



BRIAN SANDOVAL
Governor

ROMAINE GILLILAND
Director

JANE GRUNER
Administrator

State of Nevada
Department of Health & Human Services

AGING AND DISABILITY SERVICES DIVISION



Independent Living Grants
Annual Report

SFY 2014

TABLE OF CONTENTS

EXECUTIVE FINDINGS	1
INDEPENDENT LIVING GRANTS	1
Historical Perspective	2
The Economic Sense of Funding ILGs	2
Types of Services Funded	3
Service Targeted to Most Vulnerable Seniors.....	3
2014 Profile of ILG Clients for Age, Function and Income Risk	3
How ILG Funds are Awarded	5
ILG Grants for SFY 2014.....	6
ILG Units of Service Provided.....	6
FY14 Independent Living Grant Dollars at Work.....	7
ILG SERVICE DESCRIPTIONS AND CLIENT VIGNETTES	8
Respite Care	8
Transportation	9
Supportive Services	11
Adult Day Care	11
Case Management.....	12
Food Pantry	13
Homemaker.....	13
Home Safety, Modification and Repair	14
Legal Services	14
Medical Nutrition Therapy	15
Personal Emergency Response System (PERS)	15
Senior Companion Services	16
Volunteer Care and Assistance	16
PROGRAMS FUNDED FOR SFY 2014 WITH INDEPENDENT LIVING GRANTS BY COUNTY	18
UNITS OF SERVICE DEFINITIONS	22

EXECUTIVE FINDINGS

1. Independent Living Grants provide supportive social services that delay or prevent institutionalization of frail, elderly Nevadans, saving millions in Nevada General Fund dollars. (Ref. Page 2: *The Economic Sense of Funding ILGs*)
2. During SFY 2014, ILG grants served 12,254 unduplicated clients, at an average annual expenditure of \$381 per client – 42 times less expensive than the annual General Fund expenditure of \$16,071 to institutionalize a Medicaid client. (Ref. Page 2: *The Economic Sense of Funding ILGs*)
3. Relevant to income status, almost half of ILG clients (5,983) live at or below 100 percent of the Federal Poverty Level, or \$972.50 monthly for a single person in SFY14. Absent other disqualifying assets, this income level meets the “financial” eligibility criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 4: *Client Income and Medicaid Eligibility*)
4. More than 47 percent of ILG clients (5,473) had three or more deficits in Instrumental Activities of Daily Living (IADLs). Without social supportive services, these clients are at risk for deteriorating to institutionalization. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
5. About 15 percent of ILG clients (1,821) are *severely* frail and considered at imminent risk for institutionalization. Each has at least three deficits in Activities of Daily Living (ADLs). This level of frailty meets the “functional” criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
6. Almost 9 percent of these severely frail clients (1,050) also likely meet the “financial” criteria for Medicaid coverage, because they live on incomes at or below 100 percent of the Federal Poverty Level (FPL). Factoring this with the annual cost to Nevada for each Medicaid client in skilled nursing facility, ILGs helped save at least \$16.9 million in Nevada General Fund annually. (Ref. Page 4: *Functional Deficits as a Risk Factor*)
7. The accounts of clients and social workers about clients are compelling and underscore elder Nevadans’ struggles and desire for independence. ILG services comprise a vital safety net that stands between these elders and their complete loss of independence. (Ref. Pages 8-17: *ILG Service Descriptions and Client Vignettes*)
8. Loss of Independent Living Grant services would create a cascading effect of overwhelming numbers of frail, elderly Nevadans, who would rather live independently, instead declining to incapacitation and skilled nursing facility placement.

INDEPENDENT LIVING GRANTS

Historical Perspective

The 1999 Nevada State Legislature enacted NRS 439.620, which created Independent Living Grants (ILGs), funded with Nevada's share of funding from the 1998 Master Tobacco Settlement Agreement (TSA). ASD staff has awarded ILGs statewide to grantees every year since 2000, primarily to community-based providers of supportive services in Nevada. In light of reductions in Older Americans Act federal funding and the ever-increasing needs of Nevada seniors, ILGs are more essential than ever for sustaining the Division's mission:

To ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful and dignified lives.

Historically in accordance with NRS 439.630, 50 percent of Nevada's TSA funds were deposited into Nevada's Fund for a Healthy Nevada (FHN) annually, and 30 percent of the FHN was allocated to ASD for ILGs. However, the 2011 Nevada State Legislature enacted changes to NRS 439.620, which increased the share of Nevada's TSA funds for deposit in the FHN from 50 to 60 percent. It also removed the previous FHN allocation percentage criteria.

Now, the Director of the Department of Health and Human Services (DHHS) considers recommendations of the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities regarding community needs and priorities. The Director uses these recommendations to propose an FHN allocation plan to the Governor for the biennium. The outcome of this process determines the amount of funding ASD is allocated for ILGs to serve senior Nevadans.

The Economic Sense of Funding ILGs

In addition to supporting seniors' desire to live independently in the community, funding ILGs simply makes economic sense for preserving the Nevada General Fund. Skilled nursing facility care is 42 times the average annual cost of caring for an ILG client at home.

ILG Community-Based Care Vs. Medicaid-Supported Institutionalization	
Annual Average Medicaid (General Fund Expenditure) Per Skilled Nursing Facility Resident*	\$16,071
Annual Average ILG Expenditure per Client = 2% of Medicaid Institutionalization Cost**	\$381

*Based on the 2014 weighted average Medicaid Skilled Nursing Facility daily rate of \$116.66, with the Nevada share being \$44.03 per Medicaid bed day X 365 days = \$16,070.95 per year, per client – rounded to \$16,071. (Mary Gordon, MA3, DHDFT Rates & Containment Unit)

** Based on the total number of unduplicated ILG clients served in SFY 2014 (12,254), divided into the funding allocated to serve these clients (\$4,673,126), for annual average cost of serving an ILG client (\$381).

