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MINUTES

Name of Organization:	Task Force on Alzheimer's Disease (TFAD)
Date and Time of Meeting:	January 11, 2017 11:00 a.m.
Locations:	Aging and Disability Services Division 1860 E. Sahara Ave. Las Vegas, NV 89104 702-486-3367
	Sanford Center for Aging University of Nevada Reno/RM 163 1644 N. Virginia St. Reno, NV 89557-1234 775-784-6375
	Humboldt General Hospital 118 E Haskell St Room: Sierra Room Winnemucca, NV 89445 775-623-5222
To Join the Telephone Conference	Call-in Number: 877-336-1831 Access Number: 9186101

Agenda

I. Call to Order/Roll Call
Senator Valerie Wiener (Ret.), Chair

Members present: Dr. Charles Bernick, Dr. Peter Reed, and Sen. Valerie Wiener (Ret.)

Members participating by telephone: Gini Cunningham, Dr. Jane Fisher, Sen. Joe Hardy, Jacob Harmon, and Wendy Simons

Members absent: Julie Kotchevar and Assemblyman James Oscarson

Alternates present: Jeff Duncan and LeeAnn Mandarino

Alternates present on the telephone: Jeanne Bishop-Parisse and Cyndy Soto

Guests: Jennifer Frischmann, Roseann Hoff, and Sally Ramm

Staff present: Jeff Doucet and Sunadda Woodbury

II. Public Comment (This item is to receive comments, limited to three (3) minutes, on any issue and any discussion of those items. However, 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.)

No public comment.

III. Welcoming Remarks
Senator Valerie Wiener (Ret.), Chair

Sen. Wiener thanked all for flexibility with meeting technicalities today. She also expressed appreciation for the many contributions and assistance provided through the many months of getting the State Plan ready and finalized, as well as preparations for the Annual Report completed. She recognized the exemplary work of all TFADF members.

IV. Approval of the Minutes from November 4, 2016 Meeting (**For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

Wendy Simons moved to approve the minutes from the November 4, 2016, meeting. Jacob Harmon seconded the motion. Minutes were approved unanimously.

V. Review and Approve Draft of January 2017 Annual Report
(For Possible Action)
Senator Valerie Wiener (Ret.), Chair

Sen. Wiener commented that the Annual Report contains several revisions in style and content. Sen. Hardy moved to accept the document, as discussed, to be submitted to Governor Sandoval. Ms. Simons seconded the motion. Members expressed unanimous support.

VI. Presentation and Possible Recommendations on Emergency Medical Services Care Continuum **(For Possible Action)**

Ken Whittaker
Captain
Humboldt General Hospital
EMS Rescue

Gini Cunningham introduced Ken Whittaker and Debra Whittaker who were invited to share information on EMS services.

Debra Whittaker, Program Manager for the Community Paramedicine Program at Humboldt General Hospital, stated that currently there are three part-time community paramedics on staff who are fulfilling some of the needs that have been defined in the area. She reported that Ken Whittaker is the longest standing community paramedic in the area and the most experienced.

Ken Whittaker presented an overview of the Community Paramedicine Program. Also known as Mobile Intrigated Healthcare, the program is different in each region. A needs assessment must be done to see what works best in each community. The program focuses on reducing the number of unnecessary 911 calls and hospital readmissions. The program identifies people who need to fill the gaps between the hospital, their insurance, and home health. They have concentrated on people with Alzheimer's disease, congestive heart failures, diabetes, and various other diseases. They receive a prescription from the doctor to go out and do an in-home needs assessment, including, but not limited to, Slips, Trips, & Falls and medication identification. They also use a checklist to determine needs, including medical and other assistive equipment, such as chairs and grab rails for the bathroom, fire extinguishers, smoke detectors, CO2 detectors, etc. Then they go into the community and provide these items and promote safer living conditions.

