected nursing facility costs of $74,556
- Service slots: Approved slots over FY 16-17 biennium: HCBW-FE 2057

2. **Home and Community-Based Waiver for Persons with Physical Disabilities (HCBW-PD*)**
   - Services: Case Management, Homemaker, Chore, Respite, PERS, Environmental Accessibility Adaptations, Specialized Medical Equipment and Supplies, Assisted Living Services, Home-Delivered Meals, Attendant Care Services-extended state plan personal care
   - Target population: Persons with a physical disability (PD); nursing facility level of care; at risk of institutionalization within 30 days; monthly waiver service need; meet financial eligibility as determined by the Division of Welfare and Supportive Services (DWSS), including income at or below 300% Social Security Income (SSI) - $2,199/month
   - Funding source: Medicaid funds from Title XIX of the Social Security Act and state general funds
   - Roles: CBC staff performs administrative activities and operations and direct service case management
   - Cost: Average annual cost per eligible for HCBW-PD $26,160 compared to projected nursing facility costs of $79,884
   - Service slots: Approved slots over FY 16-17 biennium: HCBW-PD 805

   **Operations and staff for the HCBW-PD transitioned from the Division of Health Care Financing and Policy (DHCFP) to ADSD CBC as of 07/01/15.*

Other Programs

3. **Community Service Options Program for the Elderly (COPE)**
   - Services**:** Case Management, Homemaker, Chore, Respite, Adult Companion, Social Adult Day Care, PERS, Attendant Care
   - Target population: Persons 65 years and older; nursing facility level of care; at risk of institutionalization; income limit $3,099/month; asset limit $10,000 single/$30,000 couple
   - Funding source: Nevada General Fund
   - Roles: CBC staff performs administrative activities and direct service case management, which is tracked in the time tracking database and in the Division's Social Assistance Management System (SAMS).

- Other covered COPE services are authorized by CBC staff and providers submit invoices and time sheets for payment processing. CBC staff enters service deliveries into SAMS, validates the charges and forwards to the fiscal unit for payment.
- Cost: Service delivery estimated monthly cost per recipient is $737.42
- Service slots: Approved slots over FY 16-17 biennium: 72

4. Homemaker Program

- Services: Case Management, Homemaker
- Target population: Adults with a disability determination and persons 60 years and older with functional deficits, lack of support system, at risk of institutionalization; income at or below 110% of the Federal Poverty Level - $1,079/month; asset limit $10,000 single/$30,000 couple
- Funding source: Title XX Block Grant under Social Security Act to the State and Tobacco Settlement Funds
- Roles: CBC staff performs administrative activities and direct service case management
- Cost: Service delivery estimated monthly cost per recipient is $90
- Service slots: Approved slots over FY 16-17 biennium: 370

5. Personal Assistance Services (PAS)

- Services: Case Management, Attendant Care, Respite
- Target population: Individuals 18 years and older; diagnosed with physical disability that substantially limits ability to complete activities of daily living; gross monthly income up to 800% of the Federal Poverty Level, copays required for gross monthly income of 300%-800% FPL - $2,943 - $7,847/month
- Funding source: Nevada General Fund
- Roles: CBC staff performs administrative activities and direct service case management
- Cost: Service delivery estimated monthly cost per recipient is $1,538.86
- Service slots: Approved slots over FY 16-17 biennium: 184

Quality Management

ADSD continues to demonstrate its commitment to maintaining high standards in client care and to continually improving the quality of services it provides. After the 2003 Legislative Session, the Division developed a formal quality management (QM) program for the Community Based Care programs. This QM program includes the Medicaid Waivers, the COPE Program and the Homemaker Program statewide.

Components of the QM program include assurances provided to CMS regarding:

- Level of Care
- Plan of Care
- Choice
- Provider Qualifications
- Health and Welfare
- Administrative Authority

- Program Intake-Eligibility
- Financial Accountability

Compliance with the standards has been assessed through one or more of the following means:

- Observations made during home visits
- Participant Experience Surveys (PES)
- Review of records and documentation
- Tracking and trending data
- Documentation of compliance provided by staff or contractors
- Annual audit by the Medicaid agency

D. THE DISABILITY SERVICES UNIT

The Nevada Office of Disability Services was established in 2003 under the Department of Health and Human Services, with the consolidation of several existing State programs into a single agency. In 2009, the Office of Disability Services was merged with the former Division for Aging Services to form the Aging and Disability Services Division. Now called the Disability Services Unit, the following services are provided generally to people of all ages and disabilities, who have independent living needs.

1. Deaf and Hard of Hearing Resource Centers

The Deaf and Hard of Hearing Advocacy Resource Center is a statewide program with regional offices that provide telecommunication equipment to persons who are deaf, hard of hearing or speech disabled. The program also provides communication and programmatic access advocacy, mostly for persons who are deaf and rely on American Sign Language (ASL) in order to communicate. Currently deaf services are located in Deaf Centers and Centers for Independent Living statewide.

Often persons with communication disabilities lack access to programs, written materials, and activities, which is a direct violation of the Americans with Disabilities Act (ADA). The Center also provides information and referral to its clients to meet their specific needs, and/or serves the general public on a variety of related topics, such as Sign Language classes and how to secure an interpreter, etc. Center staff provide workshops and social events for the Deaf Community on a variety of topics, and provide sensitivity training and workshops to agencies such as police departments and other governmental agencies.
Persons seeking equipment must have a form signed by an audiologist, doctor or other professional such as a Vocational Rehabilitation Counselor, who has access to medical records or other evidence for proof of disability. Advocacy client eligibility is determined by the program case managers.

2. Traumatic Brain Injury Rehabilitation

The Traumatic Brain Injury (TBI) program provides rehabilitation therapies for individuals who are medically stable and need functional rehabilitation. This program funds services for people with Traumatic Brain Injury, who do not have insurance coverage to pay for these services. The program is available to Nevadans statewide and services are provided by the Nevada Community Enrichment Program (NCEP), located in Las Vegas.

Services include an individualized, comprehensive neurological rehabilitation program essential for people with TBI to return to home, work, school and independent living, such as: individual/group counseling, IL/ADL skills building, memory strategies training and community reintegration. Teens and adults with a TBI who need post-acute rehabilitation services and have no other pay source available (i.e. insurance coverage) may be eligible.

3. Assistive Technology for Independent Living Program

The Assistive Technology for Independent Living (AT/IL) Program is statewide and helps individuals remain living in the community by providing assistive technology, including but not limited to home and vehicle modifications, durable medical devices, communication devices, hearing devices and environmental control devices. The program can also assist individuals who are transitioning from an institutional setting, to another that is more community integrated, with essential costs to make the move, establish residence, and basic household needs essential for daily living. The program is a last resort program and can help identify other possible resources in the community as well. Persons applying have the option to develop an independent living plan with a case manager to identify goals and the assistive technology necessary to complete the goal.

The AT/IL is available to all ages. Proof of disability and income is required for eligibility. There is not a specific income limit; however, the program has a sliding scale co-pay based on income. The program's co-pay determination takes into account out-of-pocket medical expenses in the past 12 months that can lower or eliminate the client co-pay. Persons identified as "in an institutional setting" or "high risk of institutionalization" can be prioritized for services. If there are other resources available to provide the assistive technology, the person needs to be denied by that resource first (Medicare, Medicaid, Private Insurance, Workman's Compensation, etc.).

