

## State Plan Revision Input—Wendy Simons

At the beginning work of the TFAD, the subject of veterans was not a "culture" component. Relative to dementia and related disorders, this is a cohort that needs to be considered somewhat class specific. Often times PTSD or TBI relative to combat or military training are not factored in to 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 initiative and report. I would like to have our TFAD add this as a standalone recommendation or incorporate it into several of the Recommendations as Dr. Bernick suggested in the last meeting. We should continue to explore all avenues of support and care services for this population. (Recommendation #6, # 8, #9.)

These are follow-up responses to questions posed at the TFAD meeting on April 1, 2016

1. Data on how many veterans in Nevada may be affected by Alzheimer's disease.

There is no identifiable source for this data in Nevada ....yet. NDVS and I have launched a new project called "Veterans in Care" (VIC), where we are reaching out to all the RCF/ALF facilities and SNF's, to locate our veterans in these facilities. This will then allow us to gather data on how to support benefit exploration and needs. This program will have 3 parts. (I've attached a draft overview- not for distribution yet.) The first is "Benefits and Programs", the second is "Veteran Culture Education" and the third is "Recognition and Communication". Preliminarily we have had 38 facilities responding and have located 747 veterans we did not know were in facilities. (This does not include the NSVH 165 as we knew where they were.) We are anticipating finding close to 4000 veterans in care settings that we did not know before. It is predictable that 15-20% will be affected with dementia and other related disorders. Once we collect a percentage of respondents, we will craft the outreach plan. This is a priority project for NDVS as of June 1st.

2. Consultation with Dr. Bernick to present findings about veterans and dementia, and if a possible recommendation can be made to meet the specific needs of these individuals.

I have not connected with him yet. But, the educational needs for working with the psyche and culture of a veteran are going to be a significant initiative. And, as noted in #1, military service directly influences a person's dementia process when it comes to behaviors and care management, it actually compounds some behaviors that with training could be better managed.

3. More information on long-term care for people NOT in facilities.

As part of VIC, NDVS will be reaching out in phase two to 432 agencies that provide in home care or support in the community. I did learn that 1800 persons are on the CBC waiver, and in my conversations with ADSD (Julie) she was hoping to find out how many are veterans, my area of interest. ADSD is a strong partner for those not in facilities but receiving care and services in a community setting. It would be good if they could supply latest data counts for the report.