



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

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MINUTES

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

Date and Time of Meeting: August 5, 2016
10:00 a.m.

Carson City: Legislative Counsel Bureau
401 S Carson Street
Room 2134
Carson City, NV 89701

Las Vegas: Grant Sawyer Building
555 E. Washington Avenue
Room 4401
Las Vegas, NV 89101

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: Albert Chavez, Julie Kotchevar, Dr. Peter Reed, Wendy Simons, Senator Valerie Wiener (Ret.)

Members participating by telephone: Gini Cunningham and Assemblyman James Oscarson

Members absent: Dr. Charles Bernick, Dr. Jane Fisher, and Senator Joe Hardy

Alternates present: Susan Thompson

Staff present: Jill Berntson and 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.)

Cheyenne Pasquale, No Wrong Door (NWD) Coordinator, Aging and Disability Services presented an overview of implementation efforts under Nevada's plan for No Wrong Door.

Ms. Pasquale stated that finding and accessing the right long-term services and supports presents a daunting task for many individuals and their families. The current Long-Term Supports and Services (LTSS) system involves numerous funding streams administered by multiple federal, state, and local agencies. Consequently, individuals trying to access LTSS find themselves trying to navigate a maze of services that can result in people making decisions based on incomplete, and sometimes inaccurate, information about their options.

Ms. Pasquale explained that in recent years, Nevada has undertaken several initiatives to streamline access to services, which culminated with a grant received by the Administration for Community Living in 2015. The project was tasked to develop a three-year No Wrong Door Implementation Plan to enhance efforts to develop a coordinated system of access that makes it easier for consumers to learn about and access long-term services and supports. Through the work of a cross-agency Advisory Board, stakeholder input and analysis of existing state plans, a plan that addresses the four key functions of a "high performing" No Wrong Door System was developed. The key functions include: Public Outreach and Linkage to Key Referral Sources; Person-Centered Counseling; Streamlined Access; and Governance and Administration. The mission is to streamline access to services and ensure that Nevadans receive individualized care that meets their needs.

Ms. Pasquale requested the opportunity at a future meeting to present additional information about the NWD functions, Nevada's plan for implementation, and how the NWD system may help support or complement recommendations in the State Plan to Address Alzheimer's Disease.

Ms. Pasquale's written statement is on file. See Attachment A.

Dr. John Yacenda, President of Nevada's Silver Haired Legislative Forum, provided written remarks and requested that his comments be read into the public record and attached to the meeting file. Chair Wiener directed staff to read Dr. Yacenda's statement to the group.

Dr. Yacenda noted TFAD's recognition of the importance of including a "dignity" element in reference to the "environments" created around persons with Alzheimer's disease and other forms of dementia. He pointed out particular language in Recommendations #1 and #19 that pertains to this.

Dr. Yacenda suggested that TFAD examine Recommendations #9 (long-term care) and #16 (volunteer training) and proposed that TFAD consider adding a former additional "dignity" language throughout.

Dr. Yacenda's written statement is on file. See Attachment B.

III. Welcoming Remarks

Senator Valerie Wiener (Ret.), Chair

Sen. Wiener complimented TFAD members for providing information to revise the State Plan on the timeline for completion before the 2017 Legislative Session. The State Plan will update legislators and inform them about potential legislative issues that TFAD has ascertained to be important and necessary for inclusion.

Sen. Wiener noted that formatting changes have been made to the State Plan since the June 1st meeting, and the new draft, distributed to members, reflects these modifications. Today TFAD will discuss additional revisions to the language of the recommendations and examine new recommendations.

IV. Approval of the Minutes from June 1, 2016 Meeting (**For Possible Action**)

Senator Valerie Wiener (Ret.), Chair

Dr. Reed moved to approve the minutes from the June 1, 2016 meeting. Gini Cunningham seconded the motion. Minutes were approved unanimously.

V. Discuss and Approve Membership Roster and Terms of Appointment

(**For Possible Action**)

Senator Valerie Wiener (Ret.), Chair

TFAD members had requested review of the roster and terms of appointment as an agenda item. Sen. Wiener noted a correction in Albert Chavez's term of appointment on the membership roster. His reappointment should read July 2016-July 2017.

Sen. Wiener further explained that normally the appointment is a two-year term, but the life of TFAD statutorily will expire on June 30, 2017, so the term is stated to conclude at that time. However, a BDR, co-sponsored by Sen. Hardy and Assemblyman Oscarson, to extend the life of TFAD will hopefully be supported in the next legislative session.

