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AGING AND DISABILITY SERVICES DIVISION



Independent Living Grants
Annual Report

FY 2013

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EXECUTIVE SUMMARY

To help keep Nevada's frail seniors living independently in their communities, the 1999 Nevada Legislature enacted NRS 439.620 to create Independent Living Grants (ILGs). These grants, awarded by the Aging and Disability Services Division (ADSD), provide supportive social services to delay or prevent institutionalization of frail, elder Nevadans. ILGs are funded with Nevada's share of the 1998 Master Tobacco Settlement Agreement. In anticipation of federal sequestration and the growing population of seniors in our state, ILGs are more essential than ever.

ILGs save millions in Nevada General Fund dollars. During SFY 2013, these grants served a total of 10,985 clients, at an average annual expenditure of \$399 per client, 46 times less expensive than the annual General Fund expenditure of \$18,564 to institutionalize a Medicaid client. Additionally, 868 ILG clients met the functional criteria for Medicaid coverage and they lived at or below 100 percent of the Federal Poverty Level (FPL), which means they were likely eligible for Medicaid coverage in a nursing home facility. Therefore, ILGs achieved at least a \$16 million annual General Fund savings.

Overall, 4,775 ILG clients had three or more deficits in Instrumental Activities of Daily Living (IADLs), such as the ability to: perform housework; take medications as prescribed; manage money; shop for groceries or clothing; use the telephone or other forms of communication; use technology; and use transportation independently. Without services these clients are at risk for deteriorating and institutionalization.

A total of 1,714 are severely frail clients and considered at imminent risk for institutionalization. Each has at least three deficits in Activities of Daily Living (ADLs), defined as an individual's inability to: manage personal hygiene and grooming; dress and undress; feed self; move independently (i.e., from bed to wheelchair or on and off the toilet, etc.); manage bowel or bladder function; and walk without an assistive device (walker, cane or crutches, or wheelchair). Having three or more ADL deficits meets the "functional" criteria for Medicaid to qualify them for a share of their nursing home costs.

Relevant to the income status of ILG clients, 4,803 ILG clients live at or below 100 percent of the Federal Poverty Level, currently \$957.50 monthly for a single person.

Loss of Independent Living Grant services would create a cascading effect, with many Nevadans declining to incapacitation and nursing home placement, where they don't want to be. Compelling accounts of clients and their caregivers begin on page 10 and underscore elder Nevadans' desire for independence. ILG services are a vital safety net that stands between these elders and their loss of independence.

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). ADSD staff has awarded ILGs statewide to grantees every year since 2000, primarily to community-based providers of supportive services in Nevada. In light of anticipated 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 provide leadership and advocacy in the planning, development and delivery of a high quality, comprehensive support service system across the lifespan. This allows all of Nevada's elders, adults and children with disabilities or special health care needs to live independent, meaningful, and dignified lives in the most integrated setting appropriate to their needs.

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 ADSD 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 ADSD 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. Nursing home care is 46 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 Nursing Home Resident*	\$18,564
Annual Average ILG Expenditure per Client = 2% of Medicaid Institutionalization Cost**	\$399

*Based on the 2013 weighted average Medicaid Skilled Nursing Home Care daily rate of \$116.66, with the Nevada share being \$50.51 per Medicaid bed day X 365 days = \$18,564 per year, per client.

** Based on the total number of unduplicated ILG clients served in SFY 2013 (10,985), divided into the funding allocated to serve these clients (\$4,384,056), for annual average cost of serving an ILG client (\$399).

Considering that 868 ILG clients live at or below 100% FPL and have three or more ADL deficits, it is reasonable to estimate that ILGs achieve at least a \$16 million annual General Fund savings.

Types of Services Funded

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

- Respite Care for relief of informal caretakers.
- 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 has established the following clients as priorities and grantees are achieving these 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.

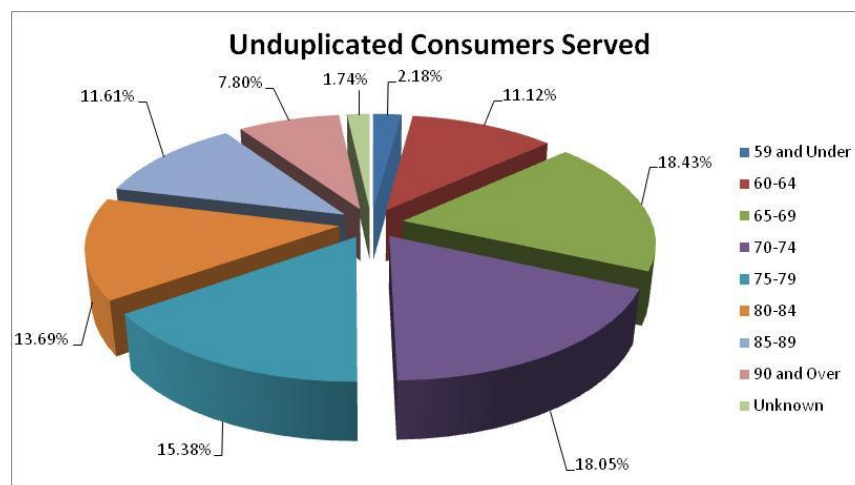
2013 Profile of ILG Clients for Age, Function and Income Risk

Significant numbers of the 10,985 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.

