

## Nevada Task Force on Alzheimer's Disease State Plan Recommendations

### **Recommendation: #1 Statewide Information and Referral System**

**TFAD Member Lead(s): Gini Cunningham**

#### Statewide Information and Referral System

Sustain a statewide information and referral system for people living with Alzheimer's disease and other forms of dementia, their caregivers, and their families to enable them to connect with local case managers and support services. It is the expectation that the approaches, content, and messaging within these resources promote well-being and preserve dignity. Supportive services may be accessed through 'no wrong door' partners, including but not limited to: Nevada 2-1-1, Nevada Aging and Disability Resource Centers (ADRCs), also known as Nevada Care Connection (NCC) Resource Centers, Family Resource Centers (FRC), and other related informational systems (e.g., websites, helplines, and other technologies).

#### • **Indicators:**

- ☐ Monitor collaborations between resource centers and available information and referral systems, including but limited to: Nevada 2-1-1, NCC Resource Centers, Northern California and Northern Nevada Chapter of the Alzheimer's Association, Southern Nevada Region, Desert Southwest Chapter of the Alzheimer's Association, and University of Nevada Reno Nevada Caregiver Support Center to facilitate access and streamline processes into services and supports for people living with dementia and their caregivers. The Aging and Disability Services Division (ADSD) will monitor the number of contacts made by the outreach programs and the number of inquiries regarding information or services relating to Alzheimer's disease and other forms of dementia, received by NCC Resource Centers. In addition, ADSD and partners will monitor and report the number of "hits" on information Alzheimer's disease and other dementias websites including nevadacareconnections.org; Nevada 2-1-1; NCC Resource Center; Northern Nevada Alzheimer's Association (to solely focus on Nevada); Southern Nevada Region of the Alzheimer's Association (to solely focus on Nevada); University of Nevada, Reno Nevada Caregiver Support Center; University of Nevada, Las Vegas; and alz.org

#### • **Potential Funding:**

- **Grants, donations and/or gifts, the American Recovery Act**

## Recommendation #2: Telehealth

Support expanded access to telehealth services throughout the state to enhance brain-health promotion, risk reduction, early detection, diagnosis of dementia, care planning and ongoing care management. Encourage the use of telehealth for both people living with dementia and family care partners to support well-being and access to care, especially in rural Nevada. Utilize the statewide information and referral system (*see Recommendation #1*) to include telehealth providers for people living with dementia and connect to available telehealth statewide.

### Indicators

Monitor telehealth projects across the state to determine if they are:

- Available and accessible.
- Being utilized effectively and efficiently; and
- Providing information/access to follow-up resources.

Review telehealth delivery data, including from Medicaid, Medicaid Managed Care Organization and Medicare Dual Special Needs Plans utilization data reports, to ensure better quality of life for people living with dementia and their care partners.

### Potential Funding

Grants, donations and/or gifts. Specific sources may include:

- Older Americans Act (through ADSD)
- Available federal resources as identified.

**Recommendation #: 4 Outreach to Physicians**

**TFAD Member Lead(s): Chuck Duarte/Tina Dortch**

**Current Recommendation as Stated: Outreach to Physicians**

Continue to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia, to increase access to quality care and to encourage participation in available clinical trials. Support consistent, meaningful, and effective communication between these medical professionals and community-based service organizations, including bi-directional referrals to clinical and community-based resources.

Specifically, support statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the Geriatric Workforce Enhancement Programs (GWEPs) through the UNR and UNLV schools of medicine, the UNR Med Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, as well as the partnership between the Alzheimer's Association and the Nevada Division of Public and Behavioral Health.

**Determination:** Do you propose that for the 2021 State Plan this recommendation be:

- 1) Retained as is
- 2) Retired to the Appendix (it has been accomplished or is no longer relevant)
- 3) Revised / Updated ✓

**Justification:** If you propose revising this recommendation, what is your rationale for your suggested changes:

According to the 2022 Alzheimer's Disease Facts and Figures report, Nevada has the 3<sup>rd</sup> fastest rate of growth of individuals with ADRD. Between now and 2025, the number of Nevadans with dementia is anticipated to increase almost 31% from 49,000 to 64,000.

That same report suggests Nevada will need a 267% increase of geriatric training physicians to keep up with patient demand for an early diagnosis; an almost six-fold increase from 43 to 115 geriatricians. In addition, the report cites a study calling Nevada one of 20 states considered "neurology deserts."

The report cites studies that indicate that detection and diagnosis of cognitive impairment or dementia can be increased two- to threefold with routine use of brief cognitive assessments. <sup>i</sup>

This data strongly suggests that physician outreach efforts should not only be sustained but enhanced along with the development of clinical infrastructure necessary to support early and accurate diagnoses of ADRD.

Primary care practices need to be trained in the use of the Medicare and Nevada Medicaid cognitive assessment and care planning code (i.e., CPT code 99483). In addition, they need to be trained to take advantage of the Medicare annual wellness visit as an opportunity to discuss patient concerns about cognitive impairment and to screen for ADRD.

