2019 Session: Elder Issues in Nevada

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEETS FOR LEGISLATORS

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LEARN MORE ABOUT IDENTIFIED PRIORITIES FOR OLDER ADULTS IN NEVADA

- Access to Services
- Living Alone With Dementia
- Legal Rights and Older Adults
- Caregiving
- Respite Care
- Affordable Housing for Seniors

2019 Session: Access to Services

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

Access to services for seniors and people aging with disabilities has become **a very serious co**ncern for Nevada, individuals may not even be aware of **missed opportunities** for resources.

Many elders find they either do not qualify for state services or have to **wait months to see a provider** because of **increasing caseload growth, staffing to process the application, or limited funding**. ADSD waiver services enable people to remain in their homes where they often are most comfortable and want to be, however, disability and chronic illness may make aging in place difficult without **funding of Home and Community-Based Services** (HCBS) such as: adult day care; personal care; in-home care; augmented personal care in residential group homes; and, assisted living.

Per the most recent U.S. Census survey, data shows seniors make up approximately 14% of Nevada's population and are expected to increase dramatically as **Nevada is among the top in the nation for senior population growth**. Throughout all 17 counties, the percentage of seniors ranges from 8.8% to 26.1%. Compared to the total population, a much larger percentage of the senior population had a disability at 35.6% statewide. Percentages of seniors with disabilities ranged from 20.6% to 55.6% throughout individual counties.

IDENTIFIED NEEDS

- **Access** has presented a real **concern** in being able to maintain health, and longevity. Many seniors rely on neighbors, family, and friends for caregiving. Pressures mount for these unpaid supporters (See also pg. 6). The caregiving profession in general is in a state of crisis as paid professional caregivers are leaving the profession for higher paying employment, or are being lured away by competing industries.
- Elders residing in **rural Nevada have little access to providers or caregivers** and must travel great distances to receive services. Telemedicine has helped in this area, but much more is needed to make rural medicine meet the demand. Additionally, data gathered indicates those living in rural Nevada are aged, low-income, and living great lengths from neighbors, providers, or the nearest hospital or clinic.
- A **shortage** in the **health care workforce** has limited access to people who need care. Demand on **providers in nearly all fields** has presented a very real hardship in the delivery of care. Many providers are accepting only those patients who have private insurance, and maybe less costly to treat, while the low-income, those on Medicaid, wait longer for services they need.
- **Low Medicaid and Medicare reimbursement rates** for procedures are listed among the reason professionals are accepting fewer clients. Reimbursement rates across the board for all professions and services have not met the actual costs of providing the care in over 18 years. Consequently, accepting state Medicaid services has become a very real concern in many ways. Medicaid providers may accept a limited number of clients, and off set the cost of staying in business with more lucrative private pay clients, while other providers do not accept Medicaid at all. The practice forces people in need to wait months for appointments, if they are able to get an appointment.
- Another overriding issue with access in Nevada is the number of professionals who are opting to practice in other states where health care is more lucrative. Often professionals who complete their education in another state will remain practicing where they have lived, rather than return to Nevada where the cost of care is high, and reimbursement low in a growing aging demographic. Practitioners will opt to practice in states outside of Nevada because of low pay.
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2019 Session: Access to Services (Continued)

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

More About the Waiver

The **Medicaid Home and Community Based Waiver** enables older adults to **keep living in the community** as opposed to being placed in an institutional setting. For older frail adults and people with disabilities, waivers provide access to an array of community-based services including: personal care (bathing, grooming, toileting, transferring/ ambulating, dressing, eating); adult day care; respite care; homemaker services; chore service; and, adult companion. These services are provided in: an individual's home, community settings, Homes for Individual Residential Care, Residential Group Care or Assisted Living Facilities.

Costs for community- based services are significantly less than for a nursing home placement. To be eligible for a waiver, an individual has to be at imminent risk of nursing home placement and meet financial eligibility criteria.

As of January 2019, the **Frail Elderly Waiver** had **2,402 slots budgeted**; while the **Waiver for People with Disabilities** had **885 slots budgeted**.

While waiting to be enrolled in a waiver, elders are at highest risk of being placed in a nursing home, often against their wishes, or die while on the waiting list. **Slots for waiver services need to be increased to eliminate the waiting lists** and meet the needs of a rapidly growing aging population.

IDENTIFIED NEEDS (CONTINUED)

- Every year, especially during Legislative Session, advocates have addressed the **concern of low Medicaid reimbursement rates** to lawmakers. During different biennium's, some providers have received rate adjustments, but not enough of an increase to pay the actual cost of service. There is also a **disproportionate reimbursement to providers for similar services**, but different populations. And as the demand grows for state services there is an increasing divide separating dollars available among the populations. **The result for the elderly is a gap that is growing wider, the wait for services longer, and the waitlist of those waiting is larger, forcing those at imminent risk into institutional care or no care**.

