



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

Administrative Office
3416 Goni Road, D-132
Carson City, NV 89706

(775) 687-4210 • Fax (775) 687-0574
adsd@adsd.nv.gov

RICHARD WHITLEY
Director

JANE GRUNER
Administrator

BRIAN SANDOVAL
Governor

MINUTES

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

Date and Time of Meeting: August 10, 2015
11:00 a.m.

This meeting had a video conference at the following locations:

Reno: Washoe county Complex
1001 E. Ninth Street
Building A
Reno, NV 89512
(775) 328-2000

Las Vegas: Desert Regional Center
1391 South Jones Blvd
Training Room
Las Vegas, NV 89146
(702) 486-3715

Elko: Nevada Early Intervention Services
1020 Ruby Vista Drive
Suite 102
Elko, NV 8980
(775) 753-1214

I. Call to Order/Roll Call
Jane Gruner, Administrator, Aging and Disability services Division
(ADSD)

Members Present: Jane Gruner, Mark Manendo, Stavros Anthony, Lisa Krasner,
Mindie Lloyd, Connie McMullen, Patsy Waits, Travis Lee, Nancy Anderson

Members Absent: Richard Whitley, Assembly woman Ellen Spiegel, John Rice, John Thurman

Guests: Sharon Benson, Jeff Duncan, Jeff Klein, Wayne Alexandria, Susan Hirsch, Jeffery Klein, Theresa Cooke

Staff Present: Camala Foley, Sally Ramm, Heather Korbolic, Carrie Embree, Tammy Ritter

The Commission members introduced themselves and explained why they are a part of the Commission on Aging.

A quorum was declared.

II. 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.)

No public comment

III. Approval of the Minutes from March 16, 2015 Meeting (For Possible Action)

Patsy Waits made a motion to approve the minutes. Travis Lee seconded the motion. The March 16, 2015 minutes were approved.

IV. Welcoming Remarks

Jane Gruner, Administrator, ADSD

Jane Gruner welcomed the Commissioners. Jane Gruner explained she appreciates the time the Commission is devoting to assisting the State of Nevada to guide our services and supports for seniors. The Commission will affect all seniors present and future as we continue to build our long-term services and supports system. Jane Gruner thanked John Thurman for his dedicated service on the Commission for the past 4 years.

V. History of Aging and disability Services

Jane Gruner, Administrator, ADSD

In 1971 the Nevada State Legislature established the Division for Aging Services, now the Nevada Aging and Disability Services Division. Since its inception more than 40 years ago, the Division has been the primary state agency advocate for Nevada's elders charged with developing, implementing and coordinating programs for senior throughout the state. The service delivery system within Nevada has changed considerable over the past decades. Changes reflect

Nevada's population growth, new federal regulations and enacted within the state to better serve Nevadans.

In 2000, the Olmstead Decision, along with the Americans with Disability Act, provided guidance to states identifying that people should be served in the most integrated setting. It prohibited states from unnecessarily institutionalizing persons with disabilities and encouraged states to develop community based living and work options.

The NV Department of Health and Human Services, in an effort to address these federal initiatives requested funding during the 2001 Legislative Session for a Strategic Plan for Senior Services and for Persons with Disabilities. The focus on the plans was to expand community based integrated service options.

The Department of Health and Human Services began to focus on building a service system to support long-term services and supports for seniors and individuals with disabilities. Gradually programs for individuals with disabilities were merged into the Division of Aging Services and the name was changed to Aging and Disability Services Division. 2013 brought consolidation of Early Intervention Services and Developmental Services creation a lifespan service system. In 2015, the Physical Disability Waiver and the supporting staff joined Aging and Disability Services Division.

The Commission on Aging (COA) has had a great influence on the direction the state has taken as it has moved forward to innovate and develop a long-term system of services and supports that meet the needs of a growing state. As we continue to move the service system forward, it will be essential for Commissioners to understand the needs of the consumers they represent and to understand the great responsibility one takes on in becoming a Commissioner.

Commission Mission statement:

The mission of the Governor's Commission on Aging is to facilitate and enhance the quality of life and services for all Nevada seniors through partnership with the Aging and Disability Services Division and other entities.

Commission Vision Statement:

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

VI. Open Meeting law overview

Sharon Benson, SDAG, Nevada Attorney General'

Sharon Benson explained the idea of Open Meeting law is that the Commission as a public body is doing the people's business. Discussion should be done in the open and so that the public may participate.

Open Meeting Law NRS 251:

- Deliberations and actions must be done openly in the meeting
- Agendas are to be posted 3 working days before the meeting takes place
- Agendas are to be posted on the State website, the Division website, place of business, and meeting location. The affirmation of posting is required.
- Follow the Agenda Items
- Allow public comment at the beginning and end of the meeting. Public comment may also following an agenda item
- Meeting needs to have an audio recording
- A quorum is required to vote in a meeting. A quorum is the majority of voting members.
- An Open Meeting law violation can be resolved.

VII. Nevada Revised Statutes 427 and Responsibilities of Commission on Aging Members

Jane Gruner, Administrator, ADSD

Jane Gruner explained the Responsibilities of Commission on Aging. The Commission was given 4 mandates including:

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

The Commission may provide the following:

- Establish priorities for programs funded under the Older Americans Act of 1965.
- Review and approve the State Plan.
- Gather and disseminate information in the field of aging.
- Conduct hearing, conferences and special studies on the problems of older persons and on programs which serve them.
- Evaluate existing programs for older person and recommend needed changes in those programs and propose new programs which would more effectively and economically serve the needs of older persons.
- Evaluate any proposed legislation which would affect older persons.
- Recommend to the Legislature any appropriate legislation.

- Coordinate and assist the efforts of public and private organizations which serve the needs of older persons, especially in the areas of education, employment, health, housing, welfare and recreation.

How can each individual Commissioner support this mission?

- Attend COA Meetings and participate in the discussion during the meeting. Questions are always welcome.
- Bring the issues of older people to the Commission and be solution oriented in finding ways to address their issues.
- Participate in one or more of the COA subcommittee's. The subcommittee's truly move the senior initiatives forward and are a great way for you to put your signature on the system.
- Share information from the COA with other's in your community.
- Share your concerns regarding senior issues with your local and state leaders.
- COA member is needed to serve on the Grants Management Advisory Committee.
- COA members may visit programs.

VIII. Subcommittee Overview and the Role of Subcommittee Members Sally Ramm, ADSD, Elder Rights Attorney

Sally Ramm is the Elder Rights Attorney for the State of Nevada and also interacts with the Subcommittee's for COA. The Chair may appoint subcommittee's or advisory committee's composed of members of the Commission, former members of the Commission, and general public who have experience or knowledge of matters pertaining to the elderly. Sally Ramm explained that the current subcommittee's for COA is primarily made up of non-Commission members. Sally Ramm encouraged COA members to join a subcommittee.

Subcommittees may only have 5 voting members and only 3 can be Commission members. Subcommittee members are generally gathered from different geographical locations around the State of Nevada. Subcommittees are an advisory to the Commission. The Subcommittees get approval by the Commission. Subcommittees have limitation to subjects within the scope of the Commission and are required to follow Open Meeting Law.

Strategic Plan Accountability Subcommittee:

- Chair Person Connie McMullen.
- Gather information and analysis on the current affects and policy's and statutes regarding the state programs for elderly people.
- Work with Medicaid and Nevada Healthcare Association on the availability and quality of Community Based Services.

- Bring information to the Commission on current trends and issues in the provision of services to seniors. Also provide information to the Legislature

Subcommittee on Legislative Issues

- Subcommittee since 2008
- Chair Person Jeff Klein.
- Keeps Commission informed on state and national legislative issues that will affect the elderly.
- Present the Commissions position during the legislation session
- Consult legislators throughout the biennium.

NRS 439 Report Subcommittee

- Subcommittee since 2013
- 2013 Legislature changed the way funds are allocated
- COA report about the needs of the elderly in Nevada as it applies to our Independent Living Grant funded by Tabaco Settlement funds. The report must contain a prioritization and quantification of the needs of seniors. Due on or before June 30 of each even numbered year. Commission approves report before submission to the Administrator and Director.

Bylaws Subcommittee

- Subcommittee formed 2 years ago.
- Connie McMullen, Sally Ramm, and Stavros Anthony.
- Mission is to review and revise the bylaws of the COA.
- Submit suggestions to the Commission.
- Sally Ramm suggested looking at the statutes, bylaws, mission statement and vision statement.

Sally Ramm explained subcommittees can be formed by the Chair. Subcommittees need to meet regularly, have a Chair person involved in the work, and set an agenda with goals.

IX. Healthy Aging in America, Nevada and Local communities and Possible Recommendations by COA (for possible action) Jane Gruner, Administrator

Jane Gruner explained an overview of what is happening for seniors in the United States. What is happening in America is also happening in Nevada for the senior community. Nevada is one of the fastest growing states for senior moving to our state. The Commission discussed collaborating with public health. The Commission discussed senior suicide which is a recommendation. Connie McMullen explained that Las Vegas has a very high rate of elders that find themselves in a situation of abandonment. Jane Gruner added if supports are in place earlier then a higher risks of supports will not be needed. The Commission

discussed education for seniors on HIV, mental health issues, and crimes among seniors.

X. Staff Overviews

Sally Ramm, ADSD, Elder Rights Attorney
Heather Korbolic, ADSD, Ombudsman
Carrie Embree, ADSD, Elder Protective Services
Tammy Ritter, ADSD, Community Based Care
Jeff Duncan, ADSD, Supportive Services

Sally Ramm discussed Elder Rights Attorney. Please see attachment A

Heather Korbolic discussed Ombudsman. Please see attachment B

Carrie Embree discussed Elder Protective Services. Please see attachment C

Tammy Ritter discussed Community Based Care. Please see attachment D

Jeff Duncan discussed Supportive Services. Please see attachment E

- Connie McMullen inquired about the use of Supportive Services in the focus groups for the Tabaco Settlement Plan.

XI. Administrator's Report

Jane Gruner, Administrator, ADSD

Integration Update:

Jane Gruner explained in 2014 a Consolidation Plan was developed. Goals, objectives and strategies were developed to bring Developmental Services, Early Intervention, Aging and Disabilities Services and WIN Waiver together. The strategic plan contained 5 primary goals.

Goal 1: Increase funding and services to meet national or state accepted funding levels by service population.

- Jane Gruner explained the importance of a seamless system to enable seniors to receive support from programs sooner. Jane Gruner explained the importance of Prevention and Wellness including dental. Public Health Department provided funding for immunizations for seniors.
- Determine acceptable rates for each service type. Work with the legislature to adequately fund a safety net system for vulnerable people. Create a system to support the delivery and coordination of service including the ability to quantify system needs. ADSD received funding to support development of a strategic plan for seniors and persons with disabilities to help identify such needs. Strategic Planning and Accountability Group tracked meeting goals and needs. Disability group

and SPAC group will create a group along with a facilitator that will work on the 5 year Strategic Plan.

Goal 2: Adopt and implement a Universal, Person-Centered Framework.

- Design and implement a customer service philosophy that includes families and caregivers.
- Aging and Disability Services staff is participating in Person Centered Training

Goal 3: Establish a Standardized, Evidence-based Service Delivery System for all ADSD programs; regardless of population or region. Three key components of care include access, transportation, and collaboration.

- Establish and effective communication plan for the Division. Develop solutions for standardizing and sharing (as appropriate) client records including information technology records.

Goal 4: Adopt and report on criteria that demonstrates outcomes and efficiencies.

Goal 5: Develop a system to recruit and retain a highly-trained, adaptive, skilled workforce.

- Develop methods to assist in the recruitment and retention of highly qualified staff.

AARP Scorecard for long-term Services and Supports for older adults is available on their website. Nevada's score went from 36 to 37. Nevada ranked 7 in fall prevention.

Nevada has joined National Core Indicators. It is a survey of Nevada's Community Based living options. Then it can be compared across all states. Nevada is the 46th state to join. Four hundred people are interviewed starting with the individual surveys. National Core Indicators is able to receive data and provide different reports as needed. Benefits include focusing on how consumers view services and how services impact their quality of life.

Manage Care

SB 514 to investigate the use of managed care along with long-term services and support in Nevada for the aging, blind, and disabled. Language allows for a report to be prepared for the Governor. Jane Gruner explained information requirements and network adequacy. Manage Care covers Clark County and Washoe County but should include the whole State of Nevada. Jane Gruner explained most states found their cost savings in the reduction of senior being in institutional care. Tammy Ritter commented on customer satisfaction and the fear and concern of services being reduced. Jane explained nationally works best for the aging verses disabilities because manage care already provides most services for the aging side. Connie McMullen mentioned in Clark County they have no waiver services.

No Wrong Door

The Strategic Plan for providing information and referral. Aging and Disability has worked with Medicaid along with other entities. The Steering Committee has applied for the Implementation Grant. Jane Gruner commented if any Committee members are interested upcoming meeting are posted on the ADSD website www.adsd.nv.gov. No Wrong Door consists of one application with a level one assessment to direct you to the appropriate services.

ADSD Budget Summary

Jane Gruner reviewed the ADSD Budget Summary. Please see Attachment F

XII. Wrap up on the 2015 Legislative Session

Julie Kotchevar, ADSD, Deputy Administrator
Sally Ramm, ADSD, Elder Rights Attorney

Sally Ramm explained

AB 222 allows a division of those who survey and license to impose penalties in addition to those already allowed on persons who operate a facility for the dependent without a license.

AB 51 requires broker dealers and investment advisors of securities to provide training to certain persons including the staff on any security agency or company that is selling securities. Concerning the identification and reporting of suspected exploitation of older persons and vulnerable persons. It also requires a designation of persons in their organizations to whom reports of exploitation are to be sent.

AB 223 Revised the elder abuse laws to include abandonment. It also expanded the definition of abuse to include a definition a psychological and sexual abuse.

AB 325 Requires persons who are paid professional guardians of 3 or more unrelated people to be licensed by the State of Nevada through the Department of Business and Industry.

SB 177 CARE Act bill allows a person to designate a caregiver when admitted to a hospital or in an advance directive. And requires the hospital to notify the caregiver of a planned discharge and provide training to the caregiver for aftercare for patient.

SB 262 Allows a person to be appointed as a guardian over a Nevada resident when the guardian lives in another state.

The 2015 Nevada Legislature has come to a close. Bills for seniors and persons with disabilities tended to fall into three categories:

Choice and Access-

There were a number of bills that sought to provide for expanded choice. AB 128 sought to give persons with a disability the opportunity to make decision regarding their own healthcare by making the power of attorney form accessible. AB 307 provides for a pilot program designed to deliver intensive wrap around services for children who have an intellectual disability and Autism. This created a process by which families and children can remain in Nevada to receive services rather than seeking a provider out of state. AB 200 ensured that persons who are Deaf and hard of hearing have the tools necessary to access the services they need to be independent. The bill broadened the services ADSD could provide to ensure access to Health and Human Services, education, and employment services, AB 5 established Integrated Employment as the primary option for persons with an intellectual disability who are training for or seeking employment.

Protection and Safety

Bills that sought to ensure protection were also present. Bills such as AB 325 and SB 262 sought to ensure that persons who are under a guardianship were protected. AB 28 strengthened the system by which vulnerable persons in institutions and nursing homes had a voice through the Long-Term Care Ombudsman. AB 51 expanded training required by financial institutions to include elder abuse and exploitation to better ensure seniors are protected from predatory financial practices. Lastly, AB 223 defined abandonment as it relates to the care of older persons and vulnerable adults.

Enabling Language

Enabling language in a bill permits but does not require the State to do something. Because the state is not required to perform the action, funding is often not included. However, enabling language is critical to the development of new programs. Enabling language provides for the critical planning time so necessary to the development of good programs and initiatives. Such language also implies some level of intent. Through the establishment of intent, authority is given to develop programs, change policy, or establish the direction the programs should head. This helps to strengthen future requests for funding. There were a number of bills that passed that have the potential to impact the lives of seniors and persons with disabilities. SB 419 created the Nevada ABLE Savings Program as a qualified ABLE program under the federal Achieving a Better Life Experience Act of 2014. This program allows families of a child with a disability to save money for their child in an ABLE savings account mirrored on the 529 college savings account. These accounts are limited to \$100,000 and have to be used to support the individual in certain categories such as health or job related expenses. This bill also allowed ADSD to develop a program designed to assist persons who have a visual disability. SB 269 created an interim study committee to research issues regarding the behavioral and cognitive care of older persons. This was identified as a significant gap in

services for seniors and this study provides an opportunity to identify core services and needs.

- XIII. Mental Health Update and recommendations from the Council on Behavioral Health and Wellness and Make Possible Recommendations (For Possible Action)
Jane Gruner, Administrator

Jane Gruner explained the Commission on Aging will be addressing mental health issues. Last year COA presented a report to the Behavior Health and Wellness Council and from that a report with recommendations was given to the Governor (Please see Attachment G). On the Attachment G Jane Gruner noted the new/changed recommendations. Richard Whitley has asked the COA to address each recommendation. Richard Whitley has offered his supported in funding and changes in NRS. Connie McMullen commented that Wendy Simmons was appointed the Deputy Director of Medical Veterans and would be beneficial for her to represent senior veterans.

COA will have a presentation every meeting on mental health.

- XIV. NV State Plan on Aging Update with Possible Recommendations by COA (For Possible Action)
Cherrill C. Cristman, ADSD, Supportive Services

- XV. Report from the Senior Services Strategic Planning and Accountability Subcommittee.

