

# ESSENTIAL SERVICES FOR AT RISK NEVADA ELDERS

April 2009

---

## Introduction / Summary

The Aging and Disability Services Division (ADSD) has conducted comprehensive discussions to: (1) define a core group of Essential Services, listed herein, that will receive priority funding in coming competitive grant cycles; and (2) aim funding towards programs that demonstrate the ability to deliver these services first to the priority populations of Nevada elders defined herein.

These discussions have occurred internally between ADSD management and staff, and externally with Administration on Aging (AoA), Office of Disability Services (ODS), and Nevada Department of Health and Human Services (DHHS) staff. The identified target populations and core group of Essential Services comply with both federal and state requirements, and consider input gained through discussions.

## Background / Problems

While it is recognized that all of the supportive service programs currently funded by the Division are valuable, budget constraints and a rapidly increasing senior population make it necessary for Division funding to be progressively targeted toward Essential Services. Priority populations for supportive services, as indicated by the Older Americans Act (OAA), include frail elders at highest risk for nursing home admission, who are from low income, minority and rural populations.

A policy statement of the National Council on Aging (NCOA) to Congress this year further underscores the importance of designating Essential Services. The purchasing power of AoA funding has seriously eroded over the past eight years, due to the increasing cost of providing services and the growing number of older adults in need. Funding has not grown in any areas except for a mandatory increase in the Senior Community Service Employment Program (SCSEP) in order to account for the higher minimum wage. Therefore, even the proposed increase in AoA funding will be 12% less than the amount necessary to keep up with inflation. While this is a national trend, Nevada is more greatly affected as it leads the country in senior population growth.

In defining Essential Services and Priority Populations to receive services, the Division relied on both federal and state requirements, specifically the Older Americans Act and Nevada Revised Statutes (NRS). These requirements are provided in Appendix 1 of this document. Additionally, the decision also considers stated DHSS guidance for budget planning which includes the following factors and considerations:

1. Federal and state mandates to provide services
2. Any lawsuits that may have impacted services
3. Optional versus mandatory services

4. Caseloads and waiting lists moving at a reasonable pace
5. Serving the lowest income first
6. Building efficiencies across programs and divisions
7. Decision-making that causes the least possible harm

Essential Services are characterized as services that *must* be available to help sustain frail seniors to live at home or in other community settings, to avoid institutionalization. As such, the Division has been moving towards a “design of service provision” that will support:

- “Nursing home diversion” for frail seniors to help older people age in place
- Service priority for those who are the most functionally and financially needy
- Attempts to assure that Nevada continues to sustain a strong senior service network focused on implementing the consumer-centered and cost-effective long-term care strategies in the 2006 reauthorization of the Older Americans Act
- Strategies to reduce or remedy elder abuse, neglect, exploitation or isolation

### **Solution**

Considering all of the above factors and transitioning through the coming competitive grant cycles (for III-B, III-D, III-E, State Volunteer and State Transportation), the Division will begin to prioritize funding to grantees who:

- Demonstrate that services will be delivered first to frail seniors with the greatest functional and financial need, with particular attention to low-income minority individuals and those residing in rural areas; and
- Provide the following 16 designated Essential Services

### **Essential Services**

1. Personal Care Assistance
2. Personal Emergency Response Systems
3. In Home Services
4. Nutrition, with priority to Homebound Meals\*
5. Transportation, with priority to Medical and Assisted Transportation
6. Respite
7. Companion Services
8. Health Services Outreach, including Mental Health
9. Access to Services, Information and Assistance\*
10. Case Management\*
11. Legal Assistance\*
12. Elder Protective Services\*

13. Long Term Care Ombudsman Service
14. Medication Management, including Visiting Nurse
15. Dental^
16. Assisted Living, support for affordability^

\* *Cost-sharing prohibited (excluding ILG)*

^ *Services are mandated by NRS 439.630; Fund for a Healthy Nevada*

### **Conclusion**

Implementation of priority funding for Essential Services will occur progressively, depending on available funding and the increasing population growth of seniors in need of these services. The senior services grantee network will be involved in identifying seniors meeting the stated risk groups after a period of orientation. The Division will provide technical assistance to grantees to design feasible cost-sharing policies in accordance with federal parameters.