4. Senior and Disability R_X Program

The Senior and Disability R_X program is Nevada's state pharmaceutical assistance program (SPAP), a pharmacy subsidy program for low income older adults and persons with disabilities who need assistance to afford their medications.

The Senior R_X program was created by statute during the 1999 Legislative Session. The Disability R_X program was added to State statute during the 2005 Legislative session. Previously housed within the Nevada Department of Health and Human Services Office, the Senior and Disability R_X program transferred to ADSD on July 1, 2009 with the merger of the Division for Aging Services and the Office of Disability Services, to become the Aging and Disability Services Division (ADSD).

A portion of Nevada's Master Tobacco Settlement funds are deposited into the Fund for a Healthy Nevada. The Director of the Department of Health and Human Services determines biennially the portion of the fund that will be allocated to the Senior and Disability R_X programs. Program eligibility is based on age, income and disability status. Eligible applicants must be age 62, or persons with verifiable disabilities ages 18 through 61. Household income limits as of July 1, 2015 are $27,923 for individuals and $37,222 for couples. The maximum incomes are subject to annual increases based on the Consumer Price Index each year. Individuals must reside in the state of Nevada for at least one year prior to the date of application. Applicants cannot be eligible for full Medicaid benefits.

Nevada Senior R_X and Disability R_X staff assists eligible applicants to obtain essential prescription medications. Members who are eligible for Medicare receive help with the monthly premium for their Part D plan and may use the program as a secondary payer during the Medicare Part D coverage gap. Part D members who qualify for extra help with Part D costs through federal programs must apply for and if approved use that help.

Participation is subject to the amount of funds available to the Senior R_X and Disability R_X programs. A waitlist may be established at any time, based on projected caseload expenses; applicants with the lowest incomes are approved first when enrollment is continued.

E. THE SUPPORTIVE SERVICES UNIT

The Supportive Services Unit oversees several advocacy and information programs for seniors, caregivers, individuals with disabilities, and persons residing in long-term care facilities. Unit staff works closely with grantees, community providers and other system partners to develop and implement long-term services and supports that help individuals live independently in their home and community. This unit supports the Office of the State Long Term Care Ombudsman.

The Unit is comprised of:

1. The Office of the State Long-Term Care Ombudsman Program (SLTCOP)
2. Aging and Disability Resource Center (ADRC)
3. Nevada State Health Insurance Assistance Program (SHIP)
4. Nevada Senior Medicare Patrol (SMP)
5. Taxi Assistance Program (TAP)
6. Volunteer Management

1. The Office of the State Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program is authorized by the federal Older Americans Act, and provides advocacy for all residents in long-term care facilities regardless of age. This act requires every state, through the Administration on Aging, to create a statewide ombudsman program to "investigate and resolve complaints made by or on behalf of older individuals who are residents of long-term care facilities" (including nursing homes, residential facilities for groups, and homes for individual residential care). Although most statewide programs are composed of several regional or local Ombudsman programs that operate within an Area Agency

on Aging (AAA) or other community organization, Nevada's Ombudsman Program operates solely through the Aging and Disability Services Division (ADSD).

Ombudsmen spend the majority of their time in facilities, advocating on behalf of the residents. While Ombudsmen do not have direct authority to require action by a facility, they have the responsibility to negotiate on a resident's behalf and to work with other state agencies for effective enforcement. In addition to their advocacy work, Ombudsmen also serve as a valuable resource for residents, families and community members. They play a vital role in conveying information and guidance to residents and their families, friends, legal representatives, and facility staff and caregivers about other services, and public and private agencies. Ombudsmen make unannounced routine visits (non-complaint related) to nursing homes, group homes and individual residential care.

The State Long-Term Care Ombudsman Program:

- Ensures residents are provided with regular and timely access to Ombudsmen.
- Advocates for increased consumer protections in state and federal laws and regulations.
- Empowers and supports residents and families to discuss concerns with facility staff.
- Identifies and seeks to remedy gaps in facility, government or community services.
- Protects the health, safety, welfare, and rights of individuals living in nursing homes and assisted living facilities.
- Provides information and assistance regarding long-term services and supports.
- Receives and investigates complaints, and assists residents to resolve problems.
- Respects the privacy and confidentiality of residents and complainants.
- Provides elder abuse and mandated reporting, resident rights, culture change, person-centered care, and customer service training to skilled nursing facilities, homes for individual residential care and interested community groups.
- Promotes consumer control and choice by offering assistance about selection of nursing homes, answering questions about long-term care facilities and by helping people find the services they need in the community instead of entering a nursing home or transitioning from one.
- Shares information about community groups and activities available to improve life and care for long-term care residents.
- Advocates for and provides information about residents' rights.
- Provides information on and assistance with family and resident councils.
- Directs residents to a local legal services program if they need legal assistance.
- Provides information about current legislative and regulatory efforts in the state.

The Nevada Administrative Code requires all Ombudsmen to receive specific training. The Division has in place a complete training and certification program for all Ombudsmen in compliance with the training requirements outlined in the Older Americans Act. Every Ombudsman is certified by the State Ombudsman and re-certified annually.

In accordance with Nevada Revised Statute 427A.136, the Administrator of the Aging and Disability Services Division (ADSD) may direct the Ombudsman or an advocate to provide advocacy services for a resident who is less than age 60.

As an effort to create an efficient and effective process for the State of Nevada's Long-Term Care Ombudsman Program, on May 20, 2014, the ADSD Administrator provided direction to the Ombudsmen to advocate for all residents in long-term care facilitates regardless of age and to provide advocacy services to any resident who requests or requires these services.

During the 2015 Legislature, Assembly Bill 28 was signed into law making changes to NRS 427A.125 by requiring the State Long-Term Care Ombudsman Program to:

"*Develop a course of training to be made available to officers, directors and employees of a facility for long-term care to encourage such facilities to provide services to their residents in a manner that allows the resident to follow their own routine and make their own decisions concerning the daily activities in which to participate. The course must also provide information concerning how to provide services in that manner*."

The Long-Term Care Ombudsman Program is in compliance with this change to the law. The Ombudsman Program has developed and provides training on the topics of person-centered care, consistent staffing, person-centered dining practices, and person-centered activities.

The State Long-Term Care Ombudsman program is authorized by the federal Older Americans Act. This act requires that state Ombudsman programs "provide services to assist residents in protecting the health, safety, welfare, and rights of residents" along with ensuring "that residents have regular and timely access to the services provided by the Office."

To assist in meeting this requirement, ADSD obtained approval in the 2015 legislature for an approved caseload for the Ombudsman Program. Long-Term Care Ombudsmen conduct routine visits, investigate and resolve complaints, provide trainings, and provide consultations and information to individuals and facility staff statewide.

With an approved caseload of 60 cases per Long-Term Care Ombudsman, ADSD also received legislative approval for two quality management staff to track and trend data from case reviews and address systemic issues requiring changes to process and policy.

