

Appendix K: Division Accomplishments from 2012-2016

The Aging and Disability Services Division (ADSD) accomplished the following outcomes for its 2012-2016 Goals and Objectives.

Goal 1: Older Nevadans have a seamless and comprehensive support services delivery system to improve their independence and dignity.

Objective 1.1: Coordinate services and programming among Older Americans Act (OAA) funded initiatives including Title III, Title VII and Title VI, Affordable Care Act (ACA) mandated program areas and sister agencies.

Objective 1.2: Educate and collaborate with community advocates, long-term supportive services providers, educational systems and other entities to identify gaps in services and develop a safety net for those in need.

Objective 1.3: Implement Core Services and Services Priorities to ensure the most critical services are offered to the highest need consumers first.

The Division accomplished the following:

- Since 2012 there has been continuous work and collaboration to continually train Aging and Disability Resource Center (ADRC) site specialists, to work together in developing streamlined methods to be more efficient with Intake, Options Counseling and Referrals.
- In 2014, Nevada Medicaid was awarded the Balancing Incentive Payments Program (BIPP) grant. Additionally, ADSD was awarded the No Wrong Door (NWD) Planning grant. Workgroups under BIPP were formed to develop standardized materials and assessment processes. The NWD Advisory Board met monthly starting February 2015 to develop a NWD Implementation Plan.
- ADSD uses its four Regional Planning Groups to provide information to grantees and other stakeholders quarterly, to help keep them abreast of new programming, changes within ADSD, and new policies or procedures they need to know. Through its Regional Planning Groups and other coalitions of service providers, ADSD continually listens to program service providers, to identify service gaps and cultivate additional service providers as needed. For example, a need for more congregate nutrition sites in Southern Nevada was identified. In 2014, ADSD issued a Request for Proposals (RFP) for a special competitive application opportunity, and a new site was funded.
- Information and resources are routinely shared with grantees, community groups and partners, via email correspondence for all policy and procedural changes and important agency updates.
- ADSD hosted two professional conferences: “Mission Possible” (2013); and “Mission Possible 2” (2014). Conference workshops and attendees represented services across the lifespan.

- ADSD continually modifies forms and processes, to simplify program implementation. Resource Development Specialists provide continuous technical assistance to grantees, to help them successfully meet grant requirements and service projections.
- The *New Directions* newsletter has been published quarterly, to keep grantees informed on policy, agency and other updates. Examples of what is shared includes: information regarding outreach for SNAP (the Supplemental Nutrition Assistance Program); grants awarded to ADSD; Volunteer Program opportunities; the value of networking, etc.
- The ADSD website was transitioned to a new platform to provide easier access to information about ADSD programs to the public.
- Elder Abuse Prevention training is now available on the NWD website; 550 people have passed the training since December 2014.
- Constituent advocacy greatly improved during the 2015 Nevada State Legislative Session. Regional Planning Groups encouraged advocacy efforts for grantees to provide education to legislators during both the 2013 and 2015 Legislative Sessions. The Commission on Aging, Legislative Subcommittee chairperson provided updates at the Regional Planning Group meetings during and after the 2015 Legislative Session.
- In August 2014, the ADRC sites began tracking topics of assistance requested by consumers in ADSD's Social Assistance Management System (SAMS) that resulted in an entry of "No Outcome" or "Unmet Need." The top three topics recorded at the Resource Centers for state fiscal year 2015, with "no outcome" or "unmet needs" were Home-Delivered Meals (HDM), Employment and Caregiver Needs. In summer of 2015, ADSD provided enough Nutrition Services funding to eliminate HDM waitlists that were in effect at that time. It is also very focused on addressing caregiver needs through many of its grant programs.
- Services in the portal were increased in January 2014, due to outreach to over 300 disability services providers. From September 2015 to now, new service additions have been limited, pending a transition of the portal to a new platform.
- Every year, as part of its funding allocation process, ADSD staff assesses the grantees' progress towards meeting projections for outreach and services provided. This assessment helps to determine federal and state funds distribution, to mitigate identified service gaps and improve service access in rural and frontier communities. Prior to the funding distribution, Resource Development Specialists (RDS) continually work with program service providers to identify service gaps and cultivate additional service providers throughout the state. ADSD also surveys grantees to determine waitlists for the services they provide, which is an indication to increase funding as possible.
- Advocate for Elders (AFE) staff identifies service gaps and provides monthly reports to the Resource Development manager, who also advises on the annual distribution of funding and recruitment of new program providers. AFEs work directly with service providers and must act creatively to solve client needs in the community. When community barriers or issues are identified, ADSD invites relevant community members to assist in developing strategies for successful outcomes.
- As part of the NWD Planning process, outreach included key informant interviews, focus groups and consumer surveys that were conducted throughout Nevada. In terms of access to public programs, key findings included: a lack of capacity in existing services, barriers resulting from eligibility and payment systems, lack of available services, limited

