

Helping People --



NEVADA DEPARTMENT OF
HEALTH AND HUMAN
SERVICES

it's who we are and what we do

*LEGISLATIVE COMMISSION'S SUBCOMMITTEE
TO STUDY ISSUES RELATING TO
SENIOR CITIZENS AND VETERANS
(ASSEMBLY CONCURRENT RESOLUTION No. #35, FILE No. 109,
STATUTES OF NEVADA 2007)*

December 11, 2007

Grant Sawyer State Office Building
Las Vegas, NV

EXHIBIT D
SENIOR CITIZENS/VETERANS (A.C.R. 35)
Document consists of 24 pages.
Entire exhibit provided.
Meeting Date: 12/11/07

Director's Office, Senior Rx and Disability Rx

Senior Rx

Since 1999, Nevada Senior Rx has provided pharmacy assistance to people age 62 and older who meet income requirements and have lived in the state for at least a year. Effective July 2007, the annual income limit is \$24,561 for singles and \$32,742 for couples.

In January 2006, the program put major changes in place to coincide with the federal implementation of Medicare Part D. The program continues to provide a cost-sharing benefit to members who are not eligible for Medicare, but now offers a Part D wrap-around benefit for those who are eligible for Medicare.

- Members who are not eligible for Medicare may obtain covered medications at a cost of \$10 for generics and \$25 for preferred brands
- Members who are eligible for Medicare receive help with their monthly Part D premium and help with the cost of covered medications during the Part D coverage gap.
- As of December 1, 2007, active Senior Rx enrollment was 5,201 with no waiting list

Disability Rx

Also in January 2006, the program began offering these benefits to Nevadans with verifiable disabilities. The same income and residency requirements apply, but the age range is 18 through 61.

- As of December 1, 2007, active Disability Rx enrollment was 509 with a waiting list of 10

Dental and Vision Benefits for Senior Rx and Disability Rx

The Nevada Senior Rx and Disability Rx programs are now gearing up to include dental and vision benefits. Pending final approval by the Nevada Legislature's Interim Finance Committee and the Board of Examiners, members should have access to these benefits in 2008.

- Pending approval, dental care will include:
 - Diagnostic and preventive care with no co-pay
 - Basic services with a 20 percent co-pay
 - Major services with a 50 percent co-pay
 - The annual benefit limit will be \$1,000
- Pending approval, vision care will include:
 - Annual benefits for eye exams, frames and lenses or contact lenses
 - Co-pays will be \$25

Director's Office, Office of Disability Services

All caseload numbers are seniors only

1. Personal Assistance Services

The Personal Assistance Services (PAS) program provides home-based care for individuals who do not qualify for other resources, such as Medicaid. Some clients share in the cost, on a sliding scale. The service is provided statewide by the St. Mary's Foundation.

- While this service is available to anyone over age 18, currently, **72 percent (154 people)** of those on the program are age 60 or older
- This amounts to a general fund commitment of **\$2.8 million annually**

2. Assistive Technology for Independent Living Program

The Assistive Technology for Independent Living (AT/IL) Program helps individuals to remain living in the community by making their homes and vehicles more accessible. Some clients share in the cost, on a sliding scale. The service is provided by the Northern Nevada Center for Independent Living, and RAGE, Inc., a southern Nevada disability-owned nonprofit agency.

- While this program is available to Nevadans of all ages, this past year, **51 percent (98 people)** of those served were age 60 or older
- This amounts to a federal and state funding commitment of about **\$616,000**

3. Relay Nevada

Relay Nevada is a service that enables people with speech and hearing disabilities to use the phone system. This free service is available 24 hours-a-day and is provided through Sprint under a contract with the Office of Disability Services.

- It is unknown how many seniors use Relay Nevada, but it is worth noting that the program offers free amplified phones and free CapTel phones—devices that are specifically targeted to seniors—absolutely free of charge.

4. Recycled Equipment Program

The equipment-recycling program provides free medical equipment to those who lack other resources. Services are provided by CARE Chest in northern Nevada and Easter Seals in southern Nevada.

