



STATE PLAN FOR AGING

2021 - 2024

ABSTRACT

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

Nevada Aging and Disability
Services Division

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Introduction

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

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

The Nevada State Plan for Aging sets forth the broad goals to support older Nevadans and their family caregivers as outlined under the Older Americans Act of 1965 as reauthorized in 2020.

LTSS Network and Structure

The Nevada Aging and Disability Services Division (ADSD) is one of 5 divisions under the Department of Health and Human Services. ADSD is comprised of 8 units:

Nevada Early Intervention Services	Services for families with children under the age of three. Individualized Family Services focused on the family's priorities and concerns.
Autism Treatment Assistance Program	Provides temporary assistance and funding to pay for evidenced based treatment such as Applied Behavior Analysis (ABA) for children on the Autism Spectrum, who are under the age of 20.
Developmental Services	Programs and services for individuals with intellectual and/or developmental disabilities of any age.
Community Based Care	Provides services to older adults and people with disabilities to remain in community-based settings of their choice.
Planning, Advocacy and Community Services	Responsible for strategic planning, councils and commissions, grant funded services and direct services for older adults, people with disabilities and family caregivers.
Adult Protective Services	Investigates reports of abuse, neglect, exploitation, isolation or abandonment of vulnerable adults.
Office of Long-Term Care Ombudsman	Advocacy and education for residents, families and staff of long-term care facilities, including homes of individual residential care, residential facilities for groups, and nursing homes.
Administrative Unit	Fiscal, information technology, human resources, and quality assurance services for all units within ADSD.

Commission on Aging

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

LTSS Partnerships

The mission of ADSD is to ensure the provision of effective supports and services to meet the needs of individuals and families, helping them lead independent, meaningful, and dignified lives. Critical to this mission are a variety of partnerships and collaborations which includes:



Nevada's Tribal Network

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

Ongoing Efforts

The Division Tribal Liaison works with tribal senior service directors and social service programs to provide education about our services, while also helping to gather information on the specific needs of tribal members. Through these efforts, tribes have connected with ADSD programs and community partners to address needs such as food security, Medicare, and Alzheimer's.

In state fiscal year 2018, the Pyramid Lake Tribe was awarded a small startup grant for Dementia Friendly Nevada activities. The result of this collaboration was a community gathering that brought tribal members and providers from outside the tribe together to help increase awareness of dementia risk factors, reduce stigma around dementia and connect tribal members to services. These efforts culminated in a Nevada Tribal Summit on Brain Health and Dementia with 14 different Nevada Tribes being represented. The Dementia Friendly Nevada group continues to work with the tribes. In addition, these efforts have opened conversations with other ADSD programs and services with tribal representatives.

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

Trends

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

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

Health Status

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

The Centers for Disease Control notes the percentage of falls by older adults is 25.5% nationally. In Nevada, that is roughly 111,690 people who experience a fall each year. Falls are particularly dangerous after an acute care hospital stay and contribute to increased 30-day hospital readmission rates, particularly in older populations. For people age 85 and older, 15.7% of readmissions within 30 days are due to two or more falls. In 2018, an estimated 16,672 older adults went to a hospital or clinic associated with a hospital due to a fall.

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

Food Security

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

In 2020, the Office of Food Security published a new report "Hunger Among Older Nevadans amidst the COVID-19 Pandemic". This report notes that not only are older adults especially vulnerable to food insecurity, but also highlights the unique challenges faced by this age group. This includes increased risk due to poor health conditions, lack of reliable social support and transportation; low fixed incomes, and functional limitations that impact their ability to obtain or prepare food. The COVID-19 pandemic

exacerbated many of these factors, particularly because of the increase susceptibility of older adults to become severely ill with the COVID-19 virus. Additionally, early data from the U.S. Census Bureau, Household Pulse Survey, indicated that food insecurity among older Nevadans aged 55-64 was even greater than that of 65 and older. This presents an ongoing concern as this group ages into Medicare eligibility.

The pandemic increased the awareness and utilization of senior nutrition programs, most notably, home delivered meals and social services such as home delivered groceries. While the pandemic and restrictions associated with the pandemic are easing across the state, demand continues to be high for the variety of meal and food services offered throughout the pandemic. The rate of attrition that one would expect is not happening within these programs. This highlights the importance and critical issue of food insecurity facing Nevada's older adults.

