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MINUTES

Name of Organization: Task Force on Alzheimer's Disease (TFAD)

Date and Time of Meeting: March 10, 2017
10:00 a.m.

Locations: Sanford Center for Aging
University of Nevada Reno/RM 163
1644 N. Virginia St.
Reno, NV 89557-1234
775-784-6375

The Cleveland Clinic Lou Ruvo Center for Brain Health Campus,
4th Floor Conference Room
888 W. Bonneville Avenue
Las Vegas, NV 89106
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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, Jacob Harmon, and Sen. Valerie Wiener (Ret.)

Members participating by telephone: Gini Cunningham

Members absent: Sen. Joseph Hardy, Assemblyman James Oscarson, Jill Berntson, Dr. Jane Fisher, Dr. Peter Reed, and Wendy Simons

Alternates present: Jeff Doucet, Jennifer Baker, and LeeAnn Mandarino

Alternates participating by telephone: Cyndy Soto

Guests: Rande Paige, Robert Kidd, and Cheyanne Pasquale

Staff present: Sunadda Woodbury

A quorum was declared.

- 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 welcomed all to the meeting, which will be followed by the hearing on SB92, which would remove TFAD sunset. She explained the history of TFAD and the reason behind the original provision for the sunset, which takes effect on June 30, 2017. In addition, she indicated that the hearing will be an opportunity for TFAD to highlight its work and present its history of valuable accomplishments and vital services, which have benefitted the people of Nevada.

- IV. Approval of the Minutes from January 11, 2017 Meeting (**For Possible Action**)
Senator Valerie Wiener (Ret.), Chair

Dr. Charles Bernick moved for the approval of the minutes from the January 11, 2017, meeting. Jacob Harmon seconded the motion. Minutes were approved unanimously.

- V. Update on Behaviorally Complex Care Program (BCCP) in Facilities and Possible Recommendations
(For Possible Action)
Rande Paige
Director
Legacy Health and Wellness

Ms. Paige, Director of Legacy Health and Wellness, provided background information on the development of the Behaviorally Complex Care Program (BCCP) from a provider's perspective. She stated that previously, anyone with a diagnosis of Alzheimer's disease or other form of dementia was exempt from therapeutic and behavioral services, because these services were not considered rehabilitative. Providers were excited that BCCP would allow the opportunity to better meet the needs of this vulnerable population, which often presents with behavioral issues. When BCCP was initiated, Legacy began to partner with its facilities, including the 26 with which they contracted across Nevada, to develop a program that would include services for behaviorally complex individuals. One component in the program includes respite to nurses and staff, as well as tools to more effectively handle clients with behaviorally complex issues.

Ms. Paige has observed several areas of need in facilities, including:

- Education for staff.
- Learning methods of interventions and how to document procedures in terms of best-practice, not just for BCCP reporting.
- Focusing on how to incorporate effectiveness and efficiencies to provide the ultimate services.

Ms. Paige noted a concern that BCCP may be more focused on providers and programs as a funding stream than as an opportunity to provide needed services to people. Therefore, Legacy provides in-service workshops and educational opportunities with staff to determine best practices and proper interventions within the facilities. Ms. Paige emphasized the need for accountability, citing that situations in the past, which related to Medicaid services, involved misuse of basic skills training and psychosocial rehabilitation services. She is concerned about

potential mismanagement of BCCP. She described that Legacy is able to go into facilities and provide one-on-one services, education to the staff, and promote individualized focus on the specific needs of each patient individually. They also assist with documentation and behavioral meetings.

Ms. Paige reported that they monitor for progress and regress and make recommendations for the care plan accordingly. She reported that this has produced remarkable outcomes as a result of BCCP implementation. Often, people with behavioral challenges are forgotten or avoided, but BCCP can make a positive impact by allowing an opportunity for one-on-one services, which can result in meaningful changes for these individuals. By including accountability measures, facilities can be held to higher standards for effective services.

Sen. Wiener inquired how accountability and higher standards can be imposed if the funding stream for BCCP comes from a source that controls the determinations/requirements of the program.

Robert Kidd, President of Perry Foundation, commented that the Center for Medicaid Services (CMS) already provides oversight and audits, which hold facilities accountable. As part of the audit process, there is a potential for take-backs, and that piece is already in place.

