MINUTES OF THE MEETING OF THE COMMITTEE TO STUDY THE NEEDS RELATED TO THE BEHAVIORAL AND COGNITIVE CARE OF OLDER PERSONS
(Senate Bill 121 [Chapter 522] Statutes of Nevada 2017)
June 14, 2018

The meeting of the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons (created by Senate Bill 121, 2017) was held at 9:08 a.m. on Thursday, June 14, 2018, in Room 2135 of the Legislative Building, 401 South Carson Street, Carson City, Nevada, with videoconference to Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada.

COMMITTEE MEMBERS PRESENT IN CARSON CITY:
Senator Woodhouse, Chair
Senator Ratti
Senator Goicoechea
Assemblyman Daly
Assemblyman Wheeler

COMMITTEE MEMBERS PRESENT IN LAS VEGAS:
None

COMMITTEE MEMBERS ABSENT:
Assemblywoman Benitez-Thompson, Vice Chair

STAFF:
Sarah Coffman, Principal Deputy Fiscal Analyst, Fiscal Analysis Division
Mark Krmpotic, Senate Fiscal Analyst, Fiscal Analysis Division
Judy Lyons, Committee Secretary, Fiscal Analysis Division
Kristin Roberts, Senior Principal Deputy Legislative Counsel, Legal Division

EXHIBITS:
(Exhibit A) Agenda
(Exhibit B) Work Session Document
(Exhibit C) Draft Meeting Minutes from the April 10, 2018, Meeting

I. ROLL CALL.

Chair Woodhouse called the fourth meeting of the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons (Committee) to order at 9:08 a.m. and the secretary called roll. The members were present at the Carson City meeting

location with the exception of Assemblywoman Benitez-Thompson who was absent excused.

Chairwoman Woodhouse took the next agenda item out of order (see Agenda Item III).

II. PUBLIC COMMENT.

Ms. Helen Foley, Nevada Assisted Living Association stated that residential facilities are currently licensed under *Nevada Revised Statutes* (NRS) 435 and NRS 449; however, another interim committee's subcommittee is looking at getting that changed to encompass all residential facilities under NRS 449. She referred to Recommendation 19b (page 7, Exhibit B) and requested that the language be changed from "The Committee supports establishment and expansion of community-based residential facilities (group home)…" to "The Committee supports establishment and expansion of community-based residential facilities for groups (RFFG)…" to include all different types of homes, whether they are a supported living arrangement (SLA), community-based living arrangement (CBLA) or residential facility for groups.

Mr. Barry Gold, Director of Government Relations, AARP Nevada said the volume of recommendations received from the community specific to seniors and people with behavioral and cognitive needs signified the importance of this subject. He said with the increase in Alzheimer's and dementia in Nevada and across the country, it was imperative that something be done at the state level. On behalf of the 346,000 AARP members across the state, he thanked the Committee for supporting older adults and expressed appreciation for the caregiver recommendations included in the Committee's Work Session Document (Exhibit B).

Ms. Jane Gruner, former Division Administrator, Aging and Disability Services, Department of Health and Human Services stated she was in support of the recommendations made by the Alzheimer's Association to expand respite, to align provider education requirements, and to increase public awareness relative to dementia and Alzheimer's.

Ms. Donna DePauw suggested that the state set up a shadowing program for state workers who make site visits to behavioral health communities. She said people who spend time with their loved ones in those communities observe issues that state employees do not notice during their facility inspections. She said she would be happy to help state health care workers recognize the caregiving concerns that take place within the communities. She implied that people who work in these communities lack education and are disrespectful to the caregivers, and reminded the Committee that caregivers are the ones doing all the thinking, processing and going through all the emotions that are not necessarily recognized by the person who suffers from the disease. Ms. DePauw said she has tried to inform the communities of the mistreatment that is occurring, but when she does, she is considered a complainer.

Ms. DePauw acknowledged President Ronald Reagan, a victim of Alzheimer's, and his legacy of closing down mental health facilities and cutting federal aid for mental health programs. She said no one thought of it as a big deal then, but the consequences are apparent now. She expressed appreciation for the Committee's work.

Chairwoman Woodhouse took the next agenda item out of order (see Agenda Item V.D, Legal Issues).

III. OPENING REMARKS AND COMMITTEE INTRODUCTIONS.

Chair Woodhouse thanked everyone for attending the meeting and conveyed meeting room protocol to all in attendance.

Chairwoman Woodhouse took the next agenda item out of order (see Agenda Item II).

IV. APPROVAL OF THE MINUTES OF THE APRIL 10, 2018, MEETING.

SENATOR RATTI MOVED FOR APPROVAL OF THE MINUTES FROM THE APRIL 10, 2018, MEETING (EXHIBIT C).

ASSEMBLYMAN WHEELER SECONDED THE MOTION.

THE MOTION CARRIED UNANIMOUSLY.

V. WORK SESSION – DISCUSSION AND POSSIBLE ACTION ON RECOMMENDATIONS RELATED TO THE BEHAVIORAL AND COGNITIVE CARE OF OLDER PERSONS, INCLUDING:

A. The diagnosis and treatment of older persons with behavioral and cognitive health issues, including resources for the diagnosis and treatment; training related to the diagnosis and treatment; and increasing the workforce of professionals who assist with the diagnosis and treatment.

B. Respite care, including programs, services, training, education and resources that may be provided to caregivers of older persons with behavioral and cognitive health issues.

C. The provision of housing and other facilities for older persons with behavioral and cognitive health issues, and programs and services that allow older persons with behavioral and cognitive health issues to remain in their home.

D. Legal issues, including revisions to certain guardianship provisions and referral of services for persons who require different services because of a dementia diagnosis.

The Work Session Document contains recommendations proposed at this and other meetings of the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons during the 2017-18 Legislative Interim. The document is available on the Committee's meeting page. A written copy may be obtained by contacting Judy Lyons, Committee Secretary, Fiscal Analysis Division, Legislative Counsel Bureau, at (775) 684-6821.

Ms. Sarah Coffman, Deputy Fiscal Analyst, Legislative Counsel Bureau

Ms. Coffman said the Work Session Document (WSD) (Exhibit B) was prepared by staff at the direction of the chair of the Committee. She explained that the WSD contains a summary of recommendations that were presented during public hearings, through communications with individual committee members or through correspondence submitted to the Committee, and was designed to assist committee members in decision making during the work session. Actions available for the committee members include legislation to amend NRS, transitory sections that do not amend the statutes, resolutions, statements in the Committee's final report, and letters of recommendation or support. Ms. Coffman clarified that the Committee may accept, reject, modify or take no action on the recommendations, and that the recommendations included in the WSD do not necessarily have the support or opposition of the Committee and are not in any preferential order. Legislative Counsel Bureau staff may, at the direction of the chair, coordinate with interested parties to obtain additional information for drafting purposes or for inclusion in the final report. She stated the submitted recommendations may have been combined with similar proposals or were revised by staff to include additional and necessary legal or fiscal information. Ms. Coffman noted that some recommendations may not include its fiscal impact.

Pursuant to NRS 218D.160, the Committee may request the drafting of not more than five legislative measures that relate to matters within the scope of the study. The approved recommendations for legislation, resulting from these deliberations, will be prepared as bill draft requests (BDRs) and submitted for introduction to the 2019 Legislature. Ms. Coffman indicated that, based on the Committee's direction, a total of 22 recommendations have been identified for the Committee's consideration, which includes 9 recommendations for BDRs. She noted that the Committee is allowed to combine recommendations to stay within the maximum number of allowable BDRs.

Ms. Coffman communicated that the recommendations are organized into five topic areas, including Diagnosis and Treatment, Training, Caregiver Support, Housing, and Legal Issues. Within those categories, the recommendations are listed in no particular order of importance. Per Chair Woodhouse's request, Ms. Coffman referred the members to page 8 (Exhibit B) of the WSD, and began her review of recommendations with Topic Area: Legal Issues.

D. TOPIC AREA: LEGAL ISSUES

Recommendations 20 through 22 address legal issues that older persons with behavioral and cognitive health problems experience in Nevada.

20. **Request the drafting of a bill to** identify a process to ensure individuals who are taken into custody through a Legal 2000 hold, but are later determined to be exempt from being held due to their dementia diagnosis, are reported to the Division of Aging Services so the individual may be returned to their home or assisted in finding appropriate housing.