LTSS System

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

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

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

The Aging and Disability Services Division (ADSD) along with the Nevada Department of Health and Human Services also recognizes the importance of the intersection of social services and health care services. Under the Department, ADSD along with our sister agencies are strengthening partnerships to promote health in aging across Nevada. The COVID-19 pandemic highlighted the importance and role of social service providers in connecting individuals to critical healthcare services. Increased efforts to educate individuals about the virus, risks, and ways to mitigate those risks became a

collaborative effort of both social services and public health officials. As Nevadans settled into their new routines, respecting social distancing guidelines, the social service network continued to support older adults and family caregivers in accessing healthcare services through new methods, such as telehealth options, as just one example. As we move forward from the pandemic and begin to look forward, managing chronic health conditions, supporting individuals living with dementia, and promoting physical and nutritional health will become more important than ever before. While Nevada has been on a positive trajectory in many aspects, the long-term effects of the pandemic and impact to individual's health have not yet been realized.

Strategic Focus Areas

The Division has laid out the following strategic focus areas for this State Plan.

Recovery

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

For the LTSS network, recovery will be focused on creating natural connection points, and building systems to support access, while reducing administrative burden. Outside of the pandemic, the nation was also reminded of the many challenges faced by minorities and those traditionally underserved. The

importance of these conversations, and barriers these populations face are not overshadowed by the pandemic, but rather highlighted by the pandemic. We have a unique opportunity to increase support to the network through education, and to strengthen services through quality assurance activities.

Health in Aging

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

increase resources to address the social determinants of health in our population.

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

Protection and Advocacy

In the 2019, 80th session of the Nevada Legislature, Elder Protective Services became Adult Protective Services. Prior to this, Nevada was one of only four states that had not expanded protective services to all vulnerable adults. This significant change in services has helped to highlight the various challenges faced by vulnerable Nevadans as well as the opportunities to better serve them.

Based on 2019 data from the Nevada Adult Protective Services System, abuse was the most substantiated case type, constituting 35% of the cases. Self-neglect, representing 29% of substantiated cases, is the second

highest case type in Nevada. Self-neglect often stems from underlying health, cognitive, or physical limitations, where an individual does not have a support network to help them manage.

Within Nevada, the rate of nursing home residents is 18.3 residents per 10,000 people, approximately half of the national rate. Nevada's Office of Long-Term Care Ombudsman is continuing efforts to reform long-term care facilities, supporting residents' rights, increasing person-centered choice within facilities, and increasing safety standards. Efforts to expand training, particularly in terms of cultural competence will continue in this state plan. They are also working to increase awareness and outreach in facilities and building partnerships to promote systems advocacy for NV nursing home residents.

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

LTSS Infrastructure

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

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

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

Duration of Plan

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

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

Annual reports will be published on the Division's website by January 1, following each year of the plan.



Goals and Objectives

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

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

Strategy 1.1a Expand outreach efforts to the community and targeted individuals in the gap who are at risk of Medicaid spend down.

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

Objective 1.2 Expand Nevada Care Connection capacity throughout Nevada.

Strategy 1.2a Identify additional partners and duplication of efforts to streamline information and assistance efforts.

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

Measures:

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

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

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

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

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

Strategy 2.1a Leverage partnership opportunities with FQHCs, Rural Health Clinics, Tribal Clinics, Medicaid and state public health services to promote healthy aging.

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

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

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

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

Measures:

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

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

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

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

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

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

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

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

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

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

Strategy 3.2b Continue to partner and promote existing dementia friendly efforts throughout Nevada in alignment with the Nevada State Plan to Address Alzheimer's Disease.

Measures:

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

3.b Number of minorities accessing services each year

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

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

Objective 4.1 Build capacity of the long-term services and supports network

through partnerships and advocacy with state and local partners.

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

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

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

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

Objective 4.3 Strengthen all levels of the workforce (informal, volunteers, paraprofessional, and professional) to increase access to services.

Measures:

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

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

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

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

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

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

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

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

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

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

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

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

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

Measures:

5.a Number of outreach events each year.