Dr. Reed commented that he needs to replace both of his alternates and will provide names to present to TFAD.

Sen. Wiener urged all members to review the roster and contact information again, and asked staff to send a reminder email to verify that the roster is updated and information presented is correct. She emphasized that alternates play an important role and make vital contributions to TFAD.

VI. Discuss and Approve Possible New Recommendations for the State Plan (For Possible Action)

Senator Valerie Wiener (Ret.), Chair

Sen. Wiener remarked that preliminary language for the possible new recommendations for the 2017 State Plan have been submitted for TFAD members to review.

Possible new recommendations presented include:

1. Caregiver Support—Albert Chavez and Jacob Harmon

Mr. Chavez outlined the intent of the recommendation and background information provided regarding issues caregivers are facing, including:

- Emotional well-being
- Physical Health
- General Health
- Physiological Changes
- Healthcare Costs

A copy of the draft of the Caregiver Support recommendation is on file. See Attachment C.

Mr. Chavez explained that the focus of the recommendation itself is navigation. When the diagnosis is received, where does the caregiver go from there? This recommendation strives to address this issue.

Mr. Chavez presented the draft language for the recommendation, along with the indicators and potential funding. Sen. Wiener proposed several modifications and Wendy Simons expressed support for the changes.

Assemblyman Oscarson commented that his experience with many constituents confirms that caregiver support is a vital issue and remarked that often a spouse ends up being the caregiver. He encouraged TFAD to ensure that the entire family learns about the implications of the disease and the burden on the primary caregiver. He suggested that other family members should be engaged as members of the caregiver support team.

TFAD members discussed how the recommendation can be expanded to address these concerns, including defining the scope of services available through several programs and organizations, which could benefit families of people living with Alzheimer's disease and other forms of dementia.

Gini Cunningham added that not only is there a Dementia-Friendly America movement, mentioned in this recommendation, but also an Age-Friendly initiative—a combined effort by the American Association of Retired Persons (AARP) and World Health Organization (WHO), which will be adopted by local communities, including Winnemucca. She suggested TFAD add locally-based initiatives to the language as well.

Dr. Reed commented that acknowledging Nevada-based initiatives would be beneficial and emphasized we should raise awareness of caregiver support programs that are available but are often under-utilized. He also recommended that, instead of including specific organizations' names on the list of caregiver support services. We should state support services offered by any community or social service agencies that are involved in delivering services for caregivers of people living with Alzheimer's disease and other forms of dementia.

Sen. Wiener proposed removing the specific names from the State Plan, and creating an area in the new Appendix to include a list of these resources, along with a link and a phone number. This list may be referenced throughout the State Plan. Dr. Reed mentioned that a list of entities has been compiled for Aging and Disability Services Department (ADSD), but the list is not static and may change at any time.

Julie Kotchevar, ADSD Deputy Administrator, added that a link to the NV 2-1-1 website can also be cited in the State Plan to allow increased access to community resources for caregivers. She noted that ADSD uses a vetting process to determine the inclusion/exclusion of these services. Mr. Chavez mentioned that he had listed the three key organizations in the south: the Alzheimer's Association, the Cleveland Clinic Lou Ruvo Center for Brain Health; and Nevada Senior Services, because they have been participants providing the full spectrum of services, including: care consultation, support groups, and educational services.

Language of the new recommendation was modified as discussed.

2. Veterans and Families—Wendy Simons

Ms. Simons stated that although she did not submit a written draft of this possible new recommendation, some Veterans components were added to Recommendation #6. She also shared thoughts on why a Veteran-

specific recommendation may be necessary. She stated that at the beginning of TFAD's work, the subject of veterans was not a "culture" component. Relative to Alzheimer's disease and other forms of dementia, this is a cohort that needs to be specifically considered. Often, Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI), relative to combat or military training, is not factored into dementia care. There is increased opportunity to access expanded benefits to cover cost associated with long-term care settings for our veterans, yet many dollars are left on the table due to the veteran being told in the past he/she was not eligible. As we continue to learn of the veteran benefit changes, and those for the support family caregivers of veterans, it is definitely an item that should be added to the TFAD State Plan.

