

THE NEVADA STATE PLAN  
TO ADDRESS ALZHEIMER'S  
DISEASE AND OTHER DEMENTIAS

2025-2026



January 2025

The Department of Health and Human Services  
Task Force on Alzheimer's Disease

## **TASK FORCE ON ALZHEIMER'S DISEASE**

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Draft

**Nevada State Plan to Address Alzheimer's Disease and other  
Dementias  
2023-2024**

**Prepared by the Nevada Task Force on Alzheimer's Disease (TFAD)  
Nevada Revised Statutes 439.5085**

**Introduction**

The Impact of Dementia:

The term 'dementia' refers to a collection of symptoms that comprise a person's cognitive function, including, but not limited to, changes in their memory, problem solving, reasoning and capacity to fulfill activities of daily living. While Alzheimer's disease is the most common cause of dementia, comprising about 60 to 80 percent of all dementia diagnoses, approximately 130 different causes of dementia have been identified, including Vascular dementia, Lewy Body dementia, Frontotemporal dementia, and many others. Often people living with dementia are experiencing the effects of more than one cause, referred to as 'mixed dementia.' For the purposes of this plan, labeled as addressing 'Alzheimer's disease and other dementias', the Task Force on Alzheimer's Disease references 'dementia' as the overarching condition being addressed.

According to the Alzheimer's Association's 2024 Alzheimer's Disease Facts and Figures, it is estimated that 6.9 million people are living with dementia in the US. Further, one in nine people ages 65 and older are living with dementia, with dramatic increases as one ages from 65 – 74 (5%) to 85+ (33%). In addition to those estimated to be living with dementia, as noted in the Alzheimer's Association report, approximately 16.6% of people over the age of 65 are living with Mild Cognitive Impairment (MCI), which is a form of cognitive decline that may serve as a precursor to later dementia.

There is an increased prevalence of Alzheimer's among minority and underserved populations, specifically Black and Latino communities. Older Black Americans are twice as likely to develop Alzheimer's and other dementias than Older Whites, while Older Latino Americans are one and a half times more likely to develop.

In Nevada, the Alzheimer's Association report estimates that there were approximately 54,900 people living with dementia in 2020, and further projects this will increase to 64,000 by 2025, representing a 30.6% increase over five years as the population of Nevada continues to rapidly age. This

rate of growth is the third fastest among all US states, behind only Arizona (33.3%) and Vermont (30.8%). The impact of this large population of people living with dementia in Nevada is, and will continue to be, significant in many ways, including disenfranchisement and stigma of those living with dementia, challenges among family members and other care partners in effectively supporting people living with dementia, capacity of long-term supports and services, declines in general workforce productivity, and strains on the healthcare workforce and financing (i.e., Medicare and Medicaid). The costs of these impacts are immeasurable.

With this explosive need in Nevada, the Task Force on Alzheimer's Disease (TFAD) contributes timely and essential information as well as insights through its State Plan, Annual Reports, and bi-monthly meetings. On a continuous basis, TFAD provides focused and crucial information about current and needed policies, practices, and programs to the Nevada State Legislature, as well as to units of the Nevada Department of Health and Human Services, including the Aging and Disability Services Division, Division of Public and Behavioral Health, and Division of Health Care Financing and Policy, which work daily to serve the needs of people living with dementia across all of Nevada.

### **Additional Context for the State Plan:**

The 2025-2026 Nevada State Plan to Address Alzheimer's Disease and other Dementias, prepared by TFAD, includes fourteen recommendations related to ensuring that effective information, education, care and support, and public policy appropriately address dementia on behalf of all Nevadans. This is down from seventeen recommendations from the previous biennium due to retirement.

- Recommendation #1: Statewide Information and Referral System
- Recommendation #9: Volunteers
- Recommendation #15: Organizational Outreach

While these recommendations are being retired, their work will continue throughout TFAD's efforts. Specifically, a statewide information and referral system has been embedded in various state agencies and included with various "no-wrong-door" partners such as Nevada 211 and Nevada Care Connection which TFAD will continue to monitor. Additionally, the work within recommendations #9 and #15 have been included in various recommendations as part of their efforts.