ACTION NEEDED

- **Waiver Slots** - **Increasing waiver slots** will allow for more people to live in their communities. There are more than 566 older adults waiting more than 165 days or 18 ½ months for access to Home and Community-Based Services waivers. There are 469 People with Physical Disabilities waiting 316 days or nearly 11 months for services.
- **Eligibility**—The Waiver eligibility processes involve three state agencies and can span a total of 90 days just for a final decision, further delaying much needed services. **The current process is complex** for older adults to navigate, time intensive, and **does not support access to services at a reasonable pace**. Streamlined processes are needed to keep people in their homes.
- **Medicaid Reimbursement Rates for Waiver Services**– Reimbursement **rates for many providers offering community-based long term care services** including services in the home, personal care and adult day health care **have not been adjusted since 2002**. Since then, Medicaid has been expanded to provide more services to mothers and children, the Aged, Blind and Disabled, and childless adults. Current reimbursement rates do not fully support the cost of delivering services or the capacity for expansion to meet the growing demand for waiver services. After more than a decade of low reimbursement rates, many providers no longer accept Medicaid clients or have gone out of business.
  - **Review of the Medicaid rate methodology** for reimbursing postacute care facilities and personal care and home health services
  - **Support payment rates that are sufficient** to ensure that Medicaid beneficiaries have access to covered services.
  - Index the reimbursement rate to increase with inflation in future biennia.
  - In the event there is an **increase in the minimum wage**, that the provider **reimbursement rate be adjusted concurrently**.

2019 Session: Living Alone With Dementia

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

Nevada is hurtling toward a public policy crisis that when it surfaces into the open will command attention, test our values and raise defining issues implications for our society. It will tie together issues of homelessness, personal autonomy, health care and community-based services in a way not seen since the mental health crisis captured Nevada's attention. **Home Alone with Dementia will test our commitment to and definitions of: aging in place; home and community-based services; and, human rights and personal self-determination**. It will ultimately test Nevada against the premise that the "true measure of any society can be found in how it treats its most vulnerable members."

Current public policy leans toward enabling people to age in place by assisting with care and support needs. This at least nominally includes people with dementia, to live independently in their own homes for as long as possible.

Estimates suggest that approximately one-third of all people with dementia live on their own.

However, people with dementia who live independently do not necessarily have a good quality of life. People who have dementia and live alone are at greater risk of social isolation and loneliness. Research has found that 62% of people with dementia who live alone feel lonely compared to 38% of all people with dementia. Loneliness can lead to early death (Holt-Lunstad et al, 2010).

ACTION NEEDED

⇒ **Provision of services are needed to allow people with dementia to live independently in their own homes**. People with dementia who want to remain in their own homes should be supported to do so for as long as possible. However, people with dementia who live alone require high-quality homecare services to allow them to live at home with dignity. **Home and community based services are fiscally prudent as it can cost at least four times more for an individual to live in a skilled residential facility**. This is because people with dementia living alone can find it harder to access information about services, and obtain support, as they may lack support from another person to help them through the process. **Unmet care needs include**:

- Personal Care Needs & Daily Activities
- Person – Centered Services
- Wrap-around services
- Enhanced health care options under Medicaid
- Medication Non-adherence Support
- Home Safety and Modification Issues
- Emergency Response
- Wandering

⇒ **Provision of services that promote quality of life and prevent social isolation**. Over a third of people with dementia living alone had to stop doing things they enjoy as a result of a lack of services. It is important to recognize the importance of supporting people to carry out essential daily activities, however, it is fundamental that services should be available to ensure that people with dementia living alone can maintain a good quality of life. Services should include social groups, befriending services and accessible transport.

- Address core social determinants of health: transportation; nutrition; housing; social isolation

⇒ Raise awareness of dementia across Nevada. **Dementia Friendly Nevada** has brought together a wide collaboration to improve the quality of life for people with dementia and help them to overcome loneliness.

2019 Session: Legal Rights and Older Adults

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

When considering the legal rights of older adults, look to the least restrictive, most person centered approaches supported by evidence based practices.

Much of the discussion of legal rights in any context focuses on when there is a deprivation of those rights and a person is forced to take action to assert themselves.

Several areas of particular interest to older adult populations (age 60 and up) in the legal rights arena include:

- Freedom from unnecessary guardianship
- Appropriate administration and monitoring of guardianship
- Adjustments to nominations in guardianship
- Recognition of supports through things like powers of attorney and supported decision making
- Olmstead mandates and community living
- Access to legal representation
- Appropriate training for those involved in the legal field associated with the conditions and circumstances associated with old age
- Abuse, Neglect, Exploitation, and Isolation
- Misuse of legal holds and/or improper discharges from hospitals, care facilities, etc.