    (Recommendation proposed by Homa Woodrum, Chief Advocacy Attorney, Department of Health and Human Services, Aging and Disability Services Division; and Anakaren Lamas, Ruth Gay and Niki Rubarth, Alzheimer's Association)

Chair Woodhouse alerted the Committee and staff to new information that she received from Assemblywoman Benitez-Thompson regarding Recommendation 20. She said this recommendation could be set aside as Assemblywoman Benitez-Thompson is working with another group that has accepted a similar recommendation as one of their BDRs. The Committee took no action on Recommendation 20.

21. **Request the drafting of a bill** to change guardianship laws so individuals with dementia can make decisions on their own for as long as they can make decisions. The BDR should allow individuals with dementia to designate specific people who can assist them in supportive decision-making.

    (Recommendation proposed by Homa Woodrum, Chief Advocacy Attorney, Department of Health and Human Services, Aging and Disability Services Division)

Senator Goicoechea said he would consider approving Recommendation 21, because it would be vetted in the legislative process; however, he expressed concerns relative to establishing at what point an individual is stable enough to make guardianship decisions, and the language used to structure the BDR.

Chair Woodhouse stated if the Committee members proceeded with both Recommendations 21 and 22, they could be combined into one BDR. She instructed staff to work with Ms. Woodrum to formulate the drafting of this BDR upon approval.

22. **Request the drafting of a bill to** amend the applicable provisions in Chapter 253 of NRS to require a public guardian, upon referral from law enforcement, adult/elder protective services, or a judge, to investigate the financial status, assets, medical, personal, and family history of the referred individual. Further amend the applicable provisions of Chapter 253 of NRS to require that a public guardian, upon said investigation, petition in a court of competent jurisdiction, to serve as that individual's guardian of the person and/or estate as potentially necessitated by their investigation. This recommendation would require the public guardian to receive otherwise confidential medical, personal, and/or financial records in conjunction with a referral for possible guardianship made by law enforcement, adult/elder protective services, or a judge.

    (Recommendation proposed by Homa Woodrum, Chief Advocacy Attorney, Department of Health and Human Services, Aging and Disability Services Division)

Chair Woodhouse asked Ms. Woodrum to come forward and address Recommendations 21 and 22.

Ms. Woodrum indicated it can take as many as eight years from the time an individual is diagnosed with dementia or Alzheimer's for the disease to advance to further executive function decline and affect competent decision making. She said the idea behind Recommendation 21 is to address the decision-making process in the very early stages of dementia. The amendment would be patterned after 2015's approach to the power of attorney for individuals with intellectual disabilities, using a different form that would accommodate individuals with dementia or Alzheimer's.

Ms. Woodrum explained that Recommendation 22 specifically relates to a question that Assemblywoman Benitez-Thompson posed during the January 29, 2018, meeting held by the Committee relating to state inconsistencies with how public guardian offices handle referrals for services. She emphasized that individuals are hesitant to seek public guardianship; however, those who lack the capacity or have no friends or family to serve as a conservator cannot render services such as dental treatment or medical care without a referral, and the public guardian is refusing referrals or to even investigate a referral. Ms. Woodrum explained that Recommendation 22 would provide some protection and understanding that public guardian referral requests would be limited to agencies that are good stewards of the information and would protect financial information and privacy in the course of their concern for the individual.

Senator Ratti said there was a significant amount of work done in the 2017 Legislative Session relative to guardianship and protecting the vulnerable, and requested the Committee not undo anything that was put into place at that time.

Ms. Woodrum agreed and, as a member of the Guardianship Commission, shared her personal interest in not touching those amendments. She explained that laws relative to public administrators and public guardians (NRS 253), the guardianship of adults (NRS 159), and the guardianship of minors (159A) provide safeguards that will apply no matter who is guardian. She explained that in Clark County, although Elder Protective Services might be aware of someone who is isolated and alone, and subject to exploitation, but the public guardian will not accept their referral; therefore, the Attorney General's Office, Counsel of Record, cites the public guardian in via a Nevada courts proceeding. Ms. Woodrum explained that the ADSD does not have the resources to look for family members, but the public guardian does using their existing investigative powers. Recommendation 22 would address the public guardians' concerns about accessing confidential information. Ms. Woodrum noted that the public guardian would not serve if it was not appropriate or if through the course of their investigation they found a family member who would serve or help the individual. Additionally, the intent is to not cut people off from the important useful aspects of having a supported decision maker. She said the amendment would not roll back NRS 159 or its updates, and would still grant individuals entitlement to attorneys and all the safeguards that have been built in. She reiterated that the only modification would be to allow the state to make a referral to the public guardian to investigate an individual in an attempt to help them.

Senator Ratti asked if there was a willingness on the part of the public guardians to take referrals if they had the legal safeguards to do so.

Ms. Woodrum reported that the public guardian in Clark County informed ADSD that NRS 253 contains a provision that states a public guardian cannot view confidential records without being appointed guardianship. As a result, no one was taking the step to petition the court for guardianship, which created the risk for a private, professional guardian to provide service with a safeguard that allowed them to receive confidential records from law enforcement, the court, or the state. Ms. Woodrum said this scenario caused a big concern, and justified the need to amend legislative statutory framework to have public guardians accessible to avoid that situation.

Senator Goicoechea said giving authority to someone to review personal records makes him nervous, especially when there might not be a public guardian in that particular county or jurisdiction. He said he would be more comfortable if a judge made the adjudication for a public guardian to investigate an individual's personal, medical and financial status and family history rather than law enforcement.

Ms. Woodrum stated some of the most supportive guardians that she has come across are rural public guardians, such as Sherry Stone in Lyon County and Nicole Thomas in Douglas County who actually accept referrals from concerned individuals within their respective community. She encouraged the Committee to include Ms. Stone and Ms. Thomas in their discussions during the bill draft phase to identify situations when help is needed, but forbidden by law. She questioned how to open the door to investigation without opening it so wide that it allows people to pry into personal and financial information, which is not the intent.

Chair Woodhouse repeated her request to have Ms. Woodrum involved in the BDR draft process.

> SENATOR RATTI MOTIONED TO COMBINE RECOMMENDATIONS 21 AND 22 INTO ONE BDR.
>
> ASSEMBLYMAN DALY SECONDED THE MOTION.
>
> MOTION PASSED UNANIMOUSLY.

Per the chair's request, Ms. Coffman directed the Committee to Topic Area: Diagnosis and Treatment on page 2 (Exhibit B) of the Work Session Document. Chair Woodhouse recommended that the Committee hear Recommendations 1 through 6 before taking questions.

A. TOPIC AREA: DIAGNOSIS AND TREATMENT

Recommendations 1 through 6 relate to the diagnosis and treatment of older persons with behavioral and cognitive health issues, and resources for the diagnosis and treatment of older persons with behavioral and cognitive health issues.

1. **Send a Committee Letter to** the Board of Medical Examiners encouraging the board to direct primary care physicians to use the guidelines developed by the Alzheimer's Association to diagnose dementia and Alzheimer's disease.

   (Recommendation proposed by Michael Splaine, CEO, Splaine Consulting, and Anakaren Lamas, Ruth Gay and Niki Rubarth, Alzheimer's Association)

Ms. Coffman explained that the numbered tabs in the WSD identified supporting documents that coincided with the recommendation numbers. Supporting documents for Recommendation 1 include a briefing for healthcare professionals; a fact sheet related to the billing codes associated with Alzheimer's disease; and a care-planning toolkit that aids doctors in identifying and diagnosing Alzheimer's and other dementias (page 9, Exhibit B).

2. **Send a Committee Letter to** the Governor and the Office of Grant Procurement, Coordination and Management within the Department of Administration encouraging the Executive Branch to research grants that support pilot projects targeted to deliver better care to older persons, and that any such pilot programs may be evaluated in order for the state to incorporate efficacious programs into its delivery model.

   (Recommendation proposed by Jeff Klein, President, Nevada Senior Services)

3. **Send a Committee Letter to** the Director of the Department of Health and Human Services and the Administrator of the Division of Health Care Financing and Policy, encouraging the division to conduct an analysis on potential cost savings that could result from providing a premium reimbursement for providers and facilities that employ professionals who are required to receive evidence-based education and training in the management of individuals with behavioral and cognitive health issues. The letter should encourage the division to determine if lower levels of assistance, and consequently lower costs, would result from the noted staff training in these facilities.