Connie McMullen, Senior Spectrum, Subcommittee Chairperson

Connie McMullen reviewed AB 310 Manage Care and the No Wrong Door report, individuals will be attending the statewide committee to weigh in. Connie McMullen explained that Julie Kotchevar talked about the budget, strategic plan, Senior RX, low income dental pilot program, and the Property Tax Assistance program. An application approval process will be completed by January and if approved will be working by June or July 2016. Property Tax Assistance program does not include renters. 4.8 million would go directly to seniors for reimbursement of property tax, and \$200,000 would go to processing applications. In 2011 7,000 seniors received the Property Tax Assistance program. The Final Olmstead report was submitted by Tony Records. Connie McMullen explained the report did not include mental health or the senior population. An addition to Tony Records report will be made. The next meeting for Senior Services Strategic Planning and Accountability Subcommittee will be on September 22, 2015. Daniel Mathis, Executive Director of Nevada Healthcare Association, will give an update on AB 242 creating a subcommittee on post-acute care. Connie McMullen explained part of Olmstead is that waiver services move at a reasonable pace of 90 days to get services. If it takes longer than 90 days it is denial of access to care. In regards to small business tax some

personal care agencies will need to pay the Affordable Care Act. Connie McMullen commented Committee members are always welcome to join meetings for the Senior Services Strategic Planning and Accountability Subcommittee. Four members on the Subcommittee are from Clark County.

XVI. Report from the Legislative Subcommittee

Jeff Klein, NV Senior Services, Subcommittee Chairperson

Jeff Klein is the CEO on Nevada Senior Services and co-Chair of Health Care Quality and Compliance Adult Day Healthcare. Jeff Klein explained Legislative Subcommittee. Jeff Klein explained 2 years ago the Subcommittee pre-legislative redefinition of strategy development. New legislators may not have the history of senior issues. Jeff Klein explained educating the legislators on senior issues. Please see Attachment H.

Jane Gruner commented that the budget presentation was split into two presentations due to the amount of participation. Jeff Klein commented that it is important for the committee members to be acquainted with the legislators, updating them on senior issues. Jane Gruner commented that the Veterans, Seniors and Disability group does a lot of legislation for COA. The Committee discussed seniors moving to Nevada.

XVII. Set Meeting Dates for the Next Year (For Possible Action)

Jane Gruner, Administrator, ADSD

Proposed Commission Meeting Dates for 2015-2017

- Tuesday September 29, 2015
- Tuesday December 1, 2015
- Tuesday February 16, 2016
- Tuesday May 17, 2016
- Tuesday September 6, 2016
- Tuesday November 29, 2016
- Tuesday January 17, 2017
- Tuesday April 18, 2017

XVIII. Consider Agenda Items (For Possible Action)

Jane Gruner, Administrator, ADSD

Committee Members may send any future agenda items to Anita Curtis.

XIX. 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.)

No public comment

XX. Adjournment

The meeting was adjourned



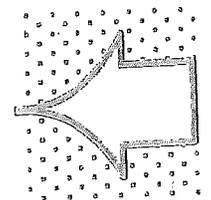
COA Meeting August 10, 2015

Attachment A

DUTIES, REQUIREMENTS AND SKILLS
Specialist for the Rights of Elderly Persons
NRS 427A.1234

The person named as Specialist for the Rights of Elderly Persons (Elder Rights Attorney) is required to be a licensed attorney in the State of Nevada, and is personally responsible for maintaining that license through membership in the State Bar of Nevada and through completing the required number of Continuing Legal Education credits each year. The position requires strong writing, analytical, organizational and interpersonal skills. Some of the duties performed by the person in this position are:

- Provide advocacy and information relating to the legal rights of elderly persons.
 - + Work closely with the Title IIIB legal services providers, to inform them of cases in other states, federal and state programs, and the requirements of their grants. Assess them on a regular basis for compliance with federal and state requirements.
 - + Assist legal services providers, including Legal Service Corporation grantees, in improving access to legal services for older Nevadans.
 - + Provide information to agency, department, and legislature on legal issues affecting Nevada's seniors.
 - + Work closely on legislation during sessions. Serve on the Department's Legislative Liaison committee. Report to the Commission on Aging and Administrator of Aging and Disabilities Services Division and staff about legislation. Give oral reports to grantees and other organizations on the effect legislation will have on their clients.
 - + Participate in the meetings of and contribute information to the Silver-Haired Legislative Forum and the Governor's Commission on Aging.
- Provide technical assistance, training and support to:
 - + Attorneys who are representing elderly clients
 - + Law enforcement agencies
 - + County social service departments



HERE

- + Employees of long-term care facilities that do not understand certain provisions of the law. Also employees of senior housing developments
 - + Long term care ombudsmen and elder protective services social workers that have questions on behalf of their clients. Also social workers from the Community Based Care unit
 - + Grantees who are concerned about how certain laws affect their clients or their activities
 - + The Deputy Attorney General for Aging and Disability Services.
- o Work with all programs at the Aging and Disabilities Services Division, assist in planning strategies for the handling of cases from a legal perspective, brainstorm with grants unit on providing clear requirements for the grantees on what is or is not allowed within their grants, and work with everyone on privacy issues and rights to service.
 - o Review and analyze existing and proposed policies, legislation and regulations that affect elderly Nevadans and make recommendations to the Administrator.
 - o Appear in court and write legal documents. Serve as guardian of last resort for incapacitated persons when they are in danger from their current court-appointed guardian, until the court can appoint a new guardian.
 - o Appear in court as *amicus curiae* on behalf of elderly persons, especially those in danger of becoming wards or of being abused by court-appointed guardians. Also write letters to judges regarding cases of elder abuse, explaining the impact of the abuse on the elder and the community and suggesting sentencing.
-
- o Act as Hearing Officer for surety bond disputes involving long term care facilities and their residents. Also act as Hearing Officer in disputes between long term care facilities and the Long term Care Ombudsman program.
 - o Research the law to answer questions from the Administrator, units within the agency, other attorneys, legislators, and people in the community.
 - o Help to determine legal options for senior citizens who call. Refer them to the legal services providers or to private attorneys.
 - o Participate in task forces and commissions throughout the State as they form to address specific issues, e.g. elder abuse, guardianship, services for the elderly.

- Work closely with legislators, judges and attorneys throughout the State to improve guardianship laws and practices.
- Work with officials in rural counties to protect senior citizens where legal services are not available.
- Write articles and papers regarding legal and/or legislative issues affecting Nevada's senior citizens.
- Stay informed of trends and best practices and provide this information to others in the field of elder protection and elder law.
- Be an active member of professional organizations, such as the National Association of Legal Services Developers, State Bar of Nevada, and Washoe County Bar Association.

COA Meeting August 10, 2015

Attachment B

AGING AND DISABILITY SERVICES DIVISION

ANNUAL REPORT

Federal Fiscal Year 2014



OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN

Nevada Long Term Care Ombudsman Program

Annual Report

Heather Korbolic

State Long Term Care Ombudsman

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The mission of the Nevada Long Term Care Ombudsman Program is to advocate for and on behalf of the residents we serve to improve the quality of life and quality of care in long term care settings.

Long Term Care Ombudsman

- ❖ **Advocates** for increased consumer protections in state and federal laws and regulations.
- ❖ **Educates** residents about their rights.
- ❖ **Empowers and supports** residents and families to discuss concerns with facility staff.
- ❖ **Identifies and seeks to remedy** gaps in facility, government, or community services.
- ❖ **Protects** the health, safety, welfare, and rights of individuals living in nursing homes and assisted living facilities.
- ❖ **Provides information and assistance** regarding long-term services and supports.
- ❖ **Receives and investigates complaints**, and assists residents to resolve problems.
- ❖ **Represents** residents' interests before governmental agencies.
- ❖ **Respects** the privacy and confidentiality of residents and complainants

Highlights

October 2013 through September 2014

Long Term Care Ombudsmen

- Opened 936 cases and investigated 1,623 complaints on behalf of Nevada's Long Term Care residents;
- Responded to complaints from concerns about exercising preference and civil rights to involuntary discharges;
- Resolved, or partially resolved, 85% of nursing home complaints and 82% of group home/assisted living complaints.

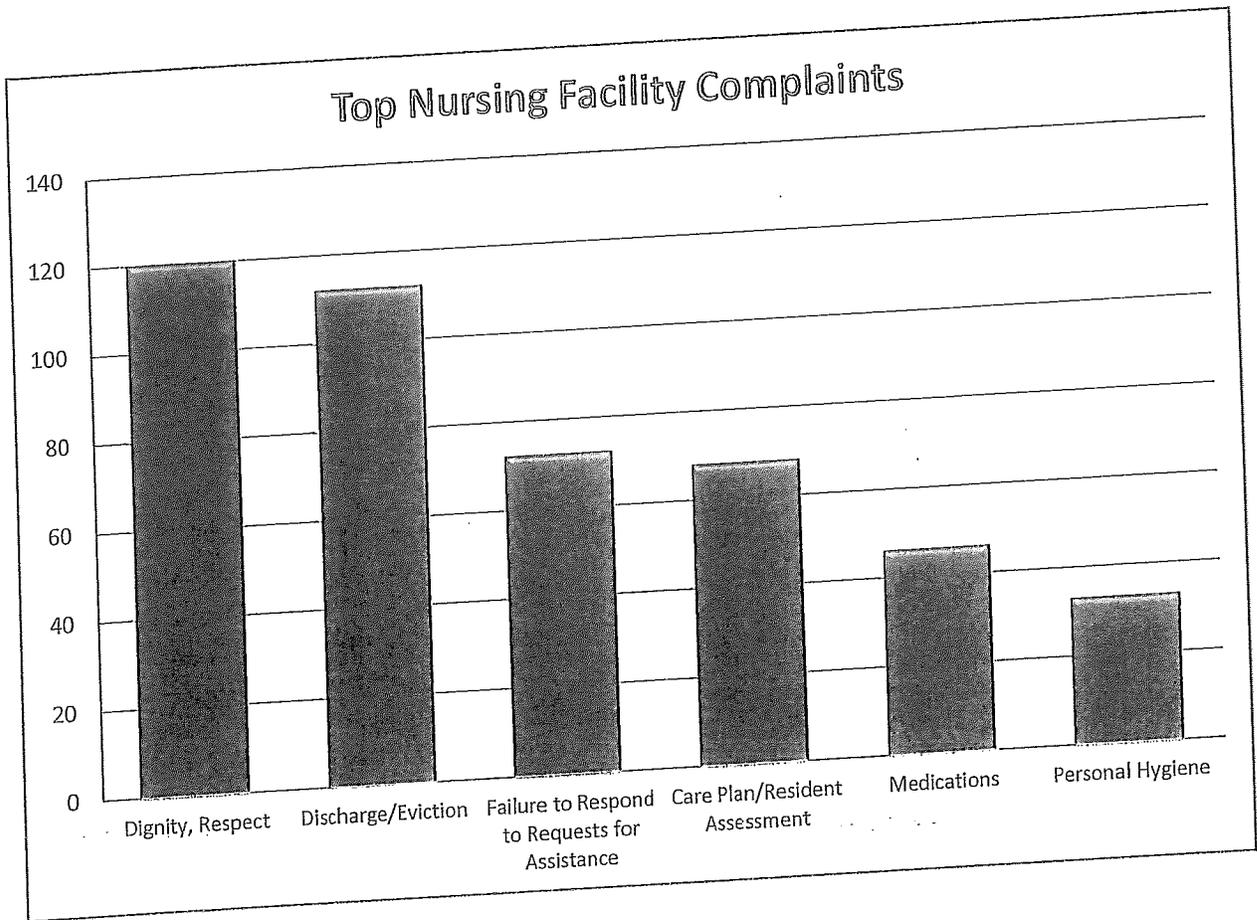
Ombudsmen Activities

- Facility Visits – 2,017 visits;
- Information and assistance to facility residents and family – 18,583 consultations;
- Consultation to facility providers – 4,868 consultations;
- Council Support – attended 202 resident council meetings and 14 family council meetings.

Statistics

- 9.5 Full-Time Equivalent (FTE) Ombudsman staff;
- 15 Volunteers at the close of Federal Fiscal Year (FFY) 2014– who provide residents with education about the Long Term Care Ombudsman program and resident rights;
- 548 Licensed Long Term Care Facilities;
- 13,727 licensed beds = 1,445 beds per Ombudsman.

Ombudsmen in Nursing Facilities

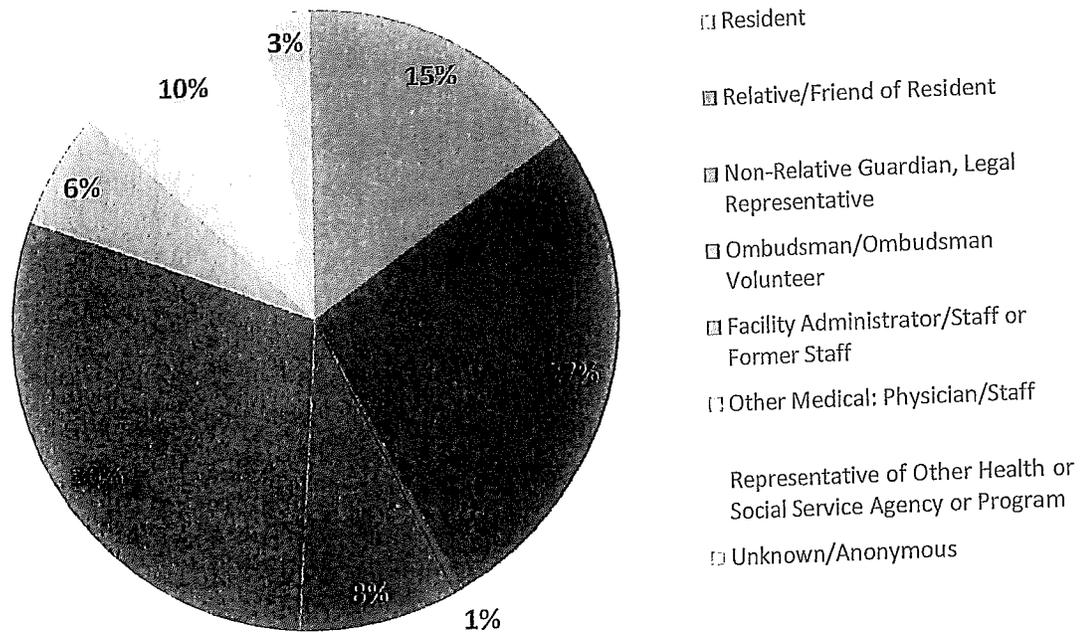


Discussion:

Ombudsmen investigated a total of 847 complaints regarding nursing facility residents during FFY 2014. The top six complaints were as follows; 1) Dignity and Respect concerns; 2) Discharge and Eviction concerns; 3) Failure to Respond to Requests for Assistance; 4) Care Plan/ Resident Assessment; 5) Medications; 6) Personal Hygiene.

Of the top six complaints reported to the Long Term Care Ombudsman Program in FFY 2014, four of the complaints are in the Resident Care category specific to facility staff. **Sufficient, well-trained, and well-supervised staff is critical to quality care in a nursing facility.**

Nursing Facility Closed Cases by Complainants

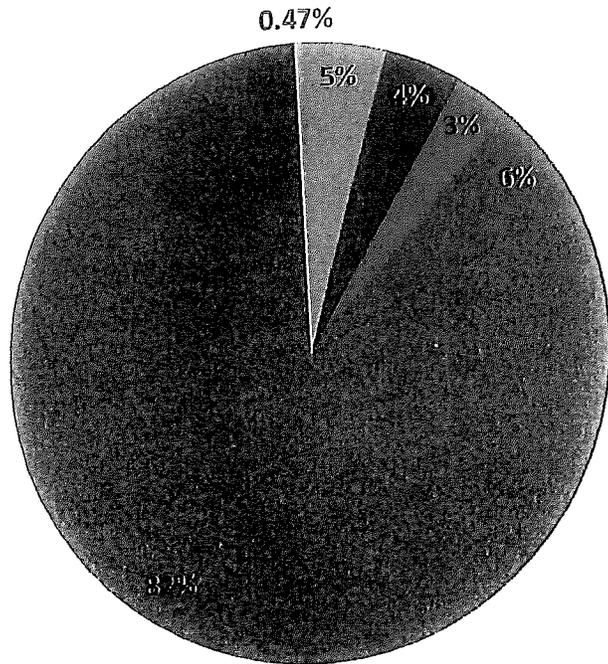


Complainants

Complainants to the Ombudsman Program vary in relationship to the resident. In FFY 2014, the top three complainants in Nursing Facilities were as follows, 1) Facility Administrator/Staff or Former Staff; 2) Relative/Friend of the Resident; 3) Resident.

The Ombudsman Program will make every reasonable effort to assist, advocate and intervene on behalf of the resident. When investigating complaints, the program will respect the resident and the complainant's confidentiality and will focus complaint resolution on the resident's wishes.