Reflected within the formal recommendations, TFAD also states its support for several core concepts forming a general framework for understanding and proactively supporting a positive lived experience of dementia. These include TFAD's support for:

- Dementia-friendly communities, where those living with dementia, along with their care partners, feel and experience respect, dignity, support, value and inclusion in everyday community life.
- Innovative ways of thinking that provide opportunities for people living with dementia to experience full and meaningful lives.
- The promotion of brain health to reduce risk of cognitive impairment and the early detection of cognitive impairment, which are critical tools for addressing cognitive health in states and communities, as outlined in the US Centers for Disease Control and Prevention (CDC) Healthy Brain Initiative Roadmap 2023 – 2027, and in alignment with the priorities of the BOLD Infrastructure for Alzheimer’s Act.
- Proactive collaborations between healthcare professionals, first responders, community organizations, the business community, educators, care partners, volunteers and others to provide dementia-friendly services and support that nurture a full and optimal quality of life for people living with dementia.
- Ongoing education and professional development for people who, directly or indirectly, serve and support people living with dementia, as well as their care partners.
- Preserving the rights of people living with dementia is paramount to their self-determination and quality of life.
- Best practices, informed by existing and emerging evidence, for all individuals and entities that are making contributions to the quality of life and well-being of people living with dementia, as well as their caregivers and care partners.
- Continuous and expansive public awareness activities that increase critical consciousness within Nevada’s communities regarding the importance of understanding dementia, honoring the lived experience of dementia and valuing the potential contributions that may be made by people living with dementia.
- Monitoring and surveillance of the presence of dementia within Nevada, as well as the impact and effectiveness of TFAD recommendations, state and community-based initiatives to support people living with dementia and their caregivers and care partners.
- The continual inclusion of dementia as a relevant, protected condition in the ADSD Olmstead State Plan; and last but not least,
- TFAD embraces the foundational assumption that despite the cognitive and physical challenges that accompany dementia, when offered the proper supports and respect, people can live well with dementia.

Furthermore, these fourteen recommendations have been grouped into four objections. The recommendations have been renumbered, due to recommendations being retired and to be fit in their objectives. These include.

- Objective 1: Help direct persons living with dementia to resources.
- Objective 2: Optimize healthcare for persons living with dementia.
- Objective 3: Formalized protections & rights for persons living with dementia.
- Objective 4: Structured, competent, and comprehensive dementia education

### **Monitoring and Surveillance of the State Plan:**

#### *Ongoing Assessment of TFAD State Plan Recommendations*

Each recommendation included in this State Plan notes specific indicators that will be monitored to document progress. TFAD will monitor these indicators on a regular basis during its meetings throughout the timeframe for this plan (2025 – 2026). This monitoring will occur through TFAD invitations to state agencies, key partners, organizations and programs to present on their work relative to specific recommendations and the needs in the state, at least once each biennium. This may also include a survey sent out to inform TFAD of the recommendation's efforts.

The goal of these presentations is to keep TFAD informed of relevant information on related effort, collaborations, and needs across Nevada, as well as to offer TFAD members the opportunity to stay engaged with relevant partners. During these partner presentations, TFAD members will ask clarifying questions and participate in dialogue to offer their insights to the partners.

#### *Healthy People 2030*

It is one of the goals of TFAD to raise awareness of issues related to dementia and to promote brain health, as well as to highlight the importance of getting an early and accurate diagnosis. The impact of dementia may be overwhelming for the people living with a diagnosis, as well as for their care partners and families. Therefore, dementia awareness efforts, supports, services and policies need to be elevated as a public health priority, as encouraged by the CDC Healthy Brain Initiative Road Map, and as included as a specific goal in Healthy People 2030.

Since 1980, the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion has set measurable goals and objectives for the health and well-being of people nationwide. The initiative, called Healthy People, is in its fifth iteration, Healthy People 2030 (HP 2030). This initiative builds on knowledge and research gained over the preceding four decades and addresses the nation's most pressing public health challenges.

All HP 2030 objectives meet several criteria, including having baseline data, a direct impact on health, and an evidence base. These criteria address goals related to health, function, and quality of life. The HP 2030 framework sets important public health priorities for the nation over the current decade and will measure progress towards meeting those objectives.

By 2060, almost a quarter of the U.S. population will be age 65 or older. Older adults are at a higher risk of chronic health problems including diabetes, osteoporosis, as well as Alzheimer's disease and other dementias. As previously noted, an estimated 6.5 million people in the United States have dementia, and that number will increase as the population ages. As such, a goal of HP 2030 is to "Improve health and quality of life for people with dementia, including Alzheimer's disease."

HP 2030 includes three objectives related to this goal. These include the following:

1. Increase the proportion of older adults with dementia, or their caregivers, who know they have the disease.
2. Reduce the proportion of preventable hospitalizations in older adults with dementia; and
3. Increase the proportion of adults with subjective cognitive decline (SCD) who have discussed their confusion or memory loss with a health care professional.

While there is no cure for Alzheimer's disease or many other forms of dementia at this time, early diagnosis and supportive care can improve quality of life. Equally important, getting an early and accurate diagnosis can allow the person in the early stages of the disease to be a full participant in planning for their care, including advanced directives, legal and financial affairs, and arranging for future care. Making it possible for adults with symptoms of cognitive decline, including memory loss, to obtain an early diagnosis is a public health priority and is a key focus of TFAD, as noted throughout the State Plan.