Considering that 1,050 ILG clients live at or below 100 percent FPL and have three or more ADL deficits, it is reasonable to estimate that ILGs achieve at least a \$16.9 million General Fund savings each year.

Types of Services Funded

NRS 439.630, Section 4 (d) states that the Aging and Disability Services Division will allocate the available ILGs for persons age 60 and older for:

- Respite Care for relief of informal caretakers, and caretakers for persons of any age with Alzheimer's disease.
- Transportation for new or existing services to assist senior citizens in living independently.
- Supportive Services that enable senior citizens to remain at home instead of in institutional care.

Service Targeted to Most Vulnerable Seniors

In keeping with Older Americans Act Amendments of 2006, the Division established the following clients as priorities:

- Low income older individuals;
- Low income older minority individuals;
- Older individuals with limited English proficiency;
- Older individuals residing in rural areas;
- Individuals at risk of institutional placement; and
- Older individuals with the greatest economic or social need.

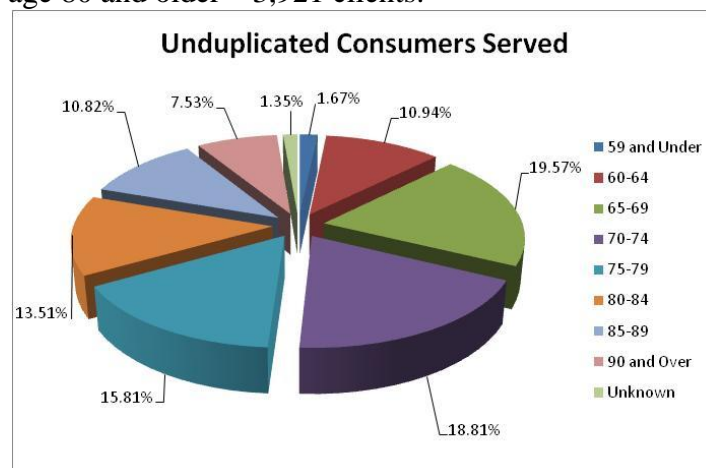
2014 Profile of ILG Clients for Age, Function and Income Risk

Significant numbers of the 12,254 ILG clients are aged, frail and live on low incomes.

Age as a Risk Factor

ILGs are awarded to organizations that promote self-sufficiency to individuals age 60 and older, and their caregivers who may be under age 60. The chart below shows a significantly elder population among ILG clients. (Bullet percentages are rounded to nearest whole)

- 48 percent is age 75 and older – 5,844 clients.
- 32 percent is age 80 and older – 3,921 clients.



Functional Deficits as a Risk Factor

Of the 12,254 clients served, about 7,663 or 63 percent of ILG clients are considered at risk, due to having one or more deficits in either Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).

A total of 1,821 or about 15 percent of ILG clients have three or more ADL deficits, which make them at imminent risk for institutionalization and able to meet the “functional” criteria for Medicaid coverage if institutionalized. ADLs consist of the self-care tasks listed below:

- Personal hygiene and grooming
- Dressing and undressing
- Self feeding
- Functional transfers (moving self from bed to wheelchair, onto or off of toilet, etc.)
- Bowel and bladder management
- Ambulation (walking without use of an assistive device [walker, cane, or crutches] or using a wheelchair)

A total of 5,473 or about 45 percent of ILG clients have three or more IADL deficits, due to their inability to perform tasks listed below:

- Housework
- Taking medications as prescribed
- Managing money
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Use of technology
- Transportation within the community

Client Income and Medicaid Eligibility

The Division collects data on the number of ILG clients who live at or below 100 percent of the current Federal Poverty Level, which for a single person is \$972.50 per month. In 2014, 5,983 or about 49 percent of ILG clients had a monthly income at or below 100 percent of the Federal Poverty Level. Although Medicaid eligibility has additional criteria, this income is less than half at which a single person can financially qualify for Medicaid coverage in a skilled nursing facility - \$2,163. This means that most ILG clients likely live at or near incomes that would financially qualify them for Medicaid coverage in a skilled nursing facility, if they deteriorated physically.

Physical/Financial Capacity of ILG Clients	Number of ILG Clients	~% of ILG Clients
Three or more deficits in Activities of Daily Living	1,821	15%
Three or more deficits in Instrumental Activities of Daily Living	5,473	45%
Living at or below 100% Federal Poverty Level (FPL)	5,983	49%
Three or more ADL deficits <i>and</i> Living at or below 100% FPL	1,050	9%

How ILG Funds are Awarded

Programs funded for SFY 2014 were in Year-1 (Y-1) funding of a two-year cycle. Y-2 funding for SFY 2015 depended on acceptable performance in SFY 2014.

- Request for Proposal January 23, 2013
- Application orientation February 4, 5 and 6 (Las Vegas, Carson City and Elko)
- Applications due March 14
- Application reviews* Spring 2013
- Y-1 grant year July 1, 2013 – June 30, 2014

**In Y-1, outside reviewers read applications and make funding recommendations for the two-year grant cycle. Outside reviewers can be current and/or former members of the Governor's Commission on Aging, members of the Department of Health and Human Services Grants Management Advisory Committee, along with other community members who have an interest or experience in services for seniors.*

For the SFY 2014 grant period, July 1, 2013 through June 30, 2014, \$4,673,126 was allocated to grantees, after the following funding was first reserved: \$190,094 for the Division's Community Service Options Program for the Elderly (COPE); \$297,498 for Homemaker Services - Elder Protective Services; and \$200,000 for the Assisted Living Program Reserve.

Assisted Living Program Reserve

Assisted living facilities can receive ILG funding per NRS 439.630, which states the ADSD must set aside \$200,000 in Independent Living Grant funds annually for assisted living facilities to provide Assisted Living Supportive Services.

