

BULLETIN 19-8

Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons

SB 121 (Chapter 522, *Statutes of Nevada 2017*)



Legislative Counsel Bureau

SEPTEMBER 2018

**COMMITTEE TO STUDY THE NEEDS RELATED TO THE BEHAVIORAL AND
COGNITIVE CARE OF OLDER PERSONS**

(Senate Bill 121 [Chapter 522, Statutes of Nevada 2017])

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SENATE BILL 121 (Chapter 522, Statutes of Nevada 2017)

Senate Bill No. 121—Senators Woodhouse, Parks, Ford, Denis, Farley; Atkinson, Cancela, Cannizzaro, Manendo, Ratti, Segerblom and Spearman

CHAPTER.....

AN ACT relating to health care; directing the Legislative Commission to appoint a committee to conduct an interim study concerning issues regarding the behavioral and cognitive care needs of older persons in this State; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

This bill directs the Legislative Commission to appoint a committee to conduct an interim study concerning issues regarding the behavioral and cognitive care needs of older persons in this State.

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets **[omitted material]** is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. The Legislature hereby finds and declares that:

1. Older persons, including those with behavioral and cognitive health issues, are among the most treasured and vulnerable assets of this State.
2. The proportion of the population of the United States and of this State that consists of older persons continues to grow.
3. As the proportion of our population grows to consist increasingly of older persons, information and knowledge pertaining to behavioral and cognitive diseases prevalent in older persons becomes ever more crucial.
4. At present, many of the persons who care for older persons with behavioral and cognitive health issues are unable to readily obtain the information and training necessary to care for their loved ones in the most beneficial manner.
5. It is increasingly more important to identify gifts, grants, programs and other sources of money that may be used for the benefit of older persons in this State with behavioral and cognitive health issues.
6. It is progressively more imperative that natural persons, agencies and other resources within this State be knowledgeable and aware concerning behavioral and cognitive diseases prevalent in older persons.

Sec. 2. 1. The Legislative Commission shall appoint a committee to conduct an interim study concerning the needs related to the behavioral and cognitive care of older persons in this State.

2. The interim committee appointed by the Legislative Commission to conduct the study must be composed of six Legislators as follows:

- (a) Two members appointed by the Majority Leader of the Senate;
- (b) Two members appointed by the Speaker of the Assembly;
- (c) One member appointed by the Minority Leader of the Senate; and
- (d) One member appointed by the Minority Leader of the Assembly.

3. The Legislative Commission shall appoint a Chair and a Vice Chair from among the members of the interim committee.

4. In conducting the study, the interim committee shall consult with and solicit input from natural persons and organizations with expertise in matters relevant to the behavioral and cognitive care of older persons in this State, including, without limitation:

(a) An employee or other person selected or otherwise designated by the Administrator of the Division of Public and Behavioral Health of the Department of Health and Human Services.

(b) A representative from an association that provides services to persons with Alzheimer's disease.

(c) A medical professional with expertise in cognitive disorders, including without limitation, a neurologist, gerontologist, geropsychiatrist or geropsychologist.

(d) A representative of the Nevada System of Higher Education with expertise in cognitive disorders.

(e) A representative from a nonprofit community agency that provides caregiver support and services to older persons in this State with behavioral or cognitive health issues, including without limitation, a representative with experience or knowledge of suicide awareness, education and prevention as it relates to suicide among older persons.

(f) The Administrator of the Aging and Disability Services Division of the Department of Health and Human Services or other person from the Division designated by the Administrator.