## APPENDIX 1: Authority for Designating Essential Services

---

### Older Americans Act

Older Americans Act. Section. 306.

(a) Each area agency on aging [Nevada is a Single State Planning Unit on Aging, which is the same] designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans . . . including determining the extent of need for supportive services, nutrition services . . . (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (*with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas*) residing in such area, the number of older individuals who have greatest social need (*with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas*) residing in such area, *the number of older individuals at risk for institutional placement* residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) *services associated with access to services* (transportation, health services (including mental health services) *outreach, information and assistance*, (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and *case management services*);

(B) in-home services, including *supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction*; and

(C) *legal assistance*; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

Older Americans Act. Section. 307.

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two-, three-, or four year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements

under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(29), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

## **TITLE VII, CHAPTER 3**

### **Sec. 721. PREVENTION OF ELDER ABUSE, NEGLECT, AND EXPLOITATION**

(a) ESTABLISHMENT. - In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702(b), a State agency shall, in accordance with this section, and in consultation with area agencies on aging, develop and enhance programs for the prevention of elder abuse, neglect, and exploitation.

### **Title XX: SSBG Authorization of Appropriations**

**Sec. 2001. [42 U.S.C. 1397]** For the purposes of consolidating Federal assistance to States for social services into a single grant, increasing State flexibility in using social service grants, and encouraging each State, as far as practicable under the conditions in that State, to furnish services directed at the goals of—

- (1) achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- (2) achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- (3) preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families;
- (4) preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- (5) securing referral or admission for institutional care when other forms of care are not

appropriate or providing services to individuals in institutions, there are authorized to be appropriated for each fiscal year such sums as may be necessary to carry out the purposes of this title.

## **TITLE VII, CHAPTER 2**

### **Sec. 712. STATE LONG-TERM CARE OMBUDSMAN PROGRAM.**

(a) ESTABLISHMENT.—

(1) IN GENERAL.—In order to be eligible to receive an allotment under Section 703 from funds appropriated under Section 702 and made available to carry out this chapter, a State agency shall, in accordance with this Section—

(A) establish and operate an Office of the State Long-Term Care Ombudsman; and

(B) carry out through the Office a State Long-Term Care Ombudsman program.

(2) OMBUDSMAN.—The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.

(3) FUNCTIONS.—The Ombudsman shall serve on a fulltime basis, and shall, personally or through representatives of the Office—

(A) identify, investigate, and resolve complaints that—

(i) are made by, or on behalf of, residents; and

(ii) relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of—

(I) providers, or representatives of providers, of long-term care services;

(II) public agencies; or

(III) health and social service agencies

## **Additional Statutes and Authorities for Nevada Elders**

**NRS 427A.010 Declaration of legislative purpose.** The Legislature finds and declares that the older people of our state are entitled to receive, and it is the joint and several duty and responsibility of the state and local governments to provide, *within the limits of available resources*, assistance to secure equal opportunity to the full and free enjoyment of the following objectives:

1. *An adequate income in retirement.*
2. *The best possible physical and mental health which science can make available and without regard to economic status.*
3. *Suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.*
4. *Full restorative services for those who require institutional care.*
5. *Opportunity for employment with no discriminatory personnel practices because of age.*
6. *Retirement in health, honor and dignity.*
7. *Pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities.*
8. *Efficient community services which provide social assistance in a coordinated manner and which are readily available when needed.*
9. *Immediate benefit from proven research knowledge which can sustain and improve health and happiness.*
10. *Freedom, independence and the free exercise of individual initiative in planning and managing their own lives.*
11. *The benefit of balanced nutrition.*
12. *Adequate day care center services.*

(Added to NRS by 1971, 375; A 1973, 1396; 1981, 1904)

*(CBC and ER may wish to add more information here about what the state must provide)*

### **NRS 439.620 Creation and administration of Fund; appropriation and expenditure of contents.**

1. The Fund for a Healthy Nevada is hereby created in the State Treasury. The State Treasurer shall deposit in the Fund:

- (a) Fifty percent of all money received by this State pursuant to any settlement entered into by the State of Nevada and a manufacturer of tobacco products; and
- (b) Fifty percent of all money recovered by this State from a judgment in a civil action against a manufacturer of tobacco products.

