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MINUTES

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

Date and Time of Meeting: August 21, 2015
10:00 a.m.

Locations: Sanford Center for Aging
Center for Molecular Medicine (CMM 163)
1664 N. Virginia Street
Reno, NV 89557
(775) 784-4774

Driving/Parking Directions: http://dhs.unr.edu/aging/contact-us

Desert Regional Center (DRC)
1391 S. Jones Blvd.
Las Vegas, NV 89146
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To Join the Telephone Conference
Call-in Number: 877-336-1831
Access Number: 9186101

*Please note that some agenda items were considered out of order.

Agenda

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

Members present: Sen. Valerie Wiener (Ret.), Sen. Joseph Hardy, Albert Chavez, Julie Kotchevar, Peter Reed, Ph. D., Wendy Simons, Jeff Duncan (alternate), and Jacob Harmon (alternate)

Members participating by telephone: Charles Bernick, M.D., and Gini Cunningham

Guests: Kris Kingery, Susie Longchamp, Daniel Mathis, and Sally Ramm

Staff Present: 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.)

Jay Castillo provided comments on behalf of the Association of Homecare Owners of Northern Nevada (AHONN) and Residential Care Home Community Alliance of Nevada (RHCAN) regarding improving and growing the residential care home options for Nevadans living with Alzheimer's disease and other forms of dementia. (See Attachment A)

Shawn McGivney, M.D., President of RHCAN, a geriatrician, and a Residential Facility Administrator (RFA), commented on the growing concerns and confusion in the community between Residential Facilities for Groups (RFFG), which are regulated under NRS 449, and Supportive Living Arrangements (SLAs), which are regulated under NRS 435. (See Attachment B)

Theresa Brushfield, who is a 25-year Residential Facility Administrator (RFA) for small group homes, including four small 10-bed Alzheimer's facilities at this time, offered remarks concerning the inadequate care available for people living with Alzheimer's disease and the lack of long-term care beds. (See Attachment C)

June Kern, a representative of RHCAN and an administrator of an Alzheimer's facility for more than 24 years provided comments on the importance of using taxpayer dollars efficiently in regards to long term care services. (See Attachment D)

III. Welcoming Remarks

Senator Valerie Wiener (Ret.), Chair

Sen. Valerie Wiener, Chair, welcomed members, presenters, and guests to the Task Force on Alzheimer's Disease (TFAD) meeting. She alerted everyone that she may take an agenda item out of order, as needed, to accommodate Sen. Joseph Hardy, who may have limited time in attendance at the meeting.

IV. Approval of the Minutes from June 24, 2015 Meeting (**For Possible Action)**

Senator Valerie Wiener (Ret.), Chair

Peter Reed, Ph. D., moved for approval of the June 24, 2015 minutes. Wendy Simons seconded. Minutes approved unanimously.

V. Update on AB 9 and Other Guardianship Issues

Sally Ramm
Elder Rights Attorney
Aging and Disability Services Division

Sally Ramm provided an overview of what the Supreme Court Commission to Study the Administration of Guardianships in Nevada's Courts is doing. She noted that this will affect anything the TFAD will do legislatively on guardianships in the coming legislative session. The Commission has met twice, under the leadership of Chief Justice James Hardesty. The membership of the Commission consists of stakeholders from the judiciary system, legal system, law enforcement, public and private guardians, victim advocates, the press, and representatives of a hospital and long-term care companies. Hours of testimony were heard from people who have been affected by the guardianship system, specifically in Clark County. The next meeting will be in Washoe County, which will allow testimony to be heard from people in the Reno area.

Ms. Ramm related there is no way to predict the outcome of the work being done by the Commission, but they are studying every aspect of the statutes, including the possibility of separating the adult guardianship statutes from the minor guardianships, temporary guardianships, fees, and other practices. Committees are being formed to study these various areas. There seems to be a deep and sincere desire to make the whole guardianship system more transparent, efficient, and user-friendly.

