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AGING AND DISABILITY SERVICES DIVISION



Independent Living Grants
Annual Report

SFY 2016

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EXECUTIVE FINDINGS

1. Independent Living Grants provide supportive social services that delay or prevent institutionalization of frail, elderly Nevadans, saving millions in Nevada General Fund dollars. (Ref. Page 2: “The Economic Sense of Funding ILGs”)
2. During SFY 2016, ILG grants served 18,386 unduplicated consumers, at an average annual expenditure of \$289 per consumer – 52 times less expensive than the annual General Fund expenditure of \$14,994 to institutionalize a Medicaid consumer. (Ref. Page 2: “The Economic Sense of Funding ILGs”)
3. Relevant to income status, 51 percent of ILG consumers (9,295) live at or below 100 percent of the Federal Poverty Level, or \$990.83 monthly for a single person in SFY16. Absent other disqualifying assets, this income level meets the “financial” eligibility criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 5: “Consumer Income and Medicaid Eligibility”)
4. More than 42 percent of ILG consumers (7,691) had three or more deficits in Instrumental Activities of Daily Living (IADLs). Without social supportive services, these consumers are at risk for deteriorating to institutionalization. (Ref. Page 4: “Functional Deficits as a Risk Factor”)
5. About 16 percent of ILG consumers (2,860) are *severely* frail and considered at imminent risk for institutionalization. Each has at least three deficits in Activities of Daily Living (ADLs). This level of frailty meets the “functional” criteria for Medicaid coverage in a skilled nursing facility. (Ref. Page 4: “Functional Deficits as a Risk Factor”)
6. Almost 8 percent of severely frail ILG consumers (1,544) also likely meet the “financial” criteria for Medicaid coverage, because they live on incomes at or below 100 percent of the Federal Poverty Level (FPL). Factoring this with the annual cost to Nevada for each Medicaid consumer in a skilled nursing facility, ILGs help save at least \$23 million in Nevada General Fund annually. (Ref. Page 2: “The Economic Sense of Funding ILGs”)
7. The accounts of consumers and social workers about consumers are compelling and underscore older adult Nevadans’ struggles and desire for independence. ILG services comprise a vital safety net that stands between these older adults and their complete loss of independence. (Ref. Pages 9-20: *ILG Service Descriptions and Consumer Vignettes*)
8. Loss of Independent Living Grant services would create a cascading effect of overwhelming numbers of frail, elderly Nevadans, who would rather live independently, instead declining to incapacitation and skilled nursing facility placement.

INDEPENDENT LIVING GRANTS

Historical Perspective

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

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

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

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

The Economic Sense of Funding ILGs

In addition to supporting seniors' desire to live independently in the community, funding ILGs simply makes economic sense for the State. Skilled nursing facility care is almost 52 times the average annual cost of caring for an ILG consumer at home.

ILG Community-Based Care Vs. Medicaid-Supported Institutionalization	
Annual Average Medicaid (General Fund Expenditure) per Skilled Nursing Facility Resident*	\$14,994
Annual Average ILG Expenditure per Consumer = 2% of Medicaid Institutionalization Cost**	\$289

*Based on the 2016 weighted average Medicaid Skilled Nursing Facility daily rate of \$116.66, with the Nevada share being \$41.08 per Medicaid bed day X 365 days = \$14,994 per year, per consumer. (Mary Gordon, MA3, DHCFP Rates & Containment Unit)

**Based on the total number of unduplicated ILG consumers served in SFY 2016 (18,386), divided into the funding allocated to serve these consumers (\$5,309,085), for annual average cost of serving an ILG consumer (\$289).

Considering that 1,544 ILG consumers live at or below 100 percent FPL and have three or more ADL deficits, it is reasonable to estimate that ILGs achieve at least \$23M in General Fund savings each year.

Types of Services Funded

NRS 439.630, Section 1 (d) states that the Aging and Disability Services Division will allocate the available ILGs for persons age 60 and older for:

- Respite Care for relief of informal caretakers, and caretakers for persons of any age with Alzheimer's disease or other related dementia.
- Transportation to new or existing services to assist senior citizens in living independently; and
- Care in the Home, which allows senior citizens to remain at home instead of in institutional care.

Service Targeted to Most Vulnerable Seniors

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

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

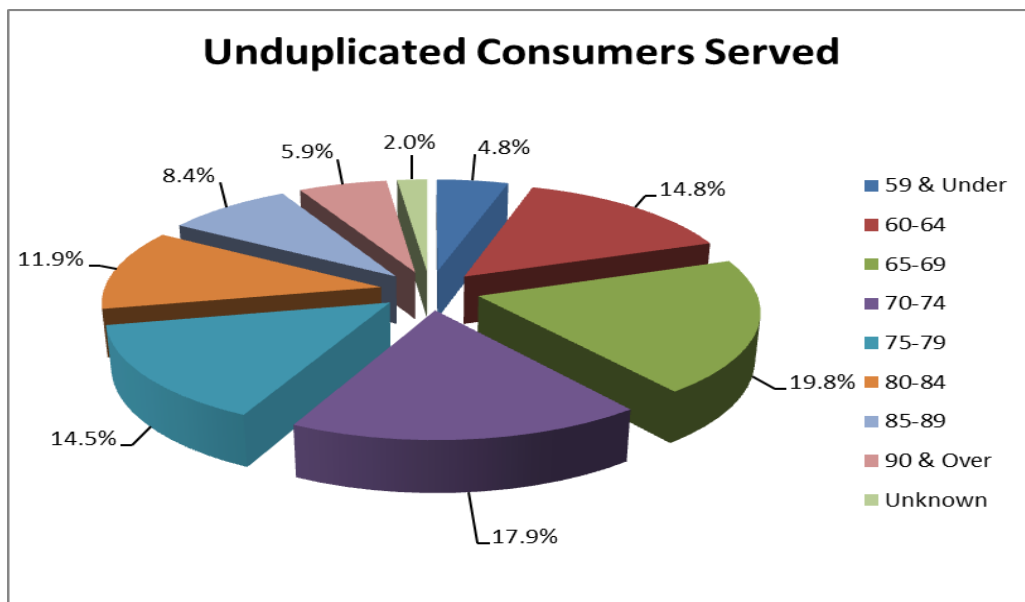
2016 Profile of ILG Consumers for Age, Function and Income Risk