The Center for Education and Health Services Outreach (CEHSO) at the University of Nevada School of Medicine reports that Nevada is ranked 50<sup>th</sup> in the nation for Primary Care Physician (PCP) per capita (88.0) and is well below the national average of 121.7 PCP per capita. More precisely, these studies distinctly outline the Primary Care health professional shortage areas (HPSAs) in Nevada as follows:

- (1) Almost 1 million Nevadans reside in a primary care health professional shortage area (HPSA) (33.7%)
- (2) 836,216 urban residents (31.8 %) and 165,412 rural residents (49.8 %) live in a Primary Care HPSA
- (3) 9 single-county HPSAs
- (4) An estimated 584, 434 residents of Clark County live in a Primary Care HPSA or 27.4% of the county population (Health Workforce Supply and Demand in Southern Nevada).

These statistics pose a significant diagnostic challenge for Nevada PCPs. An overwrought physician-to-patient ratio can indicate that patients have less face-to-face visiting time with their practitioners, therefore PCPs must be very familiar with dementia protocols, the patient/caregiver team, and patient history for efficient diagnosis. Lack of time with patients' is one of the major complaints of physicians and is exacerbated in Nevada in view of the doctor shortage.

**Suggested Revisions:** Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation:**

First, I suggest we change the title from "Outreach to Physicians" to "Outreach to Primary Care Providers" or "Outreach to Health Care Providers."

Revise the current recommendation to include new projects and initiatives including collaborative statewide efforts to expand ADRD diagnostic capacity with work already underway by existing community and clinical partners. These efforts should be presented and discussed as part of the agendas for future TFAD meetings.

*The purpose of this recommendation is to inspire change in primary care clinical practices in order to increase dementia screening during Medicare wellness exams and other routine primary care visits. This will be accomplished by continuing to support collaborations between medical professionals and medical associations to adopt and promote use of best-practice diagnostic guidelines for Alzheimer's disease and other forms of dementia. These include, but are not limited to, use of validated clinical assessment tools, clinical guidance, and toolkits such as the KAER Toolkit for Primary Care Teams developed by Gerontological Society of America, online trainings, to increase access to an early and accurate diagnosis, quality care and to encourage participation in available clinical trials/studies. Outreach efforts to PCPs should not only focus on the adoption of validated clinical assessment tools, but also how they can effectively use these tools as part of Medicaid Annual Wellness Exams.*

*Specifically, we support local and statewide partnerships and collaborations to increase access to early diagnosis of Alzheimer's disease and other dementias, and to expand dementia care education across primary care practices and health systems in Nevada. These initiatives will include, but are not limited to, the HRSA Geriatric Workforce Enhancement Programs (GWEPs) through the UNR and UNLV Schools of Medicine, the UNR Sanford Center for Aging, Project ECHO Nevada, the Cleveland Clinic Lou Ruvo Center for Brain Health, the UNR Dementia Engagement, Education and Research (DEER) Program's Dementia Friendly Nevada initiative, and the Alzheimer's Association.*

*We support current collaborations to fund Memory Assessment Clinics (MACs), based on a model from Georgia, called Georgia Memory Net (GMN). Work is ongoing between Renown Neurology, the GWEPs at UNR and UNLV Schools of Medicine, the UNR Sanford Center on Aging, the Cleveland Clinic / Lou Ruvo Center for Brain Health, and the UNLV Brain Health Department. Nevada's MACs will serve as diagnostic hubs and feature primary care practice "spokes" which refer patients to the MACs and receive invaluable training in the treatment and care of those living with dementia, their families, and caregivers. In addition, the person living with dementia, as well as their caregivers will benefit from ongoing care coordination and referral to community-based services by trained Dementia Care Navigators.*

- **Indicators:**

### **Cognitive Decline**

*DHHS shall report data gathered through the CDC Behavioral Risk Factor Surveillance System (BRFSS) survey module on subjective cognitive decline module. The module is a six-question survey used to determine how Subjective Cognitive Decline (SCD) affects individuals ages 45 and older in performing activities of daily living including caring for themselves. The module also asks whether those who report SCD have talked with a health care provider about their concerns. This can be used as a subjective measure of provider-patient engagement on SCI as well as ADRD.*

*We ask DHHS to include this information in its Nevada Elders Count report.*

### **Survey Community Partners**

*To the extent practicable, DPBH should survey community partners to determine the reach of current programs to train primary care physicians to perform cognitive screenings.*

### **Claims Data**

*Request the DHHS Office of Analytics annually report Nevada Medicaid utilization for enrollees ages 55 to 64 of the Cognitive Decline and Care Planning Code (i.e. CPT Code 99483). In addition, the report will include utilization of Medicaid codes G0438 (Annual wellness visit, including personalized plan of care, initial) and G0439 (Annual wellness visit, including personalized plan of care, subsequent) for all enrollees. The report shall include utilization of each code, an unduplicated count of providers utilizing the codes, and an unduplicated count of patients*

*receiving the service. The report will include data from the Fee-For-Service and Managed Care programs.*

*To the extent practicable, the Office of Analytics will determine if it can access Medicare claims data for Nevadans from CMS for the purposes of reporting claims utilization as described above.*

- **Potential Funding:**

*Grants, gifts, donations, and state general funds should all be considered as potential funding sources.*

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<sup>i</sup> Liss JL, Seleri Assuncao S, Cummings J, Atri A, Geldmacher DS, Candela SF, et al. Practical recommendations for timely, accurate diagnosis of symptomatic Alzheimer's disease (MCI and dementia) in primary care: A review and synthesis. *J Intern Med* 021;290(2):310-334.

