

Appendix L: Public Comment on the State Plan

Prior to publishing its 2016-2020 State Plan, the Division carried out activities to ensure that the public was aware of and agreed with the Plan's direction. This appendix describes feedback from those activities, including:

- 21 Focus Group meetings, conducted by ADSD Deputy Jill Berntson in August and September 2015, for input in developing the State Plan. State Plan Appendix J contains a review of those findings.
- A statewide Public Hearing, held May 4, 2016.
- A month-long posting of the State Plan on the Division's website, in April 2016.

I. Public Hearing on State Plan

The Aging and Disability Services Division (ADSD) held a statewide Public Hearing by videoconference for comment on the State Plan. The Public Hearing was held in conjunction with a quarterly meeting of the Governor's Commission on Aging (COA), May 4, 2016, at the following sites:

Washoe County Complex
1001 E. Ninth Street, Bldg A
Reno, NV 89512

Department of Education, Training and Rehabilitation (DETR)
2800 E. St. Louis Avenue, Conference Room C
Las Vegas, NV 89104

DETR Job Connect
172 Sixth Street
Elko, NV 89801

Those unable to attend in person, were able to call into the meeting to provide comments via (888) 363-4735, Access Code 5517730.

The following are the comments at the State Plan Hearing, extracted from a transcription and meeting minutes.

Nevada's 2016-2020 State Plan Presentation

Cherrill Cristman, Chief, Resource Development Unit
Aging and Disability Services Division (ADSD)

The State Plan covers the period October 1, 2016, to September 30, 2020. Developing the State Plan is a requirement of the federal Administration for Community Living. All states are required to develop plans that outline strategies to meet the needs of their older adults,

specifically addressing the Older Americans Act target populations, which are: at risk older adults, individuals with the greatest economic and social needs, frail and low income, minority individuals and those living in rural areas.

The State Plan has been developed over the previous year with agency-wide input, and input from the community. This plan describes Nevada, along with its geographic, demographic, and service challenges for older adult Nevadans and their service providers. The plan describes ADSD's history, current service configurations, its older adult population, and its plans for older adults over the next four years. The State Plan informs our state and local stake holders about our vision, what to expect in older adult services and the future direction of our agency.

Stakeholders consist of many groups, such as: older adult Nevadans, members of the Commission on Aging, service providers, agency employees and volunteers, other state agencies and the federal government. All of these stakeholders have a vital interest to know what's in our State Plan.

The State Plan sets forth the following five goals to be accomplished by September 30, 2020.

- Older adults and their families are empowered to make informed decisions about long-term services and supports through coordinated person-centered services.
- Older adult Nevadans have a network of support that promotes their safety, security, and protection.
- Older adult Nevadans have access to a variety of services, including evidence-based programs, to enhance health in long-term services and supports.
- ADSD (Aging and Disability Services Division) is responsive to older adult Nevadans' needs through continuing quality improvement and standardized quality measures.
- Older adult Nevadans receive long-term services and supports through a trained and expanded workforce.

Cherrill Cristman guided those attending through the various sections of the State Plan Binder and then opened the Hearing for comments.

State Plan Comments and Division Response

1. Connie McMullen stated that for several years, "when the waivers started to merge, the Strategic Plan and Accountability Committee had a concern about the WIN Waiver merging into the Frail and Elderly Waiver." Specifically, the concern was "individuals with disabilities live a lot longer than individuals who are aging, which could eventually result in most waiver slots going to persons with disabilities." Ms. McMullen commented that when the evaluation of the waiver merger is conducted, this concern should be looked at closely.

If the merger occurs, ADSD staff will develop an ongoing methodology to ensure that the current apportionment of waiver slots between the WIN Waiver and the Frail Elderly Waiver is sustained. See underlined change to Objective 3.4 on page 3.

Objective 3.4: Services within waivers are expanded, including physically disabled (PD) and frail elderly (FE). (*Focus Area C*)

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| Strategies: | <ul style="list-style-type: none"> • <u>Evaluate feasibility of merging the Physical Disabilities (PD) and Frail Elderly (FE) Waivers into a single waiver, thus expanding services available in each waiver to all recipients. The feasibility evaluation shall include developing an ongoing methodology to ensure that the current apportionment of waiver slots between the PD Waiver and the FE Waiver is sustained.</u> • Evaluate feasibility of merging the Physical Disabilities (PD) and Frail Elderly (FE) Waivers into a single waiver, expanding services available in each waiver to all recipients. • Evaluate the feasibility of self-directed services to be covered in the waivers. |
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2. Ms. McMullen further commented that the “State Plan seems more staff-focused on mission than on goals relevant to program capacity expansion.”