Nevada Revised Statute, 427A.135 gives authority for the Ombudsman to create a volunteer advocacy program within the Division. A volunteer program is essential in order to help visit residents, monitor general facility conditions and to extend the reach of the program. Volunteers provide the community with a presence that is the grass-roots essence of the Ombudsman Program model. A volunteer program provides opportunity for Nevada's Ombudsman Program to greatly expand assistance to residents in long-term care.
The Division has in place policies and procedures, as well as a training and certification program for the Volunteer Long-Term Care Ombudsmen (VLTCO), along with in-depth screening and application tools. VLTCO receive background checks (state and federal) just as all Division employees do. The ADSD volunteer coordinator has assisted with marketing and recruitment efforts of the VLTCO program. As a result, an average number of 23 VLTCO positions were filled over a three-year period, State Fiscal Years 2013-2015. VLTCO in Reno, Las Vegas and Elko provide training on the topics of resident rights, benefits counseling, Power of Attorney/Guardianship and legal services.

Collaboration is an important feature of the Long-Term Care Ombudsman Program. Ombudsmen participate with all agencies in the aging network. The Division has a Memorandum of Understanding with the Nevada State Division of Public and Behavioral Health's Bureau of Health Care Quality and Compliance, Health Care Financing and Policy (Nevada Medicaid) and the Board of Examiners for Long-Term Care Administrators. This MOU facilitates the Ombudsmen's role in carrying out their advocacy duties. All of these agencies routinely request assistance from the Ombudsman program. This assistance includes investigations of complaints, as well as advocacy on behalf of residents in long-term care.

2. Aging and Disability Resource Centers (ADRC)

Nevada ADRC improves access to long-term services and supports (LTSS) for Nevada's older adults, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. The regionally based ADRC sites provide a safety net in the LTSS system by supporting individuals to make informed decisions about the services and benefits they need or want. Services include information, assistance and access into programs and services, as follows:

- Options Counseling – a key service of the ADRC, Options Counseling is an interactive process whereby individuals receive guidance in their deliberations to make informed choices about long-term supports. Options Counseling is a person-centered process that includes: (1) a personal interview, (2) exploration of resources and service options, (3) development of action steps toward a goal, and (4) follow-up to ensure supports and decisions are working for the individual.
- Caregiver Support – assistance to caregivers to help them navigate the Caregiver Toolbox available in Nevada and access services that support them in their caregiving role.
- V.I.S.A. – Veteran Involved Support and Assistance – a collaborative program in Southern Nevada, between the VA Medical Center, ADSD and ADRC that allows selected veterans to self-direct their care.
- Care Transitions – short-term intervention to help stabilize a consumer at home after an acute care hospital stay. The goal is to help reduce the incidence of hospital readmission.
- Information & Referral/Assistance – includes the provision of information and/or referral to public programs, as well as accessing public programs through application assistance.

No Wrong Door (NWD): Today, ADRC is a key component in Nevada's No Wrong Door (NWD) system. Continued developments within the system and a stronger partnership with the Nevada Medicaid agency (the Division of Health Care Financing and Policy) is helping to realize the state's goal to develop a seamless system of support for individuals in need of LTSS. The mission of the NWD system is:

To streamline access to services and ensure that
Nevadans receive individualized care that meets their needs.

Through collaborations between the Department of Health and Human Services agencies, Nevada has developed a three-year NWD implementation plan to continue to build upon current efforts to streamline services.

In December 2015, Nevada completed the development of a three-year implementation plan to work towards a fully functioning No Wrong Door (NWD) system. The Plan can be found at http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/NWD_Advisory_Board/No%20Wrong%20Door%20Strategic%20Plan%20-%20FINAL%208-28-15(1).pdf

Vision

Nevadans with functional limitations and the family members that support them have timely access to correct information and quality services that promote choice, dignity, and independence.

Mission

To streamline access to services and ensure that Nevadans receive individualized care that meets their needs.

The NWD Plan was completed through the efforts of partners that included:

Aging and Disability Services Division	Department of Health and Human Services
Division of Healthcare Financing and Policy	Bureau of Vocational Rehabilitation
Division of Public and Behavioral Health	Nevada Association of Counties
Division of Welfare and Supportive Services	Community stakeholders

The NWD Implementation Plan is building on the existing efforts of the Aging and Disability Resource Center and the Balancing Incentive Payments Program.

3. The Nevada State Health Insurance Assistance Program

The Nevada State Health Insurance Assistance Program (SHIP) is Nevada's Medicare assistance volunteer-based program, administered by ADSD. Nevada SHIP is funded by a federal grant from the Administration on Community Living (ACL) and state Independent Living Grants (ILG) funding.

The program provides Medicare information, counseling and assistance to seniors and disabled Medicare beneficiaries, family members and caregivers in Nevada. Trained volunteers and staff counsel clients regarding: Medicare hospital and medical benefits; premiums and deductibles; Medicare health and prescription drug plans; supplemental insurance (Medigap); preventive services; and Medicare rights. Volunteers also assist with grievances, complaint and appeal procedures. They also make referrals to the Nevada Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy (Nevada Medicaid) and the Governor's Office of Consumer Health Assistance (GOVCHA) for other needed information and assistance.

Nevada SHIP has intensified its efforts to reach out to elderly individuals and people with disabilities throughout the state, particularly in rural areas, to make them aware of options and benefits available under the various Medicare programs. This outreach and counseling focuses specifically on three objectives:

- Provide seniors with assistance in selecting and enrolling in Medicare health insurance and Part D Plans to maximize their health benefits specific to their health needs.
- Heighten the awareness of low-income beneficiaries regarding Medicare's financial assistance with prescription drug-related costs, and to help beneficiaries file any applications for this benefit to increase their economic security.
- Educate eligible beneficiaries to understand and utilize services.

SHIP conducts targeted community outreach to beneficiaries through public forums or with community-based partners, to increase awareness and understanding of Medicare program benefits.

In 2008, SHIP established a partnership with Access to Healthcare Network (AHN) in Reno, which organizes and guides SHIP volunteer activities in Northern and Rural Nevada. The SHIP state office trains volunteers regularly in accordance with Centers for Medicare and Medicaid Services (CMS) guidelines, to maintain a quality level of information disseminated to beneficiaries and keep the integrity of this national program.

SHIP primarily utilizes volunteers to provide Medicare counseling through a toll-free information line and face-to-face counseling sessions. Staff and volunteers conduct educational presentations and provide information at health fairs, community events and offer weekly counseling sessions at many senior centers and community settings throughout the state.
SHIP has been recruiting benefits counselors and staff who are bilingual Spanish speaking, to enable SHIP to assist a high percentage of low-income, non-English speaking beneficiaries, who would otherwise have access and communication difficulties.

