



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

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Minutes

Name of Organization: Nevada Commission on Aging
(Nevada Revised Statute [NRS] 427A.034)

Date and Time of Meeting: May 19, 2014
9:00 a.m.

Carson City: Legislative Counsel Bureau
401 South Carson Street
Room 3137
Carson City, NV 89701

Las Vegas: Grant Sawyer Building
555 East Washington Avenue
Room 4412
Las Vegas, NV 89101

- I. Public Hearing for the Amendments to Nevada Administrative Code, LCB File No. R017-12 and LCB File No. RO18-12, Chapter 427 A.
Sally Ramm, Elder Rights Attorney,
Aging and Disability Services Division (ADSD)

Ms. Ramm summarized the proposed regulation RO27-14 regarding the Taxi Assistance Program, and invited the public to comment after her presentation, stating that comments on the workshop would be accepted until May 30, 2014 by sending them to Jane Gruner, Administrator, ADSD. A public hearing is scheduled on June 24, 2014 at 10 a.m. at the Aging and Disability Services Division Office in Las Vegas. Public comments on the regulation will be accepted until the day of the hearing. The regulation with any changes resulting from the workshop or hearing will be sent to the legislative counsel bureau for preparation, and to the legislative commission for approval.

The new Taxi Assistance regulation allows for methods of currency exchange in addition to cash, i.e. cards with electronic benefits transfer, as well as

revising the eligibility for participation in the program. Eligibility will be based upon federal poverty guidelines designated by the United States Department of Health and Human Services, and the benefits will be based on limits of money available for the program, and the number of eligible persons. The Division may adjust the price or quantity of coupons to match the resources.

- II. Ms. Gruner called the Quarterly meeting for the Commission on Aging to order at 9:20a.m. after the closing of the public hearing.

Members Present: Jane Gruner, Senator Mark Manendo, Assemblywoman Ellen Spiegel, Stavros Anthony, Lee Drizin, Lisa Krasner, Edrie LaVoie, Connie McMullen, Maria Dent, Minddie Lloyd, John Thurman, Patsy Waits, Bonnie Weber

Members Absent: Michael Willden, John Rice

Guests: Bruce Arkell, Jeanette Belz (JK Belz & Associates), Jacob Harmon (Alzheimer's Association of Northern Nevada), Lindsey Wheeler (High Sierra Legal Services), John Yacenda (Nevada Silver Haired Legislative Forum), Sue Rhodes (Clark County Social Services), William Lee, Shawn McGivney, Jeff Klein

Staff Present: Dale Ann Luzzi, Jennifer Gaffney, Sherri Vondrak, Tina Gerber-Winn, Cherrill Cristman, Sally Ramm

A quorum was declared after roll call the third time

- III. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Shawn McGivney, M.D., representing residential facilities for groups with Dementia and Alzheimer's endorsement made a statement on behalf of the group. (Attachment A)

William Lee, member of the public, shared with the Commissioners a very positive experience he and his mother are experiencing in a residential group homes that she lives in. The residences fit her financial situation and she is getting great care. He went on to say he didn't know if the quality of care would still be available much longer as a result of the Fire Marshal's Report on occupancy determination as referred to by Dr. McGivney.

- IV. Approval of Minutes from March 17, 2014 Meeting (For Possible Action)
Jane Gruner, Administrator, ADSD

After a quorum was declared, Bonnie Weber made a motion to pass the minutes as written. Patsy Waits seconded the motion and the motion passed unanimously.

V. Welcoming Remarks, Governor's Proclamation
Jane Gruner, Administrator, ADSD

Ms. Gruner read the Governor's Proclamation, declaring May as Older Americans Month in the State of Nevada. The proclamation read in part "older adults in Nevada have contributed and sacrificed much to ensure future generations a better life. In return, providing injury prevention and safety awareness for older adults, to help them remain healthy and active and in their own homes for as long as possible is a commitment that we have to them."

Ms. Gruner presented Commissioners Edrie LaVoie, Maria Dent and Bonnie Weber, whose terms are ending at the end of June on the COA, with certificates of appreciation for their service on the commission from Governor Sandoval.

VI. Administrator's Report
Jane Gruner, Administrator, ADSD

- Ms. Gruner thanked both Commissioner Weber and Mr. Fontaine for organization of the Nevada Association of Counties (NACO) meeting.
- Update the Commission on Activities and Developments in the Division Since Last Commission (COA) Meeting
- Program of All-inclusive Care for the Elderly (PACE) Program Update
Jane Gruner said that PACE is an all-inclusive care program for elderly persons which is an alternative to nursing homes, and is person-centered. Ms. Gruner, Laurie Squartsoff, and Betsy Aiello traveled to San Francisco's and toured the Unlock Program. They gather information to stimulate ideas and consider the feasibility of Nevada building a similar program. Funding is provided through a waiver from Centers for Medicare and Medicaid Services (CMS). ADSD staff will attend the national PACE conference in San Diego, California in October.
- COA send a letter requesting representation from the Aging network be appointed to the Governor's Advisory Council on Behavioral Health and Wellness. A response inquiring if there is someone willing and able to serve on that Council has been received. So some progress is being made. A complete list of Council recommendations can be found on our website.
- The Agency is working on a update the Olmstead Plan. The current plan has expired and needs to be renewed. Funds have been identified through the Intellectual Disabilities Regional Centers to support development and updating the plan.
- Budget Update

The Strategic Plan for Senior Services expired in 2012. ADSD is requesting funds to update the plan in the 2016-2017 budget.

- **ADSD Integration Update**
Ms. Gruner told the Commissioners that the ADSD Conference: Mission Possible scheduled for September 10 and 11, 2014 in Reno, will focused on action in Nevada with tracks for advocacy, design, implementation, and evaluation.
- **Update on Sequestration**
Ms. Gruner said that the fiscal year funding for Older Americans Act Title Programs is roughly the same as the post-sequestration levels of FY 2013. This means that the State will not have budget cuts from sequestration. ADSD is on target to spend the funds allocated from the last session, and working on budget concepts for the FY2016-2017 budget.
- **Updates to New Federal Regulations**
Ms. Gruner said that ADSD is working with Division of Health Care Financing and Policy (DHCFP) on implementing the new requirements from CMS on the regulations for the Home and Community Based Waivers. The current guidelines affect seniors who are less connected in their community, so ideas are being developed to engage these seniors in their community.

VII. **Update on Nevada Association of Counties (NACO) Meeting (For Possible Action)**

Jane Gruner, Administrator, ADSD

Ms. Gruner said the meeting went smoothly, and thanked Jeff Fontaine and his staff for their efforts. She also thanked Kevin Schiller and Peter Reed for the knowledge they shared with the group.

