ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
1	Sustain a statewide information and referral system for those with Alzheimer's Disease and related disorders, their caregivers, and their families to enable them to connect with local case managers and support services, e.g. resource centers., such as Nevada Aging and Disability Resource Centers (ADRC).	Establish a collaboration that includes resource centers, such as Nevada ADRC, Northern California and Northern Nevada Chapter of the Alzheimer's Association, Southern Nevada Region, Desert Southwest Chapter of the Alzheimer's Association, University of Nevada, Reno, and Nevada Caregiver Support Center, to develop plans for an information and referral system. The Aging and Disability Services Division (ADSD) will monitor the number of contacts made by outreach programs, the number of inquiries regarding information or services relating to Alzheimer's disease and other forms of dementia received by the ADRC, and the number of "hits" on information sites, such as an expanded nevadaadrc.com, alz.org/norcal for Northern Nevada and alz.org/dsw for Southern Nevada, nevadacaregiver.unr.edu, and Alzheimers.gov.	Mr. Chavez	Older Americans Act funds and other discretionary grants.	**1/15/14** suggestion of on-line link to Alzheimer's Association Information from DHHS Website. Reports contacts of data sources at quarterly meetings of TFAD **6/18/14** Reviewed ADRC/ADSD Portal including resource directory; training and education features; Learn about; and subsites, such as respite, Senior Medicare Patrol, and Senior Health Insurance Assistance Program. Need to understand how any website can further link individuals to Information and Referral specialist, such as those in the office of Alzheimer's Associations. **PORTAL EXPANSION/SUBSITE DEVELOPMENT WOULD REQUIRE LEGISLATIVE ACTION.** **9/24/14** It was suggested that this recommendation remain. Senator Wiener stated she wanted to work with staff to review and pursue grant opportunities for funding for a subsite. There was mention of pursuing partnerships with pharmaceutical companies. **1/7/15** The indicator was changed as reflected. It was decided that information on Trial Match opportunities would fit better in Rec. #7. It was mentioned that the ADSD website already has funding for its maintenance, and receiving additional information would not be a problem.9/8/15 The new ADRC website, including the content and navigation for the Alzheimer's page is being developed. Content and navigation is being formalized. There are plans to include information about current research as well as links to research study websites, information about Advocacy including ways to get involved, give back ideas, etc., and information about Education links to YouTube channels, Learn Abouts, existing trainings, etc.	Access to Services

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
2	Support and continue to monitor the progress of AB 170, passed in the 2013 Legislative Session, which authorizes Advance Practice Registered Nurses (APRNs) to have independent practices to provide better access to care, especially for rural elders. In addition, the TFAD supports the connection between APRNs and health care teams to provide ancillary services.	The ADSD will contact the State Board of Nursing annually to monitor the number of applicants who file to practice independently, the venues where they intend to practice, and the populations they serve. Monitor regulations related to APRNs adopted by the Board of Nursing.	Ms. Wiener	Health Care insurance; Medicaid; Medicare; federally qualified health centers	**1/15/14** AB 170 passed during the 2013 Legislative session allowed for nursing practitioners to have independence in practice. State Board of Nursing to adopt regulations. Next meeting, TFAD will have an update from the nursing board. **4/23/14** State Board of Nursing Staff not available to present on this date. **6/18/14** Reviewed during meeting. Initial regulations have been promulgated and adopted. The Board of Nursing is planning to submit a short regulation , which will add evidence of registration with Nevada's Prescription Monitoring Program to the required portfolio each Advance Practice Registered Nurse (APRN) must maintain. Need evaluation after the regulations have been in place for a reasonable period of time. **9/24/14** Members agreed that this recommendation should remain in the plan . Dr. Eisen suggested language changes to support idea of a connection to a health care team that could provide ancillary services. **1/7/15** Language was changed as suggested. Additionally, the indicator was modified to include ADSD contacting the State Board of Nursing Annually to monitor the number of applicants who file to practice independently. 9/8/15 Progress have been made since the passage of AB 170 in 2013. According to report from Nevada State Board of Nursing, the total number of APRNs as of June 2014 was 1105, reflecting a 20% increase over the previous year. As of May 2015, the number has risen to 1162. There is an increase in applicants from out-of-state where they do not have this kind of licensure.	Access to Services (Rural)