Ms. Ramm discussed AB 9, a bill from the last legislative session that was supported by the district court judges but did not pass. The bill required that no summary guardianships be ordered for people who are out-of-state or people who have Alzheimer's disease. The district courts stated that if they had to stop doing summary guardianships, which involve small estates that do not require annual accounting, they would need twice as many judges because they would get twice as many reports. So AB 9 was amended to make the rule of no summary judgments apply only to out-of-state guardianships. Though the bill did not pass, it had enough support from the judges and could be revived with the suggested amendment. There may be items that will come up from the Commission that are relevant to the TFAD going forward in the future.

Sen. Wiener remarked that the district court judges had determined that rather than an accounting, there would be an open review in court for the entire well-being of the person under guardianship, not just the financial assets. Ms. Ramm noted that currently the Commission is discussing that every accounting has an open public hearing in the future. She commented that any support that the TFAD can give on legislative items that come out of the Commission would be very helpful.

Sen. Wiener inquired about the timeline for the work of the Commission. Ms. Ramm reported that Justice Hardesty would like the work to be done by December 2015. The Commission will be meeting monthly, except for November when they will be meeting twice. The September 16th meeting will be the only one held in Reno. Sen. Wiener requested that Ms. Ramm continue to keep the TFAD informed about the outcomes of the Commission's work, so the TFAD can determine, as an advisory board, how to lend support.

VI. Updates and Discussion of Behavioral Health Placements/Facilities
Daniel Mathis
President and CEO
Nevada Health Care Association

Daniel Mathis offered updates on behavioral health placements and facilities. He stated that historically the number of Alzheimer's beds in skilled nursing facilities in Nevada, over the years, has been dramatically reduced. He reported that when he first arrived in the state, practically every skilled nursing facility had an Alzheimer's unit or something similar. However, skilled nursing facilities were reimbursed through a component called the Case Mix Index (CMI). The Alzheimer's patients who are in the lower acuity range impacted the rate, which resulted in the natural progression for skilled nursing facility to move away from providing the Alzheimer's beds.

In May 2015, the skilled nursing facilities were given a behavioral rate, which prompted the reestablishment of Alzheimer's units with appropriate programming. Since May 2015, there are now nearly 50 Nevadans who have been approved for this behavioral rate in skilled nursing facilities. The Nevada Health Care Association (NVHCA) is meeting with several providers who are asking for training and education to help re-establish behavioral/Alzheimer's units. They are meeting with approximately one member a week who is inquiring about programming, appropriateness of admissions, questions about compliance, and how their facility can bring people back from out-of-state. Several providers reported that they have been contacted by many people who have family members out-of-state. Mr. Mathis related that they're seeing a lot of good movement. He emphasized that appropriate programming must be in place. He said, "A locked door is simply not enough."

Mr. Mathis addressed how providers can work together under NRS 449. The goal is to keep the behaviors out of the emergency rooms. It is important that providers work together on the continuum of care. Hospitals need a discharge location. Once the patients' needs are determined, ideally an in-state location is preferred. However, behavioral cases are often sent out-of-state. Now that appropriate funding is available to Nevada facilities to care for patients with Alzheimer's disease and other forms of dementia with behavioral issues, awareness needs to be increased among providers. Mr. Mathis emphasized that it's important for the skilled nursing facilities to have a discharge location, which preferably would be residential facilities and group homes operating under NRS 449, because the required standards are satisfied.

Mr. Mathis pointed out that the Perry Foundation is ramping up to provide appropriate education to hospitals, skilled nursing providers, and assisted living providers so that everyone can have consistency in their programming. He is optimistic that there will be a good continuum of care from all levels of providers.

Sen. Wiener thanked Mr. Mathis for updating the TFAD and inquired whether the changes in behavioral rate have impacted facilities so we can keep more Nevadans in the state. Mr. Mathis responded that it might be too early to tell and shared details about a case which could not be handled in-state due to the lack of experience and fear of compliance violation by the provider. He noted that reimbursement and compliance are the main issues that thwart the interest and willingness of skilled nursing facilities to participate in the behavioral rate program.

