



NEVADA STATE PLAN FOR AGING

2021 - 2024

ABSTRACT

Nevada's trends, strategic focus, and goals in supporting older adults and family caregivers for the next three years.

Nevada Aging and Disability
Services Division

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Executive Summary

The Nevada Aging and Disability Services Division's (ADSD) State Plan for Aging covers the period October 1, 2021 to September 30, 2024. Due to the COVID-19 pandemic, Nevada received a one-year extension on the previous state plan. The next state plan will return to a four-year cycle. This plan outlines Nevada's efforts, in line with the Older Americans Act priorities, to ensure the effective provisions of supports and services to older Nevadans. Long term services and supports (LTSS) occur through collaborations of many partners including state agencies, local governments, for profit providers, and non-profit organizations.

Based on data available from the American Community Survey, Nevada's population of older adults, age 65 and older increased by 40% between 2011 and 2018. The growth of Nevada's older adult population is expected to continue in this trend, resulting in increased demand for services. Based on this trend, as well as last impacts of COVID-19 and efforts of the previous four years, this plan sets Nevada's strategic focus in four critical areas:

- *Recovery* from the impacts of the COVID-19 pandemic.
- *Health in Aging* as a policy throughout programs.
- *Protection and Advocacy* of all vulnerable Nevadans, ensuring equity in access for all populations.
- *LTSS Infrastructure* that has the capacity and resources to support growing needs within Nevada.

Developing this plan started in the Fall of 2019, prior to the pandemic. During this time, ADSD held over 30 community meetings with both the aging network providers and consumers, including family caregivers. ADSD also met with various partners such as the Federally Qualified Health Centers, Local Governments, and the Tribal Consultation to gather information to help set priorities for this plan. These efforts ended with a draft State Plan that was to be submitted in June 2020.

As a result of the COVID-19 pandemic, Nevada elected to ask for a one-year extension to help the state evaluate the impacts of the pandemic and any shifts needed. During this extension, the Aging and Disability Services Division continued to engage the network to discuss impacts of the pandemic. These efforts highlighted areas that previously were identified including equity in services, the intersection of health and social services, and gaps in the LTSS infrastructure to support the needs of older adults.

The outreach efforts, conducted pre-pandemic and beyond, set forth the stage for the Strategic Focus Areas of the State Plan for Aging Services. These Strategic Focus Areas helped to shape Nevada's goals, objectives and strategies.

This plan has established the following five goals:

- Goal 1: Promote and encourage older Nevadans and their families to make informed choices through a coordinated No Wrong Door (NWD) network.
- Goal 2: Promote age friendly community for Older Nevadans and their families throughout Nevada.
- Goal 3: Lead efforts to strengthen equity in service delivery throughout Nevada for targeted populations through collaborations and networking.
- Goal 4: Build capacity of community providers through partnership and leveraging resources.
- Goal 5: Increase healthcare advocacy and protections for adults who are vulnerable.

Nevada will use this plan, along with state agency reports, demographic trends, and stakeholder feedback, to shape policy recommendations and develop programming to support older Nevadans and family caregivers.

Efforts under this plan will be monitored and reported annually throughout the duration of this plan.

Introduction

The Nevada Aging and Disability Services Division has set forth this state plan with three overarching goals for older adults, people with disabilities, and care partners:

1. Build infrastructure and capacity.
2. Promote healthy living.
3. Advocate and protect.

The Nevada State Plan for Aging details these goals as the key Strategic Focus Areas for the State Plan. Nevada’s demographic trends, state agency reports, stakeholder feedback, and the COVID-19 crisis all demonstrate these goals are necessary to support older Nevadans and their family caregivers as outlined under the Older Americans Act of 1965 as reauthorized in 2020.

The ADSD utilizes this state plan to help coordinate long term services and supports (LTSS) for older adults and family caregivers to live in the setting of their choice.

LTSS Network and Structure

The Nevada Aging and Disability Services Division (ADSD) is one of 5 divisions under the Department of Health and Human Services. The Division is the designated state unit on aging and disability services and also serves as the single area agency on aging. ADSD is comprised of 8 units:

Nevada Early Intervention Services	Services for families with children under the age of three. Individualized Family Services focused on the family’s priorities and concerns.
Autism Treatment Assistance Program	Provides temporary assistance and funding to pay for evidenced based treatment such as Applied Behavior Analysis (ABA) for children on the Autism Spectrum, who are under the age of 20.
Developmental Services	Programs and services for individuals with intellectual and/or developmental disabilities of any age.
Community Based Care	Provides services to older adults and people with disabilities to remain in community-based settings of their choice.
Planning, Advocacy and Community Services	Responsible for strategic planning, councils and commissions, grant funded services and direct services for older adults, people with disabilities and family caregivers.
Adult Protective Services	Investigates reports of abuse, neglect, exploitation, isolation, or abandonment of vulnerable adults.

Office of Long-Term Care Ombudsman	Advocacy and education for residents, families and staff of long-term care facilities, including homes of individual residential care, residential facilities for groups, and nursing homes.
Administrative Unit	Fiscal, information technology, human resources, and quality assurance services for all units within ASD.

The Planning, Advocacy, and Community Services unit has primary responsibility for oversight and management of Title III programs of the Older Americans Act (OAA), as well as the Senior Community Service Employment Program (SCSEP). The state SCSEP grant serves Clark County only while the national SCSEP grant administered by AARP covers the remainder of the state. The SCSEP State Plan guides Nevada partners in the administration of the program and includes goals for additional coordination with other OAA services.