Ms. Simons described data from the San Francisco Veteran Affairs Medical Center, where a survey of recently returned veterans reflected that 72% of the veterans who reported they had moderate to severe cognitive impairment stated that this was interfering with their daily lives. In addition, she shared data from research in Boston that addressed Late-Onset Stress Symptomology (LOSS), which is not a diagnosis or syndrome, but does affect the older veterans residing in care facilities.

Ms. Simons presented an overview of the Veterans in Care (VIC) Initiative, which was started at the end of May 2016. This is part of a research effort to gather information on veterans who are living in care facilities, who may or may not have access to funding for which they may be eligible. This could help veterans who are depleting their own personal resources. She related early statistics and information from a national conference, which demonstrated that not all veterans are eligible for any financial support benefits or access to services. These veterans depend on Medicaid or their own private pay. In summary, the mission of the Nevada Department of Veterans Services (NVDVS) is to reach out and provide access to information and guidance for benefits and services for any and all veterans, regardless of where they live, along with support for their families. This aligns with the TFAD State Plan mission and can be considered "veteran centric", especially with the elements of dignity and components of service discussed earlier. As a department, NVDVS committed to using its resources to expand outreach on veteran culture in care facilities and care centers, so VIC can provide measurable outcome of a veteran-specific recommendation. Ms. Simons proposed that TFAD integrate the subject of veterans in existing components in the State Plan, or do a stand-alone "veteran centric" recommendation.

Information on the VIC Program is on file. See Attachment D.

Sen. Wiener suggested preliminary language to support the development and implementation of the Veterans in Care (VIC) Initiative, particularly

supporting specific components that relate to individuals with Alzheimer's disease and other forms of dementia and their families. She explained that, since the developments of the initiative are still in flux, we can simply reference support for work that's being done, especially relating to Alzheimer's disease and other forms of dementia, and include this in a stand-alone recommendation.

Additional discussion ensued about possible wording for the draft language. Sen. Wiener provided input, and Ms. Simons approved the proposal.

TFAD members expressed unanimous support for adding this new veteran-specific recommendation to the State Plan.

3. Outreach to Physicians—Jacob Harmon

Mr. Chavez presented an overview of this possible new recommendation, based on a statement with language submitted by Jacob Harmon who was absent. This statement is on file. See Attachment E.

Mr. Chavez explained that this proposal was created to facilitate collaboration with medical professionals and professional associations to implement diagnostic guidelines for Alzheimer's disease and other forms of dementia, which include referral to community-based resources. He highlighted five main areas for consideration:

1. Create or adopt dementia-specific curricula, incorporating the best of existing programs, for higher education, tailored to: primary care, geriatrics, hospital care, neurology, psychiatry, psychology, nursing, social work, health care administration, and related disciplines.
2. Incorporate dementia-specific components into School of Public Health and other notable curricula for use with undergraduate and graduate students in public health and related fields.
3. Ensure cultural competency is a key component of all curricula.
4. Require mandatory competency-based dementia-specific continuing education for all emergency room staff, including hospitalists, specialists, and nurses, as a condition of participation in state-funded programs for hospitals.
5. Allocate funds to educate primary care physicians, other health providers, and community workers about the importance of timely detection of cognitive impairment, applying the appropriate diagnosis, and disclosing cognitive status to the patients and their care partners.

Sen. Wiener explained that TFAD is an advisory board, which cannot require or mandate any policies, nor allocate funding to any entity.

However, TFAD can recommend, advise, or support. She also commented that in the current State Plan, Sen. Hardy has worked for legislation to allow healthcare providers to receive education units for Alzheimer's-related training and education, so that subject has been addressed. He is also looking into making sure that these credits satisfy the ethics training requirements.

Dr. Reed added that this is an important area to consider. He agreed that there is a general lack of understanding about Alzheimer's disease and other forms of dementia among the healthcare community. We should be doing everything we can to promote that understanding, particularly in terms of diagnosis. This issue is important and relevant, and TFAD should consider including a recommendation around the outreach, particularly early detection and diagnosis, in the State Plan.

Noting that some of the materials presented came from the National Plan to Address Alzheimer's Disease, Dr. Reed remarked that diagnostic guidelines are already established, so there is no need to "develop" those guidelines. TFAD can simply encourage the adoption and promotion of the use of these best-practice diagnostic guidelines, which have been endorsed by the Alzheimer's Association and The National Alzheimer's Project Act (NAPA) within our state. TFAD's focus can then become the outreach and education of the availability of these tools and how to use them.