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
3	Evaluate and support legislation that improves access to quality Telehealth Services and work with other initiatives such as Project ECHO Nevada, Renown Medical Center, and The Cleveland Clinic Lou Ruvo Center for Brain Health. The Aging and Disability Services Division (ADSD) will identify funding streams to develop and facilitate the full spectrum of telehealth services to rural communities, including training for providers in rural areas e	Identify and evaluate what Telehealth projects are available and accessible. Review evaluation of projects, such as Nevada's Early Stage Dementia Project, Telehealth Early Phase Patient and Family Support Program (TESP), to assess what was done and duplicate the measurements of the success of the projects. Follow the process of development of the Nevada Broadband Telemedicine Initiative (NBTI)using the Nevada Hospital Association (NHA) goals and evaluation.	Mr. Chavez	Alzheimer's Disease Supportive Services Program (ADSSP); the State of Nevada; other grant-funding sources, as identified.	**1/15/14** Determine DHHS funding streams; Evaluate ECHO. **6/18/14** Update not complete. Status update in September. **9/24/14** Presentation from Humberto Baldivias and Jacob Harmon. Project ECHO is a telehealth link connecting to rural areas to service chronic, costly, and complex mental illnesses. The Veterans Association has a robust telehealth system. Physician training is needed. There are two federal initiatives being considered to provide telehealth to veterans (HR2001) and by Medicare providers in one state to patients in another (HR3007). There is work being completed on a bill draft for the 2015 Legislative session that addresses credentialing and eligibility for the provision of the service. The task force agreed that this recommendation should remain in the plan and should include expanded verbiage on readiness of patients and providers to use the service. **1/7/15** Sen. Wiener suggested that information on the $19.6 grant that the Nevada Hospital Association received from the National Telecommunications and Information Administration and the status of the Nevada Broadband Telemedicine Initiative (NBTI) be updated in the State Plan. Details on Project ECHO have also been incorporated to demonstrate support for various Telehealth initiatives. 9/8/15 A telehealth bill (AB 292) passed in the 2015 Legislative Session. The bill "requires insurers to provide coverage to insureds for services provided through telehealth to the same extent as though provided in person..." The bill also focuses on regulations and other developments related to telehealth.	Access to Services

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
4	Support NRS provisions, including those defined in SB 86 of the 2013 Legislative Session, that remove age barriers that typically keep people with younger-onset Alzheimer's disease and other forms of dementia from receiving services that are only available to seniors (disability services, legal services, meals, respite, and "continuum of life" programs such as assisted living services.) Continue to monitor NRS provisions, related to these populations--and other provisions included in the Older Americans Act--which affect eligibility requirements for services to allow family caregivers of a person living with Alzheimer's disease and other forms of dementia to be served, regardless of the age of the person.	Annually, review statutes and regulations to determine whether barriers and disparate funding have been removed and funding has been established to cover younger-onset funding. Continue to collaborate with the Department of Health and Human Services (DHHS) to monitor the progress of respite services for these populations.	Ms. Wiener	Aging and Disability Services Division, Nevada Department of Health and Human Services.	**1/15/14** Passage of AB86 in 2013 Legislative Session allows for younger individuals with AD to access respite services funded by the Fund for a Healthy Nevada. Could this work for Meals on Wheels? **6/18/14** Reviewed during meeting. Based on the passage of Assembly Bill 86 and existing federal law under the Older Americans Act-National Family Caregiver Support Program-it was recommended that the task force continue working closely with the Nevada Department of Health and Human Services (DHHS) to monitor the implementation of AB86 to assess how well access to respite services is working. Metrics were suggested for quarterly reports from DHHS. **9/24/14** The task force agreed this recommendation would remain. Dr. Eisen indicated the language could be revised to indicate structural changes to funding and education awareness could be addressed in outreach/awareness campaign which is another recommendation. **1/7/15** Language was revised. The indicator was modified to demonstrate that the DHHS will monitor the progress of respite services for the "younger-onset" population living with Alzheimer's and other forms of dementia. 9/8/15 Senate Bill 86 amended NRS 439.630 to remove the age restriction on respite services that can be provided to Seniors who have younger-onset Alzheimer's. ADSD provided grants to various community organizations that assisted not only the older population but involve younger-onset individuals as well. ADSD also received a federal lifespan respite grant to help strengthen the current respite care system and provide vouchers for emergency respite services for the next few years.	Access to Services (Early Onset)

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
5	Support efforts to develop toolkits to assist public and private organizations in their outreach to different cultural communities.	Monitor the development and dissemination of toolkits to organizations serving persons living with dementia and their family caregivers, such as ADSD grant-funded partners.	Dr. Fisher	U.S. Administration on Aging grants; collaboration with different cultural and ethnic organizations.	**1/15/14** Change recommendation to state English and Spanish vs. variety of languages;. The idea was that recognizing common languages of more useful than stating a variety. Work with DHHS staff to expand opportunities under the recommendation. **6/18/14** UNR Caregiver Support Center presented on minority caregiver outreach. Effective outreach is achieved by collaborating with community level agencies, including health care and social services. Reviewed methods to adapt outreach particular cultures as potential solution. These methods included information gathering, design, testing, refinement, and cultural adaptation trials. **9/24/14** Further discussion on inclusion of languages as those recognized should represent the vast majority of persons living in a certain area. This could also be termed as commonly spoken primary languages in the community. The task force agreed to retain the recommendation with these revisions. **1/7/15** This Rec. was broadened to support efforts to develop toolkits to assist public and private organizations in their outreach to different cultural communities. ADSD will be able to monitor the ADSD grant-funded partners and their efforts to accommodate different cultural needs. 9/8/15 ADSD broadened this to make sure that cultural competency was included in language going out for their grants. Julie Kotchevar also spoke with DHHS and received commitments from the Grants Management Unit to include cultural competency in their grant applications, which will be included in the next grant cycle.	Access to Services (Cultural Competence)

