PLAN STATUS REPORT, YEAR FIVE
to the
DEPARTMENT OF HEALTH AND HUMAN SERVICES
from the
STRATEGIC PLAN ACCOUNTABILITY COMMITTEE FOR SENIORS

July 1, 2008

Introduction

The Strategic Plan Accountability Committee (SPAC) was created by Executive Order in 2003 with the intent of monitoring the progress towards implementation of the goals outlined in the Strategic Plan for Senior Services. The SPAC was also tasked with setting priorities and working with policy makers in order to move initiatives forward that would benefit Nevada's seniors.

The Strategic Plan for Senior Services covers a 10-year period beginning in July 2003. This report assesses the fifth year of the Plan, ending July 1, 2008. The guiding vision of the Senior Services Task Force when developing the strategic plan stated that, *"All seniors in Nevada are knowledgeable, secure, respected and able to make choices towards health, hope and happiness. They have maximum independence, direct their own care, and are fully engaged in the occupation of life. A balanced care system is equally available to, and of equal quality for, all seniors. It has an adequate supply of the right resources with all types of services readily available."* The Strategic Plan Accountability Committee has worked diligently over the past 5 years and continues to work towards moving initiatives forward that will fulfill this vision.

In order to meet the needs of the growing senior population in this state, the SPAC believes the State of Nevada must look towards developing a stable revenue stream in order to deal with the increasing needs of all its citizens. The State of Nevada needs to embrace the concepts of community based care as a proven method of keeping costs down. Leading states have developed strong track records of driving down nursing home utilization by managing systems of home and community based care and supports for individuals with high levels of need. Additionally, establishing a Legislative standing committee for special adult populations is critical to assuring that the issues related to this rapidly growing population is on the forefront of state planning activities.

Composition of the 2007/2008 Senior Services Strategic Plan Accountability Committee

The committee is currently comprised of 10 voting members under the leadership of the Committee Chair, Connie McMullen. Connie has been the chair since March, 2006. The Vice Chair is Barry Gold.

The other committee members include Jerry Johnson (Senior Advocate Program – Clark County), Wendy Knorr (Senior Representative), Kathy McClain (Nevada State Assembly), Ernie Nielsen (Washoe County Senior Law Project), Charles Perry (Nevada Health Care Association), Susan Rhodes (Clark County Social Services), Jackie Ridley (Senior Representative) and Liliam Shell (Nevada Health Centers, Inc.).

Staff members include Mary Liveratti (Deputy Director, Department of Health and Human Services), Carol Sala (Administrator, Division for Aging Services), Dale Ann Luzzi (Executive Assistant, Division for Aging Services), Jeff Doucet (Management Analyst, Division for Aging Services) and Connie Anderson (Division of Health Care Financing and Policy).

The committee would like to thank the State of Nevada including the Nevada Legislature and the Department of Health and Human Services for their continued support and for taking an interest in the recommendations of the SPAC. The SPAC would also like to thank the SPAC for Persons with Disabilities for partnering with the senior SPAC on moving common issues forward through the legislature.

Recommendation/Priorities of the SPAC

Since our last report the committee has held 6 meetings. Committee activities included revisiting the timeline developed in the Strategic Plan to update accomplishments and to revise as needed. That grid is attached at the end of this report. In addition, the SPAC outlined the top priorities for the 2009 Legislative Session. Those priorities are as follows:

1. Healthcare quality and affordability.

In order to accomplish this goal, the committee supports the need for full staffing for the Bureau of Licensure and Certification. Stable funding is critical in order to enhance their authority to protect the public. Additionally, regulations and licensure for oversight of those providing care, both professionals and non-professionals must be established. This includes all licensing boards related to healthcare. Opportunities for expanding medication management, establishing systems to assure cost and quality transparency such as a prescription website, pharmacy benefit managers, hospital cost and quality websites, and initiatives to promote geriatric training must be explored.