Sen. Wiener suggested modified language for this proposed recommendation. Members also discussed the indicators and the potential funding, both of which, according to Mr. Chavez, can be supported by the Alzheimer's Association, which already runs these types of programs.

Dr. Reed moved to approve the Physicians Outreach recommendation into the State Plan. Ms. Kotchevar seconded the motion. Motion was approved unanimously.

4. Driving and Dementia—Dr. Peter Reed

Dr. Reed presented an overview of the work of the subcommittee during the past year. He commented that all the work in the year-long process was done so that the subcommittee could best inform TFAD about meaningful approaches that could address the issues surrounding driving and dementia. He explained that the subcommittee held a series of town hall meetings, conducted surveys, and examined literature and programs explaining policies and practices in other states, which includes unintended consequences that have occurred in some of those states.

Dr. Reed stated that, as a result of these efforts, Dr. Fisher has prepared substantial background information from the discussions, which reflect a balance in addressing the issues of public safety and the independence and autonomy of individuals. Summarily, the subcommittee recognized that there's not a singular approach that would be applicable to every individual or every situation.

The written draft submitted by Dr. Fisher is on file. See Attachment F.

Dr. Reed outlined the two elements that the subcommittee would like to address in their recommendations to TFAD:

1. Develop and implement a standardized system of driver evaluation.
 - a) Physicians can assist in identifying people who have been diagnosed and then evaluate their competency for driving. (Dr. Reed noted that a survey to gain perspectives from physicians statewide is pending and asked that the subcommittee reserve the right to refine the recommendation once data analysis is completed.)
 - b) First responders can receive training and education on recognizing the signs and symptoms of Alzheimer's disease and other forms of dementia when they first encounter impaired drivers, and use a screening tool to make determinations about whether cognitive impairment might exist.
 - c) Suggest the necessary tools to implement a standardized evidence-based method of evaluating driver competence within the Nevada Department of Motor Vehicles (NVDMV).
2. Build the infrastructure that's necessary to maintain independence should people living with dementia have their driving privileges removed.

Dr. Reed explained that a multi-dimensional approach is needed when addressing this issue, which includes dissemination of information through public information campaigns, etc. He commented that all of these ideas link to the recommendations around Dementia-Friendly Nevada. He said that these decisions also involve consequences, especially those related to the person's need for independence, balanced with concerns for public safety. We need to build our communities in such a way that will allow people to maintain independence and give them the resources they need to continue to live life after losing a major element that compromises independence in that way.

Dr. Reed noted that Sen. Wiener had reviewed the submitted draft language and proposed a blended version of the recommendations described above. He suggested that the new blended version be combined with some of the specifics from the statement Dr. Fisher submitted.

A copy of Sen. Wiener's proposed blended version of the driving and dementia recommendation is on file. See Attachment G.

Sen. Wiener solicited input from TFAD members on the inclusion of this new recommendation into the State Plan. Mr. Chavez advocated adding this recommendation; however, he urged TFAD to keep in mind that there are two opposing sides to this "hot topic" issue. Ms. Kotchevar commented that addressing the issues of driving and dementia is crucial and will alleviate the concerns of many caregivers, as well as provide effective tools to deal with these difficult situations. She emphasized that the focus in maintaining independence and improving transportation infrastructure will be beneficial to many individuals and the community as a whole.

Discussion ensued about appropriate language modifications that will include the various factors discussed.

Ms. Simons moved to admit the blended recommendation into the State Plan at this time, recognizing that there may be further modifications to the language in the future. Mr. Chavez seconded the motion. Motion was approved unanimously.

VII. Make Recommendations of Any Additional Changes to the State Plan (For Possible Action)

Senator Valerie Wiener (Ret.), Chair

Sen. Wiener explained the changes in the formatting of the 2017 State Plan, citing the goal to streamline the document to make it easier to read and more user-friendly. After the June 1, 2016 meeting, based on the suggestions of TFAD members, Sen. Wiener and Jeff Duncan created a new draft which has been distributed to TFAD members prior to today's meetings. This is the working draft that will be reviewed today.

Discussion on the State Plan comprised the following:

The Impact of Dementia—Introductory statement

Sen. Wiener suggested that highlights of what will be included in the State Plan can be presented in this section.

TFAD Supports—Overview of key areas of focus

The bulleted list shows the work that TFAD intends to do and what we support—akin to a mission statement. Immediately following will be the actual recommendations

Sen. Wiener noted, in particular, the inclusion of Dementia-Friendly language in this segment.