This funding is only available for assisted living facilities that satisfy the criteria for certification set forth in the statute, and that are financed through tax credits relating to low-income housing or other public funds. Funded facilities provide or arrange for the provision of case management services for their residents, guarantee affordable housing for a period of at least 15 years and satisfy any other requirements set forth by the ADSD.

The following types of assisted living services can be provided: Personal Care Services, Homemaker Services, Chore Services, Attendant Care, Companion Services, Medication Oversight, Therapeutic (social and recreational) and services that ensure that residents are safe, secure and adequately supervised.

Funding is committed for up to one year, with additional funding contingent upon grantees meeting or exceeding goals and objectives and the continued availability of funding.

NRS 319.147 Certification of assisted living facilities: Requirements; regulations.

1. The Division [Housing Division of the Department of Business and Industry] shall certify an assisted living facility for the purpose of providing services pursuant to the provisions of the home and community-based services waiver which are amended pursuant to NRS 422.2708 if the facility:
 - (a) Provides assisted living supportive services to senior citizens of low or moderate income;
 - (b) Provides or arranges for the provision of case management services for its residents;
 - (c) Guarantees affordable housing for a period of at least 15 years after the facility is certified;
 - (d) Is financed through tax credits relating to low-income housing or other public funds; and
 - (e) Satisfies any other requirements set forth by the Division in any regulations adopted by the Division.

2. The Division shall adopt regulations concerning the certification of assisted living facilities pursuant to this section.
3. As used in this section:
 - (a) “Assisted living facility” has the meaning ascribed to it in paragraph (a) of subsection 3 of NRS 422.2708.
 - (b) “Assisted living supportive services” has the meaning ascribed to it in paragraph (b) of subsection 3 of NRS 422.2708.
 (Added to NRS by 2005, 922)

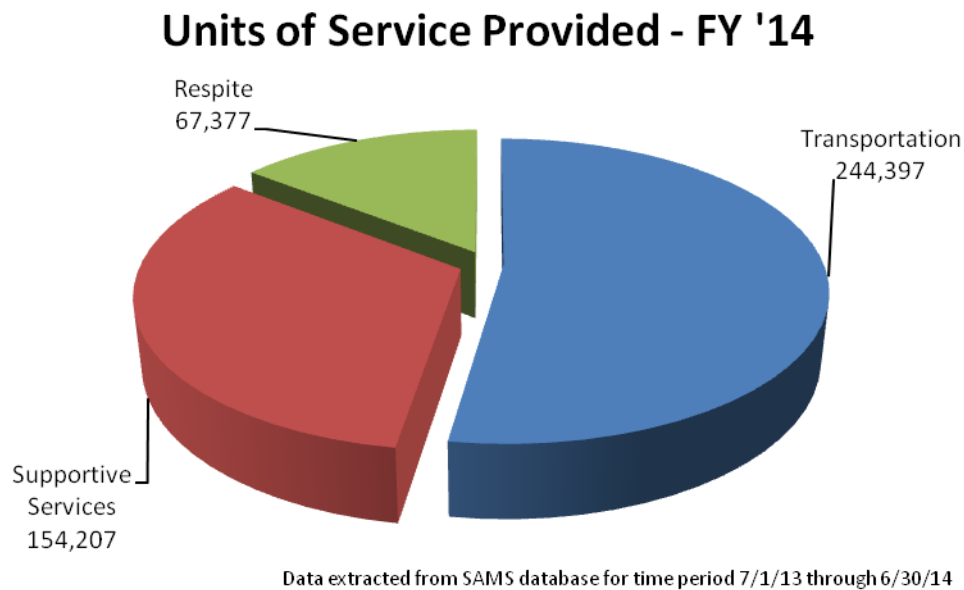
ILG Grants for SFY 2014

A table on pages 18-21 of this report provides a county-by-county listing of the agencies that received funding. In SFY 2014, about 25 percent of ILG funds are allocated for Transportation Services, 5 percent for Respite Care and 70 percent for Social Supportive Services.

ADSD staff conducts an annual grantee survey to help determine the added or reduced need for service funding, based on waitlists and grantee performance, along with demographic changes. As service needs increase in some areas and decrease in others, the Division adjusts allocations accordingly.

ILG Units of Service Provided

In 2014, ILGs provided the following Units of Service during the 12-month grant period. Variations that occur from year-to-year in the number of service units in the three areas below are largely due to moving one or more types of services between ILG and Title III-B federal funding of the Older Americans Act (also Supportive Services) to maximize funding.



FY14 Independent Living Grant Dollars at Work		
Services Provided July 1, 2013 through June 30, 2014	Individuals Served*	Service Units
Transportation	4,544 / 13,043	244,397
Respite Services	848	67,377
Supportive Services		
Adult Day Care	10	783
Case Management	2,772	6,678
Food Pantry	2,752	21,697
Home Safety, Modification and Repair	557	2,469
Homemaker	291	12,028
Legal Assistance	0 / 2,704	5,794
Legal Assistance (Ward Representation)	151	2,088
Medical Nutrition Therapy	2,182	2,477
Personal Emergency Response System	147	226
Senior Companion	303	46,755
Volunteer Care and Assistance	2,863 / 3,189	53,212
TOTAL	12,254 / 18,936	465,981

** Numbers to the left of a "/" are unduplicated consumers. Numbers to the right of a "/" are consumers served in a group setting and are not unduplicated. Also note, because one client may receive more than one ILG Supportive Service, the addition of numbers in the Individuals Served column will not add up to total number of 12,254 unduplicated clients.*

In 2012, the Division streamlined the types of social supportive services it funds, giving priority to the following Core Services, listed in alphabetical order:

- Adult Day Care
- Aging and Disability Resource Center
- Case Management
- Homemaker
- Legal Assistance
- Personal Emergency Response System
- Respite
- Senior Companion
- Transportation

ILG SERVICE DESCRIPTIONS AND CLIENT VIGNETTES

The following narrative describes services and provides brief, firsthand accounts of seniors and their caregivers. While the accounts are true, the names used are fictitious to preserve client confidentiality.

