

Steve Sisolak
Governor
Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Aging and Disability Services Division
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

COMMISSION ON AGING

NRS 439 REPORT

NRS 427A

Community Needs and Priorities for Older Adults

Submitted to Richard Whitley, MS, Director

Submitted by Dena Schmidt, ADSD Administrator/Commission Chair

Department of Health and Human Services

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Executive Summary

The Nevada Commission on Aging is tasked to determine and evaluate the needs of older people in the state, prioritize the most pressing of those needs, seek ways to avoid unnecessary duplication of services and promote programs that provide community-based services to allow people to age in place.

Enclosed please find the statutorily mandated report with the Commission on Aging recommendations regarding community needs and priorities.

Population Facts

Nevada, one of the nation's fastest growing states, is becoming older and more diverse, according to the annual U.S. Census Bureau estimates. In five states, the age 65 and over population increased by 50% or more between 2007 and 2017, including in Nevada (57.8%). Of the nearly 3 million residents in Nevada, close to 1 in 6 Nevadans are now age 65 or older. The state's rate of growth in retirement-age residents, about 46 percent, was faster than the national rate of about 30 percent. The boom has raised Nevada's median age to 38.1 years, nearly identical to the national average of 38.2 years

The state's non-white and Hispanic population has continued to grow while the non-Hispanic white population has remained relatively flat since 2010. This shift has led to Nevada becoming a majority-minority state in 2017, according to the Census estimates.

According the Administration for Community Living In survey after survey, when older adults and people with disabilities are asked where they would prefer to live, they say they want to live in their communities, not in institutions.

Living in the community can also offer a level of social connection that is hard to find in a nursing home or other institutional setting. It offers the opportunity to interact with family members, friends, and neighbors. Being integrated in the community means having the opportunity to live with, and work alongside, people of all different abilities.

Community living offers many benefits for individuals and their families, but it also offers many benefits to the communities themselves. Communities miss out on valuable voices and perspectives when people with disabilities and older adults are left out. They are deprived of co-workers, volunteers, mentors, and friends who offer new ways of thinking about, and navigating, the world as well as wisdom collected over many decades. Older adults also often serve the critical roles of family historians and keepers of a community's memories.

Not only is community living rewarding for individuals and communities, but also happens to be less expensive than other options for most people. Skilled nursing facilities can cost an average of \$75,000 a year and public residential facilities for people with disabilities average \$225,000 a year. In most cases, these costs are not covered by Medicare or private health insurance.



The Administration for Community Living has focused on five pillars they have determined to be crucially important across both aging and disability services;

- 1) Supporting families and caregivers
- 2) Protecting rights and preventing abuse
- 3) Connecting people to resources
- 4) Expanding employment opportunities
- 5) Strengthening the Aging and Disability Networks

Community Needs and Priorities

Aging and Disability Services Division conducted a series of outreach events to listen and learn about the needs of communities, providers, and caregivers across Nevada. The following is a summary of priority concerns identified.

- Providers
 - Low provider rates, especially with new minimum wage requirements
 - Better communication and more awareness of services
 - More caregiver supports (such as training, education, services)
 - Flexibility in service delivery
- Communities
 - Would like more representation as they know their community best
 - Outside providers need to visit more frequently
 - Smaller communities lack access to resources
- Top 3 Services
 - In-home supports (particularly homemaker)
 - Transportation
 - Information about services
- Caregivers
 - Feelings of isolation
 - Limited respite available
- Additional Findings
 - Volunteers are limited
 - Paid providers are often not available
 - Need to foster collaboration
 - Older adults are focused on lunch service, not active in other activities
 - Appetite for multi-generational activities (50/50)

Priority Areas

The State Plan for Aging Services identified the following five goals and related objectives for the 2020-2024 plan years. It is important to note that ADSD has requested a one-year extension on the submission of the State plan for Aging to the Administration on Community Living due to the COVID-19 pandemic.