   If the division concludes that the noted premiums would result in cost savings, the division should consider recommending the noted premium reimbursements in the next update to the Medicaid State Plan.

   (Recommendation proposed by Dr. Dylan Wint, Director of Education in Neurodegenerative Disorders, Lou Ruvo - Cleveland Clinic Center for Brain Health)

Ms. Coffman referenced Dr. Wint's supporting documents for Recommendations 1 and 2 (page 63, Exhibit B).

4. **Send a Committee Letter to** the Chancellor of the Nevada System of Higher Education, as well as the Deans that oversee the System's Schools of Medicine, encouraging the System to research different ways to expand the pipeline of students receiving higher education in healthcare related fields specializing in geriatric care.

(Recommendation proposed by Barbara Edwards, Principal, Health Management Associates)

5. **Send a Committee Letter to** the Nevada Association of Counties encouraging the counties to consider expanding the role of their community paramedicine services to include routine healthcare services for persons with mobility limitations.

   (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates)

Ms. Coffman noted that discussions with Medicaid confirmed that paramedicine is a reimbursable service. She acknowledged a policy briefing that discusses the benefits and challenges of paramedicine in rural areas (page 69, Exhibit B).

6. **Include in the Committee's report** the following policy statements:

   a. The Committee supports training in programs focused on recognizing, diagnosing, treating and preventing behavioral and cognitive problems in older persons, as well as support for courses in evidence-based, caregiver-implemented interventions for cognitive and behavioral care for older persons.

      (*Recommendation proposed by Dr. Dylan Wint, Director of Education in Neurodegenerative Disorders, Lou Ruvo - Cleveland Clinic Center for Brain Health)*

   Ms. Coffman referenced Dr. Wint's supporting documents for Recommendation 3 (page 85, Exhibit B).

   b. The Committee encourages the creation of a mobile crisis unit trained to treat people with dementia in the person's home or in a facility setting to minimize the need to hospitalize or relocate the person to an unfamiliar, and often more costly, service setting.

   c. The Committee promotes collaboration between healthcare organizations and homeless shelters to ensure homeless people with dementia are receiving the proper treatment.

      (Recommendations (b) and (c) were proposed by Barbara Edwards, Principal, Health Management Associates)

Senator Goicoechea stated the letter associated with Recommendation 5, addressed to the Nevada Association of Counties (NACO), would be a good program, but was concerned that Minnesota was the only state that secured Medicaid reimbursement for community paramedicine services. He said if Nevada statute could be revised to include paramedicine as a Medicaid reimbursable service, it might expand the paramedicine services available to the rural communities.

Ms. Coffman said her understanding is that paramedicine is reimbursed by Medicaid currently. She cited Yerington as a community that provides primary care services. The issue remains that the counties who offer this service would need to provide additional training for their paramedics who provide these expanded services.

Senator Goicoechea said if paramedicine was already legal in Nevada, then paramedicine would be a great program, especially in the smaller outlying communities such as Austin where funding for paramedics is unavailable due to the limited number of calls. He said broadening the services provided by the paramedics could benefit those areas.

Chair Woodhouse suggested the Committee include in their Committee Letter to NACO the information on Medicaid reimbursement for paramedicine so the counties are alerted and take action, if applicable.

> SENATOR RATTI MOTIONED TO APPROVE RECOMMENDATIONS 1 THROUGH 6, WITH THE INCLUSION OF LANGUAGE IN RECOMMENDATION 5 MAKING COUNTIES AWARE THAT COMMUNITY PARAMEDICINE IS REIMBURSABLE BY MEDICAID.
>
> ASSEMBLYMAN DALY SECONDED THE MOTION.
>
> MOTION PASSED UNANIMOUSLY.

TOPIC AREA: TRAINING

Recommendations 7 through 9 relate to the training of caregivers and professionals who work with older persons with behavioral and cognitive health issues, as well as recommendations to increase the workforce of professionals who assist and treat older persons with behavioral and cognitive health issues.

7. **Request the drafting of a bill** to make an appropriation to support the Program to Provide Loans to Nursing Students as provided in NRS 396.890 – 396.898, and/or provide funding for the addition of Advanced Practice Register Nurse slots funded through the Western Interstate Commission for Higher Education (WICHE).

   (Recommendation proposed by Valerie Wiener, retired State Senator, Task Force on Alzheimer's Disease)

Ms. Coffman brought attention to NRS 396.890 that allows for a program to provide loans for nursing students (page 87, Exhibit B). She referenced Chancellor's Memorandum #02-01, dated March 14, 2002 (page 91), that introduced a new nursing loan program with an appropriation of $95,819. The memo included a summary of loan fund allocations, which were paid in full by 2011. She said there have not been any appropriations allocated to this program since 2011.

Ms. Coffman directed the members to Recommendation 1, submitted by the Task Force on Alzheimer's Disease on page 99 (Exhibit B), and noted that WICHE slots are currently provided for Advance Practice Registered Nurses (APRNs), including 19 slots for Fiscal Year (FY) 2019 that are funded at $7,700 per year.

8. **Send a Committee Letter to** the Chancellor of the Nevada System of Higher Education and the Dean of the University of Nevada, Las Vegas Boyd School of Law encouraging the provision of programs that include specific training related to Alzheimer's disease and other forms of dementia to educate law students and the legal community on issues such as competency and guardianship.

   (Recommendation proposed by Valerie Wiener, retired State Senator, Task Force on Alzheimer's Disease)

Ms. Coffman directed the members to Recommendation 2, submitted by the Task Force on Alzheimer's Disease, which provided additional information on this recommendation (page 101, Exhibit B).

9. **Send a Committee Letter to** the State Bar of Nevada encouraging it to promote awareness and education related to Alzheimer's disease and other forms of dementia through the Board of Continuing Legal Education.

   (Recommendation proposed by Valerie Wiener, retired State Senator, Task Force on Alzheimer's Disease)

Ms. Coffman directed the members to Recommendation 3, submitted by the Task Force on Alzheimer's Disease, for more information on this recommendation (page 103, Exhibit B).

Senator Ratti said the WSD contained more BDRs than the Committee had the ability to approve, and asked if some of the BDRs could be combined.

Chair Woodhouse stated that Recommendations 10 and 11 could be combined; Recommendations 14 and 15 could be combined; and, with the exclusion of Recommendation 20 (passed on to Assemblywoman Benitez-Thompson), five BDRs would be left to consider. The Committee is allowed to sponsor five BDRs total.

Chair Woodhouse asked staff if more information needed to be identified for Recommendation 7, because it required an appropriation.

Ms. Coffman asked the Committee to identify the appropriation and number of slots to add to the WICHE loan program for nursing. She noted that current WICHE slots for APRNs are estimated to be funded at $7,700 per slot, which could change in the 2019 Legislative Session.

Senator Goicoechea agreed that the number of slots associated with nursing in the WICHE program should be expanded, because the program allows WICHE-supported

students to attend out-of-state institutions at reduced tuition, which elevates their chances of getting accepted to a nursing program.

Ms. Coffman named the following states as WICHE participants: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming. Ms. Coffman corrected a statement she made earlier and clarified there are 17 slots funded for FY 2019, not 19, which was an increase from the 8 slots funded in FY 2018.

Chair Woodhouse said it would make more sense for the Committee to indicate the number of slots preferred versus an appropriation amount, so when the bill comes before the money committees, they will know how much will be allocated for the WICHE slots over the 2019-21 biennium.

Senator Goicoechea stated WICHE funding comes from Higher Education, and that past slot adjustments were made by taking from one program and adding to another program. He said adding slots for nursing will require an increase in that appropriation. He anticipates other committees will also promote the same message regarding Nevada's lack of healthcare professionals in the 2019 Legislative Session.

Senator Ratti questioned if the WICHE program issued grants or loans.

Senator Goicoechea spoke on behalf of the veterinary medicine program through WICHE, where the student pays 75 percent of his/her tuition and the student's home state pays 25 percent. He reiterated that Nevada is very limited relative to nursing schools, and that WICHE expands the number of schools available for students to apply and increases their chances of acceptance into a program without paying the high cost of out-of-state tuition.

Senator Ratti observed that the WICHE program does not regenerate the same as the program intended under Recommendation 7, Program to Provide Loans to Nursing Students. She said it took a decade, but the Program to Provide Loans to Nursing Students funding got paid back.

Senator Goicoechea clarified that through the WICHE program, a student can return to Nevada and get assistance with paying back their loan through working in a medically underserved area.