Mr. Whittaker explained that the prescription from the doctor will establish a certain number of visits with the individual. He related a case, which involved his visiting a woman every Friday for 20 minutes to monitor the appropriateness of her medications, as well as administer a full physical assessment, to ensure that her vital signs were good and medications were working. He also wrote up a report to the primary care provider. Mr. Whittaker asserted that in the six-month period of these regular visits, this patient neither needed to call 911 nor be readmitted at the hospital. Additionally, the paramedics follow up with ER discharges, and provide critical care transport to Reno about 11 times a week, as well as follow-up care upon discharge of those individuals. They also respond to questions about medications and provide nutritional education to newly-diagnosed diabetics and others.

Responding to Sen. Wiener's query regarding tracking of the program's effectiveness, Ms. Whittaker said they do track individuals who have been identified for utilizing the program, and there appears to be a reduction in their repeat visits to the ER. Director Pat Songer, Chief of EMS Rescue, is working on the tracking system to determine how much the EMS services are saving the health care system. A report from last year showed a savings of more than $250,000.

Ms. Whittaker mentioned that legislation was passed, with the support of Assemblyman James Oscarson, on a minimal reimbursement rate with Medicare, Medicaid, and insurance companies. This should help offset some of the staffing costs.

Sen. Wiener requested that additional data and information be provided to TFAD by Ms. Whittaker, citing that it will be useful to present this as an innovative example of patient care and facility use.

Ms. Simons inquired whether veterans are being served through the EMS program and whether they have been identified. Ms. Whitaker reported that there have been no specific efforts to identify veterans among those receiving the services. However, the Veterans Administration in Reno has been made aware of the program through presentations and outreach efforts. The program is available to everyone, including veterans, and it has been free up to this point.

Jeff Duncan asked if primary caregivers are involved when these services are performed. Mr. Whittaker affirmed that they are involved in the discussion of care planning to help individuals remain in their homes and maintain optimal healthcare. The paramedic will thoroughly educate family members and caregivers on care procedures. Mr. Duncan offered to send additional information on caregiver support, which could help enhance the program.

Discussion ensued about how a determination is made for referral to the program and limitations that may present challenges. Ms. Whittaker explained that the primary care physician, after receiving the report from the ER physician, determines if there is a trend of repetition or need and if the individual would benefit from the EMS program. ER physicians are also encouraged to refer people, who don't normally have regular primary care physician, to establish with these physicians and, subsequently, to the program.

VII. Update and Possible Recommendations on Behaviorally Complex Care Program (BCCP) **(For Possible Action)**

Jennifer Frischmann
Chief of Long Term Services and Support (LTSS)
Department of Health Care Financing and Policy (DHCFP)

Roseann Hoff, R. N.
Health Care Coordinator III
LTSS DHCFP

Jennifer Frischmann, Chief of Long Term Services and Support (LTSS), Nevada Medicaid, and Roseann Hoff, Health Care Coordinator III, LTSS, gave an overview of the Behaviorally Complex Care Program (BCCP).

Ms. Hoff highlighted the components of the program, including:

- The Behaviorally Complex Care Program (BCCP) was established with the intention of providing care in Nevada for individuals with medically-based behavior disorders resulting in the Medicaid recipient posing a danger to self and/or others.
- Each resident must receive, and the facility must provide, the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
- The BCCP is available for any Nevada Medicaid Fee-For-Service (FFS) recipient over the age of 18, residing in a free-standing Medicaid Certified Nursing Facility (NF).
- The BCCP is a tiered payment reimbursement benefit for recipients who demonstrate consistent aggressive behaviors ranging from self-injury/self-harm to refusing medications/ADL's.
- These behaviors are supported by a severe mental health diagnosis alone or a medically-based diagnosis, which supports the aggressive behavior(s).
- Medically-based disorders may include (not all inclusive) :
  - Traumatic/Acquired brain injury
  - Dementia
  - Alzheimer's disease
  - Huntington's Chorea
  - Parkinson's
  - Depression
  - Psychosis
  - Alcohol/Drug related Dementia

Ms. Frischmann stated that most importantly, Nevada Medicaid wanted to institute this program for a long time to try and avoid placing people in out-of-state nursing facilities. By enhancing the daily rate in a tiered-level, the facilities can build up the infrastructure and have the staff available to assist with the mental health needs of their residents.