Respite Care

Respite Care is a fundamental priority of the Independent Living Grant legislation, because it provides caregivers with a small break from their around-the-clock responsibilities. This is important because the nonstop demands of caretaking add considerable stress to the lives of caregivers, and Respite Care breaks help sustain caregivers in their vital role.

Caregivers are the backbone of the long-term supportive services system in the United States, providing the majority of care for people who need help with activities, such as bathing, eating, paying bills and taking medication. Most of this caretaking is unpaid and is the safety net that prevents seniors from being institutionalized. In its most recently available estimate, the AARP Public Policy Institute estimates the value of caretaking in the United States at \$450 billion. It further estimates that 42.1 million family caregivers provide daily care to an adult with limitations and about 61.6 million provide care at some time during the year.

Respite Care has an especially important role for employed caregivers, reports the Institute. Both men and women face the challenge of working outside the home, while caring for an elderly parent and often children as well. Almost half of the “sandwich generation,” the cohort of Americans between age 45 and 55, have children less than age 21, as well as aging parents or aging in-laws. Millions of these elderly are coping with chronic illnesses, increasing frailty and prolonged periods of dementia, which can last for years, even decades. The Institute concludes, “For families, the emotional toll of caring for dependent family members can be overwhelming.”

To assist Nevada’s caregivers, ILGs provide vital funding for respite voucher programs statewide. Families are able to apply for up to \$1,000 per year in respite vouchers to hire individuals who provide in-home respite care, pay for adult day care hours or pay for a short stay in an assisted living or skilled nursing facility. Sometimes such a stay is necessary, because the caregiver needs a vacation or may be faced with hospitalization. In addition, funds have been awarded to volunteer companion programs, which provide short periods of respite to a stay-at-home caregiver.

A respite care provider relays the following comments from a client:

I can tell you that Mom has been living with my husband and me for almost nine years. We moved to Nevada five years ago, leaving most of our family behind in the Midwest. I realized within the first eight months here that I needed to step down from my employment. Caring for Mom, who has Alzheimer’s disease, was so much of a priority. I was struggling and not knowing where to turn.

The Alzheimers’ Association and Helping Hands of Vegas Valley respite vouchers answered my prayers. I was used to seeing my children and grandchildren on a regular

basis and moving across the country was overwhelming to me. I really thought I could still fly back every few months to visit them, not realizing that was not even close to being realistic. Respite care enables me to visit them at least once or twice a year.

I so appreciate the Alzheimer's Association and Helping Hands for coming to my rescue. With no family members living here in Nevada to help in any way with care or respite, I was really "on the edge." I can't begin to tell you what it means for me to leave her for a week to spend time with my children and grandchildren and remove myself completely from the day-to-day stress of Mom's care. I have also used the respite for a caregiver at times for my husband and I to have some time out together. Caring for Mom has become extremely hard on our marriage as time goes on, since it has become my life. Thank you again for being there for us!