SHIP has been using its recruiting and training activities of volunteers through a program called The BEAM Team (**B**enefits Counselor, **E**ducational Liaison, **A**mbassador/Administrative Assistant, **M**erchant/Community Resources). People like doing the things they do best, and this program expands volunteer opportunities and better prepares SHIP's skilled workforce by enabling volunteers to work in their strength areas. The emphasis on training promotes accurate and reliable counseling services for Nevada's fast-growing senior population.
Nevada SHIP achievements during Medicare's initial Part D campaign in 2006 established the program as an indispensable alternative to the national 1-800-Medicare hotline, which continues to refer a high number of beneficiaries to Nevada SHIP. Nevada SHIP received a 2011 CMS performance award for excellent services to disabled and low income seniors and the 2013 Retired Senior Volunteer Program (RSVP) Elsie Connor Award for Community Support. The program continues to strive for excellence in helping Nevada's Medicare beneficiaries live independently and make choices that reduce costs and increase their economic security.

4. Nevada Senior Medicare Patrol

Nevada Senior Medicare Patrol (SMP) is Nevada's Medicare fraud awareness program, and is administered by Nevada Aging and Disability Services Division (ADSD.) The SMP program is currently funded by a federal grant from the Administration for Community Living (ACL) and Nevada's Independent Living Grants (ILG) funding. SMP has been in existence since 1997, originally funded by the Administration on Aging (AoA) and now ACL to recruit and train retired professionals and other senior citizens in how to recognize and report instances or patterns of healthcare fraud. The Nevada SMP program was transferred from the Attorney General's office to the Aging and Disability Services Division by the 2011 Nevada Legislature.

The SMP program model is one of prevention – empowering seniors through increased awareness and understanding of healthcare programs. This knowledge helps seniors to protect themselves from the economic and health-related consequences of Medicare and Medicaid fraud, error and abuse. SMP also works to resolve beneficiary complaints of potential fraud in partnership with state and national fraud protection entities, including Medicare contractors, state Medicaid fraud control units, the Nevada Attorney General, the U.S. Department of Health and Human Services Office of Inspector General (OIG) and the Centers for Medicare and Medicaid Services (CMS.)

The SMP program partners with the aging network throughout Nevada, as well as community, faith-based, tribal, and health care organizations to utilize a variety of outreach strategies to educate and empower Nevada's Medicare beneficiaries to identify, prevent and report health care fraud. In 2012, SMP established a partnership with Access to Healthcare Network (AHN) in Reno, which organizes and guides SMP volunteer training and outreach activities in Northern and Rural Nevada.

In June 2015, the Nevada SMP program received a new three-year grant to continue to improve the program's ability to reach as many seniors as possible with the SMP message of "Protect, Detect, Report," so that Medicare fraud, waste and abuse can be curtailed.

The objectives are:

- Build and strengthen the two keys to program success – the volunteer workforce and community partnerships, particularly in rural and underserved areas.
- Increase the number of Medicare beneficiaries and caregivers reached so that the program achieves statewide coverage and reaches target populations.
- Continue to adhere to and evaluate for improvements in the SMP Volunteer and Program Management policies and procedures.
- Increase program visibility and the number of calls and referrals.
- Continue to improve collaboration with the Nevada State Health Insurance Assistance Program (SHIP).

Anticipated outcomes include:

- The quantity, quality and statewide distribution of volunteers will improve.
- Increased number of outreach/education events.
- More Nevada beneficiaries and caregivers reached and counseled.

- Number of complex issues and referrals increase, as a result of heightened awareness about Nevada SMP and Medicare/Medicaid fraud error and abuse.

5. Taxi Assistance Program

The Taxi Assistance Program (TAP) was established by Nevada Revised Statutes (NRS) 427A.070 and NRS 706.8825. It allows Nevada residents age 60 and older and persons under age 60 with permanent disabilities, who meet income criteria, the use of taxicabs at a discounted rate.

The program is not funded by taxpayers, but is funded through the Nevada Taxicab Authority, based on a fee for taxicab rides taken in Clark County. Other program funding comes from the program recipient's payment of either $5 or $10 (based on income) for $20 worth of taxicab coupons. Coupons are valid for any Clark County taxicab company, 24-hours-a-day, seven-days-a-week, and year round.

TAP has experienced significant program changes over the past several years. The following is a brief summary of the changes:

- Legislatively approved income eligibility requirements were implemented October 1, 2012. Participants were placed into one of four (4) tier levels, based on income. The number and cost of books per tier were written into the Nevada Administrative Code (NAC). Due to this change, the program saw an approximate 50 percent decrease in coupon book sales until January 2015.
- In January 2015, the TAP NACs were revised to allow a variation in book cost based on income, and allowed the program to change the number of books sold per tier. The first six months of 2015 data shows the program changes have resulted in an approximate 87 percent increase in participation by the program's lower income clients (persons below 200 percent of Federal Poverty Level).
- In August 2015, persons making a gross income between 300 and 400 percent of the Federal Poverty Level (approximately 210 clients) were dropped from the program due to budget cuts from the Taxicab Authority. This change was implemented to help meet the transportation needs of seniors and those with disabilities with limited resources and few, if any, transportation options.

6. Volunteer Management Program

The Volunteer Management Program is responsible for recruitment, retention and recognition strategies for the ADSD volunteer programs. This includes the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP), Medicare Improvements for Patients and Providers Act (MIPPA), Chronic Disease Self-Management Program (CDSMP) and the Long-Term Care Ombudsman Program (LTCOP). Volunteer management provides support, consultation, and assistance to program staff to enhance volunteer performance, satisfaction and engagement. In addition, volunteer management implements methods to enhance volunteer retention, utilizing effective recognition practices and assists programs with outreach and marketing activities to maintain the crucial volunteer corps. Lastly, this program is responsible for working with ADSD partners to ensure an effective volunteer corps is maintained in Rural and Northern Nevada.

II. DEVELOPMENTAL SERVICES

Overview

Developmental Services provides or purchases services for children and adults with intellectual disabilities and related conditions and their families. Services purchased or provided include: service coordination, family supports, residential supports, jobs and day training, psychological services, nursing services and quality assurance.

Developmental Services also operates the Family Preservation program which provides financial support to families of a person with a profound intellectual disability and the Intermediate Care Facility (ICF) located at Desert Regional Center. The ICF provides an institutional level of care to individuals with an Intellectual Disability.

Developmental Services is administered through three regional centers: Sierra Regional Center, Rural Regional Center, and Desert Regional Center.

To be eligible for services, the applicant must have a documented diagnosis of intellectual disability prior to age 18, or a closely related condition such as Cerebral Palsy, Epilepsy, Autism, or other neurological impairment that is a developmental disability occurring prior to age 22. In addition, the person must have substantial limitations in adaptive functioning. Adaptive skill areas include: communication, self-care, home living, social skills, community use, self-direction, health and safety, and functional academics.

DS provides funding for support services that individuals need to assist them in becoming more independent. DS contracts with a variety of community providers and encourages individuals to choose the provider they feel will best meet their needs. All services are coordinated with the person receiving services through a Team process. A person-centered plan is created annually for each individual, which addresses their dreams, vision for their future, as well as their support needs.

Services are billed through a variety of funding sources which take into account the family income, number of family members, and other financial resources and obligations. Financial responsibility is determined annually.