Ms. Gruner asked the Commission about how to engage with our county partners to build a sustainable system of care. Edrie Lavoie suggests forming a subcommittee to identify a plan to keep the discussion going forward, as well as to identify outcomes for the subcommittee. Connie McMullen would like to see follow up with County Commissioners and staff that attended the NACO meeting. Due to a sound system issue, there was limited feedback and interaction. Connie McMullen would also like to start a dialogue with the counties to see if there are questions about funding for senior services, and believes that a subcommittee could be helpful with this action

Assemblywoman Spiegel would like to add invitations to County Commissioners to attend COA meetings. Edrie LaVoie suggests that ADSD or members of the Commission participate in county commission agendas. Connie McMullen is excited at the prospect of collaborative activities with Nevada's smaller counties by sharing information and concepts. Ms. McMullen said that if there is a Commission on Aging Day at Legislature that legislative representatives from the counties should also be invited.

Ms. Gruner said she would follow up with the participants from the NACO meeting. Ms. Gruner will also send out information to every county regarding

COA meeting schedule, as well as inquiring about County Commissioner meetings. The agenda item for County representation will be a standing item.

VIII. Report from the Senior Services Strategic Plan Accountably (SPAC) Subcommittee

Connie McMullen, Subcommittee Chair

Connie McMullen updated the committee on their activities this quarter. The SPAC subcommittee had a joint meeting with Commission on Services for Person with Disabilities Olmstead planning subcommittee on April 11, 2014 and heard a presentation from Tony Records on the Olmstead plan. After the presentation, both committees voted to move forward with updating the plan. Ms. McMullen attend the Task Force on Alzheimer's Disease meeting and asked them to write a letter requesting a member from the Senior Services network be added to the Governor's Behavioral Health and Wellness Council Ms. McMullen also attended the Nevada Silver Haired Legislative Forum meeting on April 15, 2014.

(Attachment B)

IX. Including but Not Limited to Seeking Approval for a List of Senior Issues and White Papers to Support the List That will be Distributed to State Legislator and Candidates for the Legislature **(For Possible Action)**

Jeff Klein, Subcommittee Chair

Mr. Klein presented to the Commissioners the legislative subcommittee information sheets and the eight-issue white paper where the legislature can make a difference for seniors. After short discussion, a motion was made and passed to move forward with adopting the white papers to use to education and inform the 2016 legislators of senior's issues and needs. A motion to accept the White Papers was made by Connie McMullen. Assemblywoman Spiegel seconded, and the motion passed unanimously.

(Attachment C)

X. Review, Discussion and Approve the Draft Report from the NRS 439 Subcommittee **(For Possible Action)**

Edrie LaVoie, Chair

Edrie LaVoie thanked her fellow commissioners, Connie McMullen, Maria Dent and Patsy Waits, as well as Sally Ramm and Cherrill Cristman from the ADSD staff, for assigning in drafting the NRS 439 report. Ms. LaVoie reviewed for the Commissioners the reason the report was requested and told them how the subcommittee decided on their findings. Assemblywoman Spiegel asked if ILG funding could be used for PACE Programs. Ms. Gruner said it could not be used for that purpose, since PACE Programs are Medicaid/ Medicare funded programs. A motion was made by Connie McMullen to send the report to Director Willden. John Thurman seconded the motion. The motion passed. Ms. Gruner thanked the subcommittee for their hard work in preparing the NRS 439 report.

(Attachment D)

XI. Dates of Next Meeting (July 21, September 15, November 17, 2014) and Consider Agenda Items.

Jane Gruner, Administrator, ADSD

The next COA meeting will be on July 21 starting at 9:30 a.m.

XII. Public Comment

(No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item.) Comments will be limited to three minutes per person. Persons making comment will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)

Dr. John Yacenda representing the Nevada Silver Haired Legislative Forum addresses the Commission to acknowledge the spirit of collaboration that has been on-going with the Commission and its Subcommittees.

XIII. Adjournment

Ms. Gruner adjourned the meeting.

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

DRAFT

Attachment A

STATEMENT TO THE TASK FORCE ON ALZHEIMER'S DISEASE

From

**CATEGORY II, RESIDENTIAL FACILITIES FOR GROUPS
with DEMENTIA & ALZHEIMER'S ENDORSEMENT**

As Residential Care Home providers, we are well aware of the growing problem of an aging population and increased numbers of people with Dementia and Alzheimer's disease.

Residential Care Homes are currently the only cost effective care option for custodial type care in Nevada. Providing the most amount of care for the least amount of money. We want to be able to continue to provide the existing, cost effective, care and services we currently provide to thousands of cognitively challenged, disabled and mentally ill Nevadans.

We want to bring to your attention a very imminent threat to, Nevada residents with Alzheimer's and Dementia and the Category II Residential Care Home beds they occupy, and the resulting increase in the number of Nevadans on the state Medicaid role.

We believe Fire Marshal is specifically targeting, Category II, Residential Care homes that are providing Alzheimer's care.

The Fire Marshal, on his own accord, without any consulting, research or justification from other industry providers, has started to implement his "new interpretations" of the old fire codes, that 6 previous Fire Marshalls upheld, followed, and had no apparent concerns or issues with over the last decades.

All 6, previous fire Marshalls, allowed a maximum of 10, Category II beds in Residential Care Homes. The new fire marshal over the last few years, without warning or justification has randomly changed the number of category II beds allowed, to 5 Category II and 5 category I. Most recently he is not allowing ANY Category II beds.

Category I beds are for people who can evacuate from sleeping quarters to safe place, independently without assistance, in under 4 min. Category II beds are for people who need assistance, physically or cognitively, to evacuate to a safe area in under 4 min.

We ask that you use your influence to direct the fire Marshal to continue to uphold the interpretation and standards of the 6 previous Fire Marshalls, to continue to allow 10 category II, residents in Residential Facilities for groups.

Residential Care Homes (RCH's) are a safe, cost effective, Alzheimer's care choice.

A large part, if not the most significant part, of the problem of our growing disabled population, is cost and who will pay for it.

Currently, Residential Care Homes in Nevada are the most cost effective and safe care option for seniors, the disabled, and those with and without dementia. More importantly, Residential Care Homes (RCH) are the only cost effective or affordable care choice for many low income Nevadans, which *allows them choice and results in personal responsibility.*

All Nevadans should have the right to choose the best care option that meets their own personal needs at every price point.

Wealthy people can choose Assisted Living, In-Home Care or Private Case Management. Low income residents can choose to live in Residential Care Homes that provide housing and care at various price points from \$1000 to \$4000/mo.

Many proud, low income Nevadans, choose to live in low cost Residential Care Homes and the care home agrees to provide the housing and care at rates as low as \$1000 /mo, making this a win, win, win choice for the resident, the Residential Care Home and the state of Nevada Medicaid budget since these proud Nevadans can choose to remain off the Medicaid roles.