The long term effects of the global pandemic are still unknown but it has disproportionately affected seniors, who are at a heightened risk for contracting the disease. In addition, the economic impact of the global pandemic is just starting to be realized. As Nevada grapples with unparalleled budget deficits it is critical to protect the aging service network and adapt delivery of services to meet the needs of Nevada’s aging population. It is imperative that there is continuity of long term services and supports (LTSS) to prevent unnecessary institutionalization. Aging Disability Services Division has taken on this challenge as an opportunity to reduce redundancies in the service network, improve utilization of technology and increase collaborative efforts.

This additional year will allow the Division time to assess the impact and identify any additional needs or changes in priorities to ensure older adults remain independent but also safe from the spread of COVID-19.

<p>1. Promote and encourage older Nevadans and their families to make informed choices through a coordinated No Wrong Door (NWD) network.</p>	<p>Promote Nevada Care Connection as the point of entry for information and assistance in exploring long term services and supports (LTSS) options. Expand Nevada Care Connection capacity throughout Nevada.</p> <p>Promote training and education opportunities for older Nevadans, families, and the workforce (para and professional).</p>
<p>2. Promote age friendly communities for Older Nevadans and their families throughout Nevada</p>	<p>Promote healthy living and evidence-based health promotion programs throughout Nevada.</p> <p>Improve access to social determinants of health which includes food security, housing, and transportation.</p>
<p>3. Lead efforts to strengthen service delivery throughout Nevada for targeted populations through collaborations and networking.</p>	<p>Engage the community to promote access to basic services that prevent or delay Medicaid funded long term services and supports (LTSS) in rural areas of Nevada.</p> <p>Increase efforts to promote cultural awareness and inclusion of underrepresented populations (i.e. Deaf and Hard of Hearing, LGBTQ, Minorities)</p> <p>Expand efforts to support home and community-based services for Older Nevadans with cognitive impairment and/or dementia.</p>
<p>4. Build capacity of community providers through partnership and leveraging resources</p>	<p>Build capacity of the long-term services and supports network through partnerships and advocacy with state and local partners.</p>



	<p>Promote innovation and alternative service delivery models with community partners.</p> <p>Strengthen all levels of the workforce (informal, volunteers, paraprofessional and professional) to increase access to services.</p>
<p>5. Increase the healthcare advocacy and protections for adults who are vulnerable.</p>	<p>Increase awareness of healthcare advocacy and protection services in Nevada.</p> <p>Expand capacity of healthcare advocacy and protection services in Nevada.</p>

The Coronavirus pandemic has challenged Nevada’s Aging Network to reconsider multiple aspects of our delivery systems. Most of our community providers have had to adjust their delivery models. The flexibilities provided through the Administration on Community Living and the Governor’s declaration of disaster have provided much needed flexibility to address the immediate demand for additional services, especially home delivered meals, groceries, and prescriptions. However, these flexibilities have given our systems the ability to find efficiencies, identify and reduce duplication and forced collaboration amongst various providers.

The Nevada COVID Aging Network (“Nevada CAN”) initiative launched by ADSD and several community partners was focused on addressing the immediate increase in demand for services for newly home bound older adults, including Telehealth, Food and Medication delivery and Social supports. Nevada CAN executive teams are now evaluating transition plans to continue to ensure easy access to services for vulnerable adults while also continuing to support the invaluable collaborations that were created during this pandemic response.

Nevada CAN has highlighted the valuable role state agencies can play in supporting collaboration and coordination of services across the state to ensure the limited resources are being used in the most efficient and effective manner, while still supporting community needs and priorities.

The Commission on Aging’s Legislative subcommittee and Policy subcommittee made the following recommendations which were approved by the Commission on Aging to be sent to the Interim Committee on Seniors, Veterans and Adults with Special Needs.

1. Request the Division of Healthcare Finance and Policy (DHCFP) to request a waiver to the Home and Community Based Settings Rules for the rural/frontier communities. This policy option is anticipation of the feasibility study approved in the 2019 legislative session under SB122 and would support rural communities in providing multiple community based and long-term support in the same facility, such as adult day care, respite, etc.
2. Request support for funding a technology solution to streamline the application and enrollment process for all three Medicaid Home and Community-based waiver services. This solution would modernize the enrollment process, create efficiencies in government and protect vulnerable



populations from COVID-19 by reducing the number of in person contacts and paper documentation requirements.