LTSS Partnerships

The mission of ASD is 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. Critical to this mission are a variety of partnerships and collaborations which includes:

Public Sector

- Division of Healthcare Financing and Policy
- Division of Public and Behavioral Health
- Division of Welfare and Supportive Services
- Division of Child and Family Services
- County & City Governments

Community Providers

- Non-profit organizations
- Personal Care Agencies
- Long Term Care Facilities including Group Homes
- Adult Day Care/Health Centers

Healthcare and Protection Agencies

- Office of Attorney General
- Office of Consumer Health Assistance
- Local Law Enforcement

Commission on Aging

Established in 1983, the Nevada Commission on Aging (COA) serves as an advisory body for the Division relevant to Nevada's older adults. The Commission on Aging duties include evaluating the needs of older adults in Nevada, establishing priorities for the work of the Division, review and approve the state plan, evaluate existing programs, and evaluate and recommend legislation affecting older adults. In state fiscal year 2019, the Commission on Aging has developed a new Policy subcommittee to help the Division and sister agencies evaluate policies to better support older adults through public programs.

Nevada's Tribal Network

There are 27 tribes across the state. According to the U.S. Census QuickFacts (2018) estimates, 1.7% (roughly 51,000) of Nevada's population is American Indian/Alaska Native. The Nevada Department of Health and Human Services is committed to partnering with the 27 Tribes within the State of Nevada through a Tribal Consultation Process Agreement. This coordination establishes and strengthens relationships with the Tribal Governments as well as provides education and outreach. A network of Liaisons represents each Division within the Department.

Ongoing Efforts

The Division Tribal Liaison works with tribal senior service directors and social service programs to provide education about our services, while also helping to gather

information on the specific needs of tribal members.

Through these efforts, tribes have connected with ADSD programs and community partners to address needs such as food security, Medicare, and Alzheimer's.



In state fiscal year 2018, the Pyramid Lake Tribe was awarded a small startup grant for Dementia Friendly Nevada activities. The result of this collaboration was a

community gathering that brought tribal members and providers from outside the tribe together to help increase awareness of dementia risk factors, reduce stigma around dementia and connect tribal members to services. These efforts culminated in a Nevada Tribal Summit on Brain Health and Dementia with 14 different Nevada Tribes being represented. The Dementia Friendly Nevada group continues to work with the tribes. In addition, these efforts have opened conversations with other ADSD programs and services with tribal representatives. During the COVID-19 pandemic, the Pyramid Lake Tribe was able to enter a contract with a local home delivered meal provider, Washoe County Senior Services, to provide meals to tribal members. This partnership

enabled these older adults to receive meals they would not have been able to access otherwise.

The Division will continue to visit, educate and build relationships with tribal communities and leaders to increase access to services that promote independent, healthy living among tribal members.

Trends

Nevada's population of older adults is approximately 438,000 (U.S. Census QuickFacts, 2018). Based on data available from the American Community Survey, Nevada's population of older adults, age 65 and older increased by 40% between 2011 and 2018. This increase is not only a result of the population aging, but also results from continued increases in migration of older adults to Nevada. The migration rates of individuals age 55-64 is particularly higher in rural areas of Nevada, which will result in increased service needs in areas that are already lacking access to critical services for older adults, most notably healthcare and transportation services.

Additionally, The American Community Survey data estimates approximately 14.3% of Nevada's older adults live alone, although this percentage has been decreasing (2018). The percentage of older adults living alone in 2013 was 24.6%. The factors that are influencing this is numerous, however one of the largest influences is the lack of availability of affordable housing for older adults. The primary source of income for Nevada's older adults is social security, with the average monthly income being \$1,347 (Social Security Administration). As such, approximately 24% of Nevadans ages 65-74 continue to work.

Health Status

In terms of health status, Nevada's population follows national trends closely with heart disease and cancer being the leading causes of death. Additionally, 5 of 7 leading chronic conditions also correlate with heart disease in Nevada. Of particular concern is the growing percentage of older adults who are obese. State data from the Behavioral Risk Factor Surveillance System (BRFSS), obesity is a growing problem with the percentage of individuals ages 60 and older who are obese increasing by 10% from 2015 to 2018. Approximately 30.5% of people ages 65-74 are obese.

The Centers for Disease Control notes the percentage of falls by older adults is 25.5% nationally. In Nevada, that is roughly 111,690 people who experience a fall each year. Falls are particularly dangerous after an acute care hospital stay and contribute to increased 30-day hospital readmission rates, particularly in older populations. For people ages 85 and older, 15.7% of readmissions within 30 days are due to two or more

falls. In 2018, an estimated 16,672 older adults went to a hospital or clinic associated with a hospital due to a fall.

Interestingly, Nevada's rate of outpatient utilizations is significantly lower than national rates but has stayed stable over the last several years while nationally, outpatient utilizations have increased. Fortunately, the percentage of individuals who are delaying or did not get medical care due to cost has been on a downward trend (CDC, National Center for Health Statistics Data).

Food Security

In 2018, the Nevada Office of Food Security published a report “Nutrition Programs for Older Nevadans and Preliminary Recommendations” which examined food security of older adults in Nevada. Based on that initial report, it was estimated that 14.8% of older adults were food insecure. In talking about food insecurity, it is important to understand the multiple factors that culminate in creating the problem. Most notably, understanding the social determinants of health that can lead to food insecurity. In Nevada, that includes factors such as the large land mass, resulting in a very rural/frontier landscape. In many of Nevada’s rural/frontier counties the percentage of older adults is the highest in our state. In 8 of 15 rural counties, the percentage of older adults is above 20%.



