



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MICHAEL WILLDEN
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CAROL SALA
Administrator

MEMORANDUM

DATE: August 10, 2011

TO: Mike Willden, Director
Department of Health and Human Services

FROM: Carol Sala, Administrator *Carol A. Sala*
Aging and Disability Services Division

REGARDING: Strategic Plan for Senior Services Year Eight Plan Status

Attached please find the Strategic Plan for Senior Services Year Eight Status Report, finalized by the Strategic Plan Accountability Committee (SPAC). During the past year, SPAC followed the activities of the 76th Legislative Session. This included testimony at budget hearings and on proposed legislation that would impact Nevada's seniors. The report highlights the outcomes of the session as related to the priorities of SPAC. The report also discusses the recommendation from the Governor's Sunset Task Force regarding the elimination of SPAC and the proposal to continue the work of SPAC through the creation of a subcommittee under the Commission on Aging.

At this time the committee awaits the final decision from Governor Sandoval regarding the recommendations of the Sunset Task Force with regards to the future of SPAC.

Please contact me if you have any questions.

Attachment

Cc: SPAC Members

STRATEGIC PLAN FOR SENIORS

YEAR EIGHT PLAN STATUS

August 2011

Introduction

The *Strategic Plan for Senior Services* was authorized in 2001 to address the needs of Nevada's seniors and outline goals to meet those demands covering a ten-year period. In 2003, the Governor appointed a *Strategic Plan Accountability Committee* (SPAC) which was charged with monitoring progress on the plan.

In April 2011, Governor Sandoval issued an Executive Order to create the ***Sunset Task Force*** to "review all pending councils, commissions, task forces, or similar bodies whether active or not." SPAC was one of the committees reviewed and re-evaluated for effectiveness and was not considered ineffective - in part, due to its activism, frequency in meeting, and annual reporting. The Sunset Task Force, however, recommended the elimination of SPAC and recommended the Governor request the Commission on Aging "to create a subcommittee substantially similar in membership and duties" for the continuation of SPAC, *page 17 of the Governor's Sunset Task Force Final Report - July 12, 2011*. This proposed shift to a subcommittee of the Commission on Aging will limit membership to a maximum of five per NRS 427A.034. In creating this final report, SPAC recommends the COA Subcommittee have access to SPAC historical information, including minutes and past reports in order to preserve the concepts discussed by the committee over the past 8 years. This will allow the subcommittee to understand the changes that have occurred to the senior service network leading to the reasons behind the recommendations and priorities developed by SPAC throughout its existence.

The Annual Report assesses the eighth year of the Strategic Plan, ending June 30, 2011 and includes the impact and outcome of Nevada's 76th Legislative Session. The eighth year activities of SPAC focused on the impact of the 2010 Special Session, preparation and advocacy for the 2011 Regular Legislative Session, existing gaps in service delivery statewide, and implementation and impact from the Patient Protection and Affordable Care Act (PPACA).

The 2010 Census data continues to demonstrate the extreme growth rate in Nevada. According to the 2010 Census, Nevada had the highest percentage increase in population in the nation with a growth rate of 35.1 percent. In addition, the population for adults age 60 and older increased by 56.3 percent to 475,283, an increase of 171,212 seniors from the 2000 Census. This rapid escalation of adults age 60 and older in Nevada continues to affect the available service delivery capacity throughout the state. The combined economic effects on businesses and the increased need in the community for services further strain Nevada's existing capacity. However, with the increase in population from the 2010 Census, Nevada federal entitlements dollars are expected to increase in 2012.

Nevada funding for aging services increased 107.2 percent for the same 10 year period, 2000 through 2010. Comparing state revenues to the total eligible population (age 60 and older) based on a linear progression from 2000 to 2010 shows a slight decrease in cost per client. However, these numbers only tell part of the story because an unduplicated count cannot be ascertained before 2007 nor the variable components of service delivery like creating infrastructure. Prior to 2007, Aging and Disability Services Division (ADSD) only had the capability of tracking clients

that received direct services from the agency through the Home and Community Based Services (HCBS) programs. Data on clients receiving services from grantees was not collected in a centralized data system until ADSD developed the Social Assistance Management System (SAMS) in 2007.

Over the past two years, caseload growth for HCBS programs remained flat as funds were reduced in the 26th Special Session. As a result, there was a shift in budgeting from demographic growth to budgeting based on available funds due to the state's budget deficit. Community-based services to avoid premature institutionalization are a prevailing theme of the Strategic Plan and continue to be a priority ten years later. This continues to be a priority of SPAC; using an "available dollars only" approach for budgeting will continue to impede progress made.

SPAC Membership

SPAC committee members met seven times over the past year in preparation for the 2011 Regular Legislative Session and to identify the impact of the 2010 Special Sessions. The committee consists of nine voting members and is staffed by the Aging and Disability Services Division (ADSD). Staff from the Nevada Department of Health and Human Services (DHHS) and the Division of Health Care Financing and Policy (DHCFP) also attended the meetings.

SPAC Members include:

- Barry Gold, AARP Nevada
- Jerry Johnson, Senior Representative
- Wendy Knorr, Senior Representative
- Kathy McClain, Nevada State Assembly
- Connie McMullen, *Senior Spectrum*
- Ernie Nielsen, Senior Representative
- Charles Perry, Nevada Health Care Association
- Susan Rhodes, Clark County Social Services
- Liliam Shell, Nevada Health Centers
- DHHS Staff
 - Mary Liveratti
 - Carol Sala
 - Jeff Doucet
 - DaleAnn Luzzi
 - DHCFP Representative

Summary / Overview

This report assesses the eighth year of the Strategic Plan and covers activities from July 1, 2010 through June 30, 2011.

During this timeframe, SPAC focus included:

- *2011 Legislative Session:*
 - Before the session, DHHS held several briefings with community advocates and organizations in anticipation of a large deficit going into the Legislative Session. SPAC concentrated on ADSD's and DHCFP's budgets since much of Medicaid's dollars affect the low-income aging and people with disabilities. SPAC's goal was to assure a proper level of funding and services remained in ADSD's budget.
 - It also became a SPAC priority during the session to ensure the state did not shift costs to counties or local governments in order to balance the budget.
 - SPAC advocated for the continuation of services for seniors that included personal care, adult day health care, dental and vision, and other Medicaid optional services that were slated for cuts, as well as provider rate increases and cuts in the nursing home bed rate per day.
- *Healthcare Reform Patient Protection and Affordable Care Act (PPACA):*
Implementation and impact of the PPACA. SPACs concern with PPACA going into the session focused on FMAP funding, while DHHS formed workgroups with staff to implement the new law. SPAC has and will continue to follow the rollout of the various aspects of the law including development of Health Insurance Exchanges and Information Technology.

SPAC members advocated and testified for specific bills individually during the legislative session and worked to improve the lives of seniors in Nevada. Due to the way the session was progressing, SPAC members were unable to schedule a meeting to vote on additional bills, but did vote to support the following:

- SB 128 - Revises provisions relating to guardianships. Signed by Governor, effective 10/1/2011
- SB245 - Creates the Statewide Silver Alert System for the Safe Return of Missing Older Persons. (BDR 38-710). Committee members were encouraged to write letters of support to be posted in NELIS. Signed by Governor, effective 1/1/2012

At the conclusion of the Legislative Session, many critical services and programs, such as Medicaid waivers and optional services, and Elder Protective Services (EPS), were retained in the budget to help seniors continue to live independently with meaningful and dignified lives. Individuals on Medicaid will continue to receive needed vision, hearing, and dental assistance. Adult Day Health Care will continue to help families keep their loved ones living in the community. EPS received additional funding due to the transfer of the program from Clark County Social Services to ADSD and to reduce the caseload ratio to 40 cases per social worker statewide. However, a significant portion of the waiver costs were shifted to counties in the County Match program for indigent care.

Anticipated Impact of the Session

SPAC has been continuously involved in legislative and budgetary development for aging services. Members followed the changes and progression closely throughout the entire legislative sessions and continued to advocate and testify on behalf of ADSD and the needs of Nevada's seniors. In anticipation of the new COA Subcommittee, SPAC felt it imperative that the new group retain institutional knowledge of senior services funding moving forward in both the future and past.