The HP 2030 objectives for dementia provide a framework for improving health and health equity across the nation by monitoring improvements in early diagnosis for those reporting subjective cognitive decline. To monitor and assess progress toward HP 2030, TFAD strongly encourages the continued collection of the BRFSS module on Cognitive Decline, using any resources available from the Department of Health and Human Services to do so.

#### Bridging the CDC Healthy Brain Initiative and the Nevada State Plan

As previously noted, the Nevada State Plan is directly aligned with the goals and priorities of the CDC Healthy Brain Initiative Road Map, as well as the



BOLD Infrastructure for Alzheimer’s Act (amending the Public Health Service Act, Section 398A; 42 U.S.C. 280c-3-4), including increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving. Specific efforts were made to incorporate these priorities throughout the relevant recommendations of Nevada’s State Plan. Thus, throughout the recommendations there is a particular interest in ensuring a strong presence of elements related to promoting brain health (i.e., risk reduction), early detection, effective and efficient healthcare services, as well as supportive services for caregivers and care partners of people living with dementia.

To offer additional detail on the importance of incorporating these priorities, it is important to understand the CDC Health Brain Initiative and the tools it offers. The Healthy Brain Initiative Road Map is a series created by the Alzheimer’s Association and the Centers for Disease Control and Prevention (CDC). The series was initially published in 2007. The latest edition, published in 2023, is the *Healthy Brain Initiative: State and Local Road Map for Public Health, 2023-2027*. As described in the document, the Healthy Brain Initiative Road Map “outlines how state and local public health agencies and their partners can continue to promote cognitive health, address cognitive impairment for people living in the community, and help meet the needs of those who care for people living with dementia, or care partners.” Promoting brain health and supporting people living with dementia and their care partners throughout the life course should be viewed as a central part of public health practice and constitutes the focus of the Healthy Brain Initiative.

The Road Map describes 24 actionable agenda items that follow the Essential Services of Public Health: educate and empower, develop policies and mobilize partnerships, assure a competent workforce, and monitor/evaluate.

Following the actions listed in the Healthy Brain Initiative Road Map, public health community partnerships can:

- Accelerate risk reduction, calling attention to traumatic brain injury, smoking, diet, physical activity, cardiovascular risk, and other modifiable risk factors.
- Advance early detection and diagnosis by ensuring healthcare professionals have the best available evidence on dementia and dementia caregiving; and
- Ensure safety and quality of care by offering information, guidance, and supportive resources to caregivers, and assuring healthcare professionals use evidence-based guidelines and have sufficient training.

Scientific evidence has indicated that the same healthy behaviors that have been shown to prevent cancers, diabetes, and cardiovascular disease may also reduce the risk of cognitive decline. By leveraging the Healthy Brain Initiative Road Map to revise and create recommendations for the State Plan, TFAD encourages state and local partners to incorporate collaborative efforts to promote cognitive health into practice. This effort will promote the reframing of dementia from a disease of old age to a condition developed, in part, through the accumulation of dementia risk factors over the life course. Ultimately, these tools provide a resource for ameliorating the impact of cognitive impairment and dementia in states and communities, as well as enhancing overall quality of life and well-being of the population.

Draft

**Nevada Task Force on Alzheimer’s Disease**  
**State Plan to Address Alzheimer’s Disease and Other**  
**Dementias**

List of Recommendations with New Objective Groupings

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

**Recommendation #1 Dementia Support Specialist (DSS) Program**

(previously Dementia Care Specialist #5)

TFAD recommends that ADSD replicate the Wisconsin Dementia Care Specialists (DCS) program in Nevada by developing the funding necessary to establish and sustain at least one Dementia Support Specialist (DSS) position in each county. These positions could be housed in the Nevada Care Connection resource centers and organized to correspond with the five Behavioral Health Regions.

The DSS team members will serve as the primary, local contact for people living with dementia and cognitive concerns, their care partners, law enforcement, hospitals, healthcare professionals, community social workers, and other community members who encounter individuals who may have dementia. They will also conduct memory screenings; facilitate obtaining an accurate diagnosis; provide information and assistance to connect families and individuals with community support services; provide evidence-based and/or evidence-informed, person- and relationship-centered education, training and support; connect people with options for care navigation and counseling as well as access to public and private programs and benefits;

provide consumer advocacy; lead and facilitate local dementia-friendly efforts in coordination and partnership with Dementia Friendly Nevada; and conduct other outreach activities with an aim to bring additional dementia-related services to the region.

Expected program outcomes include:

- 1) Replication and evaluation of the Wisconsin DCS model in Nevada.
- 2) Increased support for people living with dementia and care partners through care navigation and implementation of person- and relationship-centered dementia care training, engagement opportunities, and Dementia Self-Management programs.
- 3) Strengthened efforts to raise awareness and increase community support and engagement of people living with dementia; and
- 4) Growth and sustainability of Dementia Friendly Nevada efforts.

