

EXECUTIVE SUMMARY

The Nevada Aging and Disability Services Division's (ADSD) 2016-2020, State Plan for Aging Services covers the period October 1, 2016, to September 30, 2020, and is the blueprint for the agency's planned efforts and services to be provided for older adult Nevadans during the next four years. Since the Division's inception in 1971, as a single State Unit on Aging, it has consistently been the primary advocate for older adult Nevadans, by developing, implementing and coordinating programs for them throughout the state.

In the coming four years, the Division will continue to work towards management of the many challenges faced in Nevada, through collaborations and realignment of policies. The Division's primary focus to improve access to programs and services is being realized through the *ADSD Integration Plan* and *No Wrong Door Implementation Plan*.

This State Plan sets forth the following Goals:

1. Older adult Nevadans and their families are empowered to make informed decisions about long-term services and supports (LTSS) through coordinated, person-centered services.
2. Older adult Nevadans have a network of support that promotes their safety, security and protection.
3. Older adult Nevadans have access to a variety of services, including evidence-based programs, to enhance health and long-term services and supports.
4. ADSD is responsive to older adult Nevadans' needs through continuous quality improvement and standardized quality measures.
5. Older Adult Nevadans receive long-term services and supports through a trained and expanded workforce.

These goals are based on the following five core components:

- **No Wrong Door:** ADSD, along with state and community partners, must be engaged to support Older Nevadans and their families. Access to information and services must be streamlined and standardized across systems to empower consumers to make choices. Nevada is committed to embedding the No Wrong Door philosophy throughout the long-term services and supports system to provide everyone with the options to live in the setting of their choice.
- **Safety and Advocacy:** Quality of life in all settings is affected by an individual's ability to have choice and control and to be free from negative influences that may limit individual freedoms. In addition, for those elders who are subject to abuse, neglect, or financial exploitation from others, as well as those who are self-neglecting in some way, protections must be available.

- Health and Social Services: Having a variety of services to assist Older Nevadans supports individual choice and is necessary to meet older adult Nevadans where they are in the service continuum. Having well rounded and evidence-based services that meet consumers where they are strengthens the quality of services available. In addition, bridging the gap between healthcare and social services will lead to better outcomes for older adults in Nevada.
- Quality Assurance: Providing quality services that are responsive to consumer needs is a part of the ADSD mission. In keeping with national standards, ADSD aims to develop a No Wrong Door LTSS system that includes goals and performance indicators that increase visibility, trust, ease-of-access, responsiveness, efficiency and effectiveness of the system.
- Competent Service System: Having a workforce, including volunteers and caregivers, that is competent and able to increase efficiency of services is essential to maintaining a responsive long-term services and supports system. Training, capacity building and sustainability planning are critical to enhancing services in Nevada.

AGENCY CONTEXT

The Nevada Aging and Disability Services Division (ADSD) has evolved over 45 years since 1971, when the Nevada State Legislature established the Nevada Division for Aging Services (DAS) as a single State Unit on Aging. Since the Division's inception, it has consistently been the primary advocate for older adult Nevadans, by developing, implementing and coordinating programs for them throughout the state.

ADSD is one of five divisions within the Nevada Department of Health and Human Services (DHHS). The agency has a primary focus of providing statewide outreach and person-centered services in three programmatic areas: Aging and Physical Disabilities Programs; Developmental Services; and Children's Services. All of these programmatic areas are detailed in Appendix C.

Agency staff and programming are guided by the Division's:

Vision

Nevadans, regardless of age or ability, will enjoy a meaningful life, led with dignity and self-determination.

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.

Philosophy

ADSD seeks to understand and respond to the individual and his/her needs using principles of accessibility, accountability, culturally and linguistically appropriate services, ethics, mutual respect, timeliness and transparency.

Aging Services Network

Nevada Revised Statute, Chapter 427A, provides the primary statutory authority for the Aging and Disability Services Division (ADSD) to administer programs and services funded under the Older Americans Act. This statute also entrusts the Division to administer state and federal funds for the provision of non-medical home and community-based services to older adults and for elder protective services. The Division's aging services programming is housed within the Aging and Physical Disabilities Programs area, which provides resources at the community level to assist seniors and people with severe disabilities and their families to live as independently as possible in an integrated setting.

Aging and Physical Disabilities services are provided through the following Division Units:

- **The Resource Development (RD) Unit**, since ADSD's 1971 inception, continues to house the Division's original Older Americans Act (OAA) programming, such as Nutrition and Supportive Services. It oversees the competitive granting and monitoring of OAA Titles III-B, C, D and E and Title V funded services. Likewise, the RD Unit competitively grants and monitors

Nevada's Independent Living Grant funding - derived from Nevada's share of Master Tobacco Settlement funds, and State Transportation and State Volunteer services grants - derived from the Nevada General Fund. The RD Unit also develops many successful and innovative competitive grant applications for OAA Title IV Discretionary Grants and foundation grants, to enhance ADSD's service provision. Additionally, the Unit houses the agency's Advocates for Elders Program, which functions as a catchall to help older adults and adults with disabilities sort through problems not otherwise addressed through other agency programs. These problems may include issues, such as evictions, plumbing and home repairs, and the need for assistance with social assistance applications. Advocates work in tandem with the Aging and Disability Resource Centers.

- The Elder Protective Services (EPS) Unit, created in 1989, works diligently to improve existing services, providing advocacy and protective services for Nevada's residents. This Unit investigates allegations of abandonment, abuse, neglect, exploitation and isolation of persons age 60 and older per Nevada Revised Statute (NRS) 200.5093. EPS social workers take action to safeguard the well-being and general welfare of older persons in need of protection and unable to protect themselves. This includes those who have physical, emotional, or mental impairments. These impairments may limit the older person's ability to manage their personal, home, social, and/or financial affairs. When clients are found in need of additional services, EPS social workers work with the individual to implement any necessary services that will remove the older person from risk of further abuse. This can include referrals to law enforcement, temporary assistance for displaced seniors, mental capacity evaluations, homemaker services, or other state funded or community resources. Clients may be referred to the Advocate for Elders (AFE) program (described above), to match them with other state and community assistance. Clients may also be referred to the Community Based Care Unit, described below, to be screened for service eligibility.