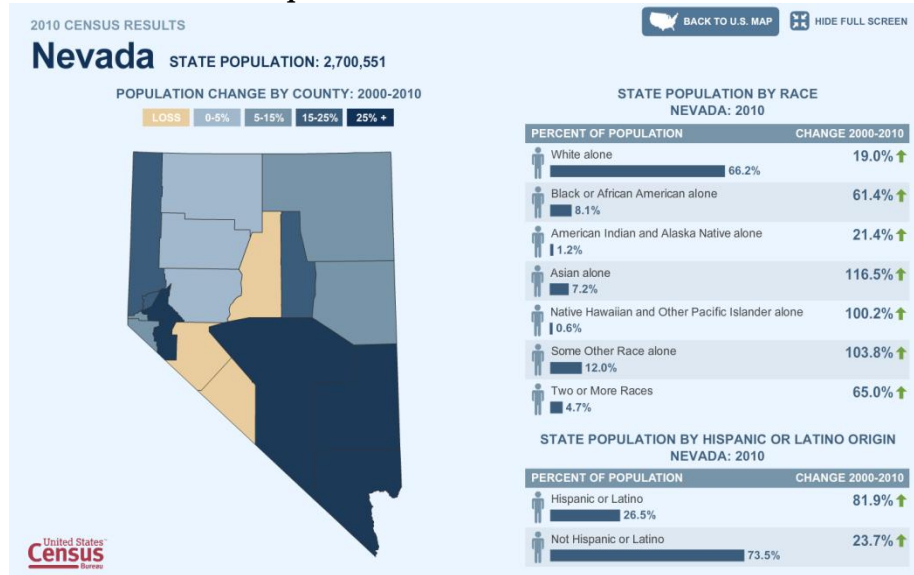
Overall, services to seniors were not as drastically impacted in the legislative session as was possible, due in part to advocacy and education efforts for legislators by community partners, committee members, and other concerned agencies and citizens. ADSD staff still must accomplish more with fewer resources. This includes both community resources, due to the economic declines, and office resources due to furloughs and budget declines. Community services agencies usually receive funding from several different sources including ADSD. Due to economic declines, the traditional resources used by these agencies are drying up. In addition to the loss of funding from these other resources, federal and state funding is more thinly stretched. Community partners' ability to provide assistance to seniors is strained, as the number of individuals needing additional assistance increases due to the economic factors and the increasing population. These factors further compound declines in available community resources to assist seniors. Additional declines in state funding would have further escalated the decline in available service in the community. An anticipated shift of county funding from Washoe and Clark Counties and a move to recapture the funds due to a Supreme Court Ruling could further impact funding of services.

Nevada Population: Census 2010 Updates

The 2010 Census presents the most current national portrait of the existing population, which determines the entitlement allocation to states based on the funding formula. Nevada had the largest percentage increase in total population from the 2000 Census to the 2010 Census, with an overall population increased of 35.1 percent to 2,700,551. In addition, according to the U.S Census Bureau, Nevada is the only state that has maintained a growth rate of 25 percent or greater for the last three decades and has been the fastest growing state for five straight decades.

This increase in population is expected to enhance Nevada's allocation for Title III and other entitlement funding. In addition, all but three counties (Lander, Mineral, and Esmeralda) increased in population, see ***Figure 1***.

Figure 1: U.S. Census Nevada Population



The population for adults age 60 and older increased by 56.3 percent (171,212 seniors) to 475,283 from the 2000 Census. Individuals self identifying as minorities (not white) increased by 84.11 percent, compared to individuals self identifying as “white” increased only 18.96 percent. See **Figure 2** for Nevada’s changes from the 2000 Census.

Nevada continues to focus services delivery on rural and minority populations based on the essential services model and Older Americans Act priorities. Services are targeted to minority populations, but are not specifically targeted to a single minority population. Several programs attempt to reach minority and tribal populations using the “promotora” or community lay leader model. ADSD Assurances are required by all grantees and in part, states:

“...funded programs must evidence outreach and ensure service priority to: low income older individuals; low income minority individuals and members of Native American tribes; older individuals with limited English proficiency; individuals at risk for institutional placement and older individuals with the greatest economic or social need and/or seniors with disabilities.”

Figure 2: Census 2000 compared to Census 2010 Nevada Population and Population Segments

Nevada Population and Population Segments Census 2000 and Census 2010				
	2000 Census	2010 Census	Numerical Change (2000 to 2010)	Percent Increase (2000 to 2010)
Age 60+	304,071	475,283	171,212	56.31%
Minority (Not White)	496,371	913,863	417,492	84.11%
* Non-Minority (White)	1,501,886	1,786,688	284,802	18.96%
Hispanic	393,970	716,501	322,531	81.87%
Not Hispanic	1,604,287	1,984,050	379,763	23.67%
Total Population	1,998,257	2,700,551	702,294	35.15%

* Includes individuals self identifying ethnicity as Hispanic

Broad Issues and Priorities

The rapid escalation of population in Nevada, combined with the economic effects on business and the increased need in the community for services, continues to strain the available service delivery capacity in Nevada.

The continued issues and priorities for SPAC is to address the care of all elder Nevadans and to provide critical services, which are anticipated to reduce future costs to the state. SPAC supports the priority populations as detailed by the Administration on Aging and in the Older American Act. These services develop and enhance caregiving, ensure healthy aging programs, provide information and referral services, and ensure that continuity of care exists for low income, elder Nevadans in an easy to navigate services continuum.

The broad issues considered by SPAC are:

- Priorities in Funding – the ADSD Services Funding Model
- Institutionalization versus Home-Based Care
- Community Based Care Services
- Increasing State Agency Efficiency – Streamline existing processes between agencies
- Assisted Living Facilities and Nursing Home Facilities
- Cost of Services and Increasing Populations
- Transportation
- Affordable Housing
- Healthcare access and costs – Health Prevention and Promotion.

ADSD Services Funding Model: The implemented ***Essential Services*** model considered the following areas when establishing and prioritizing services: 1) federal and state mandates to provide services; 2) lawsuits that may have impacted services; 3) optional versus mandatory services; 4) caseloads and waiting lists moving at a reasonable pace; 5) serving the lowest income first; 6) building efficiencies across programs and divisions; and 7) decision making that causes the least possible harm and reduces or delays institutionalization.

ADSD continues to utilize the essential services granting model to address and prioritize funding for services. However, ADSD plans to update this model in State Fiscal Year (SFY) 2012 with the four-year State Plan to better reflect current service trends (both federal and state), available revenue and existing infrastructure. SPAC recommends the model should be directed so as to meet the greatest impact locations, reflecting the over arching goals of the Strategic Plan as well as meeting priorities and measuring progress reflected in the 8 years of reports, in conjunction with priorities in the State Plan.

Institutionalization versus Home-Based Care: The existing service delivery structure must be changed to ensure home-based care is the preferred alternative. Implementing the Olmstead plan will require adequate community-based services be available within Nevada. Home-based care is a much less expensive alternative to institutionalized care. Even a delay in institutionalized care for a few months results in thousands of dollars saving to the state. Nevada must devote resources to further develop the existing community infrastructure and ensure choices are

available for low income seniors to remain in the community and live dignified, meaningful, lives.

Particular focus must also be applied to caregivers, especially unpaid caregivers, ensuring the tools and resources necessary for them to continue providing care to their loved ones. Sustaining the patient and caregiver relationship, to delay or avoid institutionalization, is significantly reliant on bolstering the physical and emotional status of the patient to ease the caregiver burden. Without a support structure, many unpaid caregivers decline more rapidly than the people they are caring for, compounding the cost and burden to the state.

Example, this will change with passage of SB 54.

The average Medicaid per diem rate for nursing home care statewide is about \$188, or \$5,640 per month. As a means of illustration, that same amount of money could provide over 84 hours of weekly personal care assistance in an individual's home, or about 104 days of adult day health care—over three months worth of that service.

SB 54 reduced nursing home reimbursement rates for nursing home services by \$5 per day. The original suggested reduction was \$20 per day. SPAC members provided testimony to the legislature detailing the affects of this legislation.

Community Based Care Services: The Community Home-Based Initiative Program (CHIP) has changed its name to the Home and Community Based Waiver (HCBW) program. Waiver programs provide services to financially eligible (300% of SSI income up to \$2,022.00) seniors age 65 or older, who are at risk of nursing home placement within 30 days without services. These programs help seniors remain independent in the community and help to delay institutionalization. Additional waiver slots are always needed, and each utilized slot delays placement in a nursing facility. The budgeted slots and authority are listed below in **Table 1**.

Table 1: Waiver Programs Budgeted Slots and Budgeted Authority

- *Home and Community Based Waiver Program (HCBW), previously Community Home Based Initiative Program (CHIP)*
- *Assisted Living Waiver (AL)*
- *Waiver for the Elderly in Adult Residential Care (WEARC)*

	HCBW AVG BUDGETED SLOTS	HCBW REVISED BUDGETED SLOTS	AL REVISED BUDGETED SLOTS	WEARC AVG BUDGETED SLOTS
2008	1,643		54	309
2009	1,691	1,241	54	319
2010	1,241		54	365
2011	1,241		54	437
2012	1,241		54	472
2013	1,241		54	472

Home and Community Based Waiver: The HCBW program provides waiver services to financially eligible seniors age 65 and older at risk of nursing home placement to help them maintain independence in their own homes. HCBW services can include the following: Case Management, Homemaker, Adult Day Care, Adult Companion, Personal Emergency Response

System, Chore, and Respite and access to State Plan Personal Care Services. SPAC is concerned the HCBW slots were held flat and recommends blending waiver programs.