Training and oversight can be provided by the UNR Dementia Engagement, Education, and Research (DEER) Program, which also provides an administrative home for the Dementia Friendly Nevada initiative. Program evaluation could be conducted by the UNR Sanford Center for Aging, or another appropriate academic department or other third-party evaluator experienced in this area.

Indicators:

- 1) Reduction in avoidable emergency department and hospital admissions.
- 2) Reduction in avoidable incarceration of individuals with suspected dementia.
- 3) Increase in proactive training of first responders and staff in community-based organizations and county agencies serving older adults.
- 4) Increase in safety and well-being of people living with dementia, their families and care partners.

Potential Funding:

- Grants, gifts and donations
- State appropriations
- Medicaid administrative claims funding

### **Recommendation #3 Veterans and Their Families** (previously #12)

Support the continuation and creation of initiatives to offer culturally appropriate services to older veterans by all aging services organizations across the state.

Encourage the implementation of programs relating to veterans living with dementia and their families, including the ongoing implementation of the Nevada Department of Veterans Services' Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care program for professional and family care partners. Such education programs should include robust information on modifiable risk factors of dementia and the role that lifestyle can play in reducing risk and supporting people living with dementia in living well.

Further, promote the continued viability and quality of care being offered by Nevada's two Veterans Homes, in Northern Nevada and Southern Nevada.

#### Indicators:

- Monitor the implementation of veteran-focused dementia programs including Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care, and the services being offered by Nevada's Veterans Homes.
- Ensure the Nevada Legislative Interim Committee for Seniors, Veterans and Adults with Special Needs receives updates, as appropriate.

#### Potential Funding:

- Grants, gifts and donations
- Specific sources may include:
  - Nevada Department of Veterans Services
  - Civil monetary penalty (CMP) funds

### **Recommendation #4 Telehealth** (previously #2)

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 their care partners to support access to care, quality of life and well-being, especially in rural

Nevada. Utilize the statewide information and referral system to maintain a list of telehealth providers and connect people living with dementia to available telehealth services statewide.

Indicators:

- 1) Monitor telehealth projects across the state to determine if they are:
  - a) Available and accessible.
  - b) Being utilized effectively and efficiently; and
  - c) Providing information about, and access to, follow-up resources.
- 2) 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, gifts and donations
- Specific sources may include:
  - Older Americans Act (through ADSD)
  - American Rescue Plan Act (ARPA) funds
  - Available federal resources as identified

### **Recommendation #5 Outreach to Primary Care Partners** (previously #4)

The purpose of this recommendation is to inspire changes among primary care providers (PCPs) 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, the use of validated clinical assessment tools, clinical guidance and toolkits such as the KAER Toolkit for Primary Care Teams developed by the Gerontological Society of America, and online trainings, to increase access to an early and accurate diagnosis, promote quality care and 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 Medicare 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 for 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 care partners. In addition, the person living with dementia, as well as their care partners will benefit from ongoing care coordination and referral to community-based services by trained Dementia Care Navigators.

#### Indicators:

- 1) Cognitive Decline: DHHS will be asked to report data gathered through the CDC Behavioral Risk Factor Surveillance System (BRFSS) module on subjective cognitive decline. The module is a six-question survey used to determine how subjective cognitive decline (SCD) affects individuals age 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 healthcare provider about their concerns. This can be used as a subjective measure of provider-patient engagement on SCI as well as ADRD. Further, we ask DHHS to include this information in its Nevada Elders Count report.
- 2) Survey Community Partners: To the extent practicable, DPBH should survey community partners to determine the reach of current programs to train PCPs to perform cognitive screenings.
- 3) Claims Data: DHHS Office of Analytics will be asked to annually report Nevada Medicaid utilization for enrollees age 55 to 64 of the



Cognitive Decline and Care Planning Code (i.e. CPT Code 99483). In addition, the report should 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 both 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, and donations
- State general funds should also be considered as potential funding sources (i.e., MACs)

**Recommendation #6 Hospital Transitional Care Practices** (previously #11)

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 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 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 and care partners and should include the development of care transition plans that support care partner health and well-being.

Indicators:

Potential Funding:

### **Recommendation #7 Residential Long-Term Care (Previously #5)**

The scope of this recommendation includes skilled nursing facilities, assisted living, residential facilities for groups, and homes for individual residential care. To support this recommendation, it is important to continue to review current funding and new funding streams to support residential long-term care for people living with dementia in Nevada.