- The Community Based Care (CBC) Unit manages the Medicaid Waiver programs with the Nevada Division of Health Care Financing and Policy (DHCFP), having administrative authority over these services. DHCFP (Nevada Medicaid) is the main conduit of information from the federal level to operating divisions within the Nevada Department of Health and Human Services and vice versa. CBC Unit staff works in tandem with DHCFP in writing the waiver applications and collaborates to develop operating policy for the waiver programs operated by ADSD. However, DHCFP staff has final approval authority of the applications and subsequent evolving policies. CBC operates the following programs that provide supports to allow individuals to remain in their home setting: Home and Community-Based Waiver for the Frail Elderly; Home and Community-Based Waiver for Persons with Physical Disabilities; Community Service Options Program for the Elderly (COPE); a Homemaker Program; and the Personal Assistance Services (PAS) program. The COPE, Homemaker, and PAS programs are non-Medicaid services.

- The Disability Services Unit evolved from the Nevada Office of Disability Services, which was established in 2003 with the consolidation of several existing State programs into a single entity. In 2009, this office moved from DHHS and merged with the former Division for Aging Services to create the Aging and Disability Services Division. Now called the Disability Services Unit, its services are provided to people of all ages with disabilities, who have independent living needs, through the following programs: Communication Access Services for

persons who are Deaf, hard of hearing and speech disabled; Traumatic Brain Injury Rehabilitation; Assistive Technology for Independent Living Program; and the Senior and Disability Rx Programs.

- The Supportive Services Unit has programming that serves older adult Nevadans, their caregivers and families, and individuals with disabilities. The Unit is comprised of the following programs: The Long-Term Care Ombudsman Program (LTCOP), which provides advocacy for all residents in long-term care facilities regardless of age; the Aging and Disability Resource Center (ADRC); the Nevada State Health Insurance Assistance Program (SHIP); the Nevada Senior Medicare Patrol (SMP); the Volunteer Management Program; and the Taxi Assistance Program (TAP). The Supportive Services Unit is also responsible for coordinating Nevada's efforts to fully implement No Wrong Door (NWD) with other DHHS Divisions and stakeholders.

ADSD's Leadership Role

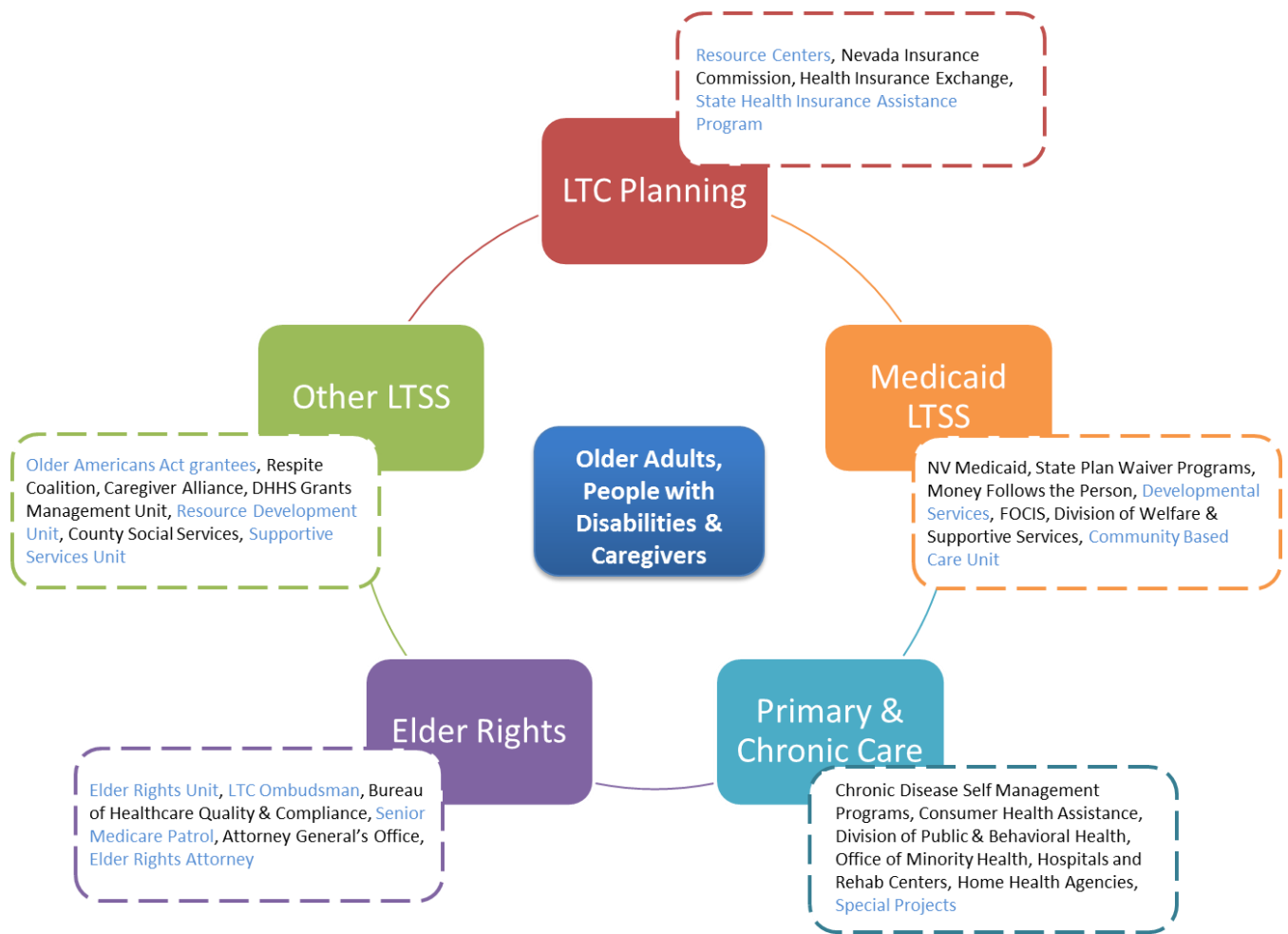
ADSD staff is recognized for leadership with policy makers and collaboration with DHHS and other Divisions, setting policy direction for home and community-based services. Division staff organizes presentations for its advisory committees to showcase issues, such as out-of-state nursing facility placements, nursing home diversion processes being undertaken and needed guardianship law modifications. These presentations are given as a means to educate public policy makers regarding opportunities for new legislation or funding. These types of leadership activities apply to and are found at all levels of Division and Department programming, with ADSD partnering with other DHHS divisions in major grant funded endeavors.

Nevada's commitment to older adults is evident in the partnerships and collaborations built by programs within ADSD's long-term services and supports (LTSS) system.

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

- Long-Term Care and Planning (LTC Planning)
- Medicaid LTSS services
- Other LTSS services
- Primary & Chronic Care Coordination
- Elder Rights

The diagram below depicts these five components along with a sampling of the partnerships ADSD programs have developed to enhance services across the aging services network. These partnerships have helped to shape ADSD policy and enhance efforts to provide services to older adult Nevadans throughout the state.