5. The interim committee shall examine, research and identify:

(a) Potential sources of state funding available to support evidence-based statewide community programs to aid caregivers who are caring for older persons with behavioral and cognitive health issues, including, without limitation:

(1) Offering information about programs and services designed to aid caregivers who are caring for older persons with behavioral and cognitive health issues;

(2) The provision of training in select evidence-based community programs for caregivers, social service providers, health care workers and family members;

(3) The creation of a sliding fee scale to address the affordability of mental health services;

(4) Providing a substitute caregiver to ensure the safety and well-being of an older person who has behavioral or cognitive health issues while the family attends training; and

(5) The creation of a sliding fee scale to address the affordability of respite services;

(b) Potential sources of state funding to assist Nevada Care Connection and Nevada 2-1-1 in the creation of a "No Wrong Door" program to assist caregivers of older persons with behavioral and cognitive health issues;

(c) The potential for establishing a higher rate of reimbursement by Medicaid for nursing facilities prepared and trained to support older persons with behavioral and cognitive health issues, thereby allowing such older persons to remain in their own communities rather than being placed in out-of-state facilities; and

(d) The provision of education and training for health care professionals in the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons.

6. The Legislative Commission shall submit a report of the results of the study and any recommendations for legislation to the Director of the Legislative Counsel Bureau for transmittal to the 80th Session of the Nevada Legislature.

Sec. 3. The Department of Health and Human Services shall provide technical assistance to the interim committee appointed pursuant to section 2 of this act.

Sec. 4. This act becomes effective on July 1, 2017.

EXECUTIVE SUMMARY

Senate Bill 121, approved by the Legislature during the 2017 Session, requires the Legislative Commission to appoint a committee to conduct a study during the 2017-18 Interim concerning issues regarding the behavioral and cognitive care needs of older persons in Nevada. The committee was comprised of three members of the Senate and three members of the Assembly. The committee was required to examine, research and identify potential sources of state funding available to assist and support caregivers who are caring for older persons with behavioral and cognitive health issues; the potential for establishing a higher rate of reimbursement by Medicaid for nursing facilities; the potential sources of state funding to assist Nevada Care Connection and Nevada 2-1-1 in the creation of a “No Wrong Door” program to assist caregivers; and the provision of education and training for health care professionals in the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons. The Legislative Commission is requested to submit a report of the results of the study and any recommendations for legislation to the Director of the Legislative Counsel Bureau for transmittal to the 80th Session of the Nevada Legislature.

SUMMARY OF RECOMMENDATIONS

On June 14, 2018, during the fourth and final meeting of the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons (Committee), the members conducted a work session and voted to forward four recommendations as bill draft requests (BDRs) to the 2019 Legislature. In addition, the committee members recommended composing ten letters and seven statements of support in the Committee’s final report expressing their support for specific issues and encouraging certain actions.

During the drafting process, specific details of the following proposals for legislation and letters may be further clarified by staff in consultation with the chair or others, as appropriate. If a proposal for legislation or a letter includes reference to specific chapters or statutes of *Nevada Revised Statutes* (NRS), as part of the drafting process, amendments to other related chapters or sections of NRS may be made to fully implement the proposals.

A summary of each BDR, letter, and statement of support recommended by the Committee has been provided below.

RECOMMENDATIONS FOR LEGISLATION

1. **Submit a BDR** making an appropriation to fund the participation of certain students who participate through the Western Regional Education Compact with a focus on certain health-related fields that include geriatric training. (BDR – 98)
2. **Submit a BDR** to change guardianship laws so individuals with dementia can make decisions on their own for as long as they can make decisions. The BDR would allow individuals with dementia to designate specific people who can assist them in supportive decision making.

This BDR would also include language 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 and medical, personal, and family history of the referred individual. In addition, it 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. **(BDR – 99)**

3. **Submit a BDR** making an appropriation for a pilot program in a rural county to expand access to community-based services for respite, adult day care and assisted living. **(BDR - 100)**
4. **Submit a BDR** making an appropriation to increase the Independent Living Grant vouchers from up to \$1,000 to up to \$1,200, and make an additional appropriation to expand the amount of funding available for the Independent Living Grant to eliminate the existing waitlist for this grant. **(BDR – 101)**

