



BRIAN SANDOVAL
Governor

Romaine Gilliland
Director

Jane Gruner
Administrator

GOVERNOR'S COMMISSION ON AGING
NRS 439 REPORT
COMMUNITY NEEDS AND PRIORITIES
FOR OLDER NEVADANS



Submitted to
Romaine Gilliland, Director
Department of Health and Human Services
June, 2014

Table of Contents

EXECUTIVE SUMMARY	1
INTRODUCTION	1
RESEARCH COMPONENTS	
NEVADA AGING AND DISABILITY SERVICES DIVISION, 2013 ANNUAL REPORT FOR INDEPENDENT LIVING GRANTS	3
NEVADA AGING AND DISABILITY SERVICES DIVISION, INTEGRATION PLAN: CONSUMERS, STAFF AND PROVIDER SURVEY REPORT	4
ADDITIONAL SURVEY DISTRIBUTION AND RESULTS	5
NEVADA AGING AND DISABILITY SERVICES DIVISION, SERVICE PROVIDER WAITLIST	6
NEVADA DEMOGRAPHIC DATA	7
DISCUSSION	7
CONCLUSION	9
SIGNIFICANT CONTRIBUTING INFORMATION	10

Nevada Commission on Aging

Independent Living Grants

NRS439 Report

EXECUTIVE SUMMARY

This report responds to NRS439.630, which requires the Nevada Commission on Aging (COA) to advise the Department of Health and Human Services Director on a biennial plan for the allocation of the Tobacco Settlement Funds (TSF) for Independent Living Grants (ILG).

The COA appointed a subcommittee to conduct the research necessary to identify priority level services necessary to assist individuals in remaining independent of institutional care. ILG funds ensure the availability of home and community-based services that delay or prevent institutionalization of Nevada seniors. This saves the State of Nevada General Fund millions of dollars in long-term care costs.

Considering the nine Core Services that have been identified by the Nevada Aging and Disability Services Division (ADSD) as instrumental in maintaining independence, the subcommittee conducted and analyzed a series of survey questionnaires throughout the state. The subcommittee also researched existing ADSD reports and statewide statistics.

Based on this collective research, the recommendation is to prioritize Case Management, Home Care, and Transportation as the top three services to be considered for ILG in the next biennium. Because all services are integral to avoiding or delaying institutionalization, and in view of the existing waitlists of providers, it is also recommended to increase ILG funding.

INTRODUCTION

Independent Living Grants (ILG) funded by the Tobacco Settlement Funds (TSF), save the Nevada General Fund millions of dollars by providing supportive social services that delay or prevent institutionalization of frail, elder Nevadans. These grants enable individuals, who would otherwise be institutionalized, to instead choose to live in their home and community, where they most want to be.

Senate Bill 421, passed during the 2011 Legislative Session, changed the manner in which TSF supporting the Fund for a Healthy Nevada are distributed in Nevada. NRS439.630 requires the Nevada Commission on Aging (COA) to submit a report to the Director of Health and Human Services, with recommendations regarding TSF to support the needs and priorities of older adults. Based on several research components, this report offers a prioritization for funding of the services provided through the

ILG, including respite, transportation, and other supportive services that improve the ability of seniors to live independent of institutional care.

The burden to provide services in Nevada will continue to be challenging as there will always be more need than can be met. This is especially true in view of the federal Sequestration of Older Americans Act (OAA) Title III funds. The 2014 Federal Budget shows that most services are being funded at FY 13 levels (after sequestration) with a few reaching FY 12 levels (before sequestration). However, sequestration is scheduled to continue to 2021. The funding from the Older Americans Act was flat for many years prior to sequestration, and then it decreased. This significantly reduced Title III-B funds for Supportive Services and will continue to do so for a number of years.¹

Seniors are the fastest growing population in Nevada. Nevada Elders Count (NEC) identifies the growth rate of our state's elder population as outpacing all other states in the U.S., with the exception of Alaska. Further, NEC notes between 2000 and 2010, Nevada's 65+ population grew 48.2 percent, from 218,929 in 2000 to 324,359 in 2010. This compares with only a 15.1 percent increase for this population sector nationally, during the same time period. Contributing to the growth rate is Nevada's rapid increase in the age 85+ population and the baby boomers, who begin turning age 70 in the coming biennium.²

In order to meet the demands of Nevada's aging population, the system of care must be strengthened as it continues to experience increased demand for services (waitlist), competing priorities (other at-risk populations), and diminishing resources (sequestration, etc.). The ILG play a key part in the overall collaborative system that ensures availability and access to services that enable individuals to live independently in the community.

As the senior population continues to grow, the demand for services will increase. This comes at a time when funding remains flat or has been reduced. Impacts of sequestration, reduction to OAA funding, eventual loss of tobacco settlement funding, and county budget reductions have potentially devastating impacts on the long-term services and support system of care in Nevada. Any immediate reduction to the Fund for a Healthy Nevada that supports the ILG program would exacerbate the impacts.

During SFY 2013, ILG provided services to 10,985 individuals, assisting in their ability to live independent of costly skilled nursing facilities. The Nevada Aging and Disability Services Division 2013 Independent Living Grants Report estimates these services saved the Nevada General Fund (GF) millions of dollars; the average annual GF expense of \$18,564 to institutionalize a client is 46 times greater than the average annual ILG expense of \$399 to maintain an individual in their home.

The services identified by Aging and Disability Services Division (ADSD) as instrumental to the home and community-based care system include the following:

- **ADULT DAY CARE** provides planned care for dependent adults in a supervised setting during some portion of a day.
- **AGING AND DISABILITY RESOURCE CENTER** provides information, assistance and access into long-term support systems.