IDENTIFIED NEEDS

- Older Adults in Nevada find that they are often treated as if they can't make informed decisions because of their age or a given diagnosis. While the law is clear that **a person retains their right to make choices**, if providers or institutions such as banks or doctor's offices don't recognize that agency, the individual is left to navigate unfriendly systems.
- Older Adults in Nevada who are in need of assistance and who do not have informal or other supports **may need placement and referral to local public guardians in the state** but find there are statutory **barriers to referral and screening**. This functions such that third parties petition for public guardian involvement and the guardian must be appointed first to then investigate whether they should have been involved in the first place and/or substantial delay in evaluation and securing of care and/or paysources for the vulnerable older adult in the interim.
- Older Adults in Nevada who do find themselves under guardianship continue to need protection but also sustained recognition of their retained rights to autonomy and choice, including the avoidance of placement in overly restrictive settings such as locked facilities.
- Older Adults in Nevada may wish to establish **supported or proxy decision makers** and then are deprived of their existing legal right to revoke such decisions without court involvement.

ACTION NEEDED

Multiple interim committees looked at the needs of older adults either indirectly or directly. Several BDRs originated from those committees including: BDR 99 and 164, among others sponsored directly by legislators:

- BDR 99—Revises provisions governing guardianship (Interim)
- BDR 164—Enacts provisions governing supported decision-making agreements (Interim)
- BDR 19-472—Revises provisions governing notaries and guardians (SOS)
- SB20—Revises provisions governing the creation and administration of guardianships (Judiciary)

2019 Session: Caregiving

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

Key statistics about family caregivers:

- There are an **estimated 350,000 Nevadans providing unpaid care to family**, friends and neighbors allowing them to live independently (AARP)
- Family caregivers provide the majority of unpaid care for their loved ones, at an estimated saving to Nevada taxpayers of $4 billion per year (AARP)
- Up to **75% of caregivers are women**; the majority are middle aged or older: and **60% of caregivers are employed** full or part time outside of the home.

Caregiving tasks:

- **Personal care** – Includes tasks such as bathing and managing incontinence
- **Medications** – Almost 50% of caregivers administer 5 to 9 prescriptions each day
- **Complex medical tasks** – Includes wound care, intravenous medications and injections
- **Coordination of care and services** – Accessing community-based services such as personal care, managing medical care, transportation, financial affairs and medical insurance.

Impact on caregivers:

- **Physical and emotional stress** results in higher rates of depression, chronic illness and even death.
- **Financial stress** includes ongoing out-of-pocket expenses, lost workplace time, and/or resignation from a job in order to provide full time care. Lost income and benefits, on average, for family caregivers over 50 due to providing unpaid caregiving is $303,880 over a caregiver's lifetime.

IDENTIFIED NEEDS

- **Education and training** – Family caregivers receive little or no education or training to care for their loved ones' physical and mental health conditions yet are often called upon to provide complex medical or nursing tasks along with emotional support for loved ones with chronic diseases and cognitive disorders, such as Alzheimer's disease.
- **Supportive services** – Home and community-based services, such as adult day care, personal care, respite and case management help family caregivers manage caregiving tasks, reducing burden and stress. There is already a shortage of affordable, quality community-based services and providers; the projected demands of the state's growing senior population will place severe stress on a fragile system, increasing the risk of costly nursing home placement.
- **Sick Leave Flexibility** - Caregivers who are employed need to take occasional time off work for caregiving. Some employers, including the State of Nevada, allow employees to use accumulated/earned sick leave for caregiving for family members, but many employers do not allow using sick leave for anyone other than the employee. This forces employees to jeopardize their jobs or quit due to caregiving responsibilities.
- **Respite** – Defined as a break from the demands and responsibilities of caregiving. (See also pg. 7).

ACTION NEEDED

- **Support and pass legislation** allowing Family Caregivers who are employed the flexibility to use accumulated/earned sick leave or a portion of within company policy, for caregiving responsibilities for family members. BDR 53-169
- **Provide state funding** to Nevada's Aging and Disability Resource Centers (federally designated entities serving as a no-wrong door/single point of entry into the long-term supports and services system) to expand resources for family caregivers including the provision of information, counseling and assistance to empower individuals and families to make informed decisions about their long-term care needs, access public/private services and reduce the negative consequences of caregiving.

2019 Session: Respite Care

Commission on Aging Subcommittee Concerning Legislative Issues

INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

Respite is defined as a break from the demands and responsibilities of caregiving. (See also pg. 6).