- This program is available to low-income Nevadans of all ages
- This past year, **57 percent (667 people)** of those served were age 60 or older

Director's Office, Office of Suicide Prevention

Office of Suicide Prevention

Seniors

Nevada has had the highest rate of suicide for people over 65 for over twenty years. Among the elderly, studies show that major depression is the most common psychiatric disorder but this is not being identified by loved ones or caretakers, including many primary care physicians, therefore continued education is a necessity. Research has shown that over 77% of seniors that died by suicide had seen their primary care physician within a year of their death and 58% saw their doctor within the month prior to their suicide. While it is not known to what degree contact with mental health care and primary care providers can prevent suicide, the majority of individuals who die by suicide, particularly older adults do make contact with primary care providers. Substance use disorders are not as profound risk factors for elder suicide compared to youth, but the co-occurrence of depression and substance use can significantly increase risk. Also, stigma relating to seeking help reduces older adults' access to mental health professionals. Contrary to popular belief, hopelessness and depression are not a normal part of aging.

- Adults over the age of 65 have the highest rates of suicide and Nevada seniors have had the highest rates of suicide in the nation for more than the last 20 years
- Western states rates are the highest in the nation
- Average Suicide Rates, 1981 – 1998, Ages 60-85+
 - Nevada 37.71% age adjusted rate per 100,000 population—highest state nationally
 - Wyoming 36.5% - 2nd highest state nationally
 - U.S. average 18.05%
- Average Suicide Rates, 1999 – 2004, Ages 60-85+
 - Nevada 36.11% age adjusted rate pre 100,000 population—highest state nationally
 - Wyoming 25.68% - 2nd highest state nationally
 - U.S. Average 14.4%

Veterans

Nevada is one of four states which do not currently track the military status of suicides. Beginning January 1, 2008, however, Nevada will begin capturing this information.

Division for Aging Services

Mission

The mission of the Division for Aging Services (DAS) is to develop, coordinate and deliver a comprehensive support system in order for Nevada's senior citizens to lead independent, meaningful and dignified lives. The DAS primarily serves Nevadans aged 60 years and older. The division is administered through four units: Elder Rights, Fiscal, Resource Development, and Community Based Care.

1. Senior Citizens Property Tax Assistance

This program provides relief to eligible senior citizens who are carrying an excessive residential property tax burden in relation to their income and to those senior citizens who, through rent payments, pay a disproportionate amount of their income for property taxes. This program targets senior citizens, age 62 or older, whose permanent and principal residence is in Nevada and whose income is at or below the maximum allowable income. For applications processed in FY2007, the maximum allowable income is \$26,714.

- Senior Tax applications processed ending 11/30/07 = **15,495**
- Amount of refunds given as of 11/30/07 = **\$14,284**
- Average refund amount = **\$321**
- FY 2008 Total YTD refund payments = **\$4,609,642**

2. Aging Services Grants

Aging Services Grants supports the Independent Living Grants of the Fund for a Healthy Nevada. The Independent Living Grants enhance the autonomous living of older Nevadans through services enabling older persons to remain at home and avoid institutional placement. Funding is provided by the Tobacco Settlement. Funds are sub-granted to providers of senior supportive services including transportation, homemaker, adult day care, legal services, case management, companion, geriatric health and wellness, protective services, and, information, assistance and advocacy.

- FY 2007 Grants (October 1, 2006 – September 30, 2007)
 - Recipients served under the Independent Living Grant = **22,192**
 - ILG funds obligated = **\$5,449,757**

3. Senior Services

The Community Based Care (CBC) unit provides services to those seniors most at risk of institutional placement through three Medicaid waivers and a state funded program. These programs are:

Division for Aging Services (continued)

- The Community Home-based Initiatives Program (CHIP)
- The Waiver for Elderly in Adult Residential Care (WEARC)
- The Assisted Living Waiver (AL)
- The Community Options Program for the Elderly (COPE).

These programs offer assistance with personal care, homemaker, personal emergency response systems, respite, chore and companion services. Each CBC case manager is projected to serve a caseload of 50 clients.

Current CBC caseloads indicated below reflect the point in time ending 11/30/07. The caseload amounts include approved cases and those referrals that are at some stage of the approval process. Year-to-date expenditures are through 09/30/07 or one quarter of the state fiscal year and include case management, purchase of services (for CHIP and COPE), and administrative costs.

- CHIP = 1,363
- CHIP expenditures = \$1,328,982
- AL = 49
- AL expenditures = \$38,805
- WEARC = 346
- WEARC expenditures = \$250,007
- COPE = 154
- COPE expenditures = \$425,834

4. Older American's Act

The Older American's Act encompasses DAS administration, as well as the Resource Development, Elder Rights, and Fiscal Services Units. The Resource Development Unit is responsible for grants administration and community resource development. The Fiscal Unit provides the financial services necessary for the internal administration of the agency.