If these care options are legislated out of existence, due to the Fire Marshalls unjustified proposals, those Nevadans will lose their choice to remain free Americans, off of the state Medicaid dole and be forced to go to skilled Nursing Facilities (SNF's) and get Medicaid. I don't think the state is prepared to cover those unnecessary costs.

For those currently on Medicaid, they can choose up to 4 hrs. of in-home care, RCH Medicaid waiver or a skilled Nursing Facility (SNF). Indeed, of those three choices, RCH are the cheapest and most complete Medicaid choice for the state. When people are allowed choice they

Negative Financial Impact to Residential Care Homes (RCH's)

The Fire Marshalls pre mature enforcement of his "new interpretation" of the rules has already cost the state money and stands to cost the state more in Medicaid, Hospital and Nursing Home costs, as these new rules continue to reduce the number and type of Residential Care beds.

The Fire Marshall's proposed bill is currently being actively enforced, even though it is just now being proposed as a regulatory change, and is having a negative impact on The Residential Care Home industry and the Nevadans they serve.

We have enclosed 90 financial impact statements from Nevada business providers and owners, which demonstrates and confirms the devastating negative financial impact of the Fire Marshall's premature role out and enforcement of his proposed bill.

As mentioned earlier , his actions have already caused a reduction in the number of Category II, Dementia/Alzheimer care beds from the previous standard of 10 Category II beds to 5 Category II beds and in some recent cases completely eliminating category II beds and only allowing 10 Category I, non-Alzheimer's beds.

The Fire Marshall has been unable to provide consistent written guidelines as to what is required and /or how RCH providers, Fire Equipment Installers or the HCQC can comply with his new interpretations.

Most recently he or his department has not been approving or signing off on pre-approved plans for 5 Category I, and 5 Category II beds. Now, he seems to only be allowing 10, Category I and NO Category II Alzheimer's beds.

This is causing great confusion, uncertainty, distress and expense not only to RCH owners but to Fire Prevention Companies and Installers as well, who have been completing work based on pre-approved initial plans, only to be delayed by the Fire Marshal and asked to resubmit plans with random changes to his vague non-descript, non-published, criteria, preventing or delaying group homes from opening and Fire prevention companies from completing jobs.

Additionally, with fewer RCH beds, Nursing Homes will back up, which in turn will back up into hospitals and the entire health care system and community will suffer practically and most of all financially.

As mentioned before, we believe the Fire Marshall is specifically targeting, Category II, Residential Care homes that are providing Alzheimer's care.

We urge you to stand with the community on behalf of the greater good and ask the fire Marshall why he wants to reduce or eliminate, practical, fire safe, Category II, RCH beds for Alzheimer's residents and unnecessarily force them in to Nursing Homes and on to Medicaid.

We have asked the Fire Marshall for the opportunity to discuss and explain his position, but he has been resistant and is unable to provide consistent written documentation that all business owners can follow and can understand.

The facts show, his actions are not based on general safety or fire safety and certainly do not promote choice and personal responsibility for those frail Alzheimer's residents and their families. And they clearly cost the state a lot of money.

We wonder if the legislature has any control, directly or indirectly, over the seemingly erratic and unjustified behavior of the Fire Marshall. If not, who does?

We ask the legislature, how it is possible that the Fire Marshall is just now proposing regulations that he has been implementing, changing and acting on for almost 3 yrs now?

Proactive Solutions do exist for Alzheimer's Care

First, and foremost, promoting legislation that favors Residential Care Homes and supports choice of all Nevadans and voting down the Fire Marshalls restrictive, costly, unneeded, possibly illegal, proposed regulations is as easy as just saying "no" to the Fire Marshall.

Second, support and facilitate paths to increase funding to the HCQC. Currently, HCQC is ideally set up to expand enforcement of minimum care standards of the Residential Facilities for Groups (RFFG). Please, allow that regulatory body to do its job, empower them, lobby for them and pass any needed legislation to fund them so they can do their job. Pass legislation which

RCH speaker's written statement

My name is Dr Shawn McGivney

I and many in the community are very concerned about legislative and regulatory changes that are unnecessarily reducing the number of Category 2 Residential care home beds.

I would think, that all Public Health Care agencies: like the Division for Aging services , Elder Protective Services, Dept. of Mental Illness, NV Public Guardians, Hospital and Nursing Home discharge planners would share our concern, when to my knowledge, all of these agencies and even CMS Medicare are requesting more community based care options like Residential Care Homes(RCH's).

There are three highly concerning issues:

The Fire Marshalls "new interpretations" of the fire code

Over the last 3 years the fire marshal has been *reinterpreting the fire code and enforcing changes that he is just now requesting in his proposal R123-13.*

His changes have already reduced the number of category 2 beds allowed in Residential care homes from 10 category 2 beds, to 5 category 2 and 5 category 1, and in some cases, only 10 category 1 beds. His changes and reclassifications of Residential Care Homes as I2, Institutional, instead of R4, Residential, are grossly out of line with the interpretation and practice of all six previous Fire Marshalls that came before him and the Federal Fair Housing laws.

Despite many requests, the Fire Marshall has been unable to provided clear, written guidelines for anyone to follow including fire installers, the HCQC and RCH providers.

Moreover, we have not found, nor has the Fire Marshall provided, any research or data to support that his claims are based on fire safety or even safety in general.

Disabled residents and their families are voicing concern and suffering increased fear and anxiety relating to the loss of Residential Care Homes as a safe and cost effective care choice to disabled Nevadans. The unsuspecting and defenseless Residential Care Home (RCH) industry has also suffered. These concerns are demonstrated by the growing number of financial impact statements and community testimonials we have obtained. (See attached)

It is frightening to imagine, no low income, cost effective Category 2 or Alzheimer endorsed beds to place our most needy disabled Nevadans, at a time when everyone is trying to prepare for the increased wave of Alzheimer's and the chronically ill who will need the cost effective care provided by Residential Care Homes.

Residential care homes are currently the safest housing options of all in Nevada with the extensive fire safety measures they already have.

Licensed Residential Care homes are required to have monitored sprinklers and fire alarms, smoke detectors, monthly evacuation drills, exit lights, adequately trained staff and annual surveys by the HCQC. These requirements already go above and beyond to provide "fire safety".

RCH's are safer than single family homes where large families with disabled people live and have no extra staff, training or sprinklers.

They are also safer than high rise buildings, casinos or even Assisted Living Facilities that do not practice evacuation with the residents and staff to ensure safe evacuation in less than 4 minutes. Instead of evacuation, they use the alternative compromise of fire doors and force people to stay trapped in a burning building breathing in the dangerous toxic smoke.

Residents, their families, and the many public agencies listed earlier, feel RCH's are a safe care options and utilize them daily. At what point do the residents and their families have the right to choose what best meets their needs based on their own preferences, social and emotional support system and financial reality?