Executive Summary

This will highlight the recommendation language for each of the recommendations contained in the State Plan.

Sen. Wiener remarked that the category of service and the description of the recommendation will be stated allow for easier identification of the focus area that the recommendation is addressing (i.e. Access to Services, Quality of Life, Quality of Care, and Public Awareness).

Appendix

Several of the recommendations will be moved to the new Appendix, which will be built into the next draft. At the June 1, 2016 meeting, TFAD members determined which recommendation from the 2015 State Plan will be transferred. Only the language of the recommendations will be included in the Appendix. Although indicators and potential funding will no longer be tracked, each retired recommendation will be monitored annually.

Numbering

Discussion ensued about how to manage the new numbering system. Sen. Wiener expressed some concerns about retaining old numbers and preserving empty spots when recommendations are moved. She commented that each State Plan stands on its own, and it would be very difficult to follow the flow of a State Plan when there are blanks present. She proposed renumbering the recommendations in the 2017 State Plan. However, she specified that the items that are moved to the Appendix will retain their old numbers, with a designation that indicates from which State Plan they were retired.

Ms. Kotchevar observed that the State Plan will likely be read by the general public, who may be introduced to the document for the first time. Therefore, preserving the historical recommendation numbers will not be relevant and could be confusing.

Ms. Simons remarked that in the Legislature, Bill Draft Requests (BDRs) and legislative bills are given new numbers each time a session convenes, so anyone

seeking information would know to search for the particular year something took place.

Ms. Kotchevar emphasized that the requirement from the Governor's Office is that Executive Summary has a listing of all the recommendations, with a brief overview. So that part is mandatory. She also shared that one of the current trends in State Plans is a streamlined presentation, with current progress and recommendations highlighted immediately.

Discussion ensued on the appropriate places to insert the new recommendations. Sen. Wiener suggested that consideration be given to which category of service each might best fit, in terms of purpose and content. Some of the recommendations may also apply to more than one category. Ms. Kotchevar advised members to take into consideration what is the most important desired outcome of the recommendation. This would help determine the most appropriate category in the State Plan.

The new recommendations were reviewed and divided into the following categories:

1. Veterans (Quality of Life)
2. Caregiver Support (Quality of Care)
3. Outreach to Physicians (Access to Care)
4. Driving and Dementia (Quality of Life)

Recommendation #1: Access to Services/Statewide Information and Referral System—Albert Chavez

Everything is current, as is.

Recommendation #2: Access to Services/Telehealth—Albert Chavez

Everything is current as is.

Recommendation #3: Access to Services/Cultural Competency—Dr. Jane Fisher

Sen. Wiener commented that Dr. Fisher, who was not present, agreed that this recommendation was current in the June 1, 2016 meeting.

Old Recommendation #4 (2015 State Plan): Access to Services/Younger-Onset—Sen. Valerie Wiener (Ret.) (Moved to Appendix in this discussion.)

Sen. Wiener solicited input regarding retention or removal of this recommendation to Appendix. Ms. Kotchevar said TFAD did support legislation; the age barrier was removed; and respite services were expanded. That part

has been accomplished, even though there still needs to be continued monitoring on how much respite is provided because the need is great.

Mr. Chavez and Ms. Simons both supported moving this recommendation to the Appendix.

Recommendation #4: Access to Services/Affordability—Wendy Simons

Ms. Simons had submitted language modifications, including a veteran element, prior to the meeting. Her statement is on file. See Attachment H.

Discussion ensued regarding further changes to the language of this recommendation, the indicator, and potential funding. Since a new veteran-specific recommendation will be added, revisions on the wording, particularly the “veteran-centric” were no longer necessary.

Ms. Simons agreed with all the amendments as discussed.

Recommendation #5: Access to Services/Outreach to Physicians—Jacob Harmon

New recommendation on Physicians Outreach was inserted here.

Recommendation #6: Quality of Care/Care Pathways—Dr. Charles Bernick

Staff presented a written update submitted by Dr. Charles Bernick with the following information:

Representatives from several hospital systems, the VA, and the Cleveland Clinic Lou Ruvo Center for Brain Health, met by teleconference to begin crafting a set of best practices or “care path” for hospitalized dementia patients. Several smaller workgroups were established that would each focus on a certain element of hospital care (e.g. emergency room, floor care, dietary, etc.), with the recommendations then brought to the entire group for discussion and compilation to produce a final set of guidelines.