Division for Aging Services (continued)

5. Long-Term Care Ombudsman Program

Ombudsmen serve as advocates for residents 60 years and older living in long-term care facilities, which include nursing facilities, residential facilities for groups and assisted living facilities. Responsibilities include advocating for residents' rights and quality of care. The Long Term Care Ombudsmen also investigate and resolve a broad spectrum of issues such as:

- Resident rights
- Quality of care
- Nutrition
- Admission, transfer and discharge
- Medical care and treatment
- Environmental concerns

The Long-Term Care Ombudsmen provide diverse educational presentations to staff of long term care facilities. These training opportunities emphasize resident rights and prevention of elder abuse. Funding for Ombudsman is provided through Title IIIB, Title VII Elder Abuse, Title VII Ombudsman, Title XIX and State Match funds.

- The number of complaints reported and investigated by the Long Term-Care Ombudsman in the 1st quarter of 2008 = 2,207
- Out of the 2,207 complaints investigated, 907 have been resolved with 888 resolved in a 90 day period
- Title VII Long-Term Care Ombudsman Services for Older Individuals = \$107,259
- Title VII Programs for the Prevention of Elder Abuse, Neglect, Exploitation
 - FFY 2007 funds obligated = \$37,890

6. Older American's Act Title IIIB Program

The purpose of this Act is to minimize the informal support provided to older Americans to enable them to remain in their homes and communities. The target population is individuals throughout Nevada age 60 and over, with particular attention to low-income older individuals, low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Services include transportation services, in-home services, and other services needed to assist older persons to remain independent, such as advocacy, care management, companion services, homemaker, legal assistance, mental health outreach, podiatry screening, protective services, representative payee, respite care referral, telephone reassurance, transitional housing, and volunteer care. For the period 10/01/06 – 09/30/07:

- Recipients served under Federal Title IIIB = 15,368
- Title III B Grant for Supportive Services and Senior Centers, funds obligated = \$2,804,601

Division for Aging Services (continued)

7. Older American's Act Title IIIC Program

The purpose of this funding is to provide home delivered meals for homebound seniors and meals at congregate sites for those who can travel. The target population is low-income, minority and/or frail seniors 60 years and older throughout Nevada with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas. Nutrition services are separated into two distinct components. Funds under Title IIIC1 are allocated to provide meals to seniors in congregate settings usually at senior centers. Title IIIC2 funds are used to furnish meals to homebound seniors who are too ill or frail to attend a congregate meal site.

- Recipients served under Federal Title IIIC = **13,798**
- Title IIIC Nutrition Service, funds obligated = **\$3,002,018**
- Nutrition Services Incentive Program, funds obligated = **\$868,868**

8. Older American's Act Title IIID – Disease Prevention and Health Promotion

The purpose of this funding is to initiate programs designed to help older adults prevent/manage chronic diseases and increase healthier lifestyles. Healthy aging reduces healthcare costs and increases quality of life for older adults. The target population is individuals throughout Nevada age 60 and over with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

The following categories of supportive services can be funded:

- Routine health screening
- Nutritional counseling and education services
- Health promotion programs
- Physical fitness, group exercise, music, art, and dance therapy programs
- Home injury control services
- Mental health screenings, benefits and preventive health services education
- Medication management, screening and education*
- Diagnosis, prevention, treatment and rehabilitation information
- Title IIID Disease Prevention and Health Promotion Services, funds obligated = \$156,561

***Note:** a required activity

Division for Aging Services (continued)

9. Older American's Act Title III E – National Family Caregiver Support Program

The purpose of this funding is to address the needs of family caregivers by increasing the availability and efficiency of caregiver support services and of long-term care planning resources. The target populations are:

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

The Family Caregiver Support Program allows for the five following categories of services to be funded:

- Information to caregivers about available services
- Assistance to caregivers in gaining access to supportive services
- Individual counseling, organization of support groups, and training to caregivers to assist them in making decisions and solving problems related to their caregiving roles
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, on a limited basis, to complement the care provided by caregivers

The Division finances two caregiver respite programs from this funding, one of which is for grandparents raising their grandchildren. Additionally, the Division funds grantees throughout the state who offer information, counseling, and service access assistance.

The Division also uses these funds to maintain an initial point-of-contact system for caregivers and other seniors who want to obtain information, assistance and referrals. The Nevada Care Connection website address is www.nvelderccare.org and allows access to up-to-date resource and referral information for family caregivers using the Internet.