We all take risks every day, but many risks are worth taking. Driving is risky, but many of us assume the risk and choose to take reasonable steps to reduce the potential risk to ourselves and others.

You should be as alarmed as we are by the fact that implementation of the fire Marshalls new interpretations will reduce or completely eliminate Residential Care Home beds as a care option for our most needy disabled Nevadans and will surely force disable Nevadans to go into nursing homes and onto the state Medicaid budget.

It is very hard to believe that the Fire Marshall is acting solely to benefit and "protect" the disabled from potential harms of fire.

#2 is the seemingly "Coincidental" Repeal of NRS 278.02386.

This law stated that a Residential Facility for Groups of 10 or less "shall not be deemed, to be a home that is operated on a commercial basis, for any purposes relating to building codes or zoning." This law was suddenly repealed without notice in July of 2013. See copy of NRS 278.

The repeal of NRS 278, specifically exposes disabled Nevadans, especially middle to low income Nevadans to a high risk of discrimination and will significantly reduce Residential Care Homes, as a much needed cost effective care choice for many disabled Nevadans and force them to go to nursing homes and be placed on the state Medicaid, increasing the financial demand to the Nevada state budget.

One has to ask why the state of Nevada would repeal this protection to its residents when there seems to be no benefit to the community and society at large. What is the justification to repeal it? There is no safety, clinical or financial benefit to the state for repealing this law.

Without residential care homes as a choice where will low income disabled Nevadans live? In a nursing home or on the street? And who will pay for it? The state of Nevada Medicaid system.

It is also interesting to note that the Fire Marshall did not file his proposed regulation changes until after the repeal of NRS 278. The repeal of NRS 278, more than likely cleared the way for the fire Marshall to "more legally" classify Residential Care Homes as I2, Institutional instead of R4 as the 6 previous Fire Marshalls had when NRS 278 protected RCH from such changes. Was the repeal of NRS 278 related to the Fire Marshals timing to introduce R123-13?

The repeal of this law is discriminatory and stands to drastically reduce disabled Nevadans choice and right to live in the same residential communities as the non-disabled.

As in every industry, there are good and bad providers. We whole heartedly believe there are overall improvements that can be made throughout the RCH industry. All RCH providers should be held to the highest standard and follow safe and appropriate practices to ensure residents safety and wellbeing. Focusing on increased regulations aimed at ways to improve clinical

care for the disabled is welcomed, but that is best done by the HCQC which is the regulatory body. Repealing NRS 278 (a much needed protection) and reclassifying occupancy as the Fire Marshall is doing seems is discriminatory and does nothing to protect the disabled.

We ask for your help to reinstate NRS 278 to its original state to protect disabled Nevadans from the grossly discriminatory actions that are limiting the only cost effective care option for many middle to low income disabled Nevadans.

Lastly, the implications of the increased enforcement of minimum wage and overtime laws.

Many community based caregiver providers, are seeing a dramatic increase their payrolls with the heightened attention to laws requiring caregivers be paid at least minimum wage and overtime. Many will be unable to remain in business and the consumers will have great difficulty paying for the care services. Where will these seniors and families go?

This will continue to have a great strain on the community and force people to nursing homes and eventually back up our hospital system. The state will see a dramatic increase to their Medicaid roles because people that used to be able to stay in the community, at home or in low cost residential care homes will be forced into nursing homes and quickly onto Medicaid.

We urge the legislature to re visit this now, and increase the Medicaid payment for the 2-3 hrs of in-home care that Medicaid currently provides and also increase reimbursement for waivers to Residential care home's, to help keep low income Nevadans out of nursing homes and prevent the collapse of the RCH industry and health care system.

Indeed, many low income, disabled Nevadans currently choose to live in low cost Residential Care Homes and pay privately, out of their own pocket to remain in the residential communities that they have lived in their entire lives. They do not choose to go to a nursing home, they do not want to be forced on to the state Medicaid budget.

We hope that information we have presented helps open your eyes to see that the events that have taken place are unjust, discriminatory and seem to reflect a misuse of power.

I request to be added to future agendas to provide more details to this committee.

I am submitting a copy of my statement and additional supporting materials for the record.

- A) Today's written statement
- B) NRS 278.02386 that was repealed,
- C) 180 financial impact statements (more coming every day)
- d) 118 community survey and testimonials. (more coming every day)
- E) Testimony to Alzheimer's task force
- F) Testimony to 05/07/14 legislative council meeting.
- G) Fire marshals *Notice Of Public Meeting* – in which he misrepresents “no industry impact” pg 6/24.
- H) Fire marshals *Residential Facilities: Occupancy determination*- re classifying all settings over 6 beds & any category two beds as I2 or commercial. This is already the enforced practice before the regulations are passed. One would hope the implied and related consequences need to be clear before you just give a green light to something this devastating to the state and states health care system.

Attachment B

Nevada Commission on Aging

Strategic Plan Accountability Committee Subcommittee Report

May 19, 2014

A. The Nevada Commission on Services for Persons with Disabilities (NRS 426.365), Olmstead/Strategic Planning Subcommittee, and the Nevada Commission on Aging (NRS 427A.034) Strategic Plan Accountability Committee Subcommittee met jointly April 11, 2014 in Carson City. The Committee's heard a presentation from Tony Records of Tony Records and Associates, Inc. He provided an overview and general discussion on Olmstead, including requirements, planning (examples from other states), and the Level of Effort needed to complete the plan in Nevada. "Olmstead's central holding is that the ADA prohibits states from unnecessarily institutionalizing persons with disabilities and from failing to serve them in the most integrated setting." US Supreme Court decision in *Olmstead v. L.C.*, 1999.

A.

It was motioned that Mr. Records would give the Committee's a report on the State's progress in its Olmstead Plan since 2008, and efforts in moving forward. The Committee's also voted to move forward with updating the Strategic Plan's for the CSPD and SPAC subcommittee's. The vote's were unanimous. Both the CSPD and SPAC Strategic Plan's came to a close in June 2013, completing 10-years of planning.

B. The chair of the SPAC Subcommittee attended the Alzheimer's Task Force regarding a letter to be written to the Governor's Behavioral Health and Wellness Council asking that a member from the Senior Services Network be added to the Council to represent seniors on mental health issues. The ATF agreed to write a letter requesting a member from the ATF be involved in discussions. The Committee approved the motion unanimously.

The Governor's Behavioral Health and Wellness Council is in the process of making it's recommendations. Senior Mental Health has been suggested as a possible future agenda item moving forward in subcommittee meetings. The next meeting is May 20th, and Senior Mental Health Issues are listed in Item VI on the agenda.

C. The Nevada Silver Haired Legislative Forum requested a presentation on April 15, 2014 on the COA activities and possible area's to collaborate. The SPAC Subcommittee was represented by the chair who made a presentation on the ADSD Integration, with follow up questions answered by Administrator Jane Gruner. The SHLF was interested in discussing how the COA can work and share information on aging issues. SHLF has the opportunity to submit a bill draft for the upcoming Legislative Session.