Sen. Wiener remarked that one of the major concerns addressed in the TFAD State Plan pertained to out-of-state placement due to lack of access to care facilities, which can handle the required level of needs of individuals with various forms of dementia with behavioral challenges. She suggested that TFAD would be interested to learn about the statistics in Nevada and what is happening to address these concerns.

Ms. Hoff called attention to the information presented on the back of the Program Fact Sheet, which shows the recipient breakdown, including the number of recipients in each tier and where they are located in Nevada facilities. She noted that out of 78 out-of-state placements, 55 of the placements were due to behaviors. Furthermore, she observed that recipients are getting younger and younger. The program is seeing alcohol- and drug-induced dementias, with recipients in their 30s, 40s, and 50s. People are presenting with more early pre-senile dementia diagnoses—people in their 40s and 50s showing signs of Alzheimer’s disease and other forms of dementia. Some of the recipients are homeless, which raises additional issues in their placement.

Ms. Frischmann explained that BCCP launched in May 2015 and has been a notable success, with more and more facilities hiring psychologists to implement behavior plans. She outlined how Nevada Medicaid works with facilities to ensure compliance with BCCP requirements to successfully meet the needs of individuals with behavioral issues. Ms. Frischmann commented that the number of out-of-state placements has declined as a result of these efforts.

Ms. Hoff added that Nevada Medicaid has worked closely with acute care hospitals, as well as with discharge and case managers, in northern Nevada to enable a smooth transition of behavioral recipients to long-term care facilities. Evaluation of records are submitted to Nevada Medicaid for prior authorization, resulting in pre-approval for a tiered rate effective on day one of admittance. This provides a great incentive for the facilities because BCCP rate can start on the day of admission.

Responding to Sen. Wiener’s query regarding BCCP developments in southern Nevada, Ms. Frischmann described that they have conducted monthly calls with facilities to answer questions about BCCP. Out of 50 facilities in Nevada, about 42 are participating in BCCP and proportionately 75% of those providers are located in southern Nevada.

Dr. Charles Bernick inquired regarding BCCP reimbursement rate and how the credibility of providers is verified. Ms. Frischmann explained that BCCP rate is in addition to the base rate that the providers get. They are also in the process of developing a quality review process, which would involve going in to facilities and checking qualifications. This will take some time to develop.

Discussion arose regarding training and credentialing of staff to provide care at the level that is needed for behavioral patients. Ms. Frischmann stated that Nevada Medicaid is not a regulatory agency, so there is no set training program or compliance requirement. Rather, they are relying on the integrity of the providers to adhere to the highest standard of care they can provide. She mentioned that many facilities that have joined BCCP are bringing in additional qualified staff and consultants to meet the level of care that is needed. CNA retention is a challenge.

Sen. Wiener asked staff to gather further information about trainings being provided within facilities. Ms. Simons suggested contacting the Nevada Healthcare Association, which previously participated with TFAD and shared information pertaining to training. She also remarked that Legacy Wellness in southern Nevada has been bringing forward clinical support and staff education support on managing some of the elements of the behavioral tiers of approval. She recommended extending an invitation to them to share information with TFAD.

Dr. Jane Fisher asked about possible differentiation in psychotropic medication use in facilities participating in the BCCP Program and those that do not participate. Ms. Frischmann said she can investigate further and report back with more data. Ms. Hoff reported that in reviewing patient records, she observed that psychotropic drugs seem to be the last resort on the care plan. Dr. Fisher remarked that it would be interesting to see if other drugs are being used to compensate for the reduction in use of psychotropic drugs. She would also like to learn more about CNA retention rate as a result of BCCP, and whether the program has positively affected CNA retention.

Dr. Peter Reed queried about methods of quality assurance in BCCP. Ms. Hoff explained that they regularly interact with facilities, especially in regards to review and evaluation of patient care plans for different tiers of service. He suggested that BCCP work with community partners, including TFAD members, who are experts in various areas, and would be willing to assist with developing training programs and quality assurance approaches so valuable tools could be offered to assist providers in BCCP.