Figure 3: Waiver Programs: Caseload and Wait list Averages by Fiscal Year

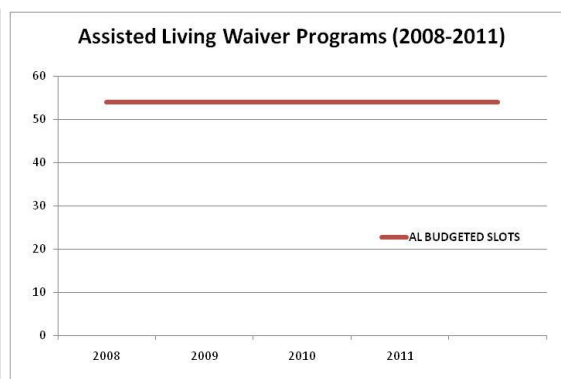
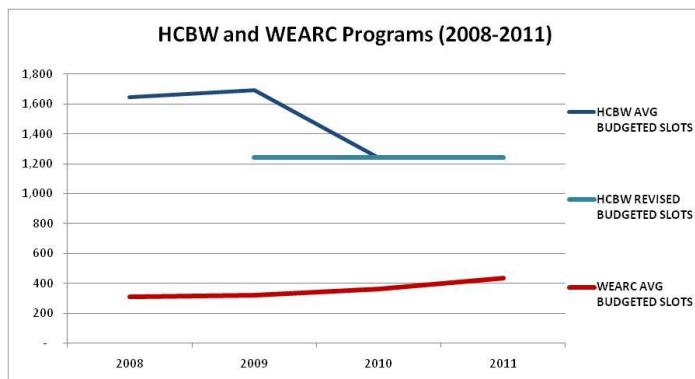
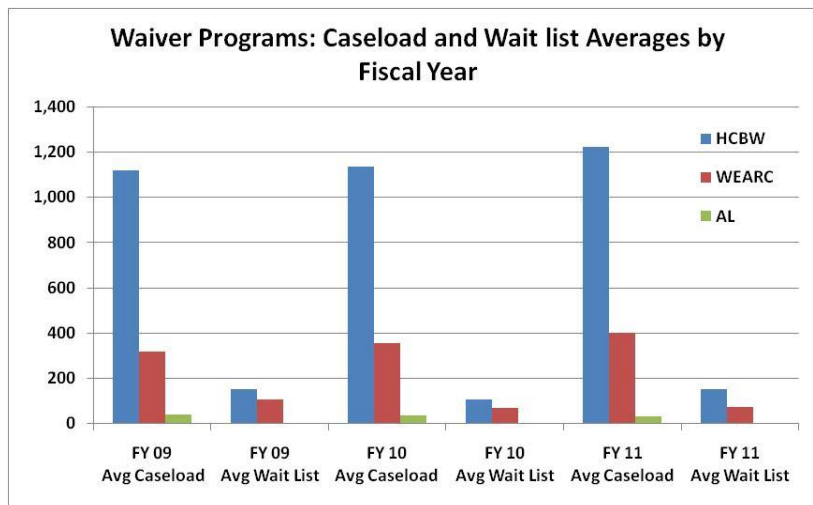
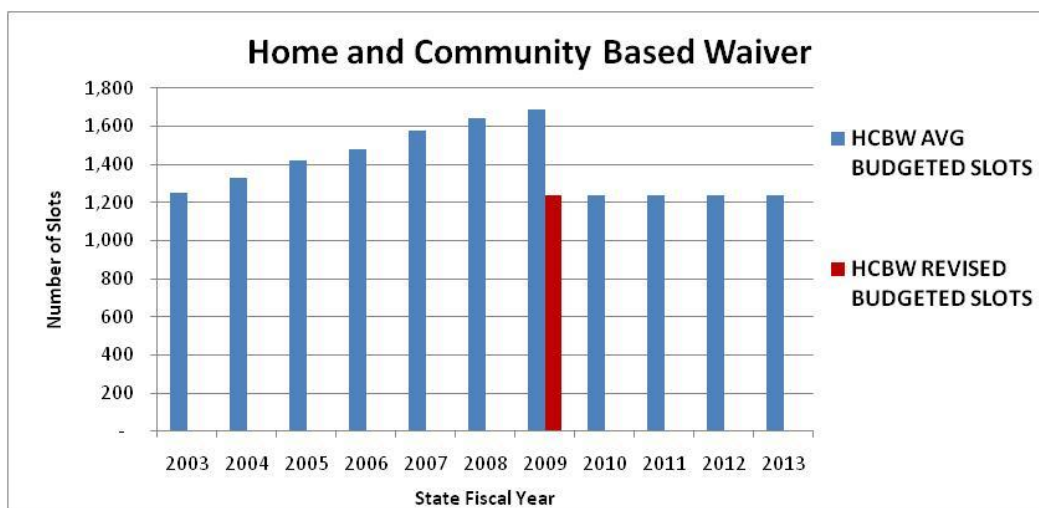
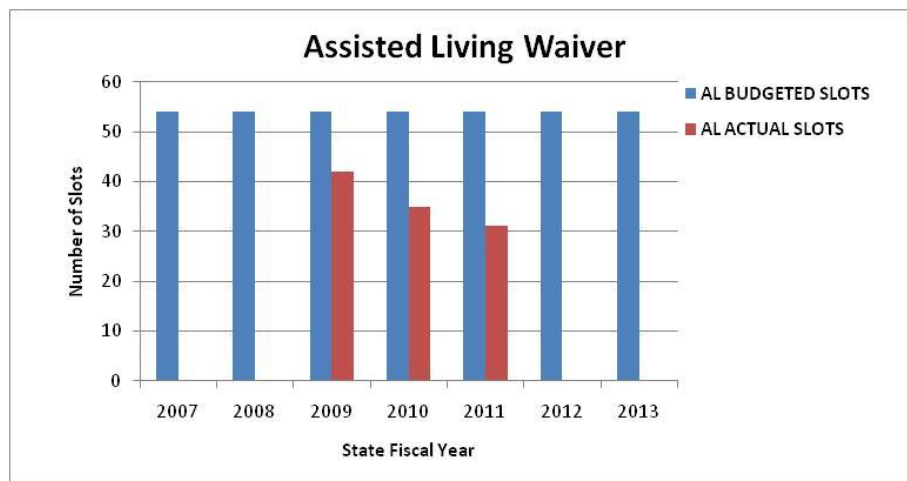


Figure 4: HCBW Budgeted by Fiscal Year



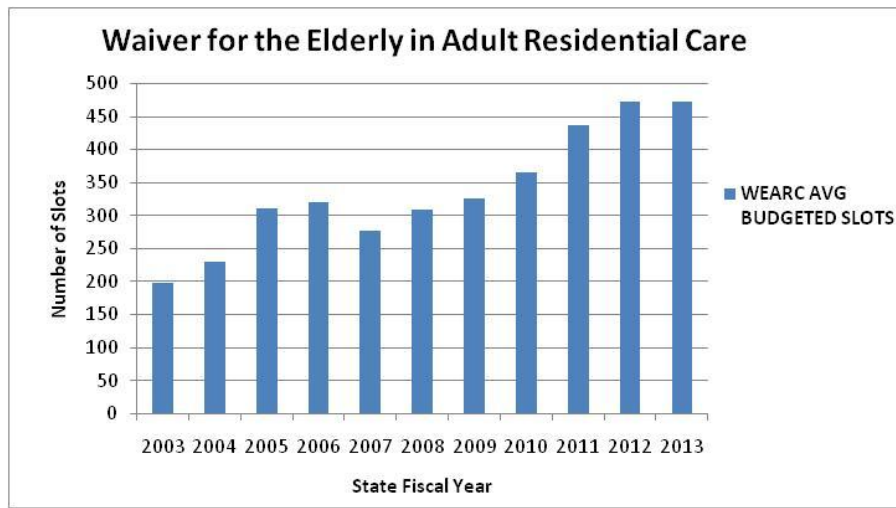
Assisted Living (AL) Waiver: The Assisted Living (AL) waiver maximizes the independence of Nevada’s frail elderly by providing assisted living supportive services to eligible individuals, in a residential facility that offers 24-hour supervised care, individual living units, a kitchenette, sleeping area or bedroom, and contains private toilet facilities. Waiver services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; and augmented personal care services, which include assistance and supervision with the activities of daily living such as mobility, bathing, dressing, oral hygiene, toileting, transferring, ambulating, feeding, medication oversight (to extent permitted under State law). SPAC recommends focusing efforts on using all funded slots.