Attachment C

COMMISSION ON AGING LEGISLATIVE SUBCOMMITTEE

INFORMATION SHEET FOR LEGISLATORS AND CANDIDATES

Elder issues are issues for people of all ages; those who live long enough to be elders, those who care about family and friends who are elders, and those who are caregivers for elders. When the world is safer and more secure for older people, people of all ages will benefit.

- **Demographics – Aging in Nevada Today and for the Future**

According to the U.S. Census Bureau, Nevada's estimated 2013 population is 2,790,136, of which 13.1% (approximately 366,000) is over the age of 65. The number of people living below the poverty rate in Nevada is 16.4%, which means that approximately 60,000 people over the age of 65 are living on \$11,490 per year if single and \$15,510 per year if there are 2 people in the household. This most likely represents their Social Security pension.

- **Issues where the Legislature can make a difference**

- **BEHAVIORAL AND COGNITIVE HEALTH:** Currently, there are few services in Nevada for people requiring assistance due to a diagnosis of Alzheimer's disease or other dementia, or who have mental health or behavioral issues. This results in many people being placed in facilities in other states or going without needed care. Legislation is needed to provide for implementation of the State Plan to Address Alzheimer's Disease, other dementias, and mental health illness. There is a need to increase facilities throughout the state for treatment of brain-related and mental health illnesses.
- **BUDGET ISSUES:** Increase Medicaid waiver slots for elderly and disabled. Increase long-term care Ombudsmen. Create permanent state funding for services now funded with Tobacco Settlement funds.
- **CAREGIVERS:** There are 532,000 Nevadans providing care to loved ones and friends every year. This saves Nevada taxpayers an estimated 4 billion dollars a year by avoiding publicly paid care giving programs. Laws are needed that will help these volunteer caregivers to remain in the workplace while maintaining or increasing their ability to perform these valuable services.
- **LEGAL RIGHTS:** In order to protect the legal rights of older persons, the Legislature can do many things including revise elder abuse laws to better protect victims and to make prosecuting the crimes more effective, regulate private, for-profit guardians, and increase the number of professionals who are mandatory reporters.
- **MEDICAID:** Expand Medicaid services to include services that are provided in other states but not in Nevada, e.g. bed-holds at long-term care facilities, dental care, case management and medication management. Prioritize home and community based waived services over institutionalization.
- **NUTRITION:** Older people must be included in State planning for food security. In Nevada, 18.8% of seniors are deemed marginally food-insecure. Many depend on congregate or home-delivered meals as their only reliable nutrition. These programs are primarily federally-funded, and the funding is diminishing as the need grows.
- **TRANSPORTATION:** The number one need in the rural communities and the urban areas. Legislature can evaluate NDOT funding and regulations for local and intercity transportation in rural communities. Also, a Medicaid "non-medical" transportation waiver can be included in the Medicaid State Plan.
- **WORKFORCE:** Nevada lacks sufficient numbers of trained health care professionals in geriatrics. Many states have programs that help students repay their student loans if they agree to enter public sector employment for a certain amount of time. Funding and incentives for health care and social workers who work in geriatrics in the private sector would encourage people to enter the field. Additional funding to gerontology programs in higher education would increase the amount of care available to older people, help to attract businesses to Northern Nevada, and alleviate some unemployment.

Commission on Aging
Information for Legislators & Candidates
BEHAVIORAL AND COGNITIVE HEALTH

Currently there are few resources in Nevada for seniors with behavioral issues requiring assistance and which threaten their ability to remain in the community. Seniors with Alzheimer's disease or other dementias, or who exhibit behavioral issues are under-reported and under-served in Nevada's health care delivery system. Depression often co-occurs with other chronic diseases and is also a frequent bi-product of care giving. The existing primary care medical community is not well equipped to address differential diagnosis and care for Depression, Dementia and Delirium. Medication issues including over the counter medications and supplements contribute to behavioral change which is often mistaken or misdiagnosed. This results in many people being placed in facilities in other states or going without needed care. Legislation is needed to provide for implementation of a State Plan based on the Behavioral Health Gaps Analysis that includes treatment for seniors and the State Plan from the Task Force on Alzheimer's Disease regarding the treatment of Alzheimer's Disease and other dementias. There is a need to increase programs and facilities throughout the state for treatment of brain-related and mental health issues.

Need – Nevada has the highest geriatric suicide rate in the US. One in four attempted suicides will die. Almost 60% of the senior suicides saw their doctor within a month of their death; 25% told someone they planned suicide and 20+% experienced a traumatic event 2 weeks prior to their suicide. According to the Alzheimer's Association, by 2025 there will be 42,000 people in Nevada with Alzheimer's disease, a 100% increase from 2000. The cost will be an estimated \$1.1 trillion to care for them. In addition to these numbers, there are many people over the age of 65 with other forms of dementia, Parkinson's disease, traumatic brain injury, and other mental and behavioral health issues who are not being treated in Nevada.

Potential Model – Nevada has a comprehensive model in the Nevada State Plan to Address Alzheimer's Disease, and a task force that is responsible for implementing, monitoring progress and revising the state plan as necessary. On-going and expanded funding of the plan will be necessary for the task force to achieve these goals. Additionally, funding must be provided to establish behavioral health treatment facilities for people over the age of 60 in order to stop the out-of-state placements that are now occurring. If Nevada continues to send these residents out of state, no infrastructure will be available within the state when the other states' facilities begin to be fully utilized by their own expanding elder populations.

Benefits – Expanding the ability to treat persons with behavioral issues within the State of Nevada, in addition to creating the necessary infrastructure, will allow Nevada residents to receive the proper treatment earlier, within the reach of their families and other support systems, and more humanely in that they will not be moved from place to place as much. Relocation trauma is a strong factor in the lack of well-being and sometimes death of people with dementia and other illnesses.

Implementation – There are only 268 licensed beds with Alzheimer's Endorsement in Northern Nevada and 1,269 licensed beds in Southern Nevada. There are few day program and/or diagnostic and treatment resources in our communities. We lack programs for depression particularly those associated with care giving. The budgets of all state agencies serving this population should be coordinated in seeking viable solutions to the lack of appropriate facilities, and funding provided to improve Nevada's ability to treat people over the age of 65 who have behavioral issues. Additionally, the Task Force that is implementing and monitoring the State Plan to Address Alzheimer's Disease must be fully supported and funded.

Commission on Aging
Information for Legislators and Candidates
BUDGET ISSUES

Increase Medicaid waiver slots for elders and people with disabilities. Increase number of Long-Term Care Ombudsmen. Create permanent funding for community-based services now funded with Tobacco Settlement funds (Independent Living Grants). Streamline application process for Medicaid waivers.