Ms. Coffman confirmed that if a student does not return to Nevada and fulfill the criteria set forth in their loan forgiveness program, the forgiven portion must be paid back.

Senator Ratti said, because WICHE is an established program, she was not sure what type of changes could be made. She agreed that adding slots for APRNs would help address the shortage of nurses/APRNs; however, it did not address the need for nurses with specialized training in geriatrics. She asked if the additional slots for nursing could include a mandate or request to specialize or become certified in geriatric programs.

Senator Goicoechea said he thought it was possible to enhance the criteria for WICHE slots as long as language specifying geriatric medicine is specified in the BDR.

He suggested opening some of the WICHE nursing slots to students seeking Certified Nursing Assistant (CNA) training since many CNAs work in assisted living facilities.

Chair Woodhouse agreed that a motion should include allocating a specific number of slots to nurses with geriatric training and possibly CNAs.

Senator Goicoechea stated that Great Basin College and Truckee Meadows Community College (TMCC) offer a short-term CNA program, but he was unaware of the particulars regarding acceptance and class size.

Chair Woodhouse invited members of the audience to the table to discuss slots or other specifics relative to the nursing loan program for inclusion in a BDR for Recommendation 7.

Mr. Jeffrey Klein approached the table and testified that there is a tremendous shortage of CNAs overall, and that CNAs with specific training and experience with dementia and Alzheimer's are almost nonexistent. He said nursing facilities, adult day care centers, and assisted living facilities are forced to "home grow" their nursing assistants. He stated that broadening the number of slots for short-term training programs, such as CNAs, would make an immediate impact on Nevada's delivery system related to health care.

Senator Ratti questioned if the WICHE program would allow appropriations to be used for a CNA-level nursing program.

Ms. Coffman stated she would have to check; however, her understanding is that slots are determined by the Legislature. She clarified that slots in the past had been eliminated and added through the budgeting process.

Senator Ratti reiterated that two issues would have to be considered, the number of slots and the level of practitioner, such as APRNs, RNs and CNAs. Since WICHE is an interstate collaborative, she questioned the Nevada Legislatures authority to set customized criteria.

Ms. Coffman said Nevada's Legislature does have the authority, and that the slots are based off the demand that is needed for each participating state. Each state can identify industries of critical need and fund those specific areas. She was not aware of any prohibitions behind any professions as they relate to being interchangeable between the states.

> SENATOR RATTI MOVED TO APPROVE RECOMMENDATION 7 WITH THE INTENT TO CREATE TEN ADDITIONAL SLOTS BASED ON AN ANALYSIS DIRECTING THOSE SLOTS TO THE APPROPRIATE CERTIFICATION LEVEL ALONG THE SPECTRUM OF CNA TO APRN, BASED ON AN ASSESSMENT OF NEED, WITH A REQUIREMENT, AS ALLOWED WITHIN THE WICHE PROGRAM, TO HAVE GERIATRIC TRAINING AS PART OF THEIR EXPERIENCE.
>
> ASSEMBLMAN DALY SECONDED THE MOTION.

Senator Goicoechea questioned the motion and asked if the Committee's objective was to add ten slots to the nursing field and require them all to have geriatric medicine training.

Senator Ratti clarified that her intent was to be firm on the requirement of geriatric training, but was leaving the door open in her motion in case the WICHE program did not allow for specific requirements, and to be flexible on the level of certification.

MOTION PASSED UNANIMOUSLY.

Chair Woodhouse suggested delaying a decision on Recommendation 7 and asked for a motion on Recommendations 8 and 9 to draft committee letters.

ASSEMBLYMAN WHEELER MOVED TO APPROVE RECOMMENDATIONS 8 AND 9.

SENATOR GOICOECHEA SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY.

TOPIC AREA: CAREGIVER SUPPORT

Recommendations 10 through 13 relate to programs, services, training, education and resources that may be provided to caregivers of older persons with behavioral and cognitive health issues.

10. **Request the drafting of a bill** that makes an appropriation to create a "no wrong door" linkage and referral system to expedite help for individuals in need of financial or informational resources related to caring for older persons with behavioral or cognitive health issues.

    (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; and testified on by Cheyenne Pasquale, Aging and Disability Services Division)

Ms. Coffman referred to the ADSD's follow-up responses to questions posed by the Committee at a previous meeting relative to the no wrong door system (page 105, Exhibit B). The response identified costs associated with the system, which were used to compile the estimate of $720,911 to expand the no wrong door system (page 109). The estimate included adding two staff members, a Social Services Program Specialist and a Management Analyst; increasing Resource Center sources by 50 percent; Nevada 2-1-1 training for 200 individuals; funding for "Assess My Needs" survey; certifications for navigators; marketing; and technology investment to create a warm handoff between Nevada 211 and the navigators.

11. **Request the drafting of a bill** to expand access to respite with state funds. Expansion of respite could be addressed through an increase in state funding allocated to the Independent Living Grant (ILG).

(*Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; Anakaren Lamas, Ruth Gay and Niki Rubarth, Alzheimer's Association; and Donna DePauw, Caregiver. Further testimony on this subject was provided by Jeff Duncan, Aging and Disability Services Division)*

Ms. Coffman indicated that Nevada's respite voucher program currently provides up to $1,000 to individuals who require respite services. However, due to the limited nature of the funding there is a waitlist of 147 people. She said Mr. Jeff Duncan, ADSD provided an estimate to fund the waitlist associated with the existing voucher program (page 111, Exhibit B), which included $147,000 for the additional vouchers and $72,403 for administrative costs (case workers), totaling $219,403.

12. Consider the following recommendations that would require private employers to allow their employees to use sick leave to care for the medical needs of an immediate family member:

    a. **Request the drafting of a bill to** reconsider Assembly Bill 394 from the 2017 Legislative Session, which would require a private employer that provides sick leave benefits to allow an employee to use his or her accrued sick leave for an absence due to an illness, injury, medical appointment or other authorized medical needs of a member of the employee's immediate family.

       (Recommendation proposed by Barry Gold, Advocate, AARP)

    Ms. Coffman referred the committee members to a copy of Assembly Bill (A.B.) 394 on page 113 (Exhibit B).

    b. **Send a Committee Letter to** the Speaker of the Assembly and the Senate Majority Leader encouraging the 2019 Legislature to override the Governor's veto of Senate Bill 196 from the 2017 Legislative Session. Under Article 4, Section 35 of the Nevada Constitution, if a bill is vetoed after the adjournment of a legislative session the Legislature may override the veto at its next session with a two-thirds vote of the Senate and a two-thirds vote of the Assembly. Senate Bill 196 would have required certain employers in private employment provide paid sick leave for, among other reasons, the care of a family member with a health condition.

    Ms. Coffman explained the difference between the two bills is that A.B. 394 requires employers that already provide paid sick leave to allow the employee to use it to care for a member of the immediate family, and Senate Bill (S.B). 196 requires certain employers to provide paid sick leave, which can be used for the care of the employee or a member of the employee's family.

13. **Include in the Committee's report** a policy statement encouraging the Task Force on Alzheimer's Disease to develop recommendations for caregiver training to identify the root cause of difficult behaviors demonstrated by individuals with dementia.

(Recommendation proposed by Michael Splaine, CEO, Splaine Consulting; and Dr. Peter Reed, University of Nevada, Reno, Sanford Center for Aging)

Ms. Coffman referred the committee members to an e-mail written by Dr. Peter Reed stating he was chairing a work group for the Task Force on Alzheimer's disease that is presently taking an inventory of all the dementia training programs that are currently in use, with the intent to develop more concrete recommendations for training (page 123, Exhibit B). He welcomed encouragement or recommendations from the Committee that addressed the importance of caregiver training.

Chair Woodhouse stated Recommendations 10 and 11 could be combined into one BDR. She noted Recommendation 10 would have a fiscal impact of approximately $720,000 and Recommendation 11 would have a fiscal impact of approximately $219,000.

Senator Goicoechea shared his dismay with receiving customer service through an in-bound call center. He said professionals believe referral systems are the way to go, and that they work for the newer generations, but was skeptical on spending $720,000 to create a no wrong door linkage when it came to struggling, elderly people using the system. He was not in support of Recommendation 10.

Chair Woodhouse stated a no wrong door linkage and referral system would help Nevada seniors and others who needed service or questions answered. She thought the system would be helpful and shared her desire to support Recommendation 10.