- Title III E National Family Caregiver Support, funds obligated = **\$1,012,043**

10. Medicare State Health Insurance Advisory Program (SHIP)

The program provides information, counseling and assistance services to Medicare beneficiaries, their families and others. Advisors provide information on Medicare benefits, including Part D Prescription Drug Coverage; Medicare supplemental insurance; long-term care insurance; managed care; Medicaid related health insurance; beneficiary rights and grievance/appeal procedures. Referrals to other community resources are made as needed. The target population is seniors and/or disabled throughout Nevada seeking information or assistance in determining benefits available, the types and amounts of coverage needed, and how to apply for medical benefits. SHIP utilizes volunteers to provide counseling *via* a forty (40) hours per week toll-free help line, face-to-face counseling

Division for Aging Services (continued)

sessions in various senior service organizations and *via* home visits which are made on an as-needed basis

- For the period 04/01/07 – 03/31/08:
 - SHIP Program, funds obligated=\$322,370

11. Aging and Disability Resource Center (ADRC) Demonstration Grant

The ADRC initiative is part of a nationwide effort to restructure services and supports for older adults and younger persons with disabilities and it complements other long term care system change activities designed to enhance access to community living. ADRCs serve as integrated points of entry into the long-term care system and are designed to assist access to needed information, services and supports. The target population is adults 60 years of age and older and younger individuals with disabilities. This grant project began in October 2005 with three years of grant funding. Services include:

Awareness and Information

- Public education
- Information on long-term support options

Assistance

- Long-term support options counseling
- Employment options counseling for people who are interested in or may be interested in such counseling
 - Grantees would be expected to coordinate with other sources funding employment counseling in their state
- Referral to other programs and benefits that can help people remain in the community, including programs that can assist a person in obtaining and sustaining paid employment
- Helping people to plan for their future long-term support needs

Access

- Programmatic eligibility applications
- Medicaid financial eligibility applications
- Planning for future needs
- For the period 09/30/05 – 09/29/08:
 - Aging & Disability Resource Center Grant Program, funds obligated=\$750,000

12. Older American's Act Title V – Senior Community Service Employment Program

Participants are placed with employers (host sites) in the non-profit and public sector to provide useful community services at host sites, to foster individual economic self-sufficiency through improved job skill training and ultimately to obtain permanent job

Division for Aging Services (continued)

placement in unsubsidized jobs. The target population is individuals 55 years of age or older whose income is at or below 125% of the current federal poverty level, with special attention to those with the greatest economic and/or social need, minorities and those without marketable job skills. The program is available in Carson City, Churchill, Clark, Douglas, Elko, Esmeralda, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Washoe and White Pine counties. The services include:

- Up to 20 hours a week of part-time employment in community service assignments
- Job training and related educational opportunities
- Opportunities for placement into unsubsidized jobs.
- Title V – Senior Employment, funds obligated= **\$520,814**

13. Elder Protective Services/Homemaker Programs

Community Based Care Homemaker Program

This program provides in-home supportive services for individuals requiring assistance with activities such as housekeeping, shopping, errands, meal preparation and laundry to prevent or delay placement in a long-term care facility. The target population for this program is individuals throughout Nevada in need of supportive services who meet one of the following eligibility criteria:

- Income at or below 110% of federal poverty level
- Qualify for Welfare's Temporary Assistance for Needy Families (TANF)
- Current Homemaker caseload ending 11/30/07 (ongoing, referrals) = **563 cases with 131 clients under the age of 60**
- Homemaker expenditures for the first quarter of the fiscal year = **\$491,439**

Elder Protective Services Program

Social Workers investigate allegations of abuse, neglect, self-neglect, financial exploitation and isolation of persons 60 years of age and older living in the community. Self-neglect is the single largest problem among elder abuse victims and accounts for over 50% of all elder abuse cases reported to the Division for Aging Services. The availability of necessary services and resources is therefore essential in order to provide the assistance these seniors need. The EPS Program develops outreach strategies to educate seniors and their caregivers about elder abuse. Also, good working relationships are maintained with law enforcement and other agencies in order to increase EPS visibility and better advocate for EPS clients. The target population for this program is persons 60 years of age and older who live in the community and are at risk of abuse, neglect.

- Number of cases received in the 1st quarter of 2008 was **633**
- Out of the 633 cases received, **556 were investigated and closed**
- **536** were completed within a 90 day period
- EPS expenditures for first quarter of FY 08 = **\$370,735**

Division of Welfare and Supportive Services

All caseload numbers are seniors only

AGED CASELOAD

1. State Institutional Cases Including County Match

Individuals who are patients in a skilled nursing facility, intermediate care facility or hospital who are aged, may be eligible if certain criteria are met.