Significant numbers of the 18,386 ILG consumers are aged, frail and live on low incomes.

Age as a Risk Factor

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

- 41 percent is age 75 and older – 7,477 consumers.
- 26 percent is age 80 and older – 4,812 consumers.



Functional Deficits as a Risk Factor

Of the 18,386 consumers served, about 6,609, or 36 percent of ILG consumers, are considered at risk due to having one or more deficits in Activities of Daily Living (ADLs) and about 10,631, or 58 percent of ILG consumers, are considered at risk due to having one or more deficits in Instrumental Activities of Daily Living (IADLs).

A total of 2,860 or about 16 percent of ILG consumers have three or more ADL deficits, which make them at imminent risk for institutionalization and able to meet the “functional” criteria for Medicaid coverage if institutionalized. ADLs consist of the self-care tasks listed below:

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

A total of 7,691 or about 42 percent of ILG consumers have three or more IADL deficits, due to their inability to perform tasks listed below:

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

Consumer Income and Medicaid Eligibility

The Division collects data on the number of ILG consumers who live at or below 100 percent of the 2016 Federal Poverty Level, which for a single person is \$990.83 per month. In SFY16, 9,295 ILG consumers, or about 51 percent, had a monthly income at or below 100 percent of the Federal Poverty Level. Although Medicaid eligibility has additional criteria, this income is less than half at which a single person can financially qualify for Medicaid coverage in a skilled nursing facility - \$2,199. This means that most ILG consumers likely live at or near incomes that would financially qualify them for Medicaid coverage in a skilled nursing facility, if they deteriorated physically.

Physical/Financial Capacity of ILG Consumers	Number of ILG Consumers	% of ILG Consumers
Three or more deficits in Activities of Daily Living	2,860	16%
Three or more deficits in Instrumental Activities of Daily Living	7,691	42%
Living at or below 100% Federal Poverty Level (FPL)	9,295	51%
Three or more ADL deficits <i>and</i> Living at or below 100% FPL	1,544	8%

How ILG Funds are Awarded

Programs funded for SFY 2016 were in Year-1 (Y-1) funding of a two-year cycle that spans July 1, 2015 to June 30, 2017.

- Request for Proposal February 5, 2015
- Applications due March 19, 2015
- Application reviews* Spring 2015
- Y-2 grant year (SFY17) July 1, 2016 – June 30, 2017

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

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

For the SFY 2016 grant period, July 1, 2015, through June 30, 2016, \$5,309,085 was allocated to grantees, after the following funding was first reserved: \$196,554 for the Division's Community Service Options Program for the Elderly (COPE); \$295,413 for Homemaker Services - Elder Protective Services; and \$200,000 for the Assisted Living Program Reserve.

Assisted Living Program Reserve

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

This funding is only available for assisted living facilities that satisfy the criteria for certification set forth in statute (NRS 319.147 – see below) and that are financed through tax credits relating to low-income housing or other public funds. Funded facilities provide or arrange for the provision of case management services for their residents, guarantee affordable housing for a period of at least 15 years and satisfy any other requirements set forth by the ADSD.

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

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

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

1. The Division [Housing Division of the Department of Business and Industry] shall certify an assisted living facility for the purpose of providing services pursuant to the provisions of the home and community-based services waiver which are amended pursuant to NRS 422.2708 if the facility:
 - (a) Provides assisted living supportive services to senior citizens of low or moderate income;
 - (b) Provides or arranges for the provision of case management services for its residents;
 - (c) Guarantees affordable housing for a period of at least 15 years after the facility is certified;
 - (d) Is financed through tax credits relating to low-income housing or other public funds; and
 - (e) Satisfies any other requirements set forth by the Division in any regulations adopted by the Division.
2. The Division shall adopt regulations concerning the certification of assisted living facilities pursuant to this section.
As used in this section:
 - (a) “Assisted living facility” has the meaning ascribed to it in paragraph (a) of subsection 3 of NRS 422.2708.
 - (b) “Assisted living supportive services” has the meaning ascribed to it in paragraph (b) of subsection 3 of NRS 422.2708.