This priority is supported by the Legislative Commission's Interim Subcommittee to Study Issues Relating to Senior Citizens and Veterans (Interim Subcommittee) which will be sending a letter to the Senate Committee on Human Resources and Education and the Assembly Committee on Health and Human Services during the 2009 Legislative Session.

2. Regulations for licensing and certification to increase availability of healthcare professionals and caregivers.

The SPAC actively supports recommendations regarding the licensure of healthcare professionals and initiatives to ease regulations with regards to reciprocity.

3. Establish a standing interim legislative committee on special adult populations.

Nevada's rapidly growing population requires ongoing focus through a standing interim legislative committee that can study the issues concerning special adult populations such as senior citizens, veterans and disabled adults. An interim standing committee is critical to addressing the needs of these special populations outside the regular legislative session.

This priority is supported by the Interim Subcommittee in the form of a BDR to be introduced during the 2009 Legislative Session.

4. Revise the statute for elder abuse to reinstate members of the clergy and attorneys as mandatory reporters.

During the 2005 Legislative Session, attorneys and members of the clergy were removed from the list of mandatory reporters of elder abuse. The committee feels this weakened the law for elder abuse reporting. If the language was reinstated as it read prior to the 2005 session, then the following people would be required to report suspected incidents of abuse, neglect, exploitation and isolation of persons age 60 and older: *every clergyman, practitioner of Christian Science, or religious healer, unless he acquired the knowledge of abuse, neglect, exploitation, or isolation of the older person from the offender during a confession; and every attorney, unless he has acquired the knowledge of abuse, neglect, exploitation, or isolation of the older person from a client who has been or may be accused of such abuse, neglect, exploitation or isolation.* In addition the committee supports increased training for identifying elder abuse.

This priority is supported by the Interim Subcommittee who will be sending a letter to the Senate Committee and Assembly Committee on Judiciary during the 2009 Legislative Session.

5. Funding and support for behavioral and mental health issues.

The committee continues to be concerned with the practice of placing persons needing institutional care due to behavioral or mental health issues in out-of-state facilities and the lack of facilities in Nevada willing to take these residents.

This is an area that will receive additional study if a standing interim committee on special adult populations is created.

This recommendation is also supported by the SPAC for Persons with Disabilities.

6. Develop a statewide plan for current and future aging needs and services.

This recommendation revolves around the concept of conducting internal scans by any agency whose policies and practices affect senior citizens. Examples of this process are highlighted in the plans of other states; i.e. *New York 2015* and *Aging Arizona 2020*.

This priority is supported by the Interim Subcommittee who will be sending letters to various entities requesting that agencies involved with aging populations conduct internal scans of their policies and practices in order to examine their abilities to provide services for the senior population currently in the State, project the needs in the future, integrate aging issues into their planning processes, and plan how they anticipate meeting the needs in the future.

7. Increase home and community based care access.

The SPAC continues to support the increase in home and community based services including expanding Medicaid waiver slots. In addition, through changes to NRS 439A, which would establish a data repository of individuals at risk of entering a nursing facility, consumers would be given the option of community-based services over nursing facility placement before they leave an acute care setting. These two initiatives are in line with the Olmstead Act.

This recommendation is also supported by the SPAC for Persons with Disabilities.

8. Review reimbursement rates for community based care to reflect current economics.

Adequate reimbursement rates will stimulate providers and increase access to an adequate pool of providers and caregivers.

This is an area that will receive additional study if a standing interim committee on special adult populations is created.

9. Provide stable and adequate funding for 2-1-1 and Aging and Disability Resource Centers.

Through the use of a single point of entry system, such as 2-1-1 and the Aging and Disability Resource Centers (ADRC), the aging services community will

provide individuals with streamlined information that will help consumers and caregivers make informed decisions about their long term care.

10. Statutes and regulations should clearly define residential care facilities.

The SPAC believes licensing requirements for residential facilities for groups and homes for individual residential care need to be revised to reflect the growing concern of mixing seniors and boarders, and also clarify facilities that contain both independent living and assisted living beds.

This priority is supported by the Interim Subcommittee in the form of a BDR to be introduced during the 2009 Legislative Session.

