**MINUTES**

**REVISED**

Name of Organization: Nevada Commission on Aging

(Nevada Revised Statute [NRS] 427A.034)

Date and Time of Meeting: January 21, 2016

9:30 a.m.

This meeting was held at the following location:

Las Vegas: Grant Sawyer Building

555 East Washington Avenue

Suite 1400

Las Vegas, NV 89101

I. Call to Order/Roll Call

Jane Gruner, Administrator, Aging and Disability Services Division (ADSD)

Members Present: Joyce Woodhouse, Pasty Waits, Jacob Harmon, Connie McMullen, Travis Lee, Jane Gruner, Jose Tinio, Stavros Anthony, Lisa Krasner, John Rice, Minddie Lloyd

Members Absent: Glenn Trowbridge, Nancy Anderson, Maria Donald

Guests: Jeff Duncan, Jill Berntson, Jeffery Klein, Steven Gleicher, Julie Kotchevar, Sally Ramm

Staff Present: Anita Curtis, Camala Foley

A quorum was declared.

Jane Gruner introduced the new Commission on Aging members, Jose Tinio, Jacob Harmon and Maria Donald. The Commission members introduced themselves and explained why they are a part of the Commission on Aging.

II. Verification of Posting

Agenda was posted on Thursday January 14, 2016.

III. Public Comment

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

IV. Approval of the Minutes from October 6, 2015 Meeting **(For Possible Action)**

Patsy Waits made a motion to approve the October 6, 2015 meeting minutes. Travis Lee seconded the motion.

V. Administrator’s Report

Jane Gruner, Administrator, ADSD

Connie McMullen was the recipient of the Humanitarian Award given by the Human Service Network of Northern NV. Connie was recognized for the years of work in supporting seniors, persons with disabilities and persons with mental illness. She has worked tirelessly for many years to improve the options available for those in need.

Home and Community Based Waiver for the Frail Elderly is serving 1,871 with 587 waiting. This program is at 97% capacity.

Personal Assistance Services is serving 130 with 17 waiting.

Homemaker services are being used by 300 individuals with 21 waiting for the service.

COPE is serving 51 individuals with 29 waiting.

Alternative service delivery models.

Preparations have been made to begin outreach and listening sessions for Nevada Medicaid recipients, providers, counties and other interested parties regarding the possible change from fee-for-service to managed care for individuals receiving Medicaid long-term services and supports. The first listening session in Las Vegas occurred last evening. They are planned for locations across the state. The link for the Division of Health Care Finance and Policy webpage is at the end of the presentation that will be provided later in this meeting.

Aging and Disability Services Division (ADSD) will be having focus groups with concerned citizens, consumers, providers and family members. Jose Tinio commented on where most of the cost of services is coming from. Jane Gruner replied one major cost is individuals waiting for a long period of time for service.

ADSD has completed the training to begin participation in the National Core Indicator Survey. The surveys will be conducted with 400 consumers participating in Developmental Services. Seniors will participate in the National Core Indicator Survey beginning 2016. The survey collects information on a common data set that will allow Nevada to gather information about the performance of service delivery. Nevada will be able to use this data to strengthen long term care policy, quality assurance activities and compare performance with national norms.

As part of the No Wrong Door (NWD) initiative, ADSD and partners collaborated to identify a brand for the public to know where to go for assistance. The NWD brand, Nevada Care Connection, officially launched in November 2015 with a series of media placements including print ads, radio ads, and TV ads throughout Nevada. This initial campaign focused on bringing awareness of available assistance at the local Resource Centers serving Nevada’s older adults, people with disabilities, their families and caregivers. Jane Gruner commented that all administrators are participating at this time. Regardless of the number an individual calls, they can reach resources.