Ms. Paige added that current reporting and documentation guidelines protect the facilities and provide stand-alone services that can withstand the audit requirements. So the foundation has been laid, but there is no plan yet on how the provider services will be monitored.

Sen. Wiener asked if a State Plan recommendation should be formulated around accountability and BCCP, what would be appropriate to propose?

Ms. Paige explained that since there are specific guidelines for BCCP money, according to the different tiers of service, if the audits were to occur, monitoring could include:

- Are the standards continuing to be upheld through the duration of that tier?
- Is there documentation on behaviors?
- Do the care plan and the behavior plan match?
- Is the documentation specific enough to demonstrate a persistent behavioral issue?

Discussion arose concerning the requirements for initial allocation and continuance of funding for different tiers. Ms. Paige described that each tier has specific reporting/documentation requirements for a certain timeframe. However, gaps exist within each tier when evidence does not need to be provided, which presents a concern about upholding the standard of care throughout the tier.

LeeAnn Mandarino, Program Manager at the Cleveland Clinic Lou Ruvo Center for Brain Health, asked about who and what program is being used to train the trainers or educators who are teaching staff in the facilities. Ms. Paige clarified that Legacy staff are required to study and take a test for Alzheimer's disease and other forms of dementia. Psychologists and psychiatrists are often involved as well.

Jacob Harmon, Director, Northern Nevada Alzheimer's Association, also posed questions regarding development of the training that Legacy provides. He asked whether the training is developed according to minimum standards set by BCCP and if the standards currently exist. Ms. Paige replied that no standards exist now. Mr. Harmon concluded that facilities can access BCCP money without any mandate for training or hours. He expressed that the Alzheimer's Association is also trying to provide training, but this is difficult when it is not mandated. Mr. Harmon suggested that a recommendation might focus on developing minimum standards for training of staff. Ms. Paige concurred that they would welcome specific curriculum as well.

Sen. Wiener instructed staff to note a possible recommendation for the 2019 TFAD State Plan could include language such as: “Establish standards and core curriculum for training the trainers...including appropriate education on designated reimbursement Tiers...” Specifics can be discussed in further detail.

Mr. Harmon proposed involving Medicaid in the process to get this proposal adopted. Sen. Wiener agreed that it would be appropriate to work with those who provide the funding, and language on this can be added to the possible recommendation as well. Mr. Harmon offered to reach out to the new incoming Deputy Administrator of Medicaid to discuss this matter.

Dr. Charles Bernick, Associate Medical Director, Cleveland Clinic Lou Ruvo Center for Brain Health, posed questions regarding what the requirements are to become licensed as a Memory Care unit. Mr. Harmon commented that there is some disagreement about this within the profession. Many people believe that the training required is two hours within the first week, and eight hours within the first year, which is perceived to be inadequate by some professionals.

Sen. Wiener summarized that TFAD can continue to develop a possible recommendation on these issues for the 2019 State Plan, as well as explore possible funding streams.

Robert Kidd
President/CEO
Perry Foundation

Mr. Kidd provided an update on the utilization of BCCP, using a Recipient Breakdown chart provided by Nevada Medicaid. He stated that the program is a success, with a significant number of individuals utilizing the program throughout the state, as well as the number of people being shipped out of state decreasing.

Mr. Kidd also solicited feedback from a focus group of administrators—both those who are utilizing BCCP and those who are not. Talking points from his findings include:

- Those who are utilizing BCCP feel that it is very effective and are excited about the offering.
- Most facilities are profit-driven, as opposed to quality-of-care driven.
- Facilities want to provide quality care, but “it has to make sense from the business standpoint to move forward.”
- Those who are not participating in BCCP are avoiding the stigma of being labeled as a “behavioral” facility, which could hurt their business model.
- One of the reasons for the development of BCCP is to alleviate stress from the emergency rooms and to alleviate the number of residents being sent out of state, who utilize Nevada Medicaid in other states, which is still an ongoing issue that needs to be addressed.
- Facilities that participate at higher levels are effective in not having a separate unit for behavioral clients; instead, they integrate these patients into the general population.
- One of the biggest issues for facilities is communication with the hospitals.
 - The facilities that are extremely effective in using BCCP attempt to set up assessments in the hospital prior to the discharge to the facility, which is sometimes successful and sometimes not.
 - Some hospitals have discussed doing assessments prior to discharge to facilities, but the process has not been effective.
 - Hospitals, as a group, throughout the state should work to facilitate the communication to inform facilities of what to expect and aid in the determination of whether the facilities can meet the needed level of care. This can directly affect whether or not facilities will accept a particular resident.