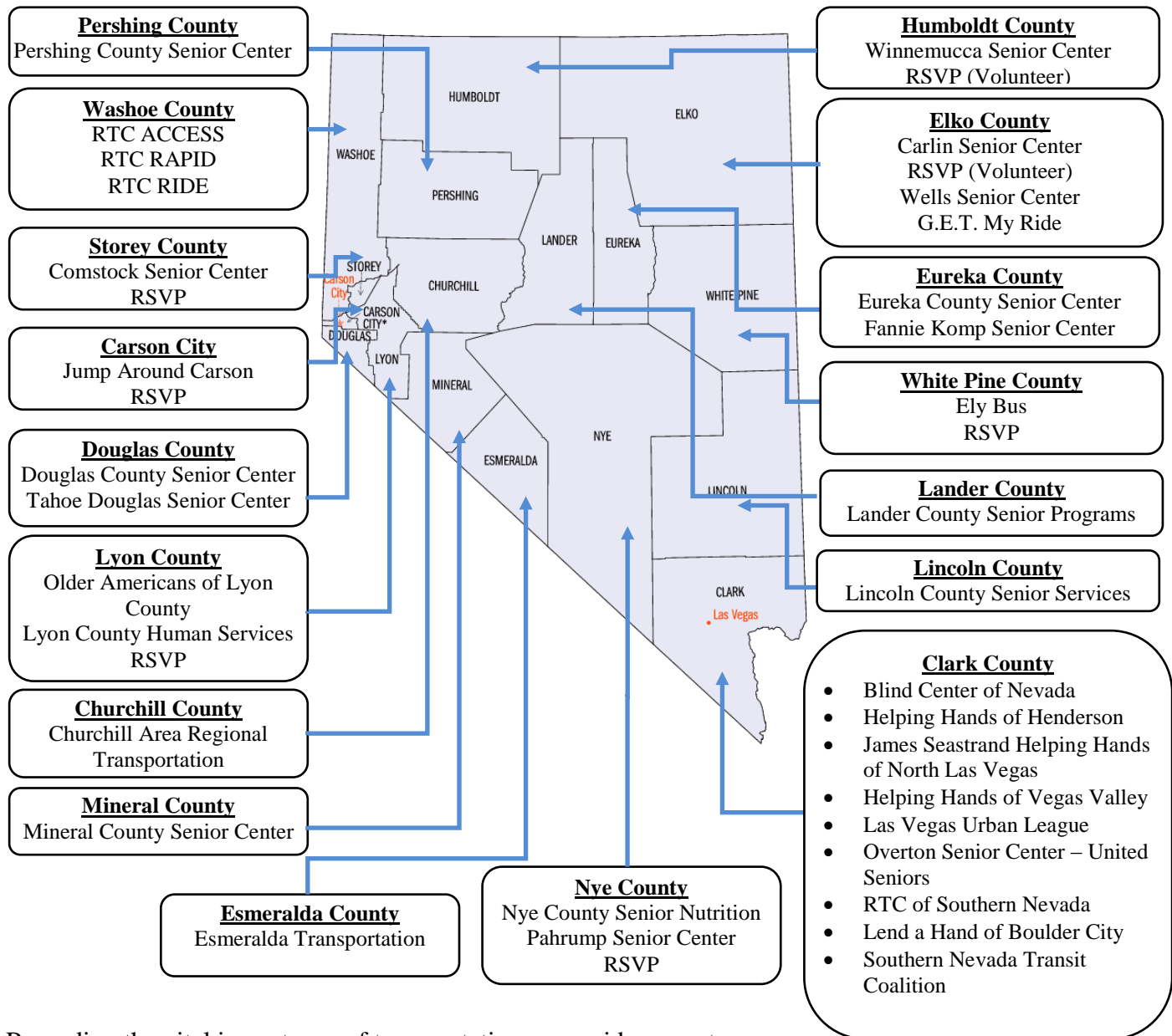
Transportation

Most of the literature regarding the importance of mobility for seniors indicates that maintaining mobility is crucial to health and wellbeing. In a speech, *Transportation for an Aging Population*, Patricia Waller said, "The strongest predictor of premature death among older people is social isolation."

In SFY 2014, ADSD helped ensure an array of transportation resources for seniors. Funds were granted for senior center transportation programs, transit coalitions, and taxi and/or bus voucher programs. In addition, many dedicated volunteers donate their time and the use of their own vehicles for helping Nevada's elderly. Escorted Transportation, which is one volunteer escorting one frail senior to and from appointments, was provided by the Retired Senior Volunteer Programs (RSVP) statewide and by the Helping Hands programs in Las Vegas, North Las Vegas, Boulder City and Henderson.

To help ensure the wellbeing of Nevada seniors using transportation services, programs funded by ADSD are required to provide and document annual Elder Abuse Awareness Training for all drivers and program staff. Division grantees are required to report suspicions of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have driver safety training biennially. As the map on the following page demonstrates, ILGs, in concert with other local, state and federal funds, help meet transportation needs for Nevada seniors in all 17 counties.

TRANSPORTATION SERVICE PROVIDERS IN FY 2014



Regarding the vital importance of transportation, a provider reports:

Mr. B, age 64, had previously experienced difficulty in getting to the Las Vegas area for much needed medical treatment at the VA Hospital, and had begun refusing treatment. He resides in Searchlight, NV, a rural community located approximately 39 miles North of Laughlin, NV, and 59 miles South of Las Vegas. By the time Mr. B contacted us, he had developed a life threatening condition in both of his legs - poor circulation with massive swelling and open wounds. He said his doctor feared gangrene would develop without treatment. He was despondent, felt no one would assist him and that the VA hospital would not schedule his appointments because he had not received his VA card yet. He refused to seek further medical treatment. It was not until Tony, one of our senior transit drivers, had cultivated a very special bond of trust, friendship and dependability with him, that he allowed us to assist Mr. B.

We helped him arrange his appointment with the Veteran's Hospital in North Las Vegas and began personal transportation twice a week on Tuesdays and Fridays for approximately three months. Mr. B would only go if transported by Tony. This is a 120 mile round trip for Mr. B. Once his medical condition improved and his appointments coincided with the Las Vegas Express bus, which we operate, we were able to get Mr. B registered to ride our Veterans Medical Transportation Network for Senior and Disabled Veterans (VMTN). He now rides the Las Vegas Express bus to connect with the VMTN vehicle for transport to the VA Hospital. After treatment the VMTN vehicle reconnects with our Las Vegas Express and we return Mr. B to his home.

Without the funding which the state provides and without our wonderful driver, it's probable that Mr. B would have suffered alone and most likely passed away by now.

Supportive Services

For many seniors, what should be the best time of their lives is not. They are experiencing deteriorating health, illness and disability, which can increasingly challenge financial resources. Seniors who live with a disability or chronic illness may have out-of-pocket expenses never before anticipated, causing some to become indigent.

These issues can lead to worry about sustaining their living circumstances. Most seniors prefer to remain living independently in their own homes. However, without supportive services, they are often forced to relocate, move to an assisted living facility and ultimately to move to a skilled nursing facility.

Providing seniors with Supportive Services makes it easier for them to hold onto their independence and helps eliminate or delay the need for seniors to enter assisted living or skilled nursing facilities.

Adult Day Care

Adult Day Care is planned care in a supervised, protective, congregate setting during some portion of a day.

An Adult Day Care provider shares the following story:

Mrs. B has attended our ReGenerations Club for several years. She is age 83, diabetic and currently using a wheelchair after suffering a stroke 12 years ago. Prior to her stroke, Mrs. B was a caregiver for her husband for many years. Her son is her primary caregiver; he has been laid off from his job and takes care of his mother full time. He resides in her home, along with his adult disabled daughter. Mrs. B is very social and looks forward to coming to the program. She has a wonderful sense of humor and an engaging personality. Funds are limited for her family. The grant allows her to socialize, exercise and visit with her friends. This has allowed her to remain more independent in our community. According to Mrs. B, coming to our Adult Day Care program has contributed to her being a happier, healthier person. The program has also given her son peace of mind and respite several days each week.

Case Management

Case Management is a service that identifies client needs and then locates, coordinates and monitors services to help with these needs.

Two grantees provide a story about their Case Management clients.