In 2020, the Office of Food Security published a new report “Hunger Among Older Nevadans amidst the COVID-19 Pandemic”. This report notes that not only are older adults especially vulnerable to food insecurity, but also highlights the unique challenges faced by this age group. This includes increased risk due to poor health conditions, lack of reliable social support and transportation; low fixed incomes, and functional limitations that impact their ability to obtain or prepare food. The COVID-19 pandemic exacerbated many of these factors, particularly because of the increase susceptibility of older adults to become severely ill with the COVID-19 virus. Additionally, early data from the U.S. Census Bureau, Household Pulse Survey, indicated that food insecurity among older Nevadans aged 55-64 was even greater than that of 65 and older. This presents an ongoing concern as this group ages into Medicare eligibility.

The pandemic increased the awareness and utilization of senior nutrition programs, most notably, home delivered meals and social services such as home delivered groceries. While the pandemic and restrictions associated with the pandemic are easing across the state, demand continues to be high for the variety of meal and food services offered throughout the pandemic. The rate of attrition that one would expect is

not happening within these programs. This highlights the importance and critical issue of food insecurity facing Nevada's older adults.

LTSS System

Within Nevada, our long-term services and supports (LTSS) system for older adults, people with disabilities and family caregivers consists of five key components:

- Long term care and planning
- Medicaid LTSS services
- Other LTSS services
- Primary and Chronic Care Coordination
- Advocacy and Protective Services

Nevada's efforts to streamline LTC planning, access to services and coordinate care across providers, through a no wrong door philosophy continue to evolve. The COVID-19 pandemic created an opportunity for Nevada to develop a rapid response effort that addressed immediate essential service needs (i.e., access to food), while also connecting individuals to long-term care planning through the Nevada Care Connection network. The lessons learned through this effort have helped to shape revisions to previous investments in our no wrong door network as well as look towards a future technology investment to continue efforts to streamline access to services.

The Aging and Disability Services Division (ADSD) along with the Nevada Department of Health and Human Services also recognizes the importance of the intersection of social services and health care services. Under the Department, ADSD along with our sister agencies are strengthening partnerships to promote health in aging across Nevada. The COVID-19 pandemic highlighted the importance and role of social service providers in connecting individuals to critical healthcare services. Increased efforts to educate individuals about the virus, risks, and ways to mitigate those risks became a collaborative effort of both social services and public health officials. As Nevadans settled into their new routines, respecting social distancing guidelines, the social service network continued to support older adults and family caregivers in accessing healthcare services through new methods, such as telehealth options, as just one example. As we move forward from the pandemic and begin to look forward, managing chronic health conditions, supporting individuals living with dementia, and promoting physical and nutritional health will become more important than ever before. While Nevada has been on a positive trajectory in many aspects, the long-term effects of the pandemic and impact to individual's health have not yet been realized.

Strategic Focus Areas

The Division has laid out the following strategic focus areas for this State Plan. These focus areas helped to inform the Goals and Objectives in the next section and these principles are laced throughout the strategies of Nevada's plan.

Recovery

As a result of the COVID-19 pandemic, the next three years will be focused on recovery. For the older adults, people with disabilities, and family caregivers we serve, that means ensuring they have access to basic services to promote well-being in terms of both their physical and mental health. It means continuing to build on the alliances and partnerships that were created during the pandemic to increase infrastructure throughout Nevada. Building upon innovation and flexible thinking to respond to the needs of the individuals we serve, is critical to supporting the increased demand for services.

For the LTSS network, recovery will be focused on creating natural connection points, and building systems to support access, while reducing administrative burden. Outside of the pandemic, the nation was also reminded of the many challenges faced by minorities and those traditionally underserved. The importance of these conversations, and barriers these populations face are not overshadowed by the pandemic, but

rather highlighted by the pandemic. We have a unique opportunity to increase support to the network through education, and to strengthen services through quality assurance activities.

The Recovery focus area will be advanced through efforts under Goal 1, Goal 2, and Goal 4.



Health in Aging

In alignment with the Administration for Community Living, Strategic Framework for Action: State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities, the Nevada Aging and Disability Services Division is committed to building programs and services that align health and social services. The intersection of these two systems not only will lead to improved opportunities for older adults to live healthy, independent lives, but it also presents an opportunity for our network of community-based organizations to increase resources to address the social determinants of health in our population.

In addition to finding the common ground and intersection of healthcare and social services, Nevada recognizes the importance of supporting older adults in nutrition education, physical activity, and maintenance of chronic health conditions. Over the past several years, various investments into these areas have resulted in several interventions being made available to Nevadans. In this state plan, efforts will be focused on continued promotion of these existing activities, while also building lasting partnerships with those in the healthcare sector that can help to connect more individuals with the services available.

Health in Aging is interlaced throughout the goals and objectives of this state plan but will specifically be addressed through strategies in Goal 2.



Protection and Advocacy

In the 2019, in the 80th session of the Nevada Legislature, Elder Protective Services became Adult Protective Services. Prior to this, Nevada was one of only four states that had not expanded protective services to all vulnerable adults. This significant step in elder justice highlighted the various challenges faced by vulnerable Nevadans as well as the opportunities to better serve them. By expanding the Adult Protective Services System, vulnerable Nevadans can receive earlier assistance to help detect, assess, intervene, and investigate abuse, neglect, and exploitation.

Based on 2019 data from the Nevada Adult Protective Services System, abuse was the most substantiated case type, constituting 35% of the cases. Self-neglect, representing 29% of substantiated cases, is the second highest case type in Nevada. Self-neglect often stems from underlying health, cognitive, or physical limitations, where an individual does not have a support network to help them manage.