¹ National Council on Aging, *Federal Budget*, "Aging Program Funding" Page 22 March 5, 2014

² Broadus, A.D., Sacks, T.M. & Fadali, E.R. (2013) Elders Count Nevada. University of Nevada, Reno: Sanford Center for Aging

- **CASE MANAGEMENT** is a process by which individual needs are identified, and services to meet those needs are located, coordinated, and monitored.
- **HOME CARE** provides services which can include housekeeping, grocery shopping, advocacy and non-medical in-home care assistance.
- **LEGAL ASSISTANCE** includes counseling and/or representation in civil matters involving housing, consumer rights, health care/public benefits, estate planning and wills, and guardianships.
- **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)** is an alert button on a personal transmitter which is worn on the wrist or around the neck. Another PERS service is a computer or telephone reminder program.
- **RESPIRE CARE** is a non-medical service that provides a caregiver the opportunity to take some time away to do other things while a qualified temporary caregiver attends to the person needing care.
- **SENIOR COMPANION** provides companionship activities for individuals in their home and may also accompany the client and provide transportation to access services outside of their home.
- **TRANSPORTATION SERVICES** provide safe transportation for access to needed services including meals, medical appointments, social services, adult day care, shopping and socialization.

Several reports and data sets related to seniors and independent living in Nevada were researched to validate the recommendations set forth in this report. This research included existing information and additional outreach in the form of survey questionnaires.

RESEARCH COMPONENTS

NEVADA AGING AND DISABILITY SERVICES DIVISION, 2013 ANNUAL REPORT FOR INDEPENDENT LIVING GRANTS

Independent Living Grants (ILG) save millions in Nevada General Fund (GF) dollars. During SFY 2013, these grants served a total of 10,985 individual clients and 24,130 clients in group settings, at an average annual expenditure of \$399 per client, 46 times less expensive than the annual GF expenditure of \$18,564 to institutionalize a Medicaid client.³ Additionally, 868 ILG clients met the functional criteria for Medicaid coverage and they lived at or below 100 percent of the Federal Poverty Level (FPL), which means they were likely eligible for Medicaid coverage in a nursing home facility. Therefore, ILGs likely achieved at least a \$16 million annual GF savings.

³ ADSD Independent Living Grant Report 2013. Based on the 2013 weighted average Medicaid Skilled Nursing Home Care daily rate of \$116.66, with the Nevada share being \$50.51 per Medicaid bed day x 365 days = \$18,564 per year, per client. Also based on the total number of unduplicated ILG clients serviced in SFY 2013 (10,985), divided into the funding allocated to serve these clients (\$4,384,056), for annual average cost of serving an ILG client (\$399).

Loss of ILG services would create a cascading effect, with many Nevadans declining to incapacitation and expensive nursing home placement, where they don't want to be. ILG services are a vital safety net that stands between these elders and their loss of independence.

ILG services are targeted to the most vulnerable seniors, using the Older Americans Act priorities:

- Low incomes
- Limited proficiency in English
- Living in rural areas
- At risk of institutional placement
- Greatest economic or social need

ILG save Medicaid dollars and provide independence and quality of life to Nevada seniors. Forty-four percent (44%) of ILG service recipients live at or below 100 percent of the federal poverty level, currently \$972.50 monthly for a single person and \$1310.83 for two people. While the tobacco settlement funds diminish and will disappear, the need for these services increases with the burgeoning senior population and the increasing level of their needs. Allocation of the funds to direct services for seniors makes good economic sense and is the right thing to do.⁴

NEVADA AGING AND DISABILITY SERVICES DIVISION, INTEGRATION PLAN CONSUMERS, STAFF AND PROVIDER SURVEY REPORT

In 2013, the Nevada Legislature passed AB488, which approved the integration of Developmental Services (DS) and Nevada Early Intervention Services (NEIS) with the Nevada Aging and Disability Services Division (ADSD).

During the development of the Integration Strategic Plan, consumers, staff and providers were surveyed on critical issues, using Survey Monkey.

In addition to the survey questions that were designed to understand the concerns, issues and perspectives of system stakeholders of the integration process, a question was asked that specifically addressed the services provided through Independent Living Grants (ILG). This survey questionnaire was created using the Core Services Definitions from the ADSD State Plan. Specific programs that may fall within a Core Service definition were not listed independently.

Based on data analyzed from the surveys, two reports emerged; a Consumer Survey Summary Report and an ADSD Staff and Provider Survey Report.

For the purpose of this report, results of the one question related to ILG services, from both surveys, were considered. The survey listed the nine Core Services that support vulnerable people in living independent lives. Respondents were asked to rank the importance of each service.

⁴ Ibid. Page 4

The consumer survey reached 917 consumers, but not all consumers answered all questions. Of the 917 consumers reached, 391 self-identified as seniors. These individuals ranked case management and home care as the highest two services that enable seniors to live independently.

There were a total of 381 questionnaires collected from staff and providers across the state. However, when it came to individual answers, not all people responded to all questions. ADSD staff and providers agreed with consumers that case management and home care were both most commonly ranked the number one services to assist ILG recipients.

Collectively, the consumers, staff, and providers that responded to the ADSD's Integration Plan Survey, identified case management and home care as the most important services needed for independent living.⁵

ADDITIONAL SURVEY DISTRIBUTION AND RESULTS

In addition to the surveys from Aging & Disability Service Division's (ADSD) Integration Plan, the same survey questionnaires were distributed by the subcommittee members at senior centers across the state. These surveys provided first hand insight, from a cross section of Nevada seniors, into the current attitudes regarding independent living services.

During the month of April, survey questionnaires were distributed through the senior centers. A total of 516 surveys were received from participants of 18 senior centers, including Southern, Northern and Rural Nevada locations.