Dr. Reed also asked whether there has been regulatory oversight of out-of-state facilities where Nevadans are placed. Ms. Frischmann affirmed that nursing staff has traveled to survey many of these facilities to ensure that Nevadans are receiving quality care.

Sen. Wiener strongly encouraged Nevada Medicaid to follow up with TFAD members, who are experts and professionals in dealing with behavioral concerns, to discuss best-practices for a possible training module for BCCP. She asked Dr. Reed to facilitate the collaboration among those who may be interested to participate.

The full Power Point Presentation on BCCP and the BCCP Program Fact Sheet are attached to file. See Attachments A and B.

VIII. Update and Possible Recommendations on Veterans **(For Possible Action)**

Wendy Simons
Deputy Director of Wellness
Nevada Department of Veterans Services

Ms. Simons presented an update on the Veterans in Care (VIC) Program, which was launched in the summer of 2016. Highlights from her report included:

- Nevada Department of Veterans Services (NVDS) reached out to 417 Skilled Nursing and Assisted Living facility providers to find veterans who reside in care facilities.
- 90 facilities have responded, which resulted in locating over 1200 veterans in residence.
- VIC efforts promoted interest in identifying veterans and family members of veterans who may have also served in the armed forces.
- NVDS has launched 23 recognition events at 23 facilities, honoring more than 577 veterans.
- Of these 577 veterans, NVDS discovered only 68 are receiving VA medical care and 151 are receiving Aid and Attendance.
- Veterans Service Officers (VSO's) have been helping veterans and their spouses to obtain and increase benefits, when possible.
- VIC has also discovered many employees of care facilities are veterans themselves. This connection could also enhance the Patriot Program that links employers who are willing to hire veterans, which allows the opportunity for veterans to serve their own peers.

A written summary of the Veterans in Care (VIC) January 2017 update is attached to file. Please see Attachment C.

Relating to TFAD's interest in increasing awareness and education on Alzheimer's disease and other forms of dementia, Ms. Simons reported that NDVS has the planning and development of CEU training workshops underway. These trainings will be provided for no cost to assisted living and skilled nursing facilities to help them address the nuances of the military culture and providing care to veterans. These workshops launched in January of 2017 in partnership with the Perry Foundation and Dr. Jennifer Carson, who is a subject matter expert in relationship-centered care. The program is called Bravo Zulu: Achieving Excellence in Relationship-Centered Care. This educational outreach will occur throughout 2017, with eight total workshops (four courses in northern Nevada and four in southern Nevada). Thus far, it has been interesting to observe cross-attendance at the first training in Las Vegas. Various stakeholders have included: participants from Nevada Medicaid, healthcare industry, the VA Hospital, Aging and Disability Services, hospices, women veterans, and other entities. There seems to also be high interest in northern Nevada, with more than 50 people registered for the first session. The program can be applicable to general relationship-centered caregiving skills in any area of needs, but since

NVDS is sponsoring the training, trainings will focus on veterans-specific elements.

Ms. Simons also indicated that at the conclusion of the free four-part series of trainings, NVDS is hoping to present a proclamation from the Governor, recognizing the participants' investment of time and dedication. Additionally, the Board of Nursing, Board of Social Work, and Board of Administrators have agreed to grant CEU credits for participants. The timeline for completion of the series is October 2017. Furthermore, NDVS is working with the Sanford Center for Aging Geriatric Education Center staff to conduct an additional three workshops on managing difficult behaviors related to care of our elder veterans.

A flyer with information on the Bravo Zulu training program is attached to file. Please see Attachment D.

Ms. Simons concluded her remarks by sharing experiences from the VIC Program, which has had positive effects on the lives of many veterans. Future events are being planned for rural Nevada, as well as for home-based care givers.

A news article, shared by Ms. Simons, entitled "The VIC Program Unearths Human Treasures," is attached to file. Please see Attachment E.