Nursing Facility Case Dispositions



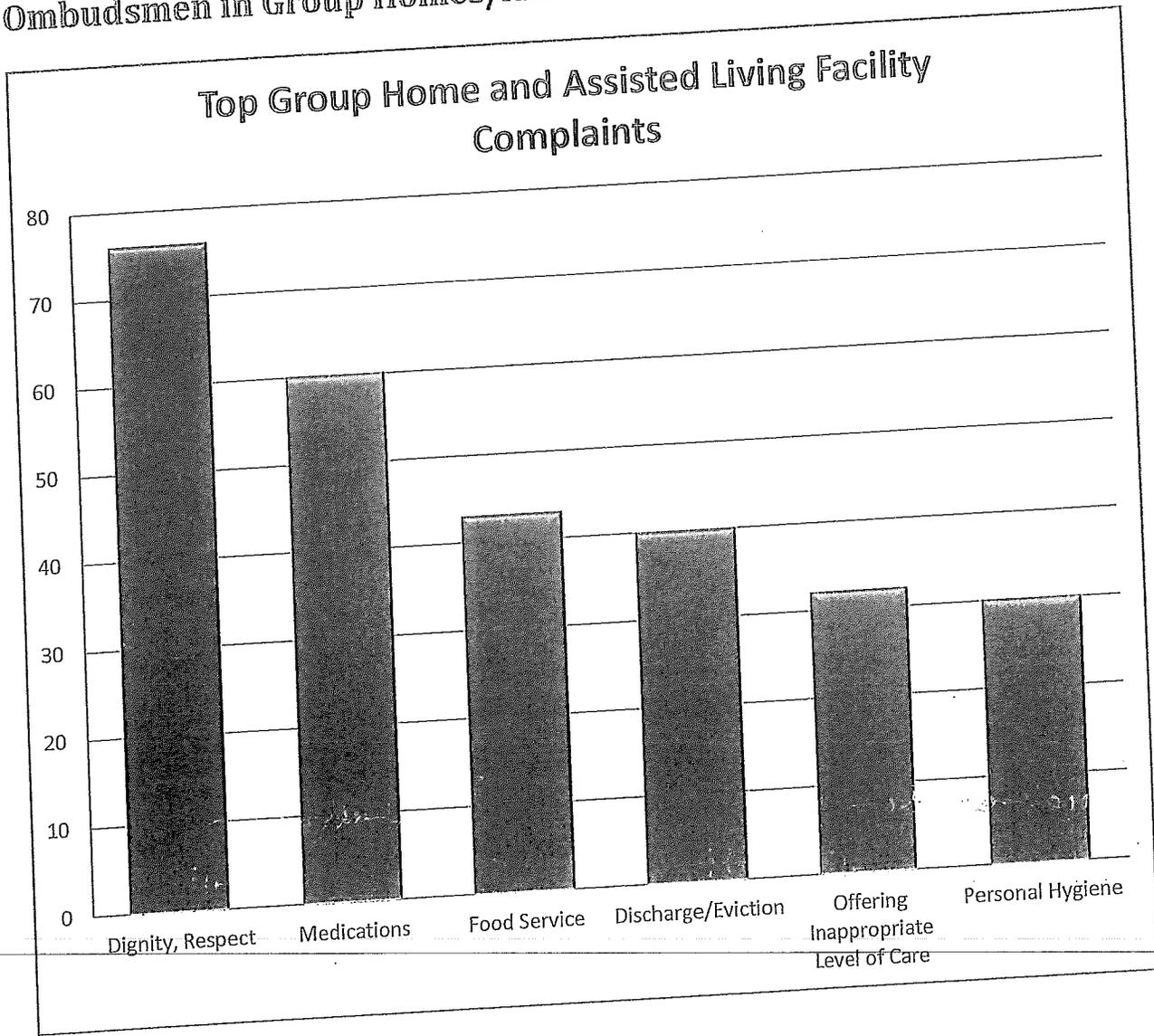
- Not resolved to satisfaction of resident or complainant
- No action was needed or appropriate
- Partially resolved but some problem remained
- Referred to other agency for resolution
- Resolved to the satisfaction of resident or complainant
- Withdrawn by the resident or complainant or resident died before final outcome of complaint investigation

Verification of complaints

Verification is determined by an Ombudsman through observation, interviews, and/or record inspection. Verification signifies that the circumstances described in the complaint existed and were generally accurate.

In FFY 2014, the Long Term Care Ombudsman Program resolved 82 percent of Nursing Facility complaints to the resident's satisfaction. Not all complaints can be resolved to the satisfaction of a resident; for example, some complaints are referred to another agency for resolution and others do not require any action to be taken.

Ombudsmen in Group Homes/Assisted Living

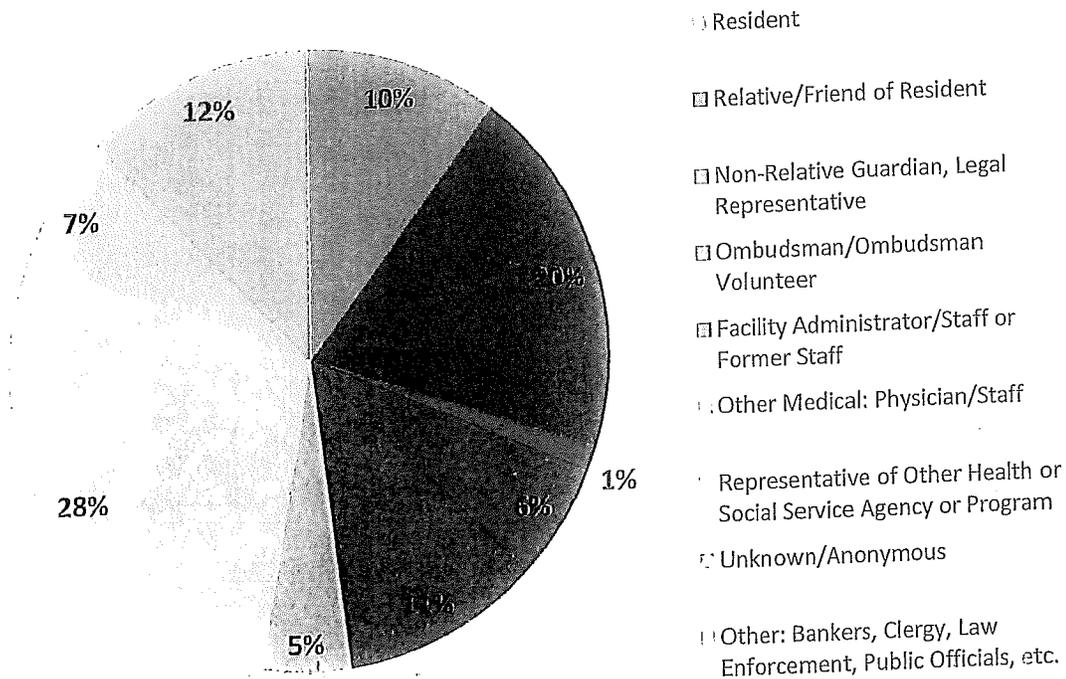


Discussion

The category of Group Home/Assisted Living includes Homes for Individual Residential Care (HIRCs) homes that are licensed to provide care to no more than two residents. Ombudsmen investigated a total of 773 complaints regarding Group Home residents, which was approximately half of the complaints received in FFY 2014. The top six complaints were as follows: 1) Dignity and Respect concerns; 2) Medication Issues; 3) Food Service; 4) Discharge/Eviction; 5) Offering Inappropriate Level of Care; and 6) Personal Hygiene.

The Complaints in the Group Home and Assisted Living settings contain concerns about resident care, dietary, discharge and eviction, and resident rights. As compared to the Nursing Facility setting, the Group Homes and Assisted Living facilities have fewer training requirements for staff.

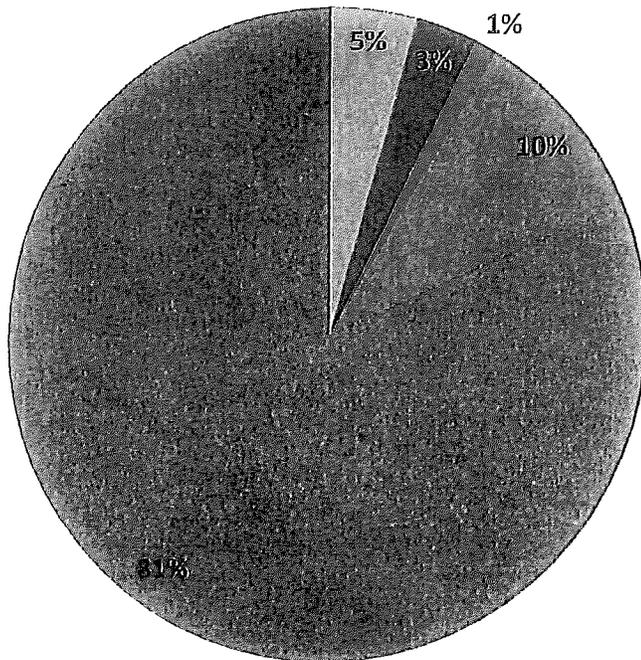
Group Home and Assisted Living Facility - Closed Cases by Complainants



Complainants

Complainants to the Ombudsman Program vary in relationship to the resident. In FFY 2014, the top three complainants for Group Homes and Assisted Living Facilities were as follows, 1) Representative of Other Health or Social Service Agency or Program; 2) Relative/Friend of Resident; 3) Other: Bankers, Clergy, Law Enforcement, Public Officials, etc. The Ombudsman Program will make every reasonable effort to assist, advocate and intervene on behalf of the resident. When investigating complaints, the program will respect the resident and the complainant's confidentiality and will focus complaint resolution on the resident's wishes.

Group Home and Assisted Living Facility Case Dispositions



- No action was needed or appropriate
- Not resolved to satisfaction of resident or complainant
- Partially resolved but some problem remained
- Referred to other agency for resolution
- Resolved to the satisfaction of resident or complainant

Verification of complaints

Verification is determined by an Ombudsman through observation, interviews, and/or record inspection. Verification signifies that the circumstances described in the complaint existed and were generally accurate.

In FFY 2014, the Long Term Care Ombudsman Program resolved 81 percent of Group Home/ Assisted Living Facility complaints to the resident's satisfaction. Not all complaints can be resolved to the satisfaction of a resident as some complaints are referred to another agency for resolution and others do not require any action to be taken.

Consultations and Training

Consultation to Residents and Family

Ombudsmen spend their time resolving complaints for residents and providing residents, their families and friends with information related to resident rights. Ombudsmen answer questions, research and interpret regulations, and provide empowerment tools to residents and their loved ones. Often the Ombudsmen advise families and friends on how to select a Skilled Nursing Facility or Group Home/Assisted Living Facility. In FFY 2014, the Ombudsman Program provided a total of 18,583 consultations to residents and families.

In-Service Training to Facility Staff

Most staff employed by long term care facilities receive required trainings where they work. Ombudsmen are asked to provide training on site on the topics of Dignity and Respect, Customer Service, Resident Rights, Elder Abuse and Mandated Reporting, and Culture Change. Ombudsmen provided 69 trainings to facility staff. The top three topics of these trainings were 1) Elder Abuse, 2) Resident Rights, and 3) Culture Change.

Consultation to Facility Staff

Ombudsmen have worked diligently to establish sound working relationships with facility staff. Ombudsmen are resources for facility staff, particularly management, when they encounter complex problems. Consultation involves any subject that affects a resident's life in a facility. Common consultation subjects include care planning, resident rights, appropriate discharge procedures and planning, culture change, power of attorney, guardianship authority, challenging resident behaviors, and family conflict. Ombudsmen provided a total of 4,868 consultations to facility staff in FFY 2014.



Program Outcomes

The data from the past five (5) National Ombudsman Reporting System (NORS) annual reports show that the Nevada State Long Term Care Ombudsman Program (LTCOP) has investigated discharge and eviction issues, which are amongst the top three complaints. Issues related to this type of investigation range in nature from inappropriate notification letters, timing of notification, reasons for discharge, to lack of discharge planning.

Nevada residents who live in Skilled Nursing Facilities (SNFs) are afforded discharge/transfer rights under the Code of Federal Regulations 483.12 and Nevada Administrative Code 449.74429. These rights allow a facility to transfer or discharge a resident only in the cases that the facility can no longer meet the resident's needs, the resident no longer requires SNF care, the safety of individuals in the facility is endangered, the health of individuals in the facility would be endangered, the resident has failed after reasonable and appropriate notice to pay for their stay, or the facility ceases to operate. The regulations also require that a resident be provided with a 30 day discharge notification and this notification must contain specific items which include: the address where the resident will be discharged to, information on how to appeal the discharge, and contact information for the LTCOP. Finally, facilities are required to provide sufficient preparation and orientation to residents in order to ensure a safe and orderly discharge.

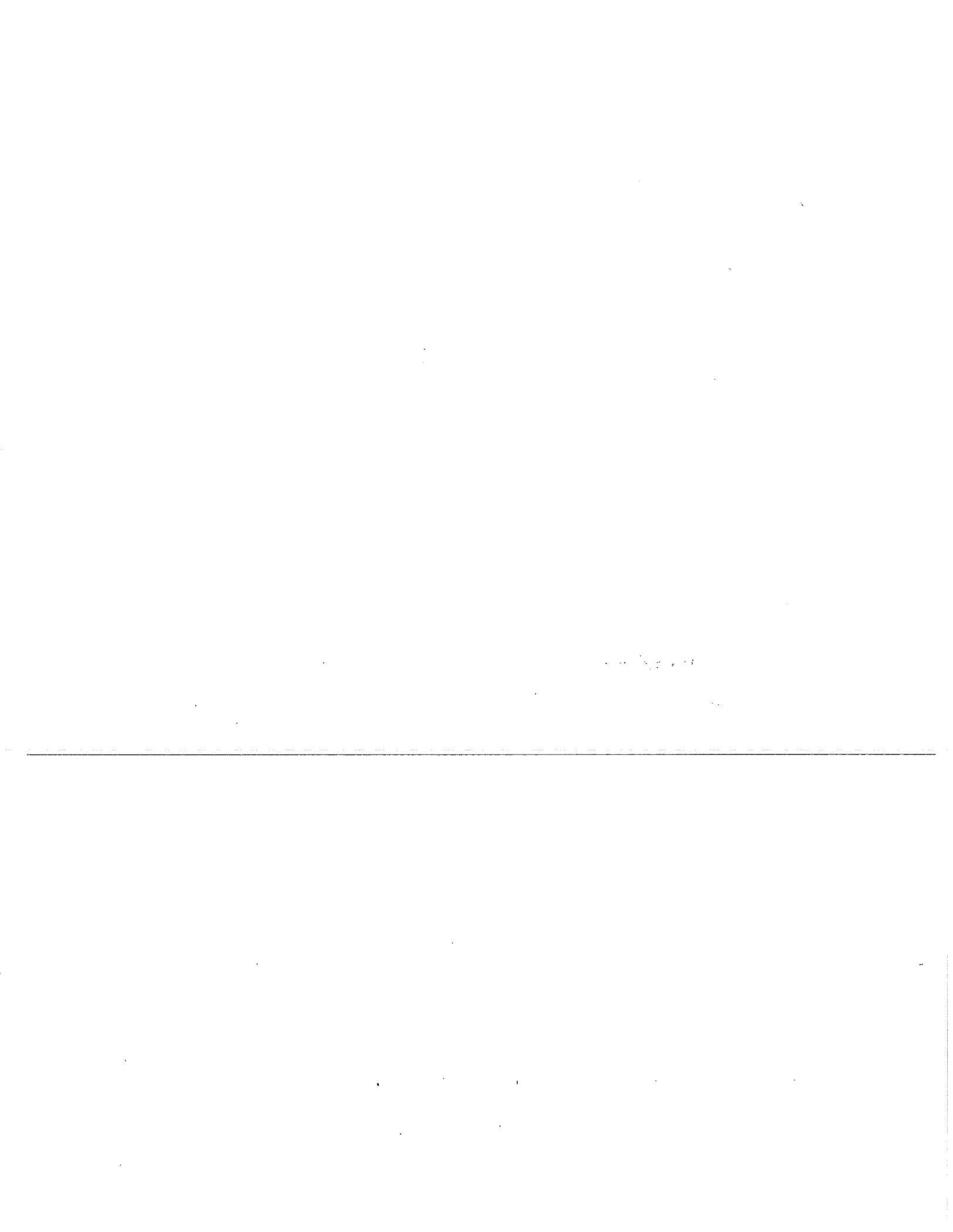
The LTCOP recognizes that when a discharge is not done in accordance with state and federal regulations residents and their families can be harmed. It is also recognized that in order to correct the on-going problem with discharge issues LTCOP must collaborate with the State licensing agency to identify regulation violations.

As a result of the frequency of discharge complaints in Federal Fiscal Year 2014 (FFY 14), the LTCOP worked with the State's Protection and Advocacy Organization to identify their role in assisting with discharges for individuals who are developmentally disabled or who have mental illnesses. Through collaboration with the state licensing agency and the Protection and Advocacy Organization, the LTCOP developed a Technical Bulletin to provide SNFs with guidance and interpretation of discharge regulations and an example of an appropriate discharge notification letter. At the close of FFY14, the Technical Bulletin had not yet been approved through the state licensing agency for distribution, however the LTCOP has provided the bulletin to SNF Administrators.

As advocates of long term care residents, the LTCOP provides, and will continue to provide, routine and on-going training to SNF staff on the rights of residents to receive appropriate discharge notification, for allowable reasons, and planning to ensure resident safety and well-being.

