

Elder Issues in Nevada

Commission On Aging Legislative Subcommittee
Information Sheet for Legislators and Candidates
2015



**AGING AND DISABILITY SERVICES DIVISION
COMMISSION ON AGING**



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The Nevada Commission on Aging Legislative Subcommittee is pleased to offer this overview and discussion of key issues impacting Nevada's senior community. The "Information Sheets" are intended as a starting point to frame a useful dialogue with legislators and candidates for office.

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**COMMISSION ON AGING LEGISLATIVE SUBCOMMITTEE
ELDER ISSUES IN NEVADA
OVERVIEW**

Elder issues are issues for people of all ages; those who have lived long enough to be regarded as an elder, those who generously assist family, friends and neighbors and those who serve in the role of caregivers. When we provide for the safety and security of our elders, people of all ages and our community reap the benefits.

Nevada's aging population is one of the fastest growing in the nation. Today, 13% of the state's population is over age 65. Growth in the oldest segment, those 85+ is exponential, increasing by 78% over the last decade. This group is most likely to be in ill health and at-risk of institutional placement.

As we grow older, most individuals want to remain in their own homes. Individuals need a range of quality, affordable community-based services, operated using best practices, to reduce the risk of nursing home placement.

Helping individuals remain in their home is the most cost effective option for the individual and Nevada. On average, the same dollars will support 3 individuals with community-based services for every one person placed in a nursing home. Yet, our current system is inadequate to meet the existing and growing need for community-based services.

The issues identified in this paper focus on key areas of importance to support our elders in their quest to remain independent:

- Behavioral and cognitive health
- Budget
- Caregivers
- Legal rights
- Medicaid
- Nutrition
- Transportation
- Workforce

Each section provides a brief overview of the issue, description of unmet needs and current requests for Legislative support.

The Commission on Aging Legislative Subcommittee encourages you to share your views on these issues and respectfully requests your support for the items identified in order to make a meaningful difference in our capacity to care for Nevada's elders.

BEHAVIORAL AND COGNITIVE HEALTH ISSUES

Understanding the Issue

- It is estimated that 20 – 25% of individuals age 65 and older have a mental health disorder
 - Mental health disorders affecting older adults include:
 - a) ongoing chronic psychiatric illnesses,
 - b) onset of illness with behavioral and/or cognitive symptoms such as dementia or stroke and
 - c) disorders due to age-related disability or caregiving such as depression or anxiety
- Based on 2013 Census estimates, 76,000 - 95,000 older Nevadans are affected by these disorders
- Nevada has one of the highest geriatric suicide rate in US. One in four attempted suicides will die. About 60% of senior suicides saw their doctor within a month of their death, 25% told someone they planned suicide, and over 20% experienced a traumatic event two weeks prior to their suicide.
- Risk factors are: diagnosis of new illness, chronic diseases, pain, disability, medication interactions, social isolation, poor nutrition, substance abuse, loss of loved one and caregiving
- Dementia affects 1 in 9 at age 65 and almost 50% of those age 85 and over

Unmet Needs

The current health care system is inadequate to effectively meet the specialized needs of older adults. This results in behavioral and cognitive health disorders going undiagnosed, underreported and untreated.

Challenges to improving care include:

- Misconceptions about the normal aging process; lack of understanding of behavioral health issues experienced by older adults
- Insufficient community-based care options and inpatient facilities that specialize in care for older adults
- Training for medical professionals in diagnosis, treatment and behavior management
- Medication management of prescription and non-prescription drugs
- Education and training for caregivers including non-pharmacological behavior management
- Implementation of evidence-based models of care to address behavioral/cognitive symptoms

The implementation of specific steps to resolve these challenges will deliver more cost efficient quality care, reduce the use of emergency room services and decrease premature and out-of-state nursing home placements.

Current Request for Legislative Support

- 1) Identify state funding to support evidence-based community programs implemented statewide to aid caregivers caring for loved ones with behavioral and cognitive health issues. Funding would be utilized for:
 - a. Offering information and referral for all Nevada citizens
 - b. Training in selected evidence-based community programs for caregivers as well as social service providers, health care workers and family members
 - c. Creating a sliding fee scale to address affordability of mental health services
 - d. Providing a substitute caregiver to ensure safety of loved one while family attends training
 - e. Creating a sliding fee scale for respite services
- 2) Identify state funding to assist Aging and Disability Resource Centers and Nevada 2-1-1 to collaborate to create a “No Wrong Door” access to resources statewide.
- 3) Establish a higher rate of pay by Medicaid for nursing facilities prepared and trained to support individuals with behavioral health needs, allowing individuals to remain in their own communities rather than being placed in out-of-state facilities.
- 4) Provide education and training to health care professionals in screening, diagnosis, and treatment of behavioral and cognitive diseases prevalent in older adults.