(Added to NRS by 2005, 922)

ILG Grants for SFY 2016

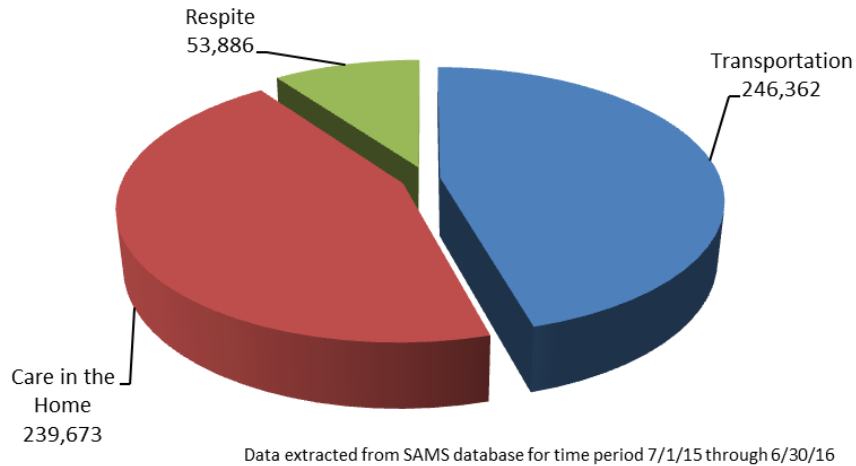
A table on pages 21-24 of this report provides a county-by-county listing of the agencies that received funding. In SFY 2016, about 46 percent of ILG funds were allocated for Transportation Services, 10 percent for Respite Care and 44 percent for Care in the Home.

ILG Units of Service Provided

In SFY 2016, ILGs provided Units of Service during the 12-month grant period, as depicted on the following page. Variations that occur from year-to-year in the number of service units in the three service areas are largely due to moving one or more types of services between ILG and Title III-B federal funding of the Older Americans Act (also Supportive Services) to maximize

funding. “SAMS,” referenced in the note below the graphic, is ADSD’s consumer data tracking system – the Social Assistance Management System (SAMS).

Units of Service Provided - SFY '16



SFY16 Independent Living Grant Dollars at Work		
Services Provided July 1, 2015 through June 30, 2016	Individuals Served*	Service Units**
Transportation	4,691 / 12,494	246,362
Respite Services	935 / 57	53,886
Care in the Home		
Aging and Disability Resource Center	3,287 / 6,321	30,914
Adult Day Care	37	1,812
Case Management	4,221	9,747
Food Pantry	3,881	18,998
Home Safety, Modification and Repair	742	4,260
Homemaker	465	19,380
Legal Assistance	0 / 4,323	6,887
Legal Assistance (Ward Representation)	215	1,844
Medical Nutrition Therapy	138	179
Medication Management	105	337
Personal Emergency Response System	487	2,927
Representative Payee	142 / 12	5,171
Senior Companion	488	70,327
Volunteer Care and Assistance	2,720 / 3,470	66,890
TOTAL	18,386 / 26,677	539,921

* Numbers to the left of a "/" are unduplicated consumers. Numbers to the right of a "/" are consumers served in a group setting and are not unduplicated. Also note, because one consumer may receive more than one ILG Supportive Service, the addition of numbers in the Individuals Served column will not add up to total number of 18,386 unduplicated consumers.

**Service Units are defined on page 25 of this report.

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

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

ILG SERVICE DESCRIPTIONS AND CONSUMER VIGNETTES

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

Respite Care

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

Caregivers are the backbone of the long-term supportive services system in the United States, providing the majority of care for people who need help with activities, such as bathing, eating, paying bills and taking medication. Most of this caretaking is unpaid and is a vital safety net that helps prevent seniors from being institutionalized. In its most recently available estimate, the AARP Public Policy Institute estimates the value of caretaking in the United States at \$470 billion. The AARP report adds that: more than half of family caregivers say they are overwhelmed by the amount of care needed; nearly 40 percent report a moderate to high level of financial strain from caregiving; and caregivers spend an average of 18 hours a week providing care, with 60 percent of these caregivers also working full-time jobs.

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

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

Respite care recipients relay the following comments:

Ms. J says: “I am the exclusive and fulltime caregiver for my mother, who has been diagnosed with dementia. I have not worked for the last year, so that she can remain at home. [Respite voucher service] has been invaluable providing a vetted healthcare professional part time to assist in her care.”

“I have times when I get so angry at the disease (Alzheimer’s) stealing my husband from me,” says Ms. M. “I would lie if I didn’t say that I haven’t thought of placement, but it was only during times when I was at a weak and frustrated point in my life. I have joined the gym and senior center where I can burn off energy and improve health and try to get more social time. These are only possible with the extra respite time.”

Ms. T describes her respite worker as “excellent, kind and efficient” and has described the respite program in general as a “lifesaver.” This caregiver had been caring for her mother with dementia for a few years when she (the caregiver) was diagnosed with cancer this year. As she battles her own cancer while still providing the best care for her mother, she has been greatly appreciative of the respite services she has received from Nevada Senior Services (NSS). NSS was able to increase the number of days when Ms. T’s respite worker is with her, from one day a week to five days a week, to accommodate her changing needs.