Enhancements to the Network

Client services provided through Medicaid waivers remain a critical and important element of service to the most fragile and at risk. Policy changes that promote streamlined access and a person-centered approach will be the focus for the next four years. The Division, along with Nevada Medicaid is working to combine waiver programs, study the impact of implementing Medicaid Managed Care for LTSS, and evaluating the impact of self-directed services for the waiver population. At the same time, the Division is actively working to implement a person-centered approach across all programs, providing an opportunity to strengthen services and empower consumers to achieve the quality of life they desire.

The Division, aging services providers and advocates must: continue to engage in cooperative planning efforts; expand collaborative partnerships; and seek sustainable funding sources. These efforts will provide a solid foundation for a comprehensive information and referral, care planning service system that enhances the quality of life for consumers. Key components of these planning efforts include state and federal legislators, public leaders, advocates, older adults and their caregivers.

Moreover and since the Olmstead Decision, Nevada has worked to more readily provide care in the least restrictive and most integrated residence of choice. Nevada Revised Statute 427 requires that divisions within the Department of Health and Human Services, including ADSD, identify clients requiring the highest need for care who desire to remain in a community-based setting. Divisions are to plan for program expansion that targets this group of individuals. Each program forecasts and plans for caseload growth based on population, as well as this targeted group of higher need individuals, who would have to live in institutions, such as skilled nursing facilities, without access to programs.

ADSD is very grateful for the federal support of Nevada's statewide activities toward program enhancements. In 2014, Nevada was awarded \$360,000 in federal funding, which was combined with \$120,000 state match for Building Lifespan Respite Care Programs. Nevada also received \$450,000 in federal funding for the Dementia Capable grant, which was combined with \$256,547 state match. Receiving federal funding through OAA Title IV Discretionary Grants funding enables Nevada to solidify its initiatives and strategic vision to improve and grow supportive services. Discretionary funding, when awarded, greatly assists Nevada and community partners to develop the infrastructure and capacity necessary to develop or expand innovative services, usually evidence-based services. Without this additional funding for specific projects, caregiver supportive services and other services are limited to funding from the Older Americans Act and Tobacco Settlement funding.

Issues to be Addressed and Discussed

The following trends and issues are substantiated through needs assessment data identified through a literature search for Appendix B: "Nevada Geographic and Demographic Data," and in the needs assessment findings of two studies and 21 focus groups. The focus groups, conducted statewide in August and September of 2015, are described in Appendix J. Where applicable, italics indicate the relevant State Plan Objective for each trend and issue cited. For example, (*Objective 1.2*) references Goal 1, Objective 2. The Goals and Objectives begin on page 18 of this narrative.

Literature Search

- **Economy:** As reported in Nevada's 2012 State Plan for Aging Services, Nevada was one of the worst hit states during the recent "Great Recession." As a result of the recession, Nevadans have struggled with the highest foreclosure and unemployment rates in the nation. For the foreseeable future, Nevada's continued recovery is the most critical issue and trend in the state. The economic condition of Nevada affects the ability of the state to fund services for its older adults and persons with disabilities. Likewise, families experiencing economic hardship have increasing difficulty to assist their elders or family members with disabilities, further reducing a traditional safety net and stressing the service system. These individuals and their family caregivers need additional or expanded services and supports to help them cope with and manage the demands of the multiple stressors they face. (*Objectives: 1.2, 2.1, 2.3, 4.1, 5.1 & 5.4*)
- **State Geography and Population Dispersal:** Understanding the challenges of access to services in Nevada requires knowledge of the state's geography and population, described in Appendix B. Nevada is the seventh largest state nationwide, with most of its population and

critical services concentrated in three urban counties. The remainder is dispersed throughout 14 rural and frontier counties. Among Nevada's unique service delivery challenges are: communities in remote areas, geographic obstacles, severe weather conditions, poor communication systems in some areas, and a serious lack of adequate transportation, which for years has been one of Nevada's most intractable service deficits. With few transportation options, Rural Nevadans experience significant hardship to access healthcare and other vital services that are located in Nevada's urban areas of Las Vegas and Reno, as well as outside of the state in areas such as Salt Lake City, Utah. Available transportation options and funding resources must continually be reviewed and maximized. (*Objectives: 2.1, 3.2, 3.5 & 4.1*)

- **Population Growth:** Census data estimates Nevada's total population at 2,839,099. For the past six decades, Nevada has had the highest population growth in the nation. Since the year 2000, the nation's population has grown 9.7 percent, while Nevada's growth rate was 35.1 percent. Nevada's older adult population growth has also outstripped the nation between 2000 and 2010. Its older adult population, age 60 and older, increased by 56.3 percent to 475,283, an increase of 171,212 seniors compared with only a 22 percent increase of this age group nationwide. Nevada adults, age 85 and older, increased 77.7 percent to 30,187, an increase of 13,198 seniors compared with only a 29.75 percent increase of this age group nationwide.

In spite of Nevada's skyrocketing older adult population, funding has remained flat and in some cases decreased. The state is challenged in merely sustaining existing and vital supportive services, not to mention increasing capacity to adequately serve the growing need. Nevada's social service funding levels are thinly stretched and priority services are apportioned with the limited remaining funds. Until federal Sequestration funding was restored for Nutrition Services, Nevada had up to 700 frail, older adults on waitlists for Home Delivered Meals.

The State's increasing population also contributes to transportation needs, housing requirements, and healthcare access to a limited number of providers, to name a few. All of these issues are recognized and taken into consideration in developing plans, community interventions and educational programs to ensure that existing services are maximized and that funding is targeted to those most in need, especially to those at imminent risk for nursing home admission. (*Objectives: 2.1, 2.2, 4.1, 5.1, 5.3*)

- **Race/Ethnicity:** Along with its population growth, Nevada is rapidly becoming more diverse in terms of the racial/ethnic and cultural characteristics of its population. Persons in Nevada, self-identifying as a minority, almost doubled in the decade 2000 to 2010, from 496,371 in the 2000 Census to 913,863 in the 2010 Census – an increase of 84 percent.

ADSD will continue to focus service delivery on minority populations, based on its core services model and the Older Americans Act service priorities. A list of the core services, which receive funding priority, is found on page 11 of this narrative. Several evidenced-based programs funded by ADSD reach minority and tribal populations using the "promotora" or community lay leader model. About 25 percent of older adult Nevadans are from minority populations, compared with 34 percent of ADSD's aging services clients from minority populations. (*Objectives: 1.3 & 2.2*)

- **Poverty:** Approximately 8.6 percent of Nevadans, age 60 and older, live at or below the Federal Poverty Level (*U.S. Census Bureau, 2009-2013 Five-Year American Community*

Survey), while about 55 percent of ADSD's aging services grantee clients live at or below poverty. When comparing county poverty rates for total population, the three counties with the highest percentage of residents living in poverty are Esmeralda, Mineral and Nye. The three with the least percentage of residents living in poverty are Storey, Elko and Lander.