Figure 5: AL Waiver Budgeted by Fiscal Year



Waiver for the Elderly in Adult Residential Care (WEARC): WEARC is offered to seniors to maximize independence by providing supervised care in a residential facility for groups as a less expensive alternative to nursing home placement. WEARC services include: Case Management to assist with gaining access to needed waiver and other State Plan services as well as needed medical, social, educational, and other services, regardless of funding sources; Attendant Care services are provided by the group home and can include bathing, dressing, transferring, walking, oral care, feeding, toileting, transportation. SPAC recommends continued efforts to blend waivers and increase slots based on demographic growth rather than the funds that are available.

Figure 6: WEARC Budgeted by Fiscal Year



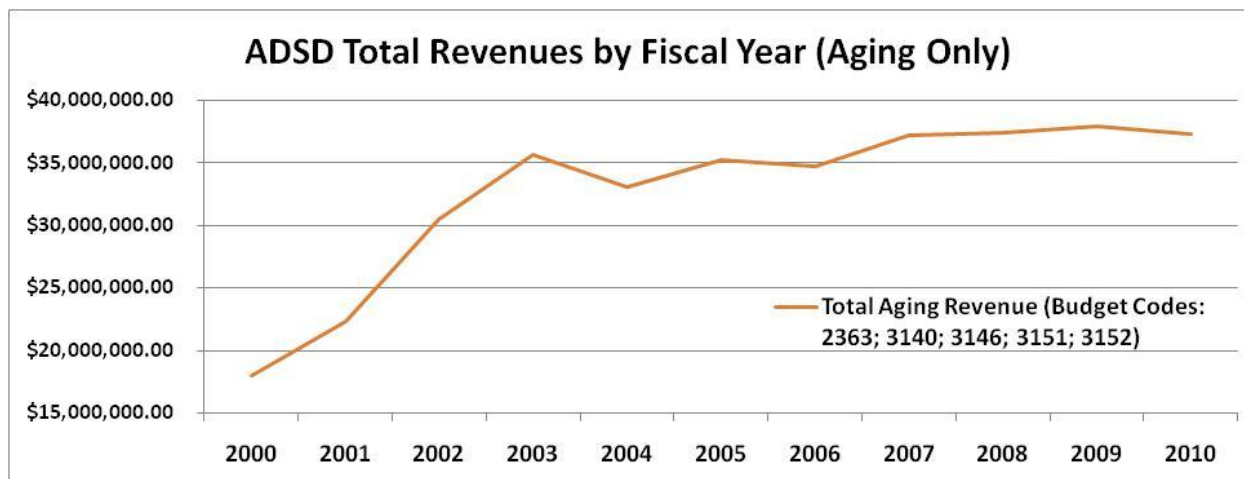
Increase State Agency Efficiency –Streamline existing processes between agencies: Social service agencies continue the silo effect in representing their clientele and must identify overlapping coverage and ensure a person centered approach to service delivery. Coordination must occur between state agencies to avoid duplication of efforts and increase efficiencies. The 2010 SPAC Report recommended improvement of flexibility between waiver programs or a “money follows the person” approach and incorporating this into the Nevada service delivery system. In addition, agencies must apply more resources to appropriately train individuals in need of services – resources that address the root cause of a problem instead of a symptom.

The “Holy Grail” of social services is the “one-stop shop.” This idea must be applied across state agencies and from state to local governmental entities. Aging and Disability Resource Centers (ADRCs) in Nevada have been enhanced and expanded through federal and state funding, and must continue to play a significant role in service delivery. Unfortunately, individuals access social services through many different systems. These systems must be designed to provide consumer directed assistance across the full spectrum of social services. Processes must be consumer friendly with a goal of providing access to services quickly. SPAC recommends that these efforts should be evaluated for integration in the transition to Electronic Health Records and to further development of transitional care.

Assisted Living Facilities and Nursing Home Facilities: The priority in service delivery must be to provide services in the community, to delay or eliminate institutionalization. Several bills were approved and signed by the Governor addressing discrepancies in Nursing Home and assisted Living Facilities. Many of these bills were introduced by the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs. These bills improve services at residential facilities and improve transparency for consumers. In addition, several bills added protection in elder facilities for older adults including fraud prevention and elder abuse. See Appendix A.

Cost of Services and Increasing Populations: In the 2010 census, Nevada’s population of individuals age 60 and older increased to 475,283, an increase of 56.3 percent. During this same period (from 2000 to 2010), funding for services to individuals age 60 and older increased by 107.2 percent; up from \$18,006,986.99 in FY 2000 to \$37,310,356.02 in FY 2010. Aging services continues to try to accomplish more with less resources, as funding for services have remained relatively flat since 2003. See **Figure 7**.

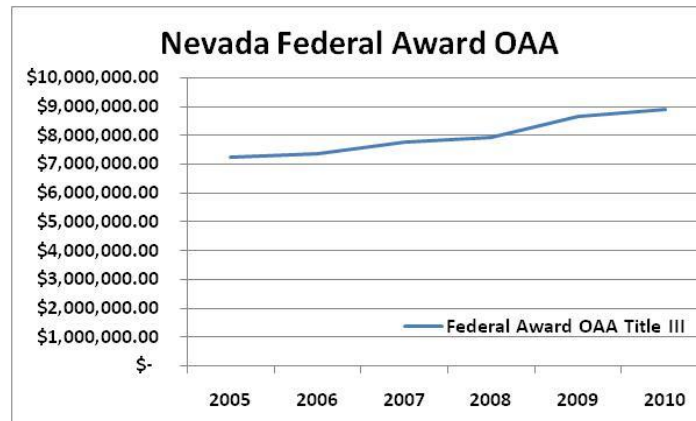
Figure 7: ADSD Total Revenues by Fiscal Year (Aging Only Populations)



However, this only tells part of the story as service costs and the cost of living have increased in the community as well. Even though the cost increased greater than the population, these costs did not go to the older population but expanded the ability and infrastructure of aging services. A portion of the increase in service funding can be attributed to discretionary grants awarded during this timeframe and through American Recovery and Reinvestment Act Funding in 2009. During this timeframe, the infrastructure for aging services was increased and additional responsibilities were added including EPS and Senior Medicare Patrol. In addition, entitlement funding from the Older Americans Act only increased by 22.7 percent from 2005 – 2010. See **Figure 8**.

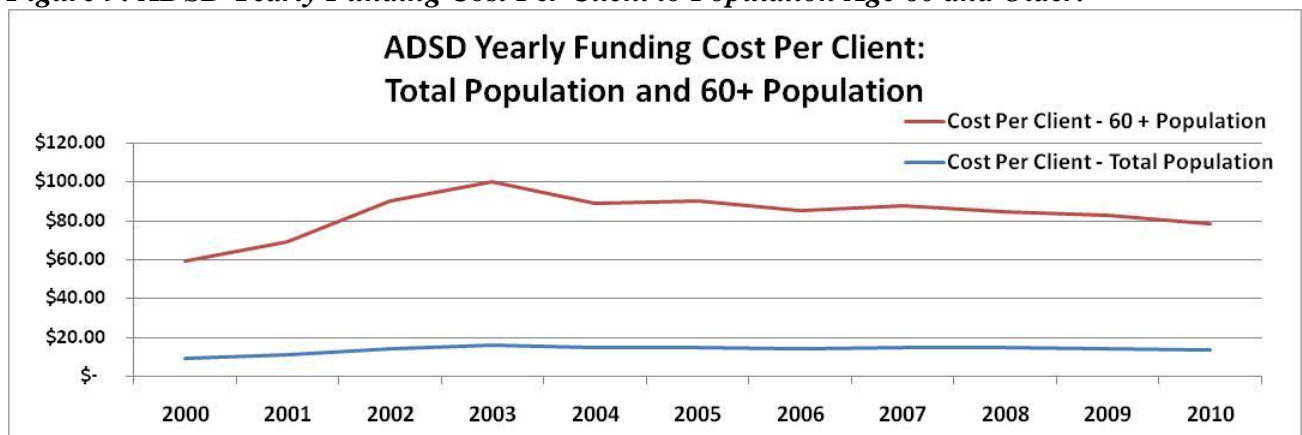
Figure 8: Federal Award from Older Americans Act Funding (Title III-B, C, D, E, F).

The Older Americans Act funds critical services that keep older adults healthy and independent, such as meals programs at senior centers, job training, caregiver support, transportation, health promotion, and benefits enrollment.



Comparing the eligible population increase from 2000 to 2010, the ADSD budget authority shows only a slight increase in cost per client from 2000 (32.5 percent) and a decrease of 21.8 percent since 2003. The growth rate for the senior population in Nevada from 2000 to 2010 was 56.3 percent, almost twice the increase of cost per client.

Figure 9: ADSD Yearly Funding Cost Per Client to Population Age 60 and Older.



The baby boomer generation continues to age, further increasing the number of seniors in Nevada and stressing the existing infrastructure. Nevada must ensure it retains capacity to accommodate this increase and strive to reduce costs where applicable through community resources to delay institutionalization, healthy aging promotion, and supportive services programs for caregivers. It costs much more to develop infrastructure and capacity than it does to retain capacity and increase infrastructure.