Establish and sustain a statewide committee with membership from skilled nursing and assisted living sectors, including but not limited to the Nevada Health Care Association, Aging and Disability Services Division's Community-Based Care Program, Long-Term Care Ombudsman Program, the Bureau of Health Care Quality and Compliance, Comagine Health, at least one family care partner, one resident living with dementia and one member of TFAD. The focus of this statewide committee is to identify and implement recommendations, improvements, and resources within residential long-term care to support the health and well-being of all residents, including residents living with dementia. Engage the statewide committee in developing quality indicators for dementia care and support in long-term care.

Provide funding or incentives to encourage long-term care providers to increase the capacity for people living with dementia and the ability to provide person-directed and relationship-centered care. Additionally, emphasize person-centered care planning to ensure residents, their families, and staff feel and experience respect, support, self-worth, empowerment, well-being, and inclusion in everyday community life. Ensure adequate resources for the Long-term Care 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.

In addition, require long-term care staff to attend annual continuing education emphasizing 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:

Potential Funding:

### **Recommendation #8 Advance Care Planning** (Previously #16)

Advance Care Planning refers to a process where an individual states their wishes for future care by completing advance directive documents and designating someone who can make decisions on their behalf if the individual does not have the capacity to do so. As advanced directives must be completed when an individual is deemed to have decision-making capacity, there is heightened urgency for individuals who are living with dementia to complete their advanced directive documents. The concept of capacity refers to an individual's ability to make a particular decision at a specific point in time. A capacity assessment completed by a qualified medical professional using a recognized and generally accepted cognitive assessment can determine whether a person living with dementia has decision-making capacity to engage in advance care planning at a specific point in time. The evaluation of decision-making capacity assesses whether an individual is able to demonstrate understanding, appreciation and reasoning related to their decision, as well as communicate a reasonable and consistent choice. A person with an impaired capacity may still have the ability to make decisions related to their advanced directives.

Education/training is fundamental to increasing awareness about advance care planning, specifically to individuals living with dementia and address obstacles that may be encountered throughout this process.

The following are potential opportunities for ADSD to offer leadership and coordination related to advance care planning:

- Promote awareness and distribution of Nevada's dementia-specific advance care planning documents/instructions through senior law and community service providers

- Encourage Nevada Care Connection Resource Center’s Resource Navigators to assess an individual’s need for advance care planning and refer to legal services providers
- Explore opportunities to work with hospitals and healthcare providers to encourage patients to have advanced directives in their medical records and electronically stored with Nevada Lockbox (administered by the Nevada Secretary of State)
- Encourage and support stakeholders, including but not limited to ADSD, State Bar of Nevada, Nevada Supreme Court Access to Justice Commission, UNLV William S. Boyd School of Law, National Judicial College, legal services providers, Volunteer Attorneys for Rural Nevadans (VARN) along with healthcare specialists, to offer continuing education/training curricula for professionals and students about advance care planning and decision-making capacity for people living with dementia
- Promote the creation of a state-level clearinghouse for advance care planning information, including Nevada-specific forms, educational materials, community resources, legal services providers and relevant healthcare providers

Indicators:

1) Receive updates from ADSD on various advance care planning topics including:

- Resources/education offered under Older Americans Act (OAA) legal and other grants to assist individuals to complete their advance directives
- Options to create a state-level clearinghouse for Nevada-specific information
- Engagement with the legal community, health care professionals and other key stakeholders regarding education/training options and efforts to enhance available resources
- Decision-making capacity issues related to the completion and execution of advance care planning documents

2) Monitor data related to advance care planning provided through OAA funded legal services providers and Nevada Care Connection Resource Centers including but not limited to training/education offered for individuals and professionals, frequency of requests for assistance, demographic data for individuals served and unmet needs identified.

3) Request updates from various community stakeholders (e.g., legal services providers/organizations/educators, health care professionals, hospitals) on advance care planning topics including education/training initiatives, decision-making capacity related to completion and execution of documents and unmet needs/barriers encountered.

Potential Funding:

- Grants, gifts and donations
- Specific sources may include Older Americans Act funds (through ADSD)

### **Recommendation #9 Driving Dementia** (Previously #13)

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, leveraging public service announcements, websites, printed materials, etc., with content including:
  - a) Signs of compromised driving ability and potentially increased driving risk.
  - b) Options for addressing and/or reporting on unsafe driving; and
  - c) Options for formal evaluation of driving safety.
- 2) A training program for healthcare providers through continuing education (CE) courses, licensing authority mailings, licensing requirements, kiosks/displays at meetings, etc., with content 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; and
  - e) Options for rehabilitation to safe driving.
- 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 ADSD, geriatrics clinicians, Department of Transportation (DOT), Alzheimer's Association, etc.
- 4) Providing support for individuals and families when driving must be restricted because of cognitive impairment by:

- a) Promoting the development of safe, economical alternative means of transportation, including improved public transportation and partnerships with relevant private industries; and
- b) Assisting families with negotiating, explaining, and reinforcing driving restrictions.