ADSD will continue to successfully target its services to older adult Nevadans with low income, who are vulnerable and least able to afford and access the kind of servicing ADSD offers through its programming. (*Objectives: 2.3 & 5.1*)

- **Disability and Chronic Disease:** In Nevada, a total of 309,210 individuals, or 11.5 percent of the population, live with a disability (*U.S. Census Bureau 2009-2013 5-Year American Community Survey*). Of the 340,926 non-institutionalized Nevadans, age 65 and older, 34.9 percent or 119,129 are living with a disability (*Social Security Administration, Annual Statistical Supplement, 2014*). Many disabilities can be traced to chronic disease as a causative factor.

Chronic diseases and disability can affect a person's ability to perform important activities, restricting engagement in life and enjoyment of family and friends. Diabetes, arthritis, hypertension, lung disease and other chronic conditions make life difficult, often forcing older adults to give up their independence. (*National Council on Aging, Chronic Disease Self-Management Facts*)

Chronic conditions and the degenerative nature of conditions, which can force premature institutionalization, must be a priority focus to improve the health management and quality of life for Nevada's older adults and adults with disabilities. The increased prevalence and cost of chronic diseases for older adults and caregivers underscores the importance of ADSD's continued funding and partnerships with programs that help seniors better manage their chronic disease symptoms. ADSD will continue its priority focus to help individuals remain in the community setting of their choice with dignity and self determination. (*Objective: 3.1 & 3.2*)

- **Suicide and Aging:** Nevada has one of the highest geriatric suicide rates in the nation. One in four will die when attempting suicide. About 60 percent of seniors committing suicide saw their doctor within a month of their death, 25 percent told someone they planned suicide, and more than 20 percent experienced a traumatic event two weeks prior to their suicide. Risk factors are: diagnosis of new illness, chronic diseases, pain, disability, medication interactions, social isolation, poor nutrition, substance abuse, loss of a loved one and caregiving.

Suicide prevention can be addressed through education and supportive services. To help prevent suicide through education, ADSD is using its state-funded Rural Caregiver Training dollars to provide free training at senior center sites throughout Rural Nevada on Suicide Prevention. This training is provided in collaboration with the DHHS Office on Suicide Prevention and is entitled *SafeTALK*. In addition, ADSD's LTSS support system offers services that can help ameliorate the difficulties faced by an aging population and its caregivers, but these services need expansion to address the growing demand. ADSD was recently asked to serve on a suicide prevention outreach committee to expand outreach to urban areas, which it accepted. (*Objectives: 1.2, 2.1 and 3.1*)

- **Dementia and Alzheimer’s Disease:** In Nevada, the significant growth of Alzheimer’s disease prevalence is a dominant focus for service planners. Alzheimer’s disease is the most common type of dementia, typically accounting for an estimated 60 to 80 percent of all dementia cases. Approximately one in every nine Americans (11 percent), age 65 and older, has Alzheimer’s disease, and about one-third (32 percent) of people age 85 and older are afflicted. (Source: Alzheimer’s Association, *2015 Alzheimer’s Disease Facts and Figures*)

The increase in the Alzheimer’s death rate over time has most affected the oldest age clusters. Between 2000 and 2013, the death rate from Alzheimer’s disease did not increase for people age 65 to 74, but increased 23 percent for people age 75 to 84, and 39 percent for people age 85 and older.

The Alzheimer’s Association estimates 39,000 Nevadans, age 65 and older, were living with Alzheimer’s disease in 2015. It is critically important to outreach into communities to address Alzheimer’s Disease and Related Dementia issues, especially identifying the disease in its early stages. (*2015 Alzheimer’s Disease Facts and Figures*) This underscores the crucial need for funding to support Nevada caregivers and their families through community level supports, caregiver supportive programs, respite services, and educational programs, in addition to long-term planning and care recipient considerations.

Several issues related to Alzheimer’s disease and dementia will be addressed over the coming four years, including: education, respite care, counseling and supportive services to assist caregivers. To help address these issues, ADSD is using its SFY 2016 state-funded Rural Caregiver Training dollars to provide free trainings at senior center sites throughout Rural Nevada: *Dementia, Alzheimer’s Disease and Memory Loss: A Comprehensive Guide for Family Caregivers*. ADSD also grants funding for the following programs to support persons with Dementia and Alzheimer’s disease: Evidence-based programs (CarePRO, EPIC, BRI Care Consultations- see Appendix C); Alzheimer’s Diagnostics; Caregiver Support Programs; and Respite services. (*Objectives: 3.1, 3.2 & 3.3*)

The Task Force on Alzheimer’s Disease (TFAD) was created within the Department of Health and Human Services, late in 2013, with the passage of Assembly Bill 80 in the 2013 Legislative Session. It is responsible for developing, monitoring and updating the *State Plan to Address Alzheimer’s Disease*. This plan serves as a blueprint for identifying specific actions that will enable the development and growth of a high quality, comprehensive support system for individuals affected by Alzheimer’s disease.

Informal Caregiving: About 65 percent of older adults with long-term care needs rely exclusively on family and friends to provide caregiving assistance. Another 30 percent supplement family care with assistance from paid providers. Care provided by family and friends can help ensure older adults remain living in their homes and communities. In fact, 50 percent of the elderly who have a long-term care need, but no family available to care for them, are in nursing homes, while only 7 percent who have a family caregiver are in institutional settings. (<https://caregiver.org/women-and-caregiving-facts-and-figures>)

Nevada is continuing to build its caregiver resources to help sustain older adults and those with disabilities to live independently. For the Fiscal Year July 1, 2014 – June 30, 2015, ADSD

funded partners throughout the state with approximately \$1,342,375 for Caregiver Support and Respite services. For the Fiscal Year July 1, 2015 – June 30, 2016, ADSD funded \$1,666,918 for Caregiver Support and Respite services, an increase of 24 percent. This priority continues throughout the coming four years. (*Objectives: 2.1, 5.2, 5.3 & 5.4*)

Needs Assessment Activities and Findings

In shaping its State Plan, ADSD also relies on the findings of three other activities, which are described in Appendix J: “Community Input,” including: the 2014 *Nevada’s Strategic Plan for Integration of Developmental Services and Early Intervention Services into ADSD*; the 2014 *Governor’s Commission on Aging NRS 439 Report - Community Needs and Priorities for Older Nevadans*; and a series of 21 focus groups conducted for State Plan input in August and September 2015.

