

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132

Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

2019

Aging and Disability Services Division

Fact Sheets

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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

**Attorney for the Rights of Older Persons, Persons With a Physical Disability, an
Intellectual Disability or a Related Condition**

PURPOSE

NRS 427A.123 et seq provides for the Office of the Attorney for the Rights of Older Persons, Persons With a Physical Disability, and Intellectual Disability or a Related Condition. The Attorney is meant to provide technical assistance to those served by the division and those who advocate for their rights to provide for the greatest freedom, independence, and autonomy of the most vulnerable in the state.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A.123 (Attorney for the Rights of Older Persons and Persons with a Physical Disability, and Intellectual Disability or a Related Condition)

TARGET POPULATION

The Advocacy Attorney, by statute, targets services for older persons, persons with a physical disability, persons with an intellectual disability or persons with a related condition. Older persons are those over 60, those with disabilities are defined elsewhere consistent with the provisions governing the work of the Aging and Disability Services Division.

SERVICES

NRS 427A.1234 outlines the "Duties and powers of Attorney." Subsection 1 mandates that the attorney shall:

- a) Provide advocacy and education to assist persons served in securing and maintaining their legal rights.
- b) Provide technical assistance, training, and support regarding legal rights as appropriate to attorneys serving those served by ADSD, law enforcement, ombudsmen or advocates, protective services employees, employees of ADSD, and groups advocating for persons served.
- c) Review existing and proposed policy, law, and regulations affecting persons served and make recommendations to the Administrator of ADSD.
- d) Review and analyze information regarding abuse, neglect, exploitation, isolation and abandonment of persons served, including ways to intervene on their behalf and assist in the enforcement laws of the state in that regard.

Section 2 outlines permissive authority, including:

- a) Subpoena power related to abuse, neglect, exploitation, isolation or abandonment of persons served.
- b) Access to records related to abuse, neglect, exploitation, isolation or abandonment of persons served.
- c) Representation and assistance to incapacitated older persons or persons with disabilities until a guardian is appointed for that individual.
- d) Use of information in subsections a and b to resolve complaints related to abuse, neglect, exploitation, isolation or abandonment of persons served.
- e) Develop services related to financial management for persons served who are at risk of having a guardian appointed by a court to manage property.
- f) Act as the state's legal assistance developer under 42 U.S.C. § 3058j.
- g) Appear as amicus curiae on behalf of persons served in any court in the state.
- h) Perform other functions necessary to carry out functions of the office.

Under federal law (The Older Americans Act), the attorney also is tasked ("shall provide") with ensuring:

- 1) State leadership in securing and maintaining the legal rights of older adults;
- 2) State capacity for coordinating provision of legal assistance for those older adults;
- 3) State capacity to provide technical assistance, training, and other functions of support to area agencies on aging, providers of legal assistance, ombudsman, and others as appropriate;
- 4) State capacity to promote financial management services to older adults at risk of guardianship;
- 5) State capacity to assist older adults in understanding their rights, exercising choices, benefiting from services and opportunities authorized by law, and maintaining rights of older adults at risk of guardianship; and
- 6) State capacity to improve the quality and quantity of legal services provided to older adults.

Nevada's law, as amended in 2017, in many ways expands the role of leadership and support of the legal assistance developer to individuals with disabilities but it also is a unique role in its own right.

FUNDING SOURCE

State General Fund

HISTORY

The position was first created in 1989 to address the legal rights of older adults in the state of Nevada. In the 2017 Legislative Session, Assembly Bill 31 expanded the role of the Attorney from Elder Rights to its current form, inclusive of those with Disabilities at any age. There have been four individuals in this role since its inception and one in its most current scope of service.

FOR INFORMATION

Homa Woodrum, Chief Advocacy Attorney, 775-687-4210 or hwoodrum@adsd.nv.gov

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

**Autism Treatment Assistance Program
(ATAP)**

PURPOSE

Autism Treatment Assistance Program (ATAP) assists parents and caregivers with the cost of providing Autism-specific treatments to their child with Autism Spectrum Disorder (ASD). ATAP provides a monthly allotment to pay for on-going treatment development, supervision and a limited amount of weekly intervention hours based upon a child's individual treatment plan, age, and income. Within ATAP policy guidelines, the monthly allotment is intended to help parents pay for treatment. ATAP will not pay for all of the recommended hours of treatment; however, ATAP recognizes not all parents can afford to do so.

ATAP only funds treatments which have been proven by research to be evidence-based including Applied Behavioral Analysis (ABA), Verbal Behavioral (VB), and Pivotal Response (PRT) programs. Covered services include program training; development and supervision; daily intervention hours; and essential tools, supplies or equipment. ATAP may also fund Speech, Occupational and Physical Therapy when other resources do not provide coverage.

AUTHORITY

The Division acts in response to advisory recommendations made by The Nevada Commission on Autism Spectrum Disorders established by Executive Order in 2008. Related Statutes and Regulations:

Nevada Revised Statutes (NRS) NRS 427A (Services to Aging Persons and Persons with Disabilities).

Nevada Administrative Code (NAC) 427A (Services to Aging Persons and Persons with Disabilities)

TARGET POPULATION

Persons age 19 and under with a diagnosis of Autism Spectrum Disorder by a physician, psychologist, child/adolescent psychiatrist, pediatric neurologist or other qualified professional. A special education eligibility of Autism from a multidisciplinary team is acceptable when in the company of an appropriate assessment report.

SERVICES

ATAP uses Applied Behavior Analysis (ABA) techniques for increasing useful behaviors and reducing those that may be harmful or that interfere with learning, in order to address socially important problems, and to bring about meaningful behavior change. ATAP contains a variety of plan types. The plan type is selected during a collaborative assessment between the ATAP care manager, provider, and parent. The program types contain a variety of required hours ranging from 25 hours a week in the comprehensive plan to 10 hours a week in the basic plan and are designed to address each child's individual needs.

ATAP additionally has an insurance assistance plan type which is designed to promote & utilize cost-sharing and support families who need assistance in paying for co-pays or meeting their yearly deductible in order to access insurance coverage for ABA treatment.

ATAP provides case management to families accessing ABA services through their Medicaid insurance.

Funding Source

State General Funds
Healthy Nevada Funds
Federal funds from Title XIX of the Social Security Act

PROGRAM POLICIES AND PROCEDURES

ATAP is a self-directed program using the principals of person-centered planning. The program gives families the freedom to choose the provider, within the parameters of ATAP and insurance. The providers supervise the Registered Behavior Technicians and facilitate creating the plan of service have a contract with state purchasing with DHHS and have agreed to the Medicaid ABA rates. Program policies and procedures have been developed by the Program Manager and are used to govern the program. Additional information can be found at <http://adsd.nv.gov/Programs/Autism/ATAP/ATAP/>

HISTORY

The ATAP program initially began as a pilot program in 2007 and was funded with one-shot state general funds. In 2011, the Nevada Legislature established the Autism Treatment Assistance Program to provide and coordinate the provision of services to persons with Autism Spectrum Disorders. Pursuant to NRS 427A.872, ADSD created the ATAP program to assist parents and caregivers with the expensive cost of providing autism-specific treatments to their child.

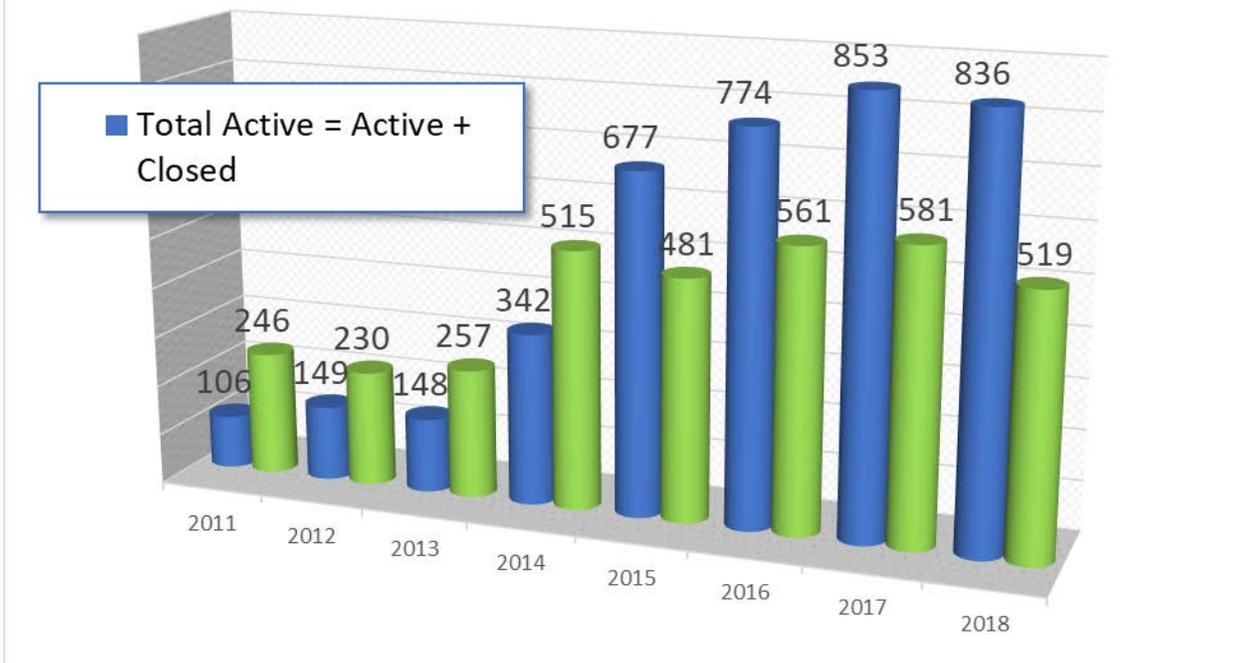
In 2013, ATAP received an increase in funding to serve the projected caseload growth plus 25% of the wait list. The funding was increased by \$1.9 million (over FY12) for FY14 and \$5.4 million (over FY12) for FY15.

In 2016 Medicaid started covering ABA services which funds children diagnosed with ASD for full Medical necessary coverage. ATAP began shifting from the funding source to the source of targeted management for these children.

SERVICE TREND ANALYSIS

Children on the program tend to remain in the program for an average of 6 years. The program received an average of 46 new applications a month in SFY 2018 and the waitlist is expected to continue growing.

Autism Treatment Assistance Program



WAITLIST

Once an application is complete with all supporting documents, the child will be placed on the wait list. ATAP utilizes a wait list while waiting for provider availability and sufficient funding based on their plan type. Children are removed from the wait list and will receive funding when a slot is available based on a combination of factors that include; age, plan type, wait list days, services needed, and program budget.

As of November 2018, there were 442 children on the waitlist.

DATA COLLECTION METHODOLOGY

ATAP uses the Social Assistance Management System (SAMS) to enter assessments, case note, referrals, and waitlists. The system allows ADSD to track behavioral data statistics measured through quarterly and annual reviews.

COST

ATAP plans vary in cost based upon the number of service hours each child needs. The average monthly cost per child, based upon a mix of cases that includes a range of budgets, is \$1,667.62 for FY 17.

FOR INFORMATION

Please call (775) 687-4210

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Assistive Technology for Independent Living Program

PURPOSE

The Assistive Technology for Independent Living Program (AT/IL) provides statewide services to support individuals with disabilities to live in their community versus an institutional setting. The program can provide assistance to individuals to identify their Independent Living (IL) goals and the appropriate Assistive Technology (AT) that is needed for the individual to care for themselves or receive care in their homes and their community.

AUTHORITY

Rehabilitation Act of 1973, as Amended by the Workforce Innovation and Opportunity Act (WIOA) P.L. 113-128
Assistive Technology Act of 1998, as Amended (AT Act), P.L. 108-364
NRS 427A.7951-7957

TARGET POPULATION

Anyone whose disability causes a substantial functional limitation with reasonable expectation that the services will enable the individual to gain, improve, and maintain their independence and live in their community. Individuals that are currently in a care facility, or at high risk of placement in a facility, can be prioritized for the services that are necessary for them to live independently in the community. Services are available to individuals with disabilities across the lifespan.

SERVICES

Assistance developing Independent Living goals; Assistance identifying appropriate AT; Information, referrals, and technical assistance; Assistance identifying resources for AT needed; Assisting consumers to identify the options they have to make an informed choice; Assistance finding contractors and/or vendors for the AT necessary.

In addition, partners provide AT needed for daily living, home and community access; including home modifications, durable medical equipment, vehicle modifications, visual aids, mobility devices, and personal communication technology.

Whenever it is possible AT Lending and Demonstration is coordinated to allow the person to see and possibly try AT to help them make a determination if it is appropriate for them. Gently used and sanitized AT will be provided if it is appropriate for the individual's needs; available at no cost or significantly reduced price. Low interest financial loans through the CARE Loan Fund program are utilized for purchasing Assistive Technology.

FUNDING SOURCE

The IL Program is funded through a combination of sources, including the federal Assistive Technology Act, the federal Rehabilitation Act (Independent Living Part-B) and State general funds.

PROGRAM POLICIES AND PROCEDURES

The Aging and Disability Services Division AT/IL manual provides policy and guidance for program operations. All services provided by ADSD grantees must be in compliance with Service Specifications.

HISTORY

For over 20 years, the AT/IL Program has helped individuals to remain living in the community with use of AT to remove barriers in their living environment. Services can include home access modifications, vehicle modifications, mobility devices, cooking/meal preparation devices, communication devices, environmental controls, and various AT necessary for daily living. Service applicants generally do not qualify for assistance from other programs, and some applicants share in the cost of their services, on a sliding scale.

The IL program is based on the philosophy that (1) disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently, enjoy self-determination, make choices, contribute to society and experience full integration and inclusion in American society; and (2) services must assure that people with disabilities, and their families, have access to culturally competent services, supports and other assistance and opportunities which promote independence, productivity and inclusion.

SERVICE TREND ANALYSIS

The program has had an average caseload of 239 with an average of 201 cases closing per year over the biennium. The Performance Indicators (PIs) that are collected are based on the percentage of goals that the consumer has set as being met. The PI projection established for the program is that 80% of all goals set by the consumer will be met. The average number of cases closed with goals met have increased each year since 2014. The average over the current biennium has 89% of the goals being met. The consumer defines their Independent Living Goals as well as ranks their priority for each goal.

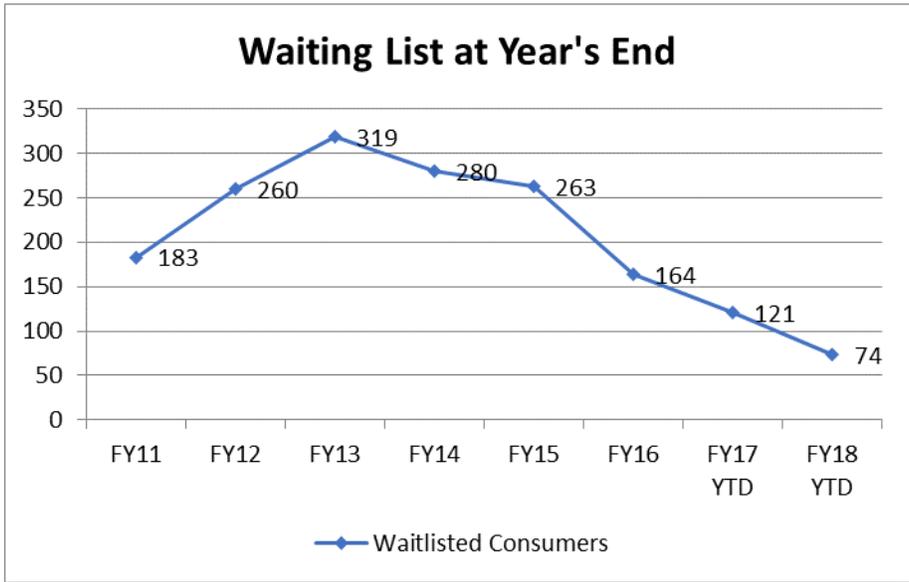
In the last state fiscal year, we have had the ability to track the goals that are related to either transition from a care facility and/or prevention of placement in a care facility. In SFY 2018, 33 of the goals established by consumers were related to preventing care facility placement. There were 8 goals established in to support a person's choice to live in their community and transition out of a care facility. Of the transition and prevention goals only 3 cases were not fully successful with all goals being met. Goal areas that represent the closed cases within the caseload: Self-care 35%, Mobility/Transportation 25%, Home Access/Community Living 22%, Communication 12%, Information/Access to Technology 5%, Other 1%.

WAITLIST

The current trend in SFY18 had an average of 90 people waiting with an average wait time of 456 days before program resources were available to accomplish the consumer's independent living goal/goals.

The AT/IL Program maintains a waiting list for consumer's without resources to obtain the Assistive Technology that is needed to accomplish their daily living goal/goals. Consumers that are on the waitlist will have Independent Living (IL) Goals written and will have an Independent Living Specialist (ILS) that is working with them. The ILS will be working with them to identify the barriers that exist, AT solutions, and establish what options and resources are available to the consumer to enable informed decision making. If no other resources exist to obtain the AT (modifications or devices) then the consumer will be waiting for state funding to be available to fund those services.

The waitlist is currently on a declining trend.



DATA COLLECTION

Case management is provided through 2 community partners and statewide. ADSD monitors the caseload weekly. Reporting of the caseload data is provided monthly to DHHS. Data is collected through ADSD's customized case management system Harmony and was developed specifically for these services. The data is provided monthly to DHHS includes the following: new consumers, waitlist total, consumers waiting under 90 days, consumers waiting over 90 days, maximum days on the waiting list, cases made active during the month, average days until active, maximum days until active, closed consumer cases (goals met, closed withdrawn, closed died and closed moved/other), average days until completion, and maximum days until completion (based on time from Goal/plan being signed until Closure).

COST

Services vary based upon the consumer's individual needs and barriers; however, the average annual cost per person served was \$6,973 in FY 2018. The cost per case is less than 30 days in skilled nursing facility based on the median average cost in Nevada.

FOR INFORMATION

John Rosenlund, Social Services Specialist of ADSD at 775.687.0835 or jrosenlund@adsd.nv.gov

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Communication Access Services Program (CAS)

PURPOSE

The overall purpose of Communication Access Services (CAS) program is to provide communication access to Nevadan's who are Deaf, Hard of Hearing or speech impaired.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 426 (Persons with Disabilities), NRS 427A.797 (Provide assistance to Persons with Impaired Speech or Hearing), and NRS 656A (Interpreters and Realtime Captioning Providers)

Nevada Administrative Code (NAC) NAC 656A (Interpreters and Realtime Captioning) and NAC 707 (Telecommunications)

The Federal Communications Commission's (FCC) Telecommunications Relay Service requirements under 47 C.F.R. and §64.604 and §64.606 in addition to any FCC orders and rulings.

TARGET POPULATION

The target population consists of any Nevadans who are Deaf, Hard of Hearing or Speech Impaired and their families. The programs serve Nevadans of all ages and backgrounds, including late-deafened and older citizens.

SERVICES

The Relay Nevada Program provides access to the traditional phone service utilizing specialized equipment and services. This service is provided through contracted provider. The service is free to all Nevadans and can be accessed by dialing 7-1-1.

The Communication Access Service Centers provide services, through a community partner, that include:

- Facilitate the provision of and instruction on the use of assistive technology;
- Provide information and instruction on language acquisition;
- Provide programs designed to increase access to education, employment, healthcare and social services.

The Interpreter/CART (Communication Access Realtime Translation) Registry provides information about registered interpreters and CART providers in the State. The CAS staff provide information on the registration process, the legislation that directs the registry, and assistance with navigating the online database to interpreters, CART providers, employers and members of the public.