The survey questionnaire requested responders to rank the nine services in order of importance. The information was tallied by region: Washoe County, Clark County, and the rural counties. The resulting information was then put into a spreadsheet reflecting how each service was ranked, by region and statewide. (See additional survey distribution at the ADSD website.)

Questionnaires received from the rural communities included the senior centers of Battle Mountain, Austin, Tonopah, Ely, Eureka, Carlin, Elko, Fallon, Fernley, Silver Springs, Dayton, Gardnerville, and Carson City. These senior participants ranked transportation as the number one priority, home care as number two, and the Personal Emergency Response System (PERS) as number three priority for funding through the Independent Living Grants.

Seniors were also surveyed in the Reno and Sparks senior centers in Washoe County. Transportation was also identified as the number one priority by Washoe County seniors. Home care was listed as the number two priority. Legal Services was listed as the third priority. Respite, Senior Companion and PERS were rated the same as the next service priorities to ensure living independently.

Also participating in the survey were the Southern Nevada senior centers, including the Martin Luther King, Pahrump and Henderson Senior Centers. These individuals also ranked transportation as the

⁵ Nevada's Strategic Plan for Integration of Developmental Services and Early Intervention Services into the ADSD, Social Entrepreneurs, 2014.

number one priority and home care as the second most important service to ensure independent living. PERS received the priority three ranking in Southern Nevada.

In summary, 516 seniors participating in services at senior centers across the state, ranked transportation and home care as the highest priority services to keep them from being institutionalized.

NEVADA AGING AND DISABILITY SERVICES DIVISION, SERVICE PROVIDER WAITLIST REPORT

Aging and Disability Services Division (ADSD) conducted a survey of its grantees in April 2014, to ascertain the current number of seniors waiting for services. The definition of a "client on a waitlist" is an eligible individual seeking services but placed in a hold status until a service slot becomes available. The survey was distributed to 58 grantees and 49 responses were received. Of those, 38 responded with waitlist information and 11 stated they had no waitlist. At this time, 2,781 seniors are waiting for critical and needed services.

The following services reported having active waitlists, with the number of people on the waitlist following the name of the service:

- Volunteer Care – 911
- Transportation – 868
- Voucher Services – 249
- Legal Representation – 234
- Companion Services – 165
- Home & Vehicle Modifications – 80
- Respite – 80
- Representative Payee – 71
- Geriatric Health Assessment & Care Management – 49
- Homemaker – 30
- Adult Day Care – 25
- Supportive Services – 11
- Medical Nutrition Therapy – 8

The estimated amount of money needed, in addition to the current grant amounts, to resolve these waitlists is \$539,866 based on current rates.

It is also important to note that many providers do not create waitlists; they simply provide the service, often reducing services in other areas to offset costs, which could be detrimental to the system as a whole.

NEVADA DEMOGRAPHIC DATA

According to the United States Census Bureau, Nevada's senior population (those 65 years of age and older) increased 48.2 percent between 2000 and 2010. This increase was nearly four times the national average of a 12.9 percent increase. In 2012, 13 percent of the state's population was over the age of 65. This is expected to nearly double by 2030.

Nevada Elders Count (NEC) 2013 indicates that 12 of Nevada's counties have a higher percentage rate of individuals over the age of 65 than the United States rate as a whole. All but one county is considered rural/frontier. The NEC further states 15 of 17 Nevada counties experienced growth in the percentage of adults over the age of 65 between 2007 and 2011.⁶

The population served by the Independent Living Grants (ILG), those ages 60 and over, is growing more rapidly than other age group in Nevada. In 2012, 18 percent of the population was age 60 and over. By 2030, that percent will increase to about 24 percent, a 33 percent increase in those individuals eligible for services through the ILG funding.

The Nevada Aging and Disability Services Division (ADSD), ILG Report of 2013, identifies nearly 60% of service recipients had three or more deficits in Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). This ADL level of deficit meets the functional eligibility criteria of Medicaid assistance for nursing home costs. The IADL level of deficit indicates, without services, individuals are at risk for institutionalization.

Nevada recognized an increase of 77.7 percent in the population of 85 and older from 2000 – 2010. Currently, 48 percent of the ILG recipients is over the age of 75 and 33 percent is over the age of 80. Nearly half of the ILG recipients had a monthly income at or below the Federal Poverty Level. These indicators are additional risk factors for institutional care.

As one of the proportionately largest senior populations in the nation, coupled with existing data, the projections suggest that the demand for programs and services for the escalating senior population will continue to grow at an increasing rate over the next several decades.

DISCUSSION

After several months of gathering and analyzing the data listed in the Research Components of this report, the NRS₄₃₉ subcommittee made a recommendation to the Commission on Aging (COA) to consider three services as priority for receiving funding through the Independent Living Grants (ILG). Further, the subcommittee recommended the COA pursue increased ILG funding as soon as resources are available to meet the current and escalating unmet need. The COA accepted these recommendations and approved this report on May 19, 2014.

⁶ Nevada Elders Count, *supra*, Page 8.

The ILG funding supports the Older Americans Act target population with services that have the greatest positive impact. The funding also supports the Core Services identified by Aging & Disabilities Service Division (ADSD), thus ensuring the most critical services are offered to the consumers with the greatest need first.

A total of 1,288 individuals responded to the question of prioritizing services that could help keep people living independently. Of these, 391 seniors and 381 staff and providers of services completed the survey questionnaire through the ADSD Integration Plan process. An additional 516 participants of senior centers throughout the state responded to the survey questionnaire conducted by the subcommittee.

The 1,288 survey questionnaires reflect the following:

- home care ranked as number 1 or 2 in priority across all survey responders, including statewide consumers, providers, staff, and senior center participants;
- case management was identified as either a first or second priority among staff, service providers and consumers responding to the ADSD Integration Plan survey; and
- transportation was identified as the number one priority by senior center participants.