Transportation: As reported in the 2010 SPAC report, the lack of viable transportation remains an obstacle for seniors in Nevada. SPAC recommended Nevada revisit how transportation is funded and how money is applied to transit programs. Transportation remains a critical service for seniors and is often the only means that seniors have to access necessary services such as doctor appointments, pharmacies for prescriptions and other needs, groceries and shopping. In addition, transportation services help seniors feel independent, which provides the sense of dignity critical for maintaining a healthy mood and mental faculty. Obstacles to improved transportation services are available funding, increases in fuel prices, and access to seniors

needing transportation services. Although this has been an ongoing discussion and priority for SPAC, little or no progress is being made.

Affordable Housing: Affordable housing resources are limited, despite the extreme declines in home prices. SPAC recommends Nevada increase available Section 8 and other affordable housing options for low income individuals and provide information on energy assistance programs and other resources to assist in paying for utilities. Nevada continues to lead the nation in foreclosures. Many seniors are defaulting on their mortgages and losing their homes. While an overwhelming number are still living in their homes, there is no safety net for those who cannot afford to remain. Additionally, energy assistance program funds are declining federally. Housing issues continue to be an ongoing concern for Nevada's senior population.

Healthcare access and costs – Health Prevention and Promotion: The main goal of the Patient Protection and Affordable Care Act is to ensure all Americans have access to quality, affordable health care. It was enacted to create transformation within the healthcare system necessary to control costs. Promoting and encouraging healthy lifestyles is critical to containing health care costs.

SPAC suggests identifying hospital readmission and discharge rates, and comparing to evidence-based prevention and promotion programs. These programs should be targeted to individuals at risk through chronic conditions or environmental factors which escalate readmission to medical facilities. Two initiatives are underway in both Southern and Northern Nevada to comply and develop applications for federal grants regarding Hospital Readmissions and Community Based Transitional Care.

Upcoming Concerns for SPAC Continuation

Effect on Senior Population from population growth, funding level, and services in the community, and economic impact to existing services and seniors:

The senior population continues to receive services but the existing infrastructure is falling behind the population growth rate. In order to maintain the same level of services for seniors, Nevada must improve and plan for the further increase in the Aging population. Seniors continue to live longer and require long term care resources. Nevada must prepare for the increase in population and the drain of services through planning, continuous education for adult populations, resources for caregivers and community infrastructure to help seniors remain in the community. To address the root cause of the problem, outreach and training must be utilized to ensure seniors and their families have needed information on long-term planning. Providing services for aging populations must be a shared responsibility between social service agencies, family members, community partners, and the aged population themselves.

SPAC Continuing Goals:

- Community Based Transitional Care – developing a team centered approach to assist elders is a goal Nevada should work for to oversee a senior's needs through a continuum of care.
- Shifting costs to County Governments – Services previously funded by the state are being shifted to the counties without consideration that the counties will have funds available to

assume the services. This is especially problematic regarding the County Match Program for indigent populations, and Health Division transfers of community testing. The state did add back funds for Elder Protective Services that would have impacted the state's 17 counties.

- Implementation and impact of the Patient Protection and Affordable Care Act (PPACA), and existing gaps in service delivery statewide.
- Budgeting – Shift to budgeting based on need instead of available funding. Budgeting should be developed to provide the greatest impact based on the targeted locations.
- Waiver Programs – Focus on funding assisted living slots and ensuring all slots used.
- Transportation Services – the Regional Transportation Commission (RTC) reduced the service routes. Access to viable transportation options is drastically needed for Nevada's frail and vulnerable seniors.
- Healthcare Costs, Dual Eligible Populations – In 2008, there were 9.2 million individuals eligible for both the Medicare and Medicaid Programs. These "dual eligible" individuals are among the most chronically ill and costly individuals enrolled in Medicare and Medicaid programs, often having multiple chronic conditions and long-term care needs. With the prevalence of chronic conditions in dual eligible individuals, and the heightened cost associated with care, health promotion activities can prevent escalation and reduce costs associated with care and evidence-based programs can help alleviate the costs for individuals already in the system.
- Health Promotion Activities and Programs – Federal priorities to promote evidence-based programs such as the Chronic Disease Self Management Program (CDSMP) are aimed at helping individuals deal with their chronic conditions, which relieves some of the burdens on the system.
- Community Support – Community partners and program individuals are encouraged to continue advocacy efforts to educate state leaders on needs. Leaders must hear the personal stories of how their constituency is affected by policy. Without these advocacy efforts, most leaders remain ignorant of the numerous issues affecting the population.

Conclusion

The future of aging services in Nevada is still uncertain. Federal priorities in funding state services and new federal legislation will determine the final outcome. Nevada must continue to prepare for the Affordable Care Act changes mandated to the state and ensure an existing infrastructure and capacity to accommodate changes.

The 2010 Census data continues to demonstrate the extreme growth rate in Nevada. This rapid escalation of population in Nevada continues to affect the available service delivery capacity throughout the state and will continue for the foreseeable future. The combined economic effects on businesses and the increased need in the community for services further strain Nevada's existing capacity.

Though the outcome of the legislative session was relatively benign for the committee, seniors are still in need of services and are often left without alternatives due to many factors. Several priorities from the session will modify priorities for aging services and dictate action within the next few years. The retention or enhancement of critical services and programs, such as

Medicaid waivers and Elder Protective Services, in the budget will continue to help seniors live independently with meaningful and dignified lives. Individuals on Medicaid will continue to receive needed vision, hearing, and dental assistance and Adult Day Health Care will continue to help families keep their loved ones living in the community.

Overall, SPAC and Nevada still have a long way to go to modify the service delivery system and ensure the existing community services and statewide capacity for continued population growth. Nevada must continue to streamline the service delivery system to ensure individuals have access to services when needed and the services are accessible within the community. These systems must be designed to provide consumer directed assistance across the full spectrum of social services and across state and local governmental jurisdictions. Processes must be consumer friendly with a goal of providing access to services quickly. Nevada must recognize the importance of community resources to assist seniors and ensure services are available to help seniors remain in the community. With continued support from the state legislature, community advocates, and community partners, and the streamlining of state services, Nevada will enhance its existing service delivery capacity, and reduce costs per client for its social services delivery.

SPAC recommends efforts of strategic planning to continue in Nevada with measureable goals and objectives and hopes aging services will progress forward. SPAC extends a thank you to the support staff from DHHS for all their hard work and support to the committee's goals.

Appendix A: Impact of the Legislative Session

Impact of the Legislative Session

Overall, the impact of the Legislative Session was remarkably benign toward senior and disability populations. In many key respects, the proposed cutbacks in the prior administration's budget proposals were reversed in favor of a more supportive approach from the Governor and a matching effort by the Legislature. In the final analysis, the ADSD budget and related components from the Medicaid budget was preserved both in financial terms and with respect to ADSD "Essential Services" and reflect a restoration from the prior administration's budget proposals. Legislation and enhanced regulation included protections for seniors with respect to elder abuse, guardianship and the establishment of an alert system for missing seniors. The impact of an expanded role of the legislature with respect to Tobacco Settlement funds is uncertain, however, it represents an opportunity to educate the legislature with respect to issues and priorities over time.

The legislative session impacted service delivery fiscally and programmatically with modifications to existing statute and regulations. ADSD was approved for 26 new positions during the 2011 Legislative Session.

ADSD Staff increases:

- Senior Ride Program (2): one Program Officer and one Administrative Assistant
- Autism Program (1): Social Service Program Specialist
- Elder Protective Services (15): eleven Social Workers, two Social Work Supervisors, two Elder Rights Specialists.
 - Elder Rights Specialists classified lower level professional staff that would address self-neglect cases and work with clients on accessing services to resolve their issues.
- Senior Medicare Patrol (SMP) (2): one Program Officer and one Administrative Assistant.
- Personnel Assistance Services Program (PAS) (6) Five social workers and one social work supervisor.

Appendix B: 76th Regular Session Bill Summary

Bills

A SPAC priority for the session was to ensure the state did not shift costs to counties or local governments in order to balance the budget. SPAC members advocated for specific bills individually during the legislative session and worked to improve the lives of seniors in Nevada. During the 2009 session, SPAC supported the creation of the *Committee on Senior Citizens, Veterans and Adults with Special Need* and supported many of the bills that introduced as a result of the committee's work during the interim.

Efforts from the SPAC committee and members contributed to the successful passage and improvement of Guardianship efforts. Legislation was approved to form a task force to develop an Alzheimer's State plan. Changes related to ADSD positions including the development of the Senior Medicare Patrol (SMP) and enhancements to volunteer programs will benefit seniors and maintain the priority populations within ADSD. Looking at service delivery across the age spectrum reduces the silo effect and helps ensure volunteers have many options, thus maximizing their benefit to seniors and relieving social workers of some mundane duties.