- 48 percent is age 75 and older – 5,325 clients.
- 33 percent is age 80 and older – 3,636 clients.



Functional Deficits as a Risk Factor

Of the 10,985 clients served, about 6,997 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 1,714 or 16 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 4,775 or 43 percent of ILG clients have three or more IADL deficits, due to their inability to perform tasks 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 \$957.50 per month. In 2013, 4,803 or 44 percent of ILG clients had a monthly income at or below 100 percent 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 of nursing home costs - \$2,130. This means that most ILG clients likely live at or near incomes that would financially qualify them for Medicaid coverage in a nursing home, 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	1,714	16%
Three or more deficits in Instrumental Activities of Daily Living	4,775	43%
Living at or below 100% Federal Poverty Level (FPL)	4,803	44%
Three or more ADL deficits and Living at or below 100% FPL	868	8%

How ILG Funds are Awarded

Programs funded for SFY 2013 were in Year-2 (Y-2) funding of a two-year cycle. Y-2 funding depended on acceptable performance in SFY 2012.

- Request for Proposal January 12, 2011
- Application orientation January 25-27, 2011 (Las Vegas, Elko and Carson City)
- Y-2 applications due March 20, 2012
- Y-2 application reviews* Spring 2012
- Y-2 grant year July 1, 2012 – June 30, 2013

**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 2013 grant period, July 1, 2012 through June 30, 2013, \$4,384,056 was allocated to grantees, after the following funding was first reserved: \$311,631 for the Division's Community Service Options Program for the Elderly (COPE), \$301,562 for Homemaker Services - Elder Protective Services and \$200,000 for Assisted Living.

Assisted Living 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 which 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](#))

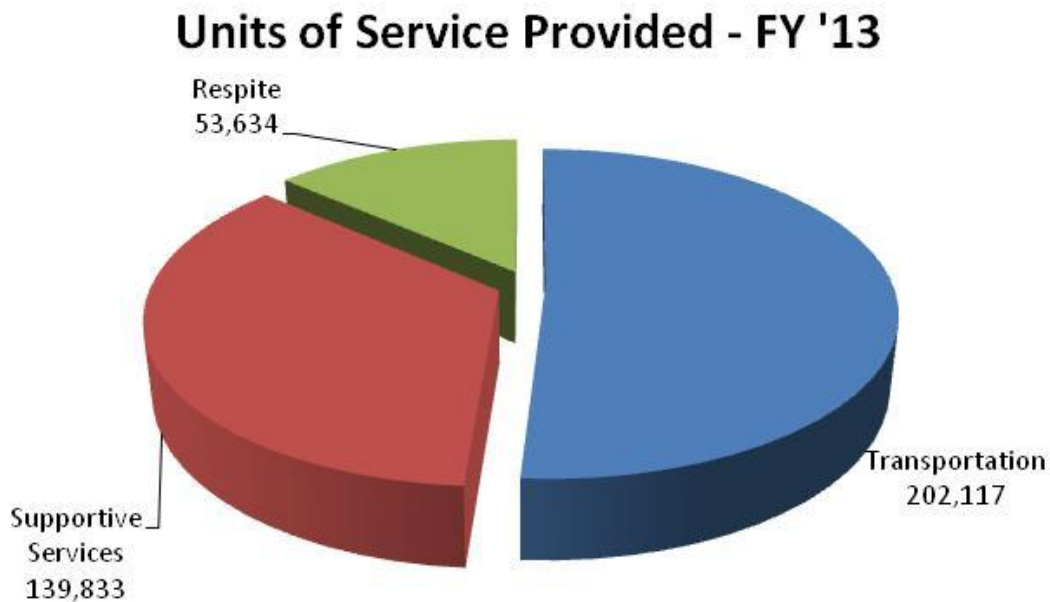
ILG Grants for SFY 2013

A table on pages 22-25 of this report provides a county-by-county listing of the agencies that received funding. The county-by-county list of grantees with allocated amounts of funding and services provided are found at http://nvaging.net/grants/grants_main.htm under ADSD Funded Programs, Social Services FY 13. In summary, about 17 percent of ILG funds are allocated for Transportation Services, 23 percent for Respite Care and 60 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 2013, 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.