The survey data, gathered from a diverse cross-section of consumers, staff and service providers, coupled with the statistical and waitlist data and ADSD 2013 Annual Report for ILG, provided a clear direction for prioritization of the top three services necessary for living independently. Therefore, the COA recommends the following services for priority level funding in the next biennium: Case Management, Home Care, and Transportation services.

Case Management is a service that identifies client needs, such as deficits in Activities of Daily Living and Instrumental Activities of Daily Living, and then locates, coordinates and monitors services to help compensate for these deficits. A follow up component ensures the services are effective in meeting their needs.

Home Care Services include housekeeping, grocery shopping, assistance with paying bills and correspondence, advocacy for service access, non-medical in-home care assistance and certain transportation.

Transportation is the means by which seniors access the services and social interactions needed for an acceptable quality of life and independent living. Nevada's ILG funded programs include senior center transportation, transit coalitions, transportation to medical services, escorted transportation, and taxi and/or bus voucher programs.

While ILG funding is important to transportation, the subcommittee recognizes it cannot solve the entire transportation problem for seniors. This long-standing, statewide discussion must continue in collaboration with other community partners to identify long-term solutions to Nevada's transportation barriers.

Although Aging and Disability Resource Centers (ADRC) is not currently an ILG funded service, it is important to note ADRC were listed across the board in the top five priorities for living independently. People are concerned about knowing how to access accurate information. The ADRC provide seniors,

persons with disabilities, and caregivers with one place they can call to get help finding the services they need. They are often the entry point to other critical independent living services.

With the limited tobacco settlement funds available, it is imperative that the Aging and Disability Services Division award the funding to programs that maximize services to Nevada's seniors and to services that most likely keep seniors living independently. While all the services are important in meeting this objective, case management, home care, and transportation are the three services that have been identified as the highest priority for remaining independent of institutional care.

CONCLUSION

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

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

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

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

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

SIGNIFICANT CONTRIBUTING INFORMATION

THE FOLLOWING REPORTS CAN BE FOUND AT THE AGING AND DISABILITY SERVICES DIVISION WEBSITE, WWW.ADSD.NV.GOV.

- **ADSD INDEPENDENT LIVING GRANTS ANNUAL REPORT, 2013**
- **ADSD INTEGRATION PLAN, CONSUMERS, STAFF AND PROVIDERS SURVEY REPORT**
- **ADDITIONAL SURVEY DISTRIBUTION**
- **ADSD 2013 WAITLIST STATISTICS**

NEVADA DEMOGRAPHIC DATA CAN BE FOUND AT:

- **UNR Sanford Center for Aging's Elders Count Nevada**
<http://www.unr.edu/sanford/documents/EldersCount2013.pdf>
- **United States Census Bureau**
<http://www.census.gov/>
- **Nevada State Demographer**
<http://nvdemography.org/>

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I am pleased to present the final report from the Governor's Commission on Aging, NRS 439 Subcommittee.

This report represents the Independent Living Grants and the seniors they support. When Independent Living Grants are adequately funded, they provide a safety net of home and community based services that save at least \$16 million annually in the Nevada General Fund, and keep seniors living where they most want to be—independently in their homes.

This report identifies the three most needed services as case management, home care and transportation. However, all home and community based services are important to keep seniors in their homes and to save taxpayer dollars.

The recommendations in this report are submitted for consideration in the apportionment of the Fund for a Healthy Nevada. It is evident that funding these services into the future will require not only the current funding levels, but also will required increased funding.

Sincerely,



Edrie LaVoie, Chair
Commission on Aging NRS 439 Subcommittee

Nevada Commission on Aging

Non-Voting Members

*Romaine Gilliland,
Director,
Department of
Health and Human
Services*

*Jane Gruner,
Administrator,
Aging and Disability
Services Division*

*Mark A. Manendo,
State Senator*

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Living Longer,
Growing Stronger
In America



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*Sally Ramm, Elder Rights Attorney
Aging and Disability Services Division*

Nevada Commission on Aging

Non-Voting Members

*Romaine Gilliland,
Director,
Department of
Health and Human
Services*

*Jane Gruner,
Administrator,
Aging and Disability
Services Division*

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State Senator*

*Joseph M. Hogan,
State Assemblyman*



**Living Longer,
Growing Stronger
In America**

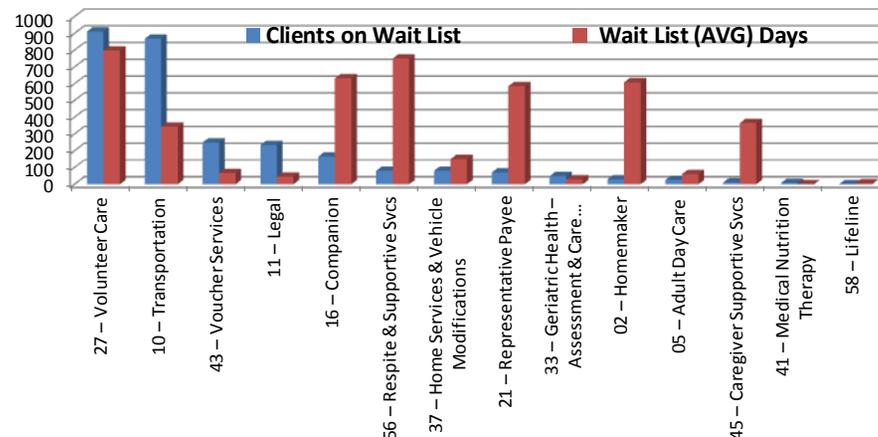
SFY 2014 Social Services Project Control (2nd Year Funding)

Wait Lists – By Service – Wait list - A list of individuals who have been screened or assessed and determined eligible for the program but must be placed in a hold status until service slot is available.)