Dr. Bernick did not suggest any language modifications.

Members reviewed the existing language to determine if any changes are needed.

Ms. Simons raised concern about hospital admissions. She stated that many hospitals are now practicing “observational” admission vs. “full” admission, which affects how Medicare and the secondary insurance are reimbursed. The patients are often not told which type of admission is being administered up front, and the families end up being impacted. This may also affect their eligibility for receiving

the appropriate reimbursements when discharged to a skilled nursing facility. Ms. Simons questioned whether a requirement for proper declaration upon admission should be included in this recommendation.

Dr. Reed recognized the importance of this concern, but expressed uncertainty whether it would be appropriate to include here. Ms. Simons agreed and remarked that it could be addressed elsewhere in the Legislative Healthcare Committee.

Old Recommendation #7 (2015 State Plan): Quality of Care/Research Consortium—Dr. Charles Bernick (Moved to Appendix but update given.)

This recommendation has been moved to the Appendix. However, Chair Wiener directed staff to present a written update submitted by Dr. Bernick. Highlights of the updates on the work of the Nevada Dementia Research Consortium (NDRC) included:

Since the last TFAD meeting, the NDRC met via teleconference and is moving ahead with two major initiatives:

1. NDRC web page—this would have information aimed at both the research community (including information about members, their research and facility resources, and studies they are conducting) and the public (with links to current clinical trials and registries in which they can enroll). Templates have been sent to current NDRC members for completion.
2. Infrastructure development—a working group has been assembled that will draft bylaws for the NDRC. A meeting has been scheduled for August 12, 2016. The proposed bylaws will be presented to the general members in September.

Recommendation #7: Quality of Care/Long-Term Care—Wendy Simons

Ms. Simons recommended leaving the language, as is, due to pending discussions and legislative initiatives to expand long-term care options to providers. Continue to monitor the number of options that might come on board during the next year.

Sen. Wiener noted that Dr. Yacenda, who provided written comments, had suggested adding the “dignity” element into this recommendation. Ms. Kotchevar proposed adding this language to the end of the recommendation as part of the person-centered component. Ms. Simons concurred.

The indicator and potential funding was discussed and modifications made accordingly.

Recommendation #8: Quality of Care/Caregivers—Dr. Jane Fisher

Susan Thompson, Dr. Fisher's alternate, reported that Dr. Fisher did not provide any update on this recommendation so it appears to be accurate as is.

Recommendation #9: Quality of Life/Caregiver Support—Albert Chavez

New recommendation on Caregiver Support was inserted here.

Recommendation #10: Quality of Life/Volunteers—Gini Cunningham

Gini Cunningham provided some replacement language for this recommendation for consideration by TFAD. See Attachment I. She noted that she wanted to empower the language to recruit and train volunteers, with a clearer purpose and direction.

Sen. Wiener asked TFAD to consider Dr. Yacenda's request to include the dignity and respect component into this recommendation. She suggested language modification to weave in this suggestion. Members agreed.

Discussion ensued about how TFAD can determine the most appropriate and comprehensive list of organizations and services. To be inclusive, and ensure that no one is purposely left out, language should reflect "Based on what we know today...and not limited to..." may be included. Sen. Wiener noted we can do our best to name possible resources and be as inclusive as we can be in presenting the information.

Members voted unanimously to retain this recommendation with the modifications as discussed.

Recommendation #11: Quality of Life/Guardianship—Sen. Valerie Wiener (Ret.)

Sen. Wiener remarked that TFAD members were given the opportunity to review the most recent draft of the Bill of Rights that's being proposed by the Commission on Guardianship. As a result, she would like to propose language modifications to the recommendation, adding wording to place emphasis on supporting this bill.

Discussion ensued about moving the second paragraph of the recommendation, with language pertaining to the change in legislation in NRS 159.076, which has already been addressed, to the Appendix. It would be listed in the Appendix as #17 in the 2015 State Plan. Mr. Chavez and Ms. Simons expressed support for this action.

The indicator and the potential funding were reviewed and modified. All agreed that the indicator would involve monitoring the activities of the Guardianship Commission. Potential funding could encompass grants, gifts, and donations, since there would be no other funding requirements.

Recommendation #12: Quality of Life/Hospital Practices—Sen. Joe Hardy

Sen. Hardy had approved the language this recommendation in the June 1, 2016 meeting. Therefore, it remains current as is.