The CAS Interpreting Program provides interpreting services for State agencies to be able to conduct business with individuals who are Deaf or Hard of Hearing. Additionally, the CAS Interpreters provide mentoring services to interpreters statewide.

FUNDING SOURCE

The CAS program is funded by a surcharge on wired and wireless phone lines. The Public Utilities Commission is responsible for determining the rate for the surcharge to meet the budgetary needs of the programs as outlined by ADSD.

PROGRAM POLICIES AND PROCEDURES

The Relay Nevada Program is defined in contract terms. This process is done through the Purchasing Division. Requirements for the contract reflect FCC mandates and needs of the population.

The Communication Access Service Centers provide direct services in compliance with Service Specifications, fiscal instructions, Assurances, and Confidentiality Agreements set forth by ADSD.

The Interpreter/CART Registry collects, maintains and provides information within the guidelines set forth by State legislation. Additional Standard Operating Procedures (SOP) are established to ensure a consistent experience by the users of the registry.

The CAS Interpreting Program provides services within the guidelines set forth by State legislation and established SOPs which comply with industry best practices.

HISTORY

The Relay Nevada Program: The Telecommunication Relay Service surcharge was established in the mid-1980s for the purpose of funding Relay Nevada and equipment distribution so that Nevadans could access Relay Nevada. Relay services are mandated by Federal law.

The Communication Access Service Centers: The 2003 State Legislature amended statute to allow the surcharge to support the Communication Access Service Centers. In 2012, the Public Utilities Commission of Nevada (PUC) reinterpreted the scope of services provided by the Communication Access Service Centers, as indicated in statute, restricting services other than equipment distribution. ADSD requested administrative review when the PUC issued its order on the Telecommunications Device for the Deaf (TDD) budget. The decision was upheld and ADSD appealed to the District Court where the order was again upheld. ADSD appealed the Nevada Supreme Court and it was ruled that the PUC did not have the legal authority to determine the activities of the program budget and has the legal authority to determine the rates for the surcharge based on ADSD's budgetary request.

The Interpreter/CART Registry: In 2007, NRS 656A mandated ADSD to establish and maintain the Nevada Interpreter/CART registry.

The CAS Interpreting Program: In 2015, AB200 established the CAS interpreting program whereby the State was permitted to hire four certified interpreters who are made available, when possible, to the Executive, Judicial and Legislative Departments of State Government to assist those departments in providing access to persons who are Deaf or Hard of Hearing.

SERVICE TREND ANALYSIS

The Relay Nevada Program – In FY18, 89,891 calls were made utilizing Relay Nevada which include calls that were Speech to Speech, Hearing Carry Over, Voice Carry Over, CapTel and other types of non-internet-based relay calls.

The Communication Access Service Centers – In FY18, a total of 2,670 individuals were served by their programs and services.

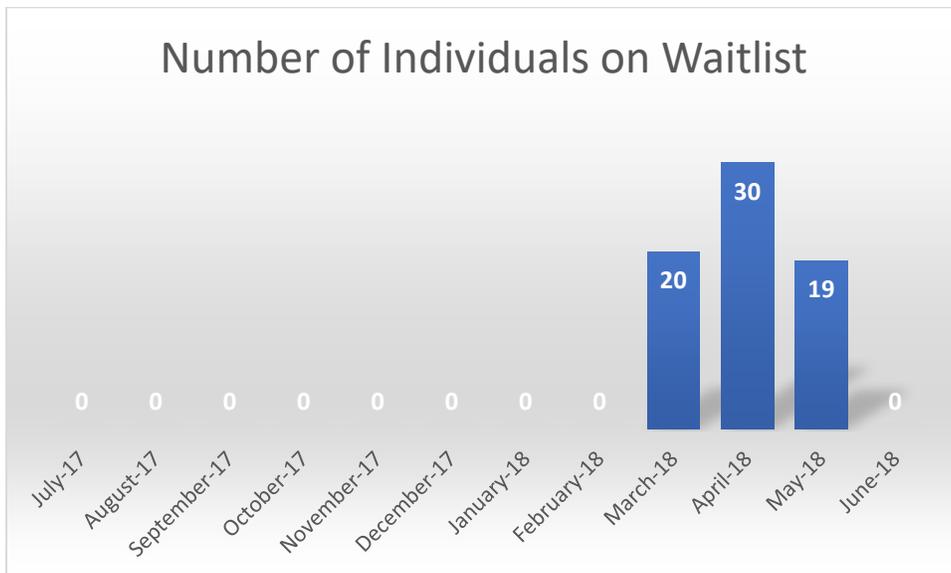
Interpreter/CART Registry: In FY18, the average of registered interpreters who meet National Standards is 92.05%.

The CAS Interpreting Program: The program is new starting in FY19; therefore, does not have any trend analysis for FY18.

WAITLIST

Most CAS services do not have a waitlist.

The exception being the Communication Access Service Centers. Below is their data for FY18:



DATA COLLECTION METHODOLOGY

The Relay Nevada Program: the contracted relay provider provides ADSD with monthly data reports including relay minutes and the number of calls completed.

The Communication Access Services Center: the community partner provides ADSD with a monthly data report including number of consumers served and equipment distributed.

The Interpreter/CART Registry: data is entered into the ADSD Interpreter/CART Registry database. This data includes information for each registered interpreter, including registration classification, credentials, and demographic information.

The CAS Interpreting Program: data is entered into an ADSD tracking spreadsheet, including agency serviced, number of interpreting hours, and appointment details.

COST

The total fiscal year 2018 cost to run the program was \$2,176,416. There is no cost to consumers for equipment, advocacy or Relay services per NRS and FCC TRS requirements under 47 C.F.R. and §64.604 and §64.606. There are no costs to providers to register as an interpreter or CART provider.

FOR INFORMATION

The Relay Nevada Program:

http://www.hamiltonrelay.com/state_711_relay/state.html

The Communication Access Service Centers:

Deaf Centers of Nevada (DCN)

Email: info@dcnv.org Website: <http://www.dcnv.org/>

(702) 363-3323

The Interpreter/CART Registry:

http://adsd.nv.gov/Programs/Physical/ComAccessSvc/Interpreter_Registry/Interpreter_Registry

The CAS Interpreting Program: <http://adsd.nv.gov/Programs/Physical/ComAccessSvc/CAS/>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Community Advocate Program

PURPOSE

The Community Advocate Program provides information and advocacy services for older adults and people with disabilities. Most often they provide assistance with emergent situations such as eviction, threatened utility cutoffs, and emergency assistance for repairs.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A.300 (Community Advocate for Elder Rights)

TARGET POPULATION

Individuals age 60 and older or people with disabilities under 60 residing in communities throughout Nevada.

SERVICES

Advocacy services; Information and referrals regarding available programs and services; Education for older adults and family members concerning their rights; Public presentations relevant to Division programs and services; Emergency Assistance

FUNDING SOURCE

State General Fund and Older Americans Act (OAA), Title III, Part B (for Emergency Services)

PROGRAM POLICIES AND PROCEDURES

The program has an Intake policy that provides guidance on referral procedures, assessment, and assistance. There is also a specific policy for handling Emergency Fund requests. A Caseload Definition policy is being developed in the 2018/2019 interim.

There are two Community Advocates who serve all Nevada counties. One in northern Nevada and one in southern Nevada.

HISTORY

The program was created in 1991. NRS 427A.300 was updated in the 79th Legislative Session to expand the Community Advocate role to include people with disabilities who are under 60.

SERVICE TREND ANALYSIS

During SFY 2018, the Community Advocates had 5,240 contacts with or on behalf of older adults and/or people with disabilities.



**SFY17 the Community Advocate position in northern Nevada was vacant for several months.*

***SFY18 the Community Advocate position in Elko was vacated and PCN was repurposed.*

WAIT LIST

There is no waitlist for this program.

DATA COLLECTION METHODOLOGY

"Client contacts" includes: phone calls, walk-ins, e-mail, postal mail, and contacts made on behalf of a client. Prior to state fiscal year 2018, the Advocates utilized an Excel spreadsheet to track client contacts. In December of 2017, the Advocates transitioned to the Social Assistance Management System (SAMS) for all client data collection.

COST

The service is free of charge.

FOR INFORMATION

Carson City Office: (775) 687-4210
 Las Vegas Office: (702) 486-3545

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Community Service Options Program for the Elderly (COPE)

PURPOSE

The COPE program provides essential supportive services to eligible older persons to help them maintain independence in their own homes as an alternative to nursing home placement.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A.250 (Provide Community-Based Services to Frail Elderly Persons)

Nevada Administrative Code (NAC) NAC 427A (Services to Aging Persons and Persons with Disabilities)

TARGET POPULATION

Persons 65 years and older; and
Have a nursing facility level of care and are at risk of nursing home placement without supports and services to keep them in their home and community; and
Whose income is at or below \$3,195.00 gross per month; and
Whose assets are up to \$10,000 single/\$30,000 couple.

SERVICES

Case Management: Identification of resources and assisting recipients in locating and gaining access to program funded services, as well as needed medical, social, educational and other services regardless of the funding source;

Homemaker: Assistance with light housekeeping, meal preparation, laundry and essential shopping.

Social Adult Day Care: Provision of supervision and social activities in an Adult Day Care setting on a regularly scheduled basis for four (4) or more hours per day and one (1) or more days per week.

Adult Companion: Provides non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which may provide temporary relief for the primary caregiver.

Personal Emergency Response Systems (PERS): An electronic device connected to the phone that enables persons at risk to secure help in an emergency for recipients who live alone in a private residence, or who are alone for significant parts of the day in that residence, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Chore Service: Chore services are intermittent in nature and may be authorized as a need arises for the completion of a specific task which otherwise left undone poses a home safety issue.

Respite: Respite care is provided in the recipient's home on a short-term basis because of the absence or need for relief of the primary caregiver.

Attendant Care: Assistance with personal care including bathing, dressing, grooming, shampooing, toileting, transferring, and eating.

FUNDING SOURCE

State General Fund

PROGRAM POLICIES AND PROCEDURES

The Aging and Disability Services Division Intake Manual and PAS Manual provide policy and guidance for program operations.

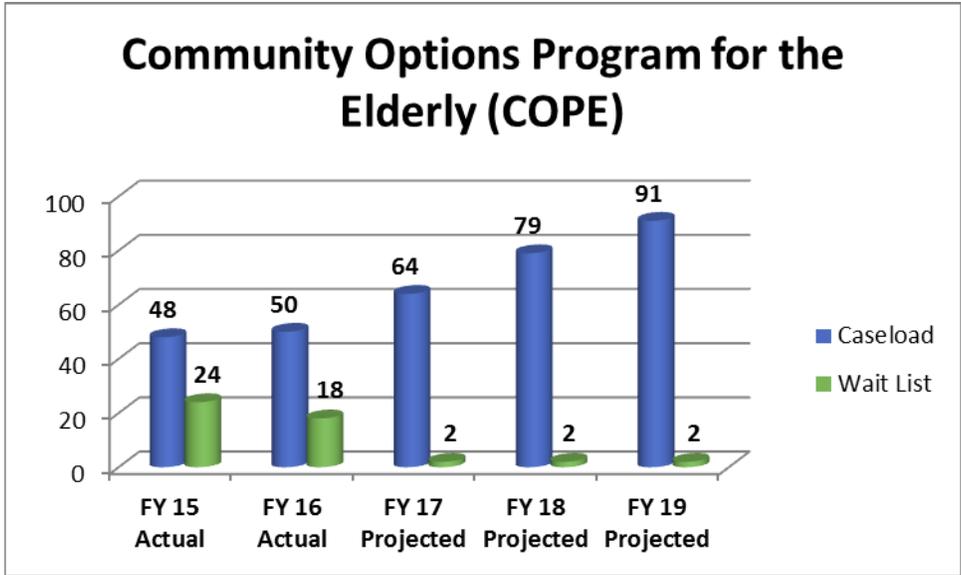
The date an individual expresses interest in the Homemaker program is the day they are considered applied for the program and in referral status. An ADSD intake Social Worker will gather demographics, financial information, their level of care, and their needs to remain in the community. Once a determination has been made that this applicant may qualify for the Homemaker program, a face-to-face interview is scheduled where the Social Worker can verify this information as well as complete a full assessment of the applicant. If the applicant is found to meet the requirements for the Homemaker program, and there is an open slot for the program, the applicant will be approved and become active on the Homemaker program. If there is not a slot available, the ADSD intake Social Worker will send a notice of decision to the applicant informing them that they have been placed on a Waitlist and will be notified when a slot is available. When the slot becomes available the applicant will be approved and moved into active status.

HISTORY

In 1987, the Nevada Legislature authorized the Aging and Disability Services Division to establish a program to provide home and community-based services for frail, elderly individuals, who are at risk of institutionalization.

SERVICE TREND ANALYSIS

The current legislatively approved number of slots for this program is 71 statewide. The average monthly admissions are five (5); average case closures are two (2); and the average served per month is 60.



WAITLIST

As of the end of November 2018, there were forty-four (44) individuals on the waitlist.

DATA COLLECTION METHODOLOGY

Client information is entered into the ADSD IT system, Social Assistance Management System (SAMS). This data includes demographic information; needs assessments; dates of referral and points in time; and information about services delivered to each client. Data is analyzed from SAMS for reporting purposes.

COST

The average cost per person is \$680.81 SFY19 YTD through November.

FOR INFORMATION

Carson City Office:
 (775) 687-4210
 3416 Goni Road, Suite D-132
 Carson City, NV 89706

Reno Office
 (775) 688-2964
 9670 Gateway Drive, Suite 200
 Reno, NV 89521

Elko Office:
 (775) 738-1966
 1010 Ruby Vista Drive, Suite 104
 Elko, NV 89801

Las Vegas Office:
 (702) 486-3545
 1860 East Sahara Avenue
 Las Vegas, NV 89104

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Developmental Services

PURPOSE

Developmental Services provides support services for people of all ages with intellectual and/or developmental disabilities and their families through three Regional Centers. Desert Regional Center (DRC) serves the greater Las Vegas area and Clark County with the exception of the majority of the outlying rural areas of Clark County, Sierra Regional Center (SRC) serves all of Washoe County, and Rural Regional Center (RRC) serves all Rural counties and the majority of the outlying rural areas of Clark County. Each individual eligible for services is assigned a Service Coordinator that supports the individual with monitoring, assessing, referral and linkage to requested services through the person-centered planning process, with the goal of self-sufficiency, community inclusion and meaningful life. Additional services provided include respite; the family preservation program (FPP); various levels of residential supported living arrangements (SLA) including intermittent and 24-hour homes; various jobs and day training (JDT) programs; psychological and behavioral assessments and intervention; nursing assessments and consultations; nutritional counseling; and quality assurance oversight. DRC also operates a 48-bed licensed Intermediate Care Facility that provides comprehensive and individualized health care and rehabilitation services to individuals with intellectual or developmental disabilities to promote their functional status and independence.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 433 (General Provisions) and NRS 435 (Persons with Intellectual Disabilities and Related Conditions)

TARGET POPULATION

Developmental Services provide support services for people of all ages that have been deemed eligible by having an intellectual or developmental disability as defined by NRS 435.007.

SERVICES

Service Coordination (Targeted Case Management): The Developmental Services (DS) Service Coordinator, officially titled as a Developmental Specialist I-III, coordinates all services and resources that will help the person to become more independent and capable of functioning fully as a citizen in the community through the Person-Centered Planning (PCP) process. The areas that can be coordinated may include community living, vocational, educational, social/recreational and financial. The amount and frequency of services are dependent on the person's preferences, desires, service selections, and upon agency and state requirements.

Family Support Programs: All individuals who are eligible for DS and who live in their family homes are eligible to apply for Family Support Services. The goal of the Family Support Program is to prevent out-of-home placement by assisting the family in caring for their relatives. The below are examples of current DS Family Support Programs:

Respite: Respite care provides families temporary relief from the responsibilities of caring for their loved ones. Families receive respite vouchers and can select a provider of their choice, or they may use a family member, friend, or neighbor. Respite funding is based on agency income guidelines, available funding, and the needs of the family.

Self-Directed Family Support Services: Families with eligible children under the age of 18 living in the family home can receive monthly funding to purchase specialized treatment, skill building, and/or organized programming to assist the child/family in successful integration into their community. Self-directed family support funding is based on agency income guidelines, available funding, program qualifications and the needs of the family.

Purchase of Service Supplement (POS): Purchase of Service supplements are emergency purchase vouchers provided to families to assist them with the excess costs of services for their relatives. All funding sources and existing resources must be used by the family before the POS is issued to them. The approval of a Purchase of Service Vouchers is subject to state funds availability and may not be approved based solely on request. Families who request a POS must meet financial guidelines to receive vouchers from DS and must have an emergency circumstance. The service/goods are provided to the family and DS is billed for the service. Examples of items that can be purchased with the voucher include such things as:

- Food
- Medical/dental services not covered by insurance.
- Special diets
- Adaptive equipment
- Utilities

Family Preservation Program (FPP): The Family Preservation Program provides monthly financial aid to needy families who are providing care in the family home to their relatives (child or adult) who have a diagnosis of severe or profound intellectual disability. The amount of financial assistance is determined by the available funding in the state budget.

Clinical Assessments: Clinical assessments are evaluations by a Psychologist. The assessments provide information that can be used to determine eligibility for DS services, and/or assist the individual's support team to develop training programs. It may help the person gain services, obtain a job, or move to a community residential program.

Supported Living Services: People who are requesting residential services will be assessed on the types of supports they need and informed of the availability and choices of contracted providers. The goal is for the person to live as independently as possible. There are different community living settings and residential choices from which the person can choose. DS works closely with the contracted Supported Living Arrangement (SLA) agencies and the DS Service Coordinator monitors and assures that the person is receiving appropriate support and services to increase the person's independence and to maintain their health, safety, and welfare. Residential and community living providers assist with training and support in the areas of social skills, behavior skills, personal grooming, home maintenance, medical needs, shopping, recreation, and other needs, as requested. Types of Supported Living Services are:

Intensive Supported Living Arrangements (ISLA): People in need of maximum support services receive intensive supported living services and normally have very limited time alone. Intensive services are for people who have the most need for training and support. Staff are present whenever there are individuals at home and there is awake or asleep staff at night depending on the needs of the individuals. People typically live in the community in a home with roommates who share the support services from the ISLA provider.

Supported Living Arrangements (SLA): People live in their family home or in a home or apartment by themselves or with roommate(s). The person receives minimum (from several hours per week) to moderate (daily contact) support from paid SLA staff according to identified needs and desires. The cost of the service depends on the number of support hours required to keep the person safe and independent in his/her home.

Shared Living Arrangements: People who desire or need a family living situation receive services from a Shared Living provider who includes the individual in their family life and activities as a natural support. Direct services and supports are provided to assist the individual in the acquisition, retention or improvement of skills to successfully reside in the community. Support hours are determined by the support team's assessment of the individual's service and support needs.

State Intermediate Care Facility-ID (ICF/ID): ICF/ID homes on the campus of Desert Regional Center (DRC) are run by DRC and staffed by state employees. Four to ten people live in each home. The DRC campus is a closed campus and provides additional security and protective oversight that may benefit the most challenging or vulnerable people. People have awake supervision at all times. The homes are licensed by the Bureau of Health Care Quality and Compliance. Services are paid through the Medicaid program. This program serves both children (age 12 and older) and adults. The homes are staffed for 24-hour awake supervision and provide daily nursing, therapists, and psychological support services.