ADSD is in its second year of funding for the Dementia Capability for Persons with Alzheimer’s Disease and Related Dementias Grant, a $450,000 federally funded initiative requiring $256,000 in match, to improve Nevada’s system of dementia care by developing screening for early identification; connecting individuals and their family caregiver to appropriate service modalities; and improving datasets to qualify outcomes. During this period, ADSD has expanded evidence-based services available for this population through the grant and other Federal and State funding sources to assist family caregivers and individuals with dementia. In addition, the Division and its funded partners are identifying service gaps and developing a database on data collected across the system. Jacob Harmon added Early Stage Partners in Care (EPIC) and has facilitated discussions between the person in early stages and the care partner about future care. Jeff Klein commented on a telephone based system of caregiver support. The program utilizes a counselor and an easy assessment followed by enablement to help the caregiver develop care plans. There are four evidenced based programs supported by ADSD. The Commission discussed the process of an individual to start the process to find resources, starting with doctors to diagnose the early stages of Alzheimer’s. Patsy Waits commented on the importance of support for the caregivers. Jeff Klein stated that Nevada has the highest diagnoses of Alzheimer’s in adult day care. Jane Gruner explained that Nevada needs a system of care to support individuals and their families.

ADSD has been working on a number of initiatives related to the Balancing Incentive Payment Plan (BIPP) grant and collaboration between ADSD and Medicaid (DHCFP). Over the past quarter, the BIPP team has implemented the Information and Referral (I&R) module as part of the No Wrong Door initiative. The BIPP team continues to work on development of a Serious Occurrence database that consolidates all Serious Occurrence reports into a single database and enhances reporting and monitoring capabilities. Data collection and business process analysis has begun on the Harmony Financial Management project to incorporate billing for both waiver and non-waiver programs which will streamline processes, eliminate duplication and provide reporting capabilities for future budget preparations.

The Aging and Disability Resource Center (ADRC) program is collaborating on two initiatives to help connect Veterans with benefits and have greater control over the services they receive. A partnership between the Nevada Department of Veteran Services, ADSD, Access to Healthcare Network and the Utah Aging and Disability Resource Center program will assist in training ADRC Options Counselors on the wide range of benefits available through the Veterans Administration. This will allow veterans to be better informed and have greater access to benefits for which they may be eligible for. In addition, ADSD is awaiting final approval to enter into a Provider Agreement with the Las Vegas Veterans Administration (VA) Medical Center to launch a veteran directed home and community based services program. This program, known as Veteran Involved Services and Assistance (V.I.S.A.), will have ADRC Options Counselors working to support selected veterans in directing the home and community based services they receive through the VA. Launch of the program is currently pending budgetary approval from the VA Medical Center leadership.

ADSD received top honors in the Nonprofit and Community Organization Volunteer Program category at the 2015 Governor’s Points of Light award ceremony. ADSD volunteers contributed 12,509 volunteer hours valued at $238,296. Tom MacPherson, a dual volunteer for the SHIP and Senior Medicate Patrol (SMP) programs, was nominated and chosen as a finalist for the Nevada AARP Ardus Award, which is AARP’s most-prestigious volunteer tribute recognizing outstanding individuals who are sharing their experience, talents and skills to enrich the lives of others. Tom assisted over 200 Nevada beneficiaries, saving individuals thousands of dollars by helping them understand their Medicare benefits and accumulated 668.50 hours of volunteer time during the 2014 calendar year.  As of July 2015, Tom had served 328.17 hours between SHIP and SMP.  Tom also volunteers with Summerlin Hospital and served an additional 743 hours in 2014 through July 2015, and as such the Aging Services Directors Organization (ASDO) named Tom as the first recipient of the Lucy Peres Award on October 28.

VI. Veterans Issues (**For Possible Action)**

Julie Kotchevar, Deputy Administrator

The Governor has instituted a coordinating council of Veterans affairs that most of the department participates in. DHHS has been working with all the divisions to coordinate all Veterans initiatives to support the Governor’s overall plan.

Programs to Support Independence

ADSD worked with the Las Vegas Veterans Affairs (VA) Medical Center to launch Veteran Involved Services & Assistance (VISA) which is a veteran-directed home and community-based services program. This program allows veterans to utilize the infrastructure already in place for consumer-directed programs at ADSD to select and employ their personal care attendant. The VA Medical Center then reimburses ADSD for the care provided. Without this mechanism in place, the VA had no way to allow veterans to use the consumer-directed care model and exercise choice over their personal care services. ADSD received a small grant to launch the program and pay for start-up costs and training.