Senator Goicoechea indicated he would not oppose the bill; however, he admitted he was not a technical person and was having a hard time justifying the cost to develop the system.

Senator Ratti recalled conversations in prior years relative to achieving a comprehensive resource and referral system that was a true no wrong door regardless of the scope of need (e.g. Alzheimer's, substance abuse, etc.). She conveyed it is her greatest joy when the system works and her greatest frustration when other coalitions push for a new resource and referral system. Senator Ratti encouraged investing in the current resource and referral system to make it the best it could be, and emphasized that the navigators gave the system more of a human touch. She indicated that Nevada 2-1-1 has advanced features, such as connecting via text and online and mobile access, which is attractive to the millennials; however, the navigators support those who are less technically savvy. Senator Ratti expressed concern with the advantage of a no wrong door system if the only service it offered was placement on a waiting list. She recalled testimony relative to the $1,000 respite voucher and how quickly it spends down. She questioned if it would be more beneficial to allocate money to clear out the waiting list or to bump the amount of the respite grant so people could purchase more care. Senator Ratti expressed anguish over paying $72,000 in administrative fees on top of the $147,000 to clear out the respite voucher waitlist. She suggested clearing out the waiting list and increasing the grant amount, without accumulating more administrative costs, which would ultimately require a bigger appropriation, but would provide a greater service.

Chair Woodhouse agreed, and questioned the amount of the increase.

Senator Ratti suggested increasing the respite voucher from $1,000 per person to $1,200 per person in FY 2019, or to issue a percentage of the $200 on an annual basis, for three years, so the fiscal impact would not hit all in the first year of implementation. She asked when the last time the voucher received an increase in value to $1,000.

Ms. Coffman replied that she was not aware of the value of the last increase made to the respite voucher, and pointed out that the intent of Recommendation 11 was to only fund the waitlist. She reported the current caseload associated with the number of individuals receiving the respite voucher was approximately 1,650, and by adding 147 individuals from the waitlist would increase the caseload to nearly 1,800 individuals. By adding an additional $200 to 1,800 vouchers, the cost to fund the waitlist and increase the value of the voucher by $200 would cost approximately $360,000. After including the $72,000 in additional administrative fees, the total cost to expand respite would be approximately $431,000.

Senator Ratti questioned if the professionals in the audience would rather see more respite care being provided to more individuals or see improvement in the resource and referral system. She noted that the resource and referral system connects people to more services than just respite; however, respite was identified as the critical need.

Ms. Mary Liveratti testified that family members and professional caregivers made it very clear at the listening session that respite was most important. She said Nevada's INR system is not where it should be; however, she recommended the respite direct service.

Ms. Kristen Coulombe, Division of Health Care Financing and Policy said she did not have an opinion either way, but reminded the Committee of the respite services under the Community-Based Waiver for the Frail Elderly. She clarified that respite services under the frail elderly waiver are limited to those who income qualify, whereas services under the ILG are restricted to age.

Senator Woodhouse said the Committee may exceed their allowable number of BDRs if Recommendations 10 and 11 are addressed individually.

Ms. Kristin Roberts, Senior Principal Deputy Legislative Counsel, Legislative Counsel Bureau said it would depend on what happens during the rest of the work session.

Senator Ratti suggested it would be helpful to hear the other BDRs that have appropriation requests before making a decision.

Senator Woodhouse agreed and recommended the Committee take action on the remaining recommendations requesting committee letters or inclusion in the final report, and then make a decision on the balance of the BDRs.

Senator Goicoechea asked what happened to A.B. 394 (Recommendation 12a).

Ms. Coffman indicated it was her understanding that A.B. 394 never received a hearing.

Senator Goicoechea remarked that if A.B. 394 did not get a hearing in a house controlled by the Democratic Party, then if might not be worth wasting a BDR on.

Senator Ratti asked why Recommendation 12a sited A.B. 394 in their BDR when a bill sponsored by the Majority Leader actually received a hearing on paid sick leave, and made it through the entire process, but got vetoed.

Chair Woodhouse clarified that Senator Ratti was referring to S.B. 196, which was relevant to Recommendation 12b. She explained that if a bill is passed and then vetoed, the process is to ask the Speaker and Majority Leader to bring it up for reconsideration.

The Committee decided to hold Recommendations 12a and 12b until all recommendations for BDRs were heard.

Chair Woodhouse asked for a motion to approve Recommendation 13 for inclusion in the Committee's final report.

SENATOR RATTI MOVED TO APPROVE RECOMMENDATION 13.

ASSEMBLYMAN DALY SECONDED TO THE MOTION.

MOTION PASSED UNANIMOUSLY.

TOPIC AREA: HOUSING

Recommendations 14 through 19 relate to providing housing for older persons with behavioral and cognitive health issues, as well as providing programs and services that allow older persons with behavioral and cognitive health issues to remain in their homes.

14. **Request the drafting of a bill** making an appropriation to fund one mobile day care unit to serve areas of Nevada that do not have permanent adult daycare facilities.

    (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; and Jeff Klein, President, Nevada Senior Services)

Ms. Coffman referred the committee members to supporting documentation provided by Nevada Senior Services addressing mobile respite (adult day care) for Recommendation 14 (page 125, Exhibit B). She said the program would require five employees to manage the mobile unit, including one Social Worker, one Activities Specialist, one Nurse, one CNA, and one Administrative Assistant, as well as fringe benefits associated with those positions. Additionally, there would be ongoing expenditures for gas, supplies, materials, food, and overhead totaling approximately $339,600, and one-time start-up costs associated with the mobile unit of $35,000 for a vehicle and $5,000 for computers, for a total of $379,600 (page 128, Exhibit B). She emphasized that the cost included only one mobile unit.

15. **Request the drafting of a bill** making an appropriation to fund a set amount of needs-based subsidies for caregivers who enroll their care recipient in a day care program, where the employees have been trained professionally in the treatment of persons with behavioral and cognitive health issues. The Committee may wish to consider identifying certain eligibility requirements for individuals to receive the funds.

    (*Recommendation proposed by Dr. Dylan Wint, Director of Education in Neurodegenerative Disorders, Lou Ruvo - Cleveland Clinic Center for Brain Health)*

Ms. Coffman reported that Nevada Senior Services indicated the Medicaid rate of $57.43 per day would be deemed appropriate reimbursement for adult day care. To further calculate the appropriation estimate, variables such as maximum allowable days of service and eligibility criteria need to be defined in order to reduce the number of individuals that qualify for the program. Ms. Coffman conveyed the Committee may wish to consider reimbursement on a first come first served basis, because once the appropriation becomes depleted, stipulations would need to be in place to prioritize the recipient list.

16. **Send a Committee Letter to** the Director of the Department of Health and Human Services encouraging the Department to review staffing levels of healthcare professionals and other staff in skilled nursing facilities to determine if they are appropriate.

    (Recommendation proposed by Donna DePauw, Caregiver)

Ms. Coffman referenced supporting documentation for Recommendation 16, *Nevada Administrative Code* (NAC) for skilled nursing facilities (page 131, Exhibit B), and sited NAC 449.74517, as it pertains to the nursing staff in skilled nursing facilities, which read, "A facility for skilled nursing shall ensure that there is a sufficient number of members of the nursing staff on duty at all times to provide nursing care to and attain and maintain the highest practicable physical, mental and psychosocial well-being of each patient in the facility in accordance with his or her plan of care."

17. **Send a Committee Letter to** the Director of the Department of Health and Human Services encouraging the Department to evaluate how the addition of a fourth tier to the Medicaid reimbursement rates of assisted living providers, as approved by the 2017 Legislature, has impacted the relocation of hard to place individuals to out-of-state facilities for specialized care.

    (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates)

Ms. Coffman noted that, because the fourth tier Medicaid reimbursement rate had not been implemented until recently, Medicaid has not had the opportunity to evaluate who is receiving these services at this time.

18. **Send a Committee Letter to** the Governor, the Director of the Department of Health and Human Services and the Chairs of the Senate Committee on Finance and Assembly Committee on Ways and Means during the 2019 Legislative Session, recommending and expressing support for the evaluation of reimbursement rates provided to community-based providers serving behaviorally complex older adults in comparison to reimbursement rates provided to skilled nursing facilities, in order to determine if the rates provided for the type of facility are comparable with the level of services being provided.