COA Meeting August 10, 2015

Attachment C



Aging and Disability Services Division



CARRIE EMBREE, ELDER RIGHTS CHIEF

Elder Protective Services
State Fiscal Year 2015

Call 888-729-0571 to report Elder Abuse

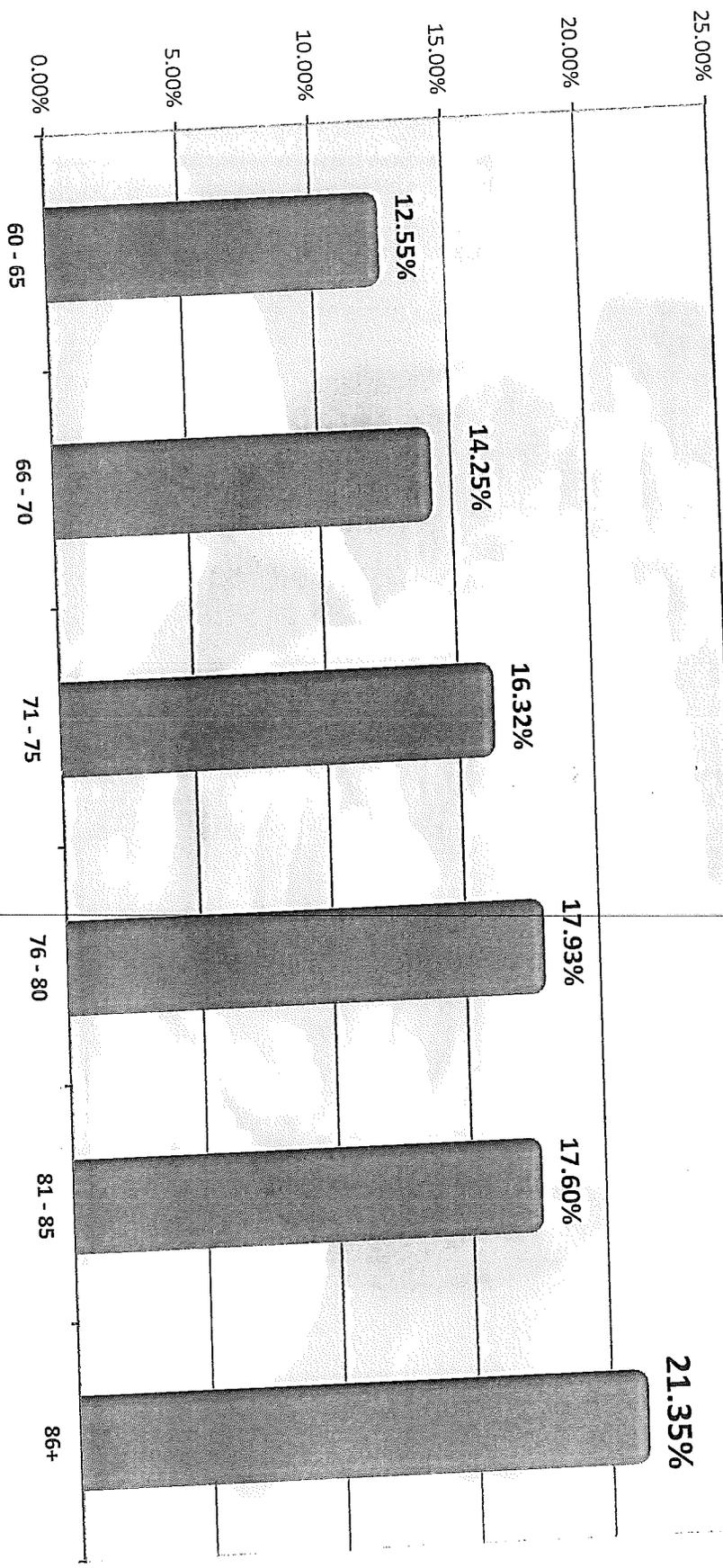
Elder Protective Services Program

- NRS 200.5093 mandates that Aging and Disability Services Division receive and investigate reports of abuse, neglect, exploitation and isolation of older persons, defined as 60 years or older;
- Licensed Social Workers;
- Investigations and Interventions;
- Investigation commences within 3 working days of the report;
- Law Enforcement and Emergency Responders ;
- Law Enforcement Referrals;
- Crisis Call Center.

In SFY 15, ADSD Received 6,421 Reports of Elder Abuse
Approximately 1 in 4 Reports are Substantiated

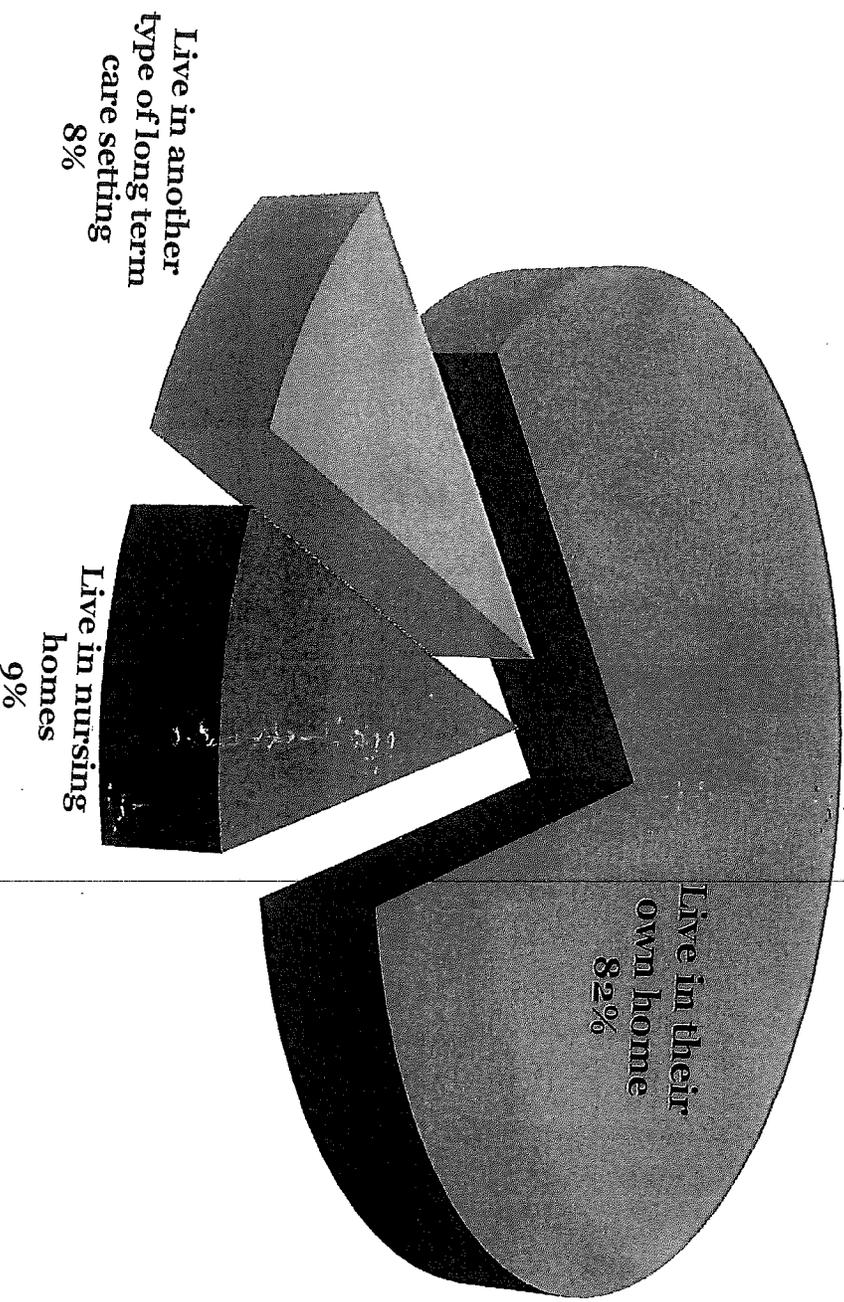


SFY 15 - Percent of Elder Abuse by Age Group



Call 888-729-0571 to report Elder Abuse

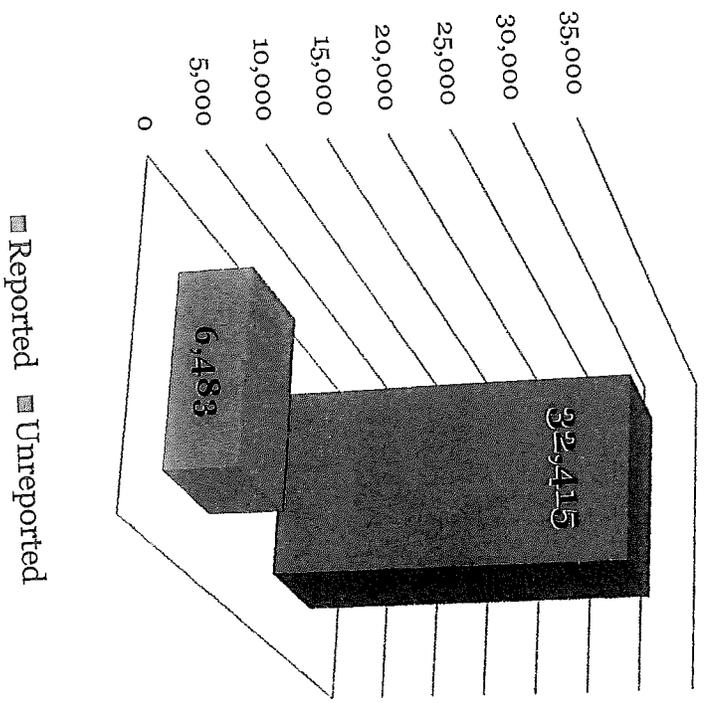
SFY 15 - Percent of Elder Abuse by Residence



Call 888-729-0571 to report Elder Abuse

The Importance of Education: For Every One Report of Abuse, Five go Unreported*

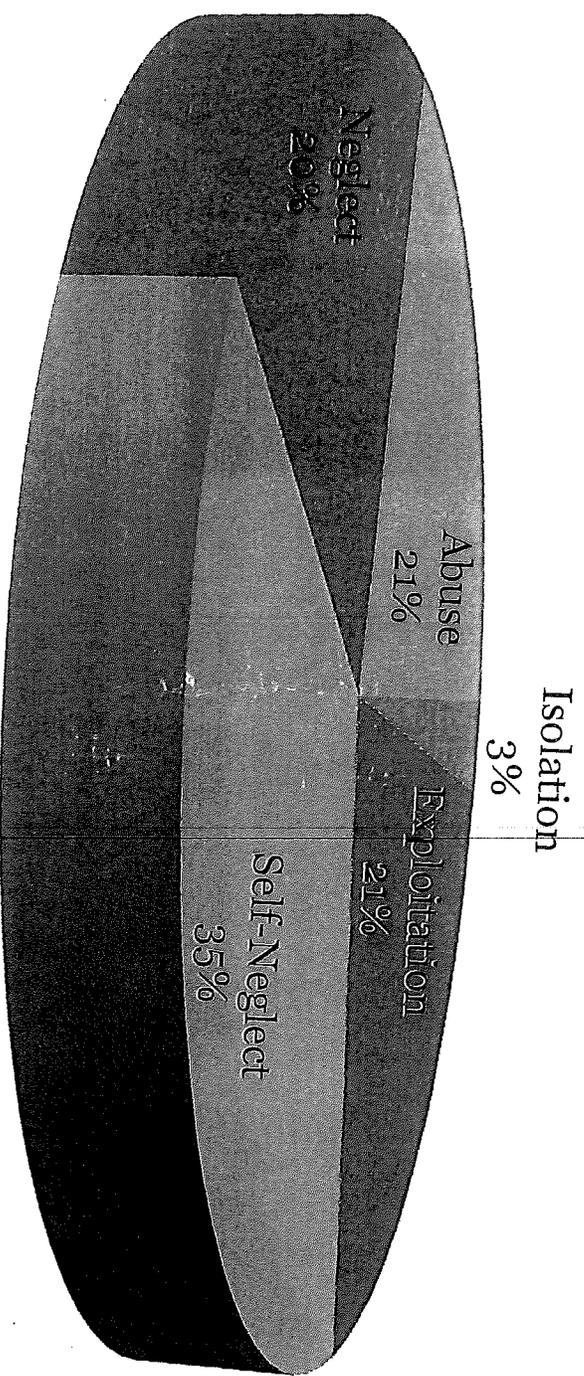
For Every One Report of Abuse, Five go Unreported *



* As reported by the Administration on Aging in 2013

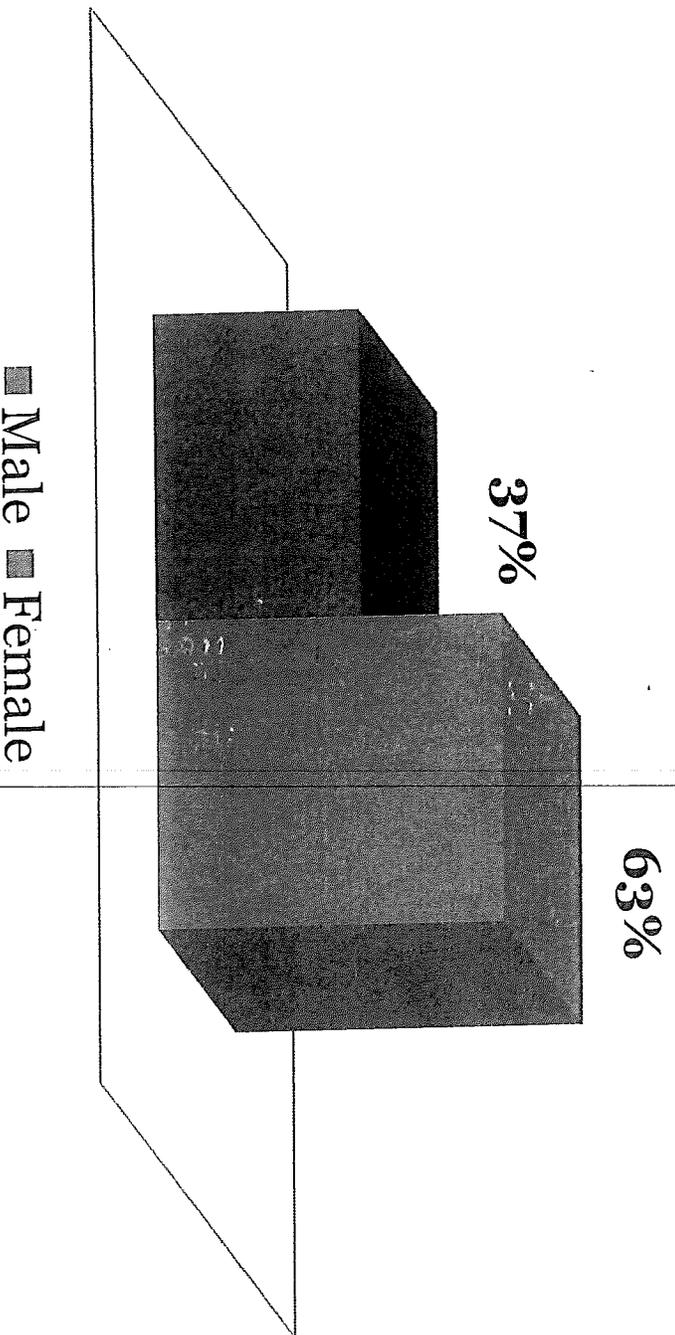
Call 888-729-0571 to report Elder Abuse

SFY 15 - Percent of Elder Abuse by Allegation



Call 888-729-0571 to report Elder Abuse

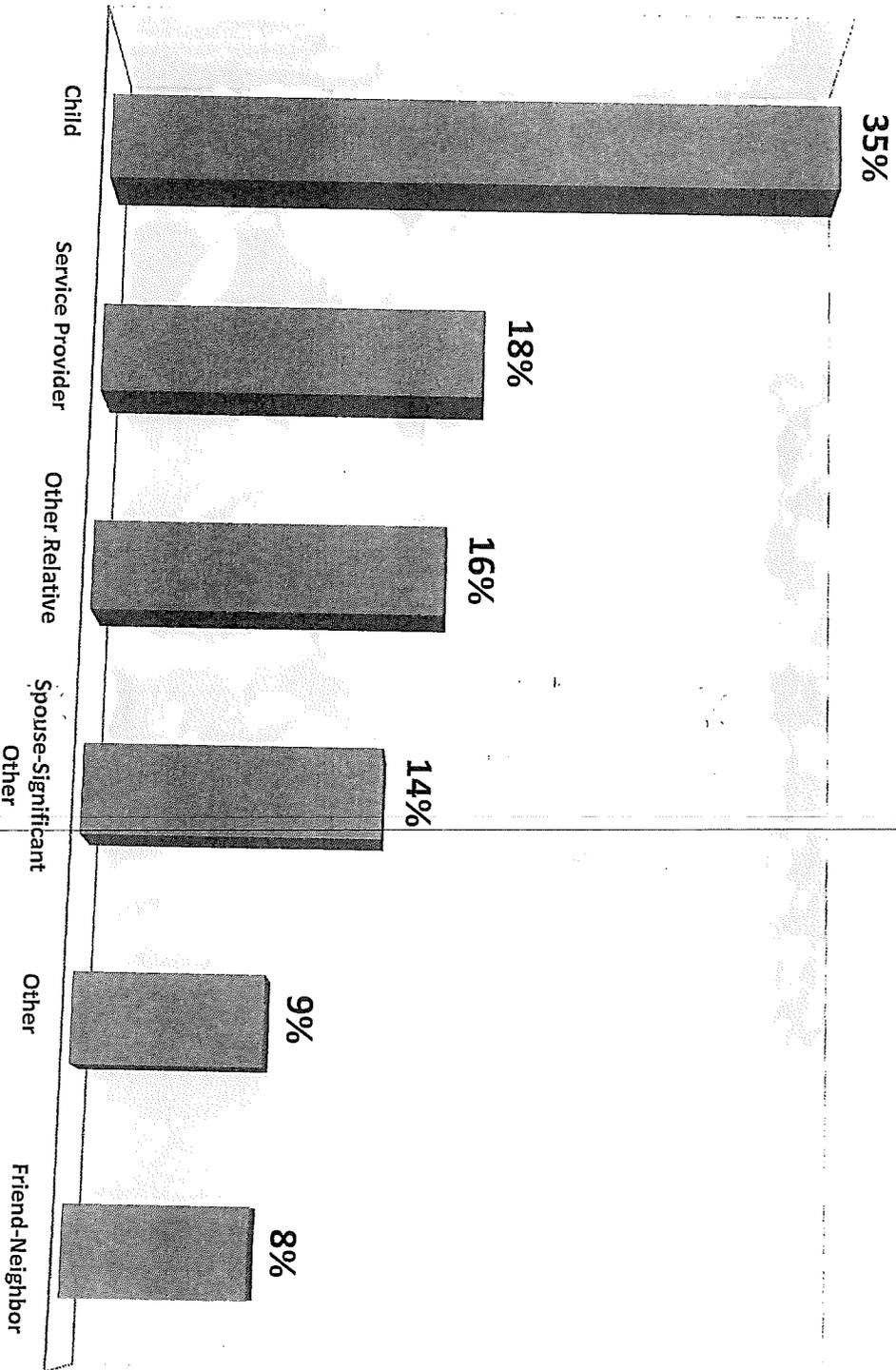
SFY 15 - Percent of Elder Abuse by Gender



■ Male ■ Female

Call 888-729-0571 to report Elder Abuse

SFY 15 - Percentage of Elder Abuse by Persons of Interest (Excluding Self)



Call 888-729-0571 to report Elder Abuse

Elder Abuse Training

FOR MORE INFORMATION ON ELDER ABUSE TRAINING,
PLEASE CONTACT:

CARRIE EMBREE

ELDER RIGHTS CHIEF

(775) 687-0517

CLEMBREE@ADSD.NV.GOV

Call 888-729-0571 to report Elder Abuse

Report Elder Abuse!