Veterans were able to access the Assistive Technology for Independent Living program, which provides home and vehicle modifications for persons with disabilities. ADSD’s program is unique as it allows some modifications to rental properties and does not require home ownership in order to qualify for assistance.

ADSD has also been working with Nevada Senior Services, the Rosalyn Carter Institute, and Nevada Veterans Services to implement Operation Family Caregiver. This is a caregiver education and support system designed specifically with the needs of veterans in mind.

Public and Behavioral Health

Suicide Prevention and Mental Health

The Nevada Office of Suicide Prevention has trained 10% of the Nevada National Guard in Applied Suicide Intervention Skills Training (ASIST) and safeTALK. The office also hosted a week-long workshop with 35 veterans that focused on mindfulness and breathing skills to assist with PTSD and concerns of suicide.

The Nevada Office of Suicide Prevention participated in three policy academies from the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) for service member veterans and their families’. The academies focused on suicide prevention and substance abuse disorder and suicide prevention strategic planning. Currently, the Nevada Office of Suicide Prevention has two strategic plans and a task force working on the implementation with Nevada National Guard, the Nevada Substance Abuse Prevention and Treatment Agency (SAPTA), the Governor’s Office, and the Nevada Department of Veterans Services.

The Emergency Medical Services Program implemented a systems change that will allow them to determine how many veterans apply for and receive an EMS license.

Welfare and Supportive Services

Systems Outreach

The Nevada Division of Welfare and Supportive Services (DWSS) has been working with a variety of community-based organizations to provide systems outreach for the services available to veterans and their families. This includes community education to professionals or community-based organizations that serve veterans and assistance to veterans at events such as Veterans Stand Down.

Child Care Services also targeted specific outreach efforts to veterans by coordinating with the local Veterans Employment and Training programs to ensure veterans in need have the ability to apply for a child care subsidy.

VII. Alzheimer’s Disease Taskforce (**For Possible Action)**

Julie Kotchevar, Deputy Administrator

The Taskforce has been working on an Annual Report every other year, and a State Plan during the off years. The Taskforce has been working on the 20 recommendations that were included in the original plan. The major initiative this year is to work on driving with dementia. Taskforce has been putting together an understanding of this issue. Who makes the decision of an individual to not drive, as a community when is it no longer safe to drive, understanding for the families and for the DMV. ADSD sent out posters to primary care providers and care groups about the signs of early Alzheimer’s.

Jacob Harmon added there will be meeting in Carson City about dementia and driving. If anyone is interested in attending you may contact him.

VIII. Update of 2015 Legislative Session

Sally Ramm, Elder Rights Attorney, ADSD

Sally Ramm explained that none of the bills that have passed in the 2015 Legislator that were a concern have yet been codified into the statutes..

This includes AB325 requiring that private professional guardians be licensed and AB 262 that added abandonment to the statute on crimes against the elderly. She commented about the amount of time to turn bills into laws. The new laws are in effect just not written into the statutes.

IX. Mental Health Update and discussion on the recommendations on the plan. **(For Possible Action)**

Jane Gruner, Administrator

Jane Gruner commented on establishing a work group to focus on mental health issues with seniors. The work group will include Connie McMullen, Jacob Harmon and Travis Lee.

X. Discussion and Planning for the State Plan on Aging Update. **(For Possible Action)**

Jill Berntson, Deputy Administrator

It’s required to submit a State Plan every 4 years about the services that will be provided to elders in the State of Nevada. The current State Plan expires June 2016 and a new State Plan draft has been worked on since August 2015. The State Plan has several appendixes which include the demographics of Nevada and Nevada’s population. The State Plan draft includes accomplishments from the previous State Plan and Nevada State goals for the next four years. It will be submitted to the Directors Office by May 2016.