Jobs and Day Training: Four programs are available to individuals interested in developing vocational skills, finding employment or engaging in other meaningful activities during the day. Jobs and Day Training (JDT) services are provided through contracted community providers. Services are individually planned and developed through the PCP process. Competitive employment in the community is the desired outcome for those individuals with a vocational goal. Types of JDT services include:

Pre-Vocational: Provides for learning and work experience, including volunteer work, where an individual can develop general, non-job or task-specific strengths and skills that contribute to employability in paid employment within integrated community settings. Services are intended to develop and teach general skills that will optimally lead to integrated community employment at or above minimum wage. Individuals may be paid at special minimum wages (less than minimum wage) while receiving pre-vocational services if the provider has been certified by the Department of Labor to pay special minimum wages.

Day Habilitation: Regularly scheduled activities in a non-residential setting that assist with the acquisition, retention or improvement in self-help, socialization and adaptive skills including performing activities of daily living and community living. Services focus on enabling the individual to attain or maintain his or her maximum potential. Services are not vocational in nature (for the primary purpose of producing goods or performing services).

Supported Employment: Individual Supported Employment is provided to individuals that need ongoing supports to obtain (job development) and maintain (job coaching) a job in a competitive integrated community work setting for which the individual is compensated at or above minimum wage. Small Group Supported Employment provides services and training to two (2) to eight (8) individuals who are working in a regular business, industry or other community setting. These supports must be provided in a manner that promotes integration in the workplace and interaction between participants and people without disabilities within those workplaces. The outcome for all Supported Employment is for individuals to obtain sustained employment, paid at or above minimum wage, in an integrated community setting.

Career Planning: Person-centered, comprehensive employment planning and support services that provide individuals with assistance to obtain, maintain or advance in competitive employment or self-employment. This service is time-limited and focuses on engaging an individual in identifying a career direction and developing a plan for achieving competitive, integrated employment with pay at or above minimum wage. Services are designed to support successful employment outcomes consistent with the individual's goals.

Specialized Services: These services are designed to assist eligible individuals with improving and maintaining their life and home in the community.

Behavioral Consultation, Training & Intervention: Behaviorally-based assessment and intervention for individuals, as well as support, training and consultation to family members, caregivers, paid residential support staff, or jobs and day training staff. May include services such as Functional Behavioral Assessment, development of behavior support plans, training to the team on behavioral support plans and data collection processes and monitoring of the behavior support plan implementation.

Counseling: Provides assessment/evaluation, consultation, therapeutic interventions, support and guidance for individuals and/or family members, caregivers and team members, that is not covered by Medicaid State Plan.

Non-Medical Transportation: Transportation services that enable individuals to gain access to community services, activities and resources, such as grocery shopping, banking and social events.

Nursing: Various nursing support to ensure individuals maintain their health to include nursing assessments, comprehensive community nursing support, direct skilled nursing services and private duty nursing. Services are not covered by Medicaid State Plan.

Nutritional Counseling: Assessment of an individual's nutritional needs, including the development of an individual's nutritional plan, and training and education of the individual and staff. Performed by a registered Dietician. Services are not covered by Medicaid State Plan.

FUNDING SOURCE

Services are funded by Medicaid, Title XX, State General Fund, TNAF, and Funds for healthy Nevada.

PROGRAM POLICIES AND PROCEDURES

The Aging and Disability Services Division Policy Manual provides guidance for program DS operations. In addition, Developmental Services must follow the policies and procedures delineated in the Nevada Medicaid Services Manual Chapters 100, 2100 and 2500.

ELIGIBILITY CRITERIA

Service Coordination (Targeted Case Management):

People of all ages that have been deemed eligible by having an intellectual or developmental disability as defined by NRS 435.007:

“Intellectual disability” means significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period before the age of 18.

Developmental disability” means autism, cerebral palsy, epilepsy or any other neurological condition diagnosed by a qualified professional that:

- Is manifest before the person affected attains the age of 22 years;
- Is likely to continue indefinitely;
- Results in substantial functional limitations, as measure by a qualified professional, in three of more of the following areas of major life activity:
 - Taking care of oneself;

- Understanding and use of language;
- Learning;
- Mobility;
- Self-Direction; and
- Capacity for independent living; and
- Results in the person affected requiring a combination of individually planned and coordinated services, support or other assistance that is lifelong or has an extended duration.

Respite, Self-Directed Family Support Services, Purchase of Service Supplement:

Eligible for Developmental Services

Living in family home

Household income of 300% or below Federal Poverty Guidelines (SSI benefits for the person served by DS do not count towards income)

Family Preservation Program:

Eligible for Developmental Services

Living in family home with no household member also being paid to provide Supported Living Services

Household income of 300% or below Federal Poverty Guidelines (SSI benefits for the person served by DS do not count towards income)

Diagnosis of severe or profound intellectual disability or for children under the age of six, documented developmental delays requiring support equivalent to the support required by a person with severe or profound intellectual disability.

Supported Living Services and Specialized Services:

Eligible for Developmental Services

Household income of 300% or below Federal Poverty Guidelines (SSI benefits for the person served by DS do not count towards income)

Jobs and Day Training Services:

Eligible for Developmental Services

Household income of 300% or below Federal Poverty Guidelines (SSI benefits for the person served by DS do not count towards income)

Person is not currently receiving similar services through school or Vocational Rehabilitation

Persons under age 25 may not be paid wages less than minimum wage unless the conditions of NRS 435.305 have been met

HISTORY

Developmental Services became part of the Aging and Disability Services Division (ADSD) in FY 2013 when the Mental Health and Developmental Services Division was dissolved. This change placed life-span services in one Division with individuals able to seamlessly transition to or access multiple supports as needed.

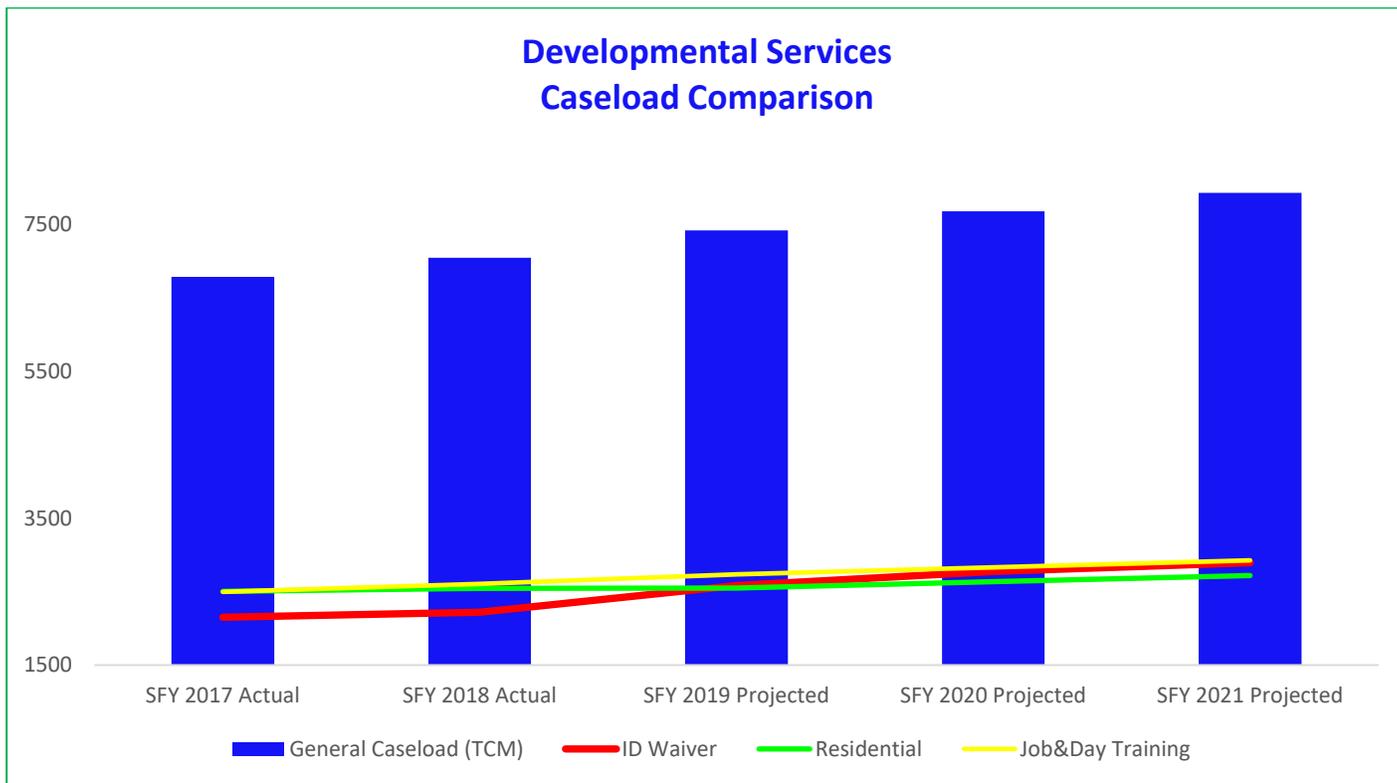
The Olmstead Decision handed down by the United States Supreme Court in 1999 has resulted in a significant decrease in institutional care and a focus on community living for individuals with developmental disabilities. As a result of the Olmstead decision, Nevada's institutionalized population has decreased from over 200 in 2005 to approximately 40. The institution located in Northern Nevada in Sparks was closed in September of 2008, and the institution in Southern Nevada located in Las Vegas has seen a significant decrease in population.

The Medicaid Home and Community-based Waiver has enabled individuals to remain in their communities with individualized supports. Services have been expanded to include more living and work options. Individuals no longer live in "group homes" chosen by others or can only work in sheltered work settings. People work with their support Teams using a person-centered approach to choose their own homes or apartments, decide with

whom they wish to live, and can choose their daily routines including work, recreational, and volunteer experiences which mirror those available to all Nevada citizens.

SERVICE TREND ANALYSIS

Statewide general caseload serviced by Targeted Case Management (TCM), the Intellectual Disability Waiver caseload, Residential supports, and Jobs and Day Training, which make up most of the costs for Developmental Services, are presented in the graph below. More detailed analysis of specific programs by Regional Center are available upon request.



General caseload which drives the budget is projected to increase over 3.2 percent in the next biennium.

WAIT LIST

Respite as of 9/30/2018:

Desert Regional Center: 169
 Rural Regional Center: 0
 Sierra Regional Center: 0

Jobs and Day Training as of 9/30/2018

Desert Regional Center: 292
 Rural Regional Center: 0
 Sierra Regional Center: 0

Supported Living as of 9/30/2018:

Desert Regional Center: 211
 Rural Regional Center: 0
 Sierra Regional Center: 0

Family Preservation Program as of 9/30/2018:

Desert Regional Center: 0
 Rural Regional Center: 0
 Sierra Regional Center: 0

DATA COLLECTION METHODOLOGY

Developmental Services now uses an electronic information system called Harmony/Wellsky that replaced DS NOW in SFY 2017. The program is used for all demographics, case notes, support plan development, billing, Waiver management, contract provider management and most of the programs provided by Developmental Services. This data is used to provide monthly updates for CLEO reports as well as other analytical purposes.

COST

Family Support Programs:

Respite: \$125 per month per individual

Self-Directed Family Support Services: \$492 per month per individual

Purchase of Service Supplement: Amount varies based on need

Family Preservation Program: \$374 per month per individual

Supported Living, including Specialized Services:

Weighted average cost of \$4117 per individual per month as of 9/2018

Jobs and Day Training:

Weighted average cost of \$1125 per individual per month as of 9/2018

FOR INFORMATION

Carson City Office (RRC): (775) 687-5162

Las Vegas Office (DRC): (702) 486-6200

Sparks Office (SRC): (775) 688-1930

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Nevada Early Intervention Services (NEIS)

PURPOSE

Nevada Early Intervention Services (NEIS) provides specialized supports and services for children from birth to age three who have developmental delays or disabilities and their families in order to meet their individualized developmental and learning needs.

AUTHORITY

Individuals with Disabilities Education Act (IDEA) of 2004, P.L. 94-142 mandates states provide a free and appropriate education regardless of disability; amendment PL 99-457 mandates states provide programs and services that begin at birth;

Title V of the Social Security Act; Child Abuse Prevention and Treatment Act (CAPTA) – Section 106 (b)(2)(A)(xxi)

Nevada Revised Statutes (NRS) NRS 427A.872 (Services for Certain Persons with Autism Spectrum Disorders), NRS 439.200 (Regulations of State Board of Health), and NRS 442 (Maternal and Child Health).

TARGET POPULATION

Children between the ages of birth and three years, through medical review, developmental assessments and/or informed clinical opinion meet the following eligibility criteria:

A 50% delay of a child's chronological age in any one developmental area or 25% delay of child's chronological age in any two developmental areas, which includes:

- Cognitive development;
- Physical development, including hearing and vision;
- Communication development;
- Social or emotional development; or
- Adaptive development.

Children may also be eligible who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delays.

SERVICES

Every eligible child receives an Individualized Family Service Plan (IFSP). Services by Part C of the Individuals with Disabilities Education Act (IDEA) may include:

- Assistive technology devices and services
- Audiology services
- Vision and mobility services
- Family training, counseling and home visits
- Health and nutrition services
- Intensive behavioral services
- Multi-disciplinary evaluations and assessments
- Occupational therapy

- Physical therapy
- Psychological services
- Service coordination
- Social work services
- Special instruction
- Speech and language therapy
- Other services (e.g., referrals, public awareness, transportation, respite, etc.)
- Autism screenings – *state required*

Additional NEIS programs offered:

- Screening and Monitoring (SAM)
- Specialty Clinics (may include genetics, cranial facial, metabolic disorders)
- In collaboration with the Early Hearing Detection and Intervention Program (EHDI), infants who fail their Newborn Hearing Screenings are referred to NEIS for audiological testing, diagnosing, and intervention.
- Child Abuse Prevention Treatment Act (CAPTA) screenings
- Infants in the Neonatal Intensive Care Units (NICU) are referred to NEIS upon discharge from the hospital for medical and developmental intervention and monitoring.

FUNDING SOURCE

- State General Funds
- Office of Special Education Programs through Part C of the Individuals with Disabilities Education Act (IDEA)
- Child Care Development Fund
- Third Party Revenue (Medicaid/Private Insurance)

PROGRAM POLICIES and PROCEDURES

Programs follow Part C IDEA Federal Regulations and State Policies.

HISTORY

The state of Nevada has provided services to children with developmental delays and their families since 1975. In 1986, Nevada implemented the statewide system of early intervention services in accordance with Federal Part C IDEA requirements. In Federal Fiscal Year 2014, Nevada achieved the highest quality standard rating from the Office of Special Education (OSEP) because the program met all IDEA federal quality standards.

In 2011, the Legislature approved a model change that required caseloads be split 50/50 between NEIS and private early intervention programs in the community. Under this delivery model, community partners receive a capitated rate of \$565.00 per child, per month and are responsible for providing comprehensive early intervention services to eligible children and their families.

SERVICE TREND ANALYSIS

SFY	Monthly Avg. Actual Served with IFSP	TOTAL Actual Referrals	Monthly Avg. Actual Referrals
SFY11	2,548	5,284	440
SFY12	2,735	5,216	435
SFY13	2,830	5,427	452
SFY14	2,892	5,746	479

SFY15	3,102	6,275	523
SFY16	3,414	6,587	549
SFY17	3,556	7,439	620
SFY18	3,571	7,596	633

WAITLIST

Part C requires all services listed on a child's IFSP be provided in a timely manner. The state's wait list for early intervention services was eliminated during the 2013-2015 biennium. Agency and Part C staff continuously monitor timely service provision activities statewide and as of July 1, 2018, the majority of required services were provided within 30 days after the development of an IFSP.

DATA COLLECTION METHODOLOGY

Part C, IDEA Office in the Department of Health and Human Services Director's Office, is responsible for verifying and reporting performance data reported by early intervention programs and monitoring compliance with the Individuals with Disabilities Education Act (IDEA). Program information is captured in the Tracking Resources and Children (TRAC) database. The Nevada Early Intervention Data System (NEIDS) is the new case management and billing system that will replace TRAC on July 1, 2019. This change is expected to improve Part C and agency monitoring and reporting methods.

COST

Costs vary for children served by Nevada Early Intervention Services as services are based on the assessed needs of each individual child. Targeted Case Management (TCM) and therapy services are eligible for Medicaid reimbursements when they are determined to be medically necessary.

SFY 2018 expenditures totaled \$36,241,853 with the following breakdown:

- \$ 6,188,406 - Direct service expenditures for NEIS State provided services;
- \$12,644,738 - Direct service expenditures for Private Community provided services
- \$17,408,709 - State salaries and operating expenditures.

FOR INFORMATION

Elko Office: (775) 753-1214
Las Vegas Office: (702) 486-7670
Reno Office: (775) 688-1341
Carson Office: (775) 687-0101

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Elder Protective Services (EPS)

PURPOSE

EPS is provided in accordance with NRS 200.5091–50995 to prevent and remedy the abuse, neglect, self-neglect, exploitation, isolation and abandonment of elderly persons 60 years and older. Older persons who are frail, dependent, and socially isolated are most at risk. The intent of EPS is to protect these vulnerable older persons from harm while safeguarding their civil liberties. EPS social workers take actions to safeguard the well-being and general welfare of older persons in need of protection and who are unable to protect themselves. This includes those who have physical, emotional, or mental impairments. These impairments may limit the older person’s ability to manage their personal, home, social, and/or financial affairs.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 200.5091 through 200.50995 (Elder Protective Services)

TARGET POPULATION

Persons 60 year of age and older that are at risk of abuse, neglect, self-neglect, abandonment, exploitation and/or isolation.

SERVICES

EPS implements any necessary service that will remove older victims from risk of abuse, neglect, self-neglect, abandonment, exploitation or isolation, including services that require client agreement, a court order, or other actions under the cover of law. Services may be state funded or community resources. Some of the services needed to alleviate or remedy an abusive situation may include:

- A social worker to develop a case plan and offer services to support the older person with their consent and willingness to accept assistance. The services include investigation, evaluation, arrangement and referral for services.
- *Homemaker* services which provide short term, intermittent housekeeping and shopping.
- *Mental Capacity Evaluations* to determine mental capacity and the need for guardianship.
- *Temporary Assistance for Displaced Seniors (TADS)* when clients require temporary emergency placement until alternate housing arrangements can be established.
- *Emergency Funds* for assistance with food, rent, utilities or personal care needs.

FUNDING SOURCE

Fund for a Healthy Nevada
Social Security Act’s Title XX Block Grant to the State
State General Fund
Older American Act Funds

PROGRAM POLICIES AND PROCEDURES

Policies and procedures have been developed in accordance with NRS 200.5091- 200.50995 and in consideration of national best practice standards.