Transportation

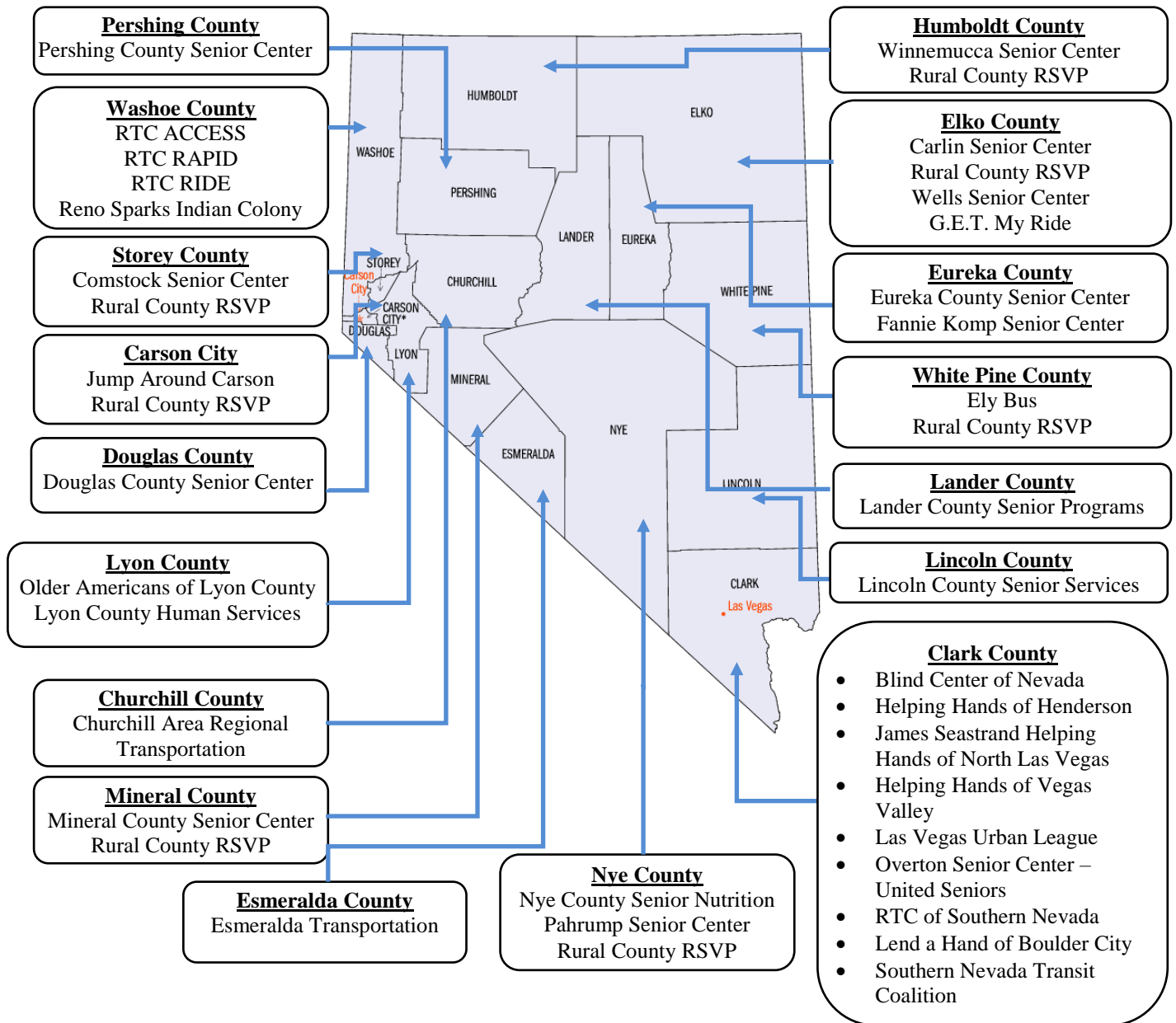
Regarding the importance of mobility for seniors, most experts say that maintaining mobility is crucial to health and wellbeing. In a speech, *Transportation for an Aging Population*, Dr. Patricia F. Waller said, “The strongest predictor of premature death among older people is social isolation.”

In SFY 2016, ADSD helped ensure an array of transportation resources for seniors. Funds were granted for senior center transportation programs, transit coalitions, and bus voucher programs. In addition, many dedicated volunteers donate their time and the use of their own vehicles for helping Nevada’s elderly. Escorted Transportation, which is one volunteer escorting one frail senior to and from appointments, was provided by Senior Companion and Retired Senior Volunteer Programs (RSVP) statewide and by the Helping Hands programs in Las Vegas, North Las Vegas, Boulder City and Henderson.

To help ensure the wellbeing of Nevada seniors using transportation services, programs funded by ADSD are required to provide and document annual Elder Abuse Awareness Training for all drivers, program staff and volunteers. Division grantees are required to report suspicions of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have Emergency and Accident; Defensive Driving; and Passenger Service, Assistance and Safety, including Wheelchair Securement and Lift Operations training within three months of hire and at least every three years thereafter.

As the map on the following page demonstrates, ILGs, in concert with other local, state and federal funds, help meet transportation needs for Nevada seniors in all 17 counties.

TRANSPORTATION SERVICE PROVIDERS IN FY 2016



Regarding the vital importance of transportation, a provider reports:

“A gentleman confined to a wheelchair who lives seven miles out of town is able to get to his medical appointment thanks to our transportation services. Because of a recent hip injury, he was unable to transfer to a vehicle seat of any type. Before calling the senior center, he only half-jokingly told his family that he wanted them to strap his wheelchair into the back of a horse trailer to get him to his medical appointment. He is very grateful for the services that we provide, to ensure that he has a ride to his medical appointments and more recently to the senior center for lunch. He is in the process of moving to an apartment in town, where he can utilize the transportation service on a regular basis, not just for medical appointments.”