Data extracted from SAMS database for time period 7/1/12 through 6/30/13

FY13 Independent Living Grant Dollars at Work		
Services Provided July 1, 2012 through June 30, 2013	Individuals Served*	Service Units
Transportation	3,278 / 12,842	202,117
Respite Services	752	53,634
Supportive Services		
Adult Day Care	12	732
Caregiver Support	556 / 4,743	4,576
Case Management	2,667	6,914
Case Management – Elder Protective Services	74	598
Emergency Services	13	13
Food Pantry	1,237	10,793
Geriatric Health & Wellness	260	1,460
Home Care Services	386	13,767
Home Safety, Modification and Repair	617	1,980
Information, Assistance & Advocacy	318 / 3,699	7,858
Legal Assistance	683 / 2,846	8,951
Legal Assistance (Ward Representation)	34	2,950
Personal Emergency Response System	136	142
Senior Companion	299	49,142
Volunteer Care	972	29,957
TOTAL	10,985 / 24,130	395,584

** 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 10,985 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
- Emergency Services
- Home Care
- Legal Assistance
- Personal Emergency Response System
- Respite
- Senior Companion
- Transportation

Affects of Federal Sequestration

Older Americans Act Title III-B funding in the most recent year was reduced 13.6 percent, approximately \$389,000, due to federal sequestration. Due to the federal restoration of Nutrition Services, there may be a greater reduction of Title III-B funding in the coming cycle. This will not be known until July, 2014.

ILG SERVICE DESCRIPTIONS AND CLIENT VIGNETTES

The following narrative describes services and also 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 helps sustain caregivers in their invaluable 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 2011, the AARP Public Policy Institute estimated the value of caretaking 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, both men and women, who contend with 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.

As depicted in a PBS production, *Living Old*, caretakers in their 40s, 50s and 60s are struggling to cope with what has happened to their parents and grandparents. Producers Navasky and O’Conner say the elderly themselves are living lives that neither they nor their families ever prepared for or imagined. Millions are coping with chronic illnesses, increasing frailty and prolonged periods of dementia, which can last for years, even decades. They conclude, “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, perhaps, pay for a short stay in an assisted living or long-term care 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 companion programs, through which volunteer companions provide short periods of respite to a stay-at-home caregiver.

A respite care provider relays the following:

Mrs. N is a caregiver for her husband of 30 years, who has early onset dementia and is age 63. His dementia is fairly progressed and he can no longer be left at home alone. She is still working full time and sending him to adult day care. This year, she received a call that her father in Baltimore was very ill, and she needed to get there as soon as possible.

We were able to expedite a \$1,000 voucher for respite care so her husband could stay at an assisted living facility while she flew back to Baltimore. Because of our respite grant, she was able to spend the last week of her father's life by his side. She didn't have to stress about the care of her husband. Her son called us after this ordeal to thank us profusely and went on to start a team for the Walk to End Alzheimer's.

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.”

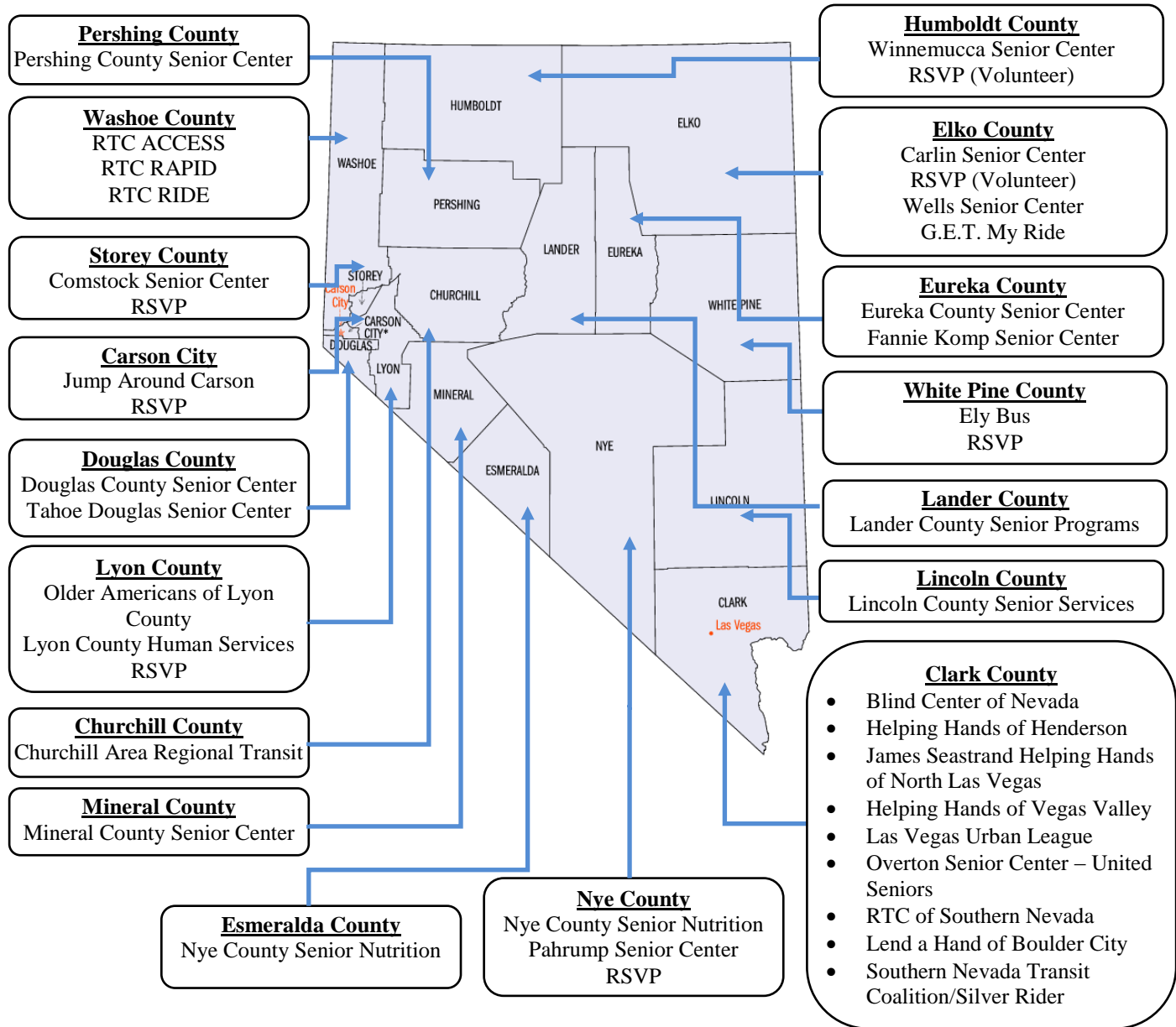
In SFY 2013, ADSD helped ensure an array of transportation resources for seniors. Funds were granted for senior center transportation programs, transit coalitions, and taxi and/or bus voucher programs. In addition, many dedicated volunteers donate their time and the use of their own vehicles for helping 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.