2. The State Treasurer shall administer the Fund. As administrator of the Fund, the State Treasurer:

- (a) Shall maintain the financial records of the Fund;
- (b) Shall invest the money in the Fund as the money in other state funds is invested;
- (c) Shall manage any account associated with the Fund;
- (d) Shall maintain any instruments that evidence investments made with the money in the Fund;
- (e) May contract with vendors for any good or service that is necessary to carry out the provisions of this section; and

(f) May perform any other duties necessary to administer the Fund.

3. The interest and income earned on the money in the Fund must, after deducting any applicable charges, be credited to the Fund. All claims against the Fund must be paid as other claims against the State are paid.

4. The State Treasurer or the Department may submit to the Interim Finance Committee a request for an allocation for administrative expenses from the Fund pursuant to this section. Except as otherwise limited by this subsection, the Interim Finance Committee may allocate all or part of the money so requested. The annual allocation for administrative expenses from the Fund must:

(a) Not exceed 2 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the State Treasurer to administer the Fund; and

(b) Not exceed 5 percent of the money in the Fund, as calculated pursuant to this subsection, each year to pay the costs incurred by the Department, including, without limitation, the Aging Services Division of the Department, to carry out its duties set forth in [NRS 439.630](#), to administer the provisions of [NRS 439.635](#) to [439.690](#), inclusive, and [NRS 439.705](#) to [439.795](#), inclusive.

For the purposes of this subsection, the amount of money available for allocation to pay for the administrative costs must be calculated at the beginning of each fiscal year based on the total amount of money anticipated by the State Treasurer to be deposited in the Fund during that fiscal year.

5. The money in the Fund remains in the Fund and does not revert to the State General Fund at the end of any fiscal year.

6. All money that is deposited or paid into the Fund is hereby appropriated to the Department for expenditure or allocation in accordance with the provisions of [NRS 439.630](#). Money expended from the Fund must not be used to supplant existing methods of funding that are available to public agencies.

(Added to NRS by [1999, 2756](#); A [2001, 2668](#); [2003, 1748](#); [2005, 918](#), [1255](#), [1329](#), [2047](#); [2007, 2337](#))

**NRS 439.630 Powers and duties of Department; eligibility of veterans for certain benefits or services available to senior citizens and persons with disabilities.**

1. The Department shall:

(a) Conduct, or require the Grants Management Advisory Committee created by [NRS 232.383](#) to conduct, public hearings to accept public testimony from a wide variety of sources and perspectives regarding existing or proposed programs that:

- (1) Promote public health;
- (2) Improve health services for children, senior citizens and persons with disabilities;
- (3) Reduce or prevent the use of tobacco;
- (4) Reduce or prevent the abuse of and addiction to alcohol and drugs; and
- (5) Offer other general or specific information on health care in this State.

(b) Establish a process to evaluate the health and health needs of the residents of this State and a system to rank the health problems of the residents of this State, including, without limitation, the specific health problems that are endemic to urban and rural communities, and report the results of the evaluation to the Legislative Committee on Health Care on an annual basis.

(c) Allocate not more than 30 percent of available revenues for direct expenditure by the Department to pay for prescription drugs, pharmaceutical services and, to the extent money is available, other benefits, including, without limitation, dental and vision benefits and hearing

aids or other devices that enhance the ability to hear, for senior citizens pursuant to [NRS 439.635](#) to [439.690](#), inclusive. From the money allocated pursuant to this paragraph, the Department may subsidize any portion of the cost of providing prescription drugs, pharmaceutical services and, to the extent money is available, other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, to senior citizens pursuant to [NRS 439.635](#) to [439.690](#), inclusive. The Department shall consider recommendations from the Grants Management Advisory Committee in carrying out the provisions of [NRS 439.635](#) to [439.690](#), inclusive. The Department shall submit a quarterly report to the Governor, the Interim Finance Committee, the Legislative Committee on Health Care and any other committees or commissions the Director deems appropriate regarding the general manner in which expenditures have been made pursuant to this paragraph.

(d) Allocate, by contract or grant, for expenditure not more than 30 percent of available revenues for allocation by the Aging Services Division of the Department in the form of grants for existing or new programs that assist senior citizens with independent living, including, without limitation, programs that provide:

- (1) Respite care or relief of informal caretakers;
- (2) Transportation to new or existing services to assist senior citizens in living independently; and
- (3) Care in the home which allows senior citizens to remain at home instead of in institutional care.