Care in the Home

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

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

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

Aging and Disability Resource Center (ADRC)

This service provides person-centered counseling to assist consumers in assessing the full range of long-term services and supports options for older adults, people with disabilities, caregivers and those planning for future long-term support needs. This service includes assessment, service planning, and information, assistance and access into long-term support systems. It includes indirect and direct representation for clients to obtain needed services and benefits.

An ADRC provider says:

“Mr. P contacted the Nevada Care Connection Resource Center (CCRC) to ask about help with prescription costs. As it turned out, several significant issues were affecting his health, his independence and his emotional well-being. Through a series of visits and phone conversations, Mr. P was able to: sign up for the health plan of his choice, to help ensure appropriate care through his preferred primary care physician; access the Li Net [Limited Income Newly Eligible Transition] program that covered his prescriptions, which he desperately needed; and apply for the Nevada Hardest Hit Fund, Principal Reduction Program to help him remain in his home.”

Adult Day Care

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

An Adult Day Care (ADC) provider submitted the following story:

“Mr. A and his two brothers are the primary caregivers for their mother, who is in her 90’s and diagnosed with Dementia/Probable Alzheimer’s disease. At first, they were reluctant to place her in adult day care, thinking they should instead place her in an assisted living home. However, after a few months they decided to give adult day care a try. Initially, although she appeared to enjoy the socialization and live music, their mother made comments frequently like, ‘I don’t know why my sons bring me here!’ and

'Where am I?' Within two weeks of attending full time, she was so comfortable with staff and others attending, she began saying, 'Can I sit with my friends?' and 'I know where the bathroom is; I come here all the time!' She appears to value the socialization. After a few months of attending adult day care, Mr. A wrote an email stating that his mother has expressed enjoyment when it comes to attending, and that the financial help from the Independent Living Grant funds has been a major contributing factor in allowing them to keep her in her own home.'

"Ms. G and her sister are primary caregivers for their mother, who is in her 80's and diagnosed with Dementia/Probable Alzheimer's disease. Ms. G takes care of their mother during the week days and her sister takes care of their mother on weekends. When they began the ADC program, their mother was very anxious and did not want to attend. Her first few weeks, she would try to walk home. After one month of attending, she became less anxious and started offering to help staff with daily tasks around the day care center. Ms. G and her sister have noticed that their mother is helping out more at home now. They say the financial assistance for ADC has greatly helped their peace of mind, and they are so happy their mother has opened up and become so friendly and helpful. When her mother is at day care, Ms. G says she is able to be productive with other responsibilities and can run her errands without distractions."

Case Management

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

A grantee provides this story about a Case Management consumer:

"During an initial case management assessment, Mr. D, age 67 and living alone, reported poor vision, a recent traumatic brain injury, and Bell's palsy. With no family support in Las Vegas, Mr. D said it was difficult for him to prepare meals or get groceries on his own. His case manager referred him to the Home Delivered Meals (HDM) program as a high priority and meal delivery started quickly. During the assessment, Mr. D also reported weight loss due to difficulty chewing. A referral was made to the Medical Nutrition Therapy (MNT) program and he was assessed by a registered dietitian. His MNT care plan includes providing texture-modified meals and nutritional supplements to help improve his nutritional intake. His case manager also referred him to the Senior Companion program to address the issues of loneliness and lack of transportation. After the referral was made, the Senior Companion program evaluated his condition and matched him with a companion volunteer. During a follow-up call by his case manager, he was in "happy tears" and gave thanks to all staff and volunteers who helped improve his quality of life."

Food Pantry

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

A Food Pantry provider relays the following story:

“Over the past two years, Ms. K has been using many of the provider’s services. She began using the services a few years ago when her disabilities became apparent, as well as her income limitations.

“Ms. K started with the transportation program. She was interviewed in her home about her disabilities and income, and also about her pets. She soon learned about the home delivery service of the Food Pantry Program and says, “It makes an amazing difference to be able to buy a few things, like a pound of ground round, and to know that I have the rice, beans, and other items to be able to make meals. There are always potatoes and carrots and other fresh produce delivered, along with the canned goods, to make meals throughout the month.”

Homemaker Services

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

A provider relays the following regarding two homemaker consumers:

“Mr. G, age 75, is a homebound, disabled veteran who suffers from severe COPD and emphysema. He was referred to the Homemaker Program by a VA social worker. He has no family or friends in Las Vegas and does not receive assistance from any other agency. When staff conducted the assessment, it was determined that Mr. G is rarely able to leave his home due to his chronic shortness of breath and extreme weakness. He was unable to do his shopping, or even walk to his mailbox to retrieve his mail. Although he attempted to clean up after himself, he was physically unable to maintain his apartment in a sanitary condition.

“Mr. G insisted that he only needed ‘a little help’ and was enrolled to receive services for only three hours, once per month. The case manager was respectful of his choice, but believed he would benefit from homemaking assistance more frequently. At the first follow-up assessment, the consumer was open to accepting additional homemaker assistance. The homemaker not only cleans his apartment, she gets his mail and does all his shopping. The homemaker is Mr. G’s only outside contact. He calls her his ‘lifesaver.’”

“Mr. and Mrs. P were referred to the Homemaker Program about four years ago, following Mrs. P’s hospitalization for a violent attack on Mr. P, as a result of her dementia. Case management and homemaker services were put in place, due to Mrs. P’s rapidly progressing Alzheimer’s disease.