Regional Centers

Developmental Services utilizes a Regional Center model. Individuals work with a specified Regional Center dependent on their county of Residence. The following table outlines the counties served by each Regional Center, as well as the number (#) of individuals in service as of 6/30/2015:

Regional Center	Counties Served	# Individuals in service as of 6/30/2015
Desert Regional Center	Clark Lincoln Nye	4,330
Rural Regional Center	Carson City Douglas Churchill Humboldt Elko Esmeralda Eureka Lander Lyon Mineral Pershing Storey White Pine	690
Sierra Regional Center	Washoe	1,330
TOTAL		6,350

Eligibility for Services

Each Regional Center has an Intake Committee, which works closely with every applicant to obtain supporting documentation to establish the existence of intellectual disability or a related condition.

1. A diagnosis of intellectual disability or related condition should be supported by one or more of the following: Psychiatric, neurological, psycho-educational or psychological evaluations.

2. A medical diagnosis for a related condition should be supported by medical records. The degree of functional limitation will be considered by the intake team in determining eligibility as a related condition.

3. The existence of substantial functional limitations in areas of major life activities will be determined by the interdisciplinary intake committee utilizing standardized measures of adaptive behavior.

The following outlines the criteria for eligibility for Developmental Services:

1. Residents of Nevada may be eligible for Developmental Services if they have a diagnosis of intellectual disability or a condition closely related to intellectual disability.
2. "Intellectual disability" refers to substantial limitations in present functioning. It is characterized by significantly sub-average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas; communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Intellectual disability manifests before the person reaches age 18.

3. "Related conditions" have a high association with intellectual disability and are associated with functional impairments typical of those experienced by persons with intellectual disability. Related conditions are severe, chronic disabilities attributable to cerebral palsy, epilepsy, autism, and other conditions, other than mental illness, found to be closely related to intellectual disability because the condition results in impairment of general intellectual functioning or adaptive behavior similar to that of people with intellectual disability and requires treatment and services similar to those required for these persons. Related conditions are manifested before the person reaches age 22.

4. Intellectual disability and related conditions are likely to continue indefinitely.

5. Conditions related to intellectual disability result in substantial functional limitations in three or more of the following areas or major life activity: self-care, understanding and use of language, learning, mobility, self-direction, and capacity for independent living. The following operational definitions will be used in determining if a substantial functional limitation exists:

    a. "Self-care" refers to the ability to utilize age-appropriate skills in such areas as toileting, eating, dressing, personal hygiene, and grooming.

    b. "Understanding and use of language" includes age-appropriate abilities to comprehend and express information through symbolic behaviors including facial expression, body movement, touch, or gesture.

    c. "Learning" refers to age-appropriate functional academic skills related to learning at school that also has direct application in one's life. It involves the ability to acquire new behaviors, perceptions, and information, and to apply experiences to new situations.

    d. "Mobility" includes the ability to utilize age-appropriate skills to function independently within the home and community. Related skills include orientation and other behaviors in the home and nearby neighborhoods necessary to complete activities of daily living and the ability to travel in unfamiliar places or use public transportation.

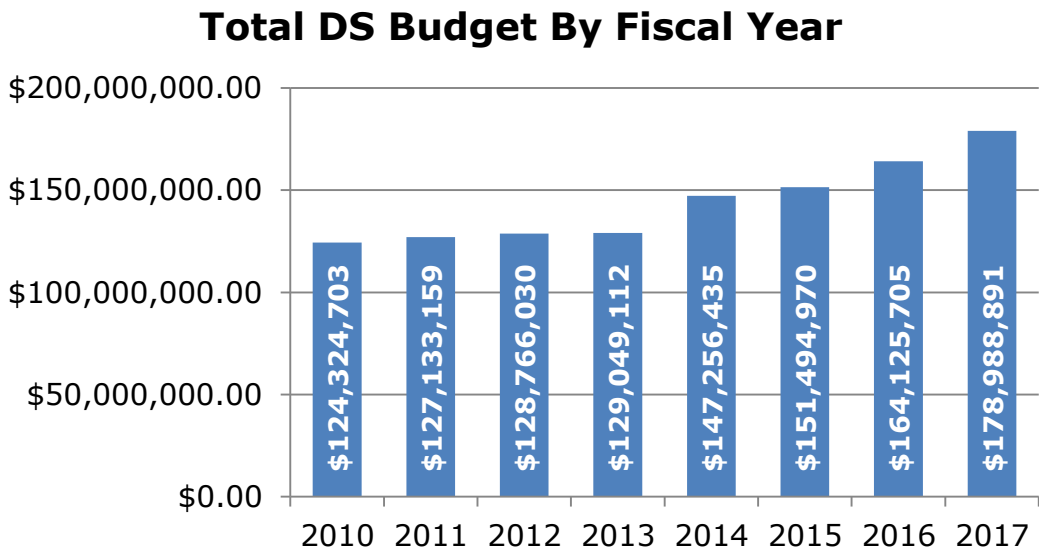
    e. "Self-direction" refers to the age-appropriate ability to set realistic goals or make plans independently of others and accomplish such goals in a timely manner. Related skills include orientation to time and place, persistence, and the ability to maintain attention and concentration, to initiate and carry-out activities, and maintain behavioral/emotional stability.

    f. "Capacity for independent living" involves the ability to utilize advanced, age-appropriate skills related to independence. Skills would include the ability to tell time, use money, initiate and maintain relationships, hold a job, and engage in leisure and recreational activities. Areas of competence include: clothing care, housekeeping, property maintenance, food preparation and cooking, planning and budgeting for shopping, home safety, and daily scheduling.

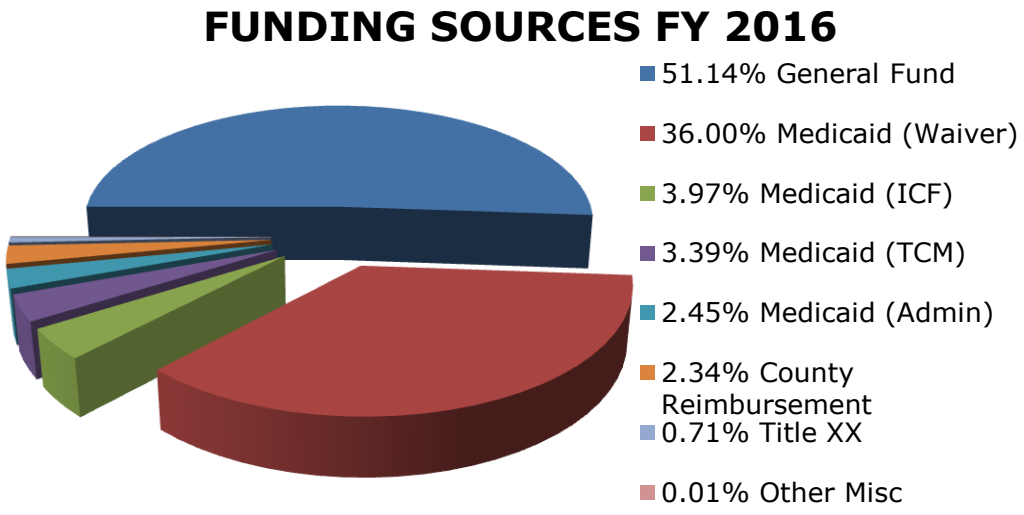
Funding

DS utilizes a variety of funding sources, including Medicaid, Title XX, Medicaid Waiver funds, and state general funds. All children's services not covered by Medicaid or Title XX are funded by the counties, based on the county of residence of the custodial parent.