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
6	Address affordability of services for persons with Alzheimer's disease and other forms of dementia by using national data and explore other cost-sharing mechanisms.	The Aging and Disability Services Division will track and analyze national data and make a recommendation of equitable reimbursement rates based on that analysis.	Ms. Simons	Medicaid Expansion	**1/15/14** Currently federal law addressed this under ACA; this should be documented in the TFAD status report that will be revised in January 2015. Senator Wiener will ask Ms. Simons to lead the review/oversight of this recommendation. **6/18/14** Update not complete. Status update in September. **9/24/14** Elements are covered under ACA. There is limited ability to influence providers to use a sliding scale methodology. Affordability remains an issue so recommending a variety of cost sharing mechanisms not particularly sliding scale should be revised in the indicators but perhaps eliminated in the recommendation as it limiting. Fundamentally the services should be made affordable. The task force agreed recommendation should remain with language revisions. **1/7/15** Language was revised. The sliding scale methodology was removed from the recommendation. The indicator was modified by including the use of national data to make a recommendation of equitable reimbursement rates. 9/8/15 ADSD provided a report prepared by the University of Nevada Las Vegas(UNLV), which includes an analysis of provider rates and reimbursements. In this past legislation, ADSD requested a provider rate increase for all their providers; however, the budget addressed only an increase for developmental services providers who were paid 30% less than the Medicaid rates. ADSD is monitoring the national and state data, Medicare, and Medicaid to look at what the rates are for reimbursable services. It is also part of the ADSD Strategic Plan to make the reimbursement rates more equitable.	Access to Services

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
7	Support the Cleveland Clinic Lou Ruvo Center for Brain Health in its establishment of a Nevada Consortium of promote current and future research in our state. Expand the ADRC website to specifically include information on Alzheimer's research that contains information about current research and a registry that allows individuals to register to participate in clinical research.	The establishment of a facilitator and key consortium partners. The compilation of a list of current research projects. Monitor, through the Alzheimer's Association, the number of "hits" the Trial Match site receives in Nevada.	Dr. Bernick	In-kind contributions from potential participants, i.e. Cleveland Clinic's Lou Ruvo Center for Brain Health, Touro University Nevada, Nevada System of Higher Education (NSHE), and other educational institutions in Nevada. Federal Alzheimer's research grants; private-sector foundation grants.	**1/15/14** Combine with # 8; Chair to discuss with lead person **6/18/14** Recommendation to create a state sponsored (neutral) consortium on AD. A state agency would need to be identified to house potentially. Could replace the task force eventually. The consortium could independently apply for grant funding. Could couple with initiatives of the task force on mental health and wellness efforts. Could be developed as a non profit. Not a legislative issue but could use moment of current atmosphere. **9/24/14** Dr. Bernick believes combining recommendations 7 and 8 could work. He would also like to see collaboration in encouraging research, such as a registry and trial match. The language should blend the two and maintain intention/spirit. The task force agreed to combine recommendation 7 and 8. **1/15/14** Combine with # 7; Chair to discuss with lead person **6/18/14** There are certain reservoirs of research at major universities and the Cleveland Clinic Lou Ruvo Center for Brain Health. There are also several independent practitioners completing research and pharmaceutical trials. It is sometimes difficult to find participants for trials. This recommendation could be achieved by developing a web based site to post current research efforts, creating core facilities for research, creating a registry for willing clinical trial participants. LEGISLATIVE ACTION REQUIRED TO INCREMENTALLY IMPROVE WEBSITE BY REQUESTED FUNDING. Chair requested a status update at the next meeting.	Quality of Care

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					9/24/14 Dr. Bernick believes combining recommendations 7 and 8 could work. He would also like to see collaboration in encouraging research, such as a registry and trial match. The language should blend the two and maintain intention/spirit. The task force agreed to combine recommendation 7 and 8 **1/7/15** Recs 7 & 8 were combined and language was revised. Dr. Bernick offered that the Cleveland Clinic Lou Ruvo for Brain Health can spearhead establishing a Nevada consortium to promote current and future research. The TFAD enthusiastically accepted this offer. It was suggested that the consortium, which would include the Alzheimer's Association, could help create a page within the ADRC website, which could include a link back to trail data base and Trial Match. 9/8/15 Dr. Bernick reported that the initial meeting of the consortium is tentatively scheduled to be held in October at their facility in Las Vegas. Invitations will be sent out next month and anyone on the task force can attend or recommend individuals to attend.	