Discussion ensued between Sen. Wiener and Mr. Mathis regarding increased interest from skilled nursing facilities. In the past, many of these providers were multi-state entities. With the shift in the behavioral rate reimbursement, Mr. Mathis conveyed that local providers in Nevada, both old and new entities, have expressed interest in learning more about how this works, what the programming looks like, and what the requirements are. He reported that there are an unprecedented number of new beds, about 600, coming on-line in an 18-month period, starting about six months ago into 2016. Two new buildings just opened in southern Nevada, and there are plans for two new buildings in northern Nevada. Mr. Mathis concluded that the new providers seem to all be interested in considering the behavioral rate and learning more about specific requirements.

Wendy Simons queried Mr. Mathis if there has been any initiative from the American Health Care Association (AHCA) to bring examples of regulatory procedures to Nevada from other states. She asked if there were any opportunity to work with AHCA to enlighten partners in the state. Mr. Mathis confirmed there has definitely been interest in learning about successful programs in other states. Richard Whitley, Director of the Health and Human Services Department (DHHS), supports a task force visiting other states that deal with behaviors so Nevada providers can learn more about how they deal with compliance, which should help alleviate some concerns.

Mr. Mathis shared that Nevada has almost double the national average of deficiencies issued during a standard survey, so the surveyors are particularly interested in going outside of Region 9. It’s possible that Region 9 treats behavioral issues differently than other regions with Center for Medicare and Medicaid Services (CMS) behavioral health quality measures. He believes that there is a big opportunity at this time with the new behavioral rates and other components in place to renew a commitment to gather as much information as possible to improve services in Nevada.

Discussion continued with Ms. Simons expressing a sense of urgency to see this work move forward quickly due to concerns in both the geriatric and younger veteran communities. She urged NVHCA to work promptly with AHCA on this matter. Mr. Mathis agreed that this effort should proceed quickly and stated that some providers in other states are willing to allow a tour of their facilities and programs, but it's a matter of getting the right people to agree to take the tour. He's hoping for involvement from various state agencies in Nevada, along with Medicaid, to participate in taking the tour and learning more about what's working in other states.

Mr. Mathis also mentioned he would like to solicit the help of Sen. Hardy, a member of the TFAD, who was also named chair of the subcommittee to conduct a study of post-acute care in Nevada.

Discussion ensued between Mr. Mathis, Jacob Harmon, and Albert Chavez of the northern and southern Nevada Alzheimer's Associations regarding a partnership to provide education and awareness training. Mr. Mathis explained that education is currently provided through the Perry Foundation. NVHCA gives data to them as requests are received. For example, some providers would like to know about appropriate behavioral documentation and other nursing assessment components. The Perry Foundation will then work with different organizations, including advocacy groups, to put together the needed education. New developments are forthcoming with all the recent changes with the behavioral rate in May 2015. Mr. Mathis conveyed that the Alzheimer's Association can contact Robert Kidd, President of the Perry Foundation, to work with them further.

VII. Presentation and Discussion on Caregiver Support

Kris Kingery, DVM
Long-Term Caregiver

Kris Kingery, DVM, a 20-year caregiver of her mother who is living with Lewy body dementia, gave a presentation on caregiver rights and needs for assistance. A summary is attached (See Attachment E)

Dr. Kingery expressed she wanted to seek help for caregivers, like herself, to find ways to finance the care that would allow individuals living with Alzheimer's disease and other forms of dementia and their family caregivers to be self-sufficient and not reliant on public assistance. She also desired to seek a support system for caregivers.

Dr. Kingery stated that caregivers need to be able to maintain the responsibilities in their own lives, while meeting the demands of caregiving for their loved ones.