## Retired

### Recommendation #: 5 State Match Programs for APN's

TFAD Member Lead(s): Dylan Wint

**Current Recommendation as Stated:** *Support the establishment of a state match program between the NV DHHS, collaborating with the State Board of Nursing, and federal partners. This match program is intended to address the state's health provider shortage in rural and frontier communities. Match money, which could be offered as loans or scholarships, would be made available to APRNs, who commit to the specified loan or scholarship terms and required service provisions as they relate to providing health care services to underserved rural and frontier areas in Nevada*

**Determination:** Do you propose that for the 2021 State Plan this recommendation be:

- 1) Retained as is
- 2) Retired to the Appendix (it has been accomplished or is no longer relevant)**
- 3) Revised / Updated

**Justification:** If you propose revising this recommendation, what is your rationale for your suggested changes:

The Nevada State Office of Rural Health offers this program through the Nevada Health Service Corps (NRS 396.899 to 396.903), which has provided loan repayment to 22 nurse practitioners since 1989. Funding stands at \$1 million in the current biennium. (<https://med.unr.edu/statewide/programs/nevada-state-office-of-rural-health/nevada-health-service-corps>; accessed 19 April 2022)

**Suggested Revisions:** Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation:**
- **Indicators:**
- **Potential Funding:**

## Draft Need Clean Copy

Recommendation #6: Residential Long-term Care TFAD Member

Lead: Jennifer Carson Determination: Revised/Updated

### Suggested Revisions:

Continue to review current funding and new funding streams to support the development of quality residential long-term care options for people living with ~~Alzheimer's disease and other forms of~~ dementia in Nevada. Develop, launch, and sustain a statewide committee, convened by the Nevada Long-Term Care Ombudsman Program, focused on identifying and implementing long-overdue reforms necessary to improve the quality of long-term care to better support the health and well-being of all residents, including residents living with dementia. Ensure adequate resources for the Ombudsman program to provide education to residents, family care partners and long-term care staff about resident rights and appropriate channels for reporting abuse, neglect, and exploitation. Engage the statewide committee in developing a set of quality indicators for dementia care and support in long-term care. Provide funding or incentives to encourage long-term care providers to increase capacity for placement of and ability to provide person-directed and relationship-centered care for individuals living with Alzheimer's disease and other forms of dementia. Also emphasize person-centered planning that helps ~~promote well-being and preserves dignity, as well as helping~~ residents, their families, and ~~caregivers~~ staff, feel and experience respect, dignity, support, value self-worth, empowerment, well-being, and inclusion in everyday community life.

Align Nevada's dementia care training requirement with the nation's highest standards for long-term care staff education (e.g., see Washington State's dementia care training requirement). Encourage-Mandate and enforce the identification, adoption and implementation of established, evidence-based and evidence-informed, person- and relationship-centered dementia care training recommendations and training programs, including

but not limited to the Nevada Department of Veterans ~~(NDVS)~~ Services (NDVS) Bravo Zulu program, Alzheimer's Association Dementia Care Practice Recommendations, Dementia Action Alliance/Eden Alternative's Raising the Bar practice guide, and others as appropriate.

In addition, require long-term care staff attend annual continuing education that emphasizes the importance of treating co-morbidities, addressing injury risks, utilizing public health guides for emergency preparedness and emergency response (such as those developed by and available through the CDC), and attending to behavioral health needs among residents living with dementia while supporting an increase in accurate diagnoses and providing effective care planning.

### **Indicators:**

- ☐ Monitor the number and quality of dementia care and support options within Nevada's of long-term care ~~options for persons with Alzheimer's disease and other forms of dementia across the state, as well as success of long-term care dementia training programs as noted in the recommendation~~ communities in accordance with the quality indicators developed by the statewide committee.
- ☐ Successful implementation of an expanded dementia care training requirement for long-term care staff.
- ☐ Monitor the workforce capacity and anticipated demand for long-term care services needed to support the growing number of Nevadans living with dementia.
- ☐ Evaluate the enforcement and success of continuing education for long-term care staff in accordance with the above recommendation.