“Unfortunately, not only did Mrs. P’s Alzheimer’s disease progress quickly, but Mr. P began losing his vision and experiencing debilitating arthritic pain in his hands and feet. Mr. P discussed moving to a group home, believing it was his only option. He expressed to his case manager that he really wanted to stay home with his wife so he could take care of her.

“Homemaker Services were provided and both were able to remain at home and together, until Mrs. P passed away a year later. At that time, Mr. P again discussed moving into a group home. However, the homemaker was able to adapt to his changing needs, and he remains living independently at this time.”

Home Safety, Modification and Repair

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

A consumer says this about Home Safety, Modification and Repair:

“It is almost beyond words to tell you how much I appreciate what your organization has done for me. When I was telling the staff about my need for a front door ramp, so that I could use my power chair outside, I mentioned my severe need for a stair-lift, because I was at the point of crawling with excruciating pain up 13 stairs to my bedroom.”

Program staff relayed that a stair-lift had been donated to the home modification program. With a local partner and some minor modifications, the stair-lift was installed.

The consumer was very grateful, saying: “Words are often incapable of expressing what I feel, but please know that I will be forever grateful for what you have done for me.”

A provider offered this information about Home Safety, Modification and Repair:

“A woman, age 77 and living alone, was unable to turn the shower faucet on and off, and it was leaking. Instead of showering, she was boiling water to bathe. The program’s plumber went out to the home and fixed the shower. The woman called the program staff and was so appreciative for the assistance, because she could finally take a shower.”

Legal Services

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

A provider relays:

“An elderly, disabled man came to us after his motel landlord raised his rent the day it was due, which is in violation of Nevada law. We determined landlord-tenant law applied to this Reno motel, because it rented to our consumer for more than 30 days. We attempted to contact the landlord on numerous occasions, but she was unwilling to negotiate and threatened eviction. After the consumer was given a notice of non-

payment of rent, our office filed a Tenant's Affidavit and Motion to Dismiss. At the hearing, the landlord attempted to submit documents that had not been previously provided. Since our office always does a notice of representation letter and demand for discovery, we strenuously objected to the admission and consideration of any fugitive documents. The landlord argued that notice had been provided to all tenants, but was unable to produce any evidence at the hearing to substantiate it. Despite the judge being landlord friendly, our office continued to argue that the landlord had not met the statutory or evidentiary requirements to satisfy Nevada law. At the conclusion, the judge granted our Motion to Dismiss.

"Another elderly man came to us to have a Will finalized with one of our staff attorneys. After some discussion, the man explained that he had not spoken to or seen his daughter and granddaughter for many years. He was visibly upset, emotional, and it was a very difficult for him to talk about it. He indicated that despite being estranged from his daughter, he wanted to leave everything to her. He indicated that he no longer knew where she lived, nor had any contact information for her. After a quick internet search, the attorney found some contact information for his daughter and provided that to him. When the consumer came back to finalize his Will, his entire demeanor was different and he was smiling. He said that based on the information we provided, he was able to reconnect with his daughter. He said that he was so grateful to us, because without our help and information he would never have had the courage or the ability to locate his daughter."

Legal Services – Ward Representation

This service provides assistance, consultation and representation in legal matters to maintain rights and improve the quality of life of older persons, who are being considered by the court for guardianship or under guardianship.

A provider relays:

"Ms. L, a 93-year-old woman, was the subject of an adult guardianship case. Her immediate family members are very disruptive. The guardian sought a blanket ban on visitation by the disruptive family members. The legal representative was able to negotiate a supervised visitation arrangement with the skilled nursing facility, Ms. L, the guardian and the relatives, thereby avoiding a potential court battle. As a result, Ms. L continued access to relatives, who she wanted to see without a court filing and the associated stress and expense.

"In another case, Ms. B, an 87-year-old woman in an adult guardianship case, had Elder Protective Services, due to a report that her son was neglecting her. The home owner's association (HOA) of the cooperative complex in which Ms. B was living, filed a guardianship petition alleging this neglect. The legal representative investigated the matter and found that the motivation for the petition was not the alleged neglect, but the HOA's objection to the son living with his mother in violation of their rules. As a result, a court ordered mediation was requested and all issues were resolved. The consumer sold her interest in the apartment and was thereby able to reside in an assisted living facility of her choice.

“Ms. N, a 73-year-old woman, was admitted to a hospital due to ‘failure to thrive.’ The hospital concluded that although she was physically able to go to a less restrictive, lower level of care, she did not have a safe discharge plan and did not have the capacity to sign off on one. Two years ago, she had married an individual who allegedly abused and neglected her. At the consumer’s request, her legal representative did not oppose a guardianship of the person and estate in favor of the Public Guardian. Additionally, at the consumer’s request, the legal representative was able to obtain an annulment of her marriage. By instituting the Guardianship and obtaining the annulment, the guardian was able to apply for Medicare and eventually move Ms. N into an appropriate assisted living environment.”

Medical Nutrition Therapy

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

A provider relays the following as an example of MNT service and its value:

“A severely underweight consumer was referred to a Home Delivered Meals program and a Medical Nutrition Therapy program. The consumer weighed 94 pounds, having lost 30 pounds during chemotherapy treatments. As part of the consumer’s nutrition intervention, the registered dietitian provided nutritional counseling for weight gain and initiated nutritional supplement deliveries with her meals. Since the initial visit the consumer has gained 26 pounds and reports an improvement in health and appetite. At her most recent MNT follow-up visit in August 2016, the consumer is maintaining her weight in a normal body weight range.”