BUDGET

Understanding the Issues

- Nevada has one of the fastest growing aging populations in the United States. In just ten years, the older population grew 49%. Growth in the oldest segment of the population, those 85+ increased by 78%; these are the most frail, often with complex medical and service needs.
- There are currently over 350,000 older adults, representing 13% of state's population. This number is expected to grow to over 1 million over the next 15 years.
- Funding for aging services has not kept pace with the growth in the older population and their increasingly complex needs.
- Assess to community-based services such as adult day care, congregate and home-delivered meals and personal care along with support for caregivers has been demonstrated to prevent or delay more costly nursing home placement.
- The goal of aging services is to support at-risk older persons, helping them to live as independently as possible in the community. This person-centered approach effectively uses public dollars and respects the wishes of the individual to remain at home.

Unmet Needs

- Develop a basic infrastructure of services to address the current and future needs of the older population especially those who are most frail.
 - Insufficient community-based care options and providers significantly increases the risk of premature, unnecessary and costly nursing home placement.
 - Reimbursement for Medicaid currently pays over \$200/day for basic care in a nursing home and \$40/day to adult day care services
- Utilize State funding in a cost-effective manner that reflects the wishes of older adults and their families
 - On average, Medicaid funds can support almost 3 older adults with community-based services for every one person placed in a nursing home
 - There are an insufficient number of Home and Community-Based Waiver slots resulting in older adults, deemed at-risk of nursing home placement, to be placed on a waiting list for an indeterminate time
- Secure funding sources to support services for older adults at risk of nursing home placement
 - Service providers struggle to deliver services under current Medicaid reimbursement rates
 - Example: Reimbursement rate for adult day care (under medical model) is \$54.48 which includes 2.5 meals/day, nursing care, case management, personal care, medication management, therapeutic activities and support for families. Without an increase in the reimbursement rate for 12 years, there has been a decline in providers from 50 in 2008 to 18 in 2014.
 - Expand the implementation of evidence-based programs to deliver quality, cost effective services

Current Request for Legislative Support

- 1) Support ADSD budget request
- 2) Support ADSD Strategic Plan Goals
 - a. "Increase funding and services to meet national or state accepted funding levels by service population"
 - i. "Establish acceptable reimbursement rates by service type"
Request: Increase Medicaid and Home and Community-Based Waiver rates to provide more cost-effective community-based care options and avoid more costly nursing home placement
 - ii. "Implement a strategic financing plan to secure resources for ADSD"
Request: Appoint a special committee to develop a plan for alternate funding options to support existing aging services currently funded by Tobacco Settlement funds
 - iii. "Fund services and support for the coordination and delivery of services"
Request: Increase the number of Home and Community-Based Waiver slots

CAREGIVERS

Understanding the Issue

Key statistics about family caregivers:

- There are an estimated 500,000 Nevadans providing approximately 400 million hours annually of unpaid care to help family, friends and neighbors live independently (AARP)
- Family caregivers provide the majority of unpaid care for their loved ones, at an estimated saving to Nevada taxpayers of \$400 billion per year (AARP)
- Up to 75% of caregivers are women; the majority are middle aged and employed outside of the home

Caregiving tasks:

- Personal care – Includes tasks such as meal preparation, bathing and managing incontinence
- Medications – Almost 50% of caregivers administer 5 to 9 prescriptions each day
- Complex medical tasks – Includes wound care, intravenous medications and injections
- Coordination of care and services – Managing medical care, transportation, home health, personal care, financial affairs and medical insurance

Impact on caregivers:

- Physical and emotional stress results in higher rates of depression, chronic illness and even death
- 75% of caregivers are employed outside of the home. Businesses are impacted by lost productivity due to employees fulfilling caregiving responsibilities
- Financial stress includes ongoing out-of-pocket expenses and missed time in the workplace or resignation from a job in order to provide full time care
- Nursing home placement is often the only option when caregivers can no longer manage caring for a loved one at home. Annually, nursing home costs can range from \$72,000 - \$85,000 and are paid by families, insurance, Medicaid and other government programs. The impact on Medicaid is significant as older adults utilize over half of all dollars spent even though they are a small percentage of the total enrolled.