Within Nevada, the rate of nursing home residents is 18.3 residents per 10,000 people, approximately half of the national rate. Nevada's Office of Long-Term Care Ombudsman is continuing efforts to reform long-term care facilities, supporting residents' rights, increasing person-centered choice within facilities, and increasing safety standards. Efforts to expand training, particularly in terms

of cultural competence will continue in this state plan. They are also working to increase awareness and outreach in facilities and building partnerships to promote systems advocacy for NV nursing home residents.

The Nevada Aging and Disability Services Division is addressing these needs through the development of a Protection and Advocacy unit that will include Adult Protective Services, Community Advocates, the Office of Consumer Health Assistance, and the Office of Long-Term Care Ombudsman to better advocacy and protection efforts. This new unit within the Division will create opportunities to increase consumer awareness about services available, as well as provide a team of support to address both healthcare and social services.

Strategies addressing protection and advocacy, including equity are the cornerstone of Goal 2 and Goal 5.

LTSS Infrastructure

Throughout Nevada, the rural nature of the state, low Medicaid reimbursement rates, and workforce shortages place a strain on the long-term services and supports (LTSS) network. As a result of the COVID-19 pandemic, providers and community partners alike have come together to ensure Nevada's older adults were able to stay safe throughout the pandemic. However, opportunities continue to build a stronger

infrastructure of support throughout Nevada.

Increasing opportunities for outreach and education to both for profit providers and our non-profit providers is needed to increase coordination of services and quality of services in Nevada.

The Aging and Disability Services Division is also looking at ways to support community partners in building business acumen. The COVID-19 pandemic has not only highlighted the need for creative, flexible service delivery, but also the need for diversifying resources and revenue to deliver services. As the nation and the state work towards recovery, this need will continue to be at the forefront of efforts in supporting the LTSS network.

The strategies throughout all of the Goals in this plan are focused on building infrastructure to support older adults, and family caregivers.



Quality Management

The Nevada Aging and Disability Services Division will monitor and report data measures (outlined in Appendix B) annually. Annual reports will be

published on the Division’s website by January 1, following each year of the plan.

The Division currently tracks data using the Wellsky Aging and Disability Application (formerly SAMS).

Additionally, the Division continues to engage with the network and consumers through quarterly Regional Planning Groups, focus groups, and advisory bodies. This allows for the Division to gather information about problem areas and make changes to programming accordingly to help address gaps.

Finally, ADSD is developing a Policy team within the agency. This team, coupled with the existing Quality Assurance team, will provide ongoing opportunities for continuous improvement in serving Nevada’s older adults, people with disabilities and family caregivers.

Duration of Plan

Due to the COVID-19 pandemic, Nevada asked for and received approval to extend the previous State Plan for Aging. The four-year cycle allows ADSD to complete and submit the state plan during the interim session of the Nevada Legislature. Based on the approved extension and to keep alignment of the state plan with the interim session, Nevada will submit this state plan as a three-year plan and return to the four-year cycle in the next plan.

The duration of this state plan will run from October 1, 2021, to September 30, 2024.



Goals and Objectives

Goal 1: Promote and encourage older Nevadans and their families to make informed choices through a coordinated No Wrong Door (NWD) network.

Objective 1.1 Promote Nevada Care Connection as the point of entry for information and assistance to access LTSS options.

Strategy 1.1a Expand outreach efforts to the community, targeting family caregivers, underrepresented older adults, and individuals in the gap who are at risk of Medicaid spend down.

Strategy 1.1b Use PSAs, local news, and public broadcasts to increase awareness of Nevada Care Connection.

Objective 1.2 Expand Nevada Care Connection capacity throughout Nevada.

Strategy 1.2a Identify additional partners and duplication of efforts to

streamline information and assistance efforts.

Strategy 1.2b Identify and implement policy and business process changes that support streamlined access to public programs.

Measures:

1.a Number of outreach events, PSAs, and public broadcasts by NWD team each year.

1.b Number of individuals and family caregivers served through Nevada Care Connection each year.

1.c Policy and business process changes implemented each year.



Goal 2: Promote age friendly community for Older Nevadans and their families throughout Nevada.

Objective 2.1 Promote healthy living, health equity and evidence-based health promotion programs throughout Nevada.

Strategy 2.1a Leverage partnership opportunities with FQHCs, Rural Health Clinics, Tribal Clinics, Medicaid, and

state public health services to promote healthy aging.

Objective 2.2 Improve access to social determinants of health which includes food security, housing, and transportation.

Strategy 2.2a Partner with existing initiatives to increase food security in seniors and promote programs to reduce social isolation throughout Nevada.

Strategy 2.2b Increase coordination with existing transportation initiatives to remove duplication of efforts and expand capacity of transportation services.

Strategy 2.2c Educate and partner with existing housing initiatives to promote the needs of older adults to ensure safe, affordable housing options.

Measures:

2.a Number of completers of evidence-based health promotion programs each year.

2.b Number of people served through programs to address social isolation each year.

2.c Decrease in the percentage of older adults who report being food insecure by the end of the plan.

Goal 3: Lead efforts to strengthen equity in service delivery throughout Nevada for targeted populations through collaborations and networking.

Objective 3.1 Increase efforts to promote cultural awareness and inclusion of underrepresented populations (i.e., Deaf and Hard of Hearing, LGBTQ, American Indian/Alaskan Natives, and Minorities)

Strategy 3.1a Ensure public program policies promote inclusion of underrepresented populations.