The Aging Services Division of the Department shall consider recommendations from the Grants Management Advisory Committee concerning the independent living needs of senior citizens.

(e) Allocate \$200,000 of all revenues deposited in the Fund for a Healthy Nevada each year for direct expenditure by the Director to:

- (1) Provide guaranteed funding to finance assisted living facilities that satisfy the criteria for certification set forth in [NRS 319.147](#); and
- (2) Fund assisted living facilities that satisfy the criteria for certification set forth in [NRS 319.147](#) and assisted living supportive services that are provided pursuant to the provisions of the home and community-based services waiver which are amended pursuant to [NRS 422.2708](#). The Director shall develop policies and procedures for distributing the money allocated pursuant to this paragraph. Money allocated pursuant to this paragraph does not revert to the Fund at the end of the fiscal year.

(f) Allocate, by contract or grant, for expenditure not more than 15 percent of available revenues for programs that prevent, reduce or treat the use of tobacco and the consequences of the use of tobacco.

(g) Allocate, by contract or grant, for expenditure not more than 10 percent of available revenues for programs that improve health services for children.

(h) Allocate, by contract or grant, for expenditure not more than 10 percent of available revenues for programs that improve the health and well-being of persons with disabilities. In making allocations pursuant to this paragraph, the Department shall, to the extent practicable, allocate the money evenly among the following three types of programs:

- (1) Programs that provide respite care or relief of informal caretakers for persons with disabilities;
- (2) Programs that provide positive behavioral supports to persons with disabilities; and
- (3) Programs that assist persons with disabilities to live safely and independently in their communities outside of an institutional setting.

(i) Allocate not more than 5 percent of available revenues for direct expenditure by the Department to subsidize any portion of the cost of providing prescription drugs, pharmaceutical

services and, to the extent money is available, other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, to persons with disabilities pursuant to [NRS 439.705](#) to [439.795](#), inclusive. The Department shall consider recommendations from the Grants Management Advisory Committee in carrying out the provisions of [NRS 439.705](#) to [439.795](#), inclusive.

(j) Maximize expenditures through local, federal and private matching contributions.

(k) Ensure that any money expended from the Fund will not be used to supplant existing methods of funding that are available to public agencies.

(l) Develop policies and procedures for the administration and distribution of contracts, grants and other expenditures to state agencies, political subdivisions of this State, nonprofit organizations, universities, state colleges and community colleges. A condition of any such contract or grant must be that not more than 8 percent of the contract or grant may be used for administrative expenses or other indirect costs. The procedures must require at least one competitive round of requests for proposals per biennium.

(m) To make the allocations required by paragraphs (f), (g) and (h):

(1) Prioritize and quantify the needs for these programs;

(2) Develop, solicit and accept applications for allocations;

(3) Review and consider the recommendations of the Grants Management Advisory Committee submitted pursuant to [NRS 232.385](#);

(4) Conduct annual evaluations of programs to which allocations have been awarded;

and

(5) Submit annual reports concerning the programs to the Governor, the Interim Finance Committee, the Legislative Committee on Health Care and any other committees or commissions the Director deems appropriate.

(n) Transmit a report of all findings, recommendations and expenditures to the Governor, each regular session of the Legislature, the Legislative Committee on Health Care and any other committees or commissions the Director deems appropriate.

2. The Department may take such other actions as are necessary to carry out its duties.

3. To make the allocations required by paragraph (d) of subsection 1, the Aging Services Division of the Department shall:

(a) Prioritize and quantify the needs of senior citizens for these programs;

(b) Develop, solicit and accept grant applications for allocations;

(c) As appropriate, expand or augment existing state programs for senior citizens upon approval of the Interim Finance Committee;

(d) Award grants, contracts or other allocations;

(e) Conduct annual evaluations of programs to which grants or other allocations have been awarded; and

(f) Submit annual reports concerning the allocations made by the Aging Services Division pursuant to paragraph (d) of subsection 1 to the Governor, the Interim Finance Committee, the Legislative Committee on Health Care and any other committees or commissions the Director deems appropriate.