Medication Management

This service provides education, evaluation and consultation to eligible clients regarding their prescription and over-the-counter medications and supplements, to reduce incidents of mismanagement, drug interactions and other events that may cause adverse health conditions and unnecessary hospitalizations.

A provider offers this about Medication Management:

“A social worker referred Mrs. T to the Senior Outreach Services (SOS) program for socialization and noted in the assessment that she was taking 26 medications. SOS staff recommended she attend the geriatric clinic for a comprehensive geriatric assessment and Medication Management review.

“Of the 26 medications, eight were prescription medications which included a drug for her memory, one for her blood pressure and another for stomach discomfort. She had also been taking about 18 over-the-counter medications, including melatonin, aspirin, diphenhydramine, acetaminophen, ibuprofen and naproxen. Several of her other supplements, such as vitamin E, ginkgo biloba and grape seed extract can increase the

risk of bleeding and also decrease the effectiveness of her blood pressure medicine. It was recommended she discontinue these to avoid the risk of bleeding.

“Mrs. T was also informed to only take melatonin for insomnia and to discontinue diphenhydramine, a class of drugs that can decrease the effectiveness of her memory and can also increase the risk of falls and confusion. She was educated that her pain medications were also in the same class of medications and should not be taken together.

“Additionally, she was advised that taking two different pain medications can increase stomach discomfort, worsen her high blood pressure symptoms and increase her risk of bleeding, especially because she also takes low dose aspirin. Acetaminophen was recommended, in an appropriate dosage to avoid possible liver damage. The changes were supported by her health provider and prevented the self-prescribed medications from causing bleeding.

“The pharmacist said, ‘A common theme we see is that elders and their care partners very often don’t understand how over-the-counter supplements and over the counter medications can interact with their prescription medications and disease states.’”

Personal Emergency Response System (PERS)

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

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

Regarding Personal Emergency Response Systems (PERS), a provider relays the following:

“One of our Field Representatives reported that a battery in a consumer’s PERS unit needed replacement. Ms. C is a 92-year-old woman who lives alone. She broke her back at the age of 35, which resulted in the fusion of vertebrae in her mid-back. She cannot pull herself up from a lying position. She had previously fallen while working her garden, which is located in the far back of a double corner lot behind the garage and solid wood fence. In that instance, she was OK except for cuts and bruises on her arms and legs. However, because of the previous fall, the Field Representative replaced the battery and took further steps to verify the PERS range. She went out to the garden area to check the signal---it was perfect! Ms. C thanked her over and over.”

Representative Payee

This service provides money management and supportive case management for eligible individuals, age 60 and older, who are unable to receive and manage their own funds and have no other suitable person to act on their behalf. Services include: determining the client's spending priorities within his or her available income; conducting a comprehensive client assessment, followed by periodic status monitoring; developing an agreed upon monthly budget with the client; managing monthly expenditures; and case coordination with case managers from other agencies.

A provider relates the following story:

“Mr. X is an 88-year-old gentleman who has lived alone in his trailer for most of his life. Due to loneliness and a need for companionship, he befriended ladies in the park. These ladies often took advantage of his generosity, by misusing his food stamp benefits, stealing cash from his wallet and taking money out of his bank account without his knowledge. Because of this exploitation, he fell several months behind on his utility payments, and was facing service termination. Elder Protective Services referred him to the Clark County Public Guardian's Office for the money management/Representative Payee program. Staff made payment arrangements with the power company and applied for energy assistance on his behalf. The 'friends' that he's made in the park are still in his life. However, his funds are protected now and only used for his basic needs.”

Senior Companion Services

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

A provider relates the following stories:

“A Senior Companion, Ken, was assigned to a couple, Mr. J and Mr. H, when it was determined neither could continue driving. This was in February 2016. Mr. J was concerned about Mr. H getting to critical medical appointments for his late-stage COPD, while at the same time Mr. J's health was declining, due to congestive heart failure, chronic back problems and visual impairment. Neither had family in the area, nor were they close to their neighbors.

“Ken assisted both gentlemen until Mr. H's death in May of this year. When Mr. H passed away, Mr. J's only living relative made a point of visiting Mr. J. The visit did not go well, as the nephew wanted to take control of Mr. J's finances. Mr. J decided it would be best for his own well being to move closer to some trusted friends in California, so he wouldn't be vulnerable to that family member. Ken helped Mr. J with the logistics of the move, which took place in July. Although Ken's involvement in Mr. J & Mr. H's lives was short, he made a significant impact on their quality of life and ability to receive much needed medical care and basic support.

“In another case, Senior Companion Karen visits Mr. N, age 90, who is a veteran of both the Korean and Vietnam Wars. Mr. N never married and his only known, living relative is a niece in Las Vegas. He resides in a trailer in Sun Valley.

“Karen takes Mr. N to the VA Medical Center for his appointments and shopping. She makes herself "on call" for anything he may need and has assisted him on evenings and weekends with medical and grocery requests. On one of their recent outings, Karen needed to stop at Trader Joe's and took Mr. N along with her. He had never been and fell in love with the store. Karen described his reaction like a 'kid in a candy shop.' Now it's his favorite place to go when Karen takes him out shopping.

“Mr. N doesn't ask for much from Karen. What he receives from Karen is an enjoyment of something many of us take for granted - shopping at a store like Trader Joe's and having a friend like Karen.”