Strategy 3.1b Seek and support partnerships to increase access of services by American Indian/Alaska Natives and Minorities.

Strategy 3.1c Provide cultural competency training to ADSD staff and community partners at least once each year.

Objective 3.2 Expand efforts to support home and community-based services for Older Nevadans with cognitive impairment and/or dementia.

Strategy 3.2a Coordinate efforts with the Division of Public Health in response to the Healthy Brain Initiative and other initiatives to advance person-centered planning and support individuals living with dementia in the setting of their choice.

Strategy 3.2b Continue to partner and promote existing dementia friendly

efforts, like person-centered planning, throughout Nevada in alignment with the Nevada State Plan to Address Alzheimer's Disease.

Measures:

3.a Number of tribal members accessing services each year.

3.b Number of minorities accessing services each year

3.c Number of people with cognitive impairment receiving services each year.

Goal 4: Build capacity of community providers through partnership and leveraging resources.

Objective 4.1 Build capacity of the long-term services and supports network through partnerships and advocacy with state and local partners.

Strategy 4.1a Increase opportunities for education and advocacy to state and local decision makers.

Strategy 4.1b Continue to educate the network about building business acumen and diversifying resources.

Strategy 4.1c Ensure state policies and practices support coordination of services across providers.

Objective 4.2 Promote innovation and alternative service delivery models with community partners.

Objective 4.3 Strengthen all levels of the workforce (informal, volunteers,

paraprofessional, and professional) to increase access to services.

Measures:

4.a Number of people receiving services each year as reported in the state performance report.

4.b Amount of state general funds available for services each year.

4.c Amount of program income reported each year on the state performance report.

4.d Number of trainings provided to the workforce each year.

Goal 5: Increase healthcare advocacy and protections for adults who are vulnerable.

Objective 5.1 Increase awareness of protection and healthcare advocacy services across Nevada.

Strategy 5.1a Promote preventive services through Medicare Assistance Programs in partnership with the Nevada Health Insurance Exchange and other partners.

Strategy 5.1b Continue outreach and promotion activities for Adult Protective Services, Office for Consumer Health Assistance, and the Office of Long-Term Care Ombudsman.

Objective 5.2 Expand capacity of healthcare advocacy and protection services across Nevada.

Strategy 5.2a Increase the range of Legal Assistance services provided to older adults.

Strategy 5.2b Streamline healthcare advocacy and protection services to coordinate services and remove duplication of efforts.

Strategy 5.2c Promote volunteer opportunities within the Office of the Long-Term Care Ombudsman

Strategy 5.2d Increase Long-Term Care Ombudsman efforts to advocate for individuals in supported living arrangements.

Measures:

5.a Number of outreach events each year.

5.b Number of people served by case type (Legal Assistance)

5.c Number of volunteers trained by the Long-Term Care Ombudsman program.



Appendix A – 2016 State Plan Highlights

The 2016-2020 Nevada State Plan for Aging was a robust plan that focused on collaborations and realignment of policies. The following are a summary of activities completed by the Aging and Disability Services Division during the previous State Plan on Aging Services.

- Developed standardized training for no wrong door partners to implement resource and service navigation (person-centered counseling) consistently statewide.
- Implemented a Level 1 training to introduce community partners and state agency staff to the no wrong door concept and person-centered practices.
- Updated service specifications to include person centered language throughout services.
- Implemented electronic referral processes using the Wellsky Aging and Disability case management software.
- Increased outreach efforts through Nevada Tribal Consultations and increased partnerships with Nevada Tribes through Dementia Friendly Nevada project.
- Working towards 508 compliances on the ADSD website.
- Publishes a Resource Guide of all community services available through subawards from ADSD.
- Supported a pilot care transitions program that supported people living with dementia transition from acute care hospital stays back to home.
- Expanded Elder Protective Services to Adult Protective Services in order to investigate case of abuse, neglect, and exploitation of all vulnerable adults.
- Combined the State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) programs into the Nevada Medicare Assistance Program to build efficiencies and strengthen support of Medicare beneficiaries in Nevada.
- Increased utilization of evidence-based programs by people living with dementia and their family caregivers.
- Completed the National Core Indicators for older adults.
- Increased meal reimbursement rates for home delivered meals and congregate meals.

Appendix B – State Plan Measures

- 1.a** Number of outreach events, PSAs, and public broadcasts by NWD team each year.
- 1.b** Number of individuals served through Nevada Care Connection each year.
- 1.c** Policy and business process changes implemented each year.
- 2.a** Number of completers of evidence-based health promotion programs each year.
- 2.b** Number of people served through programs to address social isolation each year.
- 2.c** Decrease in the percentage of older adults who report being food insecure by the end of the plan.
- 3.a** Number of tribal members accessing services each year.
- 3.b** Number of minorities accessing services each year
- 3.c** Number of people with cognitive impairment receiving services each year.
- 4.a** Number of people receiving services each year as reported in the state performance report.
- 4.b** Amount of state general funds available for services each year.
- 4.c** Amount of program income reported each year on the state performance report.
- 4.d** Number of trainings provided to the workforce each year.
- 5.a** Number of outreach events each year.
- 5.b** Number of people served by case type (Legal)
- 5.c** Number of volunteers trained by the Long-Term Care Ombudsman program.

Appendix C – Supporting Reports

The following list of reports were referenced throughout this plan and helped to inform Nevada's strategies.