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8	Support the adoption of specialized care pathways. Encourage the Nevada Hospital Association, in collaboration with subject matter experts from the Alzheimer's Association, as well as other research and educational organizations, to develop a best-practices care plan for the management of patients with cognitive impairment entering the hospital. In addition, the TFAD supports the CARE Act, which will help caregivers when those for whom they care are hospitalized.	Monitor through regulatory and hospital associations how many hospitals establish a best-practices care plan.	Dr. Bernick	In-kind contributions from potential participants, i.e. Cleveland Clinic's Lou Ruvo Center for Brain Health, Touro University Nevada, Nevada System of Higher Education (NSHE), and other educational institutions in Nevada. Federal Alzheimer's research grants; private-sector foundation grants; Cleveland Clinic Lou Ruvo Center for Brain Health.	**1/7/15** This is a new recommendation. Its emphasis would be to encourage hospitals to adopt specialized care pathways for treatment of patients with Alzheimer's and other forms of dementia. A combined effort by the hospital as well as experts from various organizations to develop and implement a best-practices care plan would be ideal. The TFAD also supports the AARP-sponsored CARE Act, which is a mandate relating to hospital care and services which are given to caregivers at the time of patient discharge. 9/8/15 The CARE Act (SB 177) passed in the legislative session. This will ensure appropriate care for those discharged from the hospitals. Dr. Bernick reported that an intern at the Cleveland Clinic Lou Ruvo Center for Brain Health is currently reviewing and compiling existent models of hospital care. An advisory group would subsequently be created, including representatives from hospital nursing, pharmacy, administration, hospitalists, etc. to develop the care path that we would recommend.	Quality of Care

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9	Continue to review current funding and funding streams to support the development of quality long-term care options for people living with dementia in Nevada. Provide funding or incentives to encourage existing long-term care providers to increase capacity for placement of individuals with Alzheimer's disease and other forms of dementia with an emphasis on person-centered planning and initiatives.	Increased number of long-term care options for persons with Alzheimer's disease and other forms of dementia.	Ms. Simons	Medicaid expansion, Home- and Community-Based Services Waiver; and expansion through Behavioral Rate, Veteran's Administration (VA) or Legislative approval of State funds; increased supplemental SSI rate); tax incentives.	**1/15/14** Continue to work with DHHS to maximize and clarify coverage **6/18/14** Update not complete. Information was received to note that the Division of Health Care Financing and Policy is working on a behavioral health rate that will increase reimbursement in a tier methodology. Status update in September. **9/24/14** Indicators should have added description language. Task Force agreed to retain the recommendation. **1/7/15** The TFAD Subcommittee comprising Dr. Reed, Dr. Fisher, and Ms. Simons met to rework the language of this recommendation and submitted the modified language to the group. 9/8/15 Mr. Mathis of the NVHCA presented information during three TFAD meetings regarding the new behavioral rates effective May 2015. 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 work, 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.	Quality of Care

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10	Reduce the need for out-of-state placements in Nevada by: a.Preventing the conditions that lead to the development of responsive behaviors and increase the risk of out-of-state placement. Accomplish this by creating a clearinghouse for information on evidence-based, person-centered approaches to promoting the behavioral health and quality of life of individuals with Alzheimer's disease and other forms of dementia and their family caregivers. b. Initiating a public health information program to increase easy access to information on: 1) "optimal' care and quality of life and 2) expected vs. unexpected behavior changes in persons with dementia. c. Increasing the ability of family and professional caregivers (in primary, acute, emergency, and long-term care settings) to appropriately and effectively respond to care needs and behavior changes in persons with Alzheimer's disease and other forms of dementia through education and guided practice by experts in evidence-based methods of behavioral healthcare for persons living with dementia.	Decreased number of out-of-state placements. Establishment of new collaborations to address this population between long-term care providers and behavioral health professionals, such as collaborations with behavioral health programs at institutions within the NSHE.	Dr. Fisher	Multiple Sources, including: The Division of Health Care Financing and Policy (DHCFP) and the ADSD, Medicaid; savings from moving out-of-state placements back in-State; Medicare; and other identified grants (e.g., Civil Monetary Penalties Grant).	**1/15/14** Review national level work to improve quality particularly work from the Centers for Medicare and Medicaid Services (CMS). An initiative on preventing out of state placements will be included in a report soon to be released. Report to the TFAD. **6/18/14** Written statement prepared for meeting. The statement suggests that the goal of a statewide initiative should be to prevent the conditions that lead to persons with dementia ever reaching a Behaviorally Complex Individual (BCI) status. This could be accomplished by three levels of prevention to include primary, secondary, and tertiary. Status update to continue in September. **9/24/14** Task Force agreed recommendation should remain in the plan as is. **1/7/15** The TFAD Subcommittee also reworked this recommendation and made substantive changes. The Civil Monetary Penalties Grant was added to the funding source. These funds come from nursing home fines when they get deficiencies. The State can provide a grant out of that fund for quality improvement efforts. 9/8/15 Mr. Mathis reported 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. However, with the changes in behavioral rates, there appears to be greater interest from providers in participating and obtaining education and training on programming and appropriate care. Also there has been discussion about sending a group of representatives from Nevada to learn more about successful models at out of state facilities and bring information back to help alleviate the fears about regulations/compliance issues and improve services in Nevada.	Quality of Care

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	d. Using a higher reimbursement rate as an incentive for providers to successfully deliver appropriate care. e.Developing mobile individuals or teams that respond to--and evaluate--persons in need of specialized interventions. These multidisciplinary teams or individuals evaluate the persons with dementia, provide, assessment, and give training to staff and family members before the person with dementia moves into a catastrophic situation. f. Bridging gaps between innovative care approaches and regulatory restrictions. g. Reviewing regulatory measures and pursuing regulatory reconciliation in order to assure consistency across agencies, which are involved in regulatory oversight, to reduce barriers to providers who are willing to deliver care to persons with dementia. h. Investigating the feasibility of developing units in facilities in Nevada that specialize in dementia care for individuals with a history of being described as "unmanageable" and rejected by other facilities					