-Another concern is the hospitals' over-exaggeration of the tier level to the facilities to entice facilities to the larger dollar amount of the higher tier level. (Perhaps, Bill Welsh of the Nevada Hospital Association needs to participate in facilitating meetings between hospitals and nursing facilities).

Mr. Kidd noted the following items on the BCCP Recipient Breakdown numbers:

- A disparaging gap exists between the Tier I and Tier II levels, which has led providers to believe that Medicaid is not approving clients at the Tier II level, but, rather, is moving them into Tier I when they should be at a higher level. Providers believe this is motivated by funding.
- * Providers do not have advance knowledge if/when an assessment has been done and/or what reimbursement they will receive until Medicaid informs them what their BCCP rate will be. This issue deters some facilities from participating.

The BCCP Fact Sheet and Recipient Breakdown Chart is attached to file. See Attachment A.

Discussion ensued regarding disparity between the numbers of patients within each BCCP Tier. Mr. Kidd observed that Medicaid is shifting between Tier II and Tier I, because that number is so large. Tier III qualifications are much more straightforward; whereas, Tier I and Tier II can sometimes be more blurred, which gives Medicaid the opportunity to shift reimbursement rates to ensure a competitive environment. Mr. Kidd and Ms. Paige both expressed concerns about a 'disconnect' between hospitals and facilities when assessments are done, which may result in placement of patients in incorrect BCCP Tiers. This can create a potential for refusal of admission at facilities due to inaccurate reimbursement expectations. Inaccurate documentation of behaviors specific to BCCP requirements for specific Tiers is also an issue.

Members discussed the need for clear guidelines for BCCP requirements and related education for providers. Mr. Kidd also noted the distinct differences between the setting in acute care facilities, where patients are usually in hospital beds and taking anti-psychotic medications, and the nursing facilities, where patients are integrated with others, presented with various activities, and medications are lowered. This discrepancy demonstrates why a more accurate assessment should be done in nursing facilities, or providers of services from facilities should be performing the assessments in the hospital prior to the transition. It is very important to accurately anticipate the true status of patients prior to their transfer to outside facilities.

Additionally, Mr. Kidd reported that providers from the focus group also suggested the addition of a Tier IV for those patients whose behavioral needs exceed the level of services that can be provided in-state.

Mr. Harmon expressed concern about preserving person-centeredness and dignity in the potential regulations surrounding the issues with BCCP. Ideally, each person's specific needs should be considered.

Music and Memory Program

Mr. Kidd presented an update on the Music and Memory Program, which he had introduced at a previous TFAD meeting. The program was partially approved by CMS at that time and is now in full swing. Highlights include:

- Currently, nine nursing facilities are in some stage of rollout for this program.
- In each facility, 20 individuals with diagnosis of Alzheimer's disease or other forms of dementia will be chosen to participate.
- These individuals will be monitored in various activities throughout the course of the program.

Mr. Kidd attempted to share a video news clip, presented by KOLO Channel 8 in Northern Nevada, featuring Rosewood Rehabilitation Center, which is a participating facility. The piece illustrates the impact of the Music and Memory Program. Due to technical difficulties, the video did not work. Sen. Wiener instructed staff to send the link to TFAD members after the TFAD meeting.

VI. Update on No Wrong Door (NWD) and Balancing Incentive Program (BIP) and Possible Recommendations **(For Possible Action)**

Cheyenne Pasquale
NWD Coordinator
Aging and Disability Services Division

Ms. Pasquale presented an update on the No Wrong Door Program. Recent developments include:

- The NWD Implementation Plan for 2017 has been updated.
- A NWD Work Group was convened and met in December.
- This collaborative Work Group comprises various agencies within the Department of Health and Human Services (DHHS), which collaborated in updating the Implementation Plan and moving it forward.

The Balanced Incentive Program (BIP) is scheduled to end in September 2017. BIP has provided funding to the State to help with various infrastructure-building activities. Some of the major accomplishments of BIP include:

- Online “Assess My Needs” tool, which allows people to access services through a short questionnaire.
- Case Management system for the intellectual and development disability population.
- 2-1-1 Partnership—positioning 2-1-1 as the 800 number for Long-Term Supportive Services (LTSS) to strengthen service deliveries.
- NWD Marketing Campaign.