    (Recommendation proposed by Jeff Klein, President, Nevada Senior Services)

Ms. Coffman noted that supporting documentation for Recommendation 18 included an analysis of costs associated with increasing reimbursement rates for services in assisted living facilities in order to be at parity with skilled nursing facilities (page 139, Exhibit B). Per Medicaid, skilled nursing facilities, on average, provide a daily reimbursement rate for services of $129. Currently, the daily reimbursement rates for services in assisted living facilities are $23 for Level 1, $52 for Level 2, $69 for Level 3, and $83 for Level 4. To provide parity, daily reimbursement rates in assisted living facilities would need to be adjusted to $55 per day for a Level 1 service, $69 for Level 2, $103 for Level 3, and $129 for Level 4. Ms. Coffman pointed out that the level of services are different when comparing those services rendered in an assisted living facility to services obtained in a skilled nursing facility. To provide parity at assisted living facilities, at the maximum adjusted rates, would cost $10.8 million. Given the services are supported by Medicaid, and Federal Medical Assistance Percentages (FMAP) rates apply, federal matching funds would amount to $7.1 million, leaving the state's share of $3.7 million. She emphasized that the adjustments made to the reimbursement rates do not take into consideration the level of services provided through assisted care living facilities and skilled nursing facilities.

19. **Include in the Committee's report** the following policy statements:

    a. The Committee encourages the enhancement of telehealth capabilities and the inclusion of remote monitoring and distance education for healthcare professionals and nonprofessional caregivers. In addition, the Committee supports increasing the use of telemedicine services provided by individuals with training, experience and expertise in cognitive and behavioral care for older persons.

        (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; and Dr. Dylan Wint, Director of Education in Neurodegenerative Disorders, Lou Ruvo - Cleveland Clinic Center for Brain Health)

    b. The Committee supports the establishment and expansion of community-based residential facilities (group homes) located in rural communities that have the ability to provide long-term care for a small number of individuals with dementia.

(Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; Michael Splaine, CEO, Splaine Consulting; and Anakaren Lamas, Ruth Gay and Niki Rubarth, Alzheimer's Association. In addition, testimony was provided by Alfred Johnson, Director, Wisconsin Department of Health and Human Service)

Ms. Coffman noted that, per discussions with Medicaid, no NRS changes would be required to facilitate Recommendation 19b. Supporting documentation from Medicaid shows there are 73 assisted living facilities in Northern Nevada and 83 facilities in Southern Nevada that are operated by Medicaid providers (page 143, Exhibit B).

Ms. Coffman provided two estimates associated with operating a group home (page 147, Exhibit B). The itemized estimates included rent for a four-bedroom house, utilities, food, and toiletries, and was broken out by three-resident and six-resident homes. Additionally, the estimate included staffing requirements of five Attendees providing 24-hour service and ongoing maintenance. She reported that each house would cost approximately $334,000 to $342,000 to operate depending on the number of residents.

c. The Committee supports expanding community-based services for older persons with cognitive and behavioral health issues, such as in-home personal care services and homemaker services. However, the Committee recognizes that healthcare services cannot be expanded until the healthcare worker shortage is addressed in Nevada.

   (Recommendation proposed by Barbara Edwards, Principal, Health Management Associates; and Jeff Klein, President, Nevada Senior Services)

Chair Woodhouse referred back to Recommendations 14 and 15, and noted they could be combined into one BDR; however, they both had a fiscal impact.

Senator Goicoechea stated, relative to Recommendation 14, Nevada's land mass was too large to support a mobile day care unit, and that the unit would be spending the majority of its time on the road. He voiced his desire to see money made available and committed to the county and NACO to pursue county-owned facilities that are community based. He mentioned the approximated $400,000 cost to operate a group home, and asked how much Medicaid would reimburse the provider to offset the cost of operating the home. He felt confident that some rural communities would have the means to put a facility in place that would offer services similar to the mobile unit if they could get the costs offset and staffing in place. He implied that possibly the private sector would invest to bring care to their community. Relative to the mobile unit, he voiced people might become dependent on its service, but may only see the unit once in their lifetime because of the needs across the state. He said he would have a hard time supporting the mobile unit.

Assemblyman Wheeler echoed Senator Goicoechea's views on the mobile unit, and said the unit would have to be relatively small in order to fit on the roads, which would be too

confining to be used for adult day care for someone who is suffering from dementia. He questioned if money would be better spent on a more permanent facility. He supported the services provided by the mobile unit, specifically the break it would give to caregivers, but had doubts about it taking the Committee in the right direction.

Senator Ratti stated she struggled with some of the practical realities associated with the mobile unit. She expressed interest in further investigating the idea before dismissing it entirely. She clarified that the intent of Recommendation 14 was not to provide a mobile unit to house respite or adult day care, but to establish a mobile unit to transport a team of professionals to provide respite at an existing boys and girls club facility or a senior center in specific communities, on regularly scheduled days, so people seeking respite care could rely on the service. She said the Committee is lacking the details on how the dollars pencil out and the number of visits per month that could be committed. She suggested using that analysis when comparing the quality, quantity and convenience of service that can be obtained using the Nevada's respite $1,000 voucher program. For example, Senator Ratti divided $339,000 (the cost to operate a group home, not including start-up costs) by 200 people served by the mobile unit (unknown number of days served), which calculated to $1,698 per person served. She said the question becomes the number of units of care that can be provided for $1,698. If the mobile unit would provide four full days of respite per month, it might be worth looking into, but if it only provided one day per month, then the $1,000 respite voucher would make sense, not to mention eliminate practical realities such as snow, flat tires, etc. Senator Ratti identified the lack of care providers in some rural/frontier communities, and stated a mobile unit showing up one day per month to provide a full day of respite might be a big deal. She emphasized the need to know how much care people would get for $1,698 per person.

Mr. Jeffrey Klein approached the witness table and said Senator Ratti had it exactly right, that the intent was to bring resources to the community, not a facility. He explained that mobile operations have typically been targeted in rural areas in states such as Georgia, Tennessee, Pennsylvania and Louisiana. He said the program is scalable, so communities with high levels of need can schedule a team more frequently than areas that require less resourcing. The team consists of respite people who take over the use of a facility, such as a senior center or a Veteran of Foreign Wars (VFW) hall. Mr. Klein reported that there are a cluster of adult day care centers in Northwest Las Vegas, two in Southeast Las Vegas, three in Washoe County, and two others that are county operated in Washoe County, in the entire State of Nevada. He said the likelihood of a private enterprise delivering adult day care in communities outside the Las Vegas Valley was zero, because it costs over $500,000 to set up those types of facilities and they generate low to no profit. Individuals with dementia are not attractive to for-profit operators due to the amount of resources required compared to the reimbursement values of those services. He said mobile units accomplish three needs: 1) provide evidence-based caregiver support to a community on a scheduled basis; 2) pairs face-to-face caregiver support, which is critical for people with dementia and is unavailable anywhere else throughout the state. He acknowledged evidence-based caregiver programs, such as REACH, Skills to Care, and Caring For You, Caring For Me, that provide program training to caregivers, and in turn, the caregivers pass the training on to local members of the communities; and 3) serves as an impetus to develop other scalable solutions in rural

communities that are built around the visit of the mobile unit. For example, a church might decide to operate a small adult day care based on the impetus created by the mobile unit.

Senator Ratti clarified that adult day care and respite are two very distinct services. She reported that in Northern Nevada, specifically Washoe County, adult day care services do not make their bread and butter from respite, but from patients whose caregiver works, so there is a consistent payer source and enough volume and days (units of care) to make the facilities' business model work. She said a mobile unit would not provide consistent, regular, daily care that could be relied upon; therefore, was not viable. However, the mobile unit did have potential to provide respite care. She asked if adult day care and respite could be treated as two separate services.

Mr. Klein indicated that although adult day care centers operate to allow people to go to work, it is also a respite function. He reported that the vast majority of people using adult day care service in Las Vegas attend almost every day, while the county-sponsored people at Washoe County's Daybreak center frequent intermittently for partial days (less than half a day), mostly for respite. He clarified that the intent of the mobile unit is to provide limited professional services to an individual, other than granny sitting, and to support the caregiver more directly by providing ties back to the Aging and Disabilities Resource Center (ADRC), assist with Supplemental Nutrition Assistance Program (SNAP) applications, help with psychosocial issues, etc. He said the mobile unit program is scaled to meet the needs of each community and works with the community resources to deliver the services. Mr. Klein noted there are three different populations requiring different services, including the disabled, aging, and developmentally disabled people who are aging into dementias.