services in rural and frontier areas, and transportation barriers to access services. These issues, having been identified, are now embedded in service planning efforts.

- ADSD provides an “Intake Tool” to its grantees to collect information and identify frail, low income, minority, and rural populations. The Intake Tool is used universally by all Title III and state-funded aging services grantees, to gather information that grantees use to evaluate client needs and to report client data in the ADSD Social Assistance Management System (SAMS). In addition, a data collection item was added to SAMS, to identify individuals living at or below 300 percent of eligibility for the Supplemental Security Income (SSI) program, who may be eligible for services provided by the Community-Based Care Unit. This would include the Medicaid Waiver programs or state-funded supportive services programs.
- The Balancing Incentive Payments Program (BIPP) grant is developing an “Assess My Needs” screening tool that will be used by partners in the NWD system, as well as available to the general public via a web platform, to direct consumers to appropriate agencies for assistance. The screening tool will help with accessing services through ADSD, Medicaid programs, Behavioral Health programs and the local Resource Centers.
- As part of the 2014 Creating and Sustaining a Dementia Capable Service System grant, screening for Alzheimer’s disease and related dementia, cognitive impairment, or memory loss is included in the “Assess My Needs” tool. This will connect consumers and caregivers with these concerns to their local ADRC, for assistance in navigating Alzheimer’s and dementia-related resources.
- ADSD implemented and annually reviews Core Services during funding allocations and throughout the year. A list of Core Services and their definitions can be found at: <http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Programs/Grant/CoreServicesDefinitions.pdf>. Grantee data is reviewed to ensure that services are targeted, with access priority for older adults, in keeping with the Older Americans Act, i.e. those with low income, from minority populations, those residing in Rural Nevada, etc.
- ADSD Assurances, signed by all grantees, require that Native Americans are given a priority status for service. ADSD invites tribes to participate in Regional Planning Group meetings and made a presentation regarding Regional Planning Groups at an annual meeting of the Inter-Tribal Council of Nevada to encourage attendance. ADSD sends notification to all tribes in Nevada to inform them of ADSD’s competitive grant funding opportunities every two years, and some of their applications are funded. During the interim, ADSD sends all known grant opportunities to current grantees and all tribes. Examples of funded tribes include: Pyramid Lake Paiute Tribe; Nevada Urban Indians; Reno Sparks Indian Colony; Elko Band Council; and Washoe Tribe of Nevada and California.
- ADSD’s contracted Registered Dietitian has been made available to the tribes to answer their nutrition questions and provide menu assistance.
- ADSD’s *New Directions* newsletter has been sent to the tribes quarterly.
- The ADSD Deputy Administrator attends collaborative “Consultation” meetings with Title VI Programs. These meetings provide an opportunity to understand tribal needs and share information about programs offered through ADSD with the tribes.
- SHIP extended program invitations to the tribes to collaborate with the program for staff to participate in Medicare Counseling certification to assist their members on respective tribal reservations or at health clinic settings.