Ms. T lives alone in the home she has lived in for 20 years in Northern Nevada. She was referred to Washoe County Senior Services by the police department and Elder Protective Services, as she had frequently called them reporting break-ins to her home and has delusions from dementia. Ms. T has no living family and was in need of Case Management services. The case manager found that Ms. T had no services in the home. Ms. T advised that case manager she was very independent and wanted to keep it that way. She was not following up with her medical care, worried about someone stealing her money, and had relied solely on the support of neighbors. Initially, the case manager was able to begin home-delivered meals service, made phone calls and home visits to check Ms T's status, and worked toward gaining her trust and a good rapport. Then the case manager was able to implement homemaker services, found a physician for home visits, encouraged Ms. T into mental health services and to use representative payee services. Ms. T is no longer calling the police department regarding break-ins. She is continually assessed, and Washoe County and the case manager work with outside agencies to ensure Ms. T's services are maintained.

A case manager with Catholic Charities of Southern Nevada Senior Nutrition Program met with Ms. L, age 78, to complete an assessment for the client's overall needs. She found that Ms. L suffers from osteoarthritis, blood clots and congestive heart failure. She relies on a personal care attendant to assist with personal care and light housework. She receives home health care from a physician and nurse weekly. Her son and grandson reside in the home and help with money management, shopping, medication reminders and other housework.

During the initial in-home assessment, the case manager observed that Ms. L had limited mobility and appeared to require assistance with meal preparation. The family has limited household income and is not able to provide balanced and nutritious meals to accommodate her health issues. The client also expressed a need for accessibility equipment for her home (grab bars and wheelchair ramp) and reported limited income to pay for past due balances on water and energy bills.

Due to Ms. L's disability and medical conditions listed above, the case manager made a referral to the Home-Delivered Meals program and Ms. L is currently receiving a weekly meal delivery. The Senior Nutrition Program case manager also sent a referral to Renovate Accessible Mobility Prevention (RAMP) and was able to get the client certified to receive grab bars and a wheelchair ramp for her home. Ms. L is on a waiting list for the equipment. In addition, the case manager sent a referral to Bishop Gorman High School to request funds from the Campus Ministry students. The students contributed a generous donation of \$500 to pay for Ms. L's power bill.

Ms. L was very encouraged and thankful to receive services to maintain her independence and dignity to stay in her home. She reports that her grandson applied to the Energy

Assistance Program and Weatherization Program but has not received a response. The case manager will follow up with a representative at the Weatherization Program and Energy Assistance Program regarding the application, and will continue to monitor this case until her needs are met.

Food Pantry

A Food Pantry provides purchased and donated non-perishable food items to individuals, age 60 and older, to assist with meeting their nutritional needs. Perishable items may be provided through other funding.

A provider says the following:

Ms. M, age 82, contacted Jude 22, saying her daughter had abandoned their apartment and she hasn't seen her in two months. She told staff that she had tap water and several loaves of bread that she was eating for the last month. She reported that she was hungry and had a small pension that allowed her to pay for rent and Medicare, which then left her with \$50 to pay for medication and transportation. Ms. M said she was weak and felt she was starving. Jude 22 staff reacted immediately by contacting Clark County Social Services. A case manager was assigned to Ms. M and contacted Jude 22 for food pantry services. Jude 22 staff provided two bags of food that contained dairy products, meat, vegetables, canned goods and grains for several days. In addition, they provided extra protein items, such as canned salmon, tuna and Ensure. Ms. M enrolled in Jude 22's food pantry program in March 2014. Staff gave her a list of at least six nearby food pantries that she can visit throughout the month. Six months into Jude's program, Ms. M came in for her monthly food supplement and thanked Jude staff for helping her with resources. Ms. M said if she hadn't contacted Jude 22, she felt she would have starved to death.

Homemaker Services

This service provides homemaker and chore assistance to individuals, age 60 and older, who are unable to perform the service due to identified functional deficiencies and because they are in need of a support system to provide essential homemaker services.

A provider relays the following regarding two homemaker clients.

Ms. G is age 87 and lives alone. She has severe arthritis in her hands and has stents in her heart to facilitate blood flow. Her homemaker cleans, vacuums, changes linens, dusts and does anything else needed. "I am very happy and thankful for the help I get," says Ms. G, "I cannot do a lot of things with my hands so it is hard to vacuum or change the linens. Anytime I need help, I just call Toni and Trina [director, assistant]. They are the best." This client also receives transportation services to St. George, UT, for medical appointments.

Ms. N, age 94, also lives alone. She is very frail and uses an oxygen tank all the time. Her homemaker cleans, vacuums, changes linens and does whatever else is needed. "I can't even make my bed, says Ms. N, "I tried today. I need this help. I don't know what I would

do without my homemaker.” This client also receives transportation services and home-delivered meals.

Home Safety, Modification and Repair

This service provides home safety evaluations, home safety training, home modifications/installations of assistive technology, home maintenance and/or home repair services to people age 60 year and older, who are at risk of injury and/or have decreased ability to remain in their residences. A grantee says of a home repair client:

Ms. G, age 86, was referred to our office by a local social service agency. She had been hit by a car, and was in her sixth week of recovering in a rehab facility, but still not safe to be sent home alone. Previous to the accident, Ms. G was functioning independently in her home. However, as a result of the accident, she was at risk of institutional placement. She was told at the rehab that she should live in a nursing home, because she would never walk again or be independent. After a consult with a local orthopedic surgeon, she was encouraged to keep up with her therapy and return to her home.

The social service agency case manager contacted our office and explained the installation urgency of some home safety modifications for Ms. G. She was going to be discharged soon, and her closest relatives/support systems were out of state. Our office worked closely with the social service agency to expedite Ms. G’s eligibility, based on her age and monthly income. Our Occupational Therapist completed a home safety evaluation at the client’s home prior to her discharge. The internal contractor quickly followed up and installed several safety grab bars, threshold ramps, a hand held shower with adjustable slider rod, bed rails and a non-skid bath surface.