To report suspected elder abuse, neglect, exploitation or isolation, call:

Las Vegas/Clark County

(702) 486-6930

Statewide/Other Areas

(888) 729-0571

For more information see:

Elder Protective Services

http://adsd.nv.gov/Programs/Seniors/FPS/FPS_Prog/

Elder Abuse Prevention Training

<http://nevadaadrc.com/component/k2/item/744-elder-abuse-prevention-training-e-learning-path>

COA Meeting August 10, 2015

Attachment D

: AND COMMUNITY BASED WAIVER (HCBW) FOR THE FRAIL ELDERLY

Contact Person: TAMMY RITTER, SOCIAL SERVICES CHIEF 2
Division: AGING AND DISABILITY SERVICES DIVISION

The Aging and Disability Services Division (ADSD) Home and Community Based Waiver (HCBW) for the Frail Elderly provides waiver services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. HCBW services can include the following: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Respite, Augmented Personal Care (provided in a residential facility for groups) and access to State Plan personal care services.

The program accepts applications from persons 65 years and older throughout Nevada who:

- Are at risk of nursing home placement within 30 days without supports and waiver services to keep them in their home and community;
- Have income up to 300% of SSI; and
- Meet a level of care criteria for a nursing facility.

Current 1835
Wait 499
Budgeted 1984

HOME AND COMMUNITY BASED WAIVER (HCBW) FOR THE FRAIL ELDERLY - CASELOAD STATISTICS

July-15

HOME AND COMMUNITY BASED WAIVER (HCBW) FOR THE FRAIL ELDERLY	Jun-15	Jul-15	Change from Prior Month	Jul-14	Change from Prior Year	FY14		FY15		FY16 YTD	
						Total	Average	Total	Average	Total	Average
Clients Referred											
Referred	304	304	0.0%	304	0.0%	304	304	304	304	304	304
<= 28 Days (%)	67%	52%	-22.5%	1	0.0%	52%	52%	52%	52%	52%	52%
> 28 Days (%)	33%	48%	46.0%	0	0.0%	48%	48%	48%	48%	48%	48%
Dropped	191	144	-24.6%	144	0.0%	144	144	144	144	144	144
Clients Waiting											
Screened	365	319	-12.6%	319	0.0%	319	319	319	319	319	319
Pending	156	149	-4.5%	149	0.0%	149	149	149	149	149	149
<= 90 Days (%)	0	1	9.5%	1	0.0%	1	51%	51%	51%	51%	51%
> 90 Days (%)	1	0	-8.2%	0	0.0%	0	49%	49%	49%	49%	49%
In Process	5	31	520.0%	31	0.0%	31	3100%	31	31	31	31
Average Number of Days in Process	13	6	-140.0%	6	0.0%	6	600%	6	6	6	6
Total Clients Waiting	526	499	-5.1%	499	0.0%	499	42	499	499	499	499
<= 90 Days (%)	47%	51%	8.0%	51%	0.0%	51%	51%	51%	51%	51%	51%
> 90 Days (%)	53%	49%	-7.0%	49%	0.0%	49%	49%	49%	49%	49%	49%
Maximum Days on Waitlist	448	479	6.9%	479	0.0%	479	479	479	479	479	479
Average Days Waiting	120	121	0.8%	121	0.0%	121	#DIV/0!	121	121	121	121
Clients Approved											
Approved	108	58	-46.3%	58	0.0%	58	58	58	58	58	58
Average Wait Time till Approved	139	139	0.0%	139	0.0%	139	139	139	139	139	139
CASELOAD											
Total Budgeted Caseload	1,884	1,884	0.0%	1,884	0.0%	1,884	1,981	1,884	1,884	1,884	1,884
Total Current Caseload	1,820	1,835	0.8%	1,835	0.0%	1,835	153	1,835	1,835	1,835	1,835
LEAVERS											
Total # of Closed Cases	0	38	-13.6%	38	0.0%	38	38	38	38	38	38

Definitions

Referred: A recommendation for an individual to be evaluated for a CBC program. Intake questions establish that the individual is likely eligible for one of the programs. This starts the clock for contact within 7 business days (changing to 15) and a face to face screening for Level of Care within 28 days (changing to 45).

Screened: the date the individual has a face to face visit with an Intake Specialist to evaluate that a Nursing Facility Level of Care (LOC) exists and appears eligible for a CBC program. if a LOC and waiver service need exists this date starts the wait time.

Pending: Welfare application submitted to DWSS and intake packet s submitted to DHCFP for processing/approval. Eligibility should be determined within 90 days. DWSS has 45 days to determine financial eligibility and DHCFP has 20 days to approve intake packet.

In Process: Client has been approved however there are no slots available and/or no staff available to make the client active

Active: Client is currently receiving services. Wait time end on this date. Total wait time is from the screened date to the active date.

Dropped: Client did not make it to the screened stage, dropped for ineligibility, loss of contact death or moved out of state.

Closed: Client was active or potentially eligible, was closed because of loss of contact, death or moved out of state.

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY

Contact Person: TAMMY RITTER, SOCIAL SERVICES CHIEF 2
Division: AGING AND DISABILITY SERVICES DIVISION

The Aging and Disability Services Division (ADSD) Community Service Options Program for the Elderly (COPE) provides services to seniors to help them maintain independence in their own homes as an alternative to nursing home placement. COPE services can include the following non-medical services: Case Management, Homemaker, Social Adult Day Care, Adult Companion, Personal Emergency Response System, Chore, Attendant and Respite.

The program accepts applications from persons 65 years and older throughout Nevada who:

- Are at risk of nursing home placement within 30 days without provision of services;
- Have income up to \$3,063 per month and/or Assets \$10,000 Individual/\$30,000 Couple; and
- Meets a level of care criteria for a nursing facility.

Current 50

Wait 15

Budgeted 63

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY (COPE) - CASELOAD STATISTICS
July-15

COMMUNITY SERVICE OPTIONS PROGRAM FOR THE ELDERLY (COPE)	Jun-15		Jul-15		Change from Prior Month		Jul-14		Change from Prior Year		FY14		FY15		FY16 YTD		
	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	
Clients Referred																	
Referred	8	9	12.5%	14	-35.7%	33	170	14	9	9	33	170	14	9	9	56%	
<= 28 Days (%)	75%	56%	-26%	64%	-14%	45%	170	60%	60%	56%	45%	170	60%	60%	56%	56%	
> 28 Days (%)	25%	44%	78%	36%	24%	55%	107	40%	44%	44%	55%	107	40%	5	5	44%	
Dropped	10	5	-50.0%	7	-28.6%	11	107	9	5	5	11	107	9	5	5	5	
Clients Waiting																	
Screened	2	1	-50.0%	35	-97.1%	11	179	15	1	1	11	179	15	1	1	1	
Pending	1	1	0.0%	0	#DIV/0!	0	27	2	1	1	0	27	2	1	1	100%	
<= 90 Days (%)	100%	100%	0.0%	40%	150.0%	77%	107	39%	39%	39%	77%	107	39%	39%	39%	0%	
> 90 Days (%)	0%	0%	#DIV/0!	60%	-100.0%	23%	77	61%	61%	61%	23%	77	61%	13	13	13	
In Process	14	13	-7.1%	0	#DIV/0!	0	14	41	89	89	14	14	41	89	89	89	
Average Number of Days In Process Sta	86	89	3.5%	0	#DIV/0!	12	24	24	24	24	12	24	24	15	15	15	
Total Clients Waiting	17	15	-11.8%	35	-57.1%	77%	107	39%	39%	39%	77%	107	39%	39%	39%	40%	
<= 90 Days (%)	53%	40%	-24.4%	40%	0.0%	29%	107	61%	61%	61%	29%	107	61%	401	401	60%	
> 90 Days (%)	47%	60%	27.5%	135	66.3%	126	107	278	278	278	126	107	278	142	142	142	
Maximum Days on Waitlist	443	401	-9.5%	85	68.2%	42	107	147	147	147	42	107	147	3	3	3	
Average Days Waiting	139	142	2.0%	85	68.2%	42	107	147	147	147	42	107	147	3	3	3	
Clients Approved																	
Approved	2	3	50.0%	2	50.0%	2	23	2	2	2	2	23	2	2	2	3	
Average Wait Time till Approved	14	118	742.9%	91	29.7%	32	107	126	126	126	32	107	126	118	118	118	
CASELOAD																	
Total Budgeted Caseload	61	61	0.0%	59	3.4%	58	107	60	60	60	58	107	60	63	63	63	
Total Current Caseload	50	50	0.0%	48	4.2%	51	107	48	48	48	51	107	48	50	50	50	
LEAVERS																	
Total # of Closed Cases	0	3	#DIV/0!	0	#DIV/0!	2	17	1	1	1	2	17	1	3	3	0	

PERSONAL ASSISTANCE SERVICES (PAS)

Contact Person: Tammy Ritter, Social Service Chief 2
Division: Community Based Care

Funding for this program is provided entirely through the State general fund. It is a "resource of last resort," meaning that applicants must exhaust other sources of PAS, before receiving assistance. The program helps Nevadans to avoid institutional placement and to leverage care and other resources available from family and friends. Service recipients share in the cost of their services, based upon a sliding scale formula. The PAS Program provides ongoing in-home care that enables recipients to gain or maintain a level of independence. Under NRS 427A, the Aging and Disability Services Division is required to report all program applicants currently on the waiting list who meet certain criteria, including a need for assistance with bathing, eating and toileting, and a need for six hours or less of daily care. This caseload projection packet identifies only those individuals meeting that criteria, and does not include other applicants on the waiting list.

Current 131
Wait 31
Budgeted 160

PERSONAL ASSISTANCE SERVICES (PAS) - CASELOAD STATISTICS
July-15

PERSONAL ASSISTANCE SERVICES (PAS)	FY14			FY15			FY16 YTD		
	Total	Average	Total	Average	Total	Average	Total	Average	
	Change from Prior Year	Change from Prior Month	Jul-14	Jul-15	Jul-15	Jul-15	Jul-15	Jul-15	
Clients Referred	236	19.7	240	20.0	236	19.7	240	20.0	
Referred		34%		38%		34%		38%	
<= 28 Days (%)		66%		62%		66%		62%	
> 28 Days (%)	188	15.7	277	23.1	188	15.7	277	23.1	
Dropped									
Screened	43	3.6	88	7.3	43	3.6	88	7.3	
Pending	15	1.3	56	4.7	15	1.3	56	4.7	
<= 90 Days (%)		100%		89%		100%		89%	
> 90 Days (%)	0	0%	229	19.08%	0	0%	229	19.08%	
In Process									
Average Number of Days in Process	25	4.0%	24	3.92%	25	4.0%	24	3.92%	
Total Clients Waiting	54	18.5%	64	15.83%	54	18.5%	64	15.83%	
<= 90 Days (%)	39	92%	31	36.7%	39	92%	31	36.7%	
> 90 Days (%)	15	28%	33	40.32%	15	28%	33	40.32%	
Maximum Days on Waitlist	196	105.4%	191	105.4%	196	105.4%	191	105.4%	
Average Days Waiting	78	6.8%	84	20.75%	78	6.8%	84	20.75%	
Clients Approved									
Approved	50	4.2	61	5.1	50	4.2	61	5.1	
Average Wait Time till Approved		25.9		73.6		25.9		73.6	
CASELOAD									
Total Budgeted Caseload		150		150		150		150	
Total Current Caseload		131		122		131		122	
LEAVERS									
Total # of Closed Cases	40	3.3	50	4.2	40	3.3	50	4.2	

HOMEMAKER

Contact Person: TAMMY RITTER, SOCIAL SERVICES CHIEF 2
Division: AGING AND DISABILITY SERVICES DIVISION

The Aging and Disability Services Division (ADSD) Homemaker Program provides in-home supportive services for seniors and persons with disabilities who require assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility.

The program accepts applications from persons 65 years and older and persons with disabilities throughout Nevada who:

- Are in need of supportive services, and
- Have income at or below 110% of Federal Poverty

Current 307

Wait: 26

Budgeted. 343

HOMEMAKER - CASELOAD STATISTICS
July-15

HOMEMAKER	Jun-15		Jul-15		Change from Prior Month		Jul-14		Change from Prior Year		FY14		FY15		FY16 YTD		
	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	Total	Average	
Clients Referred																	
Referred	34	31	-8.8%	52	-40.4%	815	68	573	48	31	31	48	573	48	31	31	48
<= 28 Days (%)	65%	55%	-15.2%	63%	-13.6%		47%		56%			47%		56%			55%
> 28 Days (%)	35%	45%	28.0%	37%	23.6%		53%		44%			53%		44%			45%
Dropped	30	23	-23.3%	18	27.8%	323	27	281	23	23	23	27	281	23	23	23	27
Clients Waiting																	
Screened	4	0	-100.0%	12	-100.0%	109	9	86	7	0	0	9	86	7	0	0	7
Pending	4	1	-75.0%	1	0.0%	113	11	56	5	1	1	11	56	5	1	1	11
<= 90 Days (%)	100%	100%	0.0%	92%	8.3%		79%		88%			79%		88%			100%
> 90 Days (%)	0%	0%	#DIV/0!	8%	-100.0%		21%		12%			21%		12%			0%
In Process	29	25	-13.8%	20	25.0%	32	267%	317	26	25	25	267%	317	26	25	25	267%
Average Number of Days in Process St	65	59	0.0%	38	55.3%	60	500%	678	38	59	59	500%	678	38	59	59	500%
Total Clients Waiting	37	26	-29.7%	33	-21.2%		21		75%			21		75%			26
<=90 Days (#)	68%	65%	-3.2%	98%	-33.3%		80%		25%			80%		25%			65%
>90 Days (#)	32%	35%	6.7%	2%	1665.4%		20%		35%			20%		35%			35%
Maximum Days on Waitlist	219	250	14.2%	118	111.9%		154		250			154		250			250
Average Days Waiting	72	73	0.3%	47	53.5%		60		73			60		73			73
Clients Approved																	
Approved	8	17	112.5%	6	183.3%	129	11	96	8	17	17	11	96	8	17	17	11
Average Wait Time till Approved	129	113	-12.4%	63	79.4%		40		93			40		93			113
CASELOAD																	
Total Budgeted Caseload	320	322	0.6%	320	0.6%		320		320			320		320			343
Total Current Caseload	303	307	1.3%	316	-2.8%		302		310			302		310			307
LEAVERS																	
Total # of Closed Cases	11	13	18.2%	8	62.5%	107	9	94	8	13	13	9	94	8	13	13	9

ADSD 2015 Focus Groups Tour

During August and September, the Aging and Disability Services Division is conducting 21 Focus Groups at Senior Centers throughout Nevada, to meet with selected seniors and gather vital information about their needs and gaps in services. Members of the Commission on Aging are invited to attend.

14 Northern and Rural Focus Groups		
Date	Focus Group Site	Time
Aug 24	Lovelock Senior Center	9:30-11
	Winnemucca Senior Center	1:30-3
Aug 25	Battle Mountain Senior Center	9-10:30
	Elko Senior Center	1:30-3
Aug 26	Wells Senior Center	9:30-11
Aug 27	Ely Senior Center	9-10:30
	Eureka Senior Center	1-2:30
Sept 8	Douglas Co. Senior Center (Gardnerville)	9:30-11
	Carson City Senior Center	1-2:30
Sept 10	Storey Co. Senior Center (Virginia City)	10-11:30
	Washoe Co. Senior Center (Reno)	1-2:30
Sept 25	Yerington Senior Center	9-10:30
	Mineral Co. Senior Center (Hawthorne)	1-2:30
Sept 30	Churchill Co. Senior Center (Fallon)	1-2:30

7 Southern Nevada Focus Groups		
Date	Focus Group Site	Time
Sept 14	Boulder City Senior Center	10 - 11:30
	Henderson Senior Center	1 - 2:30
Sept 15	Mesquite Senior Center	9:30 - 11
	Martin Luther King Senior Center	1:30 - 3
Sept 16	Pahrump Senior Center	10 - 11:30
Sept 17	Tonopah Senior Center	1 - 2:30
Sept 18	Beatty Senior Center	10 - 11:30

The Focus Groups facilitator is ADSD Deputy Administrator, Jill Berntson. Each Focus Group (FG) will be a maximum of 1.5 hours and will gather comments from up to 10 seniors at each site.

This activity replaces the previous Survey of Seniors, which senior center directors have administered over a three-week period for the 2008 and 2012 Four-Year State Plans. ADSD will use comments and experiences expressed in the Focus Groups to help design the priority and funding of senior services over the next four years.

This information will support the agency's 2016-2020 State Plan for Aging Services, to be presented at a Public Hearing in March 2016, and then submitted to the Nevada Governor and the federal Administration for Community Living.

If you are interested to attend a Focus Group, please contact Anita Curtis, Executive Assistant to Jane Gruner, ADSD Administrator, (775) 687-0501. Anita will provide you with detailed information on the meeting sites, addresses, and any pertinent

updates. Questions to be discussed during the Focus Groups are attached for your reference purposes. Thank you for your interest!

Focus Group Questions

The Focus Group will be a fun and interesting experience. Below are the focus group questions that we will discuss. Your focus group experience may be enriched by thinking about these questions and perhaps talking with other older adults to learn what they think.