4. The Aging Services Division of the Department shall submit each proposed grant or contract which would be used to expand or augment an existing state program to the Interim Finance Committee for approval before the grant or contract is awarded. The request for approval must include a description of the proposed use of the money and the person or entity that would be authorized to expend the money. The Aging Services Division of the Department shall not expend or transfer any money allocated to the Aging Services Division pursuant to this section to subsidize any portion of the cost of providing prescription drugs, pharmaceutical

services and other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, to senior citizens pursuant to [NRS 439.635](#) to [439.690](#), inclusive, or to subsidize any portion of the cost of providing prescription drugs, pharmaceutical services and other benefits, including, without limitation, dental and vision benefits and hearing aids or other devices that enhance the ability to hear, to persons with disabilities pursuant to [NRS 439.705](#) to [439.795](#), inclusive.

5. A veteran may receive benefits or other services which are available from the money allocated pursuant to this section for senior citizens or persons with disabilities to the extent that the veteran does not receive other benefits or services provided to veterans for the same purpose if the veteran qualifies for the benefits or services as a senior citizen or a person with a disability, or both.

6. As used in this section, “available revenues” means the total revenues deposited in the Fund for a Healthy Nevada each year minus \$200,000.

(Added to NRS by [1999, 2758](#); A [2001, 2671](#); [2003, 330, 1749](#); [2005, 366, 919, 1256, 1330, 1571, 2048, 2051](#); [2007, 2338](#))

### **Statutes for Assisted Living, Fund for a Healthy Nevada, and COPE:**

#### **NRS 422.2708 Amendment of home and community-based services waiver to include as medical assistance under Medicaid funding of assisted living supportive services for senior citizens who reside in certain assisted living facilities.**

1. The Department shall apply to the Secretary of Health and Human Services to amend its home and community-based services waiver granted pursuant to 42 U.S.C. § 1396n. The waiver must be amended, in addition to providing coverage for any home and community-based services which the waiver covers on June 4, 2005, to authorize the Department to include as medical assistance under Medicaid the funding of assisted living supportive services for senior citizens who reside in assisted living facilities which are certified by the Housing Division of the Department of Business and Industry pursuant to [NRS 319.147](#).

2. The Department shall:

(a) Cooperate with the Federal Government in amending the waiver pursuant to this section;

(b) If the Federal Government approves the amendments to the waiver, adopt regulations necessary to carry out the provisions of this section, including, without limitation, the criteria to be used in determining eligibility for the assisted living supportive services funded pursuant to subsection 1; and

(c) Implement the amendments to the waiver only to the extent that the amendments are approved by the Federal Government.

3. As used in this section:

(a) “Assisted living facility” means a residential facility for groups that:

(1) Satisfies the requirements set forth in subsection 7 of [NRS 449.037](#); and

(2) Has staff at the facility available 24 hours a day, 7 days a week, to provide scheduled assisted living supportive services and assisted living supportive services that are required in an emergency in a manner that promotes maximum dignity and independence of residents of the facility.

(b) “Assisted living supportive services” means services which are provided at an assisted living facility to residents of the assisted living facility, including, without limitation:

- (1) Personal care services;
- (2) Homemaker services;
- (3) Chore services;
- (4) Attendant care;
- (5) Companion services;
- (6) Medication oversight;
- (7) Therapeutic, social and recreational programming; and
- (8) Services which ensure that the residents of the facility are safe, secure and adequately supervised.

(Added to NRS by [2005, 922](#))

**NRS 439.630 Powers and duties of Department; eligibility of veterans for certain benefits or services available to senior citizens and persons with disabilities.**

The Aging Services Division of the Department shall consider recommendations from the Grants Management Advisory Committee concerning the independent living needs of senior citizens.

(e) Allocate \$200,000 of all revenues deposited in the Fund for a Healthy Nevada each year for direct expenditure by the Director to:

(1) Provide guaranteed funding to finance assisted living facilities that satisfy the criteria for certification set forth in [NRS 319.147](#); and

(2) Fund assisted living facilities that satisfy the criteria for certification set forth in [NRS 319.147](#) and assisted living supportive services that are provided pursuant to the provisions of the home and community-based services waiver which are amended pursuant to [NRS 422.2708](#). The Director shall develop policies and procedures for distributing the money allocated pursuant to this paragraph. Money allocated pursuant to this paragraph does not revert to the Fund at the end of the fiscal year.