1. ALC Strategic Framework for Action: [State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities.](#)
2. Nevada Office of Food Security: [Nutrition Programs for Older Nevadans and Preliminary Recommendations.](#)
3. Nevada Office of Food Security: [Hunger Among Older Nevadans Amidst the COVID-19 Pandemic.](#)
4. Nevada Aging and Disability Services Division: [Elders Count Nevada 2021.](#)
5. Nevada Governor's Office: [Framework for Recovery.](#)
6. Nevada Aging and Disability Services Division: [General Service Specifications.](#)
7. Nevada Aging and Disability Services Division: [Senior Community Service Employment Program State Plan](#)

Attachment A – State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

ASSURANCES

Sec. 305, ORGANIZATION

- (a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .
- (2) The State agency shall—
 - (A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general-purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.
 - (B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .
 - (E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan.
 - (F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and
 - (G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas.
 - (ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.
 - (iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .
- (c) An area agency on aging designated under subsection (a) shall be— . . .
- (5) in the case of a State specified in subsection (b)(5), the State agency and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning

and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES OR AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance.

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated.

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I).

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area.

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis

on—

(I) older individuals residing in rural areas.

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas).

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).

(IV) older individuals with severe disabilities.

(V) older individuals with limited English proficiency.

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan.

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families.

(ii) if possible, regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs.

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area.

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care.

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers.

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings.

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs.

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging.

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement.

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title.

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title.

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title.

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212.

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area.

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency.

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals aged 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services.

(B) land use.

(C) housing.

(D) transportation.

(E) public safety.

(F) workforce and economic development.

(G) recreation.

(H) education.

(I) civic engagement.

(J) emergency preparedness.

(K) protection from elder abuse, neglect, and exploitation.

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds.
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a state agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers.
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

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

(B) be based on such area plans.

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

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State.

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

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

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to

low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services.

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services.

(ii) such services are directly related to such State agencies or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a state program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount

expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent abuse of older individuals.
- (ii) receipt of reports of abuse of older individuals.

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate.

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas.

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities.

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who —

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently.

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705 (a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall —

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made —

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in

the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State.

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency.

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals ages 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY. —In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse.
 - (ii) receipt of reports of elder abuse.
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate.
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information.
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order...



, Administrator

Date: July 1, 2021

Signature and Title of Authorized Official

Attachment B – Information Requirements

Section 305(a)(2)(E)

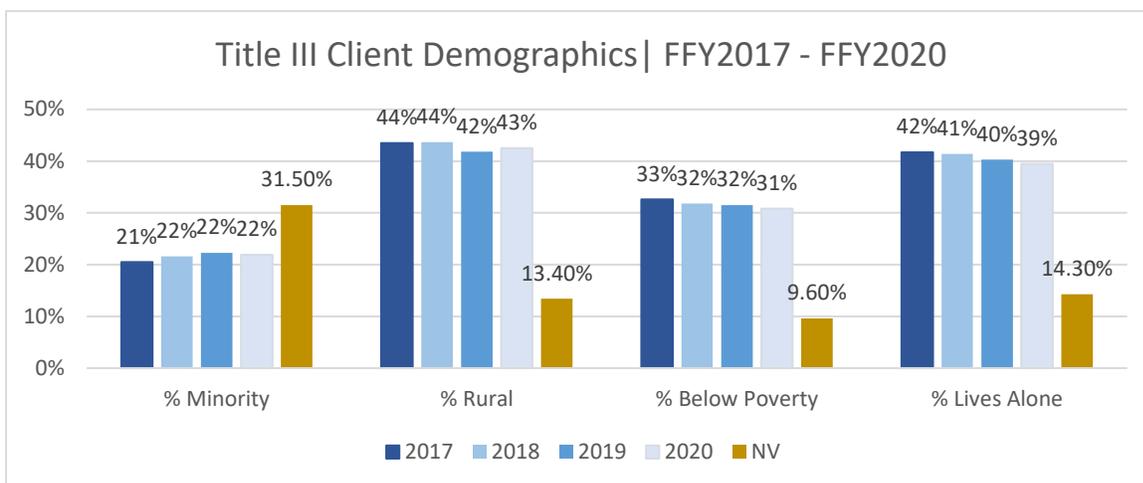
The Plan describes the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

State Response:

The Nevada Aging and Disability Services Division (ADSD) is a Single State Unit on Aging therefore, it has no AAAs. Instead, the Division provides subawards throughout the state for older adult services. In keeping with the above requirement, ADSD has [General Requirements](#) for all subrecipients of the Division which includes target populations. Section 7.1 states:

Grantees are required to target services to older individuals at risk for institutional placement and individuals with greatest economic and social need, with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

The chart below represents the percentage of total clients served that are minority, rural, below poverty or lives alone for the past four federal fiscal years. The gold bars represent the total percentage of older adults in Nevada in these demographic categories. While Nevada’s efforts have been successful in reaching rural, low-income, and older adults who live alone, more targeting is needed to reach minority populations in this state plan (Objective 3.2).



Section 306(a)(6)(I)

The Plan describes the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

State Response:

ADSD is the single Area Agency and is the state agency that administers the assistive technology program. The State's Assistive Technology program is housed within the Planning, Advocacy, and Community Services unit along with the Older American Act Title III programs. Co-locating these programs within the same unit allows the state to share information across the network to promote assistive technology and access for older adults in Nevada.

Section 306(a)(17)

The Plan describes the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

State Response:

ADSD is a single State Unit on Aging with no AAA's. In keeping with the above requirement, ADSD has General Requirements for all subrecipients which includes Emergency Preparedness standards. Specifically:

9.5.a Subrecipients are required to develop written procedures for staff to follow in addressing client medical emergencies. The procedures must address the basic steps staff members need to take in responding to an actual or potential emergency. Programs providing services in the homes of clients should also develop procedures when clients do not answer the door or cannot be located during a scheduled visit.