### **Potential Funding:**

Grants, donations and/or gifts. Specific sources may include:

- ☐ Medicaid expansion through Home- and Community-Based Services Waiver.
- ☐ ~~Expansion through the DHHS Behavioral Rate for skilled nursing facilities.~~
- ☐ Increased supplemental SSI rate.
- ☐ Tax incentives. -
- ☐ Civil monetary penalty funds. -

## Nevada Task Force on Alzheimer's Disease

### **Recommendation #: 7 Caregiver Support**

**TFAD Member Lead(s):** Chuck Duarte

**Current Recommendation as Stated:** Caregiver Support

Provide caregivers with information about and access to evidence- based/informed education, support services, and resources to:

- 1) Promote knowledge and understanding of Alzheimer's disease and other forms of dementia
- 2) Increase understanding of effective approaches to care and support.
- 3) Provide and expand respite services for family and informal caregivers of persons with dementia; and
- 4) Enhance caregiver well-being.

These services include, but are not limited to, family care consultations, solution-focused caregiver support groups, educational programs and services, respite programming and evidence-based programs as included in the Nevada Dementia Supports Toolbox. Support efforts to promote and fund comprehensive caregiver education and services that are provided by many organizations, including, but not limited to: AARP, Alzheimer's Association, Catholic Charities, the Cleveland Clinic Lou Ruvo Center for Brain Health, UNR DEER Program, NDVS, Nevada Senior Services, UNR Nevada Caregiver Support Center and UNR Med Sanford Center for Aging.

- Broaden the eligibility requirements for programs and grant funding so that more families may benefit from them regardless of financial status or age.
- Support the Dementia Friendly Nevada initiative and the work of the state's Dementia Friendly Community Action Groups throughout Nevada.
- Improve access to support services and programs by sustaining a statewide information and referral system (recommendation #1) for families, caregivers, and individuals with Alzheimer's disease and other forms of dementia.

**Determination:** Do you propose that for the 2021 State Plan this recommendation be:

- 1) Retained as is
- 2) Retired to the Appendix (it has been accomplished or is no longer relevant)
- 3) Revised/Updated ✓

**Justification:** If you propose revising this recommendation, what is your rationale for your suggested changes:

According to the 2022 Alzheimer's Disease Facts and Figures report, Nevada has more than 48,000 unpaid caregivers providing 79,000,000 hours of unpaid care annually with an estimated value of almost \$1.35 billion. Nevada has the tenth highest unpaid caregiver hours per caregiver (almost 32 hours per week per caregiver).

In addition, that same report indicates that the caregivers themselves suffer from their own health conditions. More than 80% of Nevada caregivers report at least one chronic medical condition, and more than 18% suffer from depression.

With the anticipated growth of ADRD in Nevada, the burden of unpaid caregiving will only increase. To keep up, the 2022 Alzheimer's Disease Facts and Figures report indicates that Nevada needs to increase the number of caregivers for those living with ADRD by 42% by 2028, from 15,580 home health aides and caregivers to more than 22,000.

Keeping up with this growing demand means we must not only increase the numbers of paid and unpaid caregivers but must also support those who are already providing care to individuals living with ADRD through respite and training programs.

**Suggested Revisions:** Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

- **Recommendation:**

Revise the recommendation adding information on caregiving in Nevada from the 2022 Alzheimer's Disease Facts and Figures report. Revise as follows:

*An estimated 48,000 caregivers are providing 79 million hours of unpaid care to Nevadans living with dementia. 80.2% of those caregivers have chronic health conditions and 18.3% have depression.*

*Caregiver support interventions can help improve the health and well-being of dementia caregivers by relieving the negative aspects of caregiving. In*

*addition, effective support for caregivers can also delay nursing home admission of the person with dementia by providing caregivers with skills and resources (emotional, social, psychological and/or technological) to continue helping their relatives or friends at home. (Source: Alzheimer's Association Facts and Figures 2022)*

*To further this recommendation, the TFAD supports providing caregivers information about and access to evidence-based and evidence-informed education, support services, and resources to:*

- 1) Promote knowledge and understanding of Alzheimer's disease and other forms of dementia.*
- 2) Increase understanding of effective approaches to care partnering approaches to support people living with dementia.*
- 3) Provide and expand respite services for family and informal care partners of people living with dementia; and*
- 4) Emphasize the importance of maintaining care partners' health and well-being.*

*The support services include, but are not limited to, family care consultations, care partner support groups, educational programs, including those focused on the proactive promotion of family care partner health, and respite care.*

*The TFAD shall also support efforts to promote and fund comprehensive care partner education and services that are provided by many organizations across the state.*

*The TFAD seeks to improve access to support services and programs for family care partners and people*

*living with dementia including, but not limited to, the following:*

- *Broadening the eligibility requirements for programs and grant funding so that more families may benefit from them regardless of financial status or age.*
- *Supporting the work of organizations across the state that are focused on improving the lives of those living with dementia, their care partners, and families.*
- *Sustaining a statewide information and referral system (See Recommendation #1) for families, caregivers, and individuals with Alzheimer's disease and other forms of dementia.*

*The TFAD, ADSD and the Division of Health Care Financing and Policy (DHCFP, or Nevada Medicaid) shall explore effective Home and Community- Based programs operating in other states. The goal will be to revise existing programs to better identify and deliver individualized training to family*

