

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, Commission Chair

Department of Health and Human Services

June 2022

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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, pursuant to NRS 439.630(6) - 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. Based on data from the American Community Survey, Nevada's population of older adults, age 65 and older increased by 40% between 2011 and 2018. Nevada's rural areas has seen a particularly higher migration rate amongst individuals between 55-64.

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 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 to the Administration for Community Living, 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. 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

The COVID-19 pandemic has challenged Nevada's Aging Network to reconsider multiple aspects of our delivery systems. The greatest impact to Nevada's older adults was social isolation. This social isolation occurred when many senior centers, libraries, and places of worship closed. In addition, seniors utilizing in-home services such as personal care services and family and friends or long-term care facilities that restricted visitations and social activities were also greatly affected.

In response to these challenges, Aging and Disability Services reached out to both community providers and older adult clients to determine immediate needs and long-term solutions. ADSD was able to supply additional funding to partner agencies statewide to provide these identified services:

- Nutrition Services:
 - Congregate Meal Alternatives: In lieu of congregate meals settings, drive-thru meals and increased home delivered meals were provided to seniors to ensure daily check-ins and communication.
- Health Promotion:
 - Providing tablets and internet services to seniors statewide to address social isolation and tele-health opportunities. Service providers connected with seniors through this technology to communicate, play group games, and address immediate needs.
 - Continued home visits with additional pandemic safety measures to include outdoor visits on porches, through windows, with additional PPE to staff and older adults.
- Legal Services:
 - Funding to address COVID-19 legal needs such as evictions. Threat of eviction due to loss of income or rent increases increased significantly during the pandemic. Providing these legal services allowed seniors to stay in their homes.

With the federal funds provided to Nevada, ADSD statewide providers had much needed flexibility to address the immediate demand for additional services throughout the state.

As agencies began to return to more normalized activities and opened their door to seniors statewide, we were faced with new challenges. These new challenges were met through additional American Rescue Plan Act funding that the state was allotted. Through a series of townhall events and community engagement forums. It was determined that the closures had a dramatic affect on the following areas:

- Capital Improvements
- Outreach and Marketing
- Technology
- Workforce Development

ADSD has awarded 42 grants to agencies statewide, some of these awards were for innovative programs such as legal kiosks to be placed in libraries statewide to improve access to justice and legal assistance for civil legal needs in the wake of the pandemic. The second round of funding will take place summer of 2022.

Priority Areas

The State Plan for Aging Services identified the following five goals and related objectives for the 2021-2024 plan years.

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| <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. 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. 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. Increase efforts to promote cultural awareness and inclusion of underrepresented populations (i.e. Deaf and Hard of Hearing, LGBTQ, Minorities). 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. Promote innovation and alternative service delivery models with community partners. 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. Expand capacity of healthcare advocacy and protection services in Nevada.</p> |

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 Nevada Governor, Steve Sisolak and Nevada Department of Health and Human Services Director, Richard Whitley.

1. Personal Needs Allowance: Request the Division of Healthcare Financing and Policy to increase the Personal Needs Allowance (PNA). The current \$35.00 a month allowance has not been increased since 1991. The Commission on Aging is advocating for the PNA rate to be increased to \$50-60.

2. Elder Abuse Fatality Review Team (EAFRT): This team examines deaths of individuals that may be caused by or related to elder or adult abuse. The goal is to identify system gaps and improving victim services. The team consists of an array of agencies and services. The four primary categories of members are adult protective services, the medical examiner or coroner office, law enforcement, and prosecutors.
3. Vulnerable Adult Protection Order: This protection order fills a gap in our state law to provide that Adult Protective Services could seek out an order on behalf of an individual or an individual can seek an order on their own behalf.
4. Home Delivered Meals and Frail Elderly Waiver: Request the Division of Healthcare Financing and Policy to further review the option to include meals to the Frail Elderly waiver. The home delivered meals would benefit nutrition to those in need.
5. Nursing Home Ratios: The Commission on Aging is advocating for better nursing to resident ratios for Nevada's skilled nursing facilities. Nevada is among many states that do not meet the guidelines that the Centers for Medicare and Medicaid has issues for staffing. Nationwide, 75% of skilled nursing facilities fall below the standards set.
6. Increase Home and Community Based Medicaid Rates: Aging and Disability Services Division does not have the necessary Home and Community Based Services needed to keep our people out of institutions. The Commission on Aging is advocating for monitoring of the home and community-based rates Medicaid rates to include personal care services.
7. Access Warrants: Adult Protective Services does not have the access to older adults or adults with disabilities that meet the APS criteria when a person of interest is prohibiting access to that adult. The Access Warrant would allow APS the authority to access the adult in need to assess their welfare and enter the home without a warrant.

Commission Successes

1. Spousal Impoverishment: This regulatory change has been successful in partnership with the Division of Welfare and Supportive Services and the Division of Health Care Financing and Policy. This new rule will allow the community-based spouse to retain the maximum income and resources to prevent them becoming impoverished when their spouse is receiving institutional or Home and Community Based Waiver Services through Medicaid.
2. Transition Care planning: During the 81st legislative session, Assembly Bill 344 passed to assist ADSD in transition planning for older adults being discharged from hospitals and facilities ensuring adequate care was in place prior to discharge. As funding allows, ADSD will partner with local partners to ensure safe discharge.
3. Family Caregiver Support: During the 81st legislative session, Assembly Bill 190 passed to allow individuals to utilize accrued sick time to provide caregiver services to family members normally not covered by family sick leave. A significant addition to this bill covered smaller businesses with 50 or fewer employees.
4. Expanded Medicaid Coverage for Cognitive Testing: During the 81st legislative session, Assembly Bill 216 was passed which requires Medicaid to include in the State Plan coverage for cognitive assessment and care planning services for persons who experience signs or symptoms of cognitive impairment. The

change will improve early intervention, especially for those who experience younger-onset Alzheimer's disease and dementia before the age of 65.

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.

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.
6. 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.

The Commission on Aging would like to thank the staff at Aging and Disability Services Division for their diligence and dedication to serving Nevadans these past two years during the challenges of the pandemic. 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, 2022:

Voting Members

Two Members of a County Governing Body

- Vacant
- Vacant

Two Members of a City Governing Body

- Stan Lau, Fernley City Council
- Vacant

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

- Barry Gold, AARP
- Chris Vito, Assistant Director, Nev Geriatric Education Center
- Lisa Erquiaga, William Pennington Life Center
- Dorothy Edwards, Volunteer and Advocate
- Esther Gregurek, Volunteer and Advocate
- Niki Rubarth, Alzheimer's Association
- Vacant

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