HISTORY

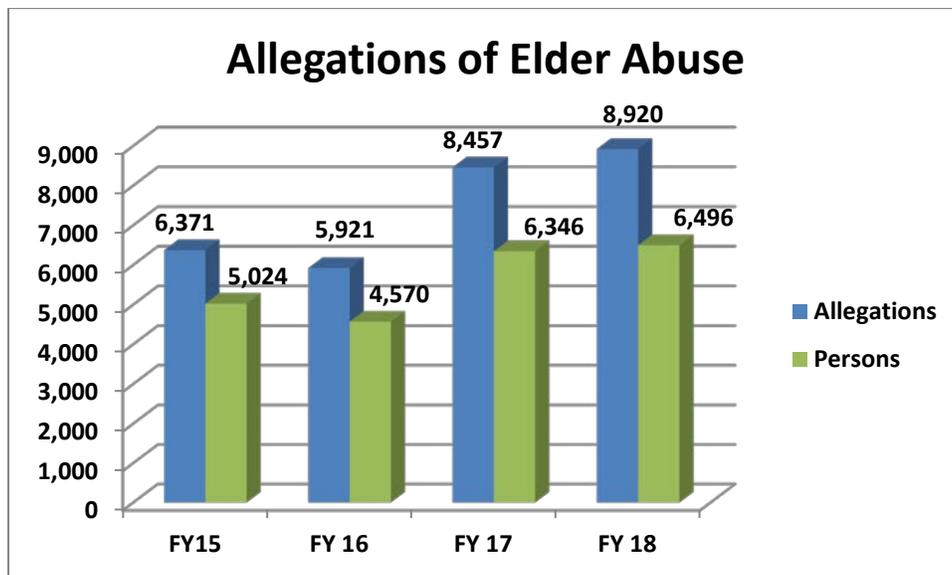
On July 1, 1999, the EPS Program was transferred from the Health Care Financing and Policy Division to the Aging and Disability Services Division. At that time, Clark County had an elder protective service program, serving all non-Medicaid elders in Clark County. Effective, July 1, 2010, Clark County relinquished this service to the state. With the exception of law enforcement, ADSD is the only entity in Nevada responsible for investigating elder abuse.

In 2016, the Office of the Attorney General (OAG) was awarded the End Abuse in Later Life Program grant by the U.S. Department of Justice, Office on Violence Against Women (OVW). in 2016. ADSD is a MOU partner and the EPS program is collaborating closely with the OAG on this project. The goal of this project is to create or enhance existing multidisciplinary teams with a focus on comprehensive and multidisciplinary approach to addressing elder abuse in Nevada's communities.

EPS facilitates and/or participates in team meetings to assist in strategic assessment and planning of protective services, issues regarding the delivery of service, programs or individual plans for preventing, identifying, remedying or treating abuse, neglect, exploitation, isolation or abandonment of older persons. These meetings include multi-disciplinary team (MDT) meetings in Washoe, Carson City, Lyon and Churchill counties, Senior Issues Review Team (SIRT) and Seniors and Law Enforcement (SALT) meetings.

SERVICE TREND ANALYSIS

The chart below indicates the number of elder abuse allegations investigated by ADSD in the last four years as well as the number of older persons alleged to have been abused. Some cases involve more than one type of abuse. The bar on the right reflects the total number of older persons alleged to have been abused and the bar on the left reflects the total number of allegations investigated.



WAIT LIST

Not applicable. NRS 200.5093 mandates investigations commence within three (3) working days of the report.

DATA COLLECTION METHODOLOGY

Data is entered into the Harmony Information Systems. This data includes demographic information, intake information, screening processes, investigation overview and detailed information regarding investigation findings and actions taken. Data is then analyzed for reporting and quality assurance purposes.

COST

There is no cost to the individuals served. However; salaries and operating costs for SFY2018 totaled \$5,061,034.

FOR INFORMATION

Carson City Office: (775) 687-4210
Elko Office: (775) 738-1966
To Make a Report: (888) 729-0571

Las Vegas Office: (702) 486-3545
Reno Office: (775) 688-2964

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Home and Community Based Services Waiver for the Frail Elderly

PURPOSE

The Home and Community Based Services (HCBS) Waiver for the Frail Elderly (FE) provides community-based, in home services to enable the frail and elderly to remain in their own homes and avoid placement in a long-term care facility. The provision of home and community-based services is based upon the identified needs of the recipient and available funding. ADSD assists recipients with accessing other available services, as needed.

AUTHORITY

Nevada's HCBS FE Waiver Agreement dated July 1, 2015
Social Security Act 1915(c)
Home and Community Based Settings Rule
Olmstead

Nevada Revised Statutes (NRS) NRS 426 (Persons with Disabilities), NRS 427A (Services to Aging Persons and Persons with Disabilities), NRS 422 (Health Care Financing and Policy), and NRS 449 (Medical Facilities and Other Related Entities)

Nevada Administrative Code (NAC) NAC 427A (Services to Aging Persons and Persons with Disabilities), NAC 441A (Infectious Diseases, Toxic Agents), and NAC 449 (Medical Facilities and Other Related Entities).

TARGET POPULATION

Individuals 65 years and older; and
Who meet a nursing facility level of care and are at risk of nursing home placement without supports and waiver services to keep them in their home and community; and
Whose income is below 300% of SSI Federal Benefit Amount (\$2,250.00/month).

SERVICES

Case Management: Identification of resources and assisting recipients in locating and gaining access to waiver services, as well as needed medical, social, educational and other services regardless of the funding source.

Homemaker: Assistance with light housekeeping, meal preparation, laundry and essential shopping.

Social Adult Day Care: Provision of supervision and social activities in an Adult Day Care setting on a regularly scheduled basis for four (4) or more hours per day and one (1) or more days per week.

Adult Companion: Provides non-medical care, supervision and socialization to a functionally impaired recipient in his or her home or place of residence, which may provide temporary relief for the primary caregiver.

Personal Emergency Response Systems (PERS): An electronic device connected to the phone that enables persons at risk to secure help in an emergency for recipients who live alone in a private residence, or who are alone for significant parts of the day in that residence, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Chore Service: Chore services are intermittent in nature and may be authorized as a need arises for the completion of a specific task which otherwise left undone poses a home safety issue.

Respite: Respite care is provided in the recipient's home on a short-term basis because of the absence or need for relief of the primary caregiver.

Augmented Personal Care: Augmented personal care provided in a licensed residential facility for groups or assisted living facilities is a 24-hour in home service that provides supervision and assistance for functionally impaired elderly recipients with basic self care and activities of daily living. This care is over and above the mandatory service provision required by regulation for residential facility for groups.

FUNDING SOURCE

Federal funds from Title XIX of the Social Security Act
State General Fund

PROGRAM POLICIES AND PROCEDURES

The most recently approved Waiver Application dated July 1, 2015; The Aging and Disability Services Division Intake Manual, and the Medicaid Service Manual Chapter 2200 provide policy and guidance for program operations.

Section 1915(c) of the Social Security Act permits states to waive certain Medicaid statutory requirements in order to offer an array of HCBS that an individual requires to remain in a community setting and avoid institutionalization. Nevada allows an individual's income to go up to 300% of SSI Federal Benefit Amount which matches the allowance for Institutional eligibility.

The date an individual expresses interest in the HCBS FE Waiver is the day they are considered applied for the program and in referral status. An ADSD intake Social Worker will gather demographics, financial information, their level of care, and their needs to remain in the community. Once a determination has been made that this applicant may qualify for the HCBS FE Waiver, a face-to-face interview is scheduled where the Social Worker can verify this information as well as complete a full assessment of the applicant. If the applicant is found to meet the requirements for the HCBS FE Waiver, and there is an open slot for the program, a financial application is sent to the Division of Welfare and Supportive Services to make the financial determination for entrance to the HCBS FE Waiver. If this is approved the applicant will become an active HCBS FE Waiver recipient and can start services in their home. If there is not a slot available, the Division of Health Care Financing and Policy (DHCFP) will send a notice of decision to the applicant informing them that they have been placed on a Waitlist and will be notified when a slot is available, When the slot becomes available the financial determination process will begin and the process will continue.

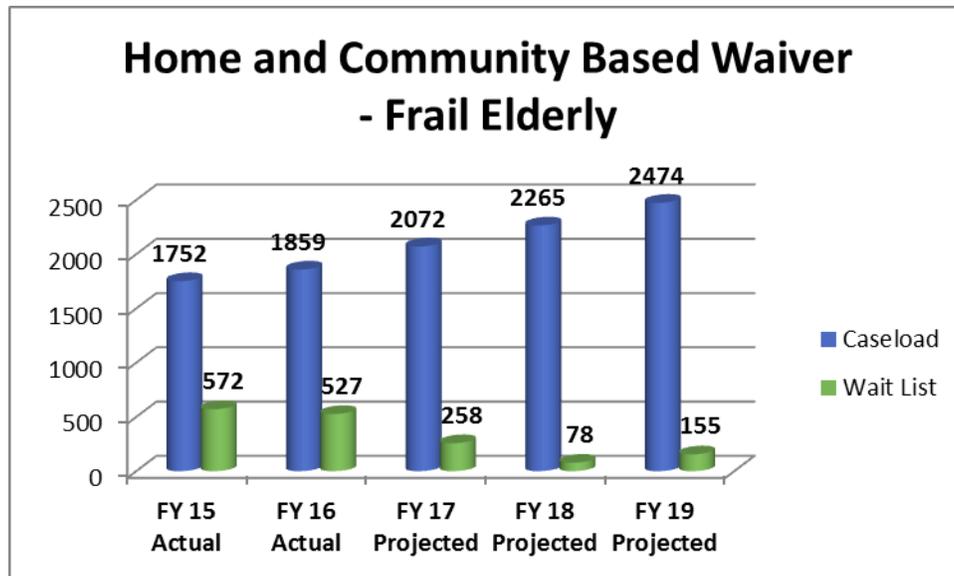
Quality oversight is mandated by the Centers for Medicare and Medicaid Services (CMS) as outlined in the approved HCBS FE Waiver Application. This includes 100% HCBS Provider reviews which look at signatures, financial records, plans of care being followed, completed required trainings by staff, and current licensure with the Health Care Quality Compliance Agency if applicable. A random sample of recipient reviews is completed by the ADSD Community Based Care supervisory team which include desk audits to ensure signatures are captured timely, services are authorized as agreed upon in the recipients plan of care, recipients are receiving a monthly HCBS FE Waiver service, and they continue to meet the eligibility requirements for the program. Additionally, the ADSD Quality Assurance team completes a random sampling of Participant Experience Surveys to ensure recipients are satisfied with their services and provider(s) and capture any complaints and suggestions of how to improve their experience on the program.

HISTORY

In 1987, the Nevada Legislature authorized the Aging and Disability Services Division to establish a program to provide home and community-based services for frail, elderly individuals, who are at risk of institutionalization. Additionally, in 2014 the Assisted Living waiver was integrated into the Home and Community Based Waiver for the Frail Elderly bringing the single unique service of augmented personal care to the waiver. This was done for efficiency and to streamline eligibility and service delivery processes for participants.

SERVICE TREND ANALYSIS

The current legislatively approved number of slots for this waiver is 2037 statewide. The average monthly admissions are 56; average case closures are 36; and the average served per month is 1893.



WAIT LIST

The average monthly wait list is 258. The average number of days waiting is 233.

DATA COLLECTION METHODOLOGY

Client information is entered into the ADSD IT system, Social Assistance Management System (SAMS). This data includes demographic information; needs assessments; dates of referral and points in time; and information about services delivered to each recipient. Data is analyzed from SAMS for Federal reporting purposes as outlined in the Waiver Application.

COST

Service delivery costs covered in the waiver meet the requirement of demonstrating cost neutrality with annual costs per recipient for FY 16 being \$38,708 compared to nursing facility costs of \$42,581.

FOR INFORMATION

Carson City Office:
(775) 687-4210
3416 Goni Road, Suite D-132
Carson City, NV 89706

Elko Office:
(775) 738-1966
1010 Ruby Vista Drive, Suite 104
Elko, NV 89801

Las Vegas Office:
(702) 486-3545
1860 East Sahara Avenue
Las Vegas, NV 89104

Reno Office:
(775) 688-2964
9670 Gateway Drive, Suite 200
Reno, NV 89521

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Home and Community Based Services Waiver for Persons with Physical Disabilities

PURPOSE

The Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities (PD) provides community-based, in home services to enable persons with severe physical disabilities to remain in their own homes and avoid placement in a long-term care facility. The provision of home and community-based services is based upon the identified needs of the recipient and available funding. ADSD assists recipients with accessing other available services, as needed.

AUTHORITY

Nevada's HCBS PD Waiver Agreement dated January 1, 2018
Social Security Act 1915(c)
Home and Community Based Settings Rule
Olmstead Decision

Nevada Revised Statutes (NRS) NRS 449 (Medical Facilities and other Related Entities), NRS 706 (Motor Carriers), NRS 446 (Food Establishments), NRS 629 (Healing Arts Generally), NRS 630 (Physicians, Physician Assistants, Medical Assistants, Perfusionist and Practitioners of Respiratory Care), NRS 630A (Homeopathic Physicians, Advanced Practitioners of Homeopathy and Homeopathic Assistants), and NRS 633 (Osteopathic Medicine).

Nevada Administrative Code (NAC) NAC 441A.375 (Medical Facilities) and NAC 706 (Motor Carriers).

TARGET POPULATION

Individuals throughout Nevada, in need of supportive services to live independently, who have been certified as physically disabled by the Division of Health Care Financing and Policy Central Office Physician Consultant or Health care Coordinator III, that substantially limits ability to complete activities of daily living; and who meet a nursing facility level of care and are at risk of nursing home placement without supports and waiver services to keep them in their home and community; and whose income is below 300% of SSI Federal Benefit Amount (\$2,250.00/month).

SERVICES

Case Management: Identifies resources and assists recipients in locating and gaining access to program funded services, as well as needed medical, social, educational and other services regardless of the funding source.

Attendant Care: Assists with personal care, including bathing, dressing, grooming, shampooing, toileting, transferring, and eating.

Personal Emergency Response Systems (PERS): An electronic device connected to the phone that enables persons at risk to secure help in an emergency for recipients who live alone in a private residence, or who are alone for significant parts of the day in that residence, have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Chore Service: Chore services are intermittent in nature and may be authorized as a need arises for the completion of a specific task which otherwise left undone poses a home safety issue.

Homemaker: Assists with light housekeeping, meal preparation, laundry and essential shopping.

Respite: Respite care is provided in the recipient's home on a short-term basis because of the absence or need for relief of the primary caregiver.

Assisted Residential Care: Services include a home-like, non-institutional setting that provides 24- hour onsite response to meet the needs of participants.

FUNDING SOURCE

Federal funds from Title XIX of the Social Security Act
State General Funds

PROGRAM POLICIES AND PROCEDURES

The most recently approved Waiver Application dated January 1, 2018; The Aging and Disability Services Division Intake Manual, and the Medicaid Service Manual Chapter 2300 provide policy and guidance for program operations.

Section 1915(c) of the Social Security Act permits states to waive certain Medicaid statutory requirements in order to offer an array of HCBS that an individual requires to remain in a community setting and avoid institutionalization. Nevada allows an individual's income to go up to 300% of SSI Federal Benefit Amount which matches the allowance for Institutional eligibility.

The date an individual expresses interest in the HCBS PD Waiver is the day they are considered applied for the program and in referral status. An ADSD intake Social Worker will gather demographics, financial information, medical history to determine the physical limitations, their level of care, and their needs to remain in the community. Once a determination has been made that this applicant may qualify for the HCBS PD Waiver, a face-to-face interview is scheduled where the Social Worker can verify this information as well as complete a full assessment of the applicant. If the applicant is found to meet the requirements for the HCBS PD Waiver, the intake packet is given to the Division of Health Care Financing and Policy (DHCFP) to decide that this individual meets the physical disability requirements for the program. If these requirements are met, and there is an open slot for the program, a financial application is sent to the Division of Welfare and Supportive Services to make the financial determination for entrance to the HCBS PD Waiver. If this is approved the applicant will become an active HCBS PD Waiver recipient and can start services in their home. If there is not a slot available, the DHCFP will send a notice of decision to the applicant informing them that they have been placed on a Waitlist and will be notified when a slot is available, When the slot becomes available the financial determination process will begin and the process will continue.

Quality oversight is mandated by the Centers for Medicare and Medicaid Services (CMS) as outlined in the approved HCBS PD Waiver Application. This includes 100% HCBS Provider reviews which look at signatures, financial records, plans of care being followed, completed required trainings by staff, and current licensure with the Health Care Quality Compliance Agency if applicable. A random sample of recipient reviews is completed by the ADSD Community Based Care supervisory team which include desk audits to ensure signatures are captured timely, services are authorized as agreed upon in the recipients plan of care, recipients are receiving a monthly HCBS PD Waiver service, and they continue to meet the eligibility requirements for the program. Additionally, the ADSD Quality Assurance team completes a random sampling of Participant Experience

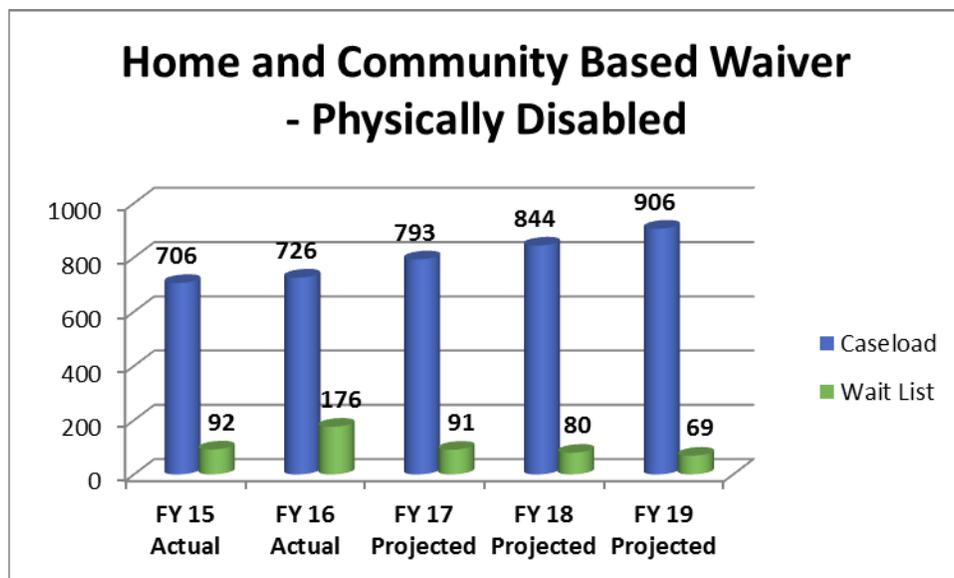
Surveys to ensure recipients are satisfied with their services and provider(s) and capture any complaints and suggestions of how to improve their experience on the program.

HISTORY

The HCBS PD Waiver originated in 1990. During this time, the Administrative and Operational duties were all completed by the DHCFP. In July 2016, the Operational duties and oversight was transferred to the ADSD which is reflected in the January 1, 2018 approved HCBS PD Waiver Application.

SERVICE TREND ANALYSIS

The current legislatively approved number of slots for this program is 783 statewide. The average monthly admissions are 12; average case closures are 6; and the average served per month is 749.



WAIT LIST

The average monthly wait list is 120. The average number of days waiting is 129.

DATA COLLECTION METHODOLOGY

Client information is entered into the ADSD IT system, Social Assistance Management System (SAMS). This data includes demographic information; needs assessments; dates of referral and points in time; and information about services delivered to each recipient. Data is analyzed from SAMS for Federal reporting purposes as outlined in the Waiver Application.

COST

Service delivery costs covered in the waiver meet the requirement of demonstrating cost neutrality with actual annual costs per recipient for FY 16 being \$14,641 compared to nursing facility costs of \$62,293.

FOR INFORMATION

Carson City Office:
(775) 687-4210
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Carson City, NV 89706

Elko Office:
(775) 738-1966
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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Community Based Care Homemaker Program

PURPOSE

The intent of the Homemaker Program is to provide in-home supportive services for individuals requiring assistance with activities such as housekeeping, essential shopping, meal preparation and laundry to prevent or delay placement in a long-term care facility.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 426 (Persons with Disabilities), NRS 427A.250 (Program to Provide Community Based Services to Frail Elderly Persons), and NRS 449 (Medical Facilities and Other Related Entities).