Legislative Commission's Subcommittee to Study Issues Relating to Senior Citizens and Veterans

During the 2007 Legislative Session, Assembly Concurrent Resolution (ACR) No. 35 was passed. This ACR authorized the Legislative Commission's Subcommittee to Study Issues Relating to Senior Citizens and Veterans. The committee held 6 hearings between December 2007 and June 2008. SPAC Chair, Connie McMullen attended every hearing and testified at two of the meetings on behalf of SPAC regarding the issue of out-of-state placements and 2-1-1 funding. Members of the SPAC attended the hearings and closely monitored the activities of the subcommittee and the Legislative Committee on Health Care.

During the sixth and final meeting of the Interim Subcommittee, held on June 19, 2008, the Subcommittee conducted a work session. During the work session the Subcommittee voted to forward five Bill Draft Requests (BDRs) to the 2009 Legislative Session. In addition, the Subcommittee members also voted to have 13 letters drafted to various entities expressing their support for specific issues or encouraging certain action. Members also voted to include several statements of support for issues in the Subcommittee's final report. In addition to the 5 subcommittee BDR's other Legislators have agreed to introduce legislation related to senior issues related to subcommittee priorities.

The SPAC supports the 5 BDR's that will be submitted by the Subcommittee, which are in line with the priorities of the SPAC. These BDR's are listed below and are taken verbatim from the report released June 26, 2008 by the Legislative Commission's Subcommittee to Study Issues Relating to Senior Citizens and Veterans entitled *Summary of Recommendations*:

1. Draft legislation to create an ongoing statutory committee on "Special Adult Populations" to address issues concerning groups such as senior citizens, veterans, and disabled adults. The Committee may study, among other important issues, the following topics:

A. Model guardianship laws and ways to improve protections for older persons involved in the guardianship system, including ways to improve investigation and monitoring systems; and

B. Ways to improve long-term care facilities in Nevada, which may include: (1) a reduction in out-of-state placements; (2) the creation of both an acute and long-term special unit to treat people suffering dementia who have challenging behaviors; (3) the development of a long-term care gero-psych unit for treatment in both the north and south as an alternative to long-term care facilities; and (4) the creation of a Program for Assertive Community Treatment, similar to the Division of Mental Health and Developmental Services' Programs for Assertive Community Treatment (PACT), that would provide follow-up care and track the progress of residents.

2. Draft legislation requiring the Aging Services Division, Department of Health and Human Services (DHHS), to create a central registry of information relating to substantiated cases of abuse, neglect, isolation, or exploitation committed against an older person. The information in the registry would include information related to cases of abuse, neglect, isolation, or exploitation gathered pursuant to NRS 200.5093. The Division could release information in the registry to an employer who provides services to older persons under certain circumstances. This legislation and the requirements for the registry should be modeled after NRS Sections 432.0999 through 432.130, which relate to a registry of information concerning the abuse or neglect of a child.

3. Draft legislation to revise licensing requirements for residential facilities for groups and homes for individual residential care in the following ways:

A. Require the Bureau of Licensure and Certification, Health Division, DHHS, to license an independent living portion of a facility when it is housed within a residential facility for groups with more than ten beds; and

B. Prohibit licensees of residential facilities for groups with ten beds or fewer and homes for individual residential care from renting rooms to boarders who do not meet the residency requirements of the type of group home for which they are licensed. An exception is that any person related within the third degree of consanguinity to a resident or staff person of the home may also reside there.

4. Draft legislation that amends the provisions of NRS 118A.335 to remove the duplication of background checks that was created for certain facilities by the passage of Assembly Bill 352 (Chapter 315, *Statutes of Nevada*) in 2007. The amendment should state that employees working in facilities that are currently licensed by the Bureau of Licensure and Certification, and that meet the requirements for those employees under NRS 449.176 through 449.188, are exempt from the requirements listed in NRS 118A.335.