Sen. Wiener asked whether the issue of confusion between the national 2-1-1 number and Nevada 2-1-1 number has been rectified. Concerns about this, including easier access to the Nevada 2-1-1, were raised during a previous TFAD meeting. Ms. Pasquale stated she will verify. She added that work is continuing on the expansion of the database overall, increasing the number of providers and increasing the functionality of the database as well.

Ms. Pasquale further explained the focus areas of the NWD Program.

1. Public Outreach and Links to Key Referral Sources

- 2-1-1 is continuing to perform system improvements.
- Care Transitions Project, in partnership with Nevada Senior Services, is working to help reduce hospital readmission rates for people with dementia (Sen. Wiener requested further update on this, along with progress on the Winnemucca EMS program, at future TFAD meetings.).
- BRI Care Consultation (caregiver support intervention) is expanding into the Aging and Disability Services Centers (ADRC) service delivery structure, with the goal in July 2017 to have a second care consultant based in northern Nevada ADRC sites.
- BIP Marketing Campaign is geared to promote the Nevada Care Connection brand as a place where people go for information and assistance. This includes digital ads, billboards, print ads, radio spots, TV spots, and direct outreach opportunities. The tag line is “How Nevadans Find Care and Support Services”—call, connect, and make a plan.

2. Person-Centered Counseling

- Person-centered workgroup started in December 2016 to build person-centered thinking, defining terms, developing training, and establishing statewide standards and potential outcomes.
- REST Training for people who provide respite services is being expanded.
- Veterans Directed Home and Community-Based Services (VD-HCBS) is being launched in Elko and White Pine counties through Access to Healthcare Network.
- “Cover-to-Cover” Program will enhance counselor training about statewide resources and tools, such as available veterans’ benefits, to help them better provide information and assistance to people who have served in the military.
- Eligibility to Public Programs are being streamlined.
- The “Assess My Needs” form is being reviewed and improved to determine valuable improvements since its launch seven months ago. This has yielded nearly 900 referrals through the online submission, and 85% have been referred to the ADRCs.

Additionally, updates have been made on the nevadacareconnection.org website in preparation for the NWD marketing campaign. A major focus with the homepage is to inspire a more direct link for individuals to call, connect, and explore. There is a new link for the Alzheimer’s section called “Live Well with Alzheimer’s,” which connects to the Alzheimer’s information page.

Ms. Pasquale provided a copy of a Power Point, entitled “No Wrong Door for LTSS—Nevada’s 3-Year Plan to Improve Access for All Persons Regardless of Age, Income, or Disability.” This is attached to the meeting file. Please see Attachment C.

VII. Update and Possible Recommendations on Grants and Dementia Friendly Nevada (**For Possible Action**)

Jeff Doucet
Management Analyst III
Aging and Disability Services Division

Mr. Doucet presented an update on the Nevada Alzheimer’s Grants Project, referred to within the division as Grant I, II, and III. Grant I ends this year, Grant II is the expansion grant that covers care connection programs, and Grant III is the new grant that will span three years. Nevada has received 1.75 million dollars in federal funds to help pilot programs, including RCI/BRI Care Consultations Program, plus EPIC and Care Pro. Program partners, including the Alzheimer’s Association in northern and southern Nevada, provide feedback on the effectiveness of the programs. These organizations are helping determine whether the programs can move out of the federal pilot program into the discretionary program and whether the source of funding will be the State or the Older Americans Act.

Mr. Doucet called attention to the Project Update sheet, with the changes to the status of the programs displayed in red. For RCI, integration of the ADRCs is ongoing. Mr. Doucet explained that even though federal funds were given for the Alzheimer’s grants, the grants are connected to the State ADRCs. Therefore, whatever is implemented for the Alzheimer’s programs needs to tie into our federal and State initiatives in our State systems. As Ms. Pasquale mentioned in the update on the BIP program, one of the grant’s requirements is to update the Level I screening. Some of the BIP activities were able to tie into Grant I. As things progress from Grant I, similar activities like EPIC and Care Pro are being carried into Grant II, the expansion grant, which will also include the addition of the “Care Transitions” program. All of these integrations are aimed to align with TFAD recommendations, as mandated in the grants, making sure that the programs are meeting the needs of people living in Nevada.