While many transportation options exist in Nevada, better coordination is needed for seniors, because navigating the system between remote, rural areas to urban communities for services and medical care is extremely difficult and overwhelming for many. To overcome this barrier, the newly formed Carson City Regional Planning Group and the Las Vegas Regional Planning Group – two of ADSD’s four Regional Planning Groups in Nevada, recently made improving transportation access for seniors its first priority.

To support this commitment, Rural Nevada RSVP in Carson City applied for federal funds in March 2013, through the Nevada Department of Transportation, to secure two Mobility Managers. The grant applications have been approved, and funds will help seniors in Storey, Lyon, Douglas, Mineral, Lincoln, Esmeralda and Nye counties plan solo and escorted travel to access crucial services in Carson City, Reno and Las Vegas. The vision is to replicate the Mobility Manager concept in the Elko regional area next, helping to ensure consistent access between rural and urban areas, while efficiently maximizing ridership on all transportation options to save money.

TRANSPORTATION SERVICE PROVIDERS IN FY 2013



Regarding the vital importance of transportation, a provider reports:

Ms. C, age 91, has been a daily participant at the senior center for at least 20 years. She lives alone and has said she enjoys the social interaction with others at the center. Her limited vision has resulted in not being able to drive herself for daily errands. The senior transportation program has helped her retain her independence. She rides the senior bus daily to the center for a hot lunch and after that she is taken to the store, pharmacy, bank, medical appointments or to any other sites to obtain needed goods. This program has made it possible for her to remain in her own home.

The following letter was written by a Transportation Volunteer to provider agency staff, and shows the attention and empathy of volunteers, as well as their ability to spot problems that may need reporting to Elder Protective Services. As a result of this letter, the agency immediately made necessary referrals:

Yesterday, I met Ms. D for the first time and took her grocery shopping. She is age 87, frail, but independent minded. Today, I woke up at 4:30 a.m. thinking about her circumstances.

She told me she needed some help in her house, "because there is so much stuff still in boxes." After seeing her house from the doorway, she is in need of more help than that. I didn't go in her house, because she wanted me to leave her groceries in the garage by the door into the house. In the garage, there is a stack of empty boxes and Styrofoam containers with frozen food in them. She said, "The garage is cold enough; the food will keep." My concern is that she could eat some spoiled food.

The 6' tall freezer is so full of food that I could barely get the few frozen items she bought in there. Most of the food looked like it had been in there for a long time, and should probably be thrown out. The food in the garage should be put in the kitchen and the refrigerator.

Ms. D should be getting "Meals on Wheels" from the senior center to ensure she is getting a decent diet. She said she fell recently so she should have an alert button to press if she falls again and needs help.

Could you and the Senior Center Director help Ms. D?

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 nursing home.

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 long-term care 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:

Mr. J is age 68 and has been attending Adult Day Care since 2010. He currently resides with his younger brother who is his full time caregiver. Mr. J is developmentally disabled and worked most of his adult life in a sheltered workshop setting. In the past five or six years there has been less work for Mr. J, who always thrived within the structure and routine the shelter provided. His brother learned about our Adult Day Care program and believed Mr. J would benefit from the structure, exercise and socialization.

The family has very limited resources and is grateful the grant can support Mr. J attending several days each week. Aging issues have also contributed to Mr. J's care requirements; his brother is highly stressed and appreciates the respite breaks. The Adult Day Care staff has been able to encourage Mr. J to take care of his personal hygiene, which has also lessened his brother's care duties. Mr. J is great at trivia, enjoys helping the staff water plants and assists with activities. He says he loves coming to our program and looks forward to being here.

Caregiver Support Services

This service provides education and supportive services for frail, older adults, families and professionals caring for elderly adults in their own homes. The intent is to prevent excessive disability in the elderly client and reduce stress-related problems in the caregiver. This service directly targets problems that cause families to seek costly residential placement. The service promotes the maintenance of elderly Nevadans in their homes, while maximizing the quality of life for both the senior and the caregiver.