She related the burden of handling paperwork, taxes, etc., along with sustaining a full time job by herself, as well as taking care of a toddler as a single mother. Trying to find ways to support her mother, Dr. Kingery has had to convert and remodel her mother's former home into a rental property to enable her to use that income to pay for the care of her mother, who is now living in an assisted living home. Her mother is doing well in this small group setting, after having experienced behavioral issues when she was in a hospital, but this pleasant outcome came as a result of much sacrifice from Dr. Kingery. She shared that she was unable to secure a home equity loan to pay for the renovation, because the bank could not help with a 'rental' property. This resulted in her having to do most of the work herself, which required exhaustive effort and days with little or no sleep.

Dr. Kingery testified that another frustration was the grueling amount of paperwork required to get things done, having only a Power of Attorney (POA) to work with. She stated that there isn't one centralized location where all the information on the POA can be accessed by different parties. She's had to carry the paperwork around to different entities to provide proof to take care of her mother's affairs. She's found no available assistance in this area, and very little else in terms of a caregiver support system. She also suggested that businesses and employers could receive some kind of provision to give their employees assistance in various ways, including paid family leave to take care of their loved ones living with Alzheimer's disease or other forms of dementia. Dr. Kingery mentioned that she had provided a statement to staff with some ideas for caregiver support (included in Attachment E).

Dr. Kingery queried what will happen in ten years when one in three families might be afflicted in the same manner? Who will be paying for the care of these people living with Alzheimer's disease and other forms of dementia? What are the long-term ramifications if both the financial and adjunctive assistance programs are not addressed now?

Discussion ensued between Sen. Wiener, Ms. Ramm, and Dr. Kingery about the possibility of Dr. Kingery pursuing a private guardianship for her mother. Dr. Kingery said that she could only secure a POA because she could not afford the process of applying for private guardianship, which, according to Dr. Kingery, would have cost an additional $7,000. Ms. Ramm advised that some assistance programs might be available through the Aging and Disability Resource Center (ADRC) that Dr. Kingery could investigate, but there are certainly some serious gaps in terms of the help available. One of the gaps is lack of knowledge about existing resources that could be helpful on multiple levels. The other big gap is the Means Testing. Ms. Ramm explained that if you have no money, there are a lot of programs. If you have a lot of money, you can afford to pay for the programs. If you're in the middle, you don't qualify for the low-income programs but you don't have the money to pay for the services yourself, so you end up having to carry the burdens yourself. There are definitely gaps in services and gaps in outreach to help people.

Sen. Hardy questioned whether there could be a change in statute to facilitate the process that could, for example, make it less expensive or ease the burden for people. Is there any other state with some kind of a program? Are we looking at a legislative fix or are we looking at making the existing programs easier to access? Dr. Kingery answered that, to her knowledge, California has a program that provides assistance in paying for care, but eventually the funds will need to be paid back by the family, theoretically through the sale of the home to cover the expenses. Thus, the family would end up with no assets in the end. Dr. Kingery suggested if there were a way to get a low-cost loan to remodel a home to be rented, the loan could be paid back after the afflicted person passes away. That would also enable the family to remain self-sustaining, should other family members become dependent for long-term care as they age.

Sen. Hardy commented that there is a model on the micro loan system or the perpetual resource/education fund and explained how this works. When a person has fully benefited from the loan, he/she would pay back into the pool that has the ability to make loans for others. That process has worked in a different context, but it would make sense in this area with the rental income continuing to be a benefit to others. Sen. Hardy said that he could look into what can be done in the state in terms of possible legislation and funding programs.

Jeff Duncan, ADSD Social Services Chief, suggested that Dr. Kingery contact him to discuss her situation further to see if he could refer her to some social service resources.

VIII. Report from the Driving and Dementia Subcommittee
Jane Fisher, Ph. D.
Department of Psychology
University of Nevada, Reno

Dr. Jane Fisher could not attend the meeting, but asked Dr. Peter Reed and Susie Longchamp to give an update on the work of the Driving and Dementia Subcommittee.