Grant III is the new initiative pertaining to the development of the Dementia Friendly Nevada Initiative. Mr. Doucet stated that the process and details on this initiative are moving forward. Updates, including outcome changes, numbers, and work plan details, must be provided to federal partners soon. A Request for Proposal (RFP) process is being formulated to identify the seven dementia-friendly communities that will be awarded the seed money. The goal is to release the RFP by the end of March 2017, following the ADSD grant cycle, to avoid confusion. The selection of the initial communities is projected for June or July 2017.

Responding to Sen. Wiener's question regarding the projected timeline in the process of selecting dementia-friendly communities and awarding grant money, Mr. Doucet explained that with the three-year grant process ending in 2019, things are progressing within the scope of the work plan. The hiring of contractors to provide support has been delayed. However, this has allowed flexibility with the use of funds in other areas, including meeting requirements from Dementia Friendly America, which had not been budgeted for originally.

The Grants Projects Update Sheet provided by Mr. Doucet is attached to file. See Attachment D.

VIII. Review of Retired Recommendations in 2017 State Plan Appendix and Possible Recommendations (**For Possible Action**)

- #2 APRNs—Senator Valerie Wiener (Ret.)
- #4 Update on Younger Onset—ADSD
- #7 Update on Nevada Research Consortium on Dementia (NRCD)—LeeAnn Mandarino

Sen. Wiener explained the reasoning for the addition of an Appendix to the 2017 State Plan. This section includes prior State Plan recommendations that have been completed or no longer need on-going attention. With this relocation, each of these recommendations will be reviewed annually. She stated that TFAD is starting to review these recommendations to determine if they need to be restored to the 2019 State Plan.

#2 APRNs

Sen. Wiener highlighted information from a section of the Nevada State Nursing Board (NSNB) Annual Report 2015-2016, including:

- From 2013-2016, there has been an increase of nearly 8,000 new licensed nursing professionals—about a 20% increase.
- For APRNs, from 2013-2016, the addition was 535—about a 61% increase.
- The breakdown of total APRNs by region shows 56.1% in Clark County, 20% in Washoe County, and excluding Douglas and Carson, there are about 3.6% in 13 other counties.
- 16% of APRNs reflect out-of-state residence, but it is not known where they are actually practicing in Nevada.

A copy of the section referred to in the NSNB Annual Report is attached to file. See Attachment E.

Discussion arose regarding ongoing concerns for lack of APRNs in rural or 'frontier' counties, as well as lack of information on where APRNs residing out-of-state are providing professional services in Nevada. Gina Stutchman, owner of Arbors Memory Care, commented that many of these might be corporate travelling nurses working in Nevada. Mr. Kidd also offered two possible scenarios: 1) there may be nurses completing their education in Nevada and then moving out of state, and 2) due to the shortage of nurses, many nurses, who reside out of state, are coming to Nevada to get licensed and work, because it is so lucrative. Some of the consultants he works with are licensed in several states, including Nevada, and travel around to work.

Sen. Wiener reemphasized that one of the intentions of this recommendation was to get more care into the rural areas, particularly frontier areas, through increasing opportunities for APRNs. She solicited input from TFAD members on how this can be achieved. Ms. Mandarino suggested possible incentives that can be proposed by higher education institutions in Nevada to obtain commitments from APRNs to remain and practice locally, especially in the rural areas, for a certain amount of time. Possible language for a recommendation may be: "Urge, encourage, and support institutions of higher learning to provide economic support for students who enter into this field, upon condition/pledge to serve for a certain number of years, after their training, in rural or frontier Nevada." Mr. Harmon added that outreach to local governments, particularly county governments, regarding these possible incentives may be beneficial.

#4 Update on Younger-Onset

Jill Berntson, Deputy Administrator, ADSD, provided a written statement regarding services pertaining to younger-onset individuals, specifically describing the State Long-Term Care Ombudsman Program, the Office of the Specialist for the Rights of Elderly Persons, and the Community Advocate for Elder Rights.

State Long-Term Care Ombudsman

Highlights include:

- A comprehensive list of Ombudsman services.
- Nevada Revised Statutes 427A.136 states that The Administrator may direct the Ombudsman or an advocate to investigate a complaint involving a person who is less than 60 years of age.
- In May 2014, Jane Gruner, Administrator, ADSD, granted permission for the Ombudsman to advocate for any resident, regardless of age. Since that time, the State Long-Term Care Ombudsman Program has been advocating for residents of any age in long-term care facilities.