**NAC ~~427A~~.440 Provision and scope of services under Program. ( [NRS ~~427A~~.250](#) )**

1. If economically feasible, the following services will be made available to recipients:

(a) Adult day care, if such service is provided:

(1) In a licensed facility for the care of adults during the day, as the term is defined in [NRS 449.004](#);

(2) For 4 or more hours per day;

(3) On a regularly scheduled basis; and

(4) For 1 or more days per week.

(b) The provision of a personal care attendant to assist a recipient who is functionally impaired with activities of daily living, including shopping, laundry, cleaning, bathing, dressing, using the toilet, preparing meals and eating. The provision of services by a personal care attendant does not require an order from a physician.

(c) The provision of a homemaker to assist a recipient who is functionally impaired with activities of daily living, including laundry, cleaning and preparing meals. The provision of services by a homemaker does not require an order from a physician.

(d) The provision of a companion for a recipient to provide relief for the primary caregiver. The companion will not be required to perform the services of a personal care attendant pursuant to paragraph (b).

(e) Case management services to assist recipients with gaining access to a waiver, to other services offered by the State and to medical, social, educational and other services, regardless of the funding source from which access is gained.

(f) A personal emergency response system.

(g) Services to assist with heavy household chores necessary to maintain a clean, sanitary and safe home environment.

(h) Respite services provided to recipients unable to care for themselves. Respite services must be provided on a short-term basis due to an absence of or need for relief of those persons normally providing the care.

2. If the Social Services Manager has determined that a recipient is eligible to receive respite care and the requirements of [NAC](#) ~~427A~~.442 have been met, supervised respite care for a person who is functionally impaired will be available through COPE. Such care will be provided in the recipient's home for not more than 24 hours per day and not more than 14 days per fiscal year.

3. Any services provided pursuant to this section must be provided in accordance with the recipient's plan of care, and any person providing such services must be under the supervision of the case manager.

(Added to NAC by Aging Services Div., eff. 7-16-92; A 1-10-97; R163-06, 9-18-2007)

### **Authorities for Elder Protective Services (EPS)**

#### **NRS 200.5093: NRS 200.5093 Report of abuse, neglect, exploitation or isolation of older person; voluntary and mandatory reports; investigation; penalty. [Effective January 1, 2008.]**

1. Any person who is described in subsection 4 and who, in his professional or occupational capacity, knows or has reasonable cause to believe that an older person has been abused, neglected, exploited or isolated shall:

(a) Except as otherwise provided in subsection 2, report the abuse, neglect, exploitation or isolation of the older person to:

(1) The local office of the Aging Services Division of the Department of Health and Human Services;

(2) A police department or sheriff's office;

(3) The county's office for protective services, if one exists in the county where the suspected action occurred; or

(4) A toll-free telephone service designated by the Aging Services Division of the Department of Health and Human Services; and

(b) Make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the older person has been abused, neglected, exploited or isolated.

2. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that the abuse, neglect, exploitation or isolation of the older person involves an act or omission of the Aging Services Division, another division of the Department of Health and Human Services or a law enforcement agency, the person shall make the report to an agency other than the one alleged to have committed the act or omission.

3. Each agency, after reducing a report to writing, shall forward a copy of the report to the Aging Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes.

4. A report must be made pursuant to subsection 1 by the following persons:

(a) Every physician, dentist, dental hygienist, chiropractor, optometrist, podiatric physician, medical examiner, resident, intern, professional or practical nurse, physician assistant licensed pursuant to [chapter 630](#) or [633](#) of NRS, psychiatrist, psychologist, marriage and family therapist, clinical professional counselor, clinical alcohol and drug abuse counselor, alcohol and drug

abuse counselor, athletic trainer, driver of an ambulance, advanced emergency medical technician or other person providing medical services licensed or certified to practice in this State, who examines, attends or treats an older person who appears to have been abused, neglected, exploited or isolated.

(b) Any personnel of a hospital or similar institution engaged in the admission, examination, care or treatment of persons or an administrator, manager or other person in charge of a hospital or similar institution upon notification of the suspected abuse, neglect, exploitation or isolation of an older person by a member of the staff of the hospital.