A provider relays the following:

Family Care Consultation (FCC) was provided to a family that had difficulty making joint decisions and managing a family member's progressive Alzheimer's disease changes. Family members were in denial of the disease progression. The FCC provided multiple home visits to discuss long term care, behaviors, activities and the basics of Alzheimer's disease. The family was able to rally together and begin open dialogue and ongoing communication. The family member with Alzheimer's had long term care insurance, which provided respite for in-home care. He has also been attending the nearby Adult Day Care. A professional caregiver from an in-home care agency helps a few times a week. As a suggestion of the FCC, while the patient is at day care, the caregiver attends support groups every other week. Since beginning respite care, the patient is more alert, more orientated and the caregiver stress has reduced significantly.

Case Management

Case Management is a service that identifies client needs, such as deficits in Activities of Daily Living and Instrumental Activities of Daily Living, and then locates, coordinates and monitors services to help with these deficits.

A provider writes:

A gentleman in his 80's who suffers from severe alcoholism and alcohol-induced dementia had rapidly declined and was at great risk for institutionalization. He was not paying his

bills, and his lack of personal hygiene was noticeable and unsanitary. Additionally, he was under-weight and not eating properly. The Case Manager was contacted by the senior center manager, who had noticed his increasing decline. The Case Manager was able to put in place homemaking services, home-delivered meals and Representative Payee services. This enabled the gentleman to continue living at home with adequate support.

Case Management – Elder Protective Services

ADSD Elder Protective Services (EPS) staff assesses victim needs and identifies appropriate services during an investigation. Then Case Management is provided to ensure that identified needs are managed, and care is coordinated and monitored to promote client safety and wellbeing.

Emergency Services

This service provides funding for emergency or crisis situations, in the absence of any other available assistance. This includes, but is not limited to: a rental or mortgage payment, utility hook-up, monthly utility bill payment, food, medical care, prescription medication, transportation and/or other services deemed essential to the health and wellbeing of a senior citizen.

Here is an example of how the Elko Advocate for Elders used Emergency Services funds:

Mr. J, age 70 and living in a remote area of Northeastern Nevada, called the ADSD office in Elko, needing assistance to purchase propane for heat. He was referred to the Community Advocate for Elders (AFE). She learned that he had been heating his small trailer with five-gallon tanks of propane, which he purchased in a town 20 miles from his home about once a week. His situation had become critical, because he was no longer able to afford the gas to drive to town to purchase the propane for up to \$4 per gallon, and he was living without heat during freezing weather. His income is 110 percent of the Federal Poverty Level. No other resources could be found to help him. Therefore, the AFE used Emergency Services funds to help him install a 100-gallon, stationary propane tank on his property, filled with propane. He now has propane delivered for a reliable heat source, at the less expensive rate of \$2.59 per gallon.

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.

A provider says the following:

Mr. L is a veteran, age 75. He is an amputee and uses a scooter to get around; he has no car. I asked him if the food helps him. His wonderful response was: "Help me? It feeds me, and the food is so good!"

Another client, Ms. B is a woman, age 65. Her apartment became so infested with insects that she had to throw out all of her food, and her home was sprayed to remove the infestation. She heard about Jude 22 - Senior Nutrition Center and became a client. She

commented, "You have saved my life!! This food will last me until my food stamps come in!"

The majority of our clients are very grateful for the food they get here. It helps stretch their food; most receive food stamps.

Geriatric Health and Wellness Services

Geriatric Health and Wellness Services help ensure access to a comprehensive health/medical screening or assessment. Patients with suspected dementia may also undergo a comprehensive social evaluation. During 2012, a comprehensive geriatric assessment program (GAP) was first funded. This program provides a unique array of services to vulnerable seniors, who are in imminent risk of nursing home placement, and their caregivers. GAP serves minority, frail elderly with multiple co-morbidities, living in low income communities, attracting many of the most at risk for nursing home placement. Services include: the Chronic Disease Self-Management Program; one-on-one caregiver counseling; 24/7 crisis intervention; an individualized monitoring plan; caregiver education and coping training; peer counseling; and resource coordination.

Program staff provides the following account:

"Eat, Laugh and Be Well!" is the new senior outreach and wellness series of Nevada Senior Services' Geriatric Assessment Program (GAP). The free program was designed to engage and educate senior adults about healthy eating, exercise and other free programs available to them in the community, i.e., Healthy Living Up2Me. The program is presented in simple, fun steps, to guide and encourage seniors on their way to a healthier, happier life. A delicious, healthy lunch is provided, including some of the "super foods" covered in their handout materials. Our Chef transformed quinoa into a delicious salad that had seniors asking for seconds. Most seniors had never heard of quinoa and were surprised that something "good for you" was so tasty. The first workshops were demonstrated with caregivers from our Adult Day Care Centers and their loved ones. They found it to be a fun, stress-free activity they could share.