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11	Encourage the Board of Medical Examiners, the State Board of Osteopathic Medicine, professional associations, and educational institutions to promote awareness and education to health care providers by: a. Approving continuing medical education (CME) training programs that provide primary care physicians and other allied health care professionals with ongoing education about recent developments, research and treatments of Alzheimer's disease and other forms of dementia. b. Encouraging primary care physicians to refer persons with cognitive deficits for specialized cognitive testing when appropriate. c. Encouraging primary care physicians to refer persons with dementia and their families to dementia-related community resources and supportive programs.	Increased number of primary care physician referrals for diagnosis and treatments. Increased number of early referrals. Increased number of quality CME training opportunities related to Alzheimer's disease diagnosis and treatment.	Senator Hardy	Volunteers and in-kind contributions: the TFAD, Alzheimer's Association, and other advocacy organizations; other grant funding sources, as identified.	**1/15/14** Combine 11-14; lead to review and provide status update to the group **6/18/14** handled 11 - 14 together. Reviewed information submitted by the NV State Board of Medical Examiners and training from perspective of Osteopaths. Must have flexibility in topics to address evolving issues. Not every specialty has the same needs for education re AD like pediatricians. NRS/NAC changes could allow for expanded/double CMEs for those in the practices who treat/address AD when completing related curriculum. **9/24/14** Dr. Hardy developed a BDR that will combine and address needs identified in recommendations 11-14. This bill encourages education for medical providers and first responders in regard to caring for people with Alzheimer's disease. Task force agreed to retain recommendations 11-14. **1/7/15** Sen. Hardy submitted BDR 237 which addresses the needs identified in recommendations 11-14. This legislation will be considered in the upcoming NV Legislative Session. 9/8/15 BDR 237 became SCR 2--a Senate Concurrent Resolution which encourages education of medical providers and first responders regarding caring for persons with Alzheimer's disease. Sen. Wiener testified and showed her support for SCR 2 before the Senate Health and Human Services Committee. This resolution passed and was enrolled on May 22, 2015. In addition, in Section 10 of SB 196, Sen. Hardy added a provision where a provider of healthcare may use up to two hours of Alzheimer's related education credits for continuing education credits (CEUs) each year. This bill was enrolled on May 22, 2015.	Quality of Care

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
12	Encourage schools in Nevada with program in nursing and other health care professions to ensure that the programs include specific training regarding Alzheimer's disease and other forms of dementia in their curriculum and expand related continuing education opportunities for nurses and other health care professionals in the acute care setting.	Classified nursing programs based on content and best practices in education; increased number of quality continuing education units for nurses related to Alzheimer's disease treatment and care.	Senator Hardy	Alzheimer's Association; State Board of Nursing.	**1/15/14** Combine 11-14; lead to review and provide status update to the group **6/18/14 handled 11 - 14 together.** Reviewed information submitted by the NV State Board of Nursing. NRS/NAC changes could allow for expanded/double CMEs for those in the practices who treat/address AD when completing related curriculum. **Potentially overarching changes to continuing education requirements across titles.** **9/24/14** Dr. Hardy developed a BDR that will combine and address needs identified in recommendations 11-14. This bill encourages education for medical providers and first responders in regard to caring for people with Alzheimer's disease. Task force agreed to retain recommendations 11-14. **1/7/15** Sen. Hardy submitted BDR 237 which addresses the needs identified in recommendations 11-14. This legislation will be considered in the upcoming NV Legislative Session. 9/8/15 BDR 237 became SCR 2--a Senate Concurrent Resolution which encourages education of medical providers and first responders regarding caring for persons with Alzheimer's disease. Sen. Wiener testified and showed her support for SCR 2 before the Senate Health and Human Services Committee. This resolution passed and was enrolled on May 22, 2015. In addition, in Section 10 of SB 196, Sen. Hardy added a provision where a provider of healthcare may use up to two hours of Alzheimer's related education credits for continuing education credits (CEUs) each year. This bill was enrolled on May 22, 2015.	Quality of Care

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13	Encourage and promote training and education opportunities to increase awareness and understanding of Alzheimer's disease and other forms of dementia for all levels of medical personnel in a hospital, including emergency room personnel and others responsible for admission and discharge.	Work with the Division of Public and Behavioral Health on how many training programs in the hospitals are established and how many people participate in the programs annually. Change in regulations - Chapter 449 of the Nevada Administrative Code.	Senator Hardy	Division of Public and Behavioral Health; Nevada Hospital Association; Alzheimer's Association; other identified grant funding sources.	**1/15/14** Combine 11-14; lead to review and provide status update to the group **9/24/14** Dr Hardy developed a BDR that will combine and address needs identified in recommendations 11-14. This bill encourages education for medical providers and first responders in regard to caring for people with Alzheimer's disease. Task force agreed to retain recommendations 11-14. **1/7/15** Sen. Hardy submitted BDR 237 which addresses the needs identified in recommendations 11-14. This legislation will be considered in the upcoming NV Legislative Session. 9/8/15 BDR 237 became SCR 2--a Senate Concurrent Resolution which encourages education of medical providers and first responders regarding caring for persons with Alzheimer's disease. Sen. Wiener testified and showed her support for SCR 2 before the Senate Health and Human Services Committee. This resolution passed and was enrolled on May 22, 2015. In addition, in Section 10 of SB 196, Sen. Hardy added a provision where a provider of healthcare may use up to two hours of Alzheimer's related education credits for continuing education credits (CEUs) each year. This bill was enrolled on May 22, 2015.	Quality of Care