The four year State Plan due to the Administration on Aging (AoA) and with the approval of the Nevada Governor will include recent legislative developments and ensure a broad philosophical focus to improve service delivery to seniors and adults with disabilities.

Many of the bills passed and signed will specifically benefit seniors, especially related to health. SB 329 will improve labeling so seniors will recognize the purpose of their medication. In addition, the bill requires that documentation is present in physician offices to provide information to patients. A full list of bills of interest to older persons is provided in ***Appendix B***.

Other Bills related to Healthcare:

- SB 129: Requires training for staff and administrators of residential facilities
- SB 209: Reporting sentinel events and publishing on Web site.
- SB 264: Reporting of sentinel events and potentially preventable re-admissions.
- SB 329: Prescription Drug labeling – symptom or purpose on label.
- SB 300: Reduce hospital costs for indigent, uninsured.
- SB 338: Nursing Home reporting of quality info to CDC and NV Health on Web site.
- SB339: Hospital Acquired infection – report, inform, staff, policy, Web site.
- SB 340: Physician surgical/procedure experience – posting of information.
- SB 420: Nursing home transparency- owner/administrator, bed hold policy.
- SB 440: Silver State Health Insurance Exchange.

Appendix B: 76th Regular Session Bill Summary

Table 3: Legislation Supported from the Session

Supported by the Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs			
AB 123		Leg. Comm. on Senior Citizens, et.al.	Requires routine inspections of certain facilities. Signed by Gov. Eff. 10/1/11
SB 129		Leg. Comm. on Senior Citizens, et.al.	Requires training of persons who work in certain facilities. Signed by Gov., eff. 10/1/11
SB 420		Leg. Comm. on Senior Citizens, et.al.	Revises provisions relating to facilities for long-term care. Signed by Gov. eff. 7/1/11
Supported by the Other Entities			
AB 534		Leg. Commis. Committee to Study Grp Homes	Increases penalties for failure to license certain facilities for residential care. Signed by Gov. eff. 7/1/11
AB 535		Leg. Commis. Committee to Study Grp Homes	Revises provisions governing businesses that provide referrals to residential facilities for groups. Signed by Gov. eff. 7/1/11
AB 544		Leg. Commis. Committee to Study Grp Homes	Provides uniformity in references to group homes and similar facilities. Signed by Gov. eff. 7/1/11
SB 54		DHCFP	Clarifies the statute regarding the State's ability to adjust rates paid to nursing facilities. Signed by Gov. Eff. 6/13/11, expires 7/1/13
Supported by SPAC			
SB 128		SPAC	Revises provisions relating to guardianships. Signed by Governor, effective 10/1/2011
SB245		SPAC	Creates the Statewide Alert System for the Safe Return of Missing Older Persons. (BDR 38-710). Committee members were encouraged to write a letter of support to be posted in NELIS. Signed by Governor, effective 1/1/2012
SB421		SPAC	Revises provisions relating to certain funds. (BDR 40-1170). Signed by Governor, effective 7/1/2011

Appendix B: 76th Regular Session Bill Summary

BILLS OF INTEREST TO OLDER PERSONS

June 20, 2011

Note: Bills in red indicate no further action pending per Legislature rules
“Exempt” means bill is exempt from Legislative deadlines for passage.
“Enrolled” means the bill has passed the Legislature and will be sent to Governor
“Sine die” (pronounced sany dae) means a final adjournment

BILL		Introduced By	Description
AB 21	414	Sen. Parks	Makes certain occupational licensing boards and commissions subject to same requirements as other agencies of the State Executive Department DIED 4/15/11
AB 56	119	Atty. General	Grants administrative subpoena power for the Medicaid Fraud Control Unit of the Office of the Attorney General to obtain necessary records and materials. Signed by Gov. Effective 7/1/11
AB 59	288	Atty. General	Makes various changes to the Open Meeting Law. Signed by Gov. Eff. 7/15/11
AB 74	472	Division of Business and Industry	Revises provisions related to the regulation of the insurance industry in Nevada. EXEMPT Signed by Gov. Various Effective dates.
AB 83	536	Assem. Ocegüera	Revises provisions governing the prosecution of identity theft crimes. Signed by Governor Eff. 10/1/11
AB 123	159	Leg. Comm on Senior Citizens, et.al.	Requires routine inspections of certain facilities. EXEMPT Signed by Gov. Eff. 10/1/11
AB 124	162	Leg. Comm on Senior Citizens, et.al.	Requires funeral homes to report the unclaimed remains of persons who may be veterans. Signed by Gov. Eff. 10/1/11
AB 125	154	Leg. Comm on Senior Citizens,	Revises provisions concerning the reporting of crimes against older persons. Signed by Gov. Eff. 10/1/11
AB 126	153	Leg. Comm on Senior Citizens, et.al.	Makes various changes concerning Multidisciplinary Teams. DIED 4/15/11
AB 163	157	Leg. Comm. on Senior Citizens et.al.	Revises provisions relating to public guardians. DIED 4/15
AB 208	231	Assem. Stewart	Designates English as the official language of the State of Nevada. DIED 4/15/11
AB 223	989	Assem. Segerblom	Makes various changes concerning the execution on property of a judgment debtor or defendant. Signed by Gov. Eff. 10/1/11
AB 242	67	Assem. Kirkpatrick	Provides certain accountability requirements for nonprofit entities that receive state money. Signed by Gov. Eff. 6/10/11, expires 7/13/13
AB 244	329	Assem. Segerblom	Enacts the Uniform Partition of Heirs Property Act. Signed by Governor Effective 10/1/11
AB 245	348	Assem. Stewart	Includes a veteran’s spouse as eligible for property tax exemption on vehicle registration. EXEMPT Signed by Gov. Effective 7/1/11
AB 251	670	Assem. Carillo	Provides penalties for certain actions by contractors against persons who are older or vulnerable. DIED 4/15/11
AB 262	1039	Assem. Grady	Revises provisions governing public administrators Signed by Governor Eff. 7/1/11
AB 280	517	Assem. Ocegüera	Requires providers of health care to follow a safety checklist. Signed by Governor eff. 7/1/11

Appendix B: 76th Regular Session Bill Summary

AB 286	693	Assem. C. Hardy	Revises provisions governing Medicaid fraud control. EXEMPT DIED sine die
AB 296	1087	Assem. Daly	Revises provisions relating to long-term care administrators. Signed by Governor eff. 5/13/11
AB 305	1048	Assem. Kite	Revises provisions governing penalties for the crime of abuse of older or vulnerable persons. DIED 4/15/11
AB 308	183	Assem. Conklin	Revises provisions governing the regulation of mortgage lending. DIED 5/20/11
AB 323	313	Assem. Conklin	Requires establishment of an Internet website to provide information concerning consumer fraud. EXEMPT DIED sine die
AB 348	569	Assem. Ohrenschall	Repeals provisions governing the apportionment of federal transfer taxes upon death of a person. Signed by Gov. Eff. 10/1/11
AB 364	1071	Assem. Bustamante Adams	Revises provisions governing leave of public employees for military duty. DIED 4/15/11
AB 369	705	Assem. Stewart	Enacts Freedom of choice in Health Care Act. DIED 4/15/11
AB 389	226	Assem. Ohrenschall	Revises provisions regarding the Open Meeting Law. Died 4/15/11
AB 392	613	Assem. McArthur	Revises provisions governing certain property tax exemptions for veterans. EXEMPT DIED sine die
AB 450	151	Assem. Comm. on Health & Human Svcs.	Revises provisions governing grants management. DIED 4/15/11
AB 533	673	Leg. Commis. Committee to Study Grp Homes	Provides certain financial protections for residents of group homes. Signed by Gov. eff. 7/1/11
AB 534	671	Leg. Commis. Committee to Study Grp Homes	Increases penalties for failure to license certain facilities for residential care. EXEMPT Signed by Gov. eff. 7/1/11
AB 535	674	Leg. Commis. Committee to Study Grp Homes	Revises provisions governing businesses that provide referrals to residential facilities for groups. Signed by Gov. eff. 7/1/11
AB 544	675	Leg. Commis. Committee to Study Grp Homes	Provides for uniformity in references to group homes and similar facilities. Signed by Gov. eff. 7/1/11
AB 569	1290	Assem. Ways & Means	Impose a Nevada transaction tax. DIED on Sine Die
ACR 6	374	Assem. Goedhart	Requires that the language of a bill be posted on the legislative website 3 business days before vote in Assembly or Senate. DIED sine die
ACR 10	1296	Assem. Smith	Directs the Legislative Committee on Health Care to create a task force to develop a state plan to address Alzheimer' disease. Enrolled & sent to Secretary of State
SB 10	344	Clark County	Requires approval for the establishment or expansion of certain health facility programs in larger counties. Signed by Gov. eff. 7/1/11
SB 28	449	MHDS	Eliminates some examinations required for commitment to and release from a facility of MHDS. DIED 4/15/11
SB 43	443	DHHS Director's Office	Creates the Electronic Health Records Act and authorizes the creation, maintenance and use of electronic health records. EXEMPT Signed by Gov. Eff. 6/13/11
SB 44	448	MHDS	Moves from statute to regulation the definition of the consumers of services from MHDS. Signed by Governor Effective 1/1/12
SB 54	444	DHCFP	Clarifies the statute regarding the State's ability to adjust rates paid to nursing facilities. EXEMPT Signed by Gov. Eff. 6/13/11, expires 7/1/13