Indicators:

- 1) Program utilization
- 2) Participation (e.g., meeting attendance, website hits, CE credits granted)
- 3) Trips/riders served by alternative means of transportation
- 4) Use of assessment services
- 5) Number of drivers served by support services
- 6) Other assessments (polls, quizzes, focus groups, etc.) of Nevada healthcare providers and residents
- 7) Awareness of guidelines regarding cognitively compromised drivers
- 8) Knowledge of mechanisms for informing DMV about compromised drivers
- 9) Perceived ease of finding information about cognitive impairment and driving in Nevada
- 10) Nevada Department of Transportation, Highway Patrol, and DMV data
- 11) Total motor vehicle accidents and fatalities in Nevada involving individuals reported by healthcare providers as having dementia
- 12) Referrals from providers and residents for cognitively compromised driving
- 13) Licenses restricted or revoked because of cognition-related safety concerns
- 14) Older driver crashes and fatalities
- 15) Dated deliverables for creation of driving safety evaluation tool

Potential Funding:

- Grants, gifts, and donations
  - Specific sources may include:
  - US Department of Transportation
  - US Department of Health and Human Services
  - US Department of Veterans Affairs
  - National Institutes of Health
  - Nevada Department of Motor Vehicles
  - Nevada Department of Transportation
  - Regional Transportation Commission
  - Aging and Disability Services Division

- Car insurance companies
- Self-driving car manufacturers
- Ride sharing services
- Transportation services (taxis, limos)
- Support and interest groups (e.g., AARP, Alzheimer's Association)

**Recommendation #10 Choice in Care and Care Settings** (Previously #17)

Increasingly, locked and segregated dementia care is being challenged as a potential violation of a person's human rights and civil liberties. Locked and segregated dementia care, a form of environmental restraint, including special care units in skilled nursing facilities and assisted living communities, locked residential facilities for groups, and stand-alone memory care communities. As will be made clear by the following discussion of legal statutes and precedent, People living with dementia have the right to choose their own care and living environments and should remain free of forced placement.

It is important to note that holding power of attorney over someone does not grant the legal authority to place an adult in a locked environment, even if that adult has a medically confirmed dementia-related diagnosis. There is no legal authority for physicians to confine residents in long-term care facilities, other than in the case of specified involuntary court ordered admissions under NRS 433A (i.e., mental health holds). Similarly, there is no legal authority giving long-term care providers the ability to hold a resident against their will. By law, there are only two people with the authority to consent to an individual's placement in a locked dementia care setting – the individual themselves or a court-appointed guardian.

Unfortunately, unjustly, and perhaps unwittingly, under this standard, long-term care facilities across Nevada may be committing false imprisonment, if they do not have the documented legal consent to confine a resident (or residents) behind locked doors.

While the right to move freely is well-established under general legal principles, there are also Federal and State laws (e.g., Code of Federal Regulations, which are from the federal Nursing Home Reform Act and pertain to regulation of skilled nursing facilities, and Nevada Revised Statutes) specific to long-term care facilities that enhance the general rules, including the right to:

- Self-determination (42 C.F.R. §483.10 and 483.15(b));

- Be free from interference in exercising their rights (42 C.F.R. §483.10(a)(2));
- Refuse treatment to the extent permitted by law and to be informed of the consequences of that refusal (NRS 449A.112(b) and 42 C.F.R. §483.10(b)(4));
- Be free from restraint (NRS 449A.221 and 42 C.F.R. §483.13);

Note: In Nevada, environmental restraints are not defined in the NRS. However, according to NRS 449A.221, "mechanical restraint" is defined as the use of devices... "to limit a person's movement or hold a person immobile." In this sense, a locked door may be considered a mechanical restraint that limits a person's movement.

- Free choice in determining treatment (42 C.F.R. 483.10(d)); and
- Considerate and respectful care (NRS 449A.112(a) and 42 C.F.R. 483.15(a)).

Furthermore, people living with dementia, like all Nevadans, have the right to live and receive care and support in the least restrictive environment. The United States Supreme Court 1999 *Olmstead vs. L.C.* decision reinforced the right of people with cognitive impairment to live in an integrated setting for as long as they may safely do so with the necessary supports. Supporting the integration mandate in the Americans with Disabilities Act (ADA; 1990), the *Olmstead* decision asserts that the medically unjustifiable institutionalization of persons with disabilities constitutes a violation of the ADA. States must provide services to people living with disabilities, including dementia, in the community, as opposed to in an institution, to the greatest practicable extent. Failure to do so constitutes discrimination.

In addition to locked doors, there are a number of other ways long-term care facilities may attempt to confine residents living with (and without) dementia, including:

- Placing alarms on doors.
- "Redirecting" residents to stay inside when they attempt to leave.
- Telling residents, they "cannot leave" or that a "doctor has not signed off on a pass"; or
- By failing to provide physical assistance to residents who say they "want to leave," but are physically unable to do so.