Dr. Reed provided a summary of the outcomes from the Driving and Dementia Subcommittee meeting on July 23, 2015. He reported that three committee members, including Dr. Fisher, Gini Cunningham, and himself, along with Susan Longchamp, a doctoral candidate assisting the group, participated in the meeting with Sunadda Woodbury providing staff support.

Dr. Reed stated that the group focused on three primary areas of interest relating to driving and dementia. In the larger context, this is an extremely sensitive and extremely complicated issue, because it deals with people's independence, which necessitates a balance between personal autonomy and physical safety. These are the issues that people with Alzheimer’s disease and their families must address. Ultimately, it becomes an individual situation for each person.

Dr. Reed explained that the three primary areas of focus include:

1) Prevention of impaired driving
2) Reaction to impaired driving
3) Consumer report services

Dr. Reed explained that the group discussed a range of options in each of these areas and decided to gather more information from people who are directly affected by these challenges. He shared that the subcommittee elected to host town hall meetings and invite relevant stakeholders to those meetings, with the support of the Alzheimer’s Association in coordinating the meetings. Key stakeholders would comprise people living with Alzheimer’s disease and other forms dementia and their families, Elder Protective Services, law enforcement, healthcare providers, Department of Motor Vehicles (DMV), social services, and transportation. Dr. Reed stressed the importance of the subcommittee bringing together the individuals who are affected and the various agencies that surround them with support. By doing so, there can be an honest dialogue about the implications of this situation and appropriate policy, directions, and programmatic resources for focusing on those three domains mentioned earlier. This would enable the group to shape a recommendation that the TFAD can include in the updated State Plan in 2017. Dr. Reed relayed that the subcommittee is hoping to host these town hall meetings in September and October in order to move forward quickly.

Dr. Reed proposed that Sally Ramm, ADSD Elder Rights Attorney, be included in the subcommittee. Julie Kotchevar advised that anyone can be invited to participate, but he/she would not be a voting member of the subcommittee. The group agreed to extend an invitation for Sally Ramm to participate with the Driving and Dementia Subcommittee and asked staff to include her in all notices.

Susan Longchamp presented an update regarding data collection. She stated that the Driving and Dementia Subcommittee is currently working to collect input from various stakeholders in the community. The first group comprises individuals with dementia and their family members. To collect input from this group, the subcommittee is collaborating with the northern and southern Nevada offices of the Alzheimer’s Association to hold town hall meetings. Additionally, Gini Cunningham will be heading up town hall meetings in rural areas, beginning in Winnemucca. Ms. Longchamp stated that attendees at these meetings will complete a questionnaire and have time to give public comment regarding driving and dementia.

Ms. Longchamp conveyed that the second group of stakeholders involves Elder Protective Services. Social Workers at Elder Protective Services will be given surveys regarding their experience with cases involving driving. This process will include the offices in Reno, Las Vegas, and Elko.

Ms. Longchamp relayed that another stakeholder group is the Department of Motor Vehicles (DMV). She is working with the office of public information at the Nevada DMV to obtain statistics regarding driving and cognitive impairment, especially in regards to evaluation of individuals with cognitive impairment.

Ms. Longchamp further noted that work is also in process to collect input from physicians, transportation agencies, and law enforcement. She remarked that the team is also reviewing scientific literature to obtain information that is relevant to this process.

Albert Chavez of the southern Nevada Alzheimer's Association suggested that town hall meetings can be held in Laughlin, Pahrump, and Mesquite as well. Mr. Chavez commented that many older people live in those areas.

Chair Wiener expressed appreciation for all the work undertaken by the Driving and Dementia Subcommittee. She also mentioned that there may be changes in the timeline for the revision of the State Plan that could allow more time for the subcommittee to work on this important issue.