Recommendation #13: Quality of Life/Veterans and Families—Wendy Simons

New recommendation on Veterans and Families was inserted here.

Recommendation #14: Quality of Life/Driving and Dementia—Subcommittee

New recommendation on Driving and Dementia was inserted here.

Recommendation #15: Public Awareness/General—Dr. Charles Bernick

Sen. Wiener commented that Dr. Bernick had reviewed this language previously and determined that it should remain, as is.

Discussion ensued about the importance of keeping public awareness at the forefront. Although raising awareness often requires monetary resources, the current State Plan's recommendations have inspired various campaigns, initiatives, and miscellaneous ancillary programs and activities.

Recommendation #16: Public Awareness/Business Community—Dr. Charles Bernick

Dr. Bernick had also reviewed this recommendation previously and did not make any changes.

Ms. Kotchevar shared that the Department of Health and Human Services (DHHS) has committed to being a caregiver-friendly workplace. On the ADSD website, there is a resource page for employees who are caregivers, as well as a training module for supervisors to learn how to support caregivers in the workplace. ADSD is also looking into doing an evidence-based caregiver support model, using peer support, so employees can be trained on how to cope with related issues.

Lead-in Paragraph for new recommendations

TFAD members discussed the advantage lead-in/background information, such as those prepared by Mr. Chavez and Dr. Fisher, to provide an introduction to each new recommendation. Dr. Reed noted that this was precedent in the prior State Plans. He explained that this would allow Dr. Fisher to review the new blended language and compare it to what she had prepared previously to see how the material can be worked together into the current format. She can determine what she sees as most relevant and discuss with the subcommittee the appropriate information that should be included.

Sen. Wiener proposed that descriptive language be added to introduce the new recommendations and assigned the four leads of these recommendations to submit language, limited to one paragraph to keep consistent with the goal to be more streamlined.

Dr. Reed suggested adding a designation to each of the recommendations to indicate when it was first initiated into a particular State Plan (i.e. Included in State Plan 2017). This will help provide a timeframe and relevancy to both the new and existing recommendations.

Ms. Kotchevar added that these inclusion dates will also provide a good built-in prompt for future review of the status of the recommendations.

VIII. **Make Recommendations of Possible Agenda Items for Next Meeting Scheduled for October 5, 2016 (For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

Possible agenda items may include:

1. Review and approval of lead-in paragraph for the new recommendations.
2. Presentation on the No Wrong Door program and update on the ADRC website by Cheyenne Pasquale.
3. Brief presentations of the summary on the Dementia-Friendly Nevada Initiative from various perspectives, possibly including:
 - ADSD (Regarding proposal for grant submitted to the Administration on Aging)
 - Alzheimer's Association (Mr. Chavez will invite other key partners.)
 - AARP
 - Nevada Senior Services
 - Cleveland Clinic Lou Ruvo Center for Brain Health
4. Presentation by EMS Winnemucca on follow-up care?
5. Discussion of any additional changes to the State Plan

Sen. Wiener encouraged TFAD members to thoroughly review the next revised draft of the State Plan in preparation for the meeting, and come prepared with input to finalize the revisions.

- IX. **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.)

Kris Kingery, DVM, a 20-year caregiver, provided comments. She expressed appreciation for TFAD's significant work. She provided suggestions for consideration in the following areas:

- Caregiver support services
 - Assistance with caregiver financial health would be helpful.
 - Relief for small businesses to help employees who are caregivers would be beneficial.
- Driving and dementia
 - More frequent assessment is needed, especially as people age.
 - Caregivers need to be able to defer to others to take away driving privileges to prevent conflicts within the family.
 - AARP has programs in place that can be utilized to help older drivers.
 - Insurance incentives can be offered for more assessments completed.
- Veterans
 - Consider that widows have great burdens and may have dementia too.
 - Improve access to benefits and simplify the process.
- Physicians/Providers/First Responders Awareness and Outreach
 - Early detection and diagnosis is crucial.
 - Listen to concerns and requests of caregivers to assess for dementia.
- Public Awareness/Dementia-Friendly initiative
 - Involve various professional organizations to increase awareness (i.e. the Nevada Veterinary Association—several of her clients who bring in pets have dementia, etc.)
 - Promote Dementia-Friendly businesses through the Better Business Bureau (BBB).

X. **Adjournment**

The meeting was adjourned at 2:04 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.