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14	Encourage first responders, law enforcement, and fire department personnel to have a specified number of hours of training to help them assess and learn how to respond to people with Alzheimer's disease and other forms of dementia.	Work with the Division of Public and Behavioral Health to monitor how many training programs and participants are established through law enforcement, Emergency Medical Technician, fire department associations by assessing data from the Division of Public and Behavioral Health or related professional associations.	Senator Hardy	Continuing education programs; other identified grant funding sources	**1/15/14** Combine 11-14; lead to review and provide status update to the group **6/18/14** Discussions with first responders, prevention activities, outreach, protection as part of training. Team approach. Encourage active aging centers. **Need access to medical and history to assist in searches. Team coordination and information re subsite in ADRC portal. Certification for training for peer support/assistance.** **9/24/14** Dr. Hardy developed a BDR that will combine and address needs identified in recommendations 11-14. This bill encourages education for medical providers and first responders in regard to caring for people with Alzheimer's disease. Task force agreed to retain recommendations 11-14. **1/7/15** Sen. Hardy submitted BDR 237 which addresses the needs identified in recommendations 11-14. This legislation will be considered in the upcoming NV Legislative Session. 9/8/15 BDR 237 became SCR 2--a Senate Concurrent Resolution which encourages education of medical providers and first responders regarding caring for persons with Alzheimer's disease. Sen. Wiener testified and showed her support for SCR 2 before the Senate Health and Human Services Committee. This resolution passed and was enrolled on May 22, 2015. In addition, in Section 10 of SB 196, Sen. Hardy added a provision where a provider of healthcare may use up to two hours of Alzheimer's related education credits for continuing education credits (CEUs) each year. This bill was enrolled on May 22, 2015.	Quality of Care

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15	Provide caregivers with access to evidence-based education and support services that promote knowledge and understanding of Alzheimer's disease and other forms of dementia and how to best support people living with dementia. Provide and expand respite services for family and informal caregivers of persons with Alzheimer's disease and other forms of dementia. Broaden the eligibility requirements for use of respite programs and grant funding so that more families may benefit from them regardless of financial status or age.	Monitor the number of consumers and hours of caregiver support services provided in the ADSD-funded programs.	Dr. Fisher	Fund for a Healthy Nevada; Retired and Senior Volunteer Program (RSVP); Older Americans Act funding (Title III); the Alzheimer's Association.	**1/15/14** Combine 1, 4 and 15 to provide information and expanded communication access. **6/18/14** Update not complete. Status update in September. **9/24/14** Was addressed in part by legislation last session. Eligibility requirements related to financial status need to be evaluated. Age can be removed from the description. Task force agreed to keep this recommendation in the plan with the revisions noted above. **1/7/15** Language was revised. Discussion about the indicator included assigning the ADSD to monitor the number of consumers and hours of caregiver support services. Mr. Jeff Duncan stated he has data only for the ADSD supported programs that he controls funding for. 9/8/15 Senate Bill 86 amended NRS 439.630 to remove the age restriction on respite services that can be provided to seniors who have younger-onset Alzheimer's. The restriction was lifted and respite services are available through a number of sources. For persons who are served through either the Home-and-Community-Based Waiver for the Frail Elderly or the Waiver for Independent Nevadans (for persons with physical disabilities) they can receive respite services funded by Medicaid. In 2014, 379 consumers received respite services under one of those two waivers. ADSD also provides grant funding to community organizations that provide respite services. Additionally, ADSD applied for and received a federal Lifespan Respite grant. This grant will help to strengthen the current system providing respite care in Nevada while also providing some vouchers for emergency respite services over the next several years.	Quality of Life vs. Quality of Care?

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
16	Encourage the active capacity building of community organizations to recruit and manage volunteers. Provide volunteers with training and education so that they can better serve those living with Alzheimer's disease and other forms of dementia and their families.	Monitor such organizations that recruit volunteers, such as RSVP, to track the number of volunteer recruitments, placement, and training.	Ms. Cunningham	Voluntary outreach by members of the TFAD; other volunteers and in-kind resources as they become available.	**1/15/14** Work With DHHS **6/18/14** Research and brainstorming of groups who could be providing assistance and educating the community. Must have Alzheimer's capable abilities. Communities and neighborhoods will need a team leader who is in charge of recruiting, organizing training, and supervising the volunteer program potentially. Background checks of a volunteer may often be of extreme importance. Retaining volunteers should be achieved by training. **9/24/14** This could be combined with others in terms or education. While there is some cross over with other recommendations, the language and indicators could be revised for better support of this concept. Therefore, the task force agreed to continue this recommendation as a stand alone item. **1/7/15** Language was revised entirely. Discussion included concerns over liability issues that could occur with less formal volunteer programs. It was suggested that community organizations could partner with established programs such as RSVP, which can provide background checks as well as liability insurance. The RSVP can act as a facilitator to help other organizations build their capacity. 9/8/15 Gini Cunningham traveled throughout eastern Nevada, with some funding assistance from ADSD, to distribute outreach materials and promote Alzheimer's related education and awareness. She reported very positive reception and high interest from these communities in becoming more involved and receiving additional training and education regarding Alzheimer's and other forms of dementia. In-person presence proved valuable in making connections and generating interest.	Quality of Life