- *Nevada’s 2014 Strategic Plan for Integration of Developmental and Early Intervention Services into ADSD*: In 2013, the Nevada Legislature passed AB488, which approved the integration of Developmental Disabilities Services (DDS) and Nevada Early Intervention Services (NEIS) with the Nevada Aging and Disability Services Division (ADSD).

During the development of its strategic plan for integration, consumers, staff and providers were surveyed on critical issues. One of the questions specifically addressed the ADSD nine core services, considered most important to support vulnerable people in living independent lives. The nine, person-centered Core Services include:

1. Adult Day Care: provides planned care for dependent adults in a supervised setting during some portion of a day.
2. Aging and Disability Resource Center (ADRC): provides information, assistance and access into long-term support systems.
3. Case Management: a person-centered process by which individual needs are identified, and services to meet those needs are located, coordinated, and monitored.
4. Home Care: provides services that can include housekeeping, grocery shopping, advocacy and other non-medical in-home assistance.
5. Legal Assistance: includes legal counseling and/or representation in civil matters involving housing, consumer rights, health care/public benefits, estate planning and wills, and guardianships.
6. Personal Emergency Response System (PERS): a personal transmitter with an alert button that is worn on the wrist or around the neck. Another PERS service is a volunteer or computer-generated telephone reassurance program.
7. Respite Care: a non-medical service that provides a caregiver the opportunity to take some time away to do other things while a qualified, temporary caregiver attends to the person needing care.
8. Senior Companion: provides companionship activities for individuals in their home. Companions may also accompany the client and provide transportation to access services outside of their home.
9. Transportation Services: provides safe transportation for access to needed services including meals, medical appointments, social services, adult day care, shopping and socialization.

ADSD provides these priority core services with funding from OAA Title III-B, as well as through Nevada's Independent Living Grants, derived from its share of the 1998 Master Tobacco Settlement Agreement. Respondents were asked to rank the importance of each service.

Findings: Analysis of survey responses showed that staff and providers agreed with the seniors; Case Management and Home Care were both most commonly ranked as the most important services to sustain independence from institutional care. The full body of the 2014 Strategic Plan can be found at:

<http://adsd.nv.gov/uploadedFiles/agingnv.gov/content/Home/ADSDStrategicPlan-2014Integration.pdf>.

- *The 2014 Governor's Commission on Aging NRS 439 Report - Community Needs and Priorities for Older Nevadans:* This report responds to NRS 439.630, which requires the Commission on Aging (COA) to advise the Department of Health and Human Services Director on a biennial plan for the allocation of Nevada's share of the 1998 Master Tobacco Settlement Funds (TSF) for Independent Living Grants (ILG). To accomplish this, the COA appointed a subcommittee to conduct the research necessary to identify priority level services necessary to assist individuals to live independently without institutional care.

Findings: Based on the COA's collective research, the recommendation is to prioritize Case Management, Home Care, and Transportation as the top three most important services to fund. The report also said that in order to meet the demands of Nevada's aging population, the system of care must be strengthened as it continues to experience increased demand for services (waitlists), competing priorities (other at-risk populations), and diminishing resources (federal Sequestration, etc.). This report can be found at:

<http://adsd.nv.gov/uploadedFiles/adsdnv.gov/content/Boards/COA/SubNRS439/COA-NRS439FullReport.pdf>.

- *The 2015 Statewide Focus Groups:* During August and September 2015, ADSD staff conducted 21 focus groups throughout Nevada at selected senior center sites. As a whole, the focus groups were comprised of 198 senior center participants, most selected by their director; the few others attending were interested community leaders or Commission on Aging members. The make-up of the focus groups, methodology and a map showing locations are found in Appendix J. Two additional focus group sites, located in Lincoln County, had been planned but were unable to participate, because the senior center directors were unable to gain commitment from enough older adults to comprise a focus group. Therefore, seniors at those sites were provided with the focus group questions for response by those interested. In addition, the focus group questions were posted on the Division's website for responses. All of these additional responses have been incorporated into the findings.

The following are findings of the focus groups that are most relevant to ADSD's development of Goals and Objectives in this State Plan. Many focus group findings also illuminate findings regarding trends and issues discussed in the previous section. Where applicable, italics indicate a finding's relevant State Plan Objective(s). For example, (*Objective 1.2*) references Goal 1, Objective 2.

- Participants in each focus group were proud of their senior center and community, and most often cited the senior center director as their primary helpful resource. *(Objective 1.2)*
- Lack of awareness of available services was noted as a concern at every site throughout the state. Participants at many sites also noted concerns about lack of case management, giving examples of individuals who need assistance navigating services and also mentioning how helpful it is to have case management when they are receiving waiver services. *(Objective 1.2)*
- Some seniors traveling to urban areas for routine or emergency services need supportive assistance while there, as well as information about how to get back home. In these cases, seniors are transported out of town by ambulance or helicopter to urban areas; getting home is a major problem once they are discharged. These circumstances require the compilation of basic information and contacts of urban-area senior and social services for rural senior center directors to disperse to their constituents for out-of-town emergency assistance – essentially, a plan and collaboration to tighten the senior safety net statewide. *(Objectives 1.2 & 2.1)*
- Participant responses were so varied regarding transportation access that drawing trends re transportation problems was not possible, except to say that adequate transportation remains the greatest need throughout Nevada – both in town and long distance. *(Objectives 2.1 and 3.5)*
- Based on the responses regarding transportation, access to long distance transportation to urban areas varies significantly between rural senior centers. All sites have transportation available to the larger urban areas, but the disparity is concerning. Some senior centers provide transportation once monthly to urban areas, while others make trips to urban areas up to three times a week. Participants noted that it is difficult to get their appointments scheduled on the transportation day, as well as getting appointment times that work within the transportation hours. This disparity of service requires an in depth study by ADSD, to help ensure equitability in resource distribution. *(Objective 2.1 and Objective 3.5)*
- At the majority of sites, participants most wanted to talk about problems with transportation when asked about unmet needs. *(Objective 2.1)*
- Home Health was cited as an unmet need at all sites, generally referring to anything from homemaking services to assistance with Activities of Daily Living (ADLs) to Registered Nurses (RNs) and physical therapy needs. This was noted as a big concern in most areas due to a lack of providers. *(Objective 2.1)*
- Participants provided compelling responses regarding their fears about aging and what could make them lose independence, such as: being alone; not being able to get up their stairs; not being able to take care of their pets, and what would happen to their pets when they are gone; losing their driver’s license; needing reasonable access to 24-hour, in-home care – noting both availability of qualified providers and affordability of rates; a need for expensive home modifications that they cannot afford; a catastrophic event that would leave them dependent on care; not wanting to live with family; having enough money, including what they will do when they lose their spouse’s income, as well as problems managing finances when the spouse has been the one to take care of it; and the expense of a Personal Emergency Response System (PERS). *(Objectives 1.2 & 2.1)*
- Across the state, the most requested services to maintain independent living are: homemaker; home maintenance; home and vehicle modifications; and transportation to obtain food, groceries and prescriptions. *(Objective 2.1)*
- Overall, there was enthusiasm among participants in all three regions for health services, and health promotion and disease prevention activities, especially in Southern and Northern Nevada. *(Objectives 3.1 & 3.2)*
- Participants most often cited their senior center as the place they would go for health promotion activities. *(Objective 3.2)*