Ms. G was discharged to her home and continues to live independently with a few hours of outside assistance with housekeeping. Several months later, this determined 86 year old continues to build strength and primarily uses a cane, except for walking long distances. She coordinates her own transportation and even does her own grocery shopping. Ms. G was extremely grateful for the chance to again thrive on her own in the community.

Legal Services

Legal Services programs provide consultation and/or representation in legal matters. Such services are critically important for seniors, as the following story from a provider illustrates:

Ms. L, age 92 and partially blind, was a proposed Ward, living in a senior living facility. Staff at the facility believed that Ms. L was no longer capable of handling her affairs, because she was requesting help to pay her bills (i.e., write checks). The facility contacted a private guardianship company, whose representative met frequently with Ms. L and attempted to inject herself into Ms. L’s affairs. This included having a doctor conduct a competency evaluation, which found Ms. L incompetent. The private guardian hired an attorney who filed a petition to appoint the private firm as guardian. Notice of the petition was sent to the ward’s son in California, which was the first he had heard of this issue. At the first hearing, Washoe Legal Services (WLS) was appointed to represent Ms. L. Working with Ms. L and her son, WLS used ADSD grant funds to hire a geriatric psychologist to conduct a second evaluation. This evaluation found Ms. L competent.

Because WLS had negotiated with the guardian's attorney to stipulate that the second doctor's opinion would determine the issue of competency, the Court dismissed the petition and no permanent guardianship was imposed. WLS then assisted in the preparation of a power of attorney document, giving Ms. L's son the ability to manage her monetary affairs. Ms. L was saved from being controlled by a private guardian and re-connected with her son, who has taken over the financial affairs of his mother through the power of attorney.

Medical Nutrition Therapy

Medical Nutrition Therapy (MNT) screens older individuals to determine if they are nutritionally "at risk." If an individual is identified as "at risk," a nutrition assessment is conducted by a registered dietitian to ascertain if counseling/education, additional meals, nutrition supplements and/or case management may be required.

The following is an example of MNT service and its value.

In the five months following his initial nutrition assessment by a registered dietitian, an obese client with diabetes, high blood pressure, and high cholesterol was able to lose 13 pounds. He did this by following the meal plan developed during his nutrition assessment, and applying the knowledge he learned through nutrition education. At the client's follow-up appointment, his recent blood work showed an improvement in his hemoglobin A1C, which measures how well individuals are managing their diabetes, as well as cholesterol levels that were within the normal range. This client continues to receive MNT services for nutrition education and counseling, as he continues to make healthy lifestyle changes to support his health goals.

Personal Emergency Response System (PERS)

This program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter, worn on the wrist or around the neck. The transmitter alerts a monitoring station that assistance is needed. This service is provided in an effort to maintain the independence of persons age 60 and older, who are homebound and live alone.

Another type of emergency response system is a computer-assisted or volunteer-staffed telephone reassurance program that contacts clients through their personal telephone, on a set schedule, which can occur several times a day. The contacts ensure clients are safe, remind them to complete certain tasks, such as: take medication, prepare for appointments, or meet needs as defined by the provider in a care plan prepared with the client and/or his/her representative. If the client fails to respond to the computerized calls, an emergency alert protocol is automatically initiated.

Regarding Personal Emergency Response Systems, a client relays the following:

"I was trying to move decorations around in my garage in order to get organized before some out-of-town family came to visit. I was trying to reach some items on the top of a shelf and used a lower shelf to step on in order to reach what I needed. My weight caused the shelf to tip over and fall on top of me. I was trapped under the heavy shelf and could not get out from under it. I had recently started wearing my PERS button and had it on that afternoon. I pushed the emergency button, which went through the programmed

numbers, and then contacted the Douglas County Sheriff's office. They responded quickly, lifted the shelf off me and freed my banged up body. Had I not been wearing my PERS button, I don't know how long I would have been trapped and hurt under the shelf. As it was, I broke one finger, fractured three others and was bruised from head to toe."

Senior Companion Services

This service provides companionship activities for a client in his or her home. The companion may also accompany the client and provide transportation to access services outside of the home.

A provider relates the following story:

Ms. P, age 74, is blind and a survivor of brain and breast cancer. She lives alone in her home, and receives home-delivered meals as her main source of food. She goes to her doctor almost weekly to check her Coumadin levels. Mr. H, her Senior Companion, takes her to a podiatrist and ophthalmologist on a regular basis. They go to the local beauty school for her manicures and haircuts. Mr. H takes her to the library to get books on tape. She checks out three-to-four books weekly, and receives some in the mail from the Nevada State Library System's Nevada Talking Books in Carson City, which she mails back upon completion. Her employment history includes being a travel agent, working in the vault at one of the casinos, and she was also a realtor in the Reno-Sparks area. Her blindness curtailed most of her activities. Ms. P and Mr. H go shopping, to the pharmacy, and to the Farmer's Market in season. He has taken her to the Sparks Police Department for the annual Christmas lunch they provide for elderly Sparks residents, who are on their every-morning call schedule in ensure their safety. She attended some classes at the Senior Center when she was looking into some possible computer aids. Ms. P has one daughter who lives in Georgia. She has a friend who helps her with her bills, manages her meds, etc. Mr. H pretty much covers anything else to sustain Ms. P's independence.

Volunteer Care and Assistance

The value of Volunteer Services for Nevada's elders is enormous, in terms of the compassion and care volunteers provide to seniors and because of Nevada's return on dollars invested in volunteer programs. One hour of volunteer time in 2013 was valued at \$22.14 (http://independentsector.org/volunteer_time).