5. Draft legislation to change property tax provisions for certain veterans:

   A. Provide for a 100 percent property tax or privilege tax exemption for 100 percent service-connected disabled and individually unemployable veterans (NRS 361.090); and

   B. Increase the amount of property tax exemption for veterans and add a new tier for those who are 40 to 59 percent disabled (NRS 361.091).

Trends in Goals and Objectives Outlined in the Strategic Plan

Below is a chart of the progress made towards the targets of the strategic plan. Programs and policies that promote self-determination, independence, dignity and reverse the institutional bias are the basis of the SPAC recommendations.

MILESTONES FOR TARGETS IN NEVADA SENIOR PLAN

	Target 1	**Target 2**	**Target 3**	**Target 4**
	By June 30, 2010, 60% of the senior Nevadans who get publicly-funded long-term care are at home, while only 40% are in chronic care institutions.	*By June 30, 2010, the Nevada hospital admission rate and average length of stay for seniors 65+ are 15% less than the baseline year, 2000.*	*By June 30, 2010, no Nevada seniors with Alzheimer's Disease are housed in out-of-state facilities.*	*By June 30, 2010, 1,200 Nevada senior caregivers caring for a family member with a disability use at least one formal respite care option with benefits they and their families can depend on.*
2001 – 2003	33% HCBS 67% Nursing Homes (NH)	Establish baseline for hospital admission rate and average length of stay	43 seniors with Alzheimer's Disease or cognitive impairment are placed in out-of-state facilities	835 senior caregivers are receiving respite
2003 – 2005	39.5% HCBS 60.5% NH	Reduce by 3.75% of 2000 levels	34 seniors are placed out-of-state	926 senior caregivers
PROGRESS TO-DATE	SFY05 HCBS 64.53%/NF 35.47%	2005 59 days	2005 65 yrs + 32	

2005 – 2007	46% HCBS 54% NH	Total reduction is 7.5% of 2000 levels	23 seniors are placed out-of-state	1,017 senior caregivers
PROGRESS TO-DATE April 29, 2008	SFY06 HCBS 66.93%/NF 33.07% SFY07 HCBS 57.3%/NF 42.7%* *Includes waiver and Medicaid state plan services.	2006 48 days 2007 33 days	2006 65 yrs + 28 2007 65 yrs + 31	ILG 10/1/06-9/30/07 579 clients CHIP 7/1/06-6/30/07 261 clients
2007 – 2009	52.5% HCBS 47.5% NH	Total reduction is 11.25% of 2000 levels	11 seniors with are placed out-of-state	1,108 senior caregivers
2009 - 2011	60% HCBS 40% NH	Total reduction is 15% of 2000 levels	No seniors are placed out-of-state	1,200 senior caregivers

	Target 5	**Target 6**	**Target 7**	**Target 8**
	By June 30, 2010, the percentage of Nevada seniors 75+ who are severely disabled has declined from the baseline year 1997.	*By June 30, 2010, 10,124 low-income seniors participating in the Senior Rx Program can afford the medications they need.*	*By June 30, 2010, Nevada seniors participating in the expanded medication management program have fewer hospital admissions than they had prior to enrolling in the program.*	*By June 30, 2010, 290,000 Nevada seniors pay no more than 30% or their income for housing and utilities.*
2001 – 2003		7,500 Senior Rx participants	Establish program and determine baseline. Set % goal for hospital admissions of medication management participants	260,134 seniors can afford housing

2003 – 2005	Determine baseline	8,500 Senior Rx participants	Track hospitalization rates of program participants	260,134 seniors can afford housing
PROGRESS TO-DATE		Dec 2005 Sr Rx had 8,884 members		
2005 – 2007	Set percentage goal	9,041 Senior Rx participants	Track hospitalization rates of program participants	270,000 seniors can afford housing
PROGRESS TO-DATE	According to the 2007 Senior Survey, approximately 9789 seniors 75+ are severely disabled. (Community # only) Need # in facilities.	In Jan 06, Medicare Part D provided coverage – as of Dec 07 there were 5,214 members. 93.5% were Medicare eligible. SHIP – 277,969 Medicare beneficiaries have some sort of Rx coverage. The focus of Senior Rx will be shifting to dental and vision. SPAC will begin tracking the progress of vision and dental coverage.	Valid matrix is not available so SPAC will be pursuing other targets. This target will be referred to the Health Subcommittee.	Generally defined as paying no more than 30% of gross income CSA – 680 units specifically for seniors statewide Data for other communities incomplete. 1% of the Nevada pop. of persons with disabilities are at 30% of AMI.
2007 – 2009	Survey seniors to determine change	9,582 Senior Rx participants	Track hospitalization rates of program participants	280,000 seniors can afford housing
2009 - 2011	Verify percentage change	10,124 Senior Rx participants	Determine % change in hospitalization rates and analyze budget savings	290,000 seniors can afford housing