A nutrition expert and Certified Yoga Instructor with a great sense of humor was hired to share some basic tips about nutrition and get the group laughing, moving, relaxing and stretching with a sampling of Yoga, Chi Kun and Laughing Yoga. Everyone can participate, because all movements can be done while seated. We also provided a color handout of Marty demonstrating these movements. One group of participants is Catholic Charities' Senior Companion program. This group was encouraged by their Director to share some of these simple activities with their "Companions" as a fun, healthful activity / ice-breaker. Another group was so energized after "Eat, Laugh and Be Well" that they are forming a group to participate in the Stanford Chronic Disease Self-Management Program (Healthy Living Up2Me). This is the first of at least three modules of the "Be Well" series, and the groups are excited to see what is coming next.

Home Care Services

Home Care Services include housekeeping, grocery shopping, assistance with paying bills and correspondence, advocacy for service access, non-medical in-home care assistance and transportation.

A provider relayed the following story:

Mr. M has been receiving Home Care Services for about a year and a half. He is a very kind man with a strong personality, but a gentle heart. From the first meeting, Mr. M seemed to be excited about the services he was going to receive. The program not only assisted with his home care, but has also helped him with socialization. He has become more vocal in his apartment complex community and has begun making toy trains to sell during the holiday seasons. Mr. M is always explaining what he is working on or how certain parts of a train work. He has benefited from Home Care Services by visiting with the homemaker as a friend rather than as a client, thus establishing more trust not only with the homemaker, but others as well. Mr. M is very grateful for the program as well as the services he receives.

Another provider relates the following.

Ms. E, age 67, received notice that she had seven days to clean up her apartment or face eviction. This news came just days after her Home Care Services Case Manager conducted a re-evaluation of homemaking services in the home. Ms. E had lived in her apartment for 11 years and accumulated an enormous amount of belongings over the years. She said she was always able to maintain organization up until she became ill a few years ago. For two years, we've been providing biweekly light housekeeping and encouraging her to clean out her apartment. It was apparent Ms. E could not accomplish the clean-up on her own and that the housekeeping service was no longer effective.

With no family in town and most of her friends having health problems of their own, Ms. E had no one to turn to for help. That's when Ms. E's case manager created a crew of volunteers to clean the apartment. The case manager advocated for her and made contact with management immediately to notify them of the clean-up plan and asked for more time. Initially the property manager was hesitant, but conceded and agreed to hold off on the eviction until after the volunteers completed their work. With volunteers putting in more than eight hours each for three days, the team managed to clean and organize the entire apartment.

Ms. E is very pleased with her improved living space and refers to her Home Care Services Case manager as her "angel." She said, "Even though I might complain a little bit, I love it and I'm happy." Most importantly, Ms. E has been cleared to stay in her apartment and her homemaking service will stay in place to help her maintain a healthy environment and encourage her to keep the home clutter free.

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:

An Independent Living Grant recently provided services for Mrs. G, age 84, and her caregiver daughter. The client and her daughter both own a home in Sparks, and her daughter is a strong advocate. A social worker, who is a member of the discharge team at a skilled nursing facility in Sparks, made a referral to the provider. The client had a fractured humerus bone, lung cancer (in remission), end-stage COPD and had been ill with pneumonia a number of times.

The services provided include: installation of a 16-foot ramp and two safety bars - one at the bathtub and one by the toilet; and provision of a tub bench and an under mattress bed rail. Both the client and daughter expressed much appreciation for the evaluation by the physical therapist and the installer, stating: They were “the perfect team.” The therapist’s follow-up notes indicate the client is using the ramp safely with her wheelchair and assistance, and using the walker steps with minimum assistance. The client and daughter both commented that the bathroom accommodations are working well, and that they are very pleased and very grateful for the services.

Information, Assistance and Advocacy

Seniors and their families often need assistance accessing services and also determining what services may be available to address their needs. Providers of this service help seniors access services, such as transportation, programs and benefits. The service provider may also provide transportation services necessary for seniors to reach services.

A provider reports:

Ms. S was a widow with no family to assist her. She was unable to read or write other than her name, and she was unable to understand or complete any of the applications for assistance without someone reading and writing the answers for her. Ms. S had to have complete faith and trust in me as the Senior Advocate, because I truly had her wellbeing in my hands. We were able to assist her with Medicare choices, Medicaid and housing. I went with her to Fallon to renew her ID card. During the outings, I asked if she would be willing to participate in social events; she said she would only go if I went with her, because she had some social challenges. When on an outing with me, she would watch everything I did and then copy. Smiling at her and just our chats gave her a little more confidence. Ms. S passed away this last year, but the program helped her to remain in her home with her beloved pet until the end.

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:

Washoe County Senior Services was notified on a Friday at 4:00 p.m. that the local Sheriff was enforcing a court-ordered eviction notice on LM, to remove her from her apartment. LM is age 75, has dementia, and was overdue in her rent. The case was immediately referred to the Senior Law Project, which contacted the court to stop the eviction in lieu of Senior Social Services intervention. This avoided LM becoming homeless. A social worker was assigned to assist her with voluntary financial management; emergency housing funds secured her living circumstances.