- Regarding elder abuse, concern about scams perpetrated over the phone or by computer was the most discussed exploitation concern in Eastern Nevada and Northern Nevada. Participants said they didn't fall prey to such frequent attempts, but were worried other less aware older adults might. One consideration about the narrow focus on "scams" relevant to abuse, is that participants may have a hard time identifying other types of abuse and what to do about them. (*Objective 2.2*)
 - Participants most often cited the following as barriers to reporting abuse: abused are embarrassed; victim may not admit, victim denies abuse when asked; and abused are afraid to report. (*Objective 2.2*)
 - Regarding senior hunger, participants generally noted it is fairly easy to access food. At most sites, participants indicated that if someone is going hungry in their community it is their "own fault." Communities typically had multiple food sites, including the senior centers and food banks. (*Objective 5.1*)
 - Participants in all regions agreed that the senior center was the most reliable resource for food. This was followed by local area food pantries/food banks, churches and USDA commodities. Also mentioned as resources were soup kitchens, donations, emergency assistance, Farmer's Market coupons, and reliance on the closeness of community members looking after each other. (*Objective 5.1*)
 - Although there seems to be a consensus that food is available if an elder took advantage of available options, participants also provided many reasons why elders may not access food, as follows: stigma for seeking food services; high cost of living and food; and resources available but can't get there. (*Objectives 2.1 & 5.1*)

Additional Factors and Initiatives Influencing the Plan

To provide further context for the development of the state plan goals and objectives, certain factors and initiatives influenced ADSD in developing its State Plan. As ADSD continues to work with partners and community stakeholders, the issues previously identified to be addressed for older adult Nevadans will be influenced by these trends.

- **No Wrong Door:** Nevada's No Wrong Door, Nevada Care Connection, is working towards systemic changes needed to implement a fully functioning no wrong door system with DHHS Divisions and community stakeholders. Working with the Nevada Medicaid agency through the Balancing Incentives Program (BIP) and Nevada's development of a Three-Year No Wrong Door Implementation Plan has enabled ADSD to enhance partnerships that will build upon previous efforts, such as ADRC and Money Follows the Person (MFP), to streamline access to services.

The goal of the Nevada Care Connection system is to work toward sustainable solutions that address critical issues in the four areas of concentration for a NWD system:

- Public Outreach and Linkage to Key Referral Sources
- Person-Centered Counseling
- Streamlined Eligibility and Access
- Governance and Administration

As ADSD begins to lead Nevada's efforts for NWD Implementation, efforts to integrate services within ADSD are critical to the overall model. In these next four years, ADSD will work towards a person-centered model of service delivery that "wraps around" consumers, regardless

of needs. Goals within the state plan are focused on standardization across Older American Act Core programs, Community Based Care (Medicaid Waivers), Elder Justice programs, Physical Disability services, Intellectual/Developmental Disability services and ACL Discretionary programs (i.e. State Health Insurance Assistance Program, Senior Medicare Patrol). ADSD envisions a structure that assists in the overall planning, advocacy, service delivery, and continuous quality improvement of programs across the Division serving older adult Nevadans and persons with disabilities.

Beyond ADSD efforts, the overall direction of the Nevada Aging and Disability Network is toward a truly integrated system, which utilizes many entry portals including:

- Web-based portals
- In-person service locations
- Telephone access

The NWD goal is to provide individualized care that meets consumers' immediate needs, while also assisting to plan for future long term care needs. The Division and partners are working to ensure that information, advocacy and services will become easily accessible despite the method used to enter the system. Workforce development, quality improvement, and existing service delivery systems will be strengthened to support consumer choice and ease of access regardless of pay source.

- **Technological advances:** In the last four years, technological enhancements within the Division have been realized in part due to significant Federal initiatives including: Money Follows the Person, Balancing Incentives Program, and Transforming LTSS – Expanding No Wrong Door to All Populations & All Payers.

The Division's recent information technology achievements enable the Division, providers and grantees to have expedited and more comprehensive access to program outcomes and achievements, and access to the statewide network of available services. The Division's required case management system is used by ADSD staff, DHCFP staff, and grantees to facilitate a seamless approach to service delivery.

Current enhancements to the system will provide the necessary components to prevent unnecessary duplication of information at each service location. Additionally, the data gathered provides the agency and the service delivery network with the broadest picture of services provided. It also assists in the detection of gaps in service provision and documents the need for additional services funding.

- **Medicaid Managed Care:** The 2015 Legislative Session provided an opportunity for Nevada to begin exploring the impact of Medicaid Managed Care for recipients of LTSS benefits. Research and planning for Medicaid Managed Care is beginning with community town hall meetings. These meetings are providing the opportunity to engage stakeholders in the process. They are helping DHCFP and ADSD obtain feedback from the public about their concerns regarding managed care expansion and suggestions for what to consider in order to help inform recommendations for moving towards Managed Care. As research continues in Nevada, focus groups and other opportunities will be made available to interested parties, to ensure

thorough and thoughtful recommendations can be made to the Legislature regarding Medicaid Managed Care.

- **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's veterans' access to long-term services and supports.

GOALS AND OBJECTIVES

This State Plan's Goals, Objectives and their strategies address the agency's direction on behalf of older adult Nevadans and persons with disabilities, in keeping with the four Focus Areas set forth by the Administration for Community Living (A-D). For each applicable objective listed under the goals, the corresponding Focus Area is noted in parentheses. For reference purposes, the four Focus Areas (A-D) are described below with associated activities.