- The SHIP program conducted an annual rural tour to tribal reservations across Nevada. The purpose of the rural tour is to present Medicare information and provide enrollment assistance, as a means for ongoing outreach and assistance. SHIP also was involved in ongoing participation at the annual Tribal Health Conference in Northern Nevada as a presenter and vendor of services.

Goal 2: Older Nevadans, persons with disabilities, their families and caregivers have access to a statewide network of single point of entry sites that provide a comprehensive array of information, referral, intake assessment and eligibility determination services.

Objective 2.1: ADRC discretionary grant activities are integrated with OAA core programs, ACA mandates and programs within sister agencies.

Objective 2.2: Expand ADSD IT infrastructure to increase capacity for information sharing and build a network for referrals throughout the LTSS.

Objective 2.3: Increase access and awareness of ADRC program sites throughout the state.

The Division accomplished the following:

- Planning for Veteran-Directed Home and Community-Based Services (VD-HCBS) implementation in Las Vegas has been ongoing in coordination with the VA Medical Center and the Administration for Community Living. The VD-HCBS program will provide an opportunity to veterans receiving HCBS services through the VA to self-direct their services.
- In July 2015, ADRCs received training on Care Transitions to help foster program development in communities throughout Nevada. Care Transitions provides short-term services to consumers with high 30-day readmission rates to help stabilize them and reduce their readmission rates.
- ADRC has research Medicaid Administrative Claiming reimbursement for certain ADRC/NWD activities. Further progress is pending the availability of a Medicaid Administrative Claiming guide to be released by the Administration for Community Living. As part of the BIPP project, sustainability for the Resource Centers is being explored, as they have been positioned as the ‘safety net’ in the NWD system.
- ADSD has applied for various discretionary grants that would support efforts to streamline consumer access to services and expand the availability of services in Nevada. Grants received include: the Lifespan Respite Grant, which expands access to respite services for caregivers across the lifespan; the Dementia Capable Grant, which is creating greater support for individuals with Alzheimer’s disease and related dementias; the MIPPA Outreach Grant, which has provided an opportunity to outreach and enroll consumers in Medicare assistance programs; and the No Wrong Door (NWD) Planning

Grant, which provided an opportunity for Nevada to create a comprehensive *NWD Implementation Plan*.

- Funding for the ADRC program to support local sites is now split between state and federal funding streams, with an overall increase of 59 percent between SFY 2012 and SFY 2016.
- A comprehensive Options Counseling training, including modules for Person-Centered Planning, Communication Across Populations, Motivational Interviewing, and Active Listening, was completed in August 2015. The training is available to local ADRC staff online and in-person.
- New ADRC staff participated in Certification and Foundation training for SHIP and SMP, which was offered monthly or bi-monthly. Existing staff also participated in annual re-certification training for SHIP Medicare counseling.
- ADRC coverage was established in Northeastern Rural Nevada in 2012, with the addition of a Resource Center located in Elko that provides services in Elko, White Pine, Humboldt, Lander, and Storey Counties.
- In 2015, ADRC consolidated with four grant awards to achieve statewide coverage for ADRC services.
- Based on community feedback, efforts are focused on improving the user experience through streamlined information and better navigation.
- ADSD is exploring the implementation of a new platform for the ADRC portal that will connect with the case management systems and house the “Assess My Needs” screening tool.
- The ADRC program transitioned to a new public brand, Nevada Care Connection in October 2014 as part of the NWD implementation efforts. A statewide marketing campaign began in November 2015, which consists of print, radio, television and bus advertisements. Phase 2 of the marketing campaign will launch in mid-2016 tying together the Resource Centers and Nevada 2-1-1 as partners in the Nevada Care Connection system.
- Nevada 2-1-1 has contracted with a new provider for 2-1-1 services, expanding and strengthening its role as Nevada’s information and referral provider.
- As part of the BIPP and MFP projects, multiple workgroups worked to develop the “Assess My Needs” screening tool, consolidate quality assurance activities and standardize assessment processes across public programs to streamline access to public LTSS benefits. These workgroups included partnerships between ADSD, NV Medicaid, the Division of Public and Behavioral Health, and the Division of Welfare and Supportive Services.
- ADSD and NV Medicaid implemented the SAMS I&R module to facilitate the “Assess My Needs” screening tool and improve efficiencies through interagency referrals utilizing the SAMS system.