Respite care needs are lifespan needs, from the parent caring for a disabled young adult to the adult caring for an aging parent, spouse or other family member who cannot be left unsupervised. Child care providers are desperate for staff as well as home care agencies experiencing the same issues-and with the predicted increase of dementia as determined by the Alzheimer's Association the pool of workers to provide respite will not even come close to meeting the demand. Most likely the low pay and lack of benefits are the strongest reasons for this shortage of providers.

The **lack of these respite care workers** is placing severe stress on a fragile system, increasing the risk of costly nursing home placement not to mention the medical and mental decline of the family caregiver who cannot find respite assistance in order to take breaks from their caregiving duties.

Although this shortage of respite workers covers all ages and incomes, it is the middle and low income caregivers/families that cannot afford to pay for these services even if they could locate them.

ACTION NEEDED

- **Providing adequate funding for respite needs**, including but not limited to funding existing programs and initiatives such as REST (Respite Education and Support Tools) and Self-Directed Care (For example, Veteran's Self-Directed Care and Self-Directed Care targeted to the Rural region).
- **Investigate and implement recommendations** regarding programs or projects to meet needs that would **foster improvement of respite care options**:
    - **Funding** a project that identifies all of Nevada lifespan respite needs as the workers come from same bucket which appears to have a lot of "leaks". If you put your finger in one hole then other hole(s) will just leak faster.
    - **Funding "out of the box" pilot projects** like the "Friends Day Out" using the Java Music Club Program as a community based volunteer program that Rural RSVP is initiating in the rural areas and requires additional funds for operational costs. Maybe even growing it into respite for all in need.
    - **Creation of a student Respite Corps** where students heading for college with a health care or educational major to get paid in Tuition Dollars for working as a respite worker. As Nevada law currently limits the age of personal care attendants to 18 and up, it may be an appropriate discussion to start about lowering the age of those eligible to serve, possibly via a demonstration or pilot program.
- **One size does not fit all**. **A variety of respite care must be available**. Provide case managers or life coaches to identify needs and solutions using the "care partners" model.
- **Encourage managed care organization to address Social Determinants**, such as paying for a respite worker as a benefit. While the care recipient may have their needs addressed, the caregiver's health is not taken into account-If there is no family caregiver the care recipient is at greater risk for increased medical and social needs.

2019 Session: Affordable Housing for Seniors

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INFORMATION SHEET FOR LEGISLATORS

Understanding the Issues

After a period of economic recession, Nevada has experienced significant economic growth and development. Nevada's pro-business environment has led to a rapid growth in large and small businesses locating to Nevada. The growth of new businesses in Nevada has brought a significant population increase as companies relocate employees from other states and fill new positions. This rapid population increase has commanded an enormous demand for affordable housing.

One of Nevada's biggest challenges for older adults is housing. During the recession, many people age 50-65 lost equity in their homes or lost their homes entirely. Lower-income homeowners 50 and over hold most of their wealth in home equity. This group lost 30 percent of their net wealth between 2007 and 2010 because of the housing crash. Many became renters and are now at the mercy of the current rental affordability crisis.

The lack of affordable housing has become a crisis for many of the 400,323 Nevada residents 65 years of age and older. Housing that is affordable, accessible and conveniently located is in very short supply. **Many older adults are paying more than 30% of their income solely for housing. High demand for housing has produced a rapid increase in rents.** Seniors living on a fixed income or relying on low income subsidies are being squeezed out of their housing.

IDENTIFIED NEEDS

- **Lack of available federally-subsidized rental housing** – This shortage has produced long wait list and wait times leading older adults to become homeless.
- **Housing with basic accessibility features** – Increased health and safety needs require older adults to have accessibility features such as no-step entries, extra-wide doors to allow walkers/wheel chairs, and lever-style door and faucet handles.
- **Accessible transportation** - The majority of older adults state they want to age in place in their current home. This requires access to transportation in order to obtain health care, groceries, and social activities.
- **Two year or longer rent agreements** designed with a cost of living increase each year for individuals 60 years and older.

ACTION NEEDED

- 22-379, 32-381 - Support legislative **initiatives to finance affordable housing** projects, especially projects developed **specifically for seniors**.
- 38-380 - Support legislation directing Nevada's Department of Health and Human Services to **expand the Medicaid 1915(i) State Plan Option**. This will allow Medicaid to offer a variety of services under a state plan for Home and Community based services that facilitate housing as part of health care.
- **Support county innovative initiatives** that increase older adult's ability to age in place.
- **Advocate for creative initiatives by state and county entities** focused on expanding affordable housing for seniors such as shared living, housing co-ops, and two rent rent agreements.