STATE PLAN FOCUS AREAS

- A. **Older Americans Act Core Programs** – Objectives that will:
1. Coordinate Title III and Title VI
 2. Strengthen or expand Title III and VII services
 3. Increase the business acumen of aging network partners
 4. Work towards the integration of healthcare and social services systems
 5. Integrate core programs with ACL discretionary programs in B, below
- B. **ACL Discretionary Grants** – Objectives to integrate core programs with the following:
1. Alzheimer's Disease Supportive Services Program
 2. Evidence-Based Disease and Disability Prevention Programs
 3. State Health Insurance Assistance Program
 4. Senior Medicare Patrol
 5. Aging and Disability Resource Center
- C. **Participant-Directed/Person-Centered Planning (PCP)** – Objectives to make fundamental changes in state policies and programs to support consumer control and choice. Create Objectives for Titles III, VII and VI, to support PCP for participants and caregivers across the spectrum of LTC services – home, community and institutional settings.
- D. **Elder Justice** – Protection of vulnerable older adults under Title VII. Objectives to Support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation, involving:
1. Adult protective services
 2. LTC ombudsman programs
 3. Legal assistance programs
 4. Law enforcement
 5. Healthcare professionals
 6. Financial institutions
 7. Other essential partners

Quality Management – Discuss as pertaining to service programs; encompasses three functions: data collection to assess ongoing program implementation, remediation of problem areas, and continuous improvement.

Goal 1: Older adult Nevadans, persons with disabilities, and their families are empowered to make informed decisions about long-term services and supports (LTSS) through coordinated, person-centered services.

ADSD, along with state and community partners, must be engaged to support older adult Nevadans, persons with disabilities, and their families. Access to information and services must be streamlined and standardized across systems to empower consumers to make choices. Nevada is committed to imbedding the No Wrong Door philosophy throughout the long-term services and supports system to provide everyone with the options to live in the setting of their choice.

Objective 1.1: Person-centered planning (PCP) is standardized and enhanced across Nevada’s LTSS system. *(Focus Area C)*

Strategies	<ul style="list-style-type: none"> • Develop statewide standards and quality measures for person-centered counseling. • Implement a statewide training plan, to train ADSD staff and partners on person-centered approaches. • Ensure consumers are educated about person-centered counseling and their role in the process. • Infuse all OAA Title III and State funded grant program Service Specifications with PCP principles.
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Process Milestone	
1. Each ADSD program will enhance processes and forms to incorporate person-centered standards by December 2018.	
Measures	
1. 15 percent of staff and partners trained in PCP each State Plan year.	
2. 80 percent of consumers receiving person centered counseling services, also receive education about the PCP process by December 2019.	
3. All OAA Title III and State funded grant program Service Specifications have PCP principles by July 2018.	

Objective 1.2: The No Wrong Door (NWD) mission is imbedded into the service delivery system to enhance individual choice. *(Focus Areas A & B)*

Strategies	<ul style="list-style-type: none"> • Increase community partners awareness about LTSS, to more easily coordinate services using the case management system. • Support state and community agencies in building lasting partnerships (i.e., reactivation of the Senior Center Directors Organization, Regional Planning Groups, Statewide Conferences, etc.) • Continue to collaborate with the Division of Health Care Financing and Policy (DHCFP – Nevada Medicaid), and sister agencies on projects, such as Balancing Incentives Program and Money Follows the Person. • Continue implementing the ADSD Transition Plan and NWD Strategic Plan.
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Process Milestones	
1. Social Assistance Management System (SAMS – the ADSD client database) referral training is provided to all OAA Title III and State funded grantees by June 2017.	
2. SAMS referral component is consistently used across programs by June 2018.	
Measures	
1. At least 300 persons will complete LTSS Options training each State Plan year, starting in July 2017.	
2. Quarterly meetings of the Nevada Senior Center Association and Regional Planning Groups occur, beginning in October 2016.	
3. Two statewide conferences held for Title III, Title VII and NWD partners by October 2020.	

Objective 1.3: Information about LTSS is accessible to all older adult Nevadans and persons with disabilities. (*Focus Area A*)

Strategies	<ul style="list-style-type: none"> • Translate ADSD program materials, so that they are linguistically available to Nevada’s Spanish speaking and reading population. • 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 quarterly at the Tribal Consultation with the State of Nevada. • Provide disability awareness training, including People First training, to ADSD staff and partners. • Review ADSD websites, to ensure they are 508 compliant, in that materials are in a usable and accessible format.
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Process Milestones

1. ADSD program materials are available in both English and Spanish formats by December, 2017.
2. A web-based disability awareness training module is available by December 2017.

Measures

1. 75 percent of ADSD staff and partners are trained in disability awareness by July 2019.
2. Tribes are added to email notifications of quarterly Regional Planning Group meetings.

Goal 2: Older adult Nevadans and persons with disabilities have a network of support that promotes their safety, security and protection.

Quality of life in all settings is affected by an individual’s ability to have choice and control, and to be free from negative influences that may limit individual freedoms. In addition, for those elders who are subject to abuse, neglect, or financial exploitation from others, as well as those who are self-neglecting in some way, protections must be available.

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*)

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 disability have access to resources when they are away from home. • Collect data with 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. • Develop Resource Guide for older adult Nevadans traveling to urban areas for routine or emergency healthcare services.
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Process Milestones

1. Protocols to support older adult Nevadans and persons with disabilities, who have to access services more than 50 miles from their home, are put in place by July 2017.
2. Report on gaps in services is completed annually in March, to be used for budgetary decisions, in each State Plan year.

Measures

1. The number of rural consumers reported as in crisis, needing immediate assistance while in urban areas is determined by December 2016 and reduced by 80 percent by 2019.
2. Hospital discharge planners begin collaborating with aging services providers by July 2017.
3. The number of contacts from “family caregivers” at Resource Centers will be tracked each State Plan year, starting in 2017, and will show an increase of 25 percent each State Plan year.

Objective 2.2: Older adult Nevadans and persons with disabilities have effective advocates and ombudsmen to protect and promote their rights. *(Focus Area B and D)*

Strategies	<ul style="list-style-type: none">• Provide ADSD’s Consumer “Rights and Responsibilities” information to providers and other organizations serving older adults and persons with disabilities.• Continue Elder Protective Services’ efforts to strengthen multi-disciplinary involvement for the protection of older adults.• Conduct public presentations and outreach to educate Medicare beneficiaries, family members, and caregivers about their healthcare options and to protect themselves from fraud and abuse.• Support Legal Services Providers efforts to target outreach to underserved populations, including those in rural areas and those whose primary language is not English.• Continue to support EPS and Ombudsmen to conduct ongoing outreach at LTC facilities, home health agencies and other community partner sites.
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Process Milestones

1. As applicable, ADSD Consumer “Rights and Responsibilities” are incorporated into program policies and service specifications by July, 2018.
2. EPS policies are strengthened to support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation by December, 2018.