Goal 3: Older Nevadans and their families have choices they can make about their long-term care options.

Objective 3.1: Evaluate and implement a variety of options for service delivery, including payment options and volunteer programs, to increase access to long-term support services.

Objective 3.2: Increase client assessments for priority determinations, options counseling and caregiver support to ensure awareness of available programs and services.

Objective 3.3: Develop a variety of training tools for ADSD staff, grantees and community providers for assessments, consumer-directed care and nursing home diversion.

Objective 3.4: Create opportunities for nursing home diversion and transition in close coordination with sister agencies, hospitals, rehabilitation centers and other community partners.

The Division accomplished the following:

- ADSD provides vouchers for respite care and transportation services.

State Fiscal Year	2012	2013	2014	2015	2016
Vouchers for (Transportation and Respite Care)	\$1,110,022	\$1,223,298	\$1,020,829	\$1,022,029	\$1,006,551

Note: From Project Control Spreadsheets, fiscal maintains the final funding amounts.

- ADSD provides cost sharing guidance in its Program Instructions - Nevada (PINs) and allows grantees to develop sliding fee scales in accordance with Older Americans Act and federal guidelines. PINs is located at <http://adsd.nv.gov/uploadedFiles/agingnvgov/content/Programs/Grant/nvpins.pdf>
- The Taxi Assistance Program (TAP) in Southern Nevada allows Nevada residents age 60 and older and persons less than age 60 with permanent disabilities, who meet income criteria, to purchase coupon books to pay for taxicab rides at a discounted rate.
- ADSD created a Volunteer Coordinator position, which has been instrumental in streamlining agency volunteer programs, to provide on-going awareness, recruitment, training and retention efforts.
- Nevada has comprehensive online training for personal care assistance services, which includes 14 modules covering basic caregiving topics. ADSD has increased community caregiver training resources by expanding caregiver support funding.

State Fiscal Year	2012	2013	2014	2015	2016
Caregiver Support Programs	\$1,964,515	\$2,156,467	\$2,109,890	\$2,074,066	\$2,265,483

Note: From Project Control Spreadsheets, fiscal maintains the final funding amounts.

- ADSD provides state-funded, Rural Caregiver Training annually, through the Nevada Geriatric Education Center (NGEC) at the University of Nevada, Reno.
- The Elder Protective Services Unit provides an annual caregiver conference.
- ADSD partially funds the Aging Services Directors Organization’s Annual Caregiver Conference.
- ADSD provided a statewide conference, *Mission Possible*, in 2013 and 2014, which included caregiver training components.
- The ADRC portal contains training on Consumer-Directed Care, Personal Care Services, Aging and Disability Awareness and many other topics, which is available to any registered user.

- An introductory training to the Person-Centered Approach was completed in September 2015 that will be made available on the ADRC portal. Additionally, ADSD began training utilizing the Person-Centered Thinking training in 2015. Almost all Division staff has been trained utilizing this model, and the remaining are already or soon will be scheduled for training. Eight staff around the state are pursuing their certification under the train-the-trainer model, to continue training and expansion to community providers.
- Core Services have been prioritized 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.
- As a general grant requirement, community-based partners must target services to older individuals at risk for institutional placement, with the greatest economic and social need. The requirement is introduced during the application process and verified through regular compliance assessments.
- Expanded funding for Community-Based Healthy Aging Programs including evidence-based programs.
- Nevada ADRC and the Money Follows the Person (MFP) Program have a collaboration that began with joint marketing efforts to hospitals, nursing facilities and other critical pathway providers.
- Starting in May 2015, ADRC staff began working with HealthInsight to focus on bridging a pathway between social services and medical providers. Plans are in progress to implement formal care transitions programs within each ADRC site.
- A grant from the 2012-2014 MFP program provided an opportunity for ADRC to market the MFP program. ADRC also worked with the Division for Health Care Financing and Policy (Nevada Medicaid) to build an MFP website within the ADRC portal, which includes a downloadable referral form for public use.