Volunteer Care and Assistance

This service provides supportive and assistive services by a volunteer for older individuals in their own homes, to help maintain their independence. Individuals needing services are typically alone and frail, chronically ill, homebound, and/or dependent on a primary caregiver. Among the services volunteers provide to seniors are: transportation for medical appointments; companion services; installation of personal emergency response systems and instruction in their use; grocery shopping and putting groceries away; accomplishing chores, such as meal preparation; assistance with reading mail and bill paying; prescription pick-up; and book reading. This service also provides health benefit counseling and assistance.

A volunteer service provider relays the following:

“A new consumer, in his 90's, called for a last minute ride to the doctor, because she had injured her arm. We were able to schedule her with a volunteer, and she called us back to tell us how happy she is that she is finally getting services. She told staff that before our service, she once used a taxi for a doctor appointment, and it cost her more than \$100 for the ride. Every time she calls, she tells staff how much she appreciates having our services.”

**Programs Funded for SFY 2016 with
Independent Living Grants by County**

County	Program	Service
Carson	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Carson City Senior Citizens Center	Case Management
	Carson City Senior Citizens Center	Transportation
	Jump Around Carson	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Rural RSVP	Homemaker
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Churchill	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Churchill Area Regional Transportation	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Seniors in Service	Companion
	Seniors in Service	Respite
The Continuum	Home Safety, Modification and Repair	
Clark	Alzheimer's Association of Southern NV	Respite Vouchers
	Blind Center of Nevada	Transportation
	Blind Center of Nevada	Transportation Vouchers
	Board of Regents – UNR	Medication Management
	Catholic Charities of Southern Nevada	Case Management
	Catholic Charities of Southern Nevada	Medical Nutrition Therapy
	Catholic Charities of Southern Nevada	Food Pantry
	Catholic Charities of Southern Nevada	Personal Emergency Response System
	Clark County Public Guardian	Representative Payee
	Helping Hands of Henderson	Transportation
	Helping Hands of Vegas Valley	Respite Vouchers
	Helping Hands of Vegas Valley	Volunteer Care and Assistance
	Helping Hands of Vegas Valley	Transportation
	James Seastrand Helping Hands of NLV	Volunteer (Food and Product Distribution)
	James Seastrand Helping Hands of NLV	Food Pantry
	James Seastrand Helping Hands of NLV	Home Safety, Modification and Repair
	Jewish Federation of Las Vegas	Homemaker
	Jude 22 Senior Nutrition Program	Food Pantry
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
Nevada Senior Services	Respite and Supportive Services	
Overton Senior Center	Transportation	
RTC of Southern Nevada	Transportation	

County	Program	Service
Douglas	Senior Center of Boulder City	Home Safety, Modification and Repair
	Senior Center of Boulder City	Volunteer Care and Assistance
	Southern Nevada Transit Coalition	Transportation
	Southern NV Senior Law Program	Legal (Ward Representation)
	Urban League	Transportation
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Douglas County Senior Services	Transportation
	Douglas County Senior Services	Personal Emergency Response System
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
Elko	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Carlin Senior Center	Transportation
	Elko County	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Rural RSVP	Homemaker
	Seniors in Service	Respite
Esmeralda	Alzheimer's Association of Southern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Helping Hands of Vegas Valley	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Homemaker
Eureka	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
Humboldt	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Rural RSVP	Homemaker
	Senior Citizens of Humboldt County	Transportation
	Seniors in Service	Respite

County	Program	Service
Lander	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Lander County Senior Programs	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
Lincoln	Seniors in Service	Respite
	Alzheimer's Association of Southern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Helping Hands of Vegas Valley	Respite Vouchers
	Nevada Legal Services	Legal Assistance
Lyon	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Lyon County Human Services	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Rural RSVP	Homemaker
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
Mineral	Alzheimer's Association of Southern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Mineral County Senior Services	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Homemaker
	Seniors in Service	Respite
Nye	Alzheimer's Association of Southern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Helping Hands of Vegas Valley	Respite Vouchers
	Nevada Legal Services	Legal Assistance
	Nevada Senior Services	Home Safety, Modification and Repair
	Pahrump Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Homemaker
	Seniors in Service	Respite
Pershing	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Seniors in Service	Respite
Storey	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer's Association of Northern NV	Respite Vouchers

County	Program	Service
Washoe	Board of Regents – UNR	Medication Management
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Rural RSVP	Homemaker
	Seniors in Service	Companion
	Seniors in Service	Respite
	The Continuum	Home Safety, Modification and Repair
	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer’s Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Senior Outreach Services	Volunteer Care and Assistance
	More to Life Adult Day Health Center	Adult Day Care
	Nevada Legal Services	Legal Assistance
	Pyramid Lake Paiute Tribe	Case Management
Rural RSVP	Personal Emergency Response System	
Seniors in Service	Companion	
Seniors in Service	Respite	
The Continuum	Adult Day Care	
The Continuum	Home Safety, Modification and Repair	
Washoe County Senior Center	Case Management	
Washoe Legal Services	Legal (Ward Representation)	
White Pine	Access to Healthcare Network	Volunteer Care and Assistance
	Alzheimer’s Association of Northern NV	Respite Vouchers
	Board of Regents – UNR	Medication Management
	Ely Bus	Transportation
	Nevada Legal Services	Legal Assistance
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Homemaker
	Seniors in Service	Respite

UNITS OF SERVICE DEFINITIONS

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