- FY07 annual average caseload = $2,311 = 19.8\%$ of total FY07 Aged caseload 10,583 + Aged County Match 1,106 (w/o retros)

2. Supplemental Security Income (SSI)

Individuals are eligible for Medicaid when they are verified SSI recipients

- FY07 annual average caseload = $5,778 = 54.6\%$ of total FY07 Aged caseload 10,583 (w/o retro)

3. SSI Retro Clients

Individuals who request prior medical who were not receiving SSI or were not eligible as a state institutional case, may be eligible. These individuals are referred to as SSI Retro clients. The Welfare division determines if they would have been eligible for SSI had SSI made a determination. This category of eligibility is used only after all other eligibility categories have been considered.

- FY07 caseload not available

4. Public Law

Certain individuals who have lost SSI eligibility, but would still be eligible for SSI if some of their income was disregarded, may be eligible if all other criteria are met. Public law dictates what income can be disregarded for each group.

- FY07 annual average caseload = $46 = 0.4\%$ of total FY07 Aged caseload 10,583 (w/o retro)

5. Home and Community Based Waiver Cases

Aged, physically disabled or developmentally disabled individuals, who require a level of care provided in a medical facility, but can appropriately be care for at home for less cost, may be eligible if certain criteria are met. These cases are eligible under a Home and Community Based Waiver.

- FY07 annual average caseload = $1,597 = 15.09\%$ of total FY07 Aged caseload 10,583 (w/o retro)

6. Assisted Living Waiver

Aged individuals meeting the criteria for placement in an assisted living facility, who meet income and resource eligibility criteria for institutional Medicaid, may be eligible for Medicaid under this category. This category has a geographic limitation of Clark County.

- FY07 annual average caseload = $26 = 0.2\%$ of total FY07 Aged caseload 10,583 (w/o retro)

Division of Welfare and Supportive Services (continued)

All caseload numbers are seniors only

MEDICARE SAVINGS PROGRAMS

7. Medicare Savings Programs

A. Qualified Medicare Beneficiaries (QMBs)

Individuals who have income below 100 percent of federal poverty level, resources that do not exceed \$4,000 for an individual OR \$6,000 for a couple, and are Medicare eligible, may qualify to have Medicaid pay their Medicare premiums, deductibles and coinsurance on Medicare covered services only. These individuals are not eligible for the full scope of Medicaid services. Eligibility begins the month following the month the decision is made.

- FY07 annual average caseload = **3,417 = 100% of total FY07 QMB Aged caseload (w/o retro)**

B. Special Low Income Medicare Beneficiaries (SLMBs)

Individuals who have income between 100 percent and 120 percent of federal poverty level, resources that do not exceed \$4,000 for an individual OR \$6,000 for a couple, and are Medicare eligible, may qualify to have Medicaid pay only their Part B Medicare premiums. These individuals are responsible for paying for their Medicare Part A (hospital) premiums, deductibles and coinsurance. Eligibility begins with the application month with three months of prior medical coverage available.

- FY07 annual average caseload = **2,391 = 100% of total FY07 SLMB Aged caseload (w/o retro)**

C. Qualifying Individuals 1 (QIs-1)

Individuals who have income of at least 120 percent but less than 135 percent of federal poverty level, with resources that do not exceed \$4,000 for an individual OR \$6,000 for a couple, and are Medicare eligible, may qualify to have Medicaid pay only their Part B Medicare premiums. These individuals are responsible for paying for their Part A Medicare (hospital) premiums, deductibles and coinsurance and may not be eligible for any other Medicaid services. Funding is 100 percent federal up to the state allocation. Eligibility begins with the application month with three months of prior medical coverage available.

- FY07 annual average caseload = **1,289 = 100% of total FY07 QI Aged caseload (w/o retro)**

EMERGENCY ASSISTANCE

8. Emergency Assistance for Ineligible Non-Citizens

Ineligible non-citizens, who have emergency medical services, may qualify to have those emergency medical costs covered by Medicaid if they meet certain criteria. This group does not qualify for the full scope of Medicaid services.

- FY07 annual average caseload = **22 = 0.2% of total FY07 Aged caseload 10,583 (w/o retro)**

Division of Welfare and Supportive Services (continued)
All caseload numbers are seniors only up to Energy Assistance Program

FOOD STAMPS

9. Food Stamps

Food Stamp recipients age 60 or older are eligible for special budget provisions including: exclusion from gross income test, medical expenses and uncapped shelter deductions.