The following graph represents the total DS Budget by Fiscal Year (FY) from FY 2010 through FY 2017.



The following graphic represents the funding sources utilized, by percentage, for FY 2016.



Service Coordination

Once a person is found to be eligible for DS Services, a Service Coordinator is assigned to the person. The service coordinator schedules a meeting with the person and/or their family, if appropriate, in preparation for helping the person to access the services that have been requested. The service coordinator's job is to coordinate all services and resources that will help the person to become more independent and capable of functioning fully as a citizen in the community. The areas that can be coordinated may include community living, vocational, educational, social/recreational and financial. The person served may have additional requests for the service coordinator. The amount and frequency of services are dependent on the person's preferences, desires, service selections, and upon agency and state requirements.

Family Support Programs

The goal of the Family Support Services Program is to assist families to care for their relative receiving supports from a Regional Center in the family home. The goal of the Family Support Program is to prevent out-of-home placement. Availability of the Respite and Purchase of Service (POS) programs, including emergency POS funds, are based on State availability of funds and families meeting the financial eligibility based upon 300% or 200% of Federal Poverty Guidelines. Children's services must be approved by the county of residence of the custodial parent. Level of poverty is dependent upon the county of residence, as well as the date the child entered service.

In order to determine eligibility, DS must have proof of income, as well as other financial information. A form and a list of specific information required will be given to the family during the intake process and annually. A person served who is 18 years or older is considered a household of one.

The Family Support Program includes the following programs:

Respite: Respite care offers families a break from day-to-day responsibilities of caring for their loved ones. Families receive a specified amount of money and then hire their respite provider. Respite can be provided in the family home, in the provider's home, at a recreation program or community agency. Respite funding eligibility is based on agency income guidelines, and funding amounts are determined by the Regional Center based on a family's need, available funding and approval of the county of residence of the custodial parent. Other requirements may need to be met depending on where the individual resides.

Purchase of Service (POS): Purchase of Service supplements are emergency purchase vouchers provided to families to assist them with the excess costs of services for their relatives. All funding sources and existing resources must be used by the family before the POS is issued to them. The approval of a Purchase of Service Vouchers is subject to state funds availability, county approval, and may not be approved based solely on request. Families who request a POS must meet financial guidelines to receive vouchers and must have an emergency circumstance. The service/goods are provided to the family and the Regional Center is billed directly for the service.

Examples of items that can be purchased, are:

- Food
- Medical/dental services not covered by insurance
- Special diets
- Adaptive equipment
- Utilities

Family Preservation Program (FPP): The Family Preservation Program is a federal program which provides monthly financial aid to needy families who are providing care in the family home to their relatives (child or adult) who have a diagnosis of severe or profound intellectual disability. The amount of financial assistance may vary from family to family and is determined by using a sliding fee scale and is based on available funding.

In-home Habilitation**:** In-home training is available to individuals and their families who request assistance in their home with teaching skills that can help the family to cope better with their relatives' special needs. The in-home trainer can work with individuals and their families in such areas as toilet training, teaching dressing, bathing, grooming skills, meal preparation, safety and leisure skills, bus training, etc. The training needs are identified by the family with help from the service coordinator. Training is time-limited depending on the person's needs and the available funding. The service is not designed or funded to be provided on a long-term basis. Services are normally provided for a maximum of six months. This service is not available in all parts of the State.

Family Support Arrangements: People may live in a home or apartment by themselves or with roommate(s). The person receives minimum (from several hours per week) to moderate (daily contact) support from contract Supportive Living Arrangement (SLA) staff according to identified needs and desires. The cost of the service depends on the number of support hours required to keep the person safe and independent in his/her home. SLA services can also be provided to children living in a licensed therapeutic foster home or to adults living in a developmental or group home with other adult residents. In some parts of the state, SLA services may not be available to people residing with their family members. This service is not available in all parts of the State.

Clinical Assessment

Clinical assessments are evaluations by a professional, such as a Qualified Intellectual Disabilities Professional (QIDP), psychologist or other clinician, or nurse. The assessments provide information that can be used to determine eligibility for DS services, and/or assist the individual's support team to develop training programs. It may help the person gain services, obtain a job, or move to a community residential program.

Counseling

Counseling is available to individuals and their family members to provide support and guidance in problem-solving. Many different areas of need can be addressed with counseling services including personal independence, self-esteem, community participation, social-sexual issues,

work issues, etc. The individual and/or the family can choose the counselor and most services can be billed to Medicaid. Counseling usually is done for a specific time frame and is not usually provided long term. Counseling can be done in a one-to-one setting or group setting.

Employment and Vocational Services

DS offers a variety of employment and vocational services, including:

Job Exploration and Development/Supported Employment: DS contracts with job development providers that put people to work in community jobs. The person is paid at least minimum wage. He or she may receive intermittent help and training through a job coach to keep a job. DS oversees, coordinates, and pays for these services through the contracted Job Provider selected by the individual**.** This service is not available in all parts of the State.

Enclave: In an enclave, three or more people work together in a group with a job coach and often earn a rate of pay based on time studies. The goal is for the person to earn minimum wage as soon as he/she learns to be independent in the job duties. The supervisor or job coach is present at all times. This service is not available in all parts of the State.

Facility-Based Work: Facility-based work occurs at a specific site. Individuals work in large groups and receive ongoing support and structure. People are taught how to do different job tasks. Some tasks may be contract assembly tasks that offer pay on a piece-rate basis. The goal is for people to acquire employment skills that will allow them to progress to enclaves or community jobs with the support of a job coach. This service is not available in all parts of the State.

Day-Habilitation: Day-habilitation services provide supervision and training in daily living skills, social skills, communication, safety skills, hygiene and prevocational skills. These programs do not focus primarily on job skills. This service is not available in all parts of the State.

Employment and Vocational services are available through contract providers. Individuals are encouraged and assisted, as needed, to interview the different providers of these services. Once the person selects a provider, the service coordinator will schedule a meeting to discuss what the person's needs and preferences are for support and training. The information is recorded and a plan is developed to support the individual in gaining these skills. The service coordinator must develop a service agreement, which will need to be fully authorized before the person starts the job/day training program. The person can change job/day training providers if he/she is not satisfied with the services received by contacting their assigned service coordinator.

Supported Living Arrangements (SLA)/Residential Programs

People who are requesting residential services will be assessed on types of supports they will need and informed of the availability and choices of contracted providers. The goal is for the person to live as independently as possible. Some people need maximum support and services;

other people need moderate to minimal support. There are different community living settings and residential choices from which the person can choose. DS works closely with the contracted SLA agencies and the DS service coordinator monitors and assures that the person is receiving appropriate support and services to increase the person's independence and to maintain their health, safety, and welfare. Supported Living services are available through contract providers. All of the person's income and benefits are used to pay for the cost of these services prior to other funds being utilized. DS and Medicaid may also contribute funds, if needed. Residential and community living providers offer assistance, training, and support in the areas of social skills, behavior skills, personal grooming, home maintenance, medical needs, shopping, recreation, and other needs, as requested. The individual is encouraged to interview different SLA agencies before making a selection of providers. Due to the popularity of these services, DS may keep a waiting list of people requesting these services. Services are provided as funding becomes available.