Office of the Specialist for the Rights of Elderly Persons and the Community Advocate for Elder Rights

Highlights include:

ADSD has presented an agency bill for the 2017 Legislative Session that expands the role of two distinct programs within the Aging and Disability Services Division, including the Office of the Specialist for the Rights of Elderly Persons and the Community Advocate for Elder Rights, to include advocating for persons with disabilities of all ages. Currently, the law limits the advocacy to persons 60 years of age or older.

Passage of the bill will:

- Continue the Division's mission to serve people across the lifespan, as well as the State of Nevada's commitment to transform access to information and services through a No Wrong Door approach, for all populations.
- Expand the role of the Specialist for the Rights of Elderly Persons, which will allow for advocacy and education relating to the legal rights of persons of all ages, who have disabilities, to include facilitating the development of legal services to assist in securing and maintaining their legal rights.
- Allow for the review of existing and proposed policies, legislation, and regulations that affect persons with disabilities, no matter their age, as well as the ability to review and analyze information relating to the nature and extent of abuse, neglect, exploitation, isolation and abandonment of persons with disabilities.
- Expand the role of the Community Advocate for Elder Rights, which will allow for the coordination of resources and services available to persons with disabilities, no matter

their age, to include dissemination of information to persons with disabilities of national and local interest, including information regarding the services of the community advocate for elder rights.

- The Community Advocates are often a safety net for people who have special emergency concerns or need one-time assistance. These needs are not restricted to older adults and with the current NRS, there is a gap in services for persons under 60 with a disability. This change will help to fill that gap by giving the advocates statutory authority to provide information and advocacy to both older adults and people with disabilities.

A copy of Ms. Berntson's statement is attached to file. See Attachment F.

Sen. Wiener emphasized that this recommendation was intended to fill the gap for those who could not receive services until they were eligible for Medicare. Mr. Doucet responded that a recent change allows ADSD social services, which have usually served people age 60 and over, to address the needs of the younger-onset population. Also, federal grants now do not preclude services to the younger-onset population.

Mr. Harmon proposed that another area for improvement could be strengthening Elder Protective Services (EPS). Currently, EPS cannot intervene for people under age 60. The general trend towards funding for services includes everyone, no matter their ages, with Alzheimer's disease and other forms of dementia. Mr. Harmon stated that he would like to see EPS included in this practice.

Sen. Wiener requested Mr. Harmon to present further information on the possibility of strengthening EPS at the next TFAD meeting.

#7 Nevada Research Consortium on Dementia

Ms. Mandarinio stated that the group took a vote on the name and changed it to the Nevada Consortium on Dementia Research (NCDR). Recent accomplishments include:

- Minor change to the name.
- Creation of the mission statement, which is "The Nevada Consortium on Dementia Research is to advance our knowledge or care and support of Alzheimer's disease and other dementias through fostering research activities in Nevada."
- The NCDR accomplishes this mission by:
 - promoting and expanding research opportunities and collaborations throughout Nevada related to Alzheimer's disease and other dementias;
 - disseminating emerging findings through multiple venues to educate providers and patients, informing evidence-based practices and policies;
 - and encouraging new researchers to join this field of investigation.
- Establishment of the Board of Governors, headed by Dr. Charles Bernick, comprising Joan Fisher from the College of Southern Nevada; Dr. Ronald Fiscus, Professor of Biomedical Sciences at Roseman University; and Mary Johlfs, Director of Research Operations at Roseman University.
- Formation of bylaws is in process.
- Website development with Cheyenne Pasquale is ongoing, geared towards researchers, physicians, and patients who are interested in research.
- The webpage, incorporated within the ADRC website, will include a search engine for access to the research trials throughout Nevada and related information, including biographies of the researchers and their contact information, the type of research, inclusion/exclusion criteria for trial participation, etc.
- Quarterly meetings have been held since initiation in December 2015.
- Next meeting is scheduled for the last Friday in March 2017.