Nevada Administrative Code (NAC) NAC 426 (Persons with Disabilities), and NAC 427A (Services to Aging Persons and Persons with Disabilities).

TARGET POPULATION

Individuals deemed an adult disabled by the Social Security Administration, receiving Social Security Supplemental Income or Social Security Disability Income, or is over the age of 60; and
Has at least one (1) functional deficits which includes an impairment with mobility, a cognition, endurance or sensory; and
Resides in a private residence; and
Has a lack of support system to assist with essential homemaker services; and
Has income at or below 110% of Federal Poverty (\$1,106.00/mo.); and
Has assets at or below \$10,000 individual/\$30,000 couple.

SERVICES

Case Management: Identification of resources and assisting recipients in locating and gaining access to waiver services, as well as needed medical, social, educational and other services regardless of the funding source.

Homemaker: Assistance with light housekeeping, meal preparation, laundry and essential shopping.

FUNDING SOURCE

Title XX Block Grant under Social Security Act to the State
Funds for Healthy Nevadans

PROGRAM POLICIES AND PROCEDURES

The Aging and Disability Services Division Intake Manual and Homemaker Manual provide policy and guidance for program operations.

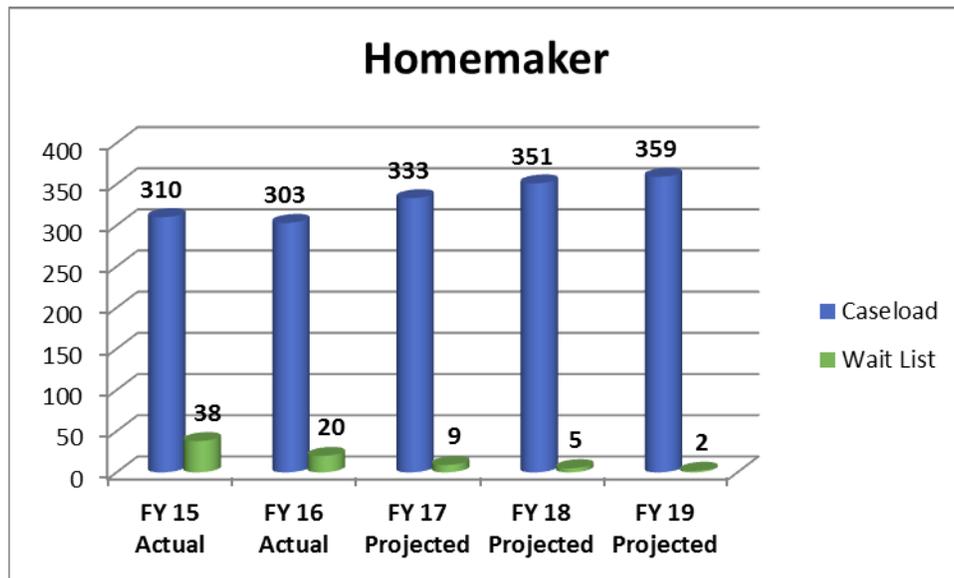
The date an individual expresses interest in the Homemaker program is the day they are considered applied for the program and in referral status. An ADSD intake Social Worker will gather demographics, financial information, their level of care, and their needs to remain in the community. Once a determination has been made that this applicant may qualify for the Homemaker program, a face-to-face interview is scheduled where the Social Worker can verify this information as well as complete a full assessment of the applicant. If the applicant is found to meet the requirements for the Homemaker program, and there is an open slot for the program, the applicant will be approved and become active on the Homemaker program. If there is not a slot available, the ADSD intake Social Worker will send a notice of decision to the applicant informing them that they have been placed on a Waitlist and will be notified when a slot is available, When the slot becomes available the applicant will be approved and moved into active status.

HISTORY

The Homemaker program was established by the ADSD to provide frail, elderly persons and person with a disability, assistance with essential shopping, light housework, laundry and meal preparation who, without these essential tasks, could face being placed in an institution.

SERVICE TRED ANALYSIS

The current legislatively approved number of slots for this program is 367 statewide. The average monthly admissions are 16; average case closures are 9; and the average served per month is 314.



WAITLIST

As of the end of November 2018, there were ten (10) individuals on the waitlist.

DATA COLLECTION METHODOLOGY

Client information is entered into the ADSD IT system, Social Assistance Management System (SAMS). This data includes demographic information; needs assessments; dates of referral and points in time; and information about services delivered to each client. Data is analyzed from SAMS for reporting purposes.

COST

The average cost per person is \$82.77 SFY19 YTD through November.

FOR INFORMATION

Carson City Office:

(775) 687-4210

3416 Goni Road, Suite D-132

Carson City, NV 89706

Elko Office:

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Elko, NV 89801

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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Independent Living Grants Program

PURPOSE

To enhance independent living through: respite care or relief for family caregivers; promoting independent living by providing transportation options; or providing an alternative to institutionalization through support for care in the home.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 439.630 (Funds for Healthy Nevada)

TARGET POPULATION

Individuals age 60 and older who are in need of supportive services to live independently; or caregivers of persons of any age with Alzheimer's disease or other related dementia who are in need of respite care services.

SERVICES

Independent Living Grants (ILGs) fund grantee programs that provide respite care, transportation services and care in the home, such as:

Home Safety, Modification and Repair: Home safety evaluations/training, home modifications/installations of assistive technology, home maintenance and/or home repair services to persons, age 60 and older, who are at risk for injury and/or decreased ability to remain in their residences.

Homemaker: Assistance provided to persons having difficulty with general cleaning, shopping for groceries and prescriptions, picking up mail and other essential household tasks.

Personal Emergency Response System: The Personal Emergency Response System (PERS) program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter or receive a computer-assisted or volunteer telephone reassurance call to ensure that they are safe, to remind them to complete certain tasks, take medication, prepare for appointments, or meet needs as defined in a care plan.

Respite Care: A non-medical service provided to a client by a respite worker to allow the in-home, primary caregiver the opportunity to perform other responsibilities. This service may also use vouchers to purchase respite care.

Senior Companion: Provides companionship activities for a client in his or her home. The companion may also accompany the client and provide transportation to access services outside of the home.

Transportation: Provides safe transportation for access to services such as: nutrition, medical services, social services, adult day care, shopping and socialization. Includes Transportation

Vouchers, provision of escorted or independent transportation by trained program staff or volunteers.

FUNDING SOURCE

Funding comes from the Fund for a Healthy Nevada, derived from Nevada's share of the Master Tobacco Settlement Agreement of 1998.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source are made available through a competitive application process. ASD creates a Request for Applications (RFA). An RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

Programs set recommended donation rates for services, but consumers may or may not offer a voluntary and confidential donation. Consumers may also participate in a sliding-fee scale payment system in order to cost-share for services. Services may not be withheld for lack of donation or cost-share payment. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

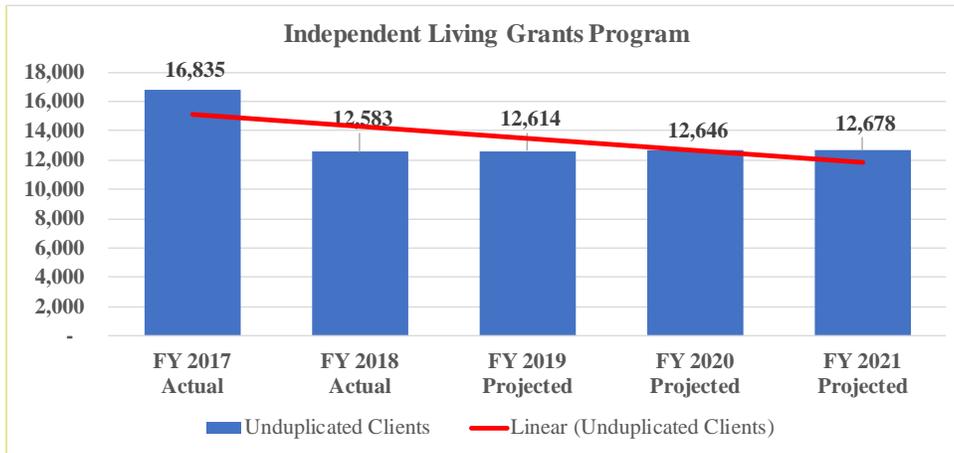
HISTORY

In 1999, the Nevada Legislature passed legislation to utilize part of the proceeds of Nevada's Tobacco Settlement monies to support "independent living" among its senior citizens. The 2011 State Legislature enacted SB 421, which increases the share of Nevada's Master Tobacco Settlement funds for deposit in the Fund for a Healthy Nevada (FHN) from 50 to 60 percent. It also tasks the Director of the Department of Health and Human Services (DHHS) to consider recommendations by the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities regarding community needs and priorities, and to then recommend FHN Allocations for each biennium.

SERVICE TREND ANALYSIS

Total number served in SFY 2017 is 16,835 unduplicated clients, provided with 613,107 units of service. Total number served in SFY 2018 is 12,583 unduplicated clients, provided with 729,062 units of service.

Because ILG and Older Americans Act, and Title III-B funds are awarded to support similar types of services, some programs are moved from one funding source to the other from year-to-year to maximize services provided with available funds from each source. This causes a variation in consumers served that prevents meaningful trend analysis of either III-B or ILG individually.



* Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.

WAIT LIST

Wait lists are determined by surveying community partners. At this time, partners have reported waitlists for transportation, homemaker and respite voucher programs in the Las Vegas area.

DATA COLLECTION METHODOLOGY

Programs that receive Independent Living Grants are required to enter consumer data into the ADSD IT system, the Social Assistance Management System (SAMS). This data includes demographic information, other consumer information and information about services delivered to each consumer.

COST

The average cost per unduplicated client served with this funding is \$396. The actual cost per person varies depending on the type of service and the organization providing the service.

FOR INFORMATION

Carson City Office: (775) 687-4210
 Elko Office: (775) 738-1966

Las Vegas Office: (702) 486-3545
 Reno Office: (775) 688-2964

Website: <http://adsd.nv.gov/Programs/Grant/Resources/>
 Email: ADSDGrants@adsd.nv.gov

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Long Term Care Ombudsman Program (LTCOP)

PURPOSE

Title VII of the federal Older American's Act requires that each state establish a statewide Long-Term Care Ombudsman Program to "work to resolve problems of individual residents and to bring about improvements to residents' care and quality of life at the local, state and national levels." Long Term Care Ombudsman (LTCO), is an advocate for residents of nursing homes, residential facilities for groups and homes for individual residential care facilities. LTCO's serve as valuable resources for residents, families, and community members.

LTCO's educate long-term care providers about residents' rights and elder abuse. They promote the development of family councils, resident councils, and support nursing home transition programs and other initiatives that promote quality of care and quality of life for residents of long-term care facilities. LTCO's do not have direct authority to require action by a facility, but they have the responsibility to negotiate on residents' behalf and to work with other state agencies for effective enforcement of regulations. LTCO's refer information to appropriate regulatory agencies regarding the problems of the residents in long-term care facilities with consent from the resident or their representative.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A.125 (Creation of Office) and NRS 427A.165 (Regulations).

Older Americans Act (OAA), Title VII, Chapter 2, Sections 711/712

TARGET POPULATION

Nevada residents in long term care facilities. Long term care facilities include: skilled nursing facilities, residential facilities for groups (including assisted living), and homes for individual residential care.

SERVICES

Advocacy: Receives and investigates complaints and assists residents in long term care to resolve complaints.

Education:

Educates residents and family members about their rights

Referral options to appropriate resources

Training of facility staff regarding resident rights, customer service, discharge/transfer rights, person centered care, and mandated reporting criteria. Long Term Care Ombudsman also share best

practices within the long-term care industry with facility staff member to promote quality care for all residents.

FUNDING SOURCE

Federal Older American's Act Title VII
Federal Older American's Act Title III-B
State General Fund

PROGRAM POLICIES AND PROCEDURES

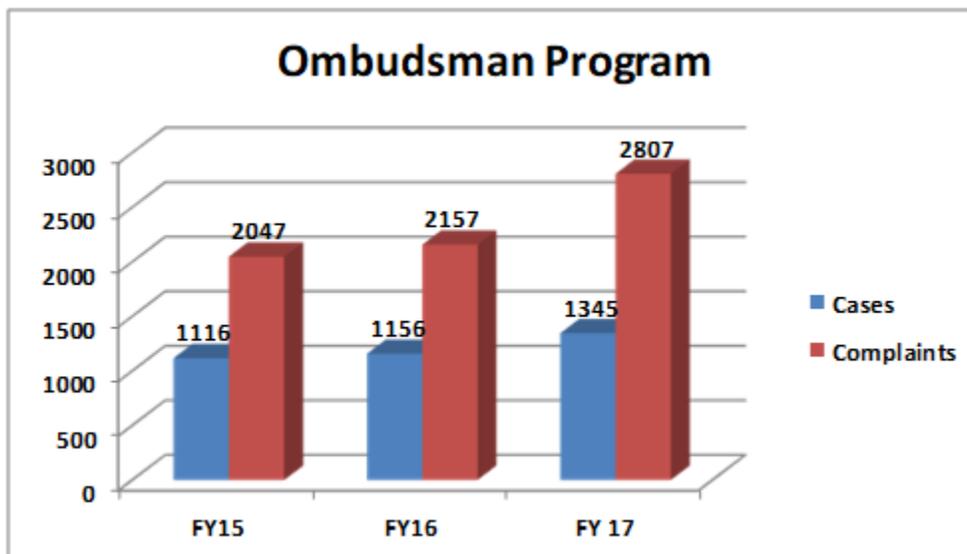
Policies and procedures have been developed in accordance with the Older American's Act, NRS 427A.125, and in consideration of national best practice standards. Long Term Care Ombudsmen visit long term care facilities on a quarterly basis.

HISTORY

The program was created in 1983. The LTCOP in Nevada is mandated by state and federal laws to protect the health, safety, welfare, and rights of residents who reside in nursing homes, residential facilities for groups, and homes for individual residential care. The LTCOP was restructured in 2016 to comply with federal and state regulations in response to the reauthorization of the Older American's Act. As part of the restructure, the LTCOP was removed from the Elder Rights Unit to create a separation between the two programs, a helpline was established, the NRS was revised to state the ombudsmen are not mandated reporters and clarify ombudsmen can receive consent through written, verbal or by other means like technology, and the LTCOP's are required to identify and attempt to remedy conflicts of interest.

SERVICE TREND ANALYSIS

The chart below indicates the number of cases the LTCOP received for investigation. Some cases involve more than one complaint. The bar on the right reflects the total number of cases investigated, and the bar on the left reflects the total number of complaints investigated.



WAIT LIST

The federal rule does not require ombudsmen to initiate cases in a timeframe. ADSD does have a complaint response procedure, of which, the LTCOP is required to respond within 1 business day for urgent matters (those deemed as an immediate or eminent risk to the individual) and within 7 days for routine matters (non-immediate or eminent risk to the individual).

DATA COLLECTION METHODOLOGY

Client data is entered into the Ombudsman information systems. Information includes cases, activities, facilities, residents, complaints, facility owners, demographic information as well as detailed information regarding investigations and the actions taken. Data is analyzed for state and federal reporting purposes. In addition, data is reviewed for quality assurance purposes and to identify staff training needs. Annually, the State Long Term Care Ombudsman creates an annual report which is available to the public.

COST

There is no cost to individuals for this service. However, in SFY18, salary and operating costs totaled \$2,097,779

MISCELLANEOUS

NRS 427A.127 allows for the development of a volunteer component to enhance advocacy and educational outreach efforts of the LTCOP. Volunteers are trained to provide residents and their families with information about resident rights and community resources. Volunteers refer complaints to the LTCOP for investigation.

FOR INFORMATION

Long Term Care Ombudsman Helpline: 1-888-282-1155

Carson City Office: (775) 687-4210
Elko Office: (775) 738-1966
Las Vegas Office: (702) 486-3545
Reno Office: (775) 687-0800

Email: ltc.ombudsman@adsd.nv.gov

Website: <http://adsd.nv.gov/Programs/Seniors/LTCOmbudsman/LTCOmbudsProg/>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Medicare Improvements for Patients and Providers Act (MIPPA)

PURPOSE

Nevada's Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 program provides funding to states under three funding priorities; Priority 1- the State Health Insurance Assistance Program (SHIP), Priority 2-Area Agencies on Aging (AAA) and Priority 3- Aging and Disability Resource Centers (ADRC) to conduct outreach and education activities and application assistance to eligible low-income Medicare beneficiaries to apply for programs that make Medicare affordable through Medicare Savings Programs (MSP), Low Income Subsidy (LIS) and prescription drug enrollment. MIPPA funding is meant to enhance the current state efforts beyond what is being done by other program funding and to intensify the outreach and education activities in areas that may be underserved.

AUTHORITY

Administration for Community Living (ACL).

The Medicare Improvements for Patients and Providers Act of 2008—Section 119, Public Law (Pub. L.) 110–275 as amended by the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), reauthorized by the American Taxpayer Relief Act of 2012 (ATRA), reauthorized by section 110 of the Protecting Access to Medicare Act of 2014 and reauthorized by the Medicare Access and CHIP Reauthorization Act of 2015, and was reauthorized for two years under the Bipartisan Budget Act of 2018 (Pub. L. 115–123, BBA of 2018).

TARGET POPULATION

Medicare beneficiaries needing assistance with Medicare Part D comparison explanation, preventive services and individuals enrolled or newly enrolled in Medicare with incomes less than 150% of the federal poverty level, who might be potentially eligible for subsidy programs to supplement their prescription costs.

SERVICES

To conduct increased outreach, explanation and enrollment of low-income Medicare beneficiaries into the Part D Low Income Subsidy (LIS/Extra Help) and the Medicare Savings Programs (MSPs) and Part D prescription drug plans. To promote utilization of Medicare's preventive services and health promotion.

FUNDING SOURCE

The program is funded through a formula grant from the Administration for Community Living (ACL) contingent upon availability of federal funds.

PROGRAM POLICIES AND PROCEDURES

Eligibility for this program is any Medicare beneficiary who is low-income and any individual with low-income accessing Medicare for the first time. There are project leads for each funded priority. The program has two (2) temporary staff dedicated to MIPPA in Northern and Southern Nevada. Southern Nevada has 17 volunteers and Northern Nevada is starting to implement volunteer recruitment in 2018 to be coordinated under the project partner.

Priority 1-SHIP utilizes the certified SHIP partner counselors in Elko county through the local ADRC to serve Northeastern Nevada by sub-granting dollars to conduct services since Northeastern Nevada is extremely difficult to recruit SHIP volunteers. They leverage funds through the ADRC and hired a MIPPA worker through the grant to conduct MIPPA duties and travel throughout Northeastern Nevada, including tribal reservations, to meet grant outcomes.

HISTORY

Nevada Aging and Disability Services Division has administered MIPPA services since 2009.

Since the passage of MIPPA of 2008, the program nationally has helped roughly one million low-income Medicare beneficiaries access programs that make their health care and prescriptions more affordable.

MIPPA was last reauthorized in April 2015, when the Medicare Access and CHIP Reauthorization Act of 2015 was enacted through September 2018. Congress has reauthorized MIPPA for an additional two years, until 2020.

SERVICE TREND ANALYSIS

Number Served by Program from All Three Priorities Combined Statewide

There has been a steady increase in client contact totals from Federal Fiscal Year (FFY) 2016 to (FFY) 2018 due to continued work among the three priorities in Nevada and continued participation from partners statewide.

The upward trend in SFY 18 reflects 148% over the projected goal.

Note: FFY is from Oct 1 – Sep 30 each year.