In a Ward Representation case, a gentleman, age 92, was the victim of financial exploitation. The Public Guardian petitioned the Court for guardianship to protect the ward's assets. The ward recognized he was being exploited and wanted the Public Guardian's involvement, but was confused about the guardianship proceeding. The ward requested direct representation to understand the guardianship process. The attorney represented the ward to ensure that his due process rights were not being violated.

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 daily, 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 provider reports:

The son of a client insisted that his mother have PERS, as she was living alone and he just did not feel that it was safe for her, especially because she lives in a sparsely populated frontier region of Nevada. She had the unit installed and was quite happy that she agreed to get it. She had greater confidence that she was able to continue to live on her own. It was a good thing that she had the unit, because she subsequently fell and suffered a severe blow to her head. By touching her PERS button, the EMT's were called. She was transported to the hospital, where staff provided lifesaving treatment. If it were not for her PERS unit, she would not have received the quick assistance that she desperately needed.

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. S has a client, Mr. C, whom she has been visiting and helping since 2007. As with many of our clients, aging has made it more and more difficult for him to maintain his home. This spring, Mr. C became very sick and was hospitalized. His home was very messy, so while he was hospitalized Ms. S went above and beyond her duties and cleaned his apartment so he would have a safe and healthy environment to return to upon discharge. Mr. C was legally blind and Ms. S helped him frequently to prepare lunches, sort mail and pay bills, grocery shop, put away groceries, and also performed basic tidying at Mr. C's apartment. This level of friendship and trust between the two is ideal in a companion-client match. When Mr. C came home from the hospital he was extremely surprised and happy that Ms. S cared so much for him and his safety. Mr. C remains a client, living independently, with Ms. S's ongoing and dedicated volunteer service.

Volunteer Services

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 2012 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 are: transportation for medical appointments; companion services; installation of personal emergency response systems and instruction in their use; grocery shopping and putting groceries away in seniors' homes; accomplishing chores, such as meal preparation; assistance with reading mail and bill paying; prescription pick-up; and book reading to seniors.

A volunteer service provider relays the following:

Mr. C, age 67, is a veteran living alone on a limited income. He was very isolated, depressed, and not receptive to assistance in the past. However, he was referred for volunteer services by a social worker for socialization. At first the volunteer, a retired law enforcement officer, wasn't welcomed. However, through weekly visits, patience and emotional support, the volunteer won Mr. C's trust. Soon the volunteer could provide safe transport to medical appointments, shopping, and essential errands. The client's condition, environment and nutritional needs were documented during the initial assessment. Additionally, the trained volunteer identified the need for grab bars in the bathroom. Nutrition needs were reported to senior center social workers. Realizing the client was unaware of veteran benefits the volunteer helped Mr. C access necessary resources. When it was noticed that Mr. C was taking 16 prescription medications, the volunteer recommended a medication review by a clinical geriatric pharmacist, because an adverse drug response may contribute to depression. The next objective was achieved when the volunteer convinced Mr. C that he would enjoy a healthy meal at the senior center and could participate in some of the activities that provide socialization. Because the volunteer became a trusted friend and advocate, a safety concern was addressed, better nutrition was obtained, veteran resources are being requested, a medication review has been completed and the client has become more socially connected. Care and support provided in the home by a compassionate, committed, and trained volunteer who does this from the heart helped the client remain in his own home.

PROGRAMS FUNDED FOR SFY 2013 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
Carson	Jump Around Carson	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	The Continuum	Home Safety, Modification and Repair
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Nevada Urban Indians	Home Care Services
Churchill	Access to Healthcare Network	Information, Assistance and Advocacy
	Churchill Area Regional Transportation	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	The Continuum	Home Safety, Modification and Repair
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
Clark	Nevada Urban Indians	Home Care Services
	Access to Healthcare Network	Information, Assistance and Advocacy
	Catholic Charities of Southern Nevada	Case Management
	Catholic Charities of Southern Nevada	Respite
	Clark County Social Services	Information, Assistance and Advocacy
	Southern Nevada Health District	Information, Assistance and Advocacy
	Senior Citizens Law Project	Legal
	Blind Center of Nevada	Transportation Vouchers
	James Seastrand Helping Hands of NLV	Home Safety, Modification and Repair
	Helping Hands of Vegas Valley	Respite
Helping Hands of Vegas Valley	Volunteer	
Helping Hands of Vegas Valley	Transportation	
Rebuilding Together	Home Safety, Modification and Repair	
RTC of Southern Nevada	Transportation	
Martin Luther King Senior Center	Transportation	
Nevada Senior Services	Geriatric Health & Wellness	
Rural RSVP	Personal Emergency Response System	
Rural RSVP	Transportation	
Alzheimer's Association of Southern NV	Caregiver Supportive Services	
Alzheimer's Association of Southern NV	Respite Vouchers	
Southern Nevada Transit Coalition	Transportation	