Capacity building is vitally important, given the population explosion of older adults in Nevada. The challenge is years of flat and reduced funding for services. Building capacity will require a reconfiguration of service delivery to serve more persons with the same funding. It will also require increased funding for services. Over the coming four years, ADSD will continue to identify strategies and opportunities for program capacity expansion.

3. Ms. McMullen also said there should have been a strategic goal for transportation. Transportation is mentioned, but there is no specific strategy to reach for a target on expanding the capacity. Likewise, Travis Lee requested more State Plan emphasis in this area.

This request is addressed with the addition of Objective 3.5, which entails a reconfiguration of transportation service delivery.

Objective 3.5: ADSD has a coordinated, system-wide approach in funding transportation programs, to ensure older adults have equitable transportation access to reach vital services. (*Focus Areas A&B*)

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| Strategies: | <ul style="list-style-type: none"> • Work with senior center directors to conduct a comprehensive needs assessment of transportation providers to identify assets and obtain a description of the assets, current access, access barriers, annual mileage driven, etc. • Forge a regional transportation committee within each Regional Planning Group to work with senior center directors to improve the transportation system. • Submit a grant application to NDOT to fund a Mobility Manager with Resource Development Unit oversight. • Continue to provide match funding to sustain the Southern Nevada Mobility Manager. • Provide periodic updates to the Commission on Aging for input on progress. |
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Process Milestones:

1. Needs assessment report of findings and recommendations completed by January 1, 2016.
2. NDOT application submitted in Spring 2017.
3. ADSD SFY18 Competitive Grant Allocations begin a reconfiguration of funding in keeping with Regional Planning Group recommendations to streamline transportation by June 2020.
4. Mobility Manager hired within four months of application approval.
5. Reconfigured transportation system accomplished by June 2020.

4. Ms. McMullen concluded by commenting on “the importance of working with veterans.”

ADSD agrees and points to page 16 of the State Plan Narrative, which underscores the important influence of veterans on ADSD planning, as follows:

***Veterans Services:** The State of Nevada is increasingly focused on ensuring veterans and their families have a system of support that is responsive to their needs. Several state initiatives in recent years have helped to shape policy decisions regarding veterans, enhanced services to prevent veteran suicides, and increased availability of support to help veterans enter civilian employment. In the coming years, increased focus on older adult Nevadans who are veterans will ensure they have access to the full range of services and supports available to them, regardless of the funding source. Collaborations to increase awareness of benefits available through the Veterans Administration, to support veteran-directed services, as well as streamlined access to services and programs, will enhance Nevada veterans’ access to long-term services and supports.*

Objective 5.1 has a strategy: Explore new funding streams to support No Wrong Door and Resource Centers (i.e., Medicaid Administrative Match, Veterans-Directed Home and Community-Based Services, etc.).

5. Reverend Augustine Harkas commented on “inadequate transportation in the Stead and Spanish Springs area.”

This information can be addressed by local transportation authorities and discussed at the Reno Regional Planning Group, which meets quarterly. For information, please refer to Appendix C, page 17-18, for the purpose of the Regional Planning Groups. All Stakeholders are welcome to attend, and this is an important forum for ADSD to learn details of specific service gaps. For meeting information, call 775-687-0520.

6. Jose Tinio commented on the definition of case management and support for case management in the State Plan.

Case Management is defined on page 11 of the State Plan Narrative as: a person-centered process by which individual needs are identified, and services to meet those needs are located, coordinated, and monitored.

Objective 1.2 has a strategy: Increase community partners’ awareness about LTSS, to more easily coordinate services using the case management system.

The importance of Case Management as a priority service is agreed upon by ADSD, its service providers and the clients themselves, and recognized in annual ADSD funding decisions. It is listed as one of ADSD’s Core Services, which are most important in preventing nursing home admission.