XI. Discussion and Planning for the Strategic Planning and Accountability Plan Update. **(For Possible Action)**

Jane Gruner, Administrator

Strategic Planning and Accountability received funding in the amount of one hundred thousand dollars to update the Strategic Planning and Accountability Plan for seniors and persons with disabilities. This project will develop a 5 year plan to guide Nevada toward and accessible person/family centered system. The Commission discussed approval to identify an individual to be on the Strategic Planning and Accountability group. The Commission discussed being more proactive in the early identification process. Jose Tinio stated that many individuals in the legislature do not seem to care about seniors. There are additional things to be done for seniors. The Commission discussed cost verses quality in care for seniors. Jose Tinio commented on the waiver program for the cost on an individual in a nursing home you can have three individuals in a group home. The Commission discussed the minimum wage to increase over the years and the effect on providers. Travis Lee commented since the Health Care Act has been implemented social services models that are happening around the state have changed drastically. The Commission discussed how the indigent funds being utilized in their own cities, counties, or towns.

XII. Guardianship Taskforce **(For Possible Action)**

Sally Ramm, Elder Rights Attorney, ADSD

The Supreme Court Commission was established by Justice James Hardesty to study the Administration of the Guardianships in Nevada’s Courts. It was prompted primarily by the amount of press that has been happening in the last year on the situation regarding guardianships in Clark County. The Commission has been meeting since July 15, 2015. The next meeting, which will be the 7th meeting, will be held January 22. The original order for the Commission was for 6 meetings, but it became clear that it is a complicated subject with multiple issues. Another order was issued for 6 more meetings to take place. There are 26 voting members on the Commission including the Supreme Court Justice, six judges, two members of the assembly, one senator, two members of the media, two county attorneys, three legal services attorneys, two private attorneys, one public guardian, two private professional guardians, a victims advocate, one from law school, one from long term care industry and Sally Ramm as the Elder Rights Attorney. The first three meetings were largely taken up with testimony of families in Clark County who feel they have been victimized by the system. Very little testimony was given by people in Northern Nevada. Data collection and court procedures are important in reforming the guardianship system in Nevada. All District Courts in Nevada will need to go through every open guardianship case and find out exactly where they are at. There were many open cases that were closed because the guardianship could be dissolved. Clark County has hired a compliance officer who will monitor all the cases. Clark County’s open guardianship cases went from over 8,000 to under 6,000. Every member of the Commission contributed to a list of recommendations that resulted in list of 29 policy questions for the members to discuss. The list was approved at the last meeting and a motion was passed to recommend that the Supreme Court establish a permanent commission to address issues of concern to those who would be subject to guardianship or alternatives to guardianships in Nevada. Sally Ramm explained AB325 to license private professional guardians. The Commission discussed monitoring guardianships.

XIII. Report from the Senior Services strategic Planning and Accountability Subcommittee.

Connie McMullen, Senior Spectrum, Subcommittee Chairperson

The Olmstead Report released from Tony Record’s was reviewed with the committee. Recommendation for the Olmstead Report will be shared with the Commission on Aging. Six recommendations were made and supported by a report Sally Ramm provided. Tony Records report lacked information on mental health and individuals aging with disabilities. The Commission discussed the delay of the report was due to additional information. The Commission discussed the Minnesota Olmstead Report.