County	Program	Service
Douglas	Douglas County Senior Center	Transportation
	Douglas County Senior Center	Personal Emergency Response System
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	The Continuum	Home Safety, Modification and Repair
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
Elko	Access to Healthcare Network	Information, Assistance and Advocacy
	Elko County	Transportation
	Elko Band Council	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	Access to Healthcare Network	Information, Assistance and Advocacy
	Esmeralda	Rural RSVP
Rural RSVP		Transportation
Alzheimer's Association of Southern NV		Caregiver Supportive Services
Alzheimer's Association of Southern NV		Respite Vouchers
Eureka	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	Access to Healthcare Network	Information, Assistance and Advocacy
Humboldt	Senior Citizens of Humboldt County	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	Access to Healthcare Network	Information, Assistance and Advocacy
Lander	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	Access to Healthcare Network	Information, Assistance and Advocacy
Lincoln	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Southern NV	Caregiver Supportive Services
	Alzheimer's Association of Southern NV	Respite Vouchers

County	Program	Service	
Lyon	Lyon County Senior Center	Case Management	
	Lyon County Senior Center	Home Care Services	
	Lyon County Senior Center	Personal Emergency Response System	
	Lyon County Senior Center	Transportation	
	Rural RSVP	Personal Emergency Response System	
	Rural RSVP	Transportation	
	Alzheimer's Association of Northern NV	Caregiver Supportive Services	
	Alzheimer's Association of Northern NV	Respite Vouchers	
	Elvirita Lewis Forum	Respite	
	The Continuum	Home Safety, Modification and Repair	
	Maaverick Corporation	Elder Protective Services Case Management	
	Maaverick Corporation	Emergency Services	
	Access to Healthcare Network	Information, Assistance and Advocacy	
	Mineral	Mineral County Senior Center	Transportation
Rural RSVP		Personal Emergency Response System	
Rural RSVP		Transportation	
Alzheimer's Association of Northern NV		Caregiver Supportive Services	
Alzheimer's Association of Northern NV		Respite Vouchers	
Elvirita Lewis Forum		Respite	
The Continuum		Home Safety, Modification and Repair	
Maaverick Corporation		Elder Protective Services Case Management	
Maaverick Corporation		Emergency Services	
Access to Healthcare Network		Information, Assistance and Advocacy	
Nye		Pahrump Senior Center	Transportation
		Rural RSVP	Personal Emergency Response System
		Rural RSVP	Transportation
		Alzheimer's Association of Southern NV	Caregiver Supportive Services
	Alzheimer's Association of Southern NV	Respite Vouchers	
	Elvirita Lewis Forum	Respite	
	Pershing County	Pershing County Senior Center	Information, Assistance and Advocacy
Rural RSVP		Personal Emergency Response System	
Rural RSVP		Transportation	
Alzheimer's Association of Northern NV		Caregiver Supportive Services	
Alzheimer's Association of Northern NV		Respite Vouchers	
Elvirita Lewis Forum		Respite	
Maaverick Corporation		Elder Protective Services Case Management	
Maaverick Corporation		Emergency Services	
Storey	Access to Healthcare Network	Information, Assistance and Advocacy	
	Rural RSVP	Personal Emergency Response System	
	Rural RSVP	Transportation	
	Alzheimer's Association of Northern NV	Caregiver Supportive Services	
	Alzheimer's Association of Northern NV	Respite Vouchers	
	Elvirita Lewis Forum	Respite	
	Maaverick Corporation	Elder Protective Services Case Management	
	Maaverick Corporation	Emergency Services	
Access to Healthcare Network	Information, Assistance and Advocacy		

County	Program	Service
Washoe	Washoe County Senior Center	Case Management
	Washoe County Senior Center	Legal
	The Continuum	Adult Day Care
	UNR Board of Regents	Volunteer
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Alzheimer's Association of Northern NV	Respite Vouchers
	Elvirita Lewis Forum	Respite
	The Continuum	Home Safety, Modification and Repair
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Nevada Urban Indians	Home Care Services
	Access to Healthcare Network	Information, Assistance and Advocacy
	White Pine	White Pine Social Services
Rural RSVP		Personal Emergency Response System
Rural RSVP		Transportation
Alzheimer's Association of Northern NV		Caregiver Supportive Services
Alzheimer's Association of Northern NV		Respite Vouchers
Access to Healthcare Network		Information, Assistance and Advocacy

UNITS OF SERVICE DEFINITIONS

Service	Unit of Service
Adult Day Care	One hour
Caregiver Supportive Services	One contact with or on behalf of a caregiver and/or client or One hour of training/educational meeting in a group setting
Case Management	One hour
Case Management – Elder Protective Services	One hour
Companion	One hour of service
Emergency Services	One payment of an essential service
Food Pantry	One bag of food
Geriatric Assessment and Care Management	One hour of assessment, planning and/or care management service
Home Care Services	One hour of home attendant or personal care
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
Information, Assistance and Advocacy	One contact by telephone, in person, or on behalf of an older individual
Legal Assistance	One hour of legal assistance
Personal Emergency Response System	One Personal Emergency Response System installation
Respite Care Services	One hour of service
Transportation	Each time a client exits the vehicle; one trip is to be recorded
Volunteer Care	One hour of service
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

Complete information on these services can be found at:
http://www.nvaging.net/grants/serv_specs/service_specifications.htm