Senator Ratti said there are people who are using adult day care centers for respite, but the actual source of income in the business model equates to 80% repeat customers and respite just a service provided in addition to adult day care. She said she agreed with the concerns of her colleagues that live in rural communities, but the practicality of how the mobile unit can be successful in Nevada needed more work. She encouraged a business model that focused on a pilot respite program that stayed within a pocket of four communities. She acknowledged Mr. Klein's points regarding the higher quality of care that would be supplied by the mobile unit compared to the ILG respite vouchers, because of the wraparound services of the social worker and the additional benefits that could be injected into these communities as a result of the unit.

Senator Goicoechea stated it would take a month to travel around his district alone, only to provide a one-day service to each community. He said Nevada would be better served if some of the existing assisted living facilities could offer subsidized respite care.

Mr. Klein responded that the intent of the mobile unit was never to cover the entire state, and instead it was meant to be a demonstration project to carve out a portion of the state and offer respite. To cover the whole state would require teams to be located in each corner of the state that would cover a drivable geography, which is how the program works in other states. He noted if the demonstration project was effective, then the next step would be to proliferate it and encourage different communities to base units in their part of the geography.

Chair Woodhouse suggested not to take action on Recommendation 14, but to work with Senator Ratti and the appropriate parties to build a business model that addresses respite in the rural communities.

Senator Ratti agreed with Chair Woodhouse, and stated there were other ideas to consider, such as utilizing county-owned facilities or researching whether hospitals, assisted living or skilled nursing facilities could host respite. She said finding the brilliance within existing communities and pairing it with infusing some extra expertise once per month could be more cost effective than handing people a $1,000 voucher if structured correctly.

Chair Woodhouse moved to Recommendation 15 that requests drafting a bill regarding an appropriation to fund a set amount of needs-based subsidies for caregivers.

Senator Ratti asked if there was current funding for adult day care or if this would be a brand new program.

Ms. Coffman stated there are Medicaid subsidies associated with adult day care. Medicaid recipients can receive reimbursement of $57.43 per person per day.

Assemblyman Wheeler implied that Recommendation 15 was complicated; however, he willing to approve it with the intent to discuss it in committee on both sides of the house during the 2019 Legislative Session.

Senator Goicoechea voiced his approval of Recommendation 15, and stated the $57 reimbursement through Medicaid per day for respite or adult day care, via a swing bed, day care facility, or an assisted living facility, would likely draw people to that service.

Chair Woodhouse asked if there were any concerns relative to Recommendations 16, 17 and 18, which were all requests for committee letters.

Senator Ratti asked if Recommendation 18 should include the Chairs of the Senate and Assembly Health and Human Services committees as well, because of anticipated competition with other increases in Medicaid.

> SENATOR RATTI MOVED TO APPROVE RECOMMENDATIONS 16, 17 AND 18 WITH THE INCLUSION OF THE CHAIRS OF THE ASSEMBLY AND SENATE COMMITTEES OF HEALTH AND HUMAN SERVICES IN RECOMMENDATION 18.
>
> ASSEMBLYMAN DALY SECONDED THE MOTION.
>
> MOTION PASSED UNANIMOUSLY.

Chair Woodhouse addressed Recommendations 19a, 19b and 19c. She reminded the committee members of public comment asking for the language in 19b to specify residential facilities for groups rather than group home.

SENATOR RATTI MOVED TO APPROVE RECOMMENDATIONS 19A, 19B, and 19C, WITH LANGUAGE IN RECOMMENDATION 19B TO SPECIFY "RESIDENTIAL FACILITIES FOR GROUPS" RATHER THAN "RESIDENTIAL FACILITIES (GROUP HOME)" IN THE BODY OF THE BDR.

ASSEMBLY MAN DALY SECONDED THE MOTION.

MOTION PASSED UNANIMOUSLY.

Chair Woodhouse stated the decisions regarding the balance of the BDRs included Recommendations 10, 11, 12a, 14 and 15; however, only three of the Committee's five allowable BDRs were available to approve. She reminded the members that any member of the Assembly or Senate can submit a BDR on their own behalf.

Senator Ratti asked for more discussion on Recommendation 15. She asked Senator Goicoechea if what he was trying to accomplish in the rurals pertained to Recommendation 15 or 19b.

Senator Goicoechea replied that the two have to be combined to work in the rurals. He stated the smaller communities would require a facility that could operate between five and seven beds, with legal authority to also provide day care. He voiced that staff would already be in place to handle the adult day care, and that the facility would have to come from the local government and/or counties, not the private sector. He indicated that people who live in some of the rural communities would likely volunteer and assist staff in caring for the service recipients, as many were long-time friends and/or neighbors of the volunteers. Mr. Goicoechea expressed that many people with dementia or Alzheimer's in the rural areas are sent to facilities in Fallon, Reno, and Twin Falls, and his goal is to bring those individuals back to a local center or a facility within a 100-mile driving distance from their home to make it more convenient for families to visit their loved ones. He expressed appreciation for the mobile unit concept, but preferred to put pressure on local government and counties to make available space for overnight care, day care and respite, while the state figured out how to staff them and get individuals placed.

Senator Ratti said she supported Senator Goicoechea's vision of combining overnight care, day care and respite, but struggled with the language in Recommendation 15 that describes day care. She referred to the supporting documentation for Recommendation 15 (page 129, Exhibit B), and highlighted portions of the three recommendations: 1) Medicaid reimbursement premium for evidence-based education and training; 2) reimbursement premium for facilities--outpatient clinics, rehabilitation facilities, elder day programs, residential facilities and inpatient units, and 3) state support (competitive grants) for training programs. Senator Ratti quoted language from Recommendation 15 that references an "appropriation to fund a set amount of a needs-based subsidy for a caregiver who enrolls their care recipient in a day care program where employees have been trained professionally in the treatment of persons with behavioral and cognitive health issues," and questioned the reality of finding

a day care program in rural Nevada where the employees have been trained professionally. She requested broader language in Recommendation 15.

Chair Woodhouse turned to Senator Ratti and Senator Goicoechea and tasked them with revising the language in Recommendation 15 to target main focal points and specific language, to be included in the BDR, which accommodates their concerns, if the Committees votes to approve the recommendation.

Senator Goicoechea said the main focus is to establish Medicaid reimbursements for facilities who employ trained professionals, emphasizing that skilled nursing facilities and assisted living facilities cost an individual approximately $300 and $200 per day, respectively. He identified staffing as a priority, but struggled with defining an appropriation amount. He implied a major component of this recommendation would be whether the counties or local government could make facilities available.

Chair Woodhouse called Kristen Coulombe from Medicaid to the table.

Ms. Coulombe, Long Term Services and Supports, Health Care Financing and Policy, aka Nevada Medicaid testified that adult day care and adult day healthcare are two different models, and that residential facilities for groups already have reimbursement options available that are not limited to urban areas. She suggested Medicaid extend awareness of that service to the rural communities. Relative to the frail elderly waiver, Ms. Coulombe thought it would be helpful to hold public workshops and town hall meetings to further investigate the reason for the shortage of providers in the rural areas. She offered, because Medicaid reimbursable models for mobile day care already exist in other states, Nevada Medicaid would be happy to evaluate that service along with other opportunities to enhance Nevada's programs. She clarified that Nevada Medicaid would need budget authority to provide additional add-on services.

Senator Goicoechea named hospitals in Ely (White Pine Care Center); Elko (The Manor); Caliente (Grover C Dils Medical Center); and Battle Mountain (Battle Mountain General) that have swing beds or a combination of swing beds and a care center. He indicated there are no assisted living facilities in those areas, and the swing beds in these hospitals would not accommodate adult day care. Senator Goicoechea stated his desire was for counties or local governments to provide facilities that could accommodate seven to ten beds, with staff in place. He reiterated that the Committee would be responsible for working out the funding details with support from Medicaid.

Kristen Coulombe acknowledged that needs in the rural areas were not being met by Medicaid's current model, and communicated the division could work with Health Care Quality and Compliance (HCQC) to look at different licensing models, specifically if swing beds or assisted living facilities existed that would allow people to drop in for respite. She said the current licensing structure sets limitations based on very specific categories, and although those limitations could be changed, they would have to be reviewed for reimbursement purposes. Ms. Coulombe stated that Medicaid makes changes to the Medicaid State Plan all the time, as approved by the Centers for Medicare and Medicaid Services (CMS), and upon budget authority for approved expenditures for additional add-on services.