9.5.b When services are provided in a facility, subrecipients are required to develop written emergency procedures for fire, flood, earthquake, bomb threat, physical assault/threat and other natural and technological disasters that might require emergency response and/or evacuation of the facility.

9.5.c If a life-sustaining service, such as home-delivered meals, is provided, subrecipients are required to develop a plan for continuing services during or after an emergency, which may include written agreements with other agencies to provide services if the subrecipient is non-operational.

9.5.d Subrecipients are required to work with governmental agencies during emergencies to ensure the safety of clients and others in the immediate community or adjacent affected communities.

Additionally, ADSD has developed Continuity of Operations Plans (COOP) to ensure critical services are maintained in the event of an emergency.

Section 307(a)(2)

The plan shall provide that the State agency will specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

State Response:

ADSD is a Single State Unit on Aging without AAAs. The Division also uses its portion of Nevada’s Master Tobacco Settlement Funds for Independent Living Grants (ILGs), to fund some supportive services to older adults, age 60 and older. ILG Funding provides about twice as much funding as the federal OAA Title III-B allocation to Nevada. Because Nevada uses both Title III-B and ILG for the same purpose and in accordance with Title III-B requirements, service funding may shift between the two funding streams.

The proportion of funding for Access, In-Home and Legal Assistance is factored against the total funding allocated for supportive services (Title III-B and ILG) for SFY21 (July 1, 2020 – June 30, 2021).

- Access = 17%
- In-Home =24%
- Legal Assistance = 7%

The remaining 48 percent of the Title III-B and ILG funding is allocated for services such as Adult Day Care, Geriatric Health and Wellness Education, Representative Payee, and Food Security services.

Section 307(a)(3)

The plan shall-

With respect to services for older individuals residing in rural areas--

- *provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;*
- *Identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*

- *Describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

State Response:

ADSD so assures. In State Fiscal Year 2018, Nevada began efforts to increase efforts to distribute funding throughout our 17 counties for core services. This effort began with the implementation of a county-based funding formula for the Nevada Care Connection Resource Centers (aka ADRCs). This funding formula considers total population of older adults and people with disabilities and population density.

In state fiscal year 2020, Nevada ADSD made two significant changes to funding to help target rural services. First, all services were grouped into service categories which includes: Access to Services, Caregiver Support, Transportation, In-Home Services, Legal Assistance, Food Security, Evidence-Based programs, and Ancillary Services. Available funding is allocated to each service category based on prior expenditures.

The second change was the implementation of a county-based allocation for social services to disperse funding throughout Nevada. The goal of this effort is to encourage applications to target rural areas for the core services offered by ADSD. Depending on the service category, the county-based allocation considers factors such as total population, population of people age 60 and older, minority population and population density. Currently, this regional allocation has been implemented for Access to Services, Transportation, and Legal Assistance.

Additional activities to meet the needs of older Nevadans living in rural areas include:

- Convenes quarterly Regional Planning Groups with its grantees, to obtain ongoing feedback on needs and service delivery problems. Each of these four groups has rural grantee participants.
- Requires grantees to provide evidence of outreach to target populations, which is reviewed during program assessments.
- Conducts a two-year competitive grant cycle that requires applicants to justify their funding requests with statistical data, validated waitlists, and service scope and projected performance measures.
- Conducts periodic surveys of grantees and their clients for specific input on service priorities, adequacy, gaps and emerging needs for services.
- Allocates \$666,997 in “Hold Harmless” senior services funding proportionately among III-B and III-C grantees in Rural Nevada. This funding is allocated to ADSD annually from the Nevada General Fund, to help offset the higher cost of providing services in Rural Nevada communities.

For SFY 2021, ADSD allocated a total of \$4,894,160 for Access, In-Home services, and Legal Assistance services to support older adults throughout Nevada.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

State Response:

ADSD so assures. For a description of how the needs of Rural Nevada seniors are met, please see the preceding response for Section 307(a)(3). The state as identified Transportation as a high priority need, particularly in rural areas to help individuals access services which is why the county formula was first applied to this service category first.

Section 307(a)(14)

The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

- *identify the number of low-income minority older individuals in the state, including the number of low-income minority older individuals with limited English proficiency.*
- *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

State Response:

Based on the 2019 American Community Survey 1 year estimates, 69,229 people age 60 and older have income below poverty level. Approximately 31.5% of Nevada's population is a minority, meaning there is approximately 21,000 low-income, minority older adults living in Nevada.

To meet the needs for low income, minority older individuals with limited English proficiency, ADSD conducts the following activities:

- Convenes quarterly Regional Planning Groups with its grantees, to obtain ongoing feedback on needs and service delivery problems.
- Conducts a two-year competitive grant cycle that requires applicants to justify their funding requests with statistical data, validated waitlists, and service scope and projected performance measures.
- Requires grantees to provide evidence of outreach to target populations, which is reviewed during program assessments.

- Monitors grantees at least annually, to determine if they are meeting their performance projections, which include outreach to low-income minority individuals.

Section 307(a)(21)

The plan shall:

Provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (Title III), if applicable and specify the ways in which the State agency intends to implement to activities.

State Response:

ADSD so assures.

In addition, ADSD participates on quarterly Tribal Consultations, to learn of challenges experienced by Nevada tribes relevant to tribal elders service need and access issues. These challenges are either addressed during the Consultation or brought back to ADSD for problem solving with staff and follow-up action. The consultations are also an opportunity to share information with the tribes about activities of ADSD.