The following are residential services that are available:

Supported Living Arrangements (SLA): SLA assists individuals who either live alone in a home or apartment or live with one or more roommates. The person receives minimum (from several hours per week) to moderate (daily contact) support from contract SLA staff, according to identified needs and desires. The cost of the service depends on the number of support hours required to keep the person safe and independent in his/her home. SLA services can also be provided to children living in a licensed therapeutic foster home or to adults living in a developmental or group home with other adult residents. This model is not appropriate for people residing with their family members. This service is not available in all parts of the State.

Intensive Supported Living Arrangements (ISLA): People in need of maximum support services receive intensive supported living services and normally have no unsupervised time alone. Intensive services are for people who have the most need for training and support. Staff are present whenever there are individuals at home and there is awake staff at night. Individuals typically live in a home with roommates in a community residence and share support services provided by an ISLA contract provider. This service is not available in all parts of the State.

Children's Supported Living Arrangements: These are private homes that provide services to children up to the age of 18 years who have severe behavioral or medical needs. These homes are licensed by the respective county as foster homes for Washoe and Clark Counties. These are private homes that provide services to children up to the age of 18 years, who have severe behavioral or medical needs. This service is not available in all parts of the State.

ICF/IDs (small): These homes are run by private providers and licensed by the Bureau of Health Care Quality and Compliance. The cost of the services is usually paid by the person's Medicaid. Homes are usually licensed for a maximum of six people. These services are provided to children or adults who require the maximum amount of support services due to their behavioral and/or medical needs. The homes are staffed for 24-hour awake, supervision

and have daily nursing coverage, as well as contracted therapists and psychologist services. This service is only available in the Las Vegas area through Desert Regional Center.

State ICF/ID: ICF/ID homes on the campus of Desert Regional Center (DRC) are operated by DRC and staffed by state employees. Four-to-ten adults live in each home. The DRC campus is a closed campus and provides additional security and protective oversight that may benefit the most challenging or vulnerable people. The homes are licensed by the Bureau of Health Care Quality and Compliance. Services are paid through the Medicaid program. The homes are staffed for 24-hour awake supervision and provide daily nursing, therapists, and psychological support services.

Support Services

In addition to the support services listed above, each Regional Center has staff devoted to business and support functions, including the following:

Quality Assurance (QA): Work closely with Providers and state staff to monitor quality of services provided.

Business and Fiscal: Create and monitor contracts, pay invoices, and monitor business and fiscal activities.

Information Technology: Responsible for assuring technology functions are available and operate smoothly.

Other Support Staff: Includes custodial, maintenance, records staff, and administrative assistants.

III. CHILDREN'S SERVICES

The Children's Services program includes Nevada Early Intervention Services and the Autism Treatment Assistance Program.

1. Early Intervention Services

The mission of Nevada's Early Intervention Services is to:

Identify infants and toddlers who are at-risk for, or who have developmental delays; provide services and supports to families to meet the individualized developmental needs of their child; and facilitate the child's learning and participation in family and community life through the partnerships of families, caregivers and service providers.

Each family's priorities, values, hopes and diversity are honored. Families are partners and decision-makers in all aspects of services, as they are the experts about their child's and family's needs. Service providers across all disciplines value family participation and collaboration. Mutual trust, respect, honesty and open communication characterize the family-provider relationship, building on family strengths. Services, supports and resources need to be timely, flexible, individualized and responsive to the changing needs of children and their families.

Early Intervention

Family-centered early intervention takes place during the first three years of a child's life and is a system of coordinated services that promotes the child's growth and development, and supports families during the critical early years. Early intervention services for eligible children and families are federally mandated through the Individuals with Disabilities Education Act.

Eligibility for early intervention services includes a medical diagnosis with a high rate of associated developmental delays or, through developmental evaluation, a developmental deficit in one or more of the five areas of development including cognitive development, physical development, communication development, social or emotional development, and adaptive development. A child must exhibit a minimum 50 percent delay in one area of development of their chronological age or a 25 percent delay in two areas of development, with adjustments for prematurity up to 24 months.

Starting with a partnership between parents and professionals at this early stage helps the child, family and community as a whole. Early intervention services delivered within the context of the family can:

- Improve both developmental and educational gains;
- Reduce the future costs of special education, rehabilitation and health care needs;
- Reduce feelings of isolation, stress and frustration that families may experience; and
- Help children with disabilities grow up to become productive, independent individuals.

Services

Early intervention services are determined through an Individualized Family Service Plan (IFSP) that is developed for each child and family. By working closely with the family, early intervention professionals ensure that both services and community supports, including family supports, are brought together to meet each child's and family's unique needs.
Early Intervention services are provided at no cost to the family and include:

- Assistive technology devices/services
- Audiology (hearing) services
- Behavioral services
- Family training, counseling and home visits
- Health services
- Medical services for diagnostic or evaluation purposes
- Nutrition counseling
- Occupational therapy
- Physical therapy

- Psychological services
- Service coordination and case management
- Social work services
- Special instruction
- Speech and language services
- Transportation services
- Vision and orientation and mobility services
- Others as needed

Partnerships and Collaborations

Partnerships and collaborations with entities around the State of Nevada have helped build the resources and services for children and their families. From working relationships with the Neonatal Intensive Care Units, training for child care providers and collaborative relationships with the University System, Autism Treatment Assistance Program and Regional Centers, the families receiving services through the Nevada Early Intervention System of Care have access to the outstanding resources Nevada has to offer.

2. Autism Treatment Assistance Program

The state-funded Autism Treatment Assistance Program (ATAP) provides support for evidence-based intervention therapy and services for children with Autism Spectrum Disorders (ASD), who lack other resources for services. ASD includes conditions, such as: Asperger's Syndrome, Pervasive Developmental Disorders-Not Otherwise Specified, and Childhood Degenerative Disorders diagnosed by a licensed professional.

Autism Treatment Assistance Program (ATAP) was created to assist parents and caregivers with the expensive cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP provides a monthly allotment to pay for on-going treatment development, supervision and a limited amount of weekly intervention hours based upon a child's individual treatment plan, age, and income.

ATAP is an assistance program and the monthly allotment is intended to help parents pay for treatment. It is understood that the funding provided by ATAP will not pay for all of the recommended hours of treatment. It is our hope that parents can help to fund additional hours of treatment. However, ATAP recognizes not all parents can afford to do so. Children are eligible for ATAP services until they turn 19 years old. ATAP has no income eligibility limitations, although applicants are subject to a co-pay formula. The formula is based upon family income, less medical expenses that exceed 300 percent of the Federal Poverty Level.

ATAP only funds treatments that have been proven by research to be evidence-based, which means a service approach that is supported by rigorous, scientific research that provides consistent findings under repeated studies. This primarily includes services defined as Applied Behavioral Analysis. Applied Behavior Analysis (ABA) techniques are used for increasing useful behaviors and reducing those that may be harmful or that interfere with learning, in order to address socially important problems, and to bring about meaningful behavior change. The

ATAP program uses a Supervision Tier Structure designed to protect the child's budget by limiting what providers can charge and ensuring a basic level of treatment supervision is received and expected on a monthly basis.