3. Request the committee consider legislation mandating flexibility of sick leave to be used to care for family members. AB90 failed to pass in the 2019 session. This concept is aimed as adding flexibility to current sick leave, not mandating any additional sick leave to be provided by employers. The COVID-19 pandemic has brought forward the critical need for family members to be available to care for home bound family members.
4. Request the committee to consider legislation mandating the Division of Health Care Finance and Policy (DHCFP) to provide coverage of CPT code 99483, which involves care planning services to individuals with cognitive impairment, including Alzheimer's disease. Providing coverage for this service would increase access to appropriate services for cognitively impaired older Nevadans who are often misdiagnosed. It would provide for early intervention and appropriately planning for cognitive issues and allow individuals and their families to plan for supports and services to maintain independence.

Commission on Aging Recommendations

The Commission on Aging requests that Funds for Healthy Nevada be directed to the three service areas identified across the state as priority services to support older adults to remain independent.

- In-home supports (particularly homemaker)
- Transportation
- Information about services

Additionally, the Commission requests that the Department of Health and Human Services support the continued coordination and collaboration amongst the provider networks. This includes state agencies, local governments, for profit and non-profit agencies providing the vast array of services needed to support older adults and people with disabilities to remain independent. The COVID-19 pandemic has taught us the value of taking a public health approach to creating an Age-Friendly Public Health System focused on 1) Promoting health, preventing injury and managing chronic conditions 2) Optimizing physical, cognitive and mental health 3) facilitating social engagement.

Taking a public health approach recognizes **aging as a core public health issue** and provides the state an opportunity to look at aging from a broader lens. There are five key roles for public health in the Aging system:

- 1) Connecting and convening multiple sectors and professions that provide the supports, services, and infrastructure to promote health aging.
- 2) Coordinating existing supports and services to avoid duplication of efforts, identify gaps, and increase access to services and supports.
- 3) Collecting data to assess community health status (including inequities) and aging populations needs to inform the development of interventions.



4) Conducting, communicating, and disseminating research findings and best practices to support healthy aging.

5) Completing and supplementing existing supports and services, particularly in terms of integrating clinical and population health approaches.

Supporting a public health approach to aging will support a change in the states approach to aging and change the focus from a system concentrated on changing individual behaviors and more upon improving the conditions within the community—housing stock, personal care workforce, flexibility of employers regarding caregiving, transportation arrangements, availability of senior food delivery, and so on.

Those in the health care sector are increasingly screening patients for the social determinants of health. But once identified, people needing help facing the remarkable gaps in meeting these identified needs. No physician can prescribe food delivery when the community has a long waiting list, nor housing when none is available.

The Commission on Aging would like to thank the staff at Aging and Disability Services Division for their diligence and dedication to serving Nevadans. Additionally, the Commission would like to thank Director Richard Whitley for his continued support of Aging and Disability Services Division, and we look forward to making progress toward improving the lives of older adults in Nevada.



Membership

The current members of the Commission on Aging are as follows for the period ending June 30, 2020:

Voting Members

Two Members of a County Governing Body

- Stacy York, Storey County
- Vacant

Two Members of a City Governing Body

- Daniel Corona, City of Henderson
- Vacant

Seven Members who Have an Interest/Experience/Knowledge of Services for the Aging

- Barry Gold, AARP
- Leilani Kimmel-Dagostino, Law enforcement volunteer
- Jeffrey Klein, Nevada Senior Services
- Chris Giunchigliani, former Clark County Commissioner and State Legislator
- Mary Liveratti, retired state official
- Niki Rubarth, Alzheimer's Association
- Natalie Mazzullo, UNR Cooperative Extension

Non-Voting Members

Member of the Senate

- Senator Chris Brooks

Member of the Assembly

- Assemblywoman Susan Martinez

Director, Department of Health and Human Services

- Richard Whitley, MS

Administrator, Aging and Disability Services Division

- Dena Schmidt