Ms. Cunningham reported that a town hall meeting is scheduled for September 16, 2015 in Winnemucca. There will be eight individuals from the community on the panel to discuss driving and dementia, and the public is invited. She stated that people have appreciated this event. Ms. Cunningham also mentioned that in her volunteer capacity, with some assistance in funding from ADSD with her travels to eastern Nevada, several communities are interested in this subject and more information on Alzheimer's disease and other forms of dementia. She remarked that she had very positive responses in Ely, Wells, Elko, Carlin, Battle Mountain, Lovelock, and Fallon. She summarized that people in the rural areas are eager to be involved in discussions regarding Alzheimer's disease and other forms of dementia.

Chair Wiener thanked Ms. Cunningham for her continuing work and dedication.

IX. Review and Make Recommendations on the State Plan Timeline/Requirements

(For Possible Action)

Senator Valerie Wiener (Ret.), Chair

Discussion ensued on the deadlines and recommendations for the revision of the State Plan. Sen. Wiener explained the requirements for the State Plan, as originally designated in the ACR 10 Task Force. The original State Plan was the product of the 2013 Legislative Session. The next State Plan revision was completed for the 2015 Legislative Session. Therefore, what the TFAD has done is a biannual State Plan not an annual State Plan. However, there is a requirement for an Annual Report, which we have provided in a timely manner every year, as required by statute. This means the TFAD does not have a deadline of January 2016 to revise the State Plan. Therefore, we will focus on the 2016 Annual Report while continuing our work to update the State Plan for the 2017 Legislative session.

Sen. Wiener urged the group to continue at the same pace to accomplish the work of the TFAD.

The TFAD agreed to continue its practice of high-level engagement in preparing a biannual statewide update of the State Plan for the next Legislative Session, as well as a more detailed Annual Report due at the end of January 2016. Sen. Wiener emphasized that the group do the revisions and preparations for these reports, including providing updates on the recommendations, well before the deadlines to allow time for deliberation and review for accuracy.

X. Review and Make Recommendations on the Status of the Task Force and Future Plans **(For Possible Action)**

Senator Joseph Hardy

Sen. Wiener asked Sen. Hardy to lead the discussion on the future of the TFAD. She stated that originally a sunset date was put in place for 2017, which means legislation must be pursued in the 2017 Legislative Session in order to continue the TFAD's work.

Sen. Hardy expressed that the TFAD is currently engaged in doing important work, and will continue to be actively working. He acknowledged that there continues to be an increase of baby boomers, which implies a greater number of people with Alzheimer's disease and other forms of dementia. Therefore, there is a need for younger committee members to step in and carry on the work of the TFAD. Sen. Hardy asserted that the study of post-acute care will work hand-in-glove with the AARP's CARE Act, which the TFAD supported, in making sure that persons who are discharged from the hospital will have someone to care for them properly. He also commented on the validity of the work that was accomplished by the TFAD in the previous Legislative Session, in particular the Alzheimer's and dementia-related training and education for first responders and other caregivers. Sen. Hardy indicated that he's looking to the younger generation to continue the work.

Discussion ensued about the process to submit legislation for the continuance of the TFAD. Sen. Hardy recommended that Sen. Wiener represent the group and appear before the Legislative Sunset Committee, which reviews the viability of different boards and commissions in continuing their work. Sen. Wiener gave an overview of the importance of the sunset date for accountability. She testified that the TFAD has accomplished substantial work in the last three years and can certainly validate its existence with many achievements. She also solicited input and recommendation from the TFAD members.

Ms. Simons made a motion to request the consideration of a Bill Draft Request (BDR) for 2017 as mentioned by Sen. Hardy. Sen. Wiener asked if that would be with or without sunset. Ms. Simons clarified it would be without sunset. Dr. Reed seconded the motion. Dr. Reed further commented that this task force has been anything but idle. He said the TFAD is a very active task force that makes significant impact through the work it's doing, and that work needs to continue. He also proposed that, if an opportunity exists, the group should seek an allocation of significant funding to assist with the work of the TFAD.