Need: Unlike most states, Nevada has allocated a certain percentage of the funds received in tobacco settlement funds to grants that promote independent living for Nevada's seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. The funds have declined since 2009, and are due to run out in 2023. This funding is critical to prevent institutionalization, and permanent state funding for the Independent Living Grants (ILG) is necessary. According to the ILG 2013 Annual Report, these grants served a total of 10,985 clients at an average annual expenditure of \$399 per client, compared to the annual General Fund expenditure of \$18,564 to institutionalize a Medicaid client. Additionally, as the population of elders and people with disabilities continues to grow at an unprecedented pace, more community-based services are needed through increasing the amount of Medicaid money dedicated to the community based care waivers.

The 9.5 State Long Term Care Ombudsmen are now responsible for advocating for the residents in almost 1,500 beds each. This does not allow them to pay as much attention as they would like, especially to those who are in group homes. Aging and Disability Services Division is asking for more employees for this program in their budget.

Potential Model: Other states rely more heavily on federal money from the Older Americans Act to provide the services that Nevada funds through tobacco settlement funds. Also, savings derived by keeping Medicaid recipients out of expensive facilities can be reinvested in community-based services for seniors.

Benefits: Eliminating or postponing institutionalization saves taxpayer funds, provides for a better quality of life for the elder or person with a disability, and allows for participation in family and community activities. Nevada funds remain in-state rather than in supporting out-of-state facility placements. All of these suggestions add to the number of people who can remain in their home when they receive necessary services.

Implementation: Planning must be done for the time that the tobacco settlement funds will not be available to pay for the basic home and community based services that are now provided through the Independent Living Grants.

Commission on Aging
Information for Legislators and Candidates
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Commission on Aging
Information for Legislators and Candidates
CAREGIVERS

There are 532,000 Nevadans providing care to loved ones and friends every year. This saves Nevada taxpayers an estimated 4 billion dollars a year by avoiding publicly paid care giving programs. Laws are needed that will help these volunteer caregivers to remain in the workplace while maintaining or increasing their ability to perform these valuable services.

Need – In the U.S. approximately \$450 billion worth of uncompensated care is being provided by family or informal caregivers. Around 39% of all adult Americans are caring for a family member who is sick, disabled or elderly, which is up from 30% in 2010. A family member's relationship with a senior makes them the best possible resource to ensure seniors remain in their own home. Caregiving requires a person to be available 24 hours a day, 7 days a week, and can lead to feelings of isolation and depression. With on-going support, caregivers can continue to provide home care to millions of family members who are sick and disabled.

Potential Models – Unpaid "family" caregivers need to be recognized and supported. There currently is no legal definition or recognition in Nevada. Caregivers need to be recognized and included in hospital discharge planning and other home and community based services assessments and planning. Many states offer a form of Medicaid program support to help out family caregivers, even with financial support. Oregon has a program to help assist a spousal caregiver financially. New York allows any family member other than a spouse, parent or designated representative to be paid as a family caregiver. These programs are designed to help pay for caregiving by someone the senior knows and trusts. Additionally, unpaid caregivers deserve to be protected from discriminatory employment practices, much the way expectant mothers or employees with chronic diseases are protected.

Benefits – Seniors and people with disabilities will be able to stay in their homes with their families instead of being institutionalized. This saves taxpayers' money. Expanding Medicaid programs to include assistance to unpaid caregivers will help to avoid caregiver burnout and depression, so they can continue to provide care for their family members at a much reduced cost when compare to paying for 24/7 services.

Implementation – The State Medicaid Plan can be amended to include new programs that are designed to help family caregivers. Models are available in other states. Without help, family caregivers cannot take care of their family members adequately, and other more costly service will be needed.

Statewide data provided by Washoe County Senior Services

Commission on Aging
Information for Legislators and Candidates
LEGAL RIGHTS

In order to protect the legal rights of older persons, the Legislature can do many things. They include revising elder abuse laws to better protect victims and make prosecuting the crimes more effective; regulating private, for-profit guardians; and expanding the requirement of mandatory reporting of elder abuse to include more professionals, e.g. real estate brokers and salespeople.

Need: According to the U.S. Census Bureau, 2011 Poverty Data, over one million people in Nevada qualify for free or low-cost legal services because they live on less than 200% of the poverty level. Ninety percent of these Nevadans live in Washoe and Clark County. That means that 100,000 live in rural and frontier counties, some of which have over 50% of their population who are older than 65. Providing access to legal services for the elderly strengthens their independence and decreases the risk of their exploitation and institutionalization, improving the quality of their lives and saving the taxpayers' money.

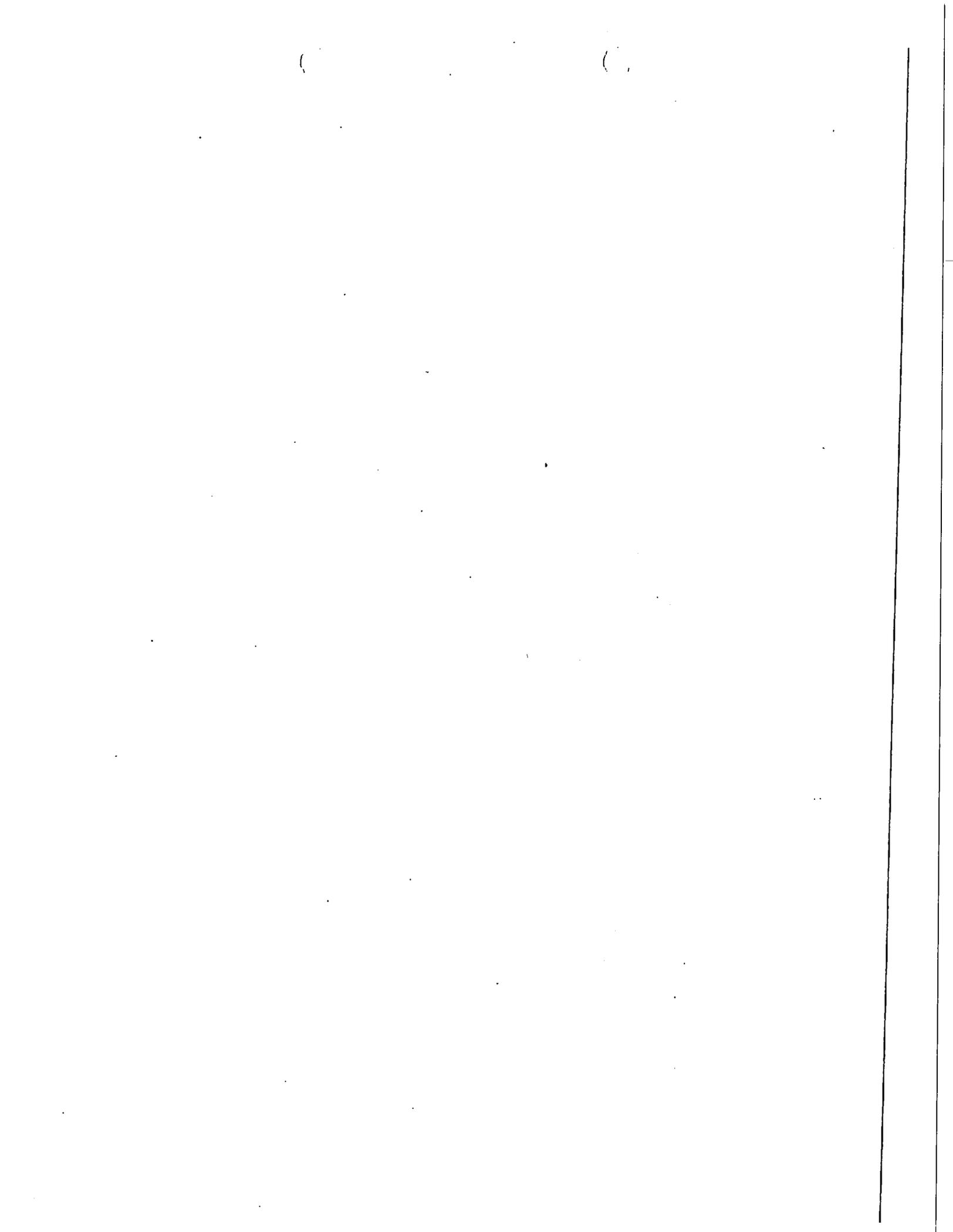
Potential Model: Many states have elder abuse laws that are more specific than those of Nevada. In Nevada, physical abuse includes sexual abuse. If the laws were more specific, it would allow for varying levels of proof necessary for prosecution. For instance, Nevada's law requires that to be prosecuted for the physical abuse of an older adult, the level of proof is "willful and unjustified." This prevents the prosecution of a caregiver who accidentally causes an injury to the person they are caring for but it also means that sexual abuse must also be proved to be willful and unjustified. This is a very difficult level for prosecutors to prove in sex abuse cases involving adults.