*caregivers that may be offered through a home visit, secure electronic communication, web-based training, or other ways that are flexible, accessible, and meaningful for the caregiver.<sup>1</sup> In addition, ADSD shall conduct an awareness campaign around eligibility of current respite care programs.*

- **Indicators:**

*Aging and Disability Services Division (ADSD) and Division of Public and Behavioral Health (DPBH) will track, and compile data collected from their respective funded programs. ADSD will annually monitor program availability, waitlists, number of consumers/clients served, and hours of caregiver support services provided through ADSD-funded programs. Key partners and other dementia-related organizations that are working in alignment to support these efforts will also be asked to report on service delivery and outcomes from caregiver support programs. Current indicators should be retained.*

*The DHHS Office of Analytics shall report at least biannually data from the Nevada BRFSS Caregiver Support survey module. In addition, the Office shall conduct a longitudinal review of past BRFSS caregiver surveys to better track progress of this recommendation. In addition, data from this survey shall be routinely included in the Nevada Elders Count report.*

- **Potential Funding:**

*Fund for a Healthy Nevada, state general funds, grants, donations, and/or gifts. Explore additional funding opportunities to support caregiver programs once existing funds expire.*

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<sup>1</sup> Neva Kaye, Salom Teshale, Medicaid Supports for Family Caregivers, October 2020, National Academy for State Health Policy.

## Approved - Need Clean Copy

### Recommendation #8: Dementia Training

TFAD Member Lead: Jennifer Carson/Chuck Duarte Determination: Revised/Updated

#### Suggested Revisions:

Align Nevada's dementia care training requirement (NRS 449.094) with the nation's highest standards for long-term care staff education (e.g., see Washington State's dementia care training requirement). Mandate and enforce the implementation of new or established evidence-based and evidence-informed person- and relationship-centered dementia care training recommendations and training programs, including but not limited to: the Nevada Department of Veterans Services' (NDVS) Bravo Zulu program, the Alzheimer's Association Dementia Care Practice Recommendations, Dementia Action Alliance/Eden Alternative's Raising the Bar practice guides, and others as appropriate.

~~TFAD encourages the State of Nevada to identify, adopt, and/or develop, a consistent, high-quality, comprehensive dementia training program that aligns with NRS 449.094 requirements and current national practice recommendations. This~~ Such training programs should be made available to all residential, long-term care, and community-based aging services organizations through leveraging key partners to ~~encourage and implement~~ and evaluate the program in-person and/or online trainings. ~~including program delivery and evaluation.~~ Evaluation efforts should include assessment of core competencies.

#### Indicators:

- A high-quality, comprehensive dementia training program is identified or developed and made available to all residential and community-based aging services statewide.
- The identified or developed program is encouraged by key partners.
- The program is adopted and implemented by an increasing number of residential and community-based aging services over the plan's two-year period.

#### Potential Funding:

Grants, donations and/or gifts. Specific sources may include:

- State appropriation and/or state grants for the proposed dementia training initiative.

# Approved

## Recommendation #9: Volunteers

Gini Cunningham

Promote collaboration between various organizations including non-profits, service organizations, healthcare institutions, faith-based organizations, and universities, which have existing programs, education, and practices that address Alzheimer's disease and other forms of dementia, to recruit and train volunteers in delivering support programs and services, while providing the necessary infrastructure and support to volunteers to ensure their effectiveness. This commitment to education and outreach needs to include rich and abundant train-the-trainer models that permit and **build capacity** in volunteers to share knowledge, **current, reliable** information about brain health, dependable tools, and up-to-date resources in communities while finding, recruiting, and training residents to continue to learn more about Alzheimer's disease and other forms of dementia. Increased outreach and personal connections among volunteers and community members de-stigmatizes and reduces fear and misunderstanding associated with dementia through open-conversation, **on-going** engagement opportunities, and reliable information.

In supporting age- and dementia-friendly communities volunteers will learn how to promote each person's well-being, both the individual living with dementia and their family, as well as preserve personal dignity and respect in everyday community life. **Competent and confident trained volunteers offer capabilities and wisdom in this vital role.**

### • Indicators:

Monitor and correspond with non-profits, service organizations, healthcare institutions, and universities that recruit volunteers to learn the number of volunteers recruited and trained, the types of training, presentations, and information sessions offered, and the number of volunteers trained, as well as track key services being provided. Determine which additional **up-to-date** trainings and services might be needed to expand volunteer education and opportunities to build capacity and increase outreach **to include health fairs, brain health conferences, and awareness presentations.**