Relevant to Independent Living Grant funding, volunteers staff a significant number of programs that typically care for seniors, who are alone and frail, chronically ill, homebound and/or dependent on a primary caregiver. Among the services volunteers provide to seniors are: transportation for medical appointments; companion services; installation of personal emergency response systems and instruction in their use; grocery shopping and putting groceries away; accomplishing chores, such as meal preparation; assistance with reading mail and bill paying; prescription pick-up; and book reading.

A volunteer service provider relays the following:

The social worker from a Medicare Part D provider referred KM, an age 72, to us. KM is a very intelligent, but isolated, frail and homebound, with multiple serious health issues

and mobility problems. She needed help getting to several medical appointments and to pick up medications.

A new volunteer who lives in KM's vicinity was available and, according to the matching questionnaire, was well suited for KM. The volunteer and KM turned out to be perfectly compatible, of similar age and comparable interests, both had worked in casinos as "card dealers" for many years. KM expressed that she would like to be as 'young looking' and active as her volunteer, once her health improves.

KM struggles to sleep at night and most mornings rises after 11am. She experiences constant back pain, fibromyalgia and swollen ankles. During the matching, it became evident that the client was experiencing symptoms, such as dizziness and confusion, and was in imminent danger of falling. As KM was taking 20-plus medications and receiving additional supplies not requested, we requested a consultation by the ADSD-funded Medication Therapy Management (MTM) program. MTM staff assisted with a geriatric-specific medication review that identified drug interactions contributing to KM feeling unsteady and falling. They provided KM with information about current and future potential side effects. A referral was made to the Senior Medicare Patrol program, who will investigate the additional supplies.

When we first met KM, she was on the verge of premature institutionalization. Now her volunteer is available and ready to see that KM gets where she needs to be, safely, and on time - whether it's to the Dollar Tree, CVS Pharmacy, or to one of her several doctor's appointments. No wonder KM is much more content and ready to be inspired to be as "young looking" as her volunteer!

PROGRAMS FUNDED FOR SFY 2014 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
Carson	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Jump Around Carson	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Churchill	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Churchill Area Regional Transportation	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Clark	Alzheimer's Association of Southern NV	Respite Vouchers
	Blind Center of Nevada	Transportation
	Blind Center of Nevada	Transportation Vouchers
	Boulder City Senior Center	Volunteer Care and Assistance
	Catholic Charities of Southern Nevada	Case Management
	Catholic Charities of Southern Nevada	Medical Nutrition Therapy
	Catholic Charities of Southern Nevada	Respite
	Helping Hands of Henderson	Transportation
	Helping Hands of Vegas Valley	Respite Vouchers
	Helping Hands of Vegas Valley	Volunteer Care and Assistance
	Helping Hands of Vegas Valley	Transportation
	James Seastrand Helping Hands of NLV	Volunteer Care and Assistance
	James Seastrand Helping Hands of NLV	Food Pantry
	James Seastrand Helping Hands of NLV	Home Safety, Modification and Repair
	Jewish Federation of Las Vegas	Homemaker
	Jude 22 Senior Nutrition Program	Food Pantry
	Martin Luther King Jr. Senior Center	Transportation
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
	Overton Senior Center	Transportation
	RTC of Southern Nevada	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Southern Nevada Transit Coalition	Transportation
	Southern NV Senior Law	Legal (Ward Representation)

Douglas	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Douglas County Senior Center	Transportation
	Douglas County Senior Center	Personal Emergency Response System
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Elko	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Carlin Senior Center	Transportation
	Elko County	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	Alzheimer's Association of Southern NV	Respite Vouchers
Esmeralda	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
Eureka	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
Humboldt	Seniors in Service	Respite
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
Lander	Rural RSVP	Transportation
	Senior Citizens of Humboldt County	Transportation
	Seniors in Service	Respite
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
Lincoln	Battle Mountain Senior Center	Transportation
	Nevada Legal Services	Legal Assistance
	Seniors in Service	Respite
	Alzheimer's Association of Southern NV	Respite Vouchers
Lyon	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Lyon County Senior Center	Case Management

	Lyon County Senior Center	Homemaker
	Lyon County Senior Center	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Mineral	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Mineral County Senior Center	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Nye	Alzheimer's Association of Southern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
	Pahrump Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Respite
Pershing	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
Storey	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
Washoe	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Adult Day Care
	The Continuum	Home Safety, Modification and Repair
	UNR Board of Regents	Volunteer Care and Assistance
	Washoe County Senior Center	Homemaker

White Pine

Washoe County Senior Center	Case Management
Washoe Legal Services	Legal (Ward Representation)
Access to Healthcare Network	Volunteer Care and Assistance
Alzheimer's Association of Northern NV	Respite Vouchers
Nevada Legal Services	Legal Assistance
Rural RSVP	Personal Emergency Response System
Rural RSVP	Transportation
White Pine Social Services	Transportation

UNITS OF SERVICE DEFINITIONS

Service	Unit of Service
Adult Day Care	One hour
Case Management	One hour
Companion	One hour
Food Pantry	One bag of food
Home Safety, Modification and Repair	One home modification, home maintenance activity or home repair and/or any other intervention that is part of the home service plan or One unit equals completion of one hour of home safety evaluation or home safety training
Homemaker	One hour of Homemaker and/or optional assistance
Legal Assistance	One hour
Legal Assistance (Ward Representation)	One hour
Medical Nutrition Therapy	One client contact to screen, assess, intervene, counsel and/or provide education
Personal Emergency Response System	One Personal Emergency Response System installation Or One telephone contact, or one contact with, or on behalf of, a client.
Respite Care Services	One hour
Transportation	Each time a client exits the vehicle = one trip recorded
Volunteer Care and Assistance	One hour
Voucher Services (contains several categories)	
<i>Transportation Voucher</i>	One voucher
<i>Respite Voucher Program</i>	One hour of respite care regardless of the cost to provide that unit