

Appendix A
Recommendations from Previous State Plans with Continued Monitoring

Year Initiated	No.	Area of Focus	Recommendation	Monitoring
2013	2	Access to Services	<p><u>APRNs</u> Support and continue to monitor the progress of AB 170, passed in the 2013 Legislative Session, which authorizes Advance Practice Registered Nurses (APRNs) to have independent practices to provide better access to care, especially for rural elders. In addition, TFAD supports the connection between APRNs and health care teams to provide ancillary services.</p>	<p>ADSD will contact the State Board of Nursing annually to monitor: the number of applicants who file to practice independently (and how many licenses are issued in urban, rural, frontier, and out-of-state); the venues where they intend to practice; and the populations they serve. ADSD will monitor regulations related to APRNs adopted by the Board of Nursing.</p>
2013	4	Access to Services	<p><u>Younger-Onset Alzheimer's Disease</u> Support legislation, including provisions in SB 86 of the 2013 Legislative Session, that removes age barriers that typically keep people with younger-onset Alzheimer's disease and other forms of dementia from receiving services that are only available to seniors, such as, but not limited to, Extend Elder Protective Services access to individuals under the age of 60 with dementia; disability services; legal services; meals; respite; and "continuum of life" programs, including assisted living services. Continue to monitor NRS provisions related to these populations and other provisions included in the Older Americans Act, which affect eligibility requirements for services to allow family caregivers of a person living with Alzheimer's disease and other forms of dementia to be served, regardless of the age of the person.</p>	<p>ADSD will annually monitor federal and state legislation to determine if there are changes that could affect eligibility for this population.</p>
2013	7	Quality of Care	<p><u>Nevada Research Consortium</u> Support the Cleveland Clinic Lou Ruvo Center for Brain Health in its establishment of a Nevada Consortium to promote current and future research in Nevada. Expand the ADRC website to specifically include information on Alzheimer's research that contains information about current research and a registry that allows individuals to register to participate in clinical research.</p>	<p>ADSD will annually monitor: the establishment of key consortium partners; the compilation of a list of current research projects; working with the Alzheimer's Associations, the number of "hits" the Trial Match site receives in Nevada.</p>

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2013	10	Quality of Care	<p><u>Reducing Out-of-State Placement</u></p> <p>Reduce the need for out-of-state placements in Nevada by:</p> <p>a. Preventing the conditions that lead to the development of responsive behaviors and increase the risk of out-of-state placement. Accomplish this by creating a clearinghouse for information on evidence-based, person-centered approaches to promoting the behavioral health and quality of life of individuals with Alzheimer's disease and other forms of dementia and their family caregivers.</p> <p>b. Initiating a public health information program to increase easy access to information on: 1) "optimal" care and quality of life and 2) expected versus unexpected behavior changes in persons with dementia.</p> <p>c. Increasing the ability of family and professional caregivers in primary, acute, emergency, and long-term care settings to appropriately and effectively respond to care needs and behavior changes in persons with Alzheimer's disease and other forms of dementia. This should be accomplished through education and guided practice by experts in evidence-based methods of behavioral healthcare for persons living with dementia.</p> <p>d. Using a higher reimbursement rate as an incentive for providers to successfully deliver appropriate care.</p>	<p>ADSD will annually monitor: the number of out-of-state placements of persons with dementia; the establishment of new collaborations to address this population between long-term care providers and behavioral health professionals, such as collaborations with behavioral health programs at institutions within NSHE.</p>
			<p>e. Developing mobile individuals or teams that respond to--and evaluate--persons in need of specialized interventions. These multidisciplinary teams or individuals should evaluate the persons with dementia, provide, assessment, and give training to staff and family members before the person with dementia moves into a catastrophic situation.</p> <p>f. Bridging gaps between innovative care approaches and regulatory restrictions.</p> <p>g. Reviewing regulatory measures and pursuing regulatory reconciliation in order to assure consistency across agencies, which are involved in regulatory oversight, to reduce barriers to providers who are willing to deliver care to persons with dementia.</p> <p>h. Investigating the feasibility of developing units in facilities in Nevada that specialize in dementia care for individuals with a history of being described as "unmanageable" and rejected by other facilities.</p>	

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2013	11	Quality of Care	<p><u>Promoting Awareness and Education</u> Encourage the Board of Medical Examiners, the State Board of Osteopathic Medicine, professional associations, and educational institutions to promote awareness and education to health care providers by:</p> <ul style="list-style-type: none"> a. Approving continuing medical education (CME) training programs that provide primary care physicians and other allied health care professionals with ongoing education about recent developments, research, and treatments of Alzheimer's disease and other forms of dementia. b. Encouraging primary care physicians to refer persons with cognitive deficits for specialized cognitive testing when appropriate. c. Encouraging primary care physicians to refer persons with dementia and their families to dementia-related community resources and supportive programs. 	<p>ADSD will annually monitor: the number of primary care physician referrals for diagnosis and treatments; the number of early referrals; the number of quality CME training opportunities related to Alzheimer's disease and other forms of dementia diagnoses and treatment.</p>
2013	12	Quality of Care	<p><u>Promoting Awareness and Education</u> Encourage schools in Nevada with programs in nursing and other health care professions to ensure that the programs include specific training regarding Alzheimer's disease and other forms of dementia in their curriculum and expand related continuing education opportunities for nurses and other health care professionals in the acute care setting.</p>	<p>ADSD will annually monitor: classified nursing programs based on content and best practices in education; the number of quality continuing education units for nurses related to treatment and care for persons with Alzheimer's disease and other forms of dementia.</p>
2013	13	Quality of Care	<p><u>Promoting Awareness and Education</u> Encourage and promote training and education opportunities to increase awareness and understanding of Alzheimer's disease and other forms of dementia for all levels of medical personnel in a hospital, including emergency room personnel and others responsible for admission and discharge.</p>	<p>ADSD, working with the Division of Public and Behavioral Health, will annually monitor: how many training programs in hospitals are established and how many people participate in the programs specifically relating to dementia; changes in regulations - Chapter 440 of the Nevada Administrative Code.</p>

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2013	14	Quality of Care	<p><u>Promoting Awareness and Education</u> Encourage first responders, law enforcement, and fire department personnel to have a specified number of hours of training to help them assess and learn how to respond to people with Alzheimer's disease and other forms of dementia.</p>	<p>ADSD will work with the Division of Public and Behavioral Health to annually monitor: how many training programs are created and provided, specifically related to dementia, how many people from law enforcement, Emergency Medical Technicians, and fire departments attend these trainings.</p>
2013	17	Quality of Care	<p><u>Guardianship</u> (Completed section from #17) Propose legislation to change NRS 159.076, providing an exception to the law allowing summary administration of a small estate if the ward is living with dementia, including, but not limited, to Alzheimer's disease. Ask the Legislature to send a letter to all district courts requesting close supervision of all guardians whose wards live with dementia, including, but not limited to, Alzheimer's disease, to insure that all reports on the person and estate of the wards are filed and reviewed according to the existing law.</p>	<p>ADSD will monitor the progress of the Bill of Rights proposed by the Commission to Study the Administration of Guardianships in Nevada's Courts, particularly as it relates to persons living with Alzheimer's disease and other forms of dementia who have limited assets.</p>