XIV. Report from the Legislative Subcommittee

Jeff Klein, NV Senior services, Subcommittee Chairperson

The Legislative Subcommittee has a couple of different missions. The Subcommittee is listens for issues impacting seniors statewide and gives them an opportunity to express themselves. They translate senior input into policy positions that are presented to Commission on Aging. The Subcommittee sponsored a series of listening sessions around Nevada. They worked on preparing senior issues for Nevada 2015 which lead to a seniors issues day at the legislature in February 2015. During the session the Subcommittee advocated on a variety issues. Many committee members participated in the session. Jeff Klein explained any new COA members are welcome to be a part of the Subcommittee. The Subcommittee members were asked to participate within the guidelines of the Commission providing testimony. During the session the Subcommittee advocated for a bill that would have required a study on behavioral and cognitive impaired population issues. The Subcommittee had representation north and south at the Post-Acute Subcommittee meeting. The Subcommittee was very active in testifying on senior issues for Home and Community based services, waiver issues, Medicaid contract renewal and provider rates. Members of the Subcommittee have worked to get the Older American Act reauthorization modified so that it benefits Nevada. The Subcommittee supported federal legislation to expand the PACE program to include a younger population. There have been demonstration projects authorized by that legislation. Jeff Klein explained The Veterans issues and the expansion on the Veterans contract that will allow the Veterans Administration to contract with Community Based Services groups in the state to expand the delivery system for Veterans. Jeff Klein commented on looking at the DHCFP website and going through the different advisories that are available. The Commission discussed joining the list-serve on the DHCFP website to stay up to date on meetings, minutes and cancelations.

XV. NRS 439 Report **(For Possible Action)**

Sally Ramm, Elder Rights Attorney, ADSD

Tabaco Settlement funds which fund the Independent Living Grant no longer have automatic distribution. Distribution of the funds is decided on a yearly basis. Reports containing recommendations for funding are prepared by the Commission on Aging, the Commission on Services for People with Disabilities, and the DHHS Grants Management Office. The reports then go to the Director for recommendations, and are then sent to the Governor for recommendations on how funding is going to be distributed by the legislature. The Commission will approve the report prior to submission to the Director’s office. The State Plan contains information that will be useful in this year’s report. Patsy Waits, Jose Tinio and Travis Lee have all volunteered to be on the subcommittee.

XVI. Managed Care for Aged, Blind and Disabled presentation. **(For Possible Action)**

Jane Gruner, Administrator, ADSD

The Department of Health and Human Services is evaluating alternative service delivery models aimed at achieving better care for patients, better health for our communities and lower costs through improved health outcomes. A health care organization that helps people find a primary care physician helps people navigate the health care system and maintains a network of health care providers. Listening sessions will be held around Nevada. A facilitator will be hired to do the analysis piece. An individual with national experience with Manage Care and other service delivery models will take the information and consolidate it into a workable frame work. It is a two year timeline. The first year many states accept all providers. After the first year they are more selective about giving contracts. The Commission discussed a delivery system and network adequacy. The Commission discussed dual eligibility involving Medicare and Medicaid plans, the growing caseload, expenditures and workforce in Nevada. Nevada Medicaid provides services under two different delivery models fee-for-service and Managed Care. With fee-for-service individuals can receive services form any provider enrolled with Nevada Medicaid. No referrals from a primary care physician are required to see a specialist and individuals must coordinate and manage their own care. Managed Care organizations provide care coordination, provide patient education, provide preventative care, connect individuals with specialty providers, and ensure the right service is provided at the right time. The Commission discussed Managed Care per member cost and individuals unable to access services due to workforce issues. Managed Care Organizations have the flexibility to offer additional services based on need and plan selected. All Medicaid recipients who live in urban Reno or Las Vegas who are not determined disabled by the Social Security Administration are mandated. Medicaid currently contracts with two Managed Care Organizations; Health Plan of Nevada and Amerigroup. Managed Care covers most of the services that are in the Medicaid approved State Plan. Managed Care Organizations have the flexibility to offer additional services based on need and the plan selected. Managed Care does not currently provide; Hospice, Adult day Health Care, Non-Emergency Transportation, Targeted Case Management, Home and Community Based Waiver Services, Intermediate Care Facilities for Individuals with Intellectual Disabilities, Nursing Facility Stays more than 45 days, Orthodontia and Residential treatment Center stays more than 30 days. Next process includes continued input from stakeholders and hires a facilitator/contractor for the analysis.

XVII. Consider Agenda Items **(For Possible Action)**

Jane Gruner, Administrator

Agenda items may be sent to Anita Curtis [adcurtis@adsd.nv.gov](mailto:adcurtis@adsd.nv.gov)

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

Jane Gruner, Administrator, ADSD

April 2016 will be determined at a later date, July 19, 2016, September 13, 2016, and November 29, 2016.

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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.