Additionally, in Nevada, private, for-profit guardians whose wards are not related to them are regulated by the courts. There are provisions in the law to appoint a non-related guardian without having a background check or providing a bond if the court can justify doing so. Other states require non-related guardians to be tested on state law, get a full background check, and get a license before they can be appointed by the court. This would professionalize this service, as well as protect the most vulnerable older people in Nevada.

In recent years, while other states were expanding their mandatory reporter lists, Nevada eliminated some professionals. The statutes for reporting elder abuse should be at least as strong as for the reporting of child abuse.

Benefits: Changes in the elder abuse, mandatory reporting and guardianship laws would provide more protections against abuse, neglect, isolation and exploitation for Nevada's elders; more prosecution of cases, including against serial offenders; and more accountability of private, for-profit guardians.

Implementation: In order to accomplish these recommendations, the Legislature will have to change statutes. Advocates and practitioners will work to bring suggested language, and will need willing legislators to help get the BDR's introduced, heard and passed.



Commission on Aging
Information for Legislators & Candidates
MEDICAID

Community-based Long Term Services and Supports (LTSS) are required to ensure the growing population of seniors remains healthy and can choose community care over institutionalization.

Need: Lack of essential medical services increases risk to seniors

- A. Nevada Medicaid covers emergency dental services, but not routine dental examinations or preventative care. The lack of proper oral care can lead to health issues, including oral cancer and heart disease. Preventative care would improve the health and quality of life of seniors, while being cost neutral by avoiding emergency care, unnecessary hospitalization and premature institutionalization.
- B. Similarly, Medicaid funded medication management and care management would prevent unnecessary hospitalization and premature institutionalization. According to medical literature, an estimated 3 million older adults are admitted to nursing homes due to drug-related problems, annually costing more than \$14 billion. Approximately 30% of hospital admissions of older adults are drug related; more than 11% from medication non-adherence and 10–17% from adverse drug reactions.
- C. And, when seniors are hospitalized from a group home, apartment or a long-term care facility, and their "bed" is not held for them, they are often unable to return after hospitalization. Federal Medicaid regulations allow payment for "bed-holds", which would preserve the seniors' home. Given the high occupancy in Nevada's long-term care facilities, the number of out-of-state placements Medicaid pays because beds cannot be found in Nevada, and the potential disastrous results of moving an older person from their home, this would be the right thing to do in Nevada.

Potential Models:

Authorize the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy to expand Medicaid Long Term Services and Supports to include bed-holds at long-term care facilities, dental care, and medication management and care management.

Benefits:

Preventive dental care keeps people healthier. If long-term care facilities hold beds for hospital patients, the cost of keeping them in the hospital decreases. Also, being able to keep Nevada residents in-state is better for the elder, and keeps Nevada Medicaid dollars in Nevada to shore up infrastructure for treatment of the increased numbers of older people in the near future. Additionally, this could result in bringing more federal matching funds into Nevada.

Implementation:

Authorize Medicaid State Plan Amendments to include medication management, dental examinations and preventive care, and case management services.

Commission on Aging
Information for Legislators & Candidates

NUTRITION

Older people must be included in State planning for food security. In Nevada, 18.8% of seniors are deemed food-insecure to some degree. Many depend on congregate meals served in Senior Centers or other community settings or home-delivered meals as their only reliable nutrition. These programs are primarily federally-funded, and the funding is diminishing as the need grows.

Need – Nutrition is a problem throughout the U.S. population regardless of age. In 2011, nearly one in five seniors (18.8%) age 60 and over living in Nevada reported being “marginally food insecure” in a report called “The State of Senior Hunger in America 2011: An Annual Report”. The U.S. average is 15.21% with the lowest being Virginia at 8.41%. Nevada had the fourth highest percentage of seniors who are marginally food insecure. Since 2007, the number of seniors experiencing the threat of hunger has increased by 34%. Data suggests that the economic issues facing Americans has had more enduring effects relevant to food insecurity for older Americans. The number of seniors affected increased 78% versus 39% for the portion of the population younger than age 60.

Potential Model – Governor Sandoval has identified addressing hunger as a core function of Nevada state government. A strategic plan was developed: *Food Security in Nevada: Nevada's Plan for Action 2013*. One of the core goals of the plan is to use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance. The Congregate and Home Delivered Meal program has provided food to thousands of seniors in Nevada and will be a crucial partner in helping the state to address the Governor's goals. Funding is currently needed to provide on-going operational funding for the program. It is proposed that the state provide permanent state funding for the Congregate and Home Delivered Meals Program.

Benefits – Relying on federal funding leads to under-funding the program, as the federal budget has not addressed the growth of the over-60 population. Hunger is a symptom of poverty. Basic nutrition is essential to good health. Inattention to this need increases or exacerbates the challenges and costs of other health care programs such as Medicaid, Medicare, mental health, general medical services and education. Consistent and adequate funding for nutrition through these programs would ultimately save the taxpayers' money while increasing the quality of life for the recipients.