### Potential Funding:

Grants, donations and/or gifts, **AARP, and the American Recovery Act**

## **APPROVED**

### **Recommendation #: 10 Awareness of Dementia and the Legal Profession**

**TFAD Member Lead:** Susan Hirsch

#### **Current Recommendation as Stated:**

Recommendation #10: Awareness of Dementia and the Legal Profession

Awareness of Alzheimer's disease and other forms of dementia is crucial to effective representation of legal services clients. Their need to be protected from exploitation includes, but is not limited to, such areas as: estate planning, guardianship, decision-making and advanced care planning. Students entering law- related professions, including, but not limited to, attorneys, paralegals, and related careers should be offered, through their course of study, opportunities to learn, discuss, and consider the specifics of Alzheimer's disease and other forms of dementia. This includes, but is not limited to, professional responsibility for effective representation of clients with capacity issues and estate planning for clients, who are at risk of exploitation, undue influence, or capacity concerns. After completion of course study, licensed professionals are urged to pursue continuing legal education (CLE) in the area of Alzheimer's disease and other forms of dementia. The State Bar of Nevada (the licensing entity for Nevada attorneys), the Board of Continuing Legal Education, as well as trade associations, such as the Washoe County Bar and Clark County Bar Associations, are encouraged to promote awareness and education related to Alzheimer's disease and other forms of dementia. These CLE programs would provide legal professionals with ongoing education about recent developments, research, and treatments about Alzheimer's disease and other forms of dementia, including, but not limited to, application to issues of independence, decision making, and advanced care planning. Further, TFAD supports the offering of CLE credits for dementia-related, medically based courses for legal professionals that could satisfy ethics credits for these licensed professionals.

#### **Indicators:**

Increased number of quality educational opportunities, both pre- and post- professional education or training, which are offered in schools of post-secondary education and increased number of students who complete this coursework.

Syllabus or other information related to topics covered at UNLV's William S. Boyd School of Law related to encouraged topics of concern. CLE offerings in the topic area, as well as data on professionals, who have taken such training to complete requirements or to advance ongoing education. Determine number of courses offered to interested stakeholders by qualified members of the legal community. 17 Potential

#### **Funding:**

##### **Determination:**

- 1) Retained as is
- 2) Retired to the Appendix
- 3) **Revised/Update**

#### **Justification:**

The suggested revisions maintain the focus on increasing awareness and education about dementia within the legal profession, with updates in language and inclusion of suggested educational topics for students in law-

related professions and legal practitioners.

### **Suggestion Revisions:**

#### **Recommendation #10 Awareness of Dementia and the Legal Profession**

In the legal profession, awareness and a fundamental understanding of dementia is crucial for effective representation of clients who are living with dementia. These individuals may seek consultation in any area of the law and thus, knowledge about dementia is essential for all practitioners.

To advance effective legal representation for people living with dementia, TFAD supports the availability of educational options to increase awareness and knowledge of topics related to dementia designed for students pursuing legal professions and licensed professionals completing required continuing legal education (CLE). Judges and court personnel are encouraged to participate in dementia friendly education and trainings.

Educational topics would include but are not limited to:

- Capacity for decision-making (related to health care, finances, living arrangements and other pertinent decisions)
- Advance care planning (completion of documents reflecting an individual's wishes for their health care, living arrangements and request to nominate a guardian)
- Estate planning
- Adult guardianship
- Risk of exploitation, abuse, and neglect
- Ethical considerations for effective representation of clients living with dementia
- Information related to dementia (possible warning signs, diagnostic process, ongoing care and supportive resources, and family caregiving)
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TFAD encourages UNLV's William S Boyd School of Law, National Judicial College, State Bar of Nevada (the licensing entity for Nevada attorneys), trade associations such as the Washoe County Bar and Clark County Bar Associations, and Nevada's legal services providers to promote awareness and education related to dementia. Further, TFAD supports the offering of CLE credits for dementia-related, medically- based courses for legal professionals that could satisfy the annual licensure requirements for ethics.

#### Indicators

Assess number, topics, and participation rate annually for educational opportunities, both pre- and post- professional education (CLE) offered through UNLV's William S. Boyd School of Law, the legal community, Nevada's senior legal services providers and ADSD. Request CLE providers offer feedback from participant evaluations in dementia-related CLE programs.

#### Potential Funding

Grants, donations and/or gifts

# APPROVED

## Recommendation #11: Hospital Transitional Care Practices

Ensure high quality hospital-to-community (i.e., home, and long-term care) care transitions programs are available to people living with dementia and their family care partners, with key elements including care/discharge planning, care management and associated tools, information on community resources, wrap-around services, periodic follow-up check-ins and assessments, strategies for living well with dementia, and dementia-self-management resources. One such program specific to Alzheimer's and dementia currently available in Southern Nevada is Nevada Senior Services' Hospital-to-Home program. Another relevant resource is the Community Paramedics program (active in Humboldt County).

To explore new innovations, as well as expand and support existing efforts, TFAD encourages the Nevada Department of Health and Human Services (DHHS) to investigate federal funding opportunities through the Centers for Medicare and Medicaid Services and the CMS Innovation Center, as well as others. Opportunities to support more widespread use of care transitions programs may be explored by seeking and establishing key partnerships with Nevada's healthcare providers and systems, as well as identifying available resources. New and existing programs should be evaluated to determine program accessibility, effectiveness, and impact.

Efforts should be taken to mobilize continuing education programs designed to build healthcare providers' understanding of the importance of care transition planning and their skills in convening interprofessional teams of providers to counsel and support patients at the time of discharge.