RECOMMENDATIONS FOR COMMITTEE LETTERS

5. **Submit a letter** to the Governor of the State of Nevada 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 incorporate pilot programs determined to be efficacious into the state's healthcare delivery model.
6. **Submit a letter** to the Governor of the State of Nevada, the Director of the Department of Health and Human Services, and the chairs of the Senate Committee on Finance, Senate Committee on Health and Human Services, Assembly Committee on Ways and Means, and the Assembly Committee on Health and Human Services, during the 2019 Legislative Session, recommending and expressing support for the evaluation of Medicaid rates reimbursed to community-based providers serving behaviorally complex older adults in comparison to Medicaid rates reimbursed to skilled nursing facilities, also serving behaviorally complex older adults, in order to determine if the rates provided for the types of facilities are comparable with the level of services being provided.
7. **Submit a 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 Medicaid 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 the training would result in lower levels of assistance (in-home or community-based care as opposed to skilled nursing facilities), and consequently lower costs.

8. **Submit a letter** to the Director of the Department of Health and Human Services encouraging the Department to evaluate how the addition of a fourth-tier Medicaid reimbursement rate for assisted living service providers that care for individuals who are behaviorally complex, as approved by the 2017 Legislature, has impacted the relocation of hard-to-place individuals to out-of-state facilities for specialized care.
9. **Submit a letter** to the Director of the Department of Health and Human Services encouraging the department to review staffing levels of health professionals and other staff in skilled nursing facilities to determine if the levels are appropriate.
10. **Submit a letter** to the Chancellor of the Nevada System of Higher Education (System), 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 health-related fields specializing in geriatric care.
11. **Send a 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.
12. **Submit a 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.
13. **Submit a 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.
14. **Submit a letter** to the Nevada Association of Counties (NACO) encouraging the counties to consider expanding the role of their community paramedicine services to include routine health services for persons with mobility limitations.

RECOMMENDATIONS FOR STATEMENTS IN THE FINAL REPORT

15. **Include a statement in the final report** encouraging healthcare provider 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.
16. **Include a statement in the final report** encouraging 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.

17. **Include a statement in the final report** promoting collaboration between health care organizations and homeless shelters to ensure homeless people with dementia are receiving the proper treatment.
18. **Include a statement in the final report** supporting the Task Force on Alzheimer's Disease to develop recommendations for caregiver training to identify the root causes of difficult behaviors demonstrated by individuals with dementia.
19. **Include a statement in the final report** encouraging the enhancement of telehealth capabilities and the inclusion of remote monitoring and distance education for health professionals and nonprofessional caregivers. This statement should also encourage the expansion of telemedicine services provided by individuals with training, experience and expertise in cognitive and behavioral care for older persons.
20. **Include a statement in the final report** supporting the 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.
21. **Include a statement in the final report** encouraging the expansion of community-based services for older persons with cognitive and behavioral health issues, such as in-home personal care services and homemaker services.

I. INTRODUCTION

During the course of the interim, the Committee conducted four meetings that were held at the Legislative Building in Carson City with videoconference to the Grant Sawyer Building in Las Vegas. Links to the meeting materials for each of the meetings have been provided below.

- [Meeting 1 – January 29, 2018](#)
- [Meeting 2 – March 5, 2018](#)
- [Meeting 3 – April 10, 2018](#)
- [Meeting 4 – June 14, 2018](#)

In total, 46 recommendations were made by various industry experts, stakeholders, state agency representatives, and constituents. These recommendations pertained to five topics, which included:

1. Twelve recommendations related 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.
2. Eight recommendations related 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.
3. Ten recommendations related to programs, services, training, education, and resources that may be provided to caregivers of older persons with behavioral and cognitive health issues.
4. Eleven recommendations related 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.
5. Five recommendations related to addressing legal issues that older persons with behavioral and cognitive health problems experience in Nevada.

Additional information about the Committee's activities, including minutes, recordings of meetings, and copies of presentations and other exhibits, may be accessed on the Legislature's website for the [2017-2018 Interim](#).

II. DISCUSSION OF TESTIMONY AND RECOMMENDATIONS

During the course of the interim, industry experts, representatives from state agencies, businesses, community groups, nonprofit and professional organizations, and the public, provided testimony on a wide range of topics related to the behavioral and cognitive care of older persons.