Dr. Reed expressed the hope that the funding could be used to support the work in various areas, such as supporting the NVHCA in developing education programs for behaviors, looking at the recommendations that will come out of the Driving and Dementia Subcommittee, and other initiatives relative to the recommendations that the TFAD has put forward both from the policy and program perspectives. He reiterated that the TFAD's impact would be greater if the State allocated funding to help the TFAD implement the recommendations in the State Plan and related activities.

Sen. Wiener explained that the TFAD would have to consult with the bill drafters to determine if this suggestion would affect our role as an advisory task force.

A vote was taken to request the BDR as proposed by Ms. Simon and seconded by Dr. Reed. All members present voted unanimously in support.

XI. Consider Agenda Items for Next Meeting <u>**(For Possible Action)**</u>

Senator Valerie Wiener (Ret.), Chair

Discussion ensued with proposals for the following agenda items:

1. Ms. Simons would like to invite the appropriate representatives from the Department of Public and Behavioral Health regarding the survey process and expectations relative to the behavioral approaches for the facilities that are accommodating those individuals.
2. Ms. Simons suggested that Mr. Mathis, who will providing and update, invite someone from American Healthcare Association. (Two different agenda items.) Mr. Mathis suggested Kyle Devine, Chief, Bureau of Health Care Quality and Compliance.
3. Ms. Simons would like Laura Freed, Deputy Administrator, Regulatory and Planning Services, Department of Health and Human Services, to give an overview of NRS 435.500 (the SLA topic) and explain how that is being managed.

4. Mr. Chavez requested that Cheyenne Pasquale from ADSD give an update on the ADRC website.
5. Sen. Wiener asked for Sally Ramm to provide an update on the guardianship issues.
6. Gini Cunningham would like to learn more about transitioning from Telehealth to a facility.
7. Sen. Wiener suggested continuing the conversations about caregiver support issues and asked Ms. Kotchevar, Mr. Duncan, and Ms. Ramm to update the group and offer appropriate recommendations.
8. Sen. Wiener stated that it's time for members to provide updates and revisions on their assigned State Plan recommendations. (Staff will update the GRID and send out before the next meeting for members to review and provide input at the next meeting.)
9. Dr. Reed reminded the group that the Driving and Dementia Subcommittee will have updates to provide to the TFAD.

XII. Discuss and Vote on Next Meeting Date **(For Possible Action)**
Senator Valerie Wiener (Ret.), Chair

The group will hold the next meeting on Friday, October 23, 2015, at 10:00 a.m.

XIII. 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.)

Vangie Molino, Licensed Administrator and Co-owner of Vista Adult Care I, II, and III, commented about concerns with out-of-state placement. She shared information about two cases: one involved a gentleman with behavioral issues who transferred from West Hills and received successful care in the group home, and another involved a woman who fared better in a smaller group home setting than an expensive larger facility. She asked the TFAD to help with the increase of financial support for group homes, through Medicaid funding, and stated that quality of care would improve through the ability to hire better staff and improve training opportunities. She concluded that better funding would help providers to more adequately accommodate these high-needs individuals in Nevada. (See Attachment F)

Dr. McGivney commented about his experience with the behavioral rates with some crisis patients in the hospital, and this has been very needed and long time coming. He expressed optimism that there will be positive outcomes with the implementation of these new rates. Dr. McGivney suggested that Dr. Kingery look at the Long-Term Care Cost and Services Comparison Table as a resource for budgeting for the care of her mother. He also invited Sen. Hardy to tour his facility.

Mr. Mathis provided additional comments regarding the State Plan amendments. He stated different agencies have been reaching out to the NVHCA about the importance of State Plan amendments. He urged the TFAD to proceed with recommendations as soon as possible.

Ms. Brushfield added remarks about guardianship applications in Clark County. She stated that the Public Administrator's Office has a program that helps families establish their own guardianship. The Clerk of the Clark County Courts has the paperwork and instructions on how one can become a guardian without having to spend a large sum of money, sometimes in excess of $10,000 to $14,000.

XIV. Adjournment

The meeting was adjourned at 12:03 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