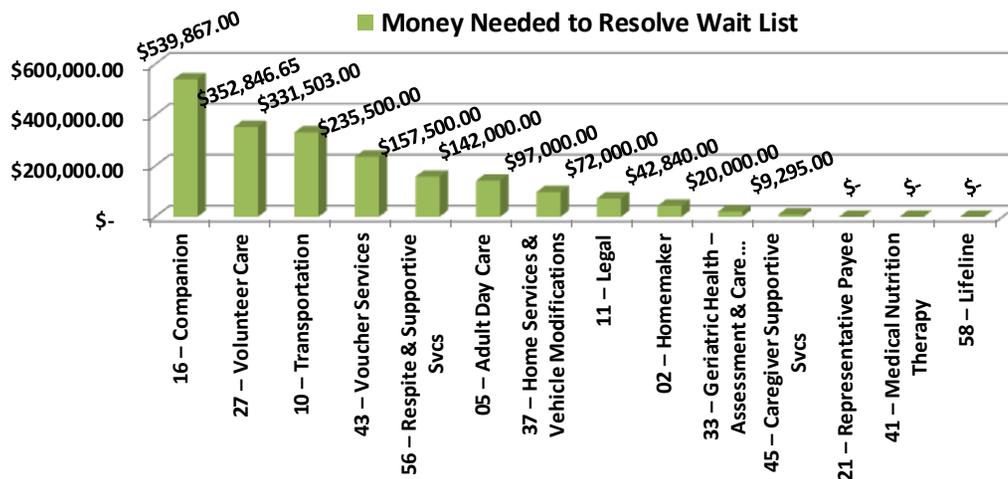
Wait List –Displayed “Largest to Smallest” by Programs indicating a Wait List

Services Reporting Waitlist (April 2014)	Clients on Wait List	Wait List (AVG) Days	Money Needed to Resolve Wait List
TOTALS	2,781	286.15	\$ 2,000,352
27 – Volunteer Care	911	798	\$ 352,846.65
10 – Transportation	868	343	\$ 331,503.00
43 – Voucher Services	249	67	\$ 235,500.00
11 – Legal	234	45	\$ 72,000.00
16 – Companion	165	632	\$ 539,867.00
56 – Respite & Supportive Svcs	80	750	\$ 157,500.00
37 – Home Services & Vehicle Modifications	80	150	\$ 97,000.00
21 – Representative Payee	71	585	\$ -
33 – Geriatric Health – Assessment & Care Management	49	30	\$ 20,000.00
02 – Homemaker	30	608	\$ 42,840.00
05 – Adult Day Care	25	60	\$ 142,000.00
45 – Caregiver Supportive Svcs	11	365	\$ 9,295.00
41 – Medical Nutrition Therapy	8	90	\$ -
58 – Lifeline	0	5	\$ -

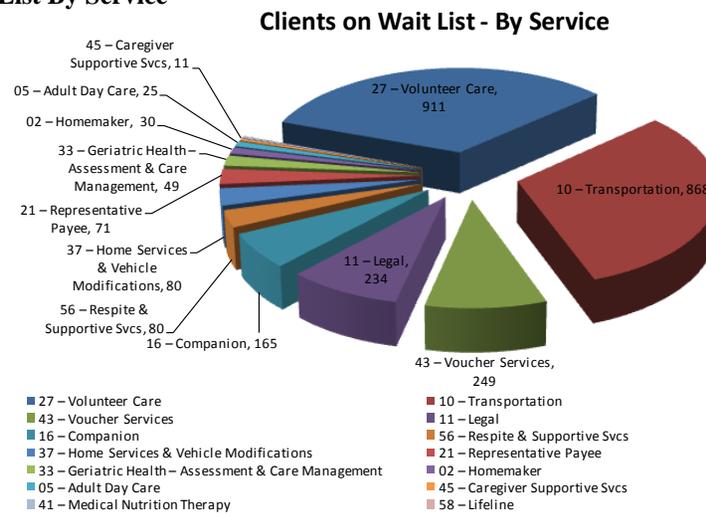
Wait List By Services (Largest to Smallest)



Funding “Needed” to Resolve Wait List



Wait List By Service



Wait Lists – By Program – Wait list - A list of individuals who have been screened or assessed and determined eligible for the program but must be placed in a hold status until service slot is available.)