Goal 4: Older Nevadans are active and healthy with the support of evidence-based health promotion and disease and disability prevention programs.

Objective 4.1: Integrate Supportive Services (Title III) and Elder Rights (Title VII) programming with evidence-based health promotion and disease and disability prevention programs to enhance access and participation across the service system.

Objective 4.2: Explore opportunities to expand evidence-based health promotion, and disease and disability prevention activities.

Objective 4.3: Improve access to healthcare through education and benefits counseling for Medicare, Medicaid and general health insurance benefits.

The Division accomplished the following:

- ADSD applied for competitive funding in 2015 to expand Nevada's Chronic Disease Self-Management Education Programs and for a Falls Prevention Program, but Nevada's applications were not selected.

- ADSD program staff provides community outreach and develops strategic partnerships to expand and promote health promotion, and disease and disability prevention activities. ADSD staff completed the CDSMP/DSMP lay leader training, to assist in program delivery and to help promote and expand the Stanford-model programs.
- ADSD provided education and advocacy for healthy lifestyles, during ADSD staff meetings and in its quarterly newsletter, *New Directions*.
- ADSD provided funding to community partners to continue healthy living programs and work with statewide partnerships.
- The ADSD “Mission Possible” Conferences, held in 2013 and 2014, included representation and education on Health Promotion and Disease Prevention.
- ADSD collaborated with the Silver Haired Legislative Forum on Assembly Bill 28 and developed person-centered care training for long-term care facility staff.
- ADSD trained State Long-Term Care Ombudsman (SLTCO) staff to become culture change experts/advisors.
- The ADSD Regional Planning Groups facilitate presentations on evidence-based programs. The agency and its partners are continually involved in advocacy and education efforts to encourage healthy lifestyles and to refer clients into evidence-based programs.
- The Division funds community partners to continue Chronic Disease Self-Management Education Programs for seniors and work with statewide partners in this endeavor.
- ADSD’s coordinated partnership includes the Quality Technical Assistance Center (QTAC) and the Department of Public and Behavioral Health. In addition, ADSD program staff provides community outreach to expand and promote health promotion, and disease and disability prevention activities.
- SHIP, SMP and ADRCs utilize the CMS Publication Catalog on Preventive Services #10110 in English and Spanish and CMS publication #11100 as an outreach tool during presentations, health fairs and enrollment events.
- SHIP accomplished steady increase in volunteers: 2013/2014 - 75 counselors statewide and 2014/2015 - 89 counselors statewide.
- In 2013, ADSD identified 16 staff members from different consumer assistance programs to take the Certified Application Counselor training and testing through Nevada’s Silver State Health Exchange opportunity. Five SHIP Volunteer Counselors participated, three passed, 2 dropped out. During recertification in 2014 only 1 SHIP Volunteer Counselor completed the re-certification. SHIP continues to disseminate relevant information and provide continuous referrals to local Exchange outlets.

Goal 5: Older Nevadans have an efficient system that promotes and protects their safety and rights.

Objective 5.1: Expand and improve training opportunities related to elder abuse, neglect, exploitation and isolation for caregivers, providers and grantees.

Objective 5.2: Promote resident rights, decreased Medicare waste, errors and abuse, and decreased elder abuse, neglect and exploitation.

Objective 5.3: Provide legal services to the target groups specified by the OAA, with emphasis on ADSD priority populations for services.