During the first committee meeting held on January 29, 2018, the Committee heard testimony from industry experts related to the issues experienced by older persons with behavioral and cognitive care needs, and national and local trends of the aging population and the prevalence of behavioral and cognitive diseases. In addition, representatives from various state agencies provided overview on the programs and services the state provides to older persons with behavioral and cognitive care needs.

During the second committee meeting held on March 5, 2018, the Committee heard testimony related to support and training for healthcare providers and caregivers. Additional testimony was provided on the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons; suicide awareness, education and prevention; and respite services. Also during this meeting, the Legislative Counsel Bureau – Audit Division, presented its findings on a performance audit it conducted on the Department of Health and Human Services, Division of Public and Behavioral Health related to community-based living arrangement homes.

During the third committee meeting held on April 10, 2018, the Committee continued to hear testimony related to the screening, diagnosis and treatment of behavioral and cognitive diseases prevalent in older persons. The Committee also received information on the Dementia Friendly Nevada Initiative, a program dedicated to strengthening communities to become more supportive and inclusive of people living with dementia. During this meeting, testimony was provided from the Department of Health and Human Services related to the Nevada 2-1-1 system, as well as Medicaid reimbursement rates, Medicaid waivers, and sliding fee scales that support programs and services for older persons with behavioral and cognitive diseases.

The Committee invited representatives from the Wisconsin Department of Health Services - Bureau of Assisted Living and the North Dakota Dementia Care Services Program to provide teleconferenced presentations in order for the Committee to gain a better understanding of what other states were offering their constituents to address behavioral and cognitive health issues.

After the second meeting, the committee chair sent out a solicitation for recommendations to invite all interested persons to submit recommendations related to the behavioral and cognitive care needs of older persons. A total of 46 recommendations were received, either through testimony at the two previous committee meetings or in response to the chair's solicitation for recommendations. During the third meeting, the Committee reviewed the recommendations it had received to that point in order to determine what recommendations it would like to further consider at its final meeting.

At its fourth and final meeting on June 14, 2018, the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons conducted a work session where it considered a total of 22 proposed actions for legislation, letters, or statements to include in its final report.

Information regarding all recommendations considered at the Committee's Work Session is available at:

<https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/12134>.

Additional information regarding the Committee's discussions prior to determining its final recommendations has been provided below. This information has been organized under five specific topics.

A. Diagnosis and Treatment of Older Persons with Behavioral and Cognitive Health Issues

During its January 29, 2018, meeting, the Committee received presentations from Health Management Associates, Splaine Consulting, the Alzheimer's Association, Nevada Senior Services, and HealthInsight. During the presentations, the majority of these industry experts indicated that dementia is underdiagnosed and underreported. Michael Splaine, CEO of Splaine Consulting, testified that 50 percent of people living with Alzheimer's disease or related disorders in the United States receive a formal diagnosis, and of the people who are diagnosed with dementia, one-third are not told of their diagnosis. Mr. Splaine further explained that, without a formal diagnosis, these individuals cannot be treated, receive care, organize support, or volunteer to participate in clinical research studies.

The Alzheimer's Association provided the Committee with a diagnosis toolkit currently offered to physicians to assist in the diagnosis of Alzheimer's disease and other forms of dementia.

The Committee voted during the final meeting to take the following actions with regard to the diagnosis and treatment of older persons with behavioral and cognitive health issues:

- **Submit a 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.
- **Submit a letter** to the Governor of the State of Nevada 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 incorporate those pilot programs determined to be efficacious into the state's healthcare delivery model.
- **Include a statement in the final report** encouraging healthcare provider 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.