Unmet Needs

- Education and training – Family caregivers receive little or no training yet provide complex medical and nursing tasks for loved ones with chronic diseases and cognitive disorders, such as Alzheimer's
- Supportive services – Home and community-based services, such as adult day care, personal care, respite and case management help family caregivers manage caregiving tasks, reducing burden and stress. For the projected demands of the growing senior population in Nevada, there is already a shortage of affordable, quality community-based service providers.
- Respite – Defined as a break from the demands and responsibilities of caregiving

Current Request for Legislative Support

- 1) The CARE Act (BDR 512) – The CARE Act will provide education and training so that caregivers can more safely help a loved one with medical needs. Key provisions include recording the name of the family caregiver upon admission to the hospital, notifying the caregiver of transfer or discharge and providing instructions for medical tasks to be performed at home.
- 2) Increase Home and Community-Based Waiver and COPE Slots – These programs fund an array of home and community-based services to assist individuals, who qualify financially for Medicaid and are deemed at risk of nursing home placement, to remain in the community. Costs for these services are less than the costs for a nursing home placement. Additional slots are requested to provide services to those on current waiting lists and accommodate the increasing demand due to the growth in the aging population, especially in those 85 and older who are at greatest risk.

LEGAL RIGHTS

Understanding the issue

Elder abuse, neglect, exploitation and isolation are at an all-time high. It is estimated that one in 14 crimes against older people are reported. (National Center on Elder Abuse statistic) In fiscal year 2014, 6,033 reports of elder abuse were received by Elder Protective Services and law enforcement in Nevada. (EARS Report, Aging and Disability Services Division website).

Unmet Needs

- Prosecution of elder mistreatment cases is rare. It must be prosecuted as a felony and requires intentionality. If there was an opportunity to treat these crimes as negligent when intention cannot be proved, more perpetrators would be penalized.
- Guardianship laws in Nevada are revised in nearly every Legislative session, but there is still some work to be done to keep vulnerable people safe and well cared for when they become wards of the state and a guardian is appointed. Private professional guardians are not licensed in Nevada. They control millions of dollars in other peoples' money, and make all personal decisions for their wards, and there is little accountability for their actions
- There is some concern that an older person's guardian of choice is a family member that lives outside of Nevada. Current law prevents out-of-state residents from becoming the sole guardians of a Nevada resident. There are sound reasons for this law, but it does sometimes mean that a stranger becomes guardian over the estate and personal needs of an older person, which costs money, when a relative is willing to do whatever is necessary to be able to take care of their loved one.

Current Request for Legislative Support

- 1) Change elder abuse laws to allow for misdemeanor charges as well as felony charges (BDR 566)
This will increase the ability to enforce the elder abuse laws, making them more of a deterrent to people who would mistreat an older person.
- 2) Regulation of Persons Engaged in Business as Private Professional Guardians (BDR 434)
This bill would require private professional guardians to become licensed through the Department of Business and Industry Financial Institutions Division. It provides for background checks, audits, and continuing accountability for an industry that controls the assets of people who are unable to care for themselves.
- 3) Allow out-of-state relatives to become sole guardians of Nevada Residents (BDR 531)
This bill will address the issue of requiring courts to appoint guardians who are strangers to the wards and who must be paid from the ward's estates when it is documented that the ward wishes to have a relative who lives out of state be their guardian. Safeguards are built into the bill that requires the guardian to live in the same state as the ward within a specified amount of time.

MEDICAID

Understanding the Issue

- Over ten years (2002-2012), Nevada's older population has increased 49% (U.S. Department of Health and Human Service, *A Profile of Older Americans 2013*)
- Those 85+, the most likely to be frail and at-risk of nursing home placement, increased by 78% over the past decade (2010 Census Briefs)
- Many who have saved over a lifetime become impoverished paying for supportive services to remain at home
- Medicaid waivers are an essential, cost-effective tool to help low income individuals receive community-based long term care services and avoid costly nursing home placement
 - Waivers, on average, support 3 individuals with community services for every one person placed in a nursing home
 - As an example, Nevada Medicaid pays over \$200 per day for custodial care in a skilled nursing facility; under the waiver program, Medicaid currently pays just \$55 per day for adult day care
- Those who qualify for Medicaid waivers must be deemed at-risk for nursing home placement
- Medicaid reimbursement rates for providers of community-based long term care services have not increased for the past 12 years
- Older adults often have complex medical needs and take an average 5 prescription medications plus over-the-counter medications. Medication mismanagement is a major cause of premature nursing home placement. Poor oral care can lead to life threatening illnesses and the inability to maintain adequate nutrition.