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
17	Propose legislation to change NRS 159.076, providing an exception to the law allowing summary administration of a small estate if the ward is living with dementia, including but not limited to Alzheimer's disease. Ask the Legislature to send a letter to all district courts requesting close supervision of all guardians whose wards live with dementia, including but not limited to Alzheimer's disease, to insure that all reports on the person and estate of the wards are filed and reviewed according to the existing law.	Coordinate with the appropriate agencies (Medicaid, judiciary, public guardians, and the Legislature) for development of recommendations for legislation.	Ms. Wiener	Legislative appropriation	**1/15/14** This item requires funding. Should the language state enforce vs. encourage? TFAD would like a presentation from Sally Ramm, Senior Legal Advisor for ADSD**. 6/18/14** Current law requires mandatory annual reports on the finances and there personal well-being of all people under guardianship in Nevada with estates more than $10,000. The courts do not have the resources or methodology to check every report. If enforced there is a fiscal impact for filing and trips to inspect the reasonableness of care for all wards, especially those out of state. Proper monitoring could keep a ward in a familiar setting. Court and public guardian budgets would need to include this fiscal impact. Summary administration would require legislation. There is current law for review, but it is not always followed. On August 26, 2014, the Legislative Committee on Health Care was asked to create legislation that would require summary administration if the individual was known to have dementia regardless of the size of the estate. **9/24/14** The health care committee is going to draft a letter to all district courts in Nevada strongly requesting that they closely supervise guardians whose wards suffer from dementia, including but not limited to, Alzheimer's disease to insure all are filed. The terminology of monitoring should be used instead of enforce and a report to the Legislature should be used to advise of results of the monitoring. The task force agreed to keep the recommendation in the plan and amend the recommendation language as noted above.	Quality of Life

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
					1/7/15 Language was revised. There is no update as to whether or not the letter mentioned in this recommendation was sent or not. The group may discussed the possibility of pursuing legislative actions in the again in the future. 9/8/15 Sen. Wiener testified in the Assembly Judiciary Committee on AB 9 on March 16, 2015--Alzheimer's Advocacy Day. This bill was brought up initially to address those with assets under $10,000 with required reporting of those assets. If those assets were monitored and managed appropriately, those persons could possibly be allowed to stay at home with care. The bill was heard and many conversations took place with the courts. As a result, there was a shift from an 'accounting' of all people with assets under $10,000 to an open court review of the total well-being and status of the people who have those assets. Though this measure seemed to have consensus, it did not receive legislative support. However, subsequently, the Supreme Court Commission to Study the Administration of Guardianships in Nevada's Courts was formed. The Commission is 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. The outcomes are still pending, but the desire seems to center on making the whole system more transparent, efficient, and user-friendly.	

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
18	Ensure best-practice hospital transitional care programs that include information on community resources for caregivers and persons with dementia. Investigate federal funding opportunities through Medicare Innovations or Centers for Medicare and Medicaid Services to develop a transitions planning program or to avoid the hospital setting altogether, i.e., a mobile dementia team approach.	Monitor the number of hospital transitional care programs employing best-practice discharge policies.	Senator Hardy	Collaboration between Nevada ADSD, Nevada DHCFP, DPBH, and other appropriate State agencies.	**1/15/14** TFAD would like a presentation on Money Follows the Person and other Medicaid initiatives. **6/18/14** Proposed action by Division of Public and Behavioral Health and Legislature. Limit action from hospital for AD patients but still make service information available prior to discharge. Medicaid operates a community integration service program but only for individuals on Medicaid. Others have no transition assistance. During the August 26, 2014 Legislative Committee on Health Care Meeting, the group agreed to sent letter to the Division of Public and Behavioral Health and the Division of Health Care Financing and Policy urging them to establish a long-term care transitional care program, increase home and community based services and long-term care facilities with Alzheimer's certification, and establish a central location where available and appropriate placements can be accessed. The committee took no action on requiring a statutory definition of a safe discharge. **9/24/14** The legislative committee was hesitant to take action as a committee on the safe discharge statutory changes without discussion with the hospital association and the Bureau of Health Care Quality and Compliance. Testimony was heard today about the BHCQC processes. The task force agreed to continue the recommendation as is.	Quality of Life

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
					1/7/15 Language was modified. The group discussed possible resources, including the Hospital Association and Quality and Bureau of Health Care Quality and Compliance (BHCQC) where a best-practice discharge plan may already be established in Nevada. The TFAD can ask the BHCQC to help with the indicator, which is to monitor the number of hospital transitional care programs employing best-practice discharge policies. 9/8/15 SB 177 relating to the CARE Act, which listed the TFAD as a supporter of the measure, passed in the legislative session. This addresses working with caregivers to assist people as they transition out of care facilities. In addition, Dr. Bernick reported that the Cleveland Lou Ruvo Center for Brain Health has an intern currently reviewing and compiling existent models of hospital care. Then an advisory group including representatives from hospital, nursing, pharmacy, administration, hospitalists, etc. would be created to develop and recommend the care path.	