State Name	Period	LIS	MSP	LIS + MSP	MIPPA Totals	Projected goals
Nevada	Oct 1, 2015 - Sept 30, 2016	139	2,598	111	2,848	2,500
Nevada	Oct 1, 2016 - Sept 30, 2017	1,010	2,644	162	3,816	3,000
Nevada	Oct 1, 2017 – Sept 30, 2018	834	4,159	187	5,180	3,500

WAIT LIST

There is no wait list for this service

DATA COLLECTION METHODOLOGY

Client contacts were reported in the National Performance Reporting (NPR) data base managed and provided by the Centers for Medicare and Medicaid Services (CMS) until June 2018. The method of data for client contacts are currently provided in the SHIP Tracking and Reporting System (STARS) provided by ACL.

COST

There is no charge to consumers for this service

FOR INFORMATION

Priority 1: Wanda Brown, SHIP Director, 775-687-0846 or wbrown@adsd.nv.gov

Priority 2: Jeff Doucet, Management Analyst III, 702-486-3367 or jsdoucet@adsd.nv.gov

Priority 3: Jamie Ahumada, No Wrong Door Coordinator, 775-684-5881 or

jauhmada@adsd.nv.gov

<https://nevadaadrc.com/services-and-programs/medicare/medicare-extra-help-mippa>

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET

Nevada Care Connection: Resource Centers

PURPOSE

Nevada Care Connection is a system of partners working together to support Nevadans with long term service and support (LTSS) needs. The aim of the Nevada Care Connection collaborative is to transform the way people access information and services through a No Wrong Door (NWD) approach. The Resource Centers are a critical component of this system, offering assistance to individuals regardless of their age, disability or income.

The Resource Centers support Nevadans in exploring the full range of options available to meet their goals and needs through Resource and Service Navigation. Resource and Service Navigation facilitates access to programs and services to meet an individual's immediate/short term needs and helps them to explore and plan for future LTSS needs. The goal of the Resource Centers is to help individuals make more informed choices about their long-term care needs and to help avoid or delay spend down to Medicaid services.

AUTHORITY

There is no statutory authority for Nevada Care Connection.

TARGET POPULATION

Persons 60 years and older; Individuals with a disability at any age; Caregivers (generally unpaid and family members); and Individuals planning for long-term services and supports

SERVICES

Nevada Care Connection provides an array of support to individuals across the lifespan in order to ensure they are accessing the right services at the right time.

Resource and Service Navigation: An interactive process where individuals receive guidance in their deliberations to make informed choices about long term supports. The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual.

Caregiver Support: Assistance to family caregivers to connect them with services and programs that can help support their health and well-being as a caregiver. Resource Navigators can help caregivers' access respite services, caregiver support groups and other services that help to encourage them to take care of themselves while caring for a loved one.

Veterans Support: Provide information and assistance to veterans through the Resource and Service Navigation process to connect veterans who may be eligible for state and federal Veteran Benefits, but who may not already be connect with Veteran Services. Resource Navigators receive over 20 hours of training on benefits available to veterans. In addition, through a Provider Agreement with VA Medical Centers Resource Navigators are able to support veterans in a Veteran Directed Home and Community Based Services program. As of February 2017, this program is only available in Elko and White Pine counties.

The Resource Centers are often required partners in several Federal discretionary grants such as the Lifespan Respite grant, the Money Follows the Person grant, and the Alzheimer's and Dementia Supportive Services Program. These partnerships enhance the above services and/or provide an expansion of services offered by the Resource Centers.

In addition to the physical sites located throughout the state, the Nevada Care Connection web portal (www.nevadacareconnection.org) has been developed to provide information and assistance to consumers

across the state 24 hours/7 days a week. The website provides a variety of information on long term services and supports and includes subsections for various populations to help guide decision making. The website also allows people to connect with local Resource Centers and other Nevada Care Connection partners. The website is continually expanded and updated to be a resource for a variety of populations.

FUNDING SOURCE

Federal Funds from the Administration for Community Living; Funds for a Healthy Nevada

PROGRAM POLICIES AND PROCEDURES

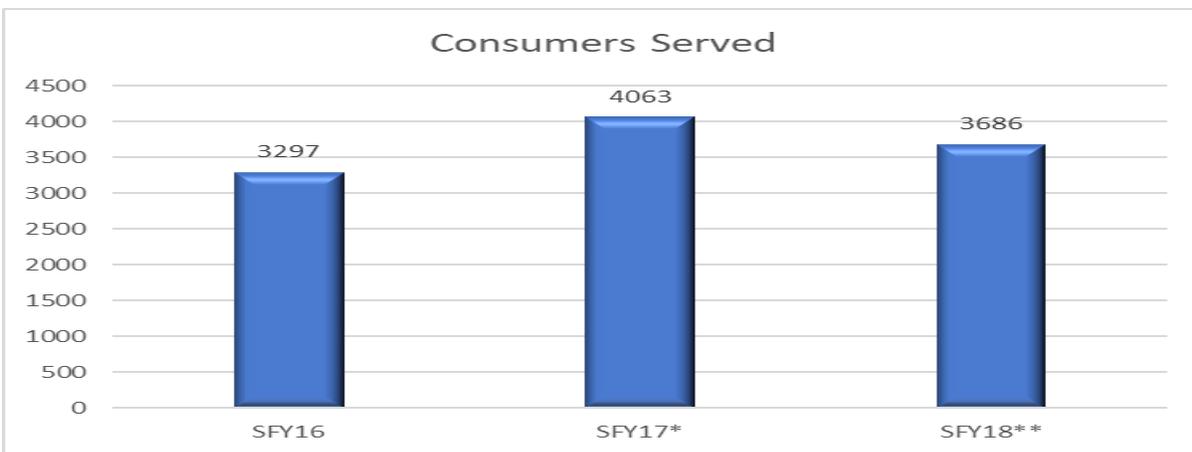
The program is open to any individual within the target population. The Resource Centers are guided by the Aging and Disability Services Division (ADSD) through an Operations Manual and prescribed training for Resource and Service Navigation.

HISTORY

The purpose of the NWD initiative is to help states rebalance their spending on home and community-based services. The program does this by ensuring consumers have access to information and assistance in identifying and planning for the full range of long-term services and supports. In October 2005, ADSD received the first federal grant to implement the program in Nevada. Since that time, two (2) additional federal grants have been received to support the enhancement and expansion of the program. Federal funding to support the program development and enhancement activities ended as of September 2015.

SERVICE TREND ANALYSIS

The number of consumers served by the Resource Centers has fluctuated in the past three years due to changes in partners. (Note: State Fiscal Year (SFY) July 1 – June 30 each year)



**SFY17 saw an increase as new Centers (established in SFY16) were able to conduct more outreach.*

***SFY18 reduction was a result of increased focus on Resource and Service Navigation as a person-centered process.*

WAIT LIST

There is no waitlist for services.

DATA COLLECTION METHODOLOGY

Consumers served, including demographics, types of service, and topics discussed are collected using the Social Assistance Management System (SAMS). In addition, at the beginning of each fiscal year, each

Resource Center submits projections for the number of consumers to be served as well as the number of contacts.

COST

There is no charge to consumers for this service. Annually, using a funding formula, \$728,098 is awarded to the Resource Centers. In state fiscal year 2018, the average cost per consumer was \$197.

MISCELLANEOUS

There are currently four (4) Resource Centers in Nevada. There is 1 Full Time Equivalent (FTE) state staff dedicated as the Project Manager who coordinates Nevada's NWD activities and provides oversight, grants management, web content management, planning and administrative duties for Nevada's NWD activities and the Resource Centers.

FOR INFORMATION

Jamie Ahumada, NWD Coordinator: 775-684-5881, jahumada@adsd.nv.gov or visit <http://nevadacareconnection.org>.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Personal Assistance Services

PURPOSE

The Personal Assistance Services (PAS) Program provides community-based, in home services to enable adult persons with severe physical disabilities to remain in their own homes and avoid placement in a long-term care facility. The provision of home and community-based services is based upon the identified needs of the recipient and available funding. ADSD assists recipients with accessing other available services, as needed.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A (Services to “Aging Persons and Persons with Disabilities).

Nevada Administrative Code (NAC) NAC 427A.675 (Services to Aging Persons and Persons with Disabilities) and NAC 427A.770 (Grounds for Termination of Care).

TARGET POPULATION

Individuals throughout Nevada, age 18 or older, in need of supportive services to live independently;
Who have been diagnosed with a physical disability that substantially limits ability to complete activities of daily living; and
Whose gross monthly income does not exceed 800% of the Federal Poverty Level (FPL),
If the gross monthly income is over 300% FPL, the recipient will be evaluated to see if they are responsible for a co-pay per unit of service received.

SERVICES

Case Management: Identifies resources and assists recipients in locating and gaining access to program funded services, as well as needed medical, social, educational and other services regardless of the funding source.

Attendant Care: Assists with personal care, including bathing, dressing, grooming, shampooing, toileting, transferring, and eating.

Homemaker: Assists with light housekeeping, meal preparation, laundry and essential shopping.

FUNDING SOURCE

State General Fund

PROGRAM POLICIES AND PROCEDURES

The Aging and Disability Services Division Intake Manual and PAS Manual provide policy and guidance for program operations.

The date an individual expresses interest in the Homemaker program is the day they are considered applied for the program and in referral status. An ADSD intake Social Worker will gather demographics, financial information, their level of care, and their needs to remain in the community. Once a determination has been made that this applicant may qualify for the Homemaker program, a face-to-face interview is scheduled where the Social Worker can verify this information as well as complete a full assessment of the applicant. If the applicant is found to meet the requirements for the Homemaker program, and there is an open slot for the program, the applicant will be approved and become active on the Homemaker program. If there is not a slot available, the ADSD intake Social Worker will send a notice of decision to the applicant informing them that they have been placed on a Waitlist and will be notified when a slot is available, When the slot becomes available the applicant will be approved and moved into active status.

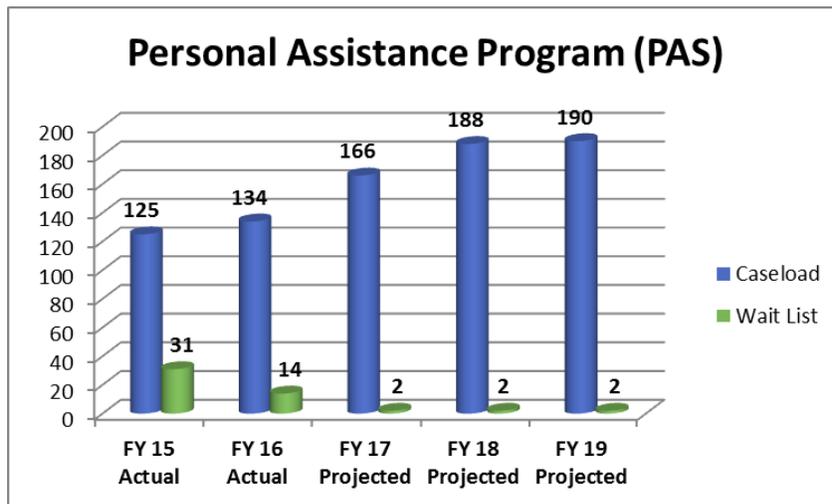
HISTORY

In 1985, the Nevada Legislature enacted legislation to establish a program to provide home and community-based services to adults with severe physical disabilities to maximize independence, self- determination and enable individuals with physical disabilities to live in non-institutional settings through community-based supports.

St. Mary’s Foundation was the operating agency of the PAS program until June 2011. At that time, the foundation decided to discontinue operation of the program, and ADSD assumed the administrative oversight. ADSD currently operates the program statewide with licensed social workers and utilizes contracted providers to provide the in-home authorized services.

SERVICE TREND ANALYSIS

The current legislatively approved number of slots for this program is 182 statewide. The average monthly admissions are ten; average case closures are 3; and the average served per month is 154.



WAITLIST

As of the end of November 2018, there were twenty-two (22) individuals on the waitlist.

DATA COLLECTION METHODOLOGY

ADSD maintains participant records in a case management database. The program provides monthly updates in the CLEO reports on active cases, waitlist, new applications, and number of closed cases.

COST

The average cost per person is \$1,449.49 SFY19 YTD through November.

FOR INFORMATION

Carson City Office:
(775) 687-4210
3416 Goni Road, Suite D-132
Carson City, NV 89706

Elko Office:
(775) 738-1966
1010 Ruby Vista Drive, Suite 104
Elko, NV 89801

Las Vegas Office:
(702) 486-3545
1860 East Sahara Avenue
Las Vegas, NV 89104

Reno Office:
(775) 688-2964
9670 Gateway Drive, Suite 200
Reno, NV 89521

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

**Senior and Disability Prescription (SRx/DRx) Program
(State Pharmaceutical Assistance Program - SPAP)**

PURPOSE

The Senior and Disability Prescription (SRx/DRx) Program is a pharmaceutical assistance program for low-income seniors and persons with disabilities who are Medicare eligible and do not qualify for other services/programs. The SRx/DRx program provides assistance with prescription medication costs when the member is in the Medicare Part D coverage gap (donut hole) and provides a subsidy toward the member's Medicare Part D monthly premium for participating Medicare Part D Prescription Drug Plans.

AUTHORITY

SRx Program:

Nevada Revised Statutes (NRS) NRS 439.635 - 439.690 (Subsidies for Cost of Prescription Drugs, Pharmaceutical Services and Other Benefits to Senior Citizens)

Nevada Administrative Code (NAC) NAC 439.800 - 439.862 (Senior Prescription Program)

DRx Program:

Nevada Revised Statutes (NRS) NRS 439.705 - 439.795 (Subsidies for Provision of Pharmaceutical Services to Persons with Disabilities)

Nevada Administrative Code (NAC) NAC 439.750 - 439.790 (Disability Prescription Program)

TARGET POPULATION

SRx Program: Medicare beneficiaries, age 62 or older

DRx Program: Medicare beneficiaries, between the ages of 18-61 with a qualifying disability

SERVICES

Eligible members receive a subsidy up to \$27.08 toward their monthly Medicare Part D premium with participating Medicare Part D Plans.

Eligible members may use the SRx/DRx program as a secondary payer for prescription medication costs during the Medicare Part D coverage gap phase.

Eligible members who do not have a Medicare Part D Plan pay up to \$2.50 for generic medications and \$10.00 for brand name medications.

FUNDING SOURCE

Fund for a Healthy Nevada. The Director of the Department of Health and Human Services (DHHS) determines biennially the portion of the fund that will be used for the SRx/DRx Program.

PROGRAM POLICIES AND PROCEDURES

ADSD Standard Operating Procedures provide operational guidance for the SRx/DRx program.

HISTORY

The Senior Rx Program was established during 1999 legislative session. The Disability Rx Program was added to State statute during the 2005 Legislative session. Previously housed within the DHHS Office, the SRx/DRx Program transferred to the Aging and Disability Services Division (ADSD) on July 1, 2009 with the merger of the Division for Aging Services and the Office of Disability Services.

As authorized in statute, a pilot dental program was established March 1, 2013 to run through June 30, 2013, funded with surplus SRx/DRx program budget dollars. During the 2013 Legislative session, approval was given to extend the initial benefits of the dental program through December 31, 2013. Additional funding was then allocated to continue the dental program through FY2015.

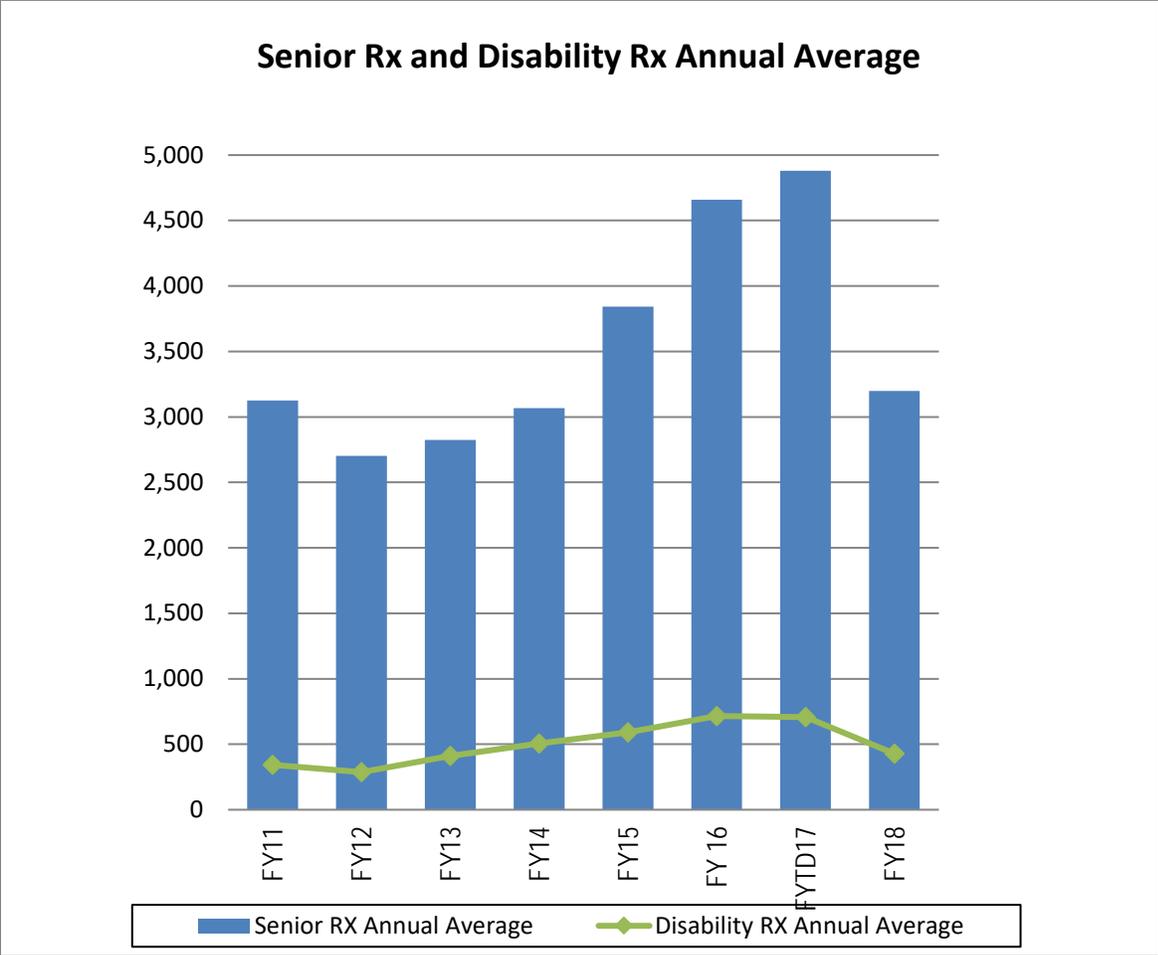
SERVICE TREND ANALYSIS:

As of June 2018, 2,383 members are enrolled in the Senior Rx Program and 304 members are enrolled in Disability Rx Program. In May 2017, income guidelines and verification processes were incorporated into the eligibility requirements for the SRx/DRx program. As continued program eligibility was based upon new income guidelines, this change resulted in a reduction of program members between June 2017 and June 2018.

100% of eligible applicants are enrolled within 45 days of receipt of an application, including all supporting documentation.

Top 3 reasons an eligible applicant or current member is terminated from the SRx/DRx Program:

- Qualifies for 100% Federal Subsidy
- Income is too high
- No longer lives in Nevada



WAITLIST

There is currently no wait list for the SRx/DRx Program.

DATA COLLECTION METHODOLOGY

Case and eligibility information is maintained in an electronic database by ADSD. Eligibility files are transmitted to the pharmacy benefit manager who provides reports on utilization.