Mr. Harmon commented that the intent in the NCDR mission statement regarding fostering research activities in Nevada align with an existing program at the Alzheimer's Association called the Young Researchers Program through which grants are given to graduate students and recent graduates to promote their interest/commitment to Alzheimer's research. Grants are awarded for up to \$10,000. He urged NCDR to keep this opportunity in mind.

Further conversations took place regarding trial match and confidentiality. Kris Kingery, veterinarian and longtime family caregiver, raised concerns about people's hesitancy to join clinical trials if their personal information may be compromised. Participants need to be informed their privacy will be protected.

IX. Discuss and Make Possible Recommendations on 2017 Legislative Actions and Alzheimer's Advocacy Day at the Legislature on April 5, 2017
(For Possible Action)

Jacob Harmon
Executive Director
Northern Nevada Alzheimer's Association

Mr. Harmon provided an overview on priority legislation for the 2017 Legislative Session. He stated that the Alzheimer's Association Board has approved the support of three bills, making those a priority "ask" for the Alzheimer's Advocacy Day, along with a few others which are still pending. The three priority bills include:

1. AB93—Revises provisions governing end-of-life care, POLST (expanding access to POLST).
2. SB92—Revises provisions relating to the Task Force on Alzheimer's Disease (removing the sunset).
3. SB121—Establishes an interim commission to study behavioral and cognitive needs of elders in Nevada (a good opportunity to maintain focus on key issues during the legislative interim and should provide opportunities for the introduction of legislation in the 2019 Legislative Session).

Mr. Harmon highlighted other bills that impact our target population, including:

- BDR637—Authorizes the use of paid leave for employees to provide caregiving.
- BDR724 and BDR201—Revise provisions relating to elder protection.
- SB97 and SB123—Expand long-term care ombudsman services.
- Several guardianship bills that address the importance of guardianship.

The plan for Alzheimer's Advocacy Day involves the use of a one-page sheet, which highlights the three priority bills, as well as information on the other bills mentioned and possible bills relating to Medicaid reimbursement rates.

Mr. Harmon provided a list of "Priority Legislation, 2017 Session," which is attached to file. See Attachment G.

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

Possible agenda items for next meeting may include:

1. Review of retired recommendations in the State Plan Appendix
 - #10—Reducing out-of-state placement (Dr. Fisher)
 - #11-14—Education and Awareness (Dr. Hardy)
 - #17—Guardianship (Sen. Wiener)
2. Update on Care Transitions Project (Cheyenne Pasquale)
3. Discussion on how to strengthen Elder Protective Services and possible new recommendation (Jacob Harmon)

4. Update on Nevada Consortium on Dementia Research (LeeAnn Mandarin)
5. Update on Dementia Friendly Nevada (Jeff Doucet)

XI. Approval of Next Meeting Date of June 23, 2017 **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

The next meeting is scheduled for June 23, 2017.

XII. 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, Nevada Senior Services, commented that in looking forward to the 2019 Legislative Session, there could be some considerations for the Behaviorally Complex Rate for home and community-based services. This would be in keeping with federal initiatives to help people stay at home as long as possible. She explained that through observations in the adult day care services their organization provides, some individuals clearly need behavioral services. She urged TFAD to consider exploring a recommendation that addresses the possibility of expanding BCCP into home and community-based services.

Mr. Doucet offered to investigate federal grant opportunities, which are usually specific to Alzheimer's disease, but there could be some that can provide a broader setting. Ms. Hirsch also reiterated the importance of person-centered care, which, according to evidence-based studies, is usually most optimum and more cost-effective in home settings.

Sen. Wiener asked Ms. Hirsch and Mr. Doucet to work together to provide additional information to TFAD, at a future meeting, regarding the possibility of expanding the behavioral rate as discussed.

Gini Stutchman, owner of Arbors Memory Care, board member of the Nevada Assisted-Living Association, and member of the Assisted-Living Advisory Council to HCQC, agreed that the waiver specifically needs to consider dementia and Alzheimer's-related care on many levels. She described the current reimbursement rate for a group home and said that no group home can accommodate clients who are at risk for flight. With an Alzheimer's endorsement from the State, a provider is regulated to a certain staff ratio. With the low reimbursement rate, a provider is unable to offer the level of service required for clients who are at high risk for these behaviors, including flight. She reiterated that the expansion of the home and community-based programs for those battling Alzheimer's disease and other forms of dementia would be beneficial.

XIII. Adjournment

The meeting was adjourned at 11:55 a.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.