(c) A coroner.

(d) Every person who maintains or is employed by an agency to provide personal care services in the home.

(e) Every person who maintains or is employed by an agency to provide nursing in the home.

(f) Every person who operates, who is employed by or who contracts to provide services for an intermediary service organization as defined in [NRS 426.218](#).

(g) Any employee of the Department of Health and Human Services.

(h) Any employee of a law enforcement agency or a county's office for protective services or an adult or juvenile probation officer.

(i) Any person who maintains or is employed by a facility or establishment that provides care for older persons.

(j) Any person who maintains, is employed by or serves as a volunteer for an agency or service which advises persons regarding the abuse, neglect, exploitation or isolation of an older person and refers them to persons and agencies where their requests and needs can be met.

(k) Every social worker.

(l) Any person who owns or is employed by a funeral home or mortuary.

5. A report may be made by any other person.

6. If a person who is required to make a report pursuant to subsection 1 knows or has reasonable cause to believe that an older person has died as a result of abuse, neglect or isolation, the person shall, as soon as reasonably practicable, report this belief to the appropriate medical examiner or coroner, who shall investigate the cause of death of the older person and submit to the appropriate local law enforcement agencies, the appropriate prosecuting attorney, the Aging Services Division of the Department of Health and Human Services and the Unit for the Investigation and Prosecution of Crimes his written findings. The written findings must include the information required pursuant to the provisions of [NRS 200.5094](#), when possible.

7. A division, office or department which receives a report pursuant to this section shall cause the investigation of the report to commence within 3 working days. A copy of the final report of the investigation conducted by a division, office or department, other than the Aging Services Division of the Department of Health and Human Services, must be forwarded to the Aging Services Division within 90 days after the completion of the report, and a copy of any final report of an investigation must be forwarded to the Unit for the Investigation and Prosecution of Crimes within 90 days after completion of the report.

8. If the investigation of a report results in the belief that an older person is abused, neglected, exploited or isolated, the Aging Services Division of the Department of Health and Human Services or the county's office for protective services may provide protective services to the older person if he is able and willing to accept them.

9. A person who knowingly and willfully violates any of the provisions of this section is guilty of a misdemeanor.

10. As used in this section, “Unit for the Investigation and Prosecution of Crimes” means the Unit for the Investigation and Prosecution of Crimes Against Older Persons in the Office of the Attorney General created pursuant to [NRS 228.265](#).

(Added to NRS by 1981, 1334; A 1983, 1653; 1985, 1491; 1987, 2130, 2218; 1989, 904; 1991, 135; 1993, 2226; 1995, 2250; 1997, 108, 1349, 2608, 2610, 2637, 2639; [1999, 137, 2242, 2245, 2248, 3518](#); [2001, 158, 161, 776](#); [2003, 905](#); [2005, 1109, 2172](#); [2007, 746, 1224, 1849, 3080](#), effective January 1, 2008)

### **Authorities for the Long Term Care Ombudsman Program**

**NRS 427A.125 Appointment; classification; duties.** The Administrator may appoint advocates for residents of facilities for long-term care, who are within the Aging Services Division and are in the classified service of the State. Such an advocate shall, under direction of the Administrator:

1. Receive, investigate and attempt to resolve complaints made by or on behalf of residents of facilities for long-term care.

2. Investigate acts, practices, policies or procedures of any facility for long-term care or any governmental agency which relates to such care and may adversely affect the health, safety, welfare or civil rights of residents of such facilities, and report the results of the investigations to the Administrator.

3. Record and analyze information and complaints about facilities for long-term care to identify problems affecting their residents.

4. Coordinate services within the Department which may affect residents and prospective residents of facilities for long-term care to ensure that such services are made available to eligible persons.

5. Recommend and review policies, legislation and regulations, both in effect and proposed, which affect facilities for long-term care.

6. Upon request, advise and assist the Governor, the Legislature and public and private groups in formulating and putting into effect policies which affect facilities for long-term care and their residents.

7. Provide information to interested persons and to the general public concerning his functions and activities.

8. Report annually to the Administrator.

9. Upon request by the Administrator, temporarily perform the duties of the Ombudsman for Aging Persons specified in [NRS 427A.310](#).

(Added to NRS by 1983, 1026; A 1993, 115)