Appendix B: 76th Regular Session Bill Summary

SB 55	204	Atty. General	Revises provisions concerning crimes against older persons. (Note: This is about changing the current law on imposing civil penalties on persons convicted of elder abuse.) Signed by Gov. Eff. 7/1/11
SB 56	426	Division of Budget & Planning-Admin	Requires all state agencies, boards and commissions to use services and equipment of DoIT. DIED 4/15/11
SB 66	268	Atty. General	Revises provisions relating to multidisciplinary teams to review the deaths of victims of crimes that constitute domestic violence. Signed by Gov. eff. 10/1/11
SB 77	404	Sec. Of State	Makes various changes to provisions governing notaries public 2/3 Majority vote needed Signed by Gov. eff. 1/1/12
SB 81	396	State Controller	Makes various changes to provisions concerning debt collection. Signed by Gov. Eff. 5/24/11
SB 88	59	Sen. Comm. on Judiciary	Enacts the Uniform Real Property Transfer on Death Act. Signed by Gov. Eff. 10/1/11
SB 97	940	Sen. Wiener	Extends the prospective expiration of certain provisions governing the list of preferred prescription drugs to be used for the Medicaid program. EXEMPT Signed by Gov. eff. 6/2/11
SB 105	759	Sen. Settlemeyer	Revises provisions governing the possession and administration of controlled substances and dangerous drugs. DIED 4/15/11
SB 115	192	Leg. Committee on Health Care	Establishes provisions governing payment for provision of certain services and care and reports relating to those services and care. EXEMPT Vetoed
SB 117	194	Leg. Committee on Health Care	Revises provisions governing licensure of certain physicians. Signed by Gov. eff. 10/1/11
SB 127	160	Leg. Comm on Senior Citizens, et.al.	Revises provisions concerning guardianships for veterans. DIED 5/20/11
SB 128	156	Leg. Comm on Senior Citizens, et.al.	Revises provisions relating to guardianships. Signed by Gov. eff. 10/1/11
SB 129	155	Leg. Comm. on Senior Citizens, et.al.	Requires training of persons who work in certain facilities. EXEMPT Signed by Gov., eff. 10/1/11
SB 178	572	Sen. Gustavson	Makes various changes concerning foreign nationals. DIED 4/15/11
SB 186	185	Sen. McGinness	Revises provisions relating to recording of documents. Signed by Gov. Eff. 10/1/11
SB 245	710	Sen. Parks	Creates a statewide alert system for the safe return of missing older persons. Signed by Gov. eff. 1/1/12
SB 263	182	Sen. Judiciary	Authorizes court to establish validity of a will or trust before the death of the testator or settlor. DIED 4/15/11
SB 270	379	Sen. Denis	Requires certain health care providers to receive training concerning prescription drug abuse. DIED 4/15/11
SB 274	161	Leg. Comm on Senior Citizens, et.al	Revises provisions relating to veterans' license plates. EXEMPT DIED sine die
SB 278	253	Sen. Horsford	Revises provisions relating to health care and health insurance. Signed by Gov. Various effective dates
SB 280	1063	Sen. Brower	Revises provisions relating to veterans' license plates. Signed by Gov. Eff. 10/1/11
SB 282	792	Sen. Gustavson	Increases penalty for unlawful use of or revealing social security numbers of others. Signed by Gov. Effective 7/1/11

Appendix B: 76th Regular Session Bill Summary

SB 293	1011	Sen. Cegavske	Makes various changes to provisions relating to non-profit organizations. 2/3 Majority required Signed by Gov. Eff. 7/1/11
SB 310	69	Sen. Cegavske	Enacts the Freedom of Choice in Health Care Act. DIED 4/15/11
SB 329	904	Sen. Breeden	Revises provisions governing labeling of prescriptions. Signed by Gov. Eff. 10/1/11
SB 336	234	Sen. Schneider	Revises provisions governing prescription drugs. 2/3 majority EXEMPT DIED sine die
SB 346	276	Sen. Breeden	Eliminates deficiency judgments on any loan secured by residential property. DIED 4/15/11
SB 347	1075	Sen. Denis	Authorizes issuance of administrative subpoenas in certain cases involving elder abuse. EXEMPT DIED sine die
SB 357	238	Sen. Minority Leader	Makes changes regarding property exempt from execution. DIED 4/15/11
SB 367	625	Sen. Cegavske	Requires certain health care practitioners to communicate certain information to the public. DIED 5/20/11
SB 379	1012	Sen. Kieckhefer	Revises provisions governing health care facilities. EXEMPT DIED sine die
SB 418	695	Sen. Com. On Health & Human Svcs.	Creates a subcommittee of the Legislative Committee on Health Care to oversee the implementation of federal health care reform. EXEMPT Vetoed
SB 420	158	Leg. Comm. on Senior Citizens, et.al.	Revises provisions relating to facilities for long-term care. Signed by Gov. eff. 7/1/11
SB 421	1170	Div. Adm Budget & Planning	Revises provisions governing use of money in the Fund for a Healthy Nevada and eliminates the Trust Fund for Public Health. EXEMPT Signed by Gov. Effective 7/1/11
SB 422	1169	Div. Adm. Budget & Planning	Requires counties to pay a fee for State Elder Protective Services. EXEMPT DIED sine die
SB 423	1167	Div. Adm. Budget & Planning	Eliminates the Senior Citizens' Property Tax Assistance Program. EXEMPT Signed by Gov. Eff. 7/15/11
SB 477	1195	Div Adm. Budget & Planning	Authorizes issuance of subpoenas by the Medicaid Estate Recovery unit of DHCFF. Signed by Gov. Effective 6/15/11
SB 485	1196	Div. Adm. Budget & Planning	Increases counties' obligation to fund medical assistance for Medicaid eligible recipients eligible under the Medicaid state plan. Signed by Gov. Effective 7/1/11

Appendix C: Concerns of Implementation of the Affordable Care Act on State Services

Concerns of Implementation of the Affordable Care Act on State Services

The Affordable Care Act (ACA) will challenge State agencies to effectively work across traditional service lines to respond to the service priorities and the vision of integrated cost restraining models embedded in ACA's financial structures. Not least of these are the Community Based sections of ACA which blur the lines between ADSD and Health Services and project integration of service delivery models with both financial incentives, and for health care providers, penalties. Demonstration projects have been launched by CMS and AOA in Illinois and Texas to cite two prominent examples. An integrated strategic and operating vision with collaboration between ADSD, Health and GovCHA will be necessary to navigate proactively in these areas over the next several years. Further, collaboration with health care organizations (hospitals), community based services (personal care, adult day health care) and state government will be a critical element in planning in ACA mandated program areas.

The Affordable Care Act created a Medicare-Medicaid Coordination office (Federal Coordinated Health Care Office) to improve coordination between Federal government and States for Medicare- Medicaid enrollees. Governmental costs associated with healthcare are increasing rapidly and ultimately unsustainable. In 2008, there were 9.2 million individuals eligible for both the Medicare and Medicaid Programs¹. These "dual eligible" individuals are among the most chronically ill and costly individuals enrolled in Medicare and Medicaid programs, often having multiple chronic conditions and long term care needs. These dual eligible enrollees account for a disproportionately large share of expenditures in both Medicare and Medicaid programs. Multiple chronic conditions contribute to the high cost of care, but the underline cause is usually lifestyle choice. State programs must address the root cause early in life to help individuals prepare for the progression and effects of age.

One of the president's priorities in healthcare is disease and injury prevention with greater emphasis on healthier homes, communities, food, roads, and workplace. In addition, evidence-based programs are emphasized to reduce costs associated with existing conditions. Evidence-based programs such as the Chronic Disease Self Management Program (CDSMP) are aimed at helping individuals deal with their chronic conditions. These education programs will help individuals better manage their chronic conditions and take a more proactive role in their health, which reduces or eliminates unnecessary hospital visits and Medicare/ Medicaid payments. Health promotion activities prevent escalation and reduce costs associated with care and evidence-based programs and help alleviate the costs for individuals already in the system.

The impact of healthcare reform on service delivery in general and for both health and community providers will be far reaching. CMS has adopted the "Triple" Aim approach (Better Health for the Population/Better Health Care for Individuals/Lower-Cost Through Improvement) which will require close working collaborations across state agencies, an equivalent effort with components of CMS Region IX and the ability to work closely in a systemic way across health and community providers. This is evidenced by programs such as Money Follows the Person, ACA Section 3025 Hospital Admissions Reduction and ACA Section 3026 Community-Based

¹ Data based on the Centers for Medicare & Medicaid Services (CMS) Enrollment Database, Provider Enrollment, Economic and Attributes Report, provided by CMS Office for research, Development and information July 2010.