	Target 9	Target 10	Target 11
	By June 30, 2010, 700 Nevada seniors occupy public housing units that are fully-accessible.	*By June 30, 2010, 19,300 frail Nevada seniors get where they need to go each year.*	*By June 30, 2010, 85,000 Nevada seniors and their family members use a single point of entry system to access information and referral for the array of available services.*
2001 – 2003	78 seniors live in fully accessible public housing units	Number of riders is unknown	Establish a Single Point of Entry (SPE) system
2003 – 2005	100 seniors live in fully accessible public housing units	Determine # of riders using public transportation	30,000 seniors and their family members use the SPE
2005 – 2007	300 seniors live in fully accessible public housing units	16,000 riders are using public transportation	48,350 seniors and their family members use the SPE
PROGRESS TO-DATE	Since 1988 HUD has required each HA to have 5% min of total units fully accessible & another 1% accessible for hearing & vision impairments. RHA owns & operates 764 units. 38 are fully accessible (5%)	RTC Washoe Co. 3-17-08 – 3659 Washoe Sr Ride (60+ only) coupon program. RTC ACCESS paratransit 2771 Fixed route service – 2221 Senior ID 60+ 4754 Disabled (subtotal 6,975) **Total 13,405 (Washoe Co)** RTC of Clark Co. 2007 Paratransit – 3,811 undup Flexible demand – 4,417 rides Silver Star – 32,990 rides – **Total 41,218 (Clark Co)**	ADRC project – 2 sites, northern and southern Nevada. 2-1-1 became a reality in Feb 2006 statewide. 2-1-1 receives approx. 5,000 calls/month
2007 – 2009	500 seniors live in fully accessible public housing units	17,650 riders are using public transportation	66,750 seniors and their family members use the SPE
2009 - 2011	700 seniors live in fully accessible public housing units	19,300 riders are using public transportation	85,000 seniors and their family members use the SPE

	Target 12	Target 13
	By June 30, 2010, 9,120 frail or disabled seniors receive the care planning assistance and care management they need.	*By June 30, 2010, 10,650 low-income Nevada seniors use personal assistance and or homemaker services.*
2001 – 2003	5,828 seniors receive care planning assistance and care management	6,572 seniors receive personal care/homemaker services
2003 – 2005	6,651 seniors receive care planning assistance and care management	7,590 seniors receive personal care/homemaker services
2005 – 2007	7,474 seniors receive care planning assistance and care management	8,610 seniors receive personal care/homemaker services
PROGRESS TO-DATE	Sierra Health SHMO no longer in existence as of December 31, 2006. Redirect target ADRC, SHIP could be doing the care planning assistance and those numbers could be tracked. CHIP does case management Care planning assistance is much broader and every social service entity does some form of this. Key is care management – data from CHIP etc.	Washoe Co. Homemaker – 05/06 187 Title XX Homemaker 2007 692 clients March 2007 1352 CHIP/COPE clients Clark Co Homemaker 307 clients* Medicaid PCA for 60+ 3,670 * Decreased due to dissolution of the Sierra Health SHMO
2007 – 2009	8,297 seniors receive care planning assistance and care management	9,630 seniors receive personal care/homemaker services
2009 - 2011	9,120 seniors receive care planning assistance and care management	10,650 seniors receive personal care/homemaker services