ATAP contains a variety of plan types. The plan type is selected during a collaborative assessment between the ATAP care manager, provider, and parent. The program types contain a variety of required hours ranging from 25 hours a week in the comprehensive plan to 10 hours a week in the basic plan and are designed to address each child's individual needs.

Covered services include: program training; development and supervision; daily intervention hours; and essential tools, supplies or equipment. ATAP may also fund Speech, Occupational and Physical Therapy, when other resources do not provide coverage. Services not covered include respite, medicines, supplements and treatments that are not evidence-based.

THE DIVISION'S OPERATIONAL SUPPORT

I. The Fiscal Unit
II. The Information Technology Unit

I. THE FISCAL UNIT

The Division's Fiscal Unit consists of three offices: Carson City (Main Office), Desert Regional Center (Las Vegas Southern Developmental Services site), and Sierra Regional Center (Sparks Northern and Rural Developmental Services sites). Together, these offices manage all aspects of the Division's financial activities, which include, but are not limited to, the following:

Fiscal Document Processing – this involves managing all aspects of the Division's payables, receivables, and inter-agency transfers through the State's Integrated Financial System (IFS). It also reconciles posted payables and receipts to (IFS) to ensure items were posted and paid correctly. Additionally, it tracks and processes monthly payment requests for approximately 250 sub-grants statewide.

Auditing/Fiscal Monitoring – this involves monitoring about 240 grants awarded by the Division, based on the various requirements of funding streams. These funding sources are both state and federal. The Division's grants are awarded to various entities throughout the State of Nevada, which provide a broad range of supportive services.

Grantees must adhere to Program Instructions – Nevada (PINs) which covers basic fiscal requirements pertaining to the use of grant funds. These requirements are both federal and state. The Fiscal Unit is responsible for auditing the financial records of the sub-grantees to ensure they are providing the services indicated in their scope of work and are compliant with all State

and Federal regulations, policies and procedures. In addition, this section provides technical assistance when necessary to sub-grantees, to assist them with compliance issues.

Budgeting – the Fiscal Unit also prepares all of ADSD's biennial budgets for submission to the State of Nevada's Governor's Office of Finance. It also analyzes these budgets and prepares budget modifications to ensure adequate funding and authority is available for ongoing operations during the interim.

II. THE INFORMATION TECHNOLOGY UNIT

Information Technology Unit (IT) staff: maintains the local area network and servers; administers applications for case management; develops new solutions for data mining; and provides desktop hardware and application support. The IT Unit also ensures compliance with statewide security standards, and troubleshoots and repairs problems encountered by Division users.

The IT Unit is responsible for assessing technical infrastructure needs and planning for future modification and improvements to ensure the Division, grantees and clients have access to systems and applications, and that federal and state reporting requirements are met.

Data Systems and Case Management

Data systems and case management information is currently accomplished through different mechanisms. Case management was inherited from Legacy content when the Division was merged from the Division for Aging Services to create the Aging and Disability Services Division (ADSD). The IT Unit also inherited and enhanced the Division's internal data systems by means of server equipment it replaced and equipment it integrated from Legacy sources. Fiscal has also added an intranet site for Division use.

- Harmony/SAMS: ADSD contracts with a Vermont-based company, Harmony Information Systems, to license and host the application. This is utilized by ADSD units associated with aging services for purposes of case management and to track the client services activities of ADSD grantees.
- Lytec: This is an ADSD hosted application that is delivered via terminal services for Microsoft and has a MSSQL backend. This is utilized by ADSD's Early Intervention Services Program for case management.
- DS Now: This is an ADSD hosted application delivered via a web portal and is MSSQL based. This is utilized by ADSD's Disability Services Unit for case management.
- Internal Division Data: This is shared via a network of server equipment attached to a single Microsoft Active Directory. These servers house shared data for each unit's usage and is secured with Active Directory grouping. ADSD also uses this infrastructure to create redundancy within the data sets for disaster recovery purposes.
- Intranet SharePoint Portal: ADSD has its own SharePoint portal that is used agency-wide for information, such as, but not limited to, ADSD policies, announcements, and calendars. It is also used to assist the units in their unique information sharing needs.

Information Technology Plans for 2016-2017 Biennium

- The IT Unit is the in process of rolling out Harmony Case Management Solution for ADSD. By the end of FY16, IT staff will have replaced its Disabilities Services product, DS Now, with a comprehensive case management solution. This system is called Harmony. It is a web-based, hosted solution for case management.
- Carrying into FY17, IT staff will then begin to implement the Harmony solution for other parts of ADSD. Units associated with aging services use SAMS, which is currently a Harmony product. They will be moved into the more current Harmony product. IT staff will also be working with ADSD's Early Intervention Services Program to move it from the existing case management system, Lytec, to the Harmony product.
- ADSD has a pre-existing contract in place with Harmony Information Systems for the implementation of its purpose-built solution, *Harmony for Intellectual and Developmental Disabilities (Harmony for I/DD)*, which will provide Nevada Developmental Services with a proven modular COTS solution, delivered via a robust SaaS platform and built on an integration layer that allows for the seamless exchange of data between systems. Separately, ADSD has entered into an Interlocal agreement with the Division of Health Care Finance and Policy (DHCFP) (Nevada Medicaid), in support of the structural reform activities being driven by the Federal Balancing Incentive Payments Program (BIPP) Grant and the ADSD Strategic Integration Plan. As part of this, ADSD has amended its contract with Harmony, to provide additional services and product enhancements to capitalize on existing project implementations currently under way with Harmony. This includes further expansion of the state's case management solution, to allow for cost efficient integration of Developmental Services into ADSD and ultimately increase access to home and community-based services. It will also: improve the assessment process for individuals needing services; support conflict-free case management; and support the implementation of a no wrong-door approach for the Nevadans needing assistance. Harmony plans to achieve this by implementing additional Harmony modules, configuration, consulting, and training to ADSD.
- IT staff will continue to replace computing equipment at a 20 percent cycle keeping ADSD employees on the most recent operating systems. As IT staff cycle out systems, they are bringing new equipment in that has built-in web cameras. These mixed with ADSD's interoffice communication software, will enable ADSD staff to link up with one another via video at their desks.
- Throughout the biennium, IT staff is also in the process of building out a data warehouse solution, to effectively produce division-wide, integrated reporting for key areas, such as Caseload Evaluation Organization (CLEO) data, Waitlists and Enrollment Statuses. As of October 2015, IT captures and internally reports Autism Treatment Assistance Program (ATAP) data using a handful of web-based reports and an analysis cube, accessible using Excel pivot tables. A current quarterly project will add Community-Based Care Unit data by January 2016, and IT staff are scheduled to include Early Intervention and Developmental Services data by June 2017.
- Continue to enhance division web content and on-line information access.
- Continue to add video conferencing capabilities to ADSD locations, giving employees more options for linking up throughout the agency.