Thank you for your time and willingness to help us best represent you and other older adults! We are excited to meet you and hear your thoughts ~

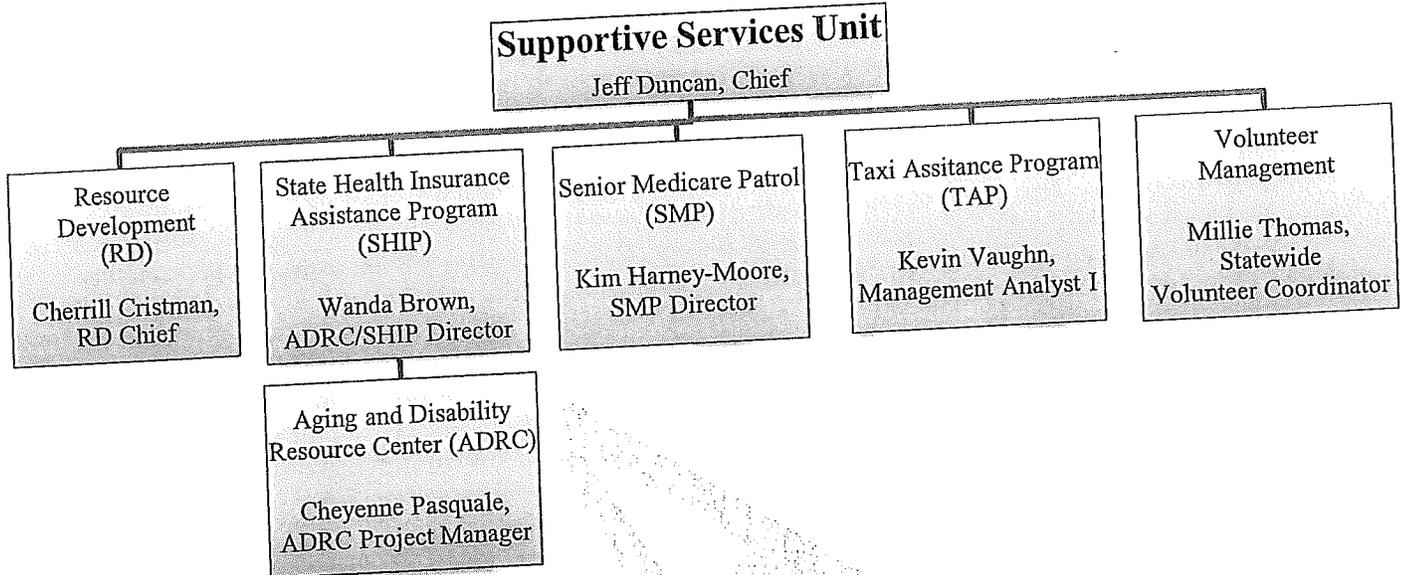
1. Where do you go or who do you talk to in your community, when you need help in finding services for older adults? *(Older adults are those age 60 and older)*
 - What has been your experience in seeking help? Was this in the last year?
 - What has been your experience in service enrollment? Was this in the last year?
2. Has there been a time when you or someone you know wasn't able to find needed help or services?
 - What was the situation or needed service?
 - How was the need for service resolved?
 - What about for mental health services?
3. What worries you or other seniors you know the most about being able to sustain independence? What assistance or services would most help you to stay independent?
4. What has been your experience with transportation services?
5. What types of health promotion, disease prevention programming would you use, if it were offered at a convenient site? *(Examples are wellness checkups, immunizations, help in understanding and managing chronic disease, exercise and fall prevention programs)*
 - Which of these might interest you and what other kinds of programming do you suggest?
 - What sites might you go to for health promotion and disease prevention programming?
For example, church, community center, senior center, clinic?
6. Do you or older adults you know ever talk or worry about abuse, neglect or financial exploitation? *(Examples of financial exploitation: purchasing items with an older adult's money, without that person's knowledge or permission; denying the older person access to his or her own money or home; improper use of legal guardianship arrangements and power of attorney)*
 - From what you hear, how prevalent is senior abuse, neglect and financial exploitation in your community? What kinds and under what kinds of circumstances? What needs to happen to reduce or prevent these kinds of problems?
 - Where would you turn for help if you were aware of such a problem or experienced it yourself?
7. From what you know and see, what can you tell us about the adequacy of nutrition and food for seniors? Do you know of seniors who are hungry and unable to have enough food? What are some examples of such situations?

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Attachment E

SUPPORTIVE SERVICES (SS) UNIT OVERVIEW

The Supportive Services (SS) Unit oversees several programs for seniors, caregivers, and individuals with disabilities. Unit staff works closely with grantees, community providers and other system partners to develop and implement long term services and supports that help individuals live independently in their home and community. Resource Development (RD), Nevada State Health Insurance Assistance Program (SHIP), Aging and Disability Resource Center (ADRC) program, Nevada Senior Medicare Patrol (SMP), Volunteer Management and the Taxi Assistance Program (TAP) make up the Supportive Services Unit.



RESOURCE DEVELOPMENT (RD): Resource Development (RD) is responsible for the oversight of grant funded programs by state and federal resources for services that support clients to live independently, while remaining in their home or community-based setting. These services prevent or delay long-term care placement. A major responsibility for RD is managing grants for funding received annually by Nevada, including Older Americans Act funding from the Administration for Community Living (ACL).

Funds passing through the RD come from the following resources:

- Older Americans Act (OAA)
 - Title III-B (Supportive Services)
 - Title III-C1 (Congregate Meals)
 - Title III-C2 (Home-Delivered Meals)
 - Title III-D (Disease Prevention and Health Promotion)
 - Title III-E (National Family Caregiver Support Program)
 - Title IV Discretionary Grants (awarded via competitive application)
 - Title V, OAA Sec. 502. Department of Labor, Senior Community Service Employment Program (SCSEP)
- The Fund for a Healthy Nevada, from Nevada's 1998 Master Tobacco Settlement funds, which supports Independent Living Grants (ILG) for Nevada elders. ILG services mirror the supportive services provided with OAA Title III-B funds.
- Nevada State General Fund, which supports State Transportation, State Volunteer programming and the Hold Harmless fund to ensure adequate funding for Rural Nevada services.

The Community Advocate for Elders Program, created in 1991, established by NRS 427A.300, is another RD program. This program targets older adults age 60 and older residing in communities throughout Nevada. Advocates are located in Las Vegas, Carson City and Elko. They manage client contacts made by phone calls, email and as walk-ins, to provide the following:

- Information and referrals regarding programs and services available to seniors.
- Resources and information to seniors, caregivers, and senior community and advocacy groups, through one-on-one counseling, as well as presentations, meetings and health fairs.
- Outreach to locate and identify needs, resources and services.

RD also administers the Senior Community Service Employment Program (SCSEP). This program is supported by the Department of Labor, which helps older adults become employed. Program participants are paid a federally subsidized minimum wage for on-the-job learning and newly acquired skills training that can lead to an unsubsidized, permanent job.

RD and the Supportive Services Unit routinely develop competitive applications for federal competitive and to enhance the aging and disability services system. Staff manages the grants financial and programmatic outcomes, coordinate services with community partners, and develop strategies to integrate and sustain grant activities. The following is a summary of two (2) current competitive discretionary grants awarded:

- Creating and Sustaining a Dementia-Capable Service System grant
 - 3-year Project Period with total funding of \$706,547 (\$450,000 Federal Funding plus state non-federal match)
 - Purpose: Create and sustain a fully functional, dementia capable system, with Single Entry Point/No Wrong Door access, meeting needs of Nevadans with dementia and their family caregivers.
- Building Long-Term Sustainability in State Lifespan Respite Programs grant
 - 3-year Project Period with total funding of \$477,081 (\$357,811 Federal Funding plus state non-federal match)
 - Purpose: Build a sustainable respite system across the lifespan that empowers caregivers to seek respite through both public and private resources.

RD program data/updates:

- RD currently oversee 67 total grantees who have 200 grants for various services (i.e. Adult Day Care, Homemaker, Legal Assistance, Transportation, etc.)
- FY15 total consumers served by the AFE's: 9,562
- Completed the Competitive Grant Awards for social services totaling more than \$9 million for a two-year cycle (July 1, 2015 through June 30, 2017)
- Currently in the process of reviewing grant applications for Nutrition Services, which will be awarded in the next month for a grant year beginning Oct. 1, 2015 through Sept. 30, 2016. We have about \$6 million in requests for funding, and about \$5.3 million in available funding to grant.
- RD is in the process of creating the new Four-Year State Plans which is required by the Administration for Community Living (ACL) and outlines the Division's strategy for meeting the needs of Nevada's older adults from 2016-2020.
 - During August and September, ADSD will be conducting 21 Focus Groups at Senior Centers throughout Nevada to gather vital information about older adults needs and gaps in services.
 - Members of the Commission on Aging are invited to attend, and the schedule with dates, times and locations is included in your packet. We have also provided you with the general questions.

- This State Plan will incorporate all ADSD programs to describe the full age spectrum of services ADSD now provides. However, the focus of the Plan will be primarily on Aging Services, as this is ADSD's report for the Administration for Community Living, to fulfill a requirement by the Older American's Act to receive Title III funding.
- Final Draft of the State Plan will be presented in a Public Hearing in March adjacent to the COA meeting

AGING AND DISABILITY RESOURCE CENTER (ADRC): The Nevada ADRC improves access to long-term care services and supports (LTSS) for Nevada's older adults, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. ADRCs act as a safety net in the LTSS system, to support individuals who have a variety of needs or need assistance in identifying all the options to meet their needs, preferences and values. The core service offered by ADRCs is Options Counseling, which is an interactive, person centered process where individuals receive guidance on the full range of options to help them access the right services at the right time. Nevada ADRCs also offer Care Transitions, Veterans Support and Caregiver Supportive services to consumers. The regionally based ADRC sites have been established within existing community-based organizations to provide unbiased information and gain public trust.

ADRC program data/updates:

- SFY 2015: 6068 consumers served; 35 percent were consumers with disabilities (any age); 77 percent were older adults (age 60 and over); 7 percent were caregivers.
- As of July 1, 2015: ADRC has statewide coverage available in all 17 counties, with four organizations providing services throughout the state (Access to Healthcare Network, Nevada Senior Services, Churchill County Senior Center, and Lyon County Human Services)
- New for SFY 2016: an enhanced Options Counseling program that is person centered; launch of the veterans directed home and community based services (vd-hcbs) program in September 2015; an ADRC Volunteer program to increase capacity; implementation of Care Transitions activities to help reduce hospital readmissions and increase nursing home diversions; formal Caregiver Support program under the Lifespan Respite and ADSSP grant initiatives.
- Major accomplishments: No Wrong Door initiative to help individuals access long term services and supports for all populations and all payers. Staff is building upon the ADRC and BIP (Balancing Incentives Program) to develop a three-year implementation plan to expand the No Wrong Door (NWD). The plan will be finalized and submitted to ACL in September 2015. Staff has also applied for a competitive three-year, \$2.2 million grant to implement the plan. ADRC staff will focus efforts on developing a NWD Governing Body, as well as standardized practices and technology enhancements to support the NWD concept.

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP): The Nevada State Health Insurance Assistance Program (SHIP) is Nevada's Medicare assistance volunteer based program, administered by ADSD. Nevada SHIP is funded by a federal grant from the Administration on Community Living (ACL) and state Independent Living Grant (ILG) Funds. The program provides Medicare information, counseling and assistance to senior and disabled Medicare beneficiaries, family members and caregivers in Nevada.

Trained volunteers and staff counsel clients regarding: Medicare hospital and medical benefits, premiums and deductibles; Medicare health and prescription drug plans; supplemental insurance (Medigap); preventive services; and Medicare rights. Volunteers also assist with grievances, complaint and appeal procedures, and make referrals to various entities that include the Nevada Division of Welfare and Supportive Services (DWSS), The Division of Health Care Financing and Policy (Nevada Medicaid) and

the Governor's Office of Consumer Health Assistance (GOVCHA) to name a few, for other needed information and assistance.

SHIP program data/updates:

- FY15 beneficiaries served (counseling session): 18,513
- Total volunteers: 75
- FY15 total volunteer hours: 7,384
- Proposed funding cuts by the Senate Appropriations Subcommittee

The Medicare Improvements for Patients and Providers Act (MIPPA) is another program related to Medicare. One important provision of MIPPA is the allocation of Federal funding formula grant for the State Health Insurance Assistance Programs (SHIPs), State Unit on Aging (SUA) and Aging and Disability Resource Centers (ADRCs) programs to help low-income Medicare beneficiaries apply for programs that make Medicare affordable. The overall affect is that qualified individuals will have reduced costs for their prescription medications, which may mean they no longer have to make a monthly choice between eating and paying rent or taking their prescribed medications. These reductions result from: Low Income Subsidy through the Social Security Administration, valued at approx. \$4,000 annually per individual; the Medicare Savings Programs through Nevada Division of Welfare and Supportive Services eligibility, valued at approximately \$1,200 annually per individual; and Part D drug plan comparisons through Medicare.gov, with a varied value to each individual, depending on situation.

MIPPA program data/updates:

- Total volunteers: 11
- Applications completed by volunteers and ADSD partners in FY15:
 - 977 for Low Income Subsidy (LIS)
 - 2,622 for Medicare Savings Programs (MSP)
 - 604 for the Part D drug plan

SENIOR MEDICARE PATROL: The Nevada Senior Medicare Patrol Program (SMP) is Nevada's Medicare fraud awareness program, administered by the Nevada Aging and Disability Services Division (ADSD.) The SMP program is currently funded by a federal grant from the Administration for Community Living (ACL) and state Independent Living Grant (ILG) Funds. Since 1997, originally the Administration on Aging (AoA) and now ACL, has funded SMP projects to recruit and train retired professionals and other senior citizens in how to recognize and report instances or patterns of healthcare fraud. The Nevada SMP program was transferred from the Attorney General's office to the Aging and Disability Services Division in the 2011 Nevada Legislative Session.

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

SMP program data/updates:

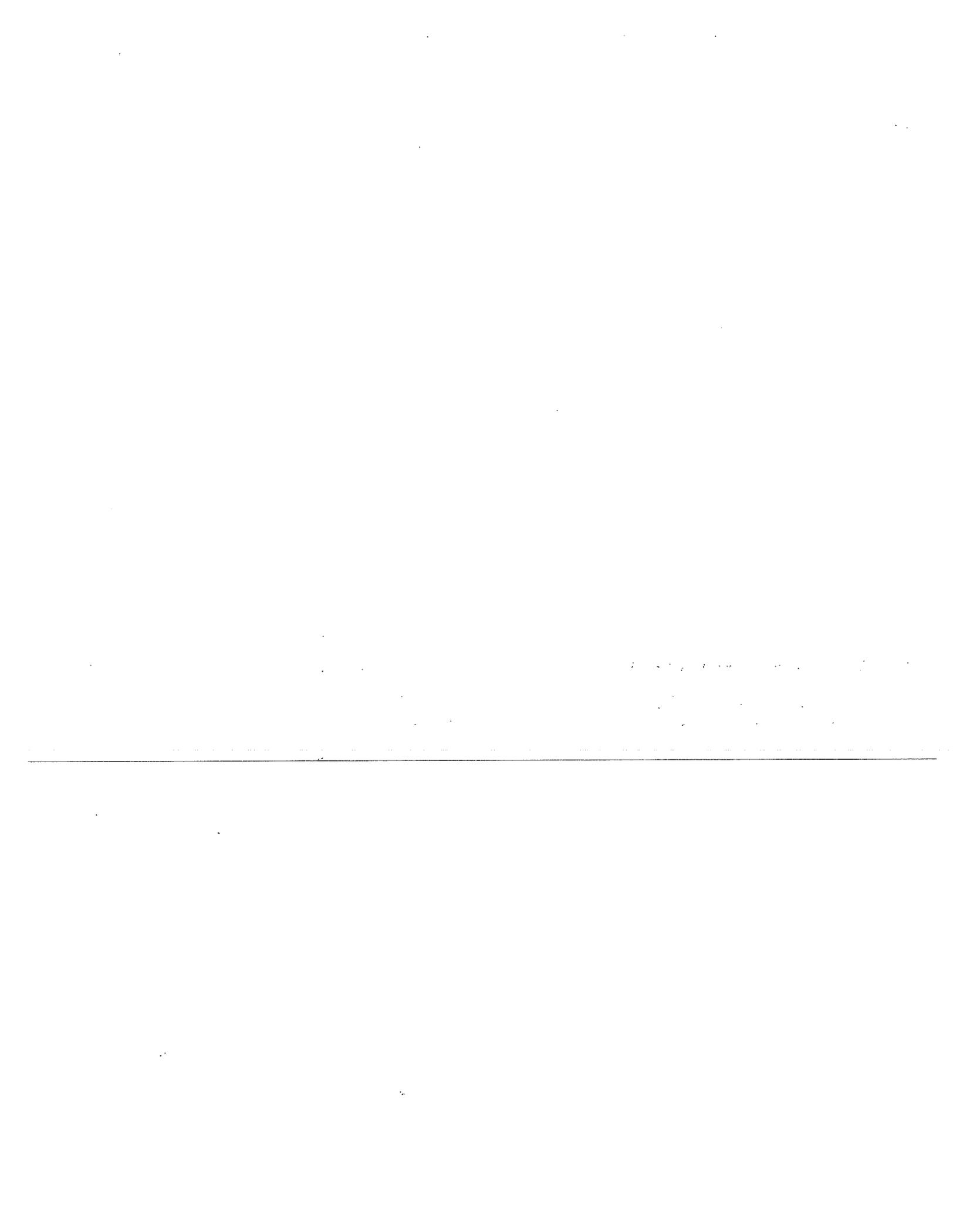
- FY15 beneficiaries served (counseling session): 2,082
- Total volunteers: 75
- FY15 total volunteer hours: 1,694
- Proposed funding cuts by the House and program elimination by the Senate

TAXI ASSISTANCE PROGRAM (TAP): The Taxi Assistance Program, formerly the Senior Ride Program, was established by Nevada Revised Statutes (NRS) 427A.070 and NRS 706.8825. It allows Nevada residents age 60 and older and persons under age 60 with permanent disabilities, who meet income criteria, the use of taxicabs at a discounted rate. The program is not funded by taxpayers, but is funded through the Nevada Taxicab Authority, based on a fee for taxicab rides taken in Clark County. Other program funding comes from the program recipient's payment of either \$5 or \$10 (based on income) for \$20 worth of taxicab coupons. Coupons are valid for any Clark County taxicab company, 24-hours-a-day, seven-days-a-week, and year round.