- FY07 annual average caseload = **13,052 = 10.9% of total FY07 Food Stamp recipient caseload 119,596**

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

10. TANF Kinship Care

Caretaker relatives 62 years of age or older, who have exercised parental control for six months, have obtained court approved legal guardianship, may receive Kinship Care payments. Kinship Care provides a TANF payment which is a percentage of the state foster care rate.

- FY07 annual average caseload = **459 = 2.6% of total FY07 TANF Cash recipient caseload 17,712**

ENERGY ASSISTANCE PROGRAM

The Energy Assistance Program provides a Fixed Annual Credit (FAC) benefit to eligible households to help with the costs of home heating and cooling. Households meeting specific criteria also received an Arrearage Assistance Program benefit. The program serves the population at or below 150 percent of the federal poverty level. Applications are accepted from July 1st through June 30th of each program year. For fiscal year 2007, the Energy Assistance Program received funds from the federal Low Income Home Energy Assistance Program (LIHEAP) and Universal Energy Charge (UEC) funds from the Nevada Fund for Energy Assistance and Conservation.

The statistics below provide demographic details for state fiscal year 2007 by households (HH).

Number HH applied: **26,607**

Number HH Served: **18,166**

HHs with Elderly	7,524 – 41.4%
HHs with Disabled	8,746 – 48.1%
HHs with Children 6 and under	4,226 – 23.2%
HHs with none of the above	8,654 – 47.6%
HHs w/Social Sec recips	11,592 – 63.8%
HHS w/ SSI recipients	4,911 – 27.0%
Earned income	4,536 – 25.0%
Other	8,106 -- 44.6%

Division of Welfare and Supportive Services (continued)

ENERGY ASSISTANCE PROGRAM (continued)

The statistics below provide amounts expended for state fiscal year 2007:

Total FAC Payments	\$14,535,315
Avg. FAC Payment	\$800
Total Arrearage Payments	\$1,537,258
Avg. Arrearage Payment	\$456
Total ALL Recipient Payments	\$16,072,573

Division of Health Care Financing and Policy

Medicaid Coverage for Seniors

Nevada Medicaid provides comprehensive health coverage for seniors. These coverage groups include:

- Certain aged, blind, or disabled adults who have incomes above those requiring mandatory coverage, but below the federal poverty level
- Institutionalized individuals with limited income and resources
- Persons who would be eligible if institutionalized but are receiving care under home and community-based services waivers
- Recipients of state supplementary payments
- Special groups of Medicare beneficiaries who are eligible for assistance through Medicaid. See DWSS, number 7, "Medicare Savings Programs."

Medicaid Coverage for Long-Term Care Services

Nevada Medicaid is the largest payer of long-term care services in the state, paying for approximately 60 percent of all nursing home beds. There are several long-term care programs available to eligible Medicaid recipients. They include Home and Community Based Services (services in the home) and placement in nursing and alternative care facilities. Eligibility is based on financial criteria and the recipient meeting the level-of-care (service eligibility) for these programs. Medicare does not pay for more than 100 days of long-term care services.

All patient and payment history numbers are seniors only, 65+

Patient and Payment History FY05 – FY07, for those 65 and Older

	FY05		FY06		FY07(12/4/07)	
	<u>Net Payment</u>	<u># Patients</u>	<u>Net Payment</u>	<u># Patients</u>	<u>Net Payment</u>	<u># Patients</u>
Total	\$231,183,428	84,784	\$210,004,357	79,768	\$195,986,130	81,980
Nursing Fac.	\$119,263,043	4,130	\$111,366,009	4,776	\$112,556,115	4,002
%Nursing Fac.	51.6%		53.0%		57.4%	

Source: Chuck Duarte, DSS, December 4, 2007

NOTES:

1. The "number of patients" by provider type, that is, "Nursing Facility," is an unduplicated count; but, the "total number of patients" could be duplicated.
2. FY07 data is as of December 4, 2007.

Division of Health Care Financing and Policy (continued)

Current Program Statistics: Medicaid Claim Expenditures and Caseloads (Source: DSS-R-16)

Summary of on-line Medical Expenditures for State Fiscal Years 2001 thru 2006 by aid group

Aid Group	2001	2002	2003	2004	2005	2006
TANF	\$ 97,902,761	\$ 151,802,769	\$ 207,526,659	\$ 167,197,418	\$ 259,245,782	\$ 253,933,064
CHAP	70,956,324	59,924,432	70,074,085	46,991,152	72,