This right afforded to all people, including people living with dementia, is highlighted in the following quote from the California Advocates for Nursing Home Reform:

All adults have the right to move freely and choose where they want to live and whether or not to receive health care or care services from somebody... When someone goes to a long- term care facility, they do



not leave their rights at the door. They have every right not to be imprisoned, even if someone like a doctor, [family member] or a facility administrator believes the resident does not have the capacity to make sound decisions... **Only a judge has the ability to declare someone incompetent and take away their right to come and go as they please.** Any other opinion regarding a person's capacity to make decisions is just that – an opinion – and has no direct legal bearing on that person's rights... The U.S. Constitution provides a right of privacy and guarantee that liberty interests may not be deprived without due process of law. The right to choose your own residence, be free from detention, and control health care decisions are guaranteed as part of the fundamental concept of liberty that Americans celebrate and defend. (California Advocates for Nursing Home Reform, 2015).

#### Recommendation:

The State of Nevada must ensure inclusive communities for people of all abilities and uphold the rights of people living with dementia to have a say in the decisions that affect their lives, including all care decisions and choice of care setting. To protect these rights, TFAD encourages the standardization of the assessment and admission process for all locked dementia care settings. In addition, TFAD encourages the Nevada State Long-Term Care Ombudsman's office to raise awareness across Nevada, and especially within long-term care facilities, of the definition of, and issues regarding, unlawful confinement/false imprisonment in long-term care. TFAD further encourages the Ombudsman's office to work collaboratively with all residents, including residents living with dementia, who do not consent to long-term care placement, and help them explore other options and alternatives, ensuring each individual's right to live in the least restrictive environment.

In addition, it is the responsibility of Nevada's Bureau of Health Care Quality and Compliance (HCQC) to ensure legal and regulatory compliance regarding the requirement for consent to placement, ensuring that no individual is confined against their will, unless authorized by a court-appointed guardian, and that each individual's preferences for care and care setting are clearly documented and honored.

#### Indicators:

- 1) Clear messaging disseminated by the Nevada State Long-Term Care Ombudsman's Office and Bureau of Health Care Quality and Compliance (HCQC) outlining the legal rights of people living with dementia to choose their care and living environment and be free from unlawful confinement/false imprisonment.

- 2) Proactive advocacy and education by Ombudsman on behalf of long-term care residents living with dementia to facilitate decision making regarding their care setting and living environment.
- 3) HCQC brings visibility to the clear legal standards protecting choice in care setting/living environment and holds long-term care organizations accountable for compliance.

Potential Funding:

- Established or enhanced operating budgets within the Ombudsman's Office and HCQC.

**Recommendation #11 Dementia Training** (Previously #8)

Expand Nevada's dementia care training requirement for all long-term services and supports providers, including residential and community-based provider organizations and staff, to ensure that all direct care staff providing care and support to people living with dementia have the information needed to provide effective person-directed and relationship-centered care. 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 Services' (NDVS) Bravo Zulu: Achieving Excellence in Relationship-Centered Dementia Care program, the Alzheimer's Association's Dementia Care Practice Recommendations, Dementia Action Alliance/Eden Alternative's Raising the Bar practice guide, and others as appropriate.

Such training programs should be made available to all residential long-term care and community-based aging services organizations through leveraging key partners to implement and evaluate in-person and/or online training. Evaluation efforts should include assessment of core competencies.

Indicators:

- 1) High-quality, comprehensive dementia training programs are identified or developed, and made available to all residential and community-based aging services statewide.
- 2) The identified or developed programs are encouraged by key partners.
- 3) The identified or developed programs are adopted and implemented by an increasing number of residential and community-based aging services over the plan's two-year period.

Potential Funding:

- Grants, gifts and donations

- Specific sources may include:
  - State appropriation and/or state grants for dementia training
  - Civil monetary penalty funds

### **Recommendation #12 Caregiver Support (Previously #7)**

According to the Alzheimer’s Association 2024 Facts and Figures, an estimated 84,000 caregivers are providing 142 million hours of unpaid care to Nevadans living with dementia. Further, 54% of those caregivers have chronic health conditions and 31% have depression. Caregiver support interventions can help improve the health and well-being of dementia care partners. In addition, effective support for care partners can also delay nursing home admission of the person living with dementia by providing care partners with skills and resources (emotional, social, psychological and/or technological) to continue helping their relatives or friends at home.

Therefore, 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 to support people living with dementia.
- 3) Provide and expand respite services for family and informal caregivers of people living with dementia; and
- 4) Emphasize the importance of maintaining care partners’ health and well-being.