TAP program data/updates:

- Current caseload: 1,694
- FY15 coupon books sold: 25,838

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



COA Meeting August 10, 2015

Attachment F

ADSD Budget Summary

ADSD was fortunate to receive caseload growth in the most recent legislative session. We are grateful for the opportunity given to us to provide services to additional consumers who need them and for the opportunity to reduce the ongoing waitlists many of our programs experience. Below is a summary of what services are provided in each account, what was received in each Budget Account (BA) as well as the outcome measure ADSD uses to determine program direction and priorities.

BA 3140 Tobacco Settlement Program

This budget is funded through the Fund for a Healthy Nevada for the purpose of supporting independent living services for seniors. This money is sub-granted to community partners in order to provide an array of services including respite, home modifications, adult day care, transportation, and nutrition. The outcome for this budget account: Seniors will remain safely in their homes and communities and live a dignified life.

It was fully funded at \$12,423,308 over the biennium based on allocations of the fund from the Department of Health and Human Services. No additional enhancements were requested for this budget account. This is an increase of \$1,600,000 over the previous biennium's allocation.

BA 3151 Federal Programs and Administration

This budget account supports Division administration and the Long-Term Care Ombudsman Program. It also provides the required match for federal grant funds, and supplements older volunteer, senior transportation, rural senior services programs. The outcome for this budget account: Effective leadership, guidance, advocacy and support will ensure quality services that result in independence, dignity, and self-determination for all consumers served by ADSD.

New items contained in the budget include: caseload growth for the Long-Term Care Ombudsman Program; commission and taskforce support; funding for the development of a strategic plan for seniors and persons with disabilities; and additional administrative expenses to cover items such as scheduled computer and equipment replacements and increased IT infrastructure and training. ADSD received 11 additional Full Time Equivalents (FTE's). The budget is funded at \$ \$47,011,902 over the biennium, constituting a six percent increase in funding.

BA 3156 Senior and Disability Rx

This budget account funds the State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx. This program helps low income seniors and persons with disabilities to obtain essential prescription medications by subsidizing the cost for medication and helping with monthly premium payments. Funding for this program comes entirely from the Fund for a Healthy Nevada as allocated by the Department of Health and Human Services. The outcome for this budget account: Uninterrupted

access to essential medications will permit seniors and persons with disabilities to remain healthy and independent in their community.

Due to the increased cost of medications the program was no longer able to maintain the dental pilot program. The program is flat funded at \$6,650,000 for the biennium.

BA 3166 Family Preservation Program

This budget account funds the Family Preservation Program. The Family Preservation Program provides a monthly stipend to families of persons who have a profound intellectual disability to assist with their care. The program presently pays a monthly stipend of \$374 to eligible families per NRS 435.365. The outcome for this budget: Support provided to families enables them to meet the more complex needs of their family member and keep them in their home and community.

This budget account is funded through a mix of State General Fund and Fund for a Healthy Nevada. The program is funded at \$5,767,080 over the biennium. ADSD received an increase of \$192,984 over the biennium in order to serve an additional 41 families.

BA 3208 Early Intervention Services

This budget account supports Nevada Early Intervention Services (NEIS). NEIS identifies infants and toddlers who are at risk for or have developmental delays or disabilities. Individualized services are provided to support the child and their family. Services include such things as specialized instruction, physical therapy, occupational therapy, speech therapy, nutrition and metabolic services, pediatric services, genetics and audiology. The outcome for this budget: Early, individualized, community-based, and family-centered services will assist children and their families in achieving their full developmental potential.

This budget account is funded by various fund sources including State General Fund, Medicaid and Private Insurance billings, a small grant from the Division of Welfare and Supportive Services, and a grant from the Federal IDEA Part C Office. Enhancements in this budget include caseload growth; additional equipment for hearing screenings and the creation of instructional-aids; and scheduled computer and other IT equipment replacements. No additional FTE were included in the budget, however 2 reclassifications were approved to transition staff to support intake. The program is funded at \$67,815,378 over the biennium which is a four percent increase in funding.

BA 3266 Home and Community Based Services

This budget account supports services for seniors and persons with physical disabilities. Programs included in this budget account are: Community Based Care, Elder Protective Services, Autism Treatment Assistance Program, and the Disability Services Unit. Services are provided to seniors and persons with disabilities so that they may remain independent in their home and community. There are two outcomes for this budget. The first is for senior services and services for persons with disabilities: Quality services and supports will enable seniors and persons with disabilities to remain safe and independent in their homes and communities. The second is for the Autism Treatment Assistance

Program: Early and intensive behavioral therapy will result in meaningful behavioral changes that lead toward independence, community involvement, and decreased need for lifelong supports.

This budget account is funded through a mix of State General Fund, Federal Grants, Medicaid, Title XX, a Telephone Surcharge for persons who are Deaf, a small grant from the Department of Employment, Training & Rehabilitation, and the Fund for a Healthy Nevada. A significant addition to this budget account is the transition of the Waiver for Independent Nevadans (WIN) program from Nevada Medicaid to ASD. This waiver serves persons with physical disabilities. Other enhancements to this budget include caseload growth for the Community Based Care unit and the Autism Treatment Assistance Program (ATAP); an additional position for the Deaf and hard of hearing program; an increase in funds for the Assistive Technology for Independent Living program to aid persons with physical disabilities; an Elder Rights Specialist in Elko; a new ATAP program manager position, and other administrative costs to replace scheduled equipment and support commissions. In total this budget received an additional 40 FTE (25 transfer of staff and 15 new staff). The budget is funded at \$84,191,006 over the biennium which is a thirty-nine percent increase in funding (the majority of this growth is a result of the WIN program transfer).

BA 3167 Rural Regional Center

This budget account supports the Rural Regional Center (RRC). RRC is a full service developmental center which purchases or provides services to persons with intellectual disabilities and related conditions. Many of the services are funded through the Medicaid Home and Community Based Waiver for Persons with an Intellectual Disability. Services purchased or provided include service coordination, family supports, residential supports, jobs and day training, clinical services. The outcome for this budget: Effective person-centered supports will result in independence, self-determination, and integrated community living.

This budget account is funded by State General Fund, Medicaid, Title XX, and reimbursements from counties for various services performed. Enhancements include caseload growth; a provider rate increase of 2.5% in the first year and another small increase taking the total up to 3.4% in the second year; a contracted extern from UNR that was eliminated in a previous budget; and scheduled computer and other IT equipment and software replacements. ASD received an additional 5 FTE over the biennium. The budget is funded at \$35,609,762 over the biennium which constitutes a seventeen percent increase in funding.

BA 3279 Desert Regional Center

This budget account supports the Desert Regional Center (DRC). DRC is a full service developmental center which purchases or provides services to persons with intellectual disabilities and related conditions. DRC is also the home of the Intermediate Care Facility. Many of the services are funded through the Medicaid Home and Community Based Waiver for Persons with an Intellectual Disability. Services purchased or provided include service coordination, family supports, residential supports, jobs and day training, clinical services. The outcome for this budget: Effective person-centered supports will result in independence, self-determination, and integrated community living.

This budget account is funded by State General Fund, Medicaid, Title XX, and reimbursements from counties for various services performed. Enhancements include caseload growth; a provider rate increase of 2.5% in the first year and another small increase taking the total up to 3.4% in the second year; scheduled computer and other IT equipment and software replacements; replacement of the lawn with xeriscaping to reduce utility costs; and an upgrade to the phone system. ADSD received 17 additional FTE. The budget is funded at \$226,121,715 over the biennium which constitutes a twelve percent increase in funding.

BA 3280 Sierra Regional Center

This budget account supports the Sierra Regional Center (SRC). SRC is a full service developmental center which purchases or provides services to persons with intellectual disabilities and related conditions. Many of the services are funded through the Medicaid Home and Community Based Waiver for Persons with an Intellectual Disability. Services purchased or provided include service coordination, family supports, residential supports, jobs and day training, clinical services. The outcome for this budget: Effective person-centered supports will result in independence, self-determination, and integrated community living.

This budget account is funded by State General Fund, Medicaid, Title XX, and reimbursements from counties for various services performed. Enhancements include caseload growth; a provider rate increase of 2.5% in the first year and another small increase taking the total up to 3.4% in the second year; scheduled computer and other IT equipment and software replacements; replacement of unsafe sidewalks and old carpet; and an upgrade to the phone system. ADSD received 2.51 additional FTE. The budget is funded at \$80,622,974 over the biennium which constitutes a fifteen percent increase in funding.

COA Meeting August 10, 2015

Attachment G



Brian Sandoval
Governor

Joel A. Dvoskin, Ph. D.
Chair

Hon. Jackie Glass, Ret.
Vice-Chair

Behavioral Health and Wellness Council

State of Nevada
Governor's Advisory Council on
Behavioral Health and Wellness

December 2014 Report to Governor Sandoval

Joel A. Dvoskin, Ph.D., Chair
February 24, 2015

On behalf of the Council:

Dr. Joel Dvoskin, Ph.D., ABPP - Chair
Jackie Glass, Retired Eighth Judicial District Court Judge - Vice-Chair
Romaine Gilliland, Director, NV Dept. of Health and Human Services
Richard Whitley, Administrator, NV Division of Public and Behavioral Health
Marilyn Kirkpatrick, Minority Floor Leader, Nevada State Assembly
Michael Roberson, Majority Leader, Nevada State Senate
Pat Hickey, Nevada State Assembly
Debbie Smith, Assistant Minority Leader, Nevada State Senate
Katherine Miller, Director, Nevada Department of Veterans Services
Dr. Dale Carrison, Chief of Staff, University Medical Center
Karla Perez, Regional Vice President, Universal Health Services
Richard Steinberg, President/CEO WestCare Foundation
Steven Wolfson, District Attorney, Clark County
Susan Roske, Chief Public Defender, Clark County
Randolph Townsend, Former Nevada State Senator
Doug Gillespie, Sheriff, Las Vegas Metropolitan Police
Timothy Burch, Director, Clark County Department of Social Services
Monte Miller, CEO, KeyState Corporate Management
Sue Gaines, President NAMI Nevada Board of Directors
Michael Kelley-Babbitt NAMI Nevada, Connections Coordinator

Introduction

The Council's first report and recommendations, sent to Governor Sandoval on May 28, 2014, contained a number of broad and comprehensive recommendations, largely aimed at addressing the serious problems facing Nevada's emergency rooms (ERs). People in crisis due to mental illness, situational challenges, and intoxication were unfortunately being "boarded" in emergency rooms, causing overcrowded conditions that impaired the ability of emergency departments to meet their primary obligation of saving lives by providing treatment for acute, life-threatening illnesses and injuries. Further, emergency rooms are often chaotic, noisy places that are poorly suited to provide treatment for people in emotional crisis.

The Council also noted that people in crisis might often find their way into jails, which are even less suited as a primary locus for managing and treating emotional crises.

To their credit, the staff members of Nevada's emergency departments and jails worked hard and courageously to meet these difficult challenges; clearly, however, something needed to be done. As a result, the Council decided to focus many of its first set of recommendations on solving this problem, not just for the moment, but in a manner that would likely stand the test of time.

The Council was enormously gratified at Governor Sandoval's almost immediate and positive response to our recommendations, the results of which are listed below. We also note that many of our May 2014 recommendations will require action by the Nevada Legislature, which is meeting at the present time. As a result, during the second half of 2014, the Council did not seek to create a new list of recommendations. Instead, we focused on fine-tuning some of the May 2014 recommendations, especially as they apply to the needs of aging Nevadans, children and youth.

We also began the longer-term task of addressing the need for reconsideration of the manner in which public mental health services are governed in the State of Nevada. To that end, the Council is extremely grateful to the Kenny Guinn Center, which provided us with an outstanding national study of governance methods for the mental health systems of a wide variety of states. Their report will serve the Council as a set of standards and options for our consideration in the coming months.

During the past six months, the Council received a great deal of excellent information regarding the needs of older Nevadans with behavioral health problems. Division of Healthcare Financing and Policy Administrator Laurie Squartsoff presented the Council with updates on behavioral health care clients in nursing facilities. She explained that her agency continues to work with the federal Center for Medicare and Medicaid Services (CMS) to get approval for a change in methodology that will allow for creation of added and adequate behaviorally complex rate on top of the nursing rate for behavioral health care services.

This report will not address mental health care within the Department of Corrections, which will be addressed in 2015 since information gathering on this important issue is yet to be completed. This will be an important part of the Council's agenda in the coming months.

As we await legislative responses to our May 2014 recommendations, this report will largely consist of a progress report on our first set of recommendations, as well as setting the stage for our review of governance options, which we intend to lead to a comprehensive set of recommendations that will be provided to Governor Sandoval and the Nevada Legislature in time for consideration during the 2017 session.

Status Report on May 2014 Recommendations

Recommendation #1 – Service enhancements for the SMI population, including creation of a special, high intensity, low-caseload program targeted specifically at the heaviest users of the most expensive forms of care.

1. Housing support-re-entry for frequent utilizers:
 - a. The Department of Health and Human Services (DHHS) has collaborated with the Clark County Social Services and Washoe County Social Services to provide a statewide focus on service coordination, medication clinics, and residential services for individuals that are the most frequent users of jail, inpatient psychiatric, and emergency room admissions.
 - b. DPBH has provided assistance to clients in the North, South and Rural parts of our state for intensive supportive living arrangements, transitional housing, group homes, and assisted independent living, serving 1,475 clients (1,037 in Southern Nevada, 397 in Northern Nevada, and 41 in Rural Nevada.)
2. Dove House: As part of a high intensity system of case management and housing for the heaviest users of the most expensive behavioral health services, a 14 bed residential unit with intensive wrap-around services was specifically created to serve the needs of so-called "super utilizers" with frequent criminal justice and/or hospital utilization. The Dove House is on the campus of Northern Nevada Adult Mental Health and takes complex behavioral health clients released from jail into the house. There clients receive the wrap-around services (e.g., therapy, medication management, social services, and residential services) needed to help them remain stable. The goal is to avoid recidivism in both the criminal justice and mental health systems.
3. Assisted Outpatient Treatment (AOT): As of December 2014, this program had accepted 79 clients. Appropriately, since this is a mandated treatment program, not all of the people who had been referred to the program were petitioned, and

not all of the petitions had been accepted by AOT and approved by the court.
The following data reflects AOT activity from March 2014 until January 2015:

- Referrals 182
 - Petitions 87
 - Re-petitions 16
 - Denied by AOT 94
 - Denied by Court 4
 - Accepted 79
 - Terminated by Court 6
 - Graduated 4
4. Mental Health Court continues to provide alternatives to incarceration for Nevadans with serious mental illnesses. This program currently serves more than 316 clients throughout Nevada, more than half of whom are receiving both housing and case management services. This program has received well-deserved national praise, and should be considered for expansion in the future.
 5. Mental Health Court: Funding restored – In order to maximize the effectiveness of the Mental Health Courts, the Council recommended restoration of housing funds.

Recommendation #2 - Increase Availability of Short-Term Crisis Triage Services

1. Thanks to Governor Sandoval's decisive response to our May recommendation, funding to enable WestCare to return to its previous capacity of 50 beds was provided almost immediately after our May report was submitted to the Governor. As a result, all 50 beds are operational at this time.
2. Unfortunately, so far no applications have been received by the Bureau of Healthcare Quality and Compliance (HCQC) to create additional psychiatric emergency services in Nevada. However, some private sector providers have expressed interest in creating crisis or urgent care clinics in the community. Because these programs will likely rely on Medicaid for their funding, we believe that this will enable expanded services without additional state funding.
3. The psychiatric hospital community is pursuing expanded partial hospitalization, intensive outpatient and day treatment programs, many of which will be funded through the Medicaid managed care programs. As these programs are expanded, we believe that some emergency room admissions will be averted and some lengths of stay reduced.

Recommendation #3 - Allow Emergency Medical Personnel to Make Triage Decisions regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Departments

1. The Southern Nevada Health District (SNHD) is working on changing its policy language to allow transportation to a facility other than a hospital, where medically appropriate. This change will make it possible to avoid expensive and unnecessary admissions to emergency rooms.

Recommendation #4 – Increase Number of Reimbursable Psychiatric Inpatient Beds in Southern Nevada

Perhaps the most important short-term response to the emergency room crisis was responding to the need for more acute inpatient beds in Southern Nevada. We are pleased to report some dramatic accomplishments in the creation of inpatient bed space in Southern Nevada during the past 6 months.

1. Addition of Building 3A at SNAMHS – In order to provide immediate relief, the Department decided to quickly renovate vacant space in Building 3A on the SNAMHS campus. This created 21 new inpatient beds, which were quickly filled.
2. In order to achieve a more permanent solution to unmet bed need, the State proposed a change in the State Medicaid Plan to increase the rate for psychiatric care in general acute care hospitals from \$460 to \$944 per day. This change was approved and saw immediate positive results. As follows:
 - a. Valley Hospital almost immediately committed to the creation of a new psychiatric inpatient unit of approximately 50 beds. After extensive capital improvements were completed in near-record time, the unit opened on December 10, 2014.
 - b. North Vista Hospital opened a new 10-bed inpatient psychiatric unit on August 1, 2014.

3. The State Medicaid Plan was also amended to allow managed care organizations (MCO's) to contract with freestanding psychiatric hospitals for MCO client inpatient services. These hospitals were previously excluded from billing Medicaid under the co-called IMD (Institutions for Mental Disease) exclusion. The managed care plans have been notified by State's Division of Healthcare Financing and Policy (DHCFP – Medicaid) and have negotiated rates with several local hospitals. As a result, additional clients are being provided with inpatient care.

Recommendation #5 – Reconsideration of the IMD Exclusion

Joining a multi-state chorus, DHCFP has brought the issue to the attention of CMMS administrators and the United States Congress.

Recommendation #6 – Provide Appropriate MHP's to Public Schools

The Council appreciates Governor Sandoval's support of this important goal. Ideally, these services should be provided, where possible, with federal reimbursement. To this end, proposed expansion of Comprehensive School-based Health Centers (SBHC) with DPBH certification criteria was completed and a Medicaid Public Hearing was held on December 11, 2014 to include SBHC as a reimbursable service under Medicaid. Establishment of SBHC is in progress.