The Committee heard testimony from a number of stakeholders concerning ongoing treatment for individuals with dementia who live in the rural and frontier areas of Nevada. Many of these areas have limited or no primary care services. Health Management Associates recommended expanding community paramedicine and telehealth capabilities in Nevada's rural and frontier areas

in order to fill some of the gaps in primary care services. Accordingly, the Committee voted to make the following recommendations:

- **Submit a letter** to the Nevada Association of Counties (NACO) encouraging the counties to consider expanding the role of their community paramedicine services to include routine health services for persons with mobility limitations.
- **Include a statement in the final report** encouraging the enhancement of telehealth capabilities and the inclusion of remote monitoring and distance education for health professionals and nonprofessional caregivers. In addition, encourage the expansion of telemedicine services provided by individuals with training, experience and expertise in cognitive and behavioral care for older persons.

The Committee heard further testimony that many people with dementia, including homeless individuals, have behavioral outbursts that can lead to the individual being arrested or unnecessarily brought to the emergency room. After considering this information, the Committee recommended the following actions:

- **Include a statement in the final report** promoting collaboration between health care organizations and homeless shelters to ensure homeless people with dementia are receiving proper treatment.
- **Include a statement in the final report** encouraging 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.

B. Expand the Health Care Workforce

During both the January 29, 2018, and the March 5, 2018, meetings, the Committee heard testimony from nonprofit and community organizations, as well as public testimony, regarding the lack of trained health care workers in Nevada to assist individuals with behavioral and cognitive health issues. According to testimony from the Alzheimer's Association, individuals with dementia who display difficult behaviors are being relocated to out-of-state, long-term care facilities due to the lack of facilities in Nevada that have trained staff to assist these individuals. The Committee also received public testimony regarding the need for health care staffing ratios at skilled nursing facilities to be evaluated. After considering this information, the Committee recommended the following actions:

- **Submit a BDR** making an appropriation to fund up to a total of ten additional slots for either Advanced Practice Registered Nurses or Certified Nursing Assistants to participate in the Western Interstate Commission for Higher Education Compact. These slots would be for students whose education would focus on certain health-related fields that include geriatric training. **(BDR – 98)**
- **Submit a letter** to the Director of the Department of Health and Human Services encouraging the department to evaluate how the addition of a fourth-tier Medicaid reimbursement rate for

assisted living service providers, as approved by the 2017 Legislature, has impacted the relocation of hard-to-place individuals to out-of-state facilities for specialized care.

- **Submit a 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 health-related fields specializing in geriatric care.
- **Submit a letter** to the Director of the Department of Health and Human Services encouraging the department to review staffing levels of health professionals and other staff in skilled nursing facilities to determine if the levels are appropriate.

Further testimony provided by Nevada Senior Services and the Lou Ruvo – Cleveland Clinic Center for Brain Health suggested that healthcare providers would be able to employ more staff trained to assist persons with behavioral and cognitive health issues if additional funding and incentives were available. Accordingly, the Committee approved the following recommendations related to Medicaid reimbursements.

- **Submit a letter** to the Governor of the State of Nevada, the Director of the Department of Health and Human Services, and the chairs of the Senate Committee on Finance, the Senate Committee on Health and Human Services, Assembly Committee on Ways and Means, and the Assembly Committee on Health and Human Services, during the 2019 Legislative Session, recommending and expressing support for the evaluation of Medicaid rates reimbursed to community-based providers serving behaviorally complex, older adults in comparison to Medicaid rates reimbursed to skilled nursing facilities, also serving behaviorally complex, older adults, in order to determine if the rates provided for the types of facilities are comparable with the level of services being provided.
- **Submit a 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 Medicaid 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 the training would result in lower levels of required assistance (in-home or community-based care as opposed to skilled nursing facilities), and consequently lower costs.

C. Training for Professionals and Caregivers

An issue that was brought up by the AARP, as well as Nevada Senior Services, was the lack of training for caregivers and professionals who work with persons with behavioral and cognitive health issues.

Nevada Senior Services testified that over 59 percent of caregivers in Nevada who care for individuals with Alzheimer's disease or dementia report high levels of emotional distress, and 38 percent report high levels of physical distress, which could lead to the premature death of the

caregiver. In order to alleviate some of the stress incurred by caregivers, Nevada Senior Services encouraged the Committee to promote the use of adult day care, respite care, and increase caregiver training.