IX. Presentation and Possible Recommendations on Cultural Accommodation Toolkit Project **(For Possible Action)**

Cyndy Soto
University of Nevada, Reno Counseling Services

Cyndy Soto, an advanced doctoral student in the UNR Psychology Department, presented findings that stem from a pre-doctoral research project. Ms. Soto explained that while Latino caregivers are involved in what is considered more intensive caregiving situations than their non-Latino caregiver counterparts, they generally are less likely to utilize formal support services. A study was designed to explore the service needs of this population, as well as barriers to receiving services in an attempt to understand these concerns.

Ms. Soto presented an overview of the study, and stated that the collectivistic quality of Latino culture may yield caregiving experiences that are inconsistent with the pathology-oriented characterization of dementia caregiving that are predominant within the majority culture. She observed that often in the marketing of support services, as well as the phrasing within caregiver-specific assessment measures, dementia caregiving experience incorporates such words as burden, stress, and negative health outcomes.

Ms. Soto explained that a survey was conducted, involving 33 Latino family caregivers in Nevada and Arizona, who were all caring for an adult family member. Half of those sampled were caring for persons with dementia. One of the measures was the caregiver burden inventory, which is one of the most widely-used instruments to evaluate caregiver well-being. Like the majority of these measures, virtually all of the items imply some kind of pathology, whether it is the difficulty of the care recipient's behavior or the negative personal experience of the person who is the caregiver. Alternatively, another version of the questionnaire which was developed to assess experiences, avoided any negative or pathological references to adult family members. As a result, participants were more likely to endorse the reworded items on the revised measure, compared with their corresponding items on the original measure. In fact, one of the study participants became offended when she was being administered the original measure and asked if people actually endorsed the questionnaire.

The study provided insights about how our cultural assumptions can misguide us, and, in turn, this can have a negative impact for culturally diverse families seeking and also receiving culturally competent care. Thus, it is clear that the language that dominates in our marketing and explanation of service delivery has been developed within the majority cultures, which is inconsistent with the experiences of this group. Merely translating materials into Spanish alone is not sufficient for approaching cultural competence. For example, the concept of a caregiver might not even apply to this population. In addition, the Spanish language has no word that directly translates to "caregiver." Several study participants, including family members, asked who the "caregiver" was when they were completing their paperwork.

Ms. Soto described challenges with existing cultural toolkits, which are widely available and disseminated. She remarked that these toolkits are not empirically evaluated and suggestions for improvement are often vague and follow-through is unspecified. For example, many of the toolkits an evaluation for cultural appropriateness of services, but there are no guidelines on how to accomplish this. Therefore, a project is underway to review the service specifications within the State system for support services and provide guidance on considerations that should be made when working with culturally diverse families. The goal is to pilot-test the revised toolkit within the State once all recommendations are made, including recommendations that are focused not only on Latino families but also Asian-American families. In the future, the materials could be expanded to address the needs of other cultural communities.

Sen. Wiener inquired whether further conversations with survey participants have produced additional feedback and ideas to that may help improve cultural understanding and better meet needs of diverse populations. Ms. Soto said that focus groups might be a good venue for further discussions. She anticipates that the work may require up to a year. Sen. Wiener expressed an interest in hearing further updates on this project in the future.

X. Update and Possible Recommendations on Grants **(For Possible Action)**

Jeff Doucet
Management Analyst III
Aging and Disability Services Division

Jeff Doucet presented the Grants Project Update and reviewed current activities within the grants. He noted it is important to recognize that there are two different funding sources for the three projects, which are:

1. Alzheimer's Disease Supportive Services Program (ADSSP)
2. Alzheimer's Disease Initiative (ADI)—Specialized Supportive Services (SSS) Program

Each of the funding sources has different focuses and different matches, which resulted in an overlap on the timeline. The 2014 Dementia Capable Grant is finishing up, while the 2016 Dementia Capable Expansion Project is just starting, along with the 2016 Dementia Friendly Nevada Project.