The Division accomplished the following:

- The State Long-Term Care Ombudsman (SLTCO) has developed working relationships with the Bureau of Health Care Quality and Compliance (BHCQC) management staff. SLTCO collaborates frequently on mutual cases of interest. This collaboration sometimes includes the Attorney General's (AG) Office and law enforcement, as appropriate.
- SLTCO attends the Skilled Nursing Advisory Committee, Assisted Living Advisory Committee, Homes for Individual Residential Care (HIRC) Advisory, and Senior Issues Review Team (SIRT) meetings to develop outreach, education and collaboration efforts.
- SLTCO provides Elder Abuse and Mandated Reporting, Resident Rights and Customer Service training to skilled nursing facilities, assisted living facilities, HIRCs and interested community groups.
- SLTCOP resolved 85 percent of complaints to resident satisfaction and provided information to 18,583 residents and their families in FFY14.
- Assembly Bill 51 passed the Nevada Legislature, requiring broker-dealer and investment advisors to report exploitation of an older person. SLTCOP is collaborating with the Security Division of the Office of the Secretary of State to provide training to broker-dealers and investment advisors regarding exploitation of an older person.
- Seven ADSD staff are completing a national certification in Person-Centered Thinking. An EPS manager is one of the staff in the process of completing this certification and will participate in providing Person-Centered Thinking to ADSD program staff.
- EPS participates in SIRT, Seniors and Law Enforcement Together and Multi-Disciplinary Team meetings to address elder abuse in the community, provide education and develop collaborative relationships with community partners including the AG office, other law enforcement agencies and BHCQC.
- EPS collaborated with the AG office for two grant applications in 2014 and 2015, to provide enhanced elder abuse training to law enforcement agencies and community partners. Unfortunately, the 2014 grant was not awarded to Nevada and, at this writing, the 2015 is pending notification.
- EPS provides elder abuse training to community agencies including law enforcement agencies, service providers and community groups.
- The 2015 legislature approved a new Elder Rights Specialist position for EPS. This position will identify and provide elder abuse training in Elko, Nevada, and surrounding communities.
- FY15 EPS provided 42 elder abuse trainings to law enforcement agencies, providers and community groups.
- The ADSD Volunteer Coordinator has successfully assisted with the marketing and recruitment efforts of the VLTCO Program. There are currently 18 active volunteers in Reno, Las Vegas and Elko who receive monthly training opportunities on the topics of resident rights, benefits counseling, Power of Attorney/Guardianship and legal services.

- SMP has accomplished a steady increase of active Volunteers since 2012: 64 in 2012; 80 in 2013; 84 in 2014; and 84 in 2015.
- The Elder Rights Attorney evaluates legal services provider reports and provides annual funding recommendations. Legal Services funding expanded in FY14/15 and continued development in the FY16 cycle.
- Nevada has three legal services providers, one of which is also a Legal Services Corporation provider. In fiscal year 2016, Nevada granted a total of \$556,754 to these providers; \$385,000 from OAA Title III-B.
- In 2015, the Legal Assistance Developer, working with the providers, prepared a state plan for legal services. This resulted in new service specifications, which require the legal services providers to report to the Legal Assistance Developer annually on the following:
 1. Pro-Bono provision of document preparation of wills, deeds, and advance directives from established lists of volunteer attorneys.
 2. Provision of specific services when appointed by judges in guardianship cases.
 3. Meeting requirements for expenditure of funds for legal services in the following areas of law:
 - a. Housing
 - b. Income preservation
 - c. Health care, including long-term care
 - d. Abuse, neglect, exploitation
 - e. Age discrimination
 4. Meeting requirements for service and outreach to the following older people:
 - a. Those with the greatest social or economic need.
 - b. Those whose primary language is not English.
 - c. Those living in rural areas.
 5. Any notable unmet legal needs within the State.
 6. The Legal Assistance Developer will review statistics and client files of each provider to insure compliance, and this information will help to determine levels of funding.
 7. ADSD has increased funding for Legal Services, as funding has been available.

State Fiscal Year	2012	2013	2014	2015	2016
Legal Services	\$513,022	\$539,388	\$594,649	\$522,356	\$556,754

Note: From Project Control Spreadsheets, fiscal maintains the final funding amounts.