Appendix C: Concerns of Implementation of the Affordable Care Act on State Services

Transitions. Nevada will need to increase the pace of work in this area to meet federal program targets and be competitive for federal demonstration grant and transitional funds. Other areas impacted include quality assurance monitoring of providers and integrated health record information systems required by both ACA and HIPAA. This area will present both financial and infrastructure challenges in Nevada. Another element will be the role of the state in fostering, regulating and integrating the imminent development of Accountable Care Organizations (ACOs), which presents regulatory, financial and collaborative challenges. These issues will need to be the topic of considerable discussion within state government as well as of committees working in the interim in order to maintain pace with federal initiatives.

Appendix D: Budget

Budget

The Nevada ADSD revenues anticipated for the 2011-2013 Biennium totaled \$105,465,963- which represents approximately 1.73% of the Nevada Health and Human Services budget. The General Fund portion of the budget was \$25,956,464 (1.36%).

Budget Summary:

- The Senior Tax Assistance and Rent Rebate (STARR) program was eliminated
- Tobacco Settlement Dollars
 - SB 421 removed percentages associated with the Tobacco Settlement funding.
 - FY2012 funding is significantly less due to funding sweeps to the Healthy Nevada Fund authorized during the 26th Special Session to assist in covering the budget deficit.
 - Projected available funding is \$3,826,382 for FY2012 and \$5,435,811 for FY2013
- HCBW (CHIP) – No increase in waiver slots was proposed in the budget, keeping the number of waiver slots flat over the biennium. The available slots each month of the biennium is 1,241.
- COPE – Decreases by 35 slots. The available slots each month of the biennium is 96.
- WEARC – No increase in waiver slots was proposed in the budget, keeping the number of waiver slots flat over the biennium. The available slots each month of the biennium is 472.
- AL – No increase in waiver slots was proposed in the budget, keeping the number of waiver slots flat over the biennium. The available slots each month of the biennium is 54.
- Established a volunteer component to help support Nevada's State Long Term Care Ombudsman Program.
- The Senior Ride program will develop eligibility requirements to ensure services are provided to seniors most in need of taxi vouchers.

~ Note: For more information see ***Budget Presentation to the Joint Budget Sub Committee March 16, 2011.***

http://dhhs.nv.gov/PDFs/AgingBudgetPresentationMarch16_2011.pdf

Appendix E: Older American Act Funding Allocation

Allocation for Supportive Services and Centers, Congregate Nutrition and Home-Delivered Nutrition Services, and Disease Prevention and Health Promotion

State allotments are based on a population formula factor that is defined as each state's relative share of the total U.S. population aged 60 years and older. For the purposes of this calculation, the U.S. population aged 60 and older includes all states, the District of Columbia, Puerto Rico, and the U.S. territories. Population data are from annual population estimates published by the U.S. Census; the reference date for estimates is July 1. There is a two-year time lag between the reference year of the population estimates and the respective appropriation year. For example, in FY2006, state allotments based on the population aged 60 and older were calculated using 2004 estimates.

For the purpose of determining state allotments, the law requires that allotments meet two criteria. The first criterion is that states (including the District of Columbia and Puerto Rico) receive a minimum amount of funds, which is defined as half of 1% of the total grant appropriation for the respective fiscal year.

The second criterion is the "hold harmless" provision. Prior to the 2006 reauthorization, if funding exceeded the FY2000 amount, states received no less than their FY2000 allotment plus 20% of the percentage increase above the FY2000 program appropriation for each of the four programs. The latter provision is often referred to as the "guaranteed growth" provision. If funding for a given year was equal to or less than FY2000, states received an allotment in proportion to their respective FY2000 allotments.

Older Americans Act of 1965 as Amended in 2006 (Public Law 109-365)

http://www.aoa.gov/aoaroot/aoa_programs/oaa/index.aspx

ALLOTMENT; FEDERAL SHARE

Section. 304.

- (a) (1) From the sums appropriated under subsections (a) through (d) of section 303 for each fiscal year, each State shall be allotted an amount which bears the same ratio to such sums as the population of older individuals in such State bears to the population of older individuals in all States.
- (2) In determining the amounts allotted to States from the sums appropriated under section 303 for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under paragraph (1) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (3).
- (3) (A) No State shall be allotted less than 1/2 of 1 percent of the sum appropriated for the fiscal year for which the determination is made.
- (B) Guam and the United States Virgin Islands shall each be allotted not less than 1/4 of 1 percent of the sum appropriated for the fiscal year for which the determination is made.
- (C) American Samoa and the Commonwealth of the Northern Mariana Islands shall each be allotted not less than 1/16 of 1 percent of the sum appropriated for the fiscal year for which the determination is made. For the purposes of the exception contained in subparagraph (A) only, the term "State"¹⁸¹ does not include Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands.
- (D)(i) No State shall be allotted less than the total amount allotted to the State for fiscal year 2006.
- (ii) No State shall receive a percentage increase in an allotment, above the State's fiscal year 2006 allotment, that is less than—

Appendix E: Older American Act Funding Allocation

(I) for fiscal year 2007, 20 percent of the percentage increase above the fiscal year 2006 allotments for all of the States;

(II) for fiscal year 2008, 15 percent of the percentage increase above the fiscal year 2006 allotments for all of the States;

(III) for fiscal year 2009, 10 percent of the percentage increase above the fiscal year 2006 allotments for all of the States; and

(IV) For fiscal year 2010, 5 percent of the percentage increase above the fiscal year 2006 allotments for all of the States.

(4) The number of individuals aged 60 or older in any State and in all States shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census, and other reliable demographic data satisfactory to the Assistant Secretary.

(5) State allotments for a fiscal year under this section shall be proportionally reduced to the extent that appropriations may be insufficient to provide the full allotments of the prior year.

(b) Whenever the Assistant Secretary determines that any amount allotted to a State under part B or C, or subpart 1 of part E, for a fiscal year under this section will not be used by such State for carrying out the purpose for which the allotment was made, the Assistant Secretary shall make such allotment available for carrying out such purpose to one or more other States to the extent the Assistant Secretary determines that such other State will be able to use such additional amount for carrying out such purpose. Any amount made available to a State from an appropriation for a fiscal year in accordance with the preceding sentence shall, for purposes of this title, be regarded as part of such State's allotment (as determined under subsection (a)) for such year, but shall remain available until the end of the succeeding fiscal year.

(c) If the Assistant Secretary finds that any State has failed to qualify under the State plan requirements of section 307 or the Assistant Secretary does not approve the funding formula required under section 305(a)(2)(C), the Assistant Secretary shall withhold the allotment of funds to such State referred to in subsection (a). The Assistant Secretary shall disburse the funds so withheld directly to any public or private nonprofit institution or organization, agency, or political subdivision of such State submitting an approved plan under section 307, which includes an agreement that any such payment shall be matched in the proportion determined under subsection (d)(1)(D) for such State, by funds or in-kind resources from non-Federal sources.

(d) (1) From any State's allotment, after the application of section 308(b), under this section for any fiscal year—

(A) such amount as the State agency determines, but not more than 10 percent thereof, shall be available for paying such percentage as the agency determines, but not more than 75 percent, of the cost of administration of area plans;

(B) such amount (excluding any amount attributable to funds appropriated under section 303(a)(3)) as the State

agency determines to be adequate for conducting an effective ombudsman program under section 307(a)(9) shall be available for conducting such program;

(C) not less than \$150,000 and not more than 4 percent of the amount allotted to the State for carrying out part B, shall be available for conducting outreach demonstration projects under section 706; and

(D) the remainder of such allotment shall be available to such State only for paying such percentage as the State agency determines, but not more than 85 percent of the cost of supportive services, senior centers, and nutrition services under this title provided in the State as part of a comprehensive and coordinated system in planning and service areas for which there is an area plan approved by the State agency.

(2) The non-Federal share shall be in cash or in kind. In determining the amount of the non-Federal share, the Assistant Secretary may attribute fair market value to services and facilities contributed from non-Federal sources.

(42 U.S.C. 3024)

Appendix F: Links to Meeting Minutes and Agendas

Strategic Plan Accountability Committee Meeting Minutes, Agendas and Annual Reports

For more information on the activities and history of SPAC, including previous annual reports, meeting minutes or to review the entire Strategic Plan, please use the links below:

Copies of the Strategic Plan and Annual Reports can be located at:

http://www.nvaging.net/strat_plan/strategic_plan.htm

Copies of meeting agendas and minutes can be located at:

<http://www.nvaging.net/boards-commissions/spac/agendas-minutes.htm>