Wait List –Displayed Largest to Smallest

Program Grant number	Program Service	# on Wait List	Avg Time on Wait List	Money Needed to Resolve Wait List
	TOTALS	2,781	150.98	\$ 2,000,352
03-033-10-LX	10 – Transportation	788	225	\$ 301,503.00
03-033-27-LX	27 – Volunteer Care	788	225	\$ 301,503.00
03-105-11-BX	11 – Legal	234	45	\$ 72,000.00
03-033-43-LX	43 – Voucher Services	222	N/A	\$ 222,000.00
03-001-16-UX	16 – Companion	124	182	\$ 496,000.00
03-067-10-LX	10 – Transportation	80	118	\$ 30,000.00
03-067-27-BX	27 – Volunteer Care	80	118	\$ 30,000.00
03-015-21-BX	21 – Representative Payee	71	585	
18-052-37-LX	37 – Home Services & Vehicle Modifications	67	150	\$ 84,000.00
03-102-33-DE	33 – Geriatric Health – Assessment & Care Management	49	30	\$ 20,000.00
03-001-56-LX	56 – Respite & Supportive Svcs	35	180-360	\$ 105,000.00
18-019-16-UX	16 – Companion	34	60-360	\$ 42,500.00
18-019-56-LX	56 – Respite & Supportive Svcs	34	60-360	\$ 42,500.00
18-011-43-LX	43 – Voucher Services	27	67	\$ 13,500.00
03-102-05-BX	05 – Adult Day Care	25	60	\$ 142,000.00
16-007-27-RX	27 – Volunteer Care	20	215	\$ 7,485.00
11-001-02-LX	02 – Homemaker	19	365	\$ 15,000.00
16-007-27-LX	27 – Volunteer Care	15	220	\$ 6,358.65
18-023-37-LX	37 – Home Services & Vehicle Modifications	13		\$ 13,000.00
05-003-45-EX	45 – Caregiver Supportive Svcs	11	365	\$ 9,295.00
18-005-56-BC	56 – Respite & Supportive Svcs	11	0-20	\$ 10,000.00
03-001-41-LX	41 – Medical Nutrition Therapy	8	30-90 Days	\$ -
18-005-27-RX	27 – Volunteer Care	8	0-20	\$ 7,500.00
16-016-02-BX	02 – Homemaker	7	180	\$ 6,000.00
18-005-16-BX	16 – Companion	7	0-90	\$ 1,367.00
08-000-02-BC	02 – Homemaker	2	48	
18-005-02-BX	02 – Homemaker	2	0-15	\$ 21,840.00
18-005-58-LX	58 – Lifeline	0	5	\$ -

Note: Avg Time on Wait List column includes actual program responses with some indicating a “range” value. This range value is not calculated in the TOTAL. Using "Max" Values of the Range, the "True" Avg Time on Wait List value is 286.15.

Notes:

- One (1) program (03-015-21-BX) indicated additional funding would not alleviate the waiting list.
- Five (5) programs indicated “maybe” on the question *if additional funding could alleviate the waiting list*.
 - 03-001-41-LX – “MNT maintains a nutrition supplement waitlist at times throughout the year. The MNT program is at or near capacity for delivery of nutritional supplements.”-
 - 03-033-10-LX – “As soon as we remove seniors from the waitlist we get calls from more seniors who want services.”
 - 03-033-27-LX – “As soon as we remove seniors from the waitlist we get calls from more seniors who want services.”
 - 03-033-43-LX – “As soon as we remove seniors from the waitlist we get calls from more seniors who want services.”
 - 08-000-02-BC – “More funds may increase the amount we could pay homemakers, (maybe give a mileage allowance for the far out people too) and increase the chance we could hire service providers. More funding would mean the agency would not have to cover the cost of administration and paperwork on our own.”
- Seven (7) programs indicated they were “Over Capacity” including: 03-015-21-BX; 03-105-11-BX; 08-000-02-BC; 11-001-02-LX; 16-007-27-LX; 16-007-27-RX; 18-019-56-LX.
- Thirteen (13) programs indicated they were “At Capacity” including: 03-001-41-LX; 03-033-10-LX; 03-033-27-LX; 03-033-43-LX; 16-016-02-BX; 16-016-06-BX; 18-005-02-BX; 18-005-10-LX; 18-005-16-BX; 18-005-27-RX; 18-005-56-BC; 18-005-58-LX; 18-005-73-LX

Comments –Programs with a Waiting List (SIC)

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
03-001-16-UX	16 – Companion	124	182	\$ 496,000.00	CLIENTS ARE OFFERED TR SERVICES WHILE WAITING FOR SC We would be able to provide more in home companions		Y
03-001-41-LX	41 – Medical Nutrition Therapy	8	30-90 Days	\$ -	Referred to the MNT program, not currently receiving meal delivery. Clients referred to the MNT program for nutrition supplements or modified meals are contacted for a nutrition assessment once Meals on Wheels delivery begins. Clients referred to the MNT program for nutrition education may be scheduled for a nutrition assessment before meal delivery begins if higher priority clients are unable to be scheduled. At this time the MNT program has 2 slots available for nutritional supplements. MNT maintains a nutrition supplement waitlist at times throughout the year. The MNT program is at or near capacity for delivery of nutritional supplements.	At Capacity	Maybe
03-001-56-LX	56 – Respite & Supportive Svcs	35	180-360	\$ 105,000.00	We would be able to hire more Respite Employees to serve the clients		Y
03-015-21-BX	21 – Representative Payee	71	585		The Clark County Public Guardian's Office does not have resources to train additional case management at this time. We do not have the resources to train additional case management at this time.	Over	N
03-033-10-LX	10 – Transportation	788	225	\$ 301,503.00	Transportation and Volunteer Care transportation are operated with; Funding for transportation includes taking seniors off the waitlist and then providing them with multiple rides throughout the year As soon as we remove seniors from the waitlist we get calls from more seniors who wants services.	At Capacity	Maybe
03-033-27-LX	27 – Volunteer Care	788	225	\$ 301,503.00	a singular infrastructure (intake, scheduling, etc.) As soon as we remove seniors from the waitlist we get calls from more seniors who wants services.	At Capacity	Maybe