Mr. Doucet provided highlights of the activities of the grants, including:

- 2016 Dementia Capable Expansion Grant was approved in the Interim Finance Committee (IFC) on October, 25, 2016.
- 2016 Dementia Friendly – ADSSP SSS ADI Project was approved in the IFC on December 15, 2016.
- The funding should be distributed to both federal and state partners within a few weeks.
- Cheyenne Pasquale has been in discussion with federal partners on the expansion grant and reviewed the budget and work plan. Once approved, this will move from the planning phase to the implementation phase.
- During the planning phase of these two new grants, only 15% of the funding can be expended.

TFAD members were curious about the language in the grants pertaining to "family caregivers" vs. "family and caregivers." Mr. Doucet clarified that the term "family caregivers," used to identify family members who are providing the care, was used for specific reasons. Some of the programs, including CarePro and EPIC Early-Stage Partners in Care, focus specifically on that population.

Mr. Doucet explained that each grant has a unique focus. Grant I, the 2014 Dementia Capable Grant, and Grant II, the Expansion Project provides a continuation of the programs established in Grant I, with the second being the care transition component and also focusing on engaging early-stage.

The 2016 grants are currently in the planning stages. During meetings with Dementia Friendly Nevada partners will discuss modifications to the work plan, which will be subsequently submitted to federal authorities for approval, and then the implementation of the work can proceed.

Most of the results of the projects are included in the 2014 grant. Service delivery parts are found in the EPIC Early-Stage Partners in Care and the BRI Care Consultations Program. Another component is the level I screening, which ensures there is a screening for individuals in the early stage or those with Alzheimer’s disease and memory issues. Another component focuses on ensuring that the program delivery is successful in getting people to the toolbox of services that are available and making sure they are matched with appropriate services. The Sanford Center for Aging is providing ongoing evaluation of these grants to identify possible improvements.

Responding to a query from Sen. Wiener regarding Dementia Friendly Nevada activities throughout the state, Mr. Doucet reported that the goal in the first year was to convene three community action groups, with four more the next year, and work with them to build their capacity and their focus for Dementia Friendly activities. The expectation is to promote more of these activities statewide.

A summary of the Nevada Alzheimer’s Grants Project January 11, 2017 Update and Grant Programs Activities Table, provided by Mr. Doucet, are attached to file. Please see Attachment F.

XI. Presentation on Behavioral Risk Factor Surveillance Survey (BRFSS) and Possible Recommendations (**For Possible Action**)

Jacob Harmon
Regional Director
Northern Nevada Alzheimer’s Association

Jacob Harmon presented an overview of the data from the 2015 Behavior Risk Factor Surveillance System (BRFSS). He stated that this work resulted from a partnership between the Alzheimer’s Association of Northern Nevada and the Sanford Center for Aging. They provided funding in September of 2015 to have the CDC include a cognitive decline module in their behavior risk factor surveillance system, which is a way of gathering health-related data over the phone. So the data that are represented are not based on prevalence, but actually on people who spoke with the CDC in Nevada about these issues. Therefore, the data are valid and will be valuable for the upcoming Legislative Session.

Mr. Harmon highlighted the most significant information, including:

- In Nevada, 16.3 percent—one in six—of those aged 45 and over report they are experiencing confusion or memory loss or these conditions are getting worse (“subjective cognitive decline”).

- Nearly half of them have not talked to a health care professional about their concerns.
- For those with worsening memory problems, nearly half say it has created "functional difficulties"—that is, caused them to give up day-to-day activities and/or interfered with work or social activities.
- More than a quarter of those who reported subjective cognitive decline needed assistance with day-to-day activities.
- Nearly 25% of people with memory problems live alone and rely on infrastructure, which may or may not be there, and this could present difficulties with aging in place.
- More than three-quarters of people with memory problems reported having at least one additional chronic condition.

The fact sheet containing the related data is attached to file. Please see Attachment G.