7. Mr. Tinio further said that “suicide prevention was not addressed in the State Plan Goals. The suicide rate is high among male elderly Caucasians. The State of Nevada should focus on suicide prevention awareness towards our elders.”

Suicide Prevention is now addressed as follows: Objective 3.1: Continue to work with the Nevada Office of Suicide Prevention to facilitate specialized training for older adult Nevadans' awareness to prevent suicide, and ADSD will fund suicide prevention training through its Rural Caregiver Training in SFY17 and SFY19. Please refer also to response #10 below, which lists the times that Suicide Prevention has been included in trainings for senior caregivers.

8. Reverend Augustine Harkas commented on the Homemaker waiting list. He said, "There is a six-to-eight-month wait list to receive services. It is an excellent program, but if it is underfunded and understaffed, it creates a lot of frustration."

Just before annual funding decisions are made, ADSD conducts a survey of all grantees to quantify and report their waitlist numbers by service, along with the reason for the waitlist and the amount of money needed to eliminate the waitlist. The goal of this survey is to resolve the waitlists to the extent possible. ADSD allocates grant funds in accordance with such factors as: whether a service is "core" or not, available funding, program performance, area need, and existing waitlists. Sometimes a waitlist can be resolved with additional funding, and sometimes a waitlist is due to a lack of available workforce, which can't be resolved. Grantees, in some areas of the state, have more difficulty recruiting homemakers, such as in areas where the mining industry pays high wages with benefits. Finally, ADSD funding does not pay for all costs of providing a service. ADSD expects grantees to fundraise, to cover a portion of their costs.

9. Reverend Augustine Harkas added that "the State of Nevada should work more closely with the tribes of Nevada."

Objective 1.3 addresses working with the tribes, and has now been expanded to encompass additional activity, as follows: Ensure ADSD program information is distributed to Native American Tribes, invite tribal elders to participate in Regional Planning Groups, and provide information regarding services and grant opportunities at ITCN meetings of the Nevada Tribal Health Directors, and at the quarterly Tribal Consultations with the State of Nevada.

10. Jeffery Klein congratulated the team that worked on the State Plan, saying the goals and objectives are very well drawn, and adding that "an area that might need continued enhancement is recognizing an increasingly complex senior population." He emphasized that "physical and cognitive disabilities make for a more complex care recipient, with a limited amount of funds to deal with issues." Mr. Klein suggested "weaving some enablement strategies into the objectives, designed to enable the care giving population to better take on some of the care management goals."

Caregivers are increasingly dealing with more complex issues. Objective 3.2 concerns the integration of core services with evidenced-based programming, and the underlined addresses the critical need of caregivers to be included.

Objective 3.2: ADSD has a coordinated, system-wide approach of evidence-based programs that are integrated with core services. *(Focus Areas A&B)*

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| Strategies: | <ul style="list-style-type: none"> • Identify and address barriers to evidence-based programs, such as lack of transportation. • Conduct ongoing marketing of evidence-based programs. • <u>Implement additional evidence-based programs to support caregivers, older adult Nevadans and persons with disabilities.</u> |
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Objective 5.3: Informal and family caregivers are trained in their areas of need and interest for their role in Nevada’s informal workforce. *(Focus Areas A&B)*

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| Strategies: | <ul style="list-style-type: none"> • Identify caregiver training needs through surveys, and suggestions from providers and caregivers. • Conduct Caregiver Trainings, concentrating on Rural Nevada, to support informal and family caregivers. • Develop partnerships with respite care and other organizations to increase attendance at Caregiver Trainings. |
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| Process Milestones: | |
| 1. Develop a mechanism for caregivers to suggest training topics by July 2017. | |
| Measures: | |
| 1. A minimum of two caregiver trainings at selected sites in Rural Nevada each year, beginning in SFY17. | |
| 2. A yearly increase of 5 percent in the number of caregivers who attend caregiver trainings, starting SFY18. | |

In addition, ADSD receives a portion of Nevada General Fund for Rural Caregiver Training, which is used specifically to provide free trainings for caregivers in Rural Nevada. Trainings are provided by the Nevada Geriatric Education Center at UNR and are held in senior centers. Rural County RSVP volunteers provide respite care to enable caregivers to attend and also market the trainings to the primary caregivers they serve. ADSD has also worked with the Alzheimer’s Association of Northern California and Northern Nevada for training outreach to caregivers.