One of the concerns express by the Committee was the lack of adult day care and respite care in the rural and frontier areas of Nevada. Upon consideration of these issues, the Committee approved the following action:

- **Submit a BDR** making an appropriation for a program in a rural county to expand access to community-based services for respite, adult day care and assisted living. **(BDR – 100)**
- **Submit a BDR** making an appropriation to increase the Independent Living Grant respite care vouchers from up to \$1,000 per plan year to up to \$1,200 per plan year, and make an additional appropriation to expand the amount of funding available for the Independent Living Grant respite care vouchers to eliminate the existing waitlist for this grant. **(BDR – 101)**
- **Include a statement in the final report** supporting the Task Force on Alzheimer’s Disease to develop recommendations for caregiver training to identify the root causes of difficult behaviors demonstrated by individuals with dementia.

D. Assisted Living, Skilled Nursing Facilities and Maintaining Individuals with Dementia in their Homes

Health Management Associates testified that states were working to move dependence from institutional care to in-home and community-based services, not only because community care is cheaper, but also because most individuals prefer to stay in the community. According to Health Management Associates, 36.1 percent of Nevadans with disabilities receives home- and community-based services compared to the national average of 43.8 percent. Accordingly, it appears that Nevada is utilizing home- and community-based services less frequently to take care of its elderly compared to other states in the nation.

After considering this information, the Committee recommended the following actions:

- **Include a statement in the final report** supporting the 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.
- **Include a statement in the final report** encouraging the expansion of community-based services for older persons with cognitive and behavioral health issues, such as in-home personal care services and homemaker services.

E. Legal Issues Experienced by Older Persons with Dementia

During the January 29, 2018, meeting, the Committee heard testimony from Homa Woodrum, the Division of Aging and Disability Services' Aging and Disability Rights Attorney who discussed several concerns she had regarding supportive decision making and guardianship issues related to persons with dementia. During this meeting, Ms. Woodrum discussed the possibility of providing persons who are in early stages of dementia the ability to designate who they wish to assist them in making decisions as their disease progresses.

Ms. Woodrum also brought to the Committee's attention some of the obstacles she was experiencing with public guardians. Specifically, she indicated the Clark County Public Guardian would not take referrals from Elder Protective Services to have individuals with severely diminished capacity to receive an evaluation by a physician unless a judge ordered the public guardian to take the case.

After considering this information, the Committee recommended the following actions:

- **Submit a BDR** to change guardianship laws so individuals with dementia can make decisions on their own for as long as they can make decisions. The BDR would allow individuals with dementia to designate specific people who can assist them in supportive decision making.

This BDR would also include language 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 and medical, personal, and family history of the referred individual. In addition, it 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. **(BDR – 99)**

During the January 29, 2018, meeting, the Committee also heard testimony from former State Senator Valerie Wiener, representing the Nevada Task Force for Alzheimer's Disease. Senator Wiener shared her concerns with the Committee related to the lack of training that is provided to law students and legal professionals concerning guardianship for individuals with Alzheimer's disease and other forms of dementia.

After considering this information, the Committee recommended the following actions:

- **Send a 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.

- **Submit a 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.

IV. SUGGESTED LEGISLATION

The following bill draft requests (BDRs) will be available during the 2019 Legislative Session or can be accessed after “Introduction” at the following website: <https://www.leg.state.nv.us/App/NELIS/REL/80th2019/Bdrs/List>.

- BDR - 98 Makes an appropriation for funding the participation of certain students who participate through the Western Regional Education Compact with a focus on certain health-related fields that include geriatric training.

- BDR - 99 Revises provisions governing guardianship.

- BDR - 100 Makes an appropriation for a program in a rural county to expand access to certain community-based services for respite care, adult day care and assisted living.

- BDR – 101 Expands access to respite care.