Hospital-to-community care transitions programs should emphasize the essential role of family care partners and include the development of care transition plans that support family care partner health and well-being.

### Indicators

- ☐ Monitor the number of care transitions programs available across Nevada's counties, including those connected to rural hospitals, such as the Community Paramedics program.
- ☐ Monitor the ongoing process and impact data of the Hospital-to-Home program, with updates from Nevada Senior Services.
- ☐ Monitor the number of continuing education programs for Nevada medical providers that discuss the importance of care transition planning.
- ☐ Receive updates on new and existing care transitions programs.
- ☐ Review data available on hospital admissions and re-admissions of people living with dementia (i.e., Healthcare Costs and Utilization Project data).

### Potential Funding

Grants, donations and/or gifts. Specific sources may include:

- ☐ Collaboration within DHHS, including between ADSD, Division of Health Care Financing and Policy (DHCFP), DPBH, and other appropriate State agencies.
- ☐ Federal innovations and funding opportunities.

**Suggested Revisions:** Please provide the text for your suggestions on how to revise the recommendation (and be sure to include each of the following required elements):

**Recommendation:** Improve Nevada’s infrastructure, services, and support for ensuring the safety of people whose driving ability may be compromised by cognitive impairment, and those around them. Develop and implement:

- 1) A public information campaign about cognitive impairment and driving safety, including:
  - a. Signs of compromised driving ability and potentially increased driving risk
  - b. Options for addressing and/or reporting unsafe driving
  - c. Options for formal evaluation of driving safetyMechanisms may include public service announcements, websites, printed materials, etc.
- 2) A training program for health providers regarding:
  - a. Nevada statutes and regulations about provider responsibilities when cognitive impairment may compromise driving safety
  - b. Mechanisms for reporting drivers who may be unsafe because of cognitive impairment
  - c. Signs of compromised driving ability and potentially increased driving risk
  - d. Options for formal evaluation of driving safety
  - e. Options for rehabilitation to safe drivingTraining mechanisms may include continuing education (CE) courses, licensing authority mailings, licensing requirements, kiosks/displays at meetings, etc.
- 3) A process to create a standardized evidence-based driving safety evaluation tool for use by entities interested in driver safety and/or cognitive impairment, such as Aging and Disability Services Division (ADSD), geriatric clinicians, Department of Transportation (DOT), Alzheimer’s Association, etc.
- 4) Support for individuals and families when driving must be restricted because of cognitive impairment.
  - a. Promote the development of safe, economical alternative means of transportation, including improved public transportation and partnerships with relevant private industries
  - b. Assist families with negotiating, explaining, and reinforcing driving restrictions

## Indicators

- Program utilization
  - Participation (e.g., meeting attendance, website hits, CE credits granted)
  - Trips/riders served by alternative means of transportation
  - Use of assessment services
  - Number of drivers served by support services
- Other assessments (polls, quizzes, focus groups, etc.) of Nevada healthcare providers and residents
  - Awareness of guidelines regarding cognitively compromised

drivers

- Knowledge of mechanisms for informing DMV about compromised drivers
- Perceived ease of finding information about cognitive impairment and driving in Nevada
- Nevada Department of Transportation (DOT), Highway Patrol, and DMV data
  - Total motor vehicle accidents and fatalities in Nevada involving individuals reported by HCPs as having dementia
  - Referrals from providers and residents for cognitively compromised driving
  - Licenses restricted or revoked because of cognition-related safety concerns
  - Older driver crashes and fatalities
- Dated deliverables for creation of driving safety evaluation tool

#### Potential Funding

- United States Federal Government
  - DOT
  - Department of Health and Human Services
  - Department of Veterans Affairs
  - National Institutes of Health
- Nevada DMV
- Nevada DOT
- Regional Transportation Commission
- Aging and Disability Services Division (ADSD)
- Grants, donations, and partnerships
  - Car insurance companies
  - Self-driving car manufacturers
  - Ride sharing services
  - Transportation services (taxis, limos)
  - Support and interest groups (e.g., AARP, Alzheimer's Association)
  - Private individuals

## Recommendation #: 13 Driving and Dementia

TFAD Member Lead(s): Dylan Wint

**Current Recommendation as Stated:** *Support the standardization of the system of driver evaluation. Improve the infrastructure, services, and support for persons living with dementia whose driving ability may be compromised. This includes developing and implementing:*

1) *A uniform set of evidence-based screening tools for healthcare providers, first responders and caregivers.*

2) *A standardized evidence-based evaluation tool for use by the Department of Motor Vehicles (DMV); and*

3) *Dissemination of information regarding driving and safety for persons with dementia as well as development and delivery of relevant training to help support healthcare and DMV professionals.*

*Information disseminated should convey how to address the multi-faceted needs and concerns of persons with dementia and those who care for them. Specific information should include signs that an individual's driving ability might be compromised and how to access relevant resources to address this concern. Such information should be available on websites, as well as be distributed in printed materials to healthcare and social service providers, first responders, families, caregivers, and the public. Engage healthcare providers and first responders to evaluate the utility of the recommended screening tools.*