Every year, two trainings are provided. For this year (SFY17), they are:

- *SuicideTalk: Suicide Awareness Training, and*
- *Advanced Care Planning and End of Life Issues.*

The following are among the trainings previously provided:

- *Coping with Changes of Alzheimer’s Disease*
- *Dementia, Alzheimer’s Disease and Memory Loss*
- *Healthy Brain, Healthy Body*
- *Mental Health and Suicide Prevention*
- *Legal Considerations for Persons with Dementia*
- *Medication Therapy Management*
- *Psychotropic Medication Use/Misuse in the Elderly*
- *Positive Approaches to Caring for People with Dementia*
- *Promoting Awareness of Sexuality and Sexual Health in the Elderly*

- *Medicare and Medicaid: What You Need to Know*
- *Stress Management Skills for Caregivers of Older Adults*
- *Healthcare Reform: What You Need to Know*
- *Aging and Alcohol*
- *Healthy Self Care*

In addition to funding Rural Caregiver Trainings, ADSD supports and works with urban area organizations that offer trainings that benefit caregivers, to help with outreach and marketing. These providers include: Sanford Center for Aging at UNR; Alzheimer’s Association of Northern California and Northern Nevada; Alzheimer’s Association of Desert Southwest; Cleveland Clinic’s Lou Ruvo Center for Brain Health; Nevada Senior Services; and Dignity Health - St. Rose Dominican Hospitals.

11. Mr. Klein also commented on “safe transitioning of individuals who come back from an institutional resource in the community. Home modification, community safety issues, home safety issues, and having a secure, safe discharge destination are all becoming increasingly important safety issues.”

These issues are addressed below and the underlined portion was added for greater emphasis.

Objective 2.1: Older adult Nevadans, persons with disabilities and their caregivers, especially those residing in rural areas, have a safety net when accessing services far from their homes. *(Focus Area A)*

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| Strategies: | <ul style="list-style-type: none"> • Discuss the needs and possible solutions with urban and rural service providers, to ensure older adult Nevadans and persons with disabilities have access to resources when they are away from home. • Collect data from partners on gaps in services and the needs of older adult Nevadans and persons with disabilities. • Ensure that caregiver supports are available across the lifespan. • Outreach to hospital discharge planners through Regional Planning Groups, to inform planners of community contacts, the wide range of community resources for all older adults and that aging services providers will give priority access for those being discharged from the hospital. • <u>Further ensure the safe transitioning of individuals from an institution to the community, by giving priority to providing home safety evaluations and needed modifications.</u> • Develop a Resource Guide for older adult Nevadans traveling to urban areas for routine or emergency healthcare services. |
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Objective 3.1: The gap between social services and healthcare services is bridged to improve quality of life for older adult Nevadans and persons with disabilities (i.e., Care Transitions, Nursing Home Diversion and Nursing Home Transition projects - ADRC). (*Focus Area A*)

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| Strategies: | <ul style="list-style-type: none">• Develop a unified approach with partners for information, referrals, and marketing of health promotion and disease prevention services.• Promote the health and wellness benefits offered through Medicare, statewide.• Invite hospital discharge planners to participate in Regional Planning Groups in Las Vegas, Elko, Reno and Carson City areas, to become familiar with aging network services and providers.• Develop Care Transition and Care Coordination protocols to enhance collaboration between hospital discharge planners and community providers.• Continue to work with the Nevada Office of Suicide Prevention to facilitate specialized training for older adult Nevadans' awareness to prevent suicides. |
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Process Milestones:

1. Care Transition programs are implemented in areas with high readmission rates by July 2017.

Measures:

1. ADSD staff participates in 20 outreach events each State Plan year, to promote health and wellness initiatives.
2. Number of consumers who receive Care Transition services will increase by 10 percent each year, starting in SFY18.
3. ADSD will fund suicide prevention training through its Rural Caregiver Training in SFY17 and SFY19.

Posted State Plan Comment (ADSD Website)

12. Only one comment was submitted through the ADSD website. It comes from Clare Tobler, who indicated she found the State Plan to be “very informative,” and adds that it “looks pretty comprehensive; good job.” She concluded by saying that she “liked that ADSD used the senior centers for gathering information.”