Recommendation #7 – Expand Mobile Crisis for Children

1. After our recommendations were received, significant additional funding of \$1,951,740 was provided for crisis services for children in Nevada. All of the new positions in northern and southern Nevada have been filled, and all training was scheduled for completion by Jan 1, 2015.
 - a. Southern Nevada Child and Adolescent Services Mobile Crisis Response Team is averaging approximately 60 calls per week, and has a caseload average of 40 families participating in short term stabilization. They continue to maintain an average 91% hospital diversion rate.
 - b. Northern Nevada Child and Adolescent Services Mobile Crisis Response Team has received a total of 25 calls per week, an average of 10 families participating in ongoing stabilization services, and a hospital diversion rate of 85%.
2. Evaluation of outcome measures for the "mini mobile crisis" in SNCAS from Jan 1, 2014 – Sept. 30, 2014 is completed, as is the first quarter evaluation for FY 14.

Recommendation #8 – Create Licensure Category for Residential Treatment

1. We are happy to report that a licensure category has been created for Residential Treatment Facilities for youth. Unfortunately, this accomplishment has yet to bear fruit, as no facilities have requested licensure to date. We remain hopeful that Nevada will see the creation of this new level of care for children in the near future.

Recommendation #9 - Changes to the Legal 2000 Process

1. A bill draft request (BDR) is in place to add Physicians' Assistants as well as Advanced Practice Nurse Practitioners (APRNs)¹ to the list of those that can place a person on a legal hold.
2. The BDR also allows certain trained mental health professionals to complete (decertify) an individual from a legal hold. This change will reduce the number of

¹ Some observers believe that APRNs are already empowered to place a person on legal hold, as they are also Registered Nurses, in which case there may not be a need to mention them specifically in this legislation.

people who are boarded in emergency departments unnecessarily when there is no clinical need for inpatient hospitalization.

Recommendation #10 - Anti-stigma and Suicide Prevention Public Information Campaign

1. DPBH is working with the Substance Abuse Prevention and Treatment Agency (SAPTA) and is requesting funding for a public information campaign in next grant cycle.

Recommendation #11 - Engage in Serious Efforts toward Workforce Development for Mental Health Professionals

1. Once again, the Council is indebted to the Kenny Guinn Center, which conducted its own study of the very serious workforce development challenges facing Nevada (and indeed the nation's) public mental health system now and for the foreseeable future.
2. Progress in workforce development will not be easy or quickly achieved. However, it remains important for the State to begin the process of creating additional mental health providers as soon as possible. This should include collaboration with the various licensing boards, creation of additional residency slots, and the other measures suggested in the Guinn Center Report.

Recommendation #12 - Telepsychiatry and PCP Consultation

1. The State Medicaid Plan had been amended to allow telepsychiatry to be provided to both urban and rural settings in Nevada, essentially eliminating the geographical restrictions.
2. Medicaid will now reimburse the provider where the patient is located (originating site) as well as the provider at the distant site. The provider at the distant site now gets reimbursed at a fee equal to the current physician fee schedule.

Recommendation #13 - Enhancing Peer Services

1. DHHS has submitted a BDR to certify peer agencies, which are potentially reimbursable under Medicaid.

Recommendation #14 - Discharge Planning

At the Governor's direction, even before the Council's first meeting, in response to some of the allegations regarding discharge policies at Rawson-Neal Hospital, SNAMHS had already begun the process of ensuring that its discharge plans met the national standard of care. To date, the following steps have been taken to ensure the quality of the discharge planning process:

1. Rawson-Neal has now modified its discharge policy to ensure that all discharge plans are patient centered, that the discharge planning process starts at admission, and that outpatient appointments are confirmed.
2. SNAMHS has hired a primary care physician to assist in an outpatient medication clinic for continuity of care for medical issues.
3. All patients eligible for Medicaid are being enrolled and referred to the appropriate level of care in the community, including both Medicaid managed care plans.
4. Managed care organizations are participating in discharge planning of their Rawson-Neal clients.
5. Residential placement is started at the time of admission as part of discharge plans. Patients are not discharged without a housing evaluation completed.
6. Patients are assessed for risk for transportation and if necessary, a chaperone is provided.

Recommendation #15 - Medicaid eligibility for Persons Leaving Jail or Juvenile Justice Facilities

1. DHHS has begun the process of changing its system to allow suspension (as opposed to termination) of Medicaid eligibility; however, this project requires system changes both at Division of Welfare and Supportive Services (DWSS) and DHCFP and will require significant information technology resources. The system changes are slated to begin in the spring of 2015, but until a suspension tool is in place, the key is effective case management coordinated with DWSS. A streamlined process has been put in place with a centralized unit within DWSS who works with DOC staff on eligibility issues.
2. It is also important to note that the Department has dramatically improved its ability to enroll appropriate people in Medicaid in a much more timely manner than was previously the case.

Recommendation #16 - One-Way Information Portal for Family Members

1. DPBH is still working on this recommendation and the possibility of a database that can be integrated where family information can be entered.
2. The hospital is a single point of entry for patient's families as information can be given and without breaking HIPPA compliance provided to the client and their case management team. Thus, for patients at Rawson-Neal, a simple phone call to the hospital can suffice. In order to ensure that this process is as user-friendly as possible, hospital staff have been trained to receive and document patient-specific information without acknowledging the identity of any patients.

Expansion or Refinement of May 2014 Recommendations

Recommendation #3 -- Allow Emergency Medical Personnel to Make Triage Decisions regarding Mental Health Crises, and Stop Requiring Them to Transport People to Emergency Departments

1. The Council recommended changes in statute to allow trained emergency medical technicians and paramedics to medically clear patients for inpatient admission. The intent of this recommendation is to allow appropriately trained paramedic staff to do medical clearance on an individual before he or she is accepted into a psychiatric facility. This practice would follow specific training and protocols. Of course, if there is any doubt about the cause of the person's mental status or there is any emergent medical issue that would prevent an inpatient admission, the paramedic staff would still either seek telephonic consultation from a physician and/or take the person to the ER for further evaluation. This recommendation would allow some people to be diverted from transfer to the ER. For example, if a well-known consumer wanted to go directly to a psychiatric hospital for readmission and there was a bed available and no physical reason why they could not be admitted, this recommendation would allow them to bypass the emergency room. Importantly, this would also allow emergency medical staff to take individuals to other appropriate destinations, such as crisis triage services in the community. In addition to saving money, this change should allow a person needing help to the appropriate level of care much quicker.

Recommendation #6 -- Provide Appropriate MHP's to Public Schools

1. Pursue grants to fund School Districts. The funding will focus on behavioral health services to children and families in schools to include:
 - a. Suicide prevention (screening) and intervention
 - b. Mental Health assessment with service linkage
 - c. School based behavioral health interventions, e.g., Positive Behavior Support Interventions, Bullying Programs.

Recommendation #10 - Anti-stigma and Suicide Prevention Public Information Campaign

1. The Council recommends expansion of suicide prevention screening recommendations to include children and elderly Nevadans.
2. The Council recommends that the current depression screening system be evaluated to determine its appropriateness for the elder population.

Recommendation #11 - Engage in Serious Efforts toward Workforce Development for Mental Health Professionals

In our earlier recommendations, the Council noted the need for attention to the very serious challenges in mental health workforce development. It was our intention that these needs include the specific needs of special populations, including children and youth, the elderly, and military veterans with serious mental health needs.

★ *Recommendation #12 - Telepsychiatry and PCP Consultation*

Similarly, our recommendations regarding telepsychiatry were also intended to meet the wide array of behavioral health needs in Nevada, including the use of telepsychiatry and consultation for individuals with dementia and related cognitive difficulties. Currently, individuals must travel great distances to receive medical care. Older adults, especially individuals with cognitive impairments, have a difficult time traveling and the experience may add to the individual's confusion and loss of functioning.

New Recommendations

- ★ 1. The Council heard extensive testimony regarding the difficulties experienced by caregivers, especially those providing in-home care to aging loved ones with serious behavioral health problems. We note that the willingness of these caregivers to keep their loved ones at home provides savings to the state and federal governments, and a more appropriate and satisfying environment for many aging Nevadans. However, even the most dedicated caregiver may occasionally need a respite from the daily challenges of caregiving. We therefore recommend that DPBH explore the appropriateness of in-home "respite" care as a possible billable service.
- ★ 2. In collaboration with DHCFP, the Department should explore billable, evidenced based practices designed to support caregivers. This will support family caregivers to learn appropriate techniques for handling difficult situations.
- ★ 3. Where mobile crisis services are available, and as they are hopefully expanded, the Council recommends attention to the needs of older Nevadans who may be experiencing mental health crises. This can be accomplished by including reference to these needs in training, and by inclusion of staff members with special expertise in meeting the needs of aging clients in crisis.
- ★ 4. The Council recommends continued improvement in a system that monitors and identifies inpatient psychiatric bed availability throughout the State. Council member Dr. Carrison suggested that the Department investigate the system currently being used in the State of Missouri, which provides such information to emergency medical services and police departments.
- ★ 5. The Council notes the need to improve the quality of information on 211 specifically to include elder issues.

- ★ 6. Noting that aging Nevadans are at especially high risk of suicide, the Council also recommends that the Department consider measures to increase resources for elderly Nevadans at high risk of suicide.

Looking to the Future – Governance

As noted above, I have appointed Council Member Richard Whitley to chair a Council sub-committee on governance issues. Mr. Whitley will propose the membership of this sub-committee, and organize its meetings, starting as soon as possible. It will be interesting to see the manner in which the changing landscape of public mental health (e.g., the rapid growth of Medicaid managed care) affects the subcommittee's deliberations.

While the Council has only begun the process of looking at the issue of governance, a number of important considerations are already quite clear. Incentives should be aligned, so that Nevada's various regions and counties are not "punished" for doing the right thing. In other words, to the maximum extent possible, "the money should follow the person." While many public mental health systems have espoused this principle, frankly few have achieved it. In other words, when a region figures out ways to help clients avoid the crises that require expensive emergency room or inpatient admissions (e.g., supported housing, peer-run drop-in centers, intensive case management, assertive community treatment), the region should experience at least some appropriate fiscal benefit. Again, this is part of the logic behind Medicaid managed care, and it will serve Nevada well to maximize the degree to which this principle is followed.

As the Council has continually recommended, Nevada should make every effort to receive its fair share of federal entitlements such as Medicaid. This will allow continued expansion of services without affecting the state budget.

To the maximum extent possible, mental and physical health care should be integrated. Not only is this more clinically appropriate, but there is strong evidence that higher quality mental health care improves outcomes and reduces expenses for physical medical care, and vice versa. The Council believes in the essence of good treatment, which is to "treat the whole person." By doing so, people can experience physical and mental health care that is more respectful and effective, at significantly lower cost to the State.

Of course, providing the best care at the lowest cost is not simply a matter of cost reduction. By reducing the cost of good care, resources are freed up to provide high quality care to as many Nevadans as possible. As noted by Council member and DHHS Director Romaine Gilliland, as more individuals with a payment source are identified and the use of Medicaid is broadened, more local and state funds may be freed up, which in turn may be reinvested for improvement of the behavioral health environment at large.

Specifically, the Council unanimously recommends that the following principles guide our discussions of governance:

1. Best care at lowest cost
2. Encourage savings across programs and agencies
3. Hold providers accountable for outcomes
4. Money follows client from hospital to community
5. Effective integration of physical and mental health services
6. Cost-neutrality, at both the state and county levels, through optimization of federal funding participation through Medicaid.

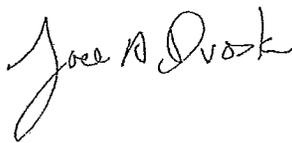
Concluding Remarks

Once again, on behalf of the entire Council, I want to express my gratitude to Governor Sandoval for the opportunity to recommend improvements to the public mental health system in Nevada. I anticipate that our activities will be minimal during this important legislative session; however, as soon as feasible, we intend to enthusiastically return to our work.

The Council is also indebted to the many citizens, advocates, service providers, and public servants who testified before the Council, and provided us with a great deal of valuable information that significantly contributed to our work. We look forward to working with them in the future.

Finally, I want to share a special thanks to the hard working public servants within DHHS. The Council has added a significant amount of work to their already impressive list of duties. State government is often thankless work, and the public seldom sees the incredibly hard and impressive work that is accomplished on its behalf by Director Gilliland and his staff. Most of the accomplishments listed in this report are the direct result of very hard work by the employees of DHHS at all levels of the organization, and the Council is deeply appreciative of their accomplishments on behalf of Nevada and its citizens with behavioral health problems.

Respectfully submitted,



Joel A. Dvoskin, Ph.D.
Chair, Governor's Advisory Council on Behavioral Health and Wellness

COA Meeting August 10, 2015

Attachment H

**Nevada Commission on Aging
Legislative Subcommittee Report
November 10, 2015
Jeffrey Klein, Chair**

The Legislative Subcommittee of the Commission on Aging has adopted a strategy designed to provide Nevada's legislators with a frame of reference for addressing senior issues and to provide avenues for our seniors to provide first hand feedback to Nevada's legislators. A principal responsibility of the Subcommittee is to frame issues and recommendations for consideration by the Nevada Commission on Aging as issues are identified and to work collaboratively with other COA Subcommittees.

The Subcommittee recognizes the importance of a legislature well-oriented to senior issues, the importance of providing a framework on senior issues for legislators new to senior issues and an opportunity to provide for dialog between legislators and Nevada's seniors. To accomplish these goals, the Legislative Subcommittee adopted series of initiatives that preceded the previous Legislative Session and actions to represent the interests of seniors during the Session. The Subcommittee continues to work in the Interim to lend a voice to seniors in our communities; work actively with legislators; and provide an advisory vehicle for the COA and ADSD.

The activities of the Legislative Subcommittee have included:

- Familiarize legislators with senior issues.
 - Creation of top 10 issues including description, impact, and history of issue in Nevada. (Nevada Senior Issues Brief)
 - Create a report that includes demographics and defines the current environment in Nevada for older people.
 - Update the "Issues Brief to reflect priorities, active legislation and proposed legislation.
- Utilize the tool created above in a series of face-to-face meetings with legislators.
 - Hold the meetings in various provider facilities and offices around the State.

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- Organized and held Nevada's first Senior Issues Day at the legislature on February 9, 2015 was highly successful. During the course of the day, approximately two-thirds of the Nevada Legislature participated in the capital event including individual visits with seniors, conversations with our issue experts and attending the lunch presentation by Administrator Jane Gruner and Mary Liveratti. A significant contingent of seniors attended the events. Sponsors of the COA's Senior Issues Day included: AARP, Nevada Senior Services and Nevada HAND. Participating in the event also included Nevadans for the Common Good. COA Commission members Sen. Mark Manendo, Assemblywoman Ellen Spiegel, Lisa Krasner and Connie McMullen.
- Sponsored senior issues forums and town hall meetings statewide.
- Testified on issues and COA White Paper presentations at legislative committees (i.e. Health, AB 9, ADSD Budget, Medicaid Budget, Behavioral Health, CARE Act).

Legislative Session Scorecard:

The Legislative subcommittee provided support and advocacy which successfully supported bills of importance that passed the Legislature and ultimately were signed into law by Governor Sandoval. Some of these bills enacted into law are:

AB 28	38-415	NV. Silver Haired Leg. Forum	Revised the duties of the State Long-Term Care Ombudsman. Signed by Gov. Effective 7/1/15
AB 222	645	Assem. Kirner	Revises provisions governing the operation of facilities for the dependent. Signed by Gov. Effective 10/1/15
AB 223	15-566	Assem. O'Neill	Revises provisions governing crimes against older persons and vulnerable persons. Signed by Gov. Effective 10/1/15
AB 242	40-417	Leg. Comm on Sr. Citizens, etc.	Revises provisions relating to facilities for skilled nursing. Amended to an interim study bill. Signed by Gov. Effective 7/1/15
AB 325	976	Assem. Sprinkle	Provides for regulation of persons engaged in business as private professional guardians. Signed by Governor. Effective 1/1/16
SB 6	40-63	Leg. Comm on Health Care	Provides for the regulation of patient-centered medical homes. Signed by Gov. Effective Date 6/1/15
SB 177	512	Sen. Comm. on HHS	Enacts the Caregiver Advise, Record, Enable (CARE) Act. Signed by Gov. Effective Date: 10/1/15

**Nevada Commission on Aging
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SB 262	643	Sen. Harris	Revises provisions relating to guardians. Signed by Gov. Effective date 7/1/15
SCR 2	237	Sen. Hardy	Encourages education of medical care providers and first responders regarding caring for people with Alzheimer's disease. Enrolled by Sec. of State Effective 5/22/15

Continuing Subcommittee Issues :

Waiver Waitlist
Medicaid Managed Care
Rate increase for Long Term Care Services (Medicaid and Waiver)
Behavioral Health and seniors

Request for COA Re-Approval: White Paper Subcommittee Follow-Up Actions

The Legislative Subcommittee continues to refine the "Elder Issues in Nevada" package based on feedback and changing circumstances. As we complete updates, the Legislative Subcommittee intends to report back to the COA and seek approval for the new updates.

In order for the Legislative Subcommittee to provide follow-up during the Interim and pre-session evolution of BDRs and discussions of legislative policy as well as during the session when response to BDRs and legislative initiatives might be appropriate between opportunities to consult the COA; the Legislative Subcommittee seeks re-approval by the COA to continue act on behalf of the COA on those items contained in the COA approved "Elder Issues in Nevada" package to include:

1. Letters to appropriate legislative committees stating positions or lending support;
2. Testimony at appropriate legislative committees stating positions or lending support (as we have done recently with both Health & AB 9) ; and,
3. Facilitation of BDR development.

We believe that this approval will continue to expedite the Subcommittee's successful work on behalf of the COA.

Respectfully Submitted,
Jeffrey Klein, FACHE
Chair, Legislative Subcommittee