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
03-033-43-LX	43 – Voucher Services	222	N/A	\$ 222,000.00	After all funds are encumbered the waitlist started; seniors who are placed on the waitlist are the first to be awarded vouchers the following year if funds permits. As soon as we remove seniors from the waitlist we get calls from more seniors who wants services.	At Capacity	Maybe
03-067-10-LX	10 – Transportation	80	118	\$ 30,000.00			
03-067-27-BX	27 – Volunteer Care	80	118	\$ 30,000.00			
03-102-05-BX	05 – Adult Day Care	25	60	\$ 142,000.00	Our ADC waitlist is made up of clients that we are giving free service Waitlist data provided is established as of April 17th, since the beginning of April, 2014, we have added 7 new RAMP clients. We have 67 clients in the que currently, 11 clients have had partial installations; 12 clients still require a home assessment evaluation and 30 still require a contractor's assessment; We continue to over provide free Adult Day Care Services, as we have done in the past, those clients constitute our wait list. Waitlist for GAP is governed by the availability of our geriatric doctor. We are hopeful that this situation will rectify itself in the next 90 days, as we have added a nurse practioner beginning on May 1st.		
03-102-33-DE	33 – Geriatric Health – Assessment & Care Management	49	30	\$ 20,000.00	Adding additional staff and materials will reduce the waitlists.		Y
03-105-11-BX	11 – Legal	234	45	\$ 72,000.00	Adding additional staff and materials will reduce the waitlists.		Y
05-003-45-EX	45 – Caregiver Supportive Svcs	11	365	\$ 9,295.00	Grandparent Respite		Y
08-000-02-BC	02 – Homemaker	2	48		Impossible to colculate money needed. We need to find/hire homemakers that are willing to work for \$10.00, go throughbackground checks. Private service providers get between \$18-\$23\$/hr. No one wants to work for us. Seniors cannot afford private providers. Transit program - no waitlist. If people are out of service range we try to get them hooked up with RSVP. We cannot reach everyone due to distance, time and dirt roads. Homebound meals - no waitlist, we try to get everyone we cannot reach (time/temp, and dirt road issues) lined up with RSVP or family member to get frozen. Homemaker is the big problem. Not enough funding to hire homemakers (wages are too low) low income workers not willing to do background checks (illegals?) cant get to epople's houses without transport (dont have a car) grant does not provide for any administrative support of the program. Lots of paperwork and time involved in a money loosing grant program. More funds may increase the amount we could pay homemakers, (maybe give a mileage allowance for the far out people too) and increase the chance we could hire service providers. More funding would mean the agency would not have to cover the cost of administration and paperowrk on our own.	Over	Maybe

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
11-001-02-LX	02 – Homemaker	19	365	\$ 15,000.00	The amount is approximate based on the # hours assigned to clients Since the inception of homemaking services through LCHS, the demand in Lyon County has grown for this services. Not everyone who requires homemaking services, meets the income limits for the waiver programs; however, they are unable to privately pay for this service due to medical bills and prescription costs. LCHS will continue to refer those who qualify to ADSD for this service, but the large majority of requests for this service is coming from those who fall into the above-mentioned category. Even though Lyon County contributes more than the required match funding, it does not fulfill the need.	Over	Y
16-007-27-LX	27 – Volunteer Care	15	220	\$ 6,358.65	15 x 423.91 = 6358.65; EPS referrals and priority consumers are served as soon as a volunteer is available and are not included in the waitlist; Money needed to to eliminate waitlist calculated from FY2015 projected cost per client. Added resources recruit more volunteers to serve more clients	Over	Y
16-007-27-RX	27 – Volunteer Care	20	215	\$ 7,485.00	20 x 374.27 = 7485.40; EPS referrals and priority consumers are served as soon as a volunteer is available and are not included in the waitlist; Money needed to to eliminate waitlist calculated from FY2015 projected cost per client. Added resources recruit more volunteers to serve more clients	Over	Y
16-016-02-BX	02 – Homemaker	7	180	\$ 6,000.00		At	Y
18-005-02-BX	02 – Homemaker	2	0-15	\$ 21,840.00	We only serve 3 areas and receive many requests for service; Homemakers in great demand even with limited outreach and public awareness. Our Field Reps receive calls requesting all services; however, we have not been documenting all requests. Volunteers and staff are working very hard to keep up with all documentation requirements. We keep the name and number of the potential client and get back to them as soon as possible We could help many more if we had more funding. We are in the process of providing additional training to Field Reps. and implementing a formalized wait list. I listed "At Capacity" because with the resources that we have, we are doing as much as we can; however, we could provide many more people with We could serve more clients in all programs. More staff support and outreach needed.	At Capacity	Y

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
18-005-16-BX	16 – Companion	7	0-90	\$ 1,367.00	<p>More education and outreach needed - difficult to find volunteers; With more education and outreach we could reach more of the elderly and disabled in need of services.</p> <p>We could help many more if we had more funding.</p> <p>We are in the process of providing additional training to Field Reps. and implementing a formalized wait list. I listed "At Capacity" because with the resources that we have, we are doing as much as we can; however, we could provide many more people with</p> <p>We could serve more clients in all programs. More staff support and outreach needed.</p>	At Capacity	Y
18-005-27-RX	27 – Volunteer Care	8	0-20	\$ 7,500.00	<p>Many more people need assistance; Respite care is in great demand and additional volunteers are needed. We need additional funding for a Field Rep in Fallon to organize volunteers.</p> <p>We could help many more if we had more funding.</p>	At Capacity	Y
18-005-56-BC	56 – Respite & Supportive Svcs	11	0-20	\$ 10,000.00	<p>Many in need of assistance; Respite care is in great demand and additional volunteers are needed.</p> <p>We could help many more if we had more funding.</p> <p>We are in the process of providing additional training to Field Reps. and</p>	At Capacity	Y
18-005-58-LX	58 – Lifeline	0	5	\$ -	<p>Many more need assistance if service was available at no charge; PERS clients are always surfacing and we have been providing the service as quickly as possible.</p> <p>We could help many more if we had more funding.</p> <p>We are in the process of providing additional training to Field Reps. and implementing a formalized wait list. I listed "At Capacity" because with the resources that we have, we are doing as much as we can; however, we could provide many more people with assistance if we had the funding needed to support the costs of volunteers and staff.</p> <p>We could serve more clients in all programs. More staff support and outreach needed.</p>	At Capacity	Y