Mr. Harmon provided additional statistics, specific to Nevada, in comparison to other states, which are displayed in the Technical Notes on Tables, including:

- Nevada is close to the top for the percentages of people who are facing daily challenges due to cognitive impairment.
- In Nevada, more men than women are reporting subjective cognitive decline.
- Table 4 demonstrates that more than one-third of those living with subjective cognitive decline are living in poverty, with a household income under $15,000/year. Likely, this population group may not be able to afford many of the services that they need.
- Therefore, TFAD's focus on increasing affordability of services in its State Plan is very relevant to the needs of those living with Alzheimer's disease and other forms of dementia.

Mr. Harmon concluded that the information presented is useful and illustrates the challenges that are confronting Nevada as more Nevadans are aging rapidly and large numbers of people are retiring in Nevada. This translates into a demand for more resources to meet the growing needs. These numbers could be used by legislators in developing essential policies and laws. He mentioned that the raw data is available on the CDC website and has also been given to UNR graduate students for further use and research.

Further discussions took place on the variability of the data displayed in the various tables presented. Dr. Bernick cautioned that there may be a lot of biases in the responses received and who was responding (many with cognitive decline may not have been able to answer questions on the phone). Other factors may have also affected results.

Mr. Harmon commented that the data may not have measured cognitive impairment, but rather "subjective cognitive decline," which is a person's subjective assessment of his or her own cognitive functioning. The project was done with the caregiver module, including self-assessment of the impact of their caregiving, and there is value in the sheer number of people who identified this as a concern for themselves.

Dr. Reed provided further clarification on the BRFSS and the criteria that were applied in the study. He explained that there are two different health matrices—prevalence of Alzheimer's disease and other forms of dementia vs. cognitive decline. The CDC, at the time that the module was developed, was not interested in looking specifically at Alzheimer's disease or specifically at the diagnosis of dementia. When the call was made, an individual was asked if he/she was experiencing cognitive decline, which is very different than looking at diagnoses rate or estimating the prevalence of Alzheimer's disease and other forms of dementia. There are also limitations with surveying the public by telephone, but BRFSS is careful about looking for potential challenges to validity and tries to address those in their methodology. This is also a module that is being used nationwide. Dr. Reed suggested that the results do present valuable insights in terms of cognition in our communities. The results also provide a public health measure to look at any change or condition across the population.

Mr. Harmon added that, from the data, it is also evident that Nevadans are not consulting healthcare professionals about whatever level of cognitive decline they are experiencing. This reinforces TFAD's ongoing concerns about stigma and the need to partner with the medical community to facilitate conversations and early diagnoses.

Moreover, Dr. Reed inserted that the Sanford Center was able to assist with a funding contribution, in part, due to the ADSSP Grants that they received from ADSD and the State.

The Technical Notes on Tables, provided by Mr. Harmon, is attached to file. See Attachment H.

XII. Discuss and Make Recommendations on Possible 2017 Legislative Actions

(For Possible Action)

Sally Ramm
Elder Rights Attorney
Aging and Disability Services Division

Sen. Wiener expressed appreciation for all the work Ms. Ramm has done on the issues concerning TFAD's work, as well as addressing concerns of seniors. She commended Ms. Ramm for her exemplary commitment and service to Nevada, as Ms. Ramm is scheduled to retire from the State in just a few days.

Ms. Ramm presented highlights, by subject, from a list of Bill Draft Requests (BDRs) for the 2017 Legislative Session. She noted that the list is up to date, except for one BDR added just yesterday. This BDR, submitted by Sen. Hardy, provides for the early release of older prisoners under certain circumstances.

Ms. Ramm highlighted BDRs that may be of particular interest to TFAD, including:

BDR 637—Authorizes the use of leave for employee caregiving time.

This may be an extension of the CARE Act, which was supported by TFAD in the last Legislative Session.

BDRs listed under Courts (including Guardianships)

After the Commission to Study Guardianship in Nevada's Courts completed its work, several BDRs on guardianship were submitted for inclusion in the BDR list. At this time, details of requested BDRs are not available. However, Ms. Ramm said one of the BDRs will likely be on the Bill of Rights for Protected Persons. This will be very important in addressing issues relating to people living with Alzheimer's disease and other forms of dementia. She noted that the term "wards" will no longer be used. Instead, they will be known as "protected persons."