COST

The total fiscal year 2018 cost to run the program was \$2,282,501.

FOR INFORMATION:

Senior Rx Program: <http://adsd.nv.gov/Programs/Seniors/SeniorRx/SrRxProg/>

Disability Rx Program: <http://adsd.nv.gov/Programs/Physical/DisabilityRx/DisabilityRx/>

Adrienne Navarro, ADSD Social Services Chief, 775-687-0523 or amnavarro@adsd.nv.gov.

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

State Health Insurance Assistance Program (SHIP)

PURPOSE

Nevada's State Health Insurance Assistance Program (SHIP) program provides information, counseling and assistance services to Medicare beneficiaries, their families and others. Advisors provide information on: Medicare benefits, including Part A, B, C, and Part D Prescription Drug Coverage; Medicare supplemental insurance; long-term care insurance; Advantage Plans; Medicare Savings Plans; related health insurance; beneficiary rights; and grievance/appeal procedures. Referrals to other community resources are made as needed.

AUTHORITY

The Administration for Community Living (ACL) and Centers for Medicare & Medicaid Services (CMS), Section 4360 Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508) SEC.4359; Office of Acquisitions and Grants Management 45 CFR 92.23

TARGET POPULATION

Medicare eligible beneficiaries and new participants of the Medicare program.

SERVICES

SHIP utilizes trained volunteers and partners to provide Medicare counseling via a forty (40) hour per week toll-free help line and face-to-face counseling sessions in various partnering organizations such as hospitals, senior centers, community health settings and a small call center located at ADSD in southern Nevada. Staff and volunteers assist Medicare beneficiaries with all aspects of their health coverage. They conduct educational presentations and provide information at senior fairs and community events. There are currently 65 SHIP volunteers located throughout the state.

Every year during Medicare's Part D Annual Enrollment Period, beneficiaries can access certified counselors to explain and provide them unbiased options on any Medicare related and prescription drug benefit being offered through Medicare, Social Security, the State of Nevada and Medicaid in an impartial manner. The Division web site (<http://adsd.nv.gov/>) was developed with linkages to the Centers for Medicare and Medicaid Services (CMS) (www.medicare.gov) and other sites that provide services and information. In 2012, Nevada SHIP became accessible to the public via <http://nevadaship.com/>.

FUNDING SOURCE

The program is funded through a cooperative agreement grant from the Administration for Community Living (ACL) and Administration on Aging, Title IIIB Federal Funds.

PROGRAM POLICIES AND PROCEDURES

Eligibility for this program is any Medicare beneficiary, family member or caregiver assisting with Medicare health benefits, and any individual accessing Medicare for the first time.

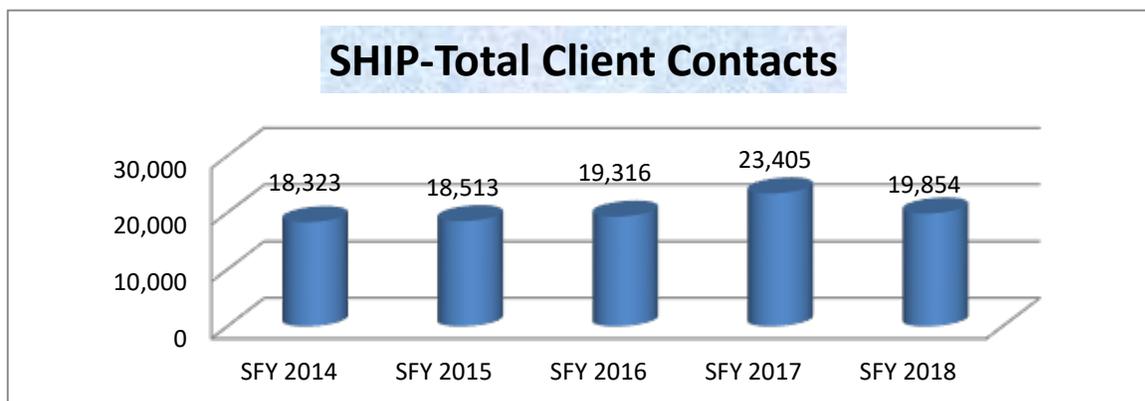
HISTORY

In 1990, the State Health Insurance Advisory Program (SHIP) was transferred to the Aging and Disability Services Division from the Division of Insurance. Nevada SHIP has received federal funding to administer this program for 28 years by making grants available to States to establish and maintain health insurance advisory service programs for Medicare beneficiaries.

SERVICE TREND ANALYSIS

Number Served by Program

There has been a steady increase in client contacts from State Fiscal Year (SFY) 2014 to SFY 2017 due to continued work recruiting benefits counselors and partners statewide. The downward trend in SFY 18 is due to lower number of health fairs to participate in, reduced funding; no money for marketing campaigns and an increase of insurance plans heavily marketing benefits counseling and enrollments. *Note: SFY is from July 1 – June 30 each year.*



WAIT LIST

There is no wait list for this service.

DATA COLLECTION METHODOLOGY

Client contacts were reported in the National Performance Reporting (NPR) data base managed and provided by CMS until June 2018. The method of data for client contacts are currently provided in the SHIP Tracking and Reporting System (STARS) provided by ACL.

COST

There is no cost to consumers for this service. However; the cost value of SHIP volunteer time to counsel a Medicare beneficiary, which could range from 45 minutes to many hours, depends on the need of the beneficiary. A plan comparison for a new Medicare beneficiary versus an appeal with multiple layers of research, follow up and letters of correspondence vary. In SFY2018 SHIP logged 13,315 volunteer counselor hours. The value of volunteer time per the Independent Sector for 2018 for Nevada equals \$21.85 totaling a valued savings of \$115,455.40 for Nevada SHIP. The national value of a volunteer hour is \$24.69 equaling \$130,461.96 in savings.

As of December 2018, there are 65 volunteers assisting the program in many ways from Medicare counseling, representing the program at health fairs, providing presentations in the community, conducting over the phone satisfaction surveys, data entry, and helping staff with training presentation to name a few duties. There are 2.5 FTE state staff administering the program with help from a grantee in northern Nevada, temporary staff and volunteers statewide.

FOR INFORMATION

SHIP Helpline: 1-800-307-4444 or visit <http://nevadaship.com/>

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION (ADSD)
FACT SHEET**

Senior Medicare Patrol (SMP)

PURPOSE

The Nevada Senior Medicare Patrol (SMP) mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling and education. The program increases public awareness about both the economic and health-related consequences associated with Medicare fraud, errors and abuse.

AUTHORITY

Administration for Community Living (ACL) Cooperative Agreement.

TARGET POPULATION

The target population is Medicare beneficiaries, family members, caregivers, as well as community providers and partners.

SERVICES

Staff and volunteers assist Medicare beneficiaries, family members, caregivers and providers by conducting group educational presentations and providing information at senior fairs and community events. SMP utilizes staff, volunteers and partners to provide counseling via a toll-free help line and face-to-face counseling sessions.

Nevada SMP disseminates fraud prevention and identification information through group presentations, media, outreach campaigns, and community events. Beneficiaries are assisted to resolve issues and complaints regarding Medicare, Medicaid, and other related healthcare issues. SMP refers suspected cases of fraud, waste, and abuse to appropriate investigative entities like Medicare contractors, Medicaid Fraud Control Unit, Attorney General, Office of the Inspector General, and Centers for Medicare and Medicaid Services.

FUNDING SOURCE

The Senior Medicare Patrol program is funded through the Health Care Fraud and Abuse Control (HCFAC) Program under the Administration for Community Living.

PROGRAM POLICIES AND PROCEDURES

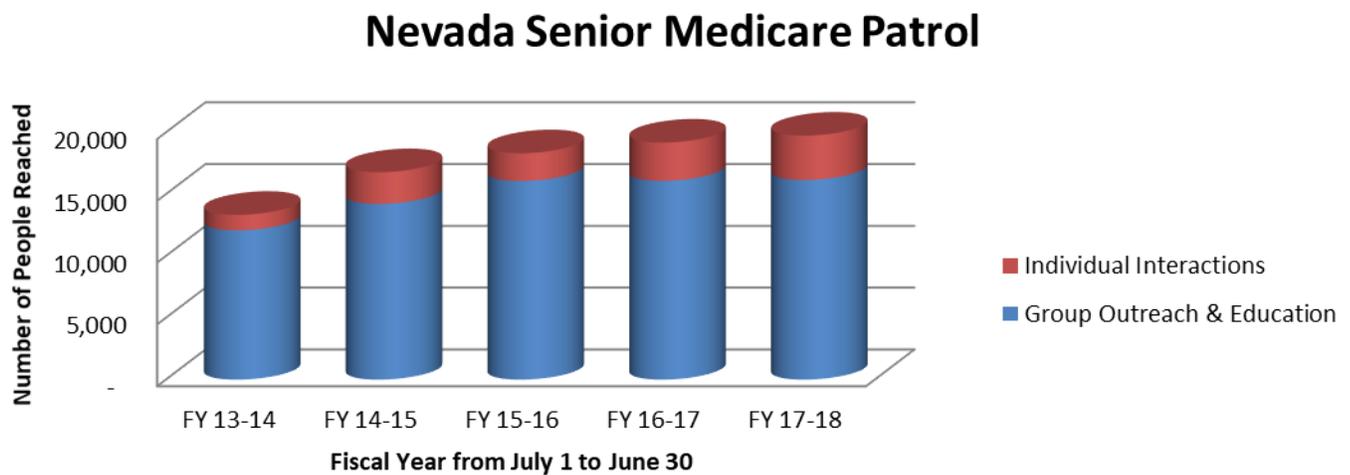
This award is subject to Department of Health and Human Services (DHHS) Administrative Requirements, which can be found in 45 CFR Part 74 and 92 and the Standard Terms and Conditions included in the Notice of Award as well as implemented through HHS Grant Policy Statement located at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>.

HISTORY

In 1997, U.S. Administration on Aging established 12 demonstration projects to recruit and train retired professionals to detect and report potential errors, fraud and abuse. There are SMP projects in all 50 states and Washington, DC, Puerto Rico, Guam and the U.S. Virgin Islands. Nevada SMP was established in 1999. In July 2011, the program was transferred to the Aging and Disability Services Division from the State of Nevada Attorney General's Office.

SERVICE TREND ANALYSIS

Number Served by Program - SMP conducts group outreach and education through activities such as staffing exhibits at health fairs and making presentations to groups. Additionally, staff and volunteers interact with individuals to educate and resolve beneficiaries' complaints and issues through counseling sessions. The steady increase in individual interactions during the last two fiscal years is the result of more active, trained volunteers statewide as well as more opportunities to exhibit and give presentations.



WAIT LIST

There is no wait list for this service.

DATA COLLECTION METHODOLOGY

Data is entered into the national SMP Information and Reporting System (*SIRS*) database.

COST

There is no charge to consumers for this service.

MISCELLANEOUS

In FY 2018, there were 84 SMP volunteers throughout the state. There are 2.20 FTE state staff administering the program with assistance from a grantee in northern Nevada, temporary staff and volunteers statewide.

FOR INFORMATION

SMP Help Line: 1-888-838-7305 or visit www.NevadaSMP.org or email smpinfo@adsd.nv.gov

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Taxi Assistance Program

PURPOSE

This program provides discounted taxicab fares to qualified individuals, age 60 and older, and persons of any age with a permanent disability through coupon booklets that are accepted by all taxicab companies in Clark County.

AUTHORITY

Nevada Revised Statutes (NRS) NRS 427A.070 (Services to Aging Persons and Persons with Disabilities)

Nevada Administrative Code (NAC) NAC 706.858 to 706.870 (Subsidized Transportation by Taxicab)

TARGET POPULATION

Nevada residents aged 60 or older or persons of any age with a permanent disability, and incomes below 300% of the Federal Poverty Level.

SERVICES

Clients may purchase \$20 taxicab coupons for a \$5 or \$10 fee, depending upon income. Coupons are valid for any Clark County taxicab company 24 hours a day, seven days a week. The number of books available for purchase by clients can vary throughout the year based on availability and budget.

FUNDING SOURCE

The Nevada Taxicab Authority provides funding for this program through a portion of taxicab rides taken in Clark County. Partial funding comes from the client's payment of \$5 or \$10 for \$20 worth of taxicab coupons.

PROGRAM POLICIES AND PROCEDURES

All participants must be residents of Nevada and have incomes within the program criteria. The client contributes \$5 or \$10 to the cost at the point-of-sale of the book based on income percentage according to the Federal Poverty Level Guidelines.

Clients with an annual gross income at or below 200% of the Federal Poverty Level (\$0-\$24,280 individual/\$0-\$32,920 couple) contribute \$5 and; clients with an annual gross income 201%-300% of the Federal Poverty Level (\$36,420 individual/\$49,380 couple) contribute \$10.

HISTORY

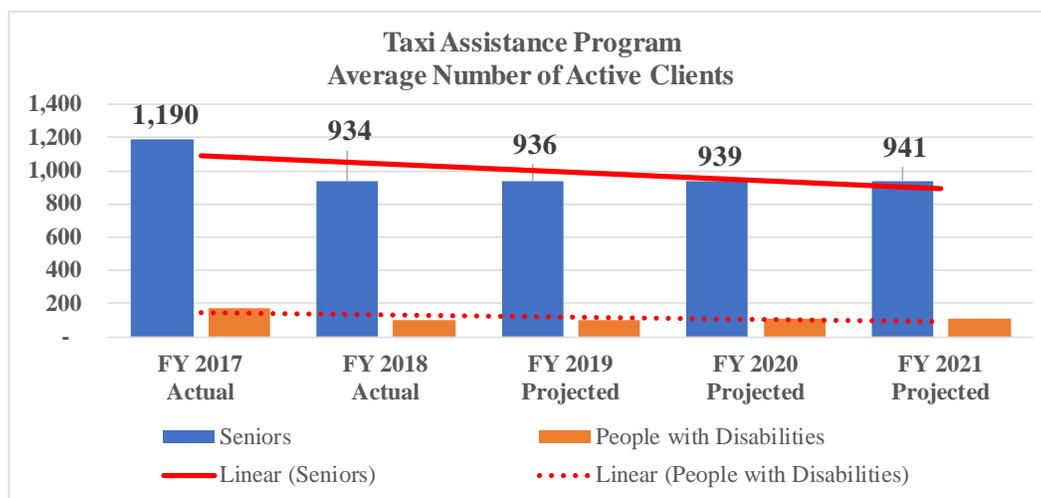
This program began in 1980 under the auspices of the Nevada Taxicab Authority. In 1995 the Subsidized Transportation Taxicab Program was transferred from the Taxicab Authority to the Division for Aging Services.

Previously known as Senior Ride, this program's name changed to Taxi Assistance Program in 2012, to better match its target population of seniors, age 60 and older, and persons of any age with permanent disabilities.

SERVICE TREND

Book sales significantly decreased September 2012 forward due to change in eligibility criteria. In January 2015, book sales were changed to allow variable book pricing (\$5 or \$10 client co-pay depending upon income).

The average number of active unduplicated clients served in SFY 2017 was 1,190. The average number of active unduplicated clients served in SFY 2018 was 934. The number of books purchased by clients varies each month based on client needs, available money to purchase books, and other variables.



** SFY 19 and SFY 20 Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.*

WAITLIST

There are currently 1,122 program participants enrolled in the Taxi Assistance Program. There is currently no wait list.

DATA COLLECTION METHODOLOGY

Data is entered into the ADSD IT system, Social Assistance Management System (SAMS). This data includes demographics, sales, and other client information. The data is analyzed for monthly and quarterly reporting purposes.

COST

A coupon book has a total cost of \$20. The Nevada Taxicab Authority contributes \$15 or \$10 depending upon the client contribution. In SFY 2018, the cost per program participant was \$1,347 or approximately \$112 per month. On average, program participants purchased approximately 4 books per month.

FOR INFORMATION

Las Vegas Taxi Assistance Program Office: (702) 486-3581

Website: http://adsd.nv.gov/Programs/Seniors/TAP/TAP_Prog/

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Older Americans Act Title III-B Program

PURPOSE

To provide community-based, social supportive services that help keep older adults living independently in their homes and communities rather than being institutionalized in facilities.

AUTHORITY

The Older Americans Act (OAA), Title III, Part B

TARGET POPULATION

Individuals who are age 60 and over. In keeping with the OAA, priority is given to eligible individuals with greatest economic and/or social need, with particular attention to individuals who are: low-income; frail; live in a rural area; low-income and in a minority population; and/or have limited English proficiency.

SERVICES

Services funded are social supportive services, such as:

Adult Day Care: Planned care for dependent adults in a supervised, protective, congregate setting during some portion of a day.

Homemaker: Assistance provided to persons having difficulty with general cleaning, shopping for groceries and prescriptions, picking up mail and other essential household tasks.

Legal Assistance: Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney. Also funded is Legal Ward Representation, which provides assistance, consultation and representation in legal matters to maintain rights and improve the quality of life of older persons who are being considered by the court for guardianship or under guardianship.

Personal Emergency Response System: The Personal Emergency Response System (PERS) program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter or receive a computer-assisted or volunteer telephone reassurance call to ensure that they are safe, to remind them to complete certain tasks, take medication, prepare for appointments, or meet needs as defined in a care plan.

Respite Care: A non-medical service provided to a client by a respite worker to allow the in-home primary caregiver the opportunity to perform other responsibilities. This service may also use vouchers to purchase respite care.

Transportation: Provides safe transportation for access to services such as: nutrition, medical services, social services, adult day care, shopping and socialization. Includes Transportation Vouchers, provision of escorted or independent transportation by trained grantee staff or volunteers.

FUNDING SOURCE

The Older Americans Act, Title III, Part B through an annual allocation from the Administration for Community Living. Nevada's General Fund also provides funds to meet state match requirements and support rural programs.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source are made available through a competitive application process. ADSD creates a Request for Applications (RFA). An RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

Older American Act funded services are available to all older adults age 60 or above. Services are prioritized to low-income, frail individuals, age 60 or older.

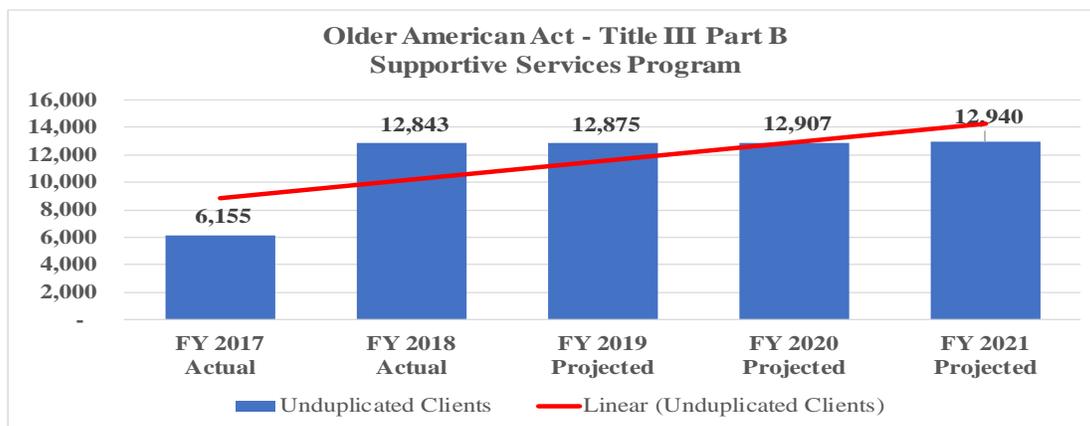
HISTORY

The OAA was signed into law on July 14, 1965. In 1971, the Title III-B Program began in Nevada. The OAA was reauthorized on April 19, 2016 (P.L. 114-144), through Federal Fiscal Year 2019.