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19	Foster the development of three awareness campaigns to provide information about the earliest signs of dementia and to rebuke the stigma of Alzheimer's disease and related disorders. The campaigns will include updates about current research and prevention trials that can delay progression, as well as information about how earlier diagnosis and intervention can lead to a more productive and valuable life. The campaigns will be designed to help citizens feel more supported and hopeful, as well as encourage access to available services. The campaigns will be promoted through public service announcements, broadcast, and print interviews, as well as articles in newspapers and magazines, website, and Internet venues. The respective target audiences for each public awareness campaign are: a. Allied health professionals, bankers, emergency first responders, financial planners, lawyers, and other professionals who may have contact with persons with dementia. b. Caregivers and family members of persons with dementia. This campaign will focus on ways to help alleviate the fear, stress, and stigma surrounding dementia and the sense of isolation and aloneness that often accompanies the disease. This includes educating and informing caregivers about support group opportunities and other available supportive services that will help them care for themselves and their family member. c. The general public.	Monitor the instances of media attention through public service announcements, interviews, and stories; number of professionals and professional organizations contacted; number of visits to the Nevada ADRC website; and level of progress made to develop and sustain public awareness campaigns in cooperation with the State Grants Office and DHHS Outreach Services.	Dr. Bernick	Volunteers from the TFAD members; Alzheimer's Association; professional licensing boards and organizations; Nevada Broadcaster's Association; Nevada ADSD; other identified grant funding sources.	**1/15/14** Lou Ruvo has a robust outreach department. Chair will ask Dr. Bernick to lead this recommendation. **6/18/14** Could create layman's information CD for distribution. Family outreach through posters in MD/gatekeeper offices. Navigational tools re what to do after diagnosis that are proactive. Action plan could include incorporating dementia training in continuing education programs for first responders. May need additional funding for public awareness campaign. **9/24/14** Task Force agreed to retain the recommendation unchanged. **1/7/15** The group decided to switch the order of recommendations 19 & 20 to enhance the flow of information presented on the State Plan. Language was modified to reflect the many avenues of promoting public awareness and potential target audiences. It was suggested that the instances of media attention through different sources can be monitored. Sen. Wiener mentioned that ADSD could work with the State Grants Office to explore potential resources and additional funding streams. Another possibility to investigate is funding through gifts, grants and donations. 9/8/15 Lee An Mandarino has reached out first responders, including paramedics and Las Vegas Metropolitan Police, and discussed doing an education program with them on signs and symptoms of dementia. Discussion also took place in a TFAD mtg about incorporating information into the ADRC website for greater exposure, as well as creating and distributing awareness materials. ADSD provided funding to produce the compass Ms. Mandarino created. The compass shows how to navigate Alzheimer's disease and other forms of dementia, once a diagnosis is received, and resources available to assist in a variety of ways.	Public Awareness

ID	Recommendations	Indicator	Lead Person	Potential Funding	Comments	State Plan Area
20	Collaborate with the business community to create employee assistance programs that include education and training for employees, including those who are caregivers. Develop partnerships with other organizations that are also affected by Alzheimer's disease and other forms of dementia, such as diabetes, stroke, and heart organizations, to help promote information about services and care for those who have symptoms of dementia.	Number of employee assistance programs with caregiver education and training; number of partnerships with other dementia-related organizations.	Dr. Bernick	Employers and other potential grant funding sources	**1/15/14** Lou Rove has a robust outreach department. Chair will ask Dr. Bernick to lead this recommendation**. 6/18/14** ReACT summary included information to depict a caregiver journey. The project has been developed to address the need for increased awareness among employers about the impact of caregiving in the work place and create a dialogue about the ways in which employers can help their employees with care giving needs. The task force members could assist in the process of identifying members of the business community who would be willing to serve as initial collaborator and identify materials and resources that could be available for employee education. **9/24/14** Task Force agreed to retain the recommendation unchanged. Group needs to find business partners. **1/7/15** Language was modified to be more inclusive to present the idea that not just caregivers would receive education and training, but all those who may be 'employees' in the business community. Still need to find business partners. 9/8/15 Jacob Harmon reported that the Alzheimer's Association has a program in place called the Alzheimer's Workplace Alliance (AWA). They are actively doing trainings for Human Resource (HR) departments and employees of major corporations in and around the northern Nevada and northern California area, educating companies on how they can support their employees who are caring for their loved ones and educating employees about the resources that are available. ADSD is also looking into the possibility of presenting information on Alzheimer's through the State of Nevada Employee Assistance Program (EAP).	Public Awareness