Senator Goicoechea stated that was exactly what he was looking for, specifically, to work out the Medicaid reimbursement details and the legalities.

Chair Woodhouse requested Ms. Coulombe support the Committee in drafting this BDR, upon passage, to include the requirements from Nevada Medicaid.

> SENATOR RATTI MOVED TO AMEND RECOMMENDATION 15 TO DRAFT A BDR TO MAKE AN APPROPRIATION, TO BE DETERMINED, TO CREATE A PILOT PROGRAM IN A RURAL COUNTY TO EXPAND ACCESS TO COMMUNITY-BASED RESPITE, DAYCARE AND ASSITED LIVING IN COLLABORATION WITH THE COUNTY USING MEDICAID AS ONE OF THE SENATOR GOICOECHEA SECONDED THE MOTION.
>
> MOTION PASSED UNANIMOUSLY.

Chair Woodhouse asked staff if the Committee had enough direction, including amendments, to move forward with a motion for Recommendation 15 without specifying a particular county at this time.

In response, Ms. Kristin Roberts, Senior Principal Deputy Legislative Counsel, Legislative Counsel Bureau stated legal staff could proceed with drafting the BDR as long as the Committee was comfortable with the motion. For the record, Ms. Roberts clarified the pilot program would target a rural county.

Senator Ratti concurred.

Chair Woodhouse referred to Recommendation 10, which provided an appropriation for creating a no wrong door linkage and referral system.

Senator Goicoechea stated he struggled with supporting Recommendation 10 due to the projected cost to fund the project.

Senator Ratti said she supported the motion in concept, but was not willing to take action on it because she expressed a greater interest in Recommendation 11.

Chair Woodhouse supported Recommendation 10, and indicated she would use one of her personal BDRs to sponsor this legislation. The Committee took no action on Recommendation 10.

Chair Woodhouse moved to Recommendation 11.

Senator Ratti stated the many hours of “free” care provided by caregivers has taken its toll on the caregivers, causing burnout and increased mortality and illness rates. With respite being communicated as the number one critical need by caregivers, Senator Ratti voiced support for Recommendation 11, specifically to clear the waiting list at a cost of $435,000 and to increase the ILG respite voucher by $200. She had questions regarding the frail elderly waiver, specifically the population it targeted and the number of individuals it served compared to the ILG.

Ms. Coulombe indicated that an individual must be over 60 years of age and income qualify for the frail elderly waiver. The waiver has legislatively-approved slots for approximately 2,000 individuals, with respite being one of the services offered (approximately 336 hours per year). She noted the frail elderly waiver also has a waiting list. She was not as familiar with the ILG, but thought it could be used in addition to the frail elderly waiver, if individuals met certain qualifications.

Senator Ratti questioned the populations being served by the ILG recipients compared to frail and elderly recipients.

Ms. Jane Gruner, former Division Administrator, Aging and Disability Services, Department of Health and Human Services, testified that there are actually two other funding sources for respite, including the ILG and the Older Americans Act.

Senator Ratti asked if an individual family could tap into all three of those funding sources for respite.

Ms. Gruner replied that it was possible, but most families utilize one funding source. She noted that respite services provided to individuals utilizing ILG vouchers are rendered through community organizations such as the Alzheimer's Association.

Senator Ratti understood that an individual must be Medicaid eligible to qualify for the frail elderly waiver, but questioned the Older Americans Act and the population it served.

Ms. Gruner said people who are age 60 and older are eligible to receive Older Americans Act services. She confirmed that middle-income families who needed respite had access to those funds.

Senator Ratti questioned the eligibility requirements for the ILG respite voucher.

Ms. Gruner confirmed that the ILG has no age restriction.

Senator Ratti asked if the ILG was an additional resource of funding for any income level family who needs access to respite, and if the waiting list totaled 147.

Ms. Gruner concurred, and noted that previously there was an age restriction of 60 and older; however, that law was changed in 2015 to accommodate early onset of dementia and Alzheimer's disease.

Senator Ratti stated she would like the Committee to pursue ILG expansion with full transparency to share with the committee her findings regarding the frail and elderly waitlist, because of her concern for low-income families not getting the respite service they need.

Ms. Coulombe clarified that the frail elderly waitlist encompasses all frail elderly services, not separate waitlists for each service.

Senator Ratti said she was unaware that Medicaid eligibility could be limited. She asked if the limitations were set due to the community's capacity to absorb the waiver recipients into a facility.

Ms. Coulombe conveyed that the number of available slots are legislatively approved based on caseload projections. She noted that Medicaid has three home and community-based waivers, including the frail elderly waiver that has a set number of available services and slots, which can be received in an individual's home or in a residential care facility.

Chair Woodhouse asked Ms. Coffman to share with the Committee information regarding the ILG and its funding.

Ms. Coffman communicated that the ILG is funded partially by tobacco settlement funds. She explained that during the Executive Budget process, the Governor tasks the Director of Health and Human Services to identify key programs to be funded using tobacco settlement funds, primarily associated with health-related issues. Respite services were targeted. She noted that General Fund appropriations can also be allocated to the ILG.

> SENATOR RATTI MOVED TO APPROVED RECOMMENDATION 11 AND TO DRAFT A BDR TO EXPAND ACCESS TO RESPITE WITH STATE FUNDS TO ELIMINATE THE CURRENT WAITING LIST AND INCREASE THE RESPITE GRANT BY $200, WHICH IS ESTIMATED TO COST APPROXIMATELY $435,000, WITH AUTHORITY FOR STAFF TO MAKE ADJUSTMENTS AS NECESSARY.
>
> ASSEMBLYMAN DALY SECONDED THE MOTION.
>
> MOTION PASSED UNANIMOUSLY.

The Committee took no action on Recommendation 12a.

Chair Woodhouse asked the Committee if they wished to send a committee letter to the Speaker of the Assembly and the Senate Majority Leader asking to override the Governor's veto of S.B. 196. There was no comment from the Committee members, so Chair Woodhouse took no action on Recommendation 12b. She said if any members had strong feelings regarding this recommendation, they can approach the appropriate bodies.

Chair Woodhouse verified that all recommendations were completed with various motions.

Ms. Coffman agreed.

Chair Woodhouse commended staff for listening to all of the comments and pulling together recommendations so that the Committee could address them in an organized

manner. She thanked the individuals and organizations that heeded the Committee's request for listening sessions, presentations, and for responding to their questions.

Senator Woodhouse took the next item out of order (See Agenda Item IV).

VI. PUBLIC COMMENT.
Chair Woodhouse asked for public comment.

Ms. Elizabeth Rand, Public Policy Intern, Alzheimer's Association brought attention to Alzheimer's Brain Awareness Month, stating it was the perfect time for the Committee to finalize its recommendations. She thanked the committee members for their time and effort serving on the Committee. She recognized the many recommendations that targeted professionals and caregivers. She encouraged the Committee to continue to explore all of the available options of training among all provider categories, especially for unpaid caregivers. Ms. Rand offered the Alzheimer's Association's continued support throughout 2018 and the 2019 Legislative Session to help get the approved recommendations passed.

Chair Woodhouse thanked Ms. Rand for her testimony and extended her gratitude to the Alzheimer's Association on behalf of the Committee. She hoped all of the other organizations and individuals that brought forth their recommendations, along with their colleagues, will be in attendance and on the record during the 2019 Legislative Session.

Mr. Barry Gold, Director of Government Relations, AARP thanked the committee for their work, and clarified that A.B. 394 did receive a hearing in the 2017 Legislative Session (a correction to a statement made earlier); however, it did not come back for a vote.

Senator Ratti thanked and congratulated Chair Woodhouse for her leadership and for bringing forward recommendations that the Committee could take action on.

Chair Woodhouse welcomed support from committee members, colleagues in the Assembly and the Senate, and those who work directly with individuals with behavioral and cognitive care issues to create a better system for caregivers and care recipients by advocating for and delivering the services they need.

VII. ADJOURNMENT.

The meeting adjourned at 11:55 a.m.

Respectfully submitted,

_____
Judy Lyons, Committee Secretary

APPROVED:

_____
Senator Woodhouse, Chair

Date:_____

Copies of exhibits mentioned in these minutes are on file in the Fiscal Analysis Division at the Legislative Counsel Bureau, Carson City, Nevada. The division may be contacted at (775)684-6821.