Section 307(a)(27)

The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

Such assessment may include—

- *the projected change in the number of older individuals in the State;*
- *an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;*
- *an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and*
- *an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services*

State Response:

Based on data in the Elders Count Nevada 2021 report, Nevada has experienced a 40% increase in population age 65 and older between 2011 and 2018. This growth is 14% higher than that of the United States average and is expected to continue to grow

through 2030. Likewise, the population of people age 85 and older was 25% during this same time period, more than double the national rate.

The Nevada Aging and Disability Services Division has committed to publishing the Elders Count Nevada report bi-annually to continue to monitor the population growth, health status, and infrastructure to support older adults in Nevada. This report is used by state leadership, state lawmakers, and advocacy groups to help guide policy decisions.

The data in this report, combined with State Performance Report data will be used to analyze service priorities and gaps throughout this State Plan.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

State Response:

Please see the response above to Section 306(a)(17).

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

State Response:

Please see the response above to Section 306(a)(17). The ADSD Administrator is the agency lead for activation of the Continuity of Operations Plan.

Section 705(a)(7)

The State shall include in the State Plan submitted under section 307: (7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State Plan submitted under section 307:

- 1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
- 2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

- 3) *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
- 4) *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
- 5) *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
- 6) *An assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
 - a. *In carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:*
 - i. *Public education to identify and prevent elder abuse;*
 - ii. *Receipt of reports of elder abuse;*
 - iii. *Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
 - iv. *Referral of complaints to law enforcement or public protective service agencies if appropriate;*
 - b. *the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
 - c. *All information gathered in the course of receiving reports and making referrals shall remain confidential except--*
 - i. *If all parties to such complaint consent in writing to the release of such information;*
 - ii. *If the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
 - iii. *Upon court order.*

State Response:

ADSD so assures all of the above and that a description of how each is implemented is contained within the State Plan.

Attachment C – Intrastate Funding Formula

The Nevada Aging and Disability Services Division (ADSD) has re-examined its funding formula to ensure core services are available throughout Nevada’s 17 counties. As a single planning and service area, the formula is designed to help ensure equitable distribution on a statewide basis. This approach is similar to the previous state plan, however, is taking a more targeted approach to ensure funding is distributed more consistently across service categories and counties within Nevada.

The formula takes into account multiple factors for each of Nevada’s 17 counties including:

- Population – 60 years of age or older
- Population – 300% of Federal Poverty Level
- Population – Minority Status
- Modified Density

Table 1 – Nevada County Demographics, U.S. Census – 2017 5 Year Estimates

	Population 60+	Low Income (300% FPL)	Minority Status	Modified Density
Carson City	14,410	28,801	10,356	0.14
Churchill	5,694	13,965	3,699	0.59
Douglas	16,331	20,741	5,621	0.25
Elko	8,008	20,308	6,594	0.69
Esmeralda	386	689	111	1.48
Eureka	452	560	31	1.34
Humboldt	3,163	7,206	2,033	0.83
Lander	1,155	2,011	636	0.98
Lincoln	1,418	2,366	661	1.27
Lyon	14,565	28,939	7,375	0.34
Mineral	1,341	2,455	1,708	0.94
Nye	15,960	25,144	7,404	0.75
Pershing	1,468	2,856	1,119	0.97
Storey	1,510	1,628	272	0.41
Washoe	95,558	219,594	90,892	0.24
White Pine	2,291	4,203	1,390	0.97
N. Rural Clark (Mesquite)	8,679	18,968	11,882	0.27
N. Rural Clark (Overton)	1,751	9,484	5,941	0.52
S. Rural Clark Laughlin	4,954	9,484	5,941	0.53
LV West	127,876	294,000	184,175	0.14
LV South	106,637	246,581	154,469	0.09
LV East/Central	100,645	237,097	148,528	0.06
LV North	55,076	132,774	83,176	0.07
State Total	589,328	1,329,854	734,016	13.85

Due to the fact that most of Nevada's population is concentrated in Clark County, ADSD has divided Clark county into 7 regions.

In distributing funding, ADSD has also allocated funding by service category. The allocations are based on historical funding levels as well as priority services based on stakeholder feedback. The service categories for older adult supportive services include:

- *Access to Services* – includes resource and service navigation (person centered counseling), case management and Medicare Assistance Programs (SHIP, SMP, and MIPPA);
- *Transportation* – includes direct service and voucher programs;
- *In-Home Services* – includes services such as homemaker services, senior companion, and personal emergency response systems;
- *Caregiver Support* – includes respite, caregiver support programs, and adult day care;
- *Food Security* – includes food pantry, home delivered groceries and other food security services;
- *Evidence Based programs* – includes evidence based and evidence informed services for older adults and caregivers;
- *Legal Assistance* – provision of advice, limited representation, or representation of older adults in a variety of legal cases;
- *Ancillary Services* – other programs and services that do not fit in the above categories.

ADSD utilizes a combination of Older Americans Act, Title III funding, Fund for Healthy Nevada -Independent Living Grants, and State General funds to provide services in the above categories. The breakdown of the service categories implemented in State Fiscal Year 2021 is below. This breakdown will be evaluated in the final year of each State Plan for Aging services.

- Access to Services – 17%
- Transportation – 19%
- In-Home Services – 24%
- Caregiver Support – 25%
- Food Security – 3%
- Evidence Based programs – 2%
- Legal Assistance – 7%
- Ancillary Services – 3%