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

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

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Appendix A – 2016 State Plan Highlights

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

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

Appendix B – State Plan Measures

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

Appendix C – Supporting Reports

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

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

Attachment A – State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

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

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

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

(C) legal assistance;

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

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

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

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

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

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

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

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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

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

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

(6)(F) Each area agency will:

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

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including--

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

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

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

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

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

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

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

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

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

(17)Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency

response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--

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

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title

on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

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

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

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

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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

Signature and Title of Authorized Official

Date

Attachment B – Information Requirements

Section 305(a)(2)(E)

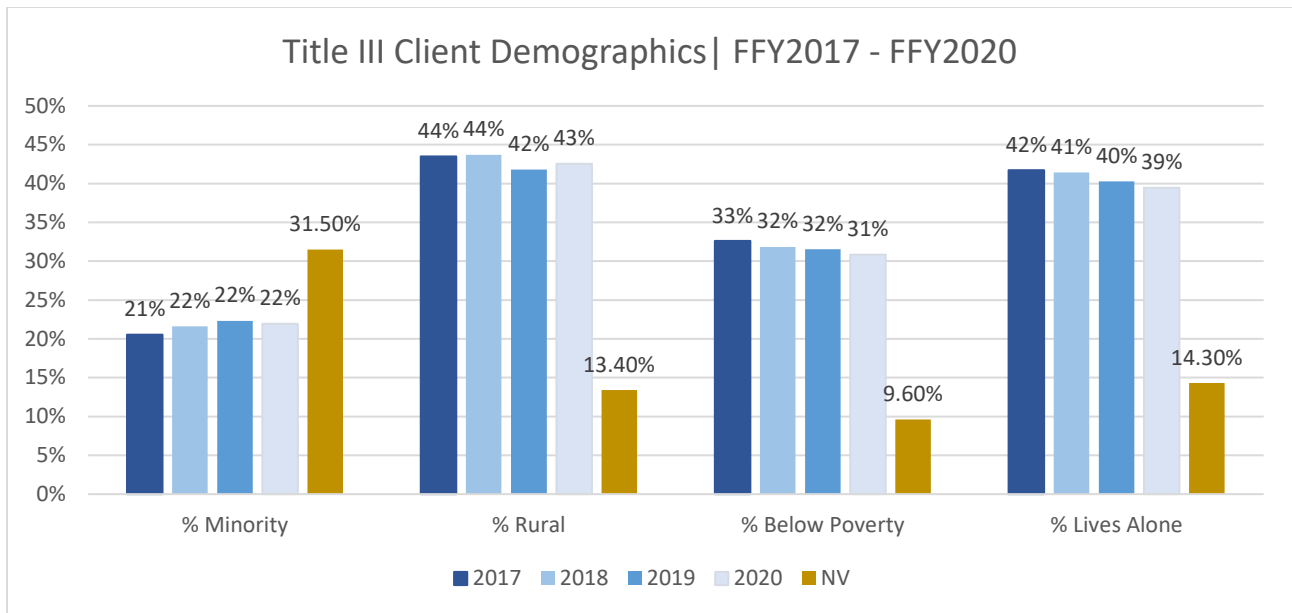
The Plan describes the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals,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

State Response:

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

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

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



Section 306(a)(17)

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

State Response:

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

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

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

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

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

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

Section 307(a)(2)

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

State Response:

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

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

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

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

Section 307(a)(3)

The plan shall-

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

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

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

State Response:

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

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

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

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

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

For SFY 2021, ADSD allocated a total of \$4,894,160 for Access, In-Home services, and Legal Assistance services to support older adults throughout Nevada. Of this total, approximately X funded services in rural Nevada counties.

Section 307(a)(10)

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

State Response:

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

Section 307(a)(14)

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

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

State Response:

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

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

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

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

Section 307(a)(21)

The plan shall:

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

State Response:

ADSD so assures.

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

Section 307(a)(27)

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

Such assessment may include—

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

State Response:

Based on data in the Elders Count Nevada 2021 report, Nevada has experienced a 40% increase in population age 65 and older between 2011 and 2018. This growth is 14% higher than that of the United States average and is expected to continue to grow through 2030. Likewise, the population of people age 85 and older was 25% during this same time period, more than double the national rate.

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

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

Section 307(a)(28)

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

State Response:

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

Section 307(a)(29)

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

State Response:

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

Section 705(a)(7)

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

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

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

and other interested persons and entities regarding programs carried out under this subtitle;

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

State Response:

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

Attachment C – Intrastate Funding Formula

The Nevada Aging and Disability Services Division (ADSD) has re-examined its funding formula to ensure core services are available throughout Nevada’s 17 counties. As a single planning and service area, the formula is designed to help ensure equitable distribution on a statewide basis.

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

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

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

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

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

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

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

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

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