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
18-011-43-LX	43 – Voucher Services	27	67	\$ 13,500.00	At this point in time our respite funds have been completely encumbered. This number set to increase over the course of the next two months. Do keep waitlist Yes-our grant is encumbered at this time. Can not issue any more vouchers. Number in waitlist above set to increase over the course of the next two months before new fiscal year renews. The number above typically multiply's by end of the fiscal year.		Y
18-019-16-UX	16 – Companion	34	60-360	\$ 42,500.00	SPLIT_ This grant serves the same target population as the one above		
18-019-56-LX	56 – Respite & Supportive Svcs	34	60-360	\$ 42,500.00	SPLIT - Money needed is based on 4 clients per volunteer, 17 new volunteers; The Senior Companion Program is over capacity, while the respite voucher program is on target with the number of vouchers issued. We could increase clients assigned to current volunteers as well as add additional volunteers.	Over	Y
18-023-37-LX	37 – Home Services & Vehicle Modifications	13		\$ 13,000.00			
18-052-37-LX	37 – Home Services & Vehicle Modifications	67	150	\$ 84,000.00	Waitlist data provided is established as of April 17th, since the beginning of April, 2014, we have added 7 new RAMP clients. We have 67 clients in the que currently, 11 clients have had partial installations; 12 clients still require a home assessment evaluation and 30 still require a contractor's assessment; We continue to over provide free Adult Day Care Services, as we have done in the past, those clients constitute our wait list. Waitlist for GAP is governed by the availability of our geriatric doctor. We are hopeful that this situation will rectify itself in the next 90 days, as we have added a nurse practioner beginning on May 1st. Adding additional staff and materials will reduce the waitlists.		Y

Comments -Other Programs indicating NO Waiting List (SIC)

Responding Agency - Grant Number	Service	# on Waitlist	Avg Time	Money needed to Resolve	Notes/ Comments	Capacity	4. \$\$ Eliminate
03-101-15-EX	15 - ADRC				our ADSD/ADRC grants are complementary and/or ongoing services for all consumers - if they have an IL case that requires more time for extended case handling for items such as home/vehicle modifications, the services under ADSD/ADRC funding is handled as needed and not delayed by full case management needs		
03-101-93-8X-14	93 - Special Projects				our ADSD/ADRC grants are complementary and/or ongoing services for all consumers - if they have an IL case that requires more time for extended case handling for items such as home/vehicle modifications, the services under ADSD/ADRC funding is handled as needed and not delayed by full case management needs		
05-005-05-BC	05 - Adult Day Care				Grant - Categorical	Under	
13-002-10-LX	10 - Transportation				WE HAVE NO WAIT LIST AT THIS TIME		
18-005-10-LX	10 - Transportation	0	0	\$ -	<p>Clients are served when they call for assistance or referred; We have individuals requesting transportation in all rural areas; Vans are not available in every service area to transport clients. Other requests from around the rurals need to be better documented. In many cases, the Field Representatives are providing the rides and working to recruit volunteers willing to use their own vehicles.</p> <p>We could help many more if we had more funding. We are in the process of providing additional training to Field Reps. and implementing a formalized wait list. I listed "At Capacity" because with the resources that we have, we are doing as much as we can; however, we could provide many more people with assistance if we had the funding needed to support the costs of volunteers and staff. We could serve more clients in all programs. More staff support and outreach needed.</p>	At Capacity	Y
18-005-73-LX	73 - Senior Event	N/A	0	\$ -	<p>Farmer's Market Coupons are distributed first come first serve basis</p> <p>We could help many more if we had more funding. We are in the process of providing additional training to Field Reps. and implementing a formalized wait list. I listed "At Capacity" because with the resources that we have, we are doing as much as we can; however, we could provide many more people with assistance if we had the funding needed to support the costs of volunteers and staff. We could serve more clients in all programs. More staff support and outreach needed.</p>	At Capacity	Y

Adult Day	1	2	3	4	5	6	7	8	9
Rural	12	20	10	18	9	29	23	19	20
So. NV	6	5	4	4	3	2	4	6	5
No. NV	3	1	2	2	4	3	6	2	5
ADRC									
Rural	7	14	17	24	18	19	27	21	21
So. NV	7	5	1	4	6	2	0	3	4
No. NV	3	6	1	0	0	5	4	5	4
Case Mgmt									
Rural	19	14	7	12	21	27	20	31	19
So. NV	1	2	5	2	4	5	3	14	3
No. NV	0	1	4	3	4	4	5	7	1
Home Care									
Rural	45	29	27	16	15	10	7	19	4
So. NV	10	7	6	8	5	0	3	1	0
No. NV	4	4	8	7	2	3	0	0	0
Legal Assist									
Rural	9	14	19	7	18	19	21	23	35
So. NV	0	1	7	0	5	7	8	1	4
No. NV	2	2	5	6	2	1	4	4	4
Pers Emer Resp									
Rural	29	21	25	16	16	18	17	9	10
So. NV	2	10	5	5	2	4	2	1	5
No. NV	5	2	3	0	5	0	4	4	4
Respite									
Rural	3	15	10	27	30	29	17	16	11
So. NV	0	4	2	4	4	5	2	8	3
No. NV	4	3	1	4	3	2	2	4	5
Sr. Comp.									
Rural	5	8	18	28	14	14	16	25	24
So. NV	0	3	9	5	3	5	5	2	1
No. NV	0	2	1	6	6	6	2	3	2
Transportation									
Rural	46	37	29	13	11	9	11	4	6
So. NV	23	7	4	7	1	0	2	1	11
No. NV	10	8	0	4	2	3	1	2	0
Avg. age - Rural - 72; So. NV - 76; No. NV 71									