SERVICE TREND ANALYSIS

Total number served in SFY 2017 is 6,155 unduplicated clients, provided with 318,989 units of service. Total number served in SFY 2018 is 12,843 unduplicated clients, provided with 96,153 units of service.

Because funds from the Older Americans Act, Title III-B, and Independent Living Grant (ILG - Tobacco Settlement, Fund for a Healthy Nevada) are awarded to support similar types of services, some programs are moved from one funding source to the other from year-to-year to maximize services provided with available funds from each source. This causes a variation in consumers served that prevents meaningful trend analysis of either III-B or ILG individually.



* Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.

WAITLIST

Wait lists are determined by surveying grantees annually in April. The intent is to identify programs with wait lists and address wait lists to the extent that funding is available.

DATA COLLECTION METHODOLOGY

Programs that receive Title III funding are required to enter consumer data into the ADSD IT system, the Social Assistance Management System (SAMS). This data includes demographic information, other consumer information and information about services delivered to each consumer.

COST

The average cost per unduplicated client served with this funding is \$180. The actual cost per person varies depending on the type of service and the organization providing the service.

Programs set recommended donation rates for services, but consumers may or may not offer a voluntary and confidential donation. Consumers may also participate in a sliding-fee scale payment system in order to cost-share for services, with the exception of services prohibited from cost sharing by ACL, including: Information and Referral; Outreach; Case Management; Benefits Counseling; Ombudsman; Elder Abuse Prevention; Legal Assistance and other consumer protection services; and Congregate and Home Delivered Meals. Services may not be withheld for lack of donation or cost-share payment. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

FOR INFORMATION

Carson City Office: (775) 687-4210
Elko Office: (775) 738-1966

Las Vegas Office: (702) 486-3545
Reno Office: (775) 688-2964

Website: <http://adsd.nv.gov/Programs/Grant/Resources/>

Email: ADSDGrants@adsd.nv.gov

**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Older Americans Act, Title III, Part C-1: Congregate Meals Program

PURPOSE

To provide nutritious meals at congregate sites, usually at senior centers, for consumers who can travel and have transportation available. Congregate sites offer socialization, a variety of activities, and nutrition education.

AUTHORITY

Older Americans Act (OAA), Title III, Part C1

TARGET POPULATION

Individuals age 60 or older and their spouses of any age; Individuals with disabilities, who are under age 60 and reside in housing facilities occupied primarily by older individuals, which have established ADSD-funded congregate meal sites; Individuals with disabilities, who are under age 60 and reside with an eligible older individual; and Individuals providing essential volunteer service during meal hours at a congregate site.

In keeping with the OAA, priority is given to eligible individuals with greatest economic and/or social need, with particular attention to individuals who are: low-income; frail; live in a rural area; low-income and in a minority population; and/or have limited English proficiency.

SERVICES

Nutrition services funds under Title III-C1 provide meals to seniors in congregate settings, usually at senior centers, and in accordance with established dietary guidelines and food safety standards.

FUNDING SOURCE

The Older Americans Act, Title III, Part C1 through an annual allocation from the Administration for Community Living. State General Fund also provides funds to meet state match requirements and support rural programs.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source are made available through a competitive application process. ADSD creates a Request for Applications (RFA). A RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

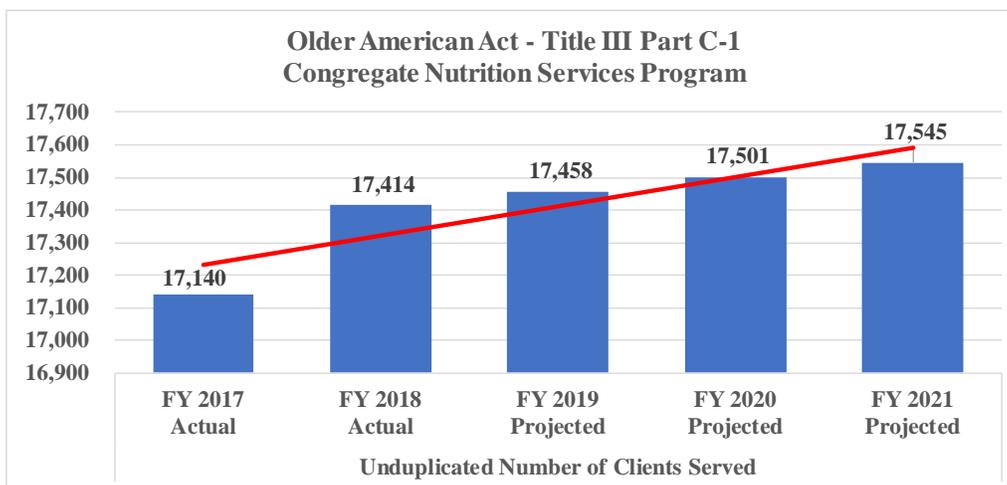
All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

HISTORY

OAA was signed into law on July 14, 1965. In 1971, the Title III-C1 Congregate Meal Program began in Nevada. The OAA was reauthorized on April 19, 2016 (P.L. 114-144), through Federal Fiscal Year 2019.

SERVICE TREND ANALYSIS

Total number served in SFY 2017 is 17,140 unduplicated consumers, provided with 49,620 units of service (Meals). Total number served in SFY 2018 is 17,414 unduplicated consumers, provided with 607,352 units of service (Meals).



** Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.*

WAIT LIST

There are no ongoing waitlists for congregate meals because any eligible consumer may attend a congregate meal site.

DATA COLLECTION METHODOLOGY

Programs that receive Title III funding are required to enter consumer data into the ADSD IT system, the Social Assistance Management System (SAMS). This data includes demographic information, other consumer information and information about services delivered to each consumer.

COST

Programs set recommended donation rates for meals, but consumers may or may not offer a voluntary and confidential donation. Services may not be withheld for lack of donation. The current ADSD congregate fixed-fee meal reimbursement rate is \$2.20 per meal. For categorical grants, ADSD has capped congregate meal costs at \$6.00 per meal. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

FOR INFORMATION

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Reno Office: (775) 688-2964

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**STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
AGING AND DISABILITY SERVICES DIVISION
FACT SHEET**

Older Americans Act, Title III, Part C-2: Home-Delivered Meals Program

PURPOSE

To provide nutritious, delivered meals to homebound older adults who are too frail to attend a congregate meal site, along with beneficial nutrition education. The program ensures that home-delivered meal drivers verify the wellbeing of clients at the time meals are delivered, as meals must be delivered in-person to the client.

AUTHORITY

Older Americans Act (OAA), Title III, Part C-2

TARGET POPULATION

Homebound individuals age 60 or older, spouses of eligible older individuals, and individuals with disabilities, who reside with eligible individuals over age 60. In keeping with the OAA, priority is given to eligible individuals with greatest economic and/or social need, with particular attention to individuals who are: low-income; frail; live in a rural area; low-income and in a minority population; and/or have limited English proficiency.

SERVICES

Nutrition services funds under Title III-C2 provide fresh or frozen home-delivered meals in accordance with established dietary guidelines and food safety standards.

FUNDING SOURCE

The Older Americans Act, Title III, Part C2 through an annual allocation from the Administration for Community Living. State General Fund also provides funds to help alleviate waitlists, meet state match requirements and support rural programs.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source are made available through a competitive application process. ADSD creates a Request for Applications (RFA), also known as a Notice of Funding Opportunity (NOFO) or Notice of Funding Availability (NOFA). An RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

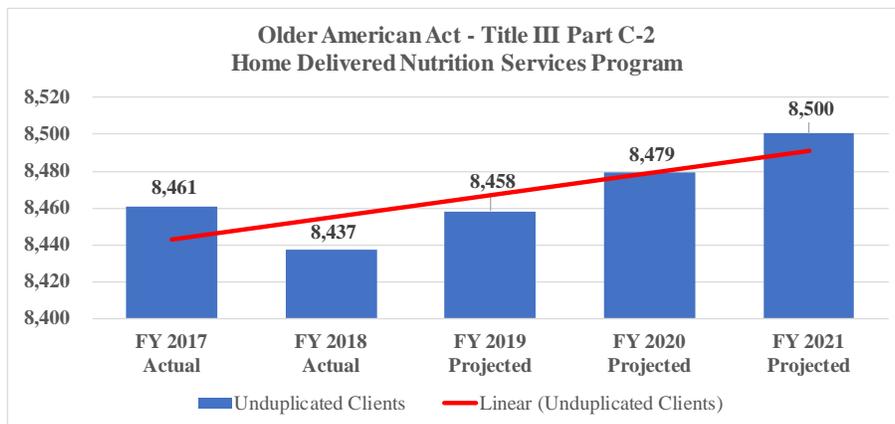
All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

HISTORY

OAA was signed into law on July 14, 1965. In 1971, the Title III-C-2 Program began in Nevada. The OAA was reauthorized on April 19, 2016 (P.L. 114-144), through Federal Fiscal Year 2019. ADSD's fixed-fee rate per home-delivered meal was increased from \$2.65 to \$3.15 on January 1, 2018.

SERVICE TREND ANALYSIS

Total number served in SFY 2017 is 8,461 unduplicated clients, provided with 1,575,938 units of service (Meals). Total number served in SFY 2018 is 8,437 unduplicated clients, provided with 1,562,210 units of service (Meals).



** Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.*

WAITLIST

Two home-delivered meal programs in Nevada have reported waitlists: City of Henderson and Catholic Charities of Southern Nevada, which serves Las Vegas and North Las Vegas.

As of December 2018, approximately 62 individuals had been deemed eligible for service and were placed on a waitlist. There were an additional 459 older adults in Las Vegas/North Las Vegas and 131 in Henderson waiting to be assessed for placement on a waitlist. Historically, 90 percent waiting for assessment become certified. Therefore, the waitlist is estimated to be 593.

DATA COLLECTION METHODOLOGY

Programs that receive Title III funding are required to enter program data into the ADSD IT system, Social Assistance Management System (SAMS). This data includes client information, including demographics, and detail on services provided to each client.

COST

Programs set recommended donation rates for meals, but consumers may or may not offer a voluntary and confidential donation. Services may not be withheld for lack of donation. The current ADSD fixed fee home delivered meal reimbursement rate is \$3.15 per meal. For categorical grants, ADSD has capped home delivered meal costs at \$6.50 per meal. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

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**Older Americans Act, Title III-D:
Evidence-Based Disease Prevention and Health Promotion**

PURPOSE

To support evidence-based programming to effectively prevent disease or promote health. Healthy aging reduces healthcare costs and increases quality of life for older adults.

TARGET POPULATION

Individuals who are age 60 and over. In keeping with the OAA, priority is given to eligible individuals with greatest economic and/or social need, with particular attention to individuals who are: low-income; frail; live in a rural area; low-income and in a minority population; and/or have limited English proficiency.

SERVICES

Provides evidence-based (EB) programs, proven to prevent disease or promote health and wellness. Health promotion and disease prevention interventions that educate participants about their health conditions, how to manage them, and/or ways to adopt healthy behaviors to enhance their overall quality of life. These evidence-based programs provide education and tools, which empower older adults to manage their health, thereby reducing health care utilization and costs associated with their health condition.

These programs must meet the highest level of evidence-based criteria, set forth by the Administration on Community Living (ACL) and described in ADSD's Service Specifications.

FUNDING SOURCE

The Older Americans Act, Title III, Part D through an annual allocation from the Administration for Community Living.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source by community partners, are made available through a competitive application process. ADSD creates a Request for Applications (RFA). An RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

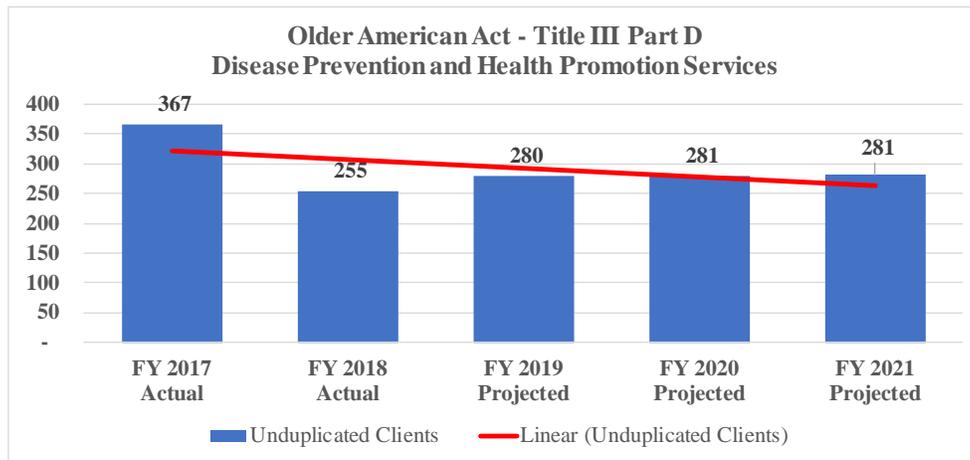
HISTORY

The OAA was signed into law on July 14, 1965. Title III-D of the OAA was established in 1987. The OAA was reauthorized on April 19, 2016 (P.L. 114-144), through Federal Fiscal Year 2019.

Congressional appropriations for FY2012 included an evidence-based requirement for the first time. Prior to the implementation the requirement, Title III-D had more flexibility in range of services that could be funded, such as: routine health screening, nutritional counseling and education services, health promotion, physical fitness, home injury control, mental health screenings, etc. Beginning October 1, 2016, Title III-D funds may only be spent on health promotion programs that meet the current, highest-level evidence-based criteria definition as defined by the Administration for Community Living.

Service Trend Analysis

Funded evidence-based programs include: Fit and Strong; Chronic Disease and Self-Management Support Programs such as Chronic Disease Self-Management Program (English and Spanish), Diabetes Self-Management Program (English and Spanish), Cancer: Thriving and Surviving, Power Tools for Caregivers, Pain Self-Management Program, HIV; Dementia Caregiver Supportive Program such as Care Partners Reaching Out (CarePRO) and Savvy Caregiver



* Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth, aging and program reach.

Due to the evidence-based requirements, each type of service has a different structure and different service units.

WAIT LIST

There is no wait list at this time.

DATA COLLECTION METHODOLOGY

Programs that receive Title III funding are required to enter consumer data into the ADSD IT system, the Social Assistance Management System (SAMS). This data includes demographic information, other consumer information and information about services delivered to each consumer. The complexity of evidence-based programming does not tend to fit into the structure of SAMS; therefore, a separate reporting tool is used to collect data based on the fidelity and class session configuration of each evidence-based program.

COST

The average cost per unduplicated client served with this funding is \$529. The actual cost per person varies depending on the type of service and the organization providing the service.

Programs set recommended donation rates for services, but consumers may or may not offer a voluntary and confidential donation. Services may not be withheld for lack of donation or cost-share payment. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

MISCELLANEOUS

Links to evidence-based program information and examples:

- <https://www.acl.gov/programs/health-wellness/disease-prevention>
- <https://www.ncoa.org/resources/ebpchart/>

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The National Family Caregiver Support Program – Title III-E

PURPOSE

This program addresses the needs of family caregivers by increasing the availability and efficiency of caregiver support services, including long-term care planning resources.

AUTHORITY

The Older Americans Act, Title III, Part E

TARGET POPULATION

Family caregivers of adults age 60 or older; Grandparents and caregivers, age 55 or older, of children not more than 18 years of age, who are related by blood, marriage or adoption; and Parents, age 55 and older, caring for an adult child with a disability.

SERVICES

The following five categories of supportive services can be funded: Information to caregivers about available services; Assistance to caregivers in gaining access to supportive services; Individual counseling, support groups and caregiver training to assist caregivers in making decisions and solving problems relating to their roles; Respite care to temporarily relieve caregivers from their responsibilities; and Supplemental services, on a limited basis, to complement the care provided by caregivers.

FUNDING SOURCE

The Older Americans Act, Title III, Part E through an annual allocation from the Administration for Community Living.

PROGRAM POLICIES AND PROCEDURES

Services provided under this funding source are made available through a competitive application process. ADSD creates a Request for Applications (RFA). An RFA contains information on the funding authority for the grant, a description of the grant program, the state's goals and priorities in making the grant, eligibility requirements for applicants, available funding amounts, expectations, requirements and other information pertinent to the funding, service and application process.

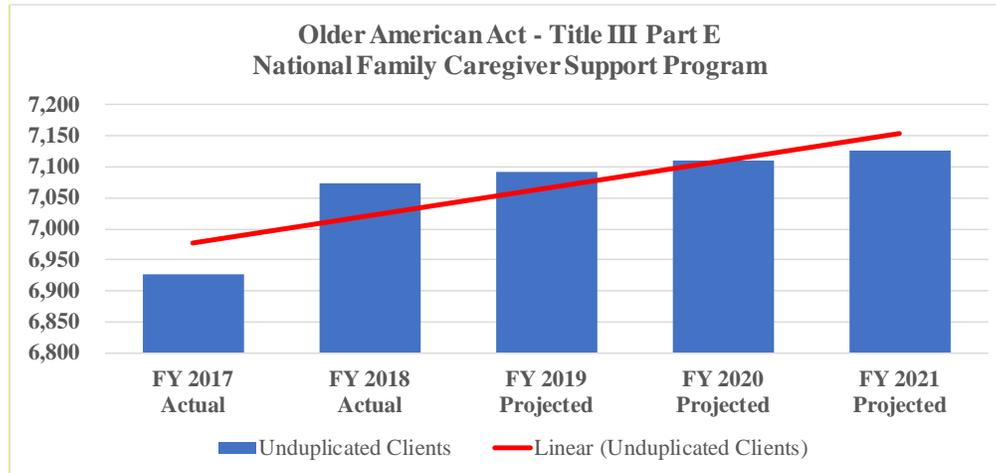
All services provided by subrecipients must be in compliance with Service Specifications and Fiscal instructions called Requirements and Procedures for Grant Programs (RPGPs). Subrecipients must also agree to the terms of the Notice of Subaward and incorporated Confidentiality Addendum, Assurances, Disclaimers and Reporting Requirements.

HISTORY

The OAA was signed into law on July 14, 1965. The Title III-E National Family Caregiver Support Program was enacted into law in November 2000. The OAA was reauthorized on April 19, 2016 (P.L. 114-144), through Federal Fiscal Year 2019.

SERVICE TREND ANALYSIS

Total number served in SFY 2017 is 6,926 unduplicated clients, provided with 49,620 units of service. Total number served in SFY 2018 is 7,074 unduplicated clients, provided with 49,740 units of service.



** Projections are based on data from 7/1/2016 – 6/31/2018 and that the programs have mostly stabilized. A small percentage increase was added for SFY 19, SFY 20 and SFY 21 to account for population growth and aging.*

WAITLIST

No wait list at this time.

DATA COLLECTION METHODOLOGY

Programs that receive Title III funding are required to enter program data into the ADSD IT system, Social Assistance Management System (SAMS). This data includes client information, including demographics, and detail on services provided to each client.

COST

The average cost per unduplicated client served with this funding is \$141. The actual cost per person varies depending on the type of service and the organization providing the service.

Consumers may voluntarily donate for any service provided. They may also participate in a sliding-fee scale payment system in order to cost share for services, with the exception of services prohibited from cost sharing by the Administration for Community Living, including: Information and Referral, Outreach, Case Management, Benefits Counseling, Ombudsman, Elder Abuse Prevention, Legal Assistance and other consumer protection services, and Congregate and Home Delivered Meals. Services may not be withheld due to lack of payment by the client. All funded partners are required to provide matching funds. Match may be non-federal cash contributions or non-federal in-kind contributions.

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