Implementation – Funding for nutrition through the congregate and home-delivered meals programs should be included in the State budget to provide consistency in funding through supplementing the federal dollars.

Commission on Aging
Information for Legislators & Candidates
TRANSPORTATION

This is the number one need as identified by elders in Nevada in the rural communities and the urban areas. The Legislature can evaluate NDOT funding and regulations for local and intercity transportation in the rural communities. A Medicaid non-medical transportation can be included in the Medicaid State Plan.

Need – Transportation is the means by which people access the goods, services and social interactions necessary for an acceptable quality of life. It is a critical component of the ability of people to maintain independence as they age in their communities. Many seniors do not own a car or aren't capable of driving. They have to rely on friends, family or public transportation in order to buy groceries and medications, attend to non-medical necessities, or participate in social functions. A lack of transportation can lead to depression, isolation, loneliness, and self-neglect. Their health will suffer. The cost of public transportation, lengthy route stops or inaccessible bus stops are barriers to using existing transportation systems.

Potential Model – A waiver for non-medical transportation can be included in the State Medicaid Plan. This would allow for reimbursement of costs related to a participant's access to the community. It can be used to obtain services, use necessary community resources, and to participate in community life. Additionally, NDOT could expand their existing program of providing vehicles to rural areas for transportation. Programs can be developed and supported by the State to create additional transportation coalitions within the urban areas and between the rural communities.

Benefits – Elders who are able to get out of their homes have a much higher level of independence, better health, and as a result use much less public money to provide health care and housing. The state and counties spend significant resources to develop programs and events to help seniors stay active and healthier. However, these are not always available to people that cannot take advantage of the opportunities because they are isolated in their residences.

Implementation – Nevada's Medicaid State Plan can be amended to include a non-medical transportation waiver, as other states have done. A program has been started by the Aging and Disability Services Division to improve transportation coalitions throughout the state. This effort is hampered by a lack of resources, which could be eradicated with a modest amount of funding from the state. Finally, NDOT can work with the coalitions to use some of their existing funding to further the goal of better coordination among transportation providers.

Commission on Aging
Information for Legislators and Candidates
WORKFORCE

Nevada's health care workforce has significantly lagged behind a decade of explosive population growth and the fastest aging senior segment in the US. Nevada lacks sufficient numbers of trained health care professions in geriatrics, and will experience dramatic shortages in the next decade. Many states have programs that help students repay their student loans if they agree to enter public sector employment for a certain amount of time. From an economic standpoint, a well-developed workforce in geriatrics is a key to attracting businesses to Nevada. It will also help to alleviate unemployment to train people in a field where jobs are available.

Need – There is a shortage of geriatric health care workers in Nevada, and it is one that could be disastrous for an already under-staffed health care system. Nevada lacks: nurses (Nurse Practitioners, Registered Nurses & Licensed Practical Nurses); primary care providers; geriatricians; geriatric pharmacists, therapists (physical, occupational, speech); social workers and other key roles. These professions require long and costly training. Certified nursing assistants (CNAs) can be trained in a reasonable amount of time and meet a vital need. Nursing homes and in-home care providers rely heavily on CNAs in providing care.

Potential Model – Provide incentives to Nevada's educational system to respond to work force shortages. Many states have programs that help health care providers pay off their student loans if they enter the public service sector through federal programs. These careers are usually limited to government positions. Currently home care and community-based care services are not generally covered. A state funded program to help health care professionals at all levels to pay off their student loans while working in the private sector in geriatrics would help alleviate the shortage of qualified persons available as the aging population grows

Benefits – Building a competent workforce with high job satisfaction is important to keeping seniors in their homes instead of being institutionalized. It is also key to providing quality health care services to people who need consistent care for their chronic diseases. Helping to defray the cost of developing a good health care workforce and creating work sites that provide job satisfaction with less stress and more benefits would make Nevada a good place for older people to live and retire.

Implementation – Access existing federal funds. Provide private business incentives and consistent regulations to encourage workforce development and career paths. Restore funding to the Geriatric Centers in the Nevada System of Higher Education and provide for graduate degrees in geriatrics in both health and social work. Provide student loan relief to health care professionals and social workers who work in geriatrics in both the public and private sectors. Provide incentives and/or funding to community based organizations to provide clinical training opportunities for CNAs, community health workers and student rotations for professionals.

Attachment D

Commission on Aging Meeting
May 19, 2014
Item X. Draft Report from the NRS 439 Subcommittee
Presented by Edrie LaVoie, Chair

For the record, I'm Edrie LaVoie, Commissioner on Aging and Chairman of the 439 Subcommittee. I would like to thank the subcommittee members and our fellow commissioners, Maria Dent, Connie McMullen, and Patsy Waits. I would also like to thank ADSD staff, Sally Ramm and Cherrill Cristman.

Senate Bill 421, passed during the 2011 legislative session, changed the manner in which Master Tobacco Settlement Funds supporting the Fund for a Healthy Nevada are to be distributed in Nevada. The bill requires the COA to submit a biennial report to the Director of Health and Human Services, with recommendations regarding the needs and priorities of older adults.

Increased funding for supportive services to sustain independent living for seniors is critically important, as Nevada continues to rebalance its traditional funding bias from institutional care to home and community based care. Given the senior population explosion and limited state resources, funding cost effective community based services for seniors through Independent Living Grants (ILGs) must be Nevada's highest priority.

Addressing this priority can save the Nevada General Fund millions of dollars, by providing supportive services for seniors to delay or entirely prevent their institutionalization. Seniors make up the fastest growing population in Nevada, with the age 85 and older cohort skyrocketing. Increasing waitlists and diminishing resources are having a devastating effect on the already fragile system of community based care. In order to meet the demands of Nevada's rapidly aging population, the system's capacity must be strengthened.

This can be achieved by shoring up Independent Living Grants, which are a significant piece of the infrastructure necessary to improve the system of long term services and supports for senior Nevadans. These grants ensure access to services that enable seniors to live independently in the community, where they most want to be. The current ILG funding level only meets a fraction of the identified need. At least 65 percent of current ILG grantees report a waitlist of seniors waiting for services.

Consumers, ADSD staff, providers of services and senior center participants across the state, identified case management, home care and transportation as the most important support services that will enable older adults to remain living independent of costly institutional care.

Based on the research of the NRS439 Subcommittee, the Nevada Commission on Aging recommends case management, home care, and transportation receive the highest priority in funding decisions for Independent Living Grants. Additionally, the Commission strongly encourages additional funds be allocated to the Independent Living Grants as soon as possible.

I would be happy to answer any questions. If not, the subcommittee requests your approval of the NRS439 report.