Another important bill would establish a permanent Guardianship Commission to oversee guardianships. This bill would establish consistency on guardianship actions and public guardianship offices throughout all the counties in Nevada. Ms. Ramm explained that the county in which an individual lives affects how the person will be treated in court when he/she needs to be protected under guardianship. Ms. Ramm stated it would be beneficial to have a commission that can oversee the process, take complaints from citizens of Nevada, and provide guidance to guardians.

Ms. Ramm added that a new Supreme Court rule came out at the end of October 2016, which states that all guardianship proceedings must follow the Rules of Evidence. This is important to protect people who are facing guardianship.

Sen. Wiener asked if BDR 270, sponsored by Sen. Hardy, under Healthcare section, pertains to extension of the life of TFAD. Ms. Ramm was not able to confirm at this time, but it appears to be related. The language states:

BDR 270—Revises provisions relating to Alzheimer's Disease

Furthermore, Ms. Ramm noted that the BDRs under the Behavioral and Cognitive Care section may also be of interest to TFAD. Particularly she mentioned the following BDRs:

BDR 63—Establishes an interim study committee to research issues regarding the behavioral health and cognitive care of older persons.

BDR 410—Transfers responsibility for regulating certain mental health-related professions to the State Board of Health.

Ms. Ramm believed that this BDR may pertain to efforts to include Alzheimer's disease and other forms of dementia in the mental health laws.

Sen. Wiener commented that TFAD will continue to monitor these bills as they develop and progress during the legislative session. Ms. Simons, Dr. Reed, and Dr. Fisher added their words of appreciation for Ms. Ramm and all the ways her legal expertise has impacted the work of TFAD and the issues it addresses.

XIII. Consider Agenda Items for Next Meeting **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

Possible agenda items for next meeting may include:

1. Discussion of Alzheimer's Advocacy Day plans for April 5, 2017
    - Mr. Harmon and staff to try to coordinate possible testimony on bills relating to TFAD that could be heard that day.
2. Update on grants and Dementia Friendly Nevada
3. Update on No Wrong Door (NWD) and Balanced Incentive Program (BIP)
4. Review of retired recommendations (in numerical order from beginning) in State Plan Appendix
    - #2 APRNs
    - #4 Younger-Onset Alzheimer's Disease
    - #7 Nevada Research Consortium
5. Update on BCCP training for facilities
6. Update on upcoming legislation

XIV. Approval of Next Meeting Date of March 10, 2017 **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

The next TFAD meeting is scheduled for March 10, 2017 at 10:00 a.m.

XV. Public Comment (This item is to receive comments, limited to three (3) minutes, on any issue and any discussion of those items. However, 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.)

Susan Hirsch stated that she was present on behalf of Jeff Klein, Chairperson of the Commission on Aging Subcommittee on Legislative Issues. She would like to inform TFAD about Senior Issues Day, which will be held on February 23, 2017 in Carson City. The outline of the day's activities includes:

- 7:30 a.m. start

- Breakfast, lunch, visits with legislators
- Advocating on issues drawn from Elder Issues Paper developed by the Subcommittee on Legislative Issues and the Senior Services Strategic Plan and Accountability Committee, in collaboration with AARP, Nevada Senior Services, and the Senior Coalition. Items may include:
  - -Provider rate issue
  - -Waivers (Waiting list for LTSS on Medicaid)
  - -CARE Act Part II—Using leave time for caregiving responsibilities
  - -Medicaid Managed Fee for Service Care
  - -Legal rights (guardianship and other issues)

XVI. Adjournment

The meeting was adjourned at 2:05 p.m.

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

NOTE: We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Sunadda Woodbury at 775-687-2495 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at swoodbury@adsd.nv.gov. Supporting materials for this meeting are available at 3416 Goni Road, D-132, Carson City, NV 89706 or by contacting Sunadda Woodbury at 775-687-2495 or by e-mail at swoodbury@adsd.nv.gov