Unmet Needs

- As older adults become less able to carry out daily tasks safely, access to community-based long term care services such as adult day care, home delivered meals and personal care services can effectively delay the need for far more costly nursing home placement.
- There are an insufficient number of Medicaid waivers to meet the current demand for community-based long term care services.
- Nevada has a shortage of community-based long term care services, driven in large measure by low reimbursement rates to providers that have not been increased over the past 12 years.
 - Example: adult day care licenses have declined 64% from 50 to 18, over the past 6 years
- Medicaid does not currently cover routine dental care and medication management. Increasing access to these services for low income older adults would reduce the use of more costly care options including the emergency department, hospitalization and nursing home placement funded by Medicaid.

Current Request for Legislative Support

- 1) Increase the number of Medicaid waiver slots for community-based long term care services.
- 2) Increase the rate of reimbursement under Medicaid waivers. At a minimum, increases should be commensurate with cost of living adjustments (based on CPI) since the most recent adjustment.
- 3) Amend Medicaid State Plan to include preventive dental care and medication management.

NUTRITION

Understanding the Issue

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

Unmet Needs

- In 2011, nearly one in five seniors (18.8%) age 60 and over living in Nevada reported being “marginally food insecure” in a report called “The State of Senior Hunger in America 2011: An Annual Report.” Nevada has the fourth highest percentage of seniors who are marginally food insecure.
- Since 2007, the number of seniors experiencing the threat of hunger has increased by 34%. Data suggests that the economic issues facing Americans has had more enduring effects relevant to food insecurity for older Americans.
- Federal funding for these programs is insufficient to meet the need, leaving many older Nevadans without the necessary nutrition to keep them healthy and involved in their lives and communities.

Current Request for Legislative Support

The federal budget has not addressed the growth of the over-60 population, leading to under-funding nutrition programs. Basic nutrition is essential to good health. Inattention to this need increases or exacerbates the challenges and costs of other health care programs such as Medicaid, Medicare, mental health, general medical services and education.

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

TRANSPORTATION

Understanding the Issue

As the means by which people access the goods, services and social interactions necessary for an acceptable quality of life, transportation is the number one need as identified by older people in Nevada in the rural and urban areas. It is a critical component of the ability of people to maintain independent as they age in their communities. When they do not own a vehicle or aren't capable of driving, older people have to rely on friends, family or public transportation in order to buy groceries and medications, visit the doctor, attend to non-medical necessities or participate in social functions. A lack of transportation can lead to depression, isolation, loneliness, and self-neglect.

Unmet Needs

- The cost of public transportation, lengthy stops along the route or inaccessible bus stops are barriers to using existing transportation systems.
- As larger communities grow, the service areas of existing transportation services are not expanding to meet the needs of communities and health care facilities that are outside the transportation system's boundaries.
- Rural communities are losing (or never had) medical care facilities. There is a lack of affordable transportation from the rural communities to the nearest health care facilities and professionals.

Current Request for Legislative Support

- 1) Amend Nevada's Medicaid State Plan to include a non-medical transportation waiver, as other states have done.
- 2) Provide resources for the formation and operation of transportation coalitions throughout Nevada to coordinate transportation resources so they can work collaboratively to address needs in multiple communities.

WORKFORCE

Understanding the Issue

There is a shortage of geriatric health care workers in Nevada, and it is one that could be disastrous for an already under-staffed health care system. Nevada's health care workforce has significantly lagged behind a decade of explosive population growth and the fastest aging senior segment in the U.S. From an economic standpoint, a well-developed workforce in geriatrics is a key to attracting businesses to Nevada. It will also help to alleviate unemployment to train people in a field where jobs are available.

Building a competent workforce with high satisfaction is important to keeping seniors in their homes instead of being institutionalized. It is key to providing quality health care services to people with chronic diseases.

Unmet Needs

- Nevada suffers from a shortage of:
 - Nurses – Nurse Practitioners, Registered Nurses and Licensed Practical Nurses
 - Primary Care Providers
 - Geriatricians, Geriatric Pharmacists
 - Therapists – Physical, Occupational and Speech
 - Social Workers
- These professions require long and costly training.
- Certified Nursing Assistants are needed, and can be trained in a reasonable amount of time to meet a vital need. Long-term care facilities and in-home care providers rely heavily on CNAs to provide care.

Current Request for Legislative Support

- 1) Provide student loan relief to health care professionals and social workers who work in geriatrics in both the public and private sectors.
- 2) Provide incentives and/or funding to community-based organizations to provide clinical training opportunities for Certified Nursing Assistants, community health workers, and student rotations for professionals.
- 3) Restore funding to the Geriatric Centers in the Nevada System of Higher Education and provide for graduate degrees in geriatrics in both health and social work.
- 4) Assure that Nevada is accessing available federal funds for creating and sustaining a medical community to serve older people.
- 5) Provide private business incentives and consistent regulations to encourage workforce development and career paths.