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

TFAD also supports efforts to promote and fund comprehensive caregiver education and services that are provided by many organizations across the state.

TFAD seeks to improve access to support services and programs for family caregivers 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 caregivers and families; and
- Sustaining a statewide information and referral system for families, caregivers and people living with Alzheimer's disease and other forms of dementia.

With the passage of AB208 of the 82nd Legislative Session, TFAD, ADSD and the Division of Health Care Financing and Policy (DHCFP, or Nevada Medicaid) shall promote the Structured Family Caregiver Medicaid waiver. The goal will be to 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.

In addition, TFAD encourages ADSD to increase the voucher amount available to people living with Alzheimer's disease and other forms of dementia and conduct an awareness campaign around eligibility of current respite care programs.

#### Indicators:

- ADSD and the Division of Public and Behavioral Health (DPBH) are asked to 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 care partner 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 care partner support programs.
- The DHHS Office of Analytics will be asked to report, at least once biannually, data from the Nevada BRFSS Caregiver Support survey module. In addition, the Office is asked to conduct a longitudinal review of past BRFSS Caregiver module surveys to better track progress of this recommendation. In addition, TFAD requests that data from this survey be routinely included in the Nevada Elders Count report.

#### Potential Funding:

- Grants, gifts and donations
- Specific sources may include:
- Fund for a Healthy Nevada

### **Recommendation #13 Cultural Competence** (Previously #3)

To help ensure equitable processes and outcomes, advocates would benefit from engaging in non-stigmatizing cultural competence training that emphasizes cultural humility (i.e. consistent self-reflection and assessment for equitable behavior). The proactive pursuit of cultural humility ensures input from affected communities will be consciously prioritized.

Specific activities might include, without limitation:

- 1) Promoting implicit bias testing. Encourage personnel involved in public-facing engagements with the dementia community to take implicit bias assessments,
- 2) Promoting listening sessions. Before developing campaigns, entities conducting outreach should engage dementia community members to gauge impressions on aging services and healthcare experienced by its culturally diverse and marginalized members,
- 3) Promoting development and use of culturally competent 'toolkits' as a resource to support entities providing awareness and outreach campaigns for the dementia community; and
- 4) Employing Choice Point Thinking that requires the deliberate consideration of impacts on marginalized communities at all points of major decision making.

These activities align with understanding that person and relationship centered care involves non-stigmatizing, customized outreach approaches to address a multicultural population (i.e., reflecting differences in ability, generation, ethnicity/race, and sexual orientation/gender identity and all their potential intersections). Adopting this approach has been shown to increase a person's receptiveness to outreach efforts, improve the quality of their care and minimize their experienced health disparities.

Indicators:

- Monitor number of created, adopted, and disseminated cultural competence training programs and toolkits, including progress and implementation of Nevada SB 364 and SB 470 (2019).
- Monitor the number of service providers that report having participated in cultural competence training.

Potential Funding:

- Grants, donations and/or gifts Specific sources may include:
- National Resource Center on LGBT Aging.
- US Department of Health and Human Services (US DHHS) Office of Minority Health

- Nevada Department of Health and Human Services (NV DHHS) – ASD Collaboration with different cultural and ethnic focused organizations.

**Recommendation #14 Dementia and the Legal Profession** (Previously #10)

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

To advance effective legal representation for people living with dementia, TFAD supports the availability of educational opportunities designed to increase knowledge and understanding of dementia for students pursuing legal professions and licensed professionals completing continuing legal education (CLE). Judges and court personnel are encouraged to participate in dementia-friendly education and training. Topics could include, but are not limited to:

Decision-making capacity  
Advance care planning  
Estate planning  
Adult guardianship  
Exploitation, abuse and neglect  
Ethical considerations for effective representation of clients living with dementia  
Property rights  
Housing/living arrangements  
Understanding dementia

TFAD encourages UNLV William S. Boyd School of Law, National Judicial College, State Bar of Nevada (the licensing entity for Nevada attorneys) including relevant committees such as the Bench-Bar and Continuing Legal Education, trade associations (Washoe County Bar and Clark County Bar Association) and Nevada’s legal services providers to promote increasing awareness and educational options related to dementia for students and legal professionals. Further, TFAD supports offering CLE credits for dementia-related courses/trainings for legal professionals that could satisfy licensure requirements. Nevada ASD’s Advocacy Attorney could offer leadership for this initiative.

Indicators:

- 1) Ongoing dialogue between TFAD and key legal constituencies designed to:

- Increase knowledge about dementia and legal issues commonly experienced by people living with dementia
  - Encourage education/training opportunities on dementia-related topics for students and professionals
- 2) Nevada ADSD Advocacy Attorney engagement, with legal stakeholders to encourage increased educational opportunities and training.

Potential Funding:

Grants, gifts and donations

Draft