*Promote age- and dementia-friendly communities, which provide alternative transportation resources, through volunteerism and public-private partnerships, to maximize an individual's independence and assure public safety.*

**Determination:** Do you propose that for the 2021 State Plan this recommendation be:

1) Retained as is

2) Retired to the Appendix (it has been accomplished or is no longer relevant)

**3) REVISED / UPDATED**

**Justification:**

- Update language and readability
- Increase chances for successful adoption and implementation
  - Add educational resources
  - Add support for individuals who cannot drive, including rehabilitation back to driving capacity and transportation alternatives

**Recommendation #14 Developing Community Awareness Around Increased Brain Health Literacy**

Promote dementia friendly community awareness programs which are designed to increase knowledge, understanding and access to brain health and dementia-related information and supportive resources. Awareness programs serve to reduce stigma and dispel myths and stereotypes around a diagnosis of dementia, engage care partners and offer support to people living with dementia in living well over the course of their illness. These programs should also provide information that serves to enhance a community's brain health literacy, enabling people affected by dementia to become partners in their daily care needs to the search for effective therapies through participation in research, evidence-based interventions, and clinical trials.

Dementia friendly community awareness programs and brain health literacy efforts may include, but are not limited to:

- 1) Promotion of strategies for living well with dementia.
- 2) Initiatives to promote brain health for all people and reduce risks associated with modifiable lifestyle factors.
- 3) Helpful resources to support people living with dementia and care partners in developing effective strategies.
- 4) Overview of dementia, including prevalence, types, early symptoms, treatment, and course of illness, along with information about the benefits of early detection and diagnosis.
- 5) Community resources, educational programs and social services including evidence- based programs to support for people living with dementia and care partners.
- 6) Opportunities for people living well with dementia to advocate for their own well- being and participate in meaningful engagement in community life.
- 7) Educational resources to support family care partners in fostering their own health and well-being.
- 8) Educational resources to increase awareness about research opportunities and benefits of clinical trials with special consideration for those in underserved, minority communities; and
- 9) Information to help people living with dementia, family care partners, and community members recognize the signs of abuse, neglect, and exploitation, along with resources to access in such cases.
- 10) Standards defined as Culturally and Linguistically Appropriate Services (CLAS)

The target audience for community awareness and brain health literacy programs includes people living with dementia, family care partners, professional care partners, businesses, faith-based communities, first responders, government agencies, social service organizations, community groups, K – 12 and higher education and any other interested individuals. Programs promoting community awareness are offered statewide by various organizations and groups including, but not limited to, Dementia Friendly Nevada Community Groups, Alzheimer's Association,

Cleveland Clinic Lou Ruvo Center for Brain Health and the University of Nevada, Reno (UNR) Dementia Engagement, Education, and Research (DEER) Program. Various outreach strategies can be used to promote these programs such as broadcast/print interviews, articles in newspapers/magazines/websites and postings on social media sites. The Dementia Friendly Nevada website promotes community awareness programs scheduled in various communities statewide and offered online and offers resources for brain health promotion.

In addition to promoting community awareness about brain health literacy and dementia within the broader community, it is important to ensure adequate opportunities to learn about brain health and dementia across K – 12 and institutions of higher education.

## Indicators

- Monitor the number and types of dementia and brain health-related community awareness presentations including, but not limited to, those listed on the Dementia Friendly Nevada website and offered through Dementia Friendly Nevada Community Groups, UNR Sanford Center for Aging, The DEER Program, Alzheimer's Association and Cleveland Clinic Lou Ruvo Center for Brain Health.
- Monitor how effectively community awareness campaigns increase brain health literacy
- Monitor if content in community awareness campaigns around brain health literacy adhere to the **Cultural and Linguistically Appropriate Services (CLAS)** standards. <https://thinkculturalhealth.hhs.gov/clas/standards> ?

## Potential Funding

Donations and/or gifts and grants including those from the US Department of Health and Human Services, Office of Minority Health, which releases NOFA's that fund efforts to action CLAS Standards

## APPROVED

### **Recommendation #15 Organizational Outreach**

Engage all sectors of the community (including but not limited to healthcare, faith-based communities, law enforcement, service industries, government and long-term residential care and senior living) in:

- 1) Incorporating brain-health and dementia-related information/resources into existing employee assistance programs to offer specialized assistance to people living with dementia and care partners.
- 2) Offering dementia awareness programs to their employees, including, but not limited to, Dementia Friends, Dementia Friendly Community Awareness Training (CAT), Alzheimer's Association education programs, and education programs through the Cleveland Clinic Lou Ruvo Center for Brain Health.
- 3) Promoting education regarding brain health initiatives, dementia risk reduction and living well with dementia; and
- 4) Developing partnerships with local Dementia Friendly Nevada Community Groups, the Dementia Friendly Nevada Initiative as well as other state, local and national outreach initiatives.

#### **Indicators:**

Monitor dementia-friendly activities and collaborations across all community sectors.

#### **Potential Funding:**

Grants, donations and/or gifts. Specific sources may include employers and employer organizations.