Measures

1. The current number of 873 outreach events conducted by SHIP and SMP for Medicare beneficiaries will increase by 2 percent each State Plan year.
2. The current number of 20,252 unduplicated Medicare beneficiaries counseled by SHIP will increase by 2 percent each State Plan year.
3. The current number of 53,125 consumers reached through SHIP and SMP outreach events will increase by 2 percent each State Plan year.

Objective 2.3: Older adult Nevadans and persons with disabilities have access to services that promote economic security. (*Focus Area B*)

Strategies	<ul style="list-style-type: none"> • Conduct outreach to support enrollment in public programs that provide financial support to older adult Nevadans with the greatest economic needs, including but not limited to Low Income Subsidy (LIS), Medicare Savings Programs (MSP), Energy Assistance Programs (EAP), and Supplemental Nutrition Assistance Programs (SNAP). • Continue to enhance the Senior Community Service Employment Program to promote participation, so that older adults may work in the most integrated employment settings available.
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Measures

1. A minimum of 2,000 enrollment applications will be completed annually for LIS and MSP (MIPPA counts), and EAP and SNAP benefits (ADRC and SHIP counts).
2. Each State Plan year, ADSD’s Nevada’s Senior Community Service Employment Program sub grantee will achieve a yearly aggregated, goal rate of 80 percent or above on the Department of Labor/Employment and Training Administration’s established core performance measures.

Goal 3: Older adult Nevadans and persons with disabilities have access to a variety of services, including evidence-based programs, to enhance health and long-term services and supports.

Having a variety of services to assist older adult Nevadans and persons with disabilities supports individual choice and is necessary to meet them where they are in the service continuum. Having well rounded and evidence-based services that meet consumers where they are strengthens the quality of services available.

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*)

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 year, to promote health and wellness initiatives.
2. Number of consumers receiving Care Transition services increases 10 percent each year, starting SFY18
3. ADSD will fund suicide prevention training through its Rural Caregiver Training in SFY 17 and SFY19.

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

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. • Implement additional evidence-based programs to support caregivers, older adult Nevadans and persons with disabilities. • Refine data collection system to quantify the impact of ADSD funded evidence-based programs.
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Process Milestones

1. Evidence-based programs are available in all counties with populations greater than 5,000 seniors by December 2019.
2. Data collection system refined and collecting data to quantify evidenced-based programs systemic impact by December 2018.
3. Access barriers to evidence-based programs are identified and addressed by December 2018.

Objective 3.3: ACL discretionary grant programs (i.e., SHIP, SMP, Alzheimer’s) are integrated into core services across the lifespan. (*Focus Areas A&B*)

Strategies	<ul style="list-style-type: none"> • Conduct presentations statewide to ADSD staff and partners, to promote discretionary grant programs. • Streamline certification training for benefits counseling for SHIP volunteers and partners statewide.
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Process Milestones

1. Streamlined certification training for benefits counseling is achieved by January 2017.

Measures

1. A minimum of four presentations made to ADSD staff and partners annually to promote discretionary grant programs.
2. A minimum of 80 volunteers and partners trained each State Plan year.

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

Strategies	<ul style="list-style-type: none"> • 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. • 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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Process Milestones

1. Feasibility analysis of merging the PD and FE waivers is completed by July 2018, in collaboration with the Division of Healthcare Financing and Policy.
2. Feasibility analysis of self-direction is completed by July 2018, to determine if self-direction will be included in the waiver.

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)

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. 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.

Goal 4: ADSD is responsive to the needs of older adult Nevadans and persons with disabilities, through continuous quality improvement and standardized quality measures.

Quality services that are responsive to consumer needs are integral to the ADSD mission. In keeping with national standards, ADSD aims to develop a No Wrong Door LTSS system that includes goals and performance indicators that increase visibility, trust, ease of access, responsiveness, efficiency and effectiveness of the system.

Objective 4.1: ADSD engages consumers, caregivers and their families for continuous input and program improvement. (Focus Area A)

Strategies	• Conduct strategic focus groups, town hall meetings and other types of listening sessions.
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Process Milestones

1. Implementation of strategic listening sessions to gain direct feedback from consumers and their families by July 2018.

Measures

1. A minimum of four focus groups, town hall meetings or similar listening sessions will be conducted each year, starting in SFY 2017.

Objective 4.2: ADSD programs will have standardized minimum data set to evaluate quality and effectiveness of services. (Quality Assurance)

Strategies	<ul style="list-style-type: none"> • Participate in the National Core Indicators project for the older adult population. • Continue efforts to streamline provider assessments with the state Medicaid agency.
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Process Milestones

1. Completion of the national core indicators report by July, 2018.
2. Annual Grantee Performance Report created using performance indicators by July 2019.

Goal 5: Older adult Nevadans and persons with disabilities receive long-term services and supports through a trained and expanded workforce.

Having a workforce, including volunteers and family caregivers, that is competent and able to increase efficiency of services is essential to maintaining a responsive long-term services and supports system. Training, capacity building and sustainability planning are critical to enhancing services in Nevada.

Objective 5.1: ADSD partners and grantees have the capacity to increase services and sustain programs. *(Focus Areas A&B)*

Strategies	<ul style="list-style-type: none"> • Conduct a rate study to determine the feasibility of increasing meal reimbursement rates for nutrition services. • Provide ongoing technical assistance for grantees, to develop varied funding streams, build business acumen and increase their revenue. • 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.).
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Process Milestones
 1. Technical Assistance materials are developed and distributed to grantees by July 2017, to support their activities in adding to their funding streams and business acumen.

Measures
 1. 3 percent of grantees implementing fee-based services by December 2019.
 2. 5 percent growth in funding from sources other than Older Americans Act funding for Resource Centers each State Plan year, starting in July 2018.

Objective 5.2: The ADSD volunteer workforce has enhanced knowledge through initial training and continuing education. *(Focus Area B)*

Strategies	<ul style="list-style-type: none"> • Conduct initial training for all new volunteers and community partners to equip them with the knowledge and skills for performing their roles to better serve the community. • Provide continuing education opportunities to current volunteers and community partners to keep them up to date and informed about relevant program subject matter. • Continue dispersing relevant program updates through a variety of media (i.e., weekly email, newsletters, websites, etc.).
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Measures
 1. 100 percent of new volunteer ombudsman receives individual training, to become a certified volunteer LTC Ombudsman and renews annually in each State Plan year.
 2. A minimum of 50 individuals will participate in SHIP re-certification training each year, passing with scores of 80 percent or greater.
 3. A minimum of 80 Volunteers will attend continuing education sessions each State Plan year.

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)*

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 SFY 2017.
 2. A yearly increase of 5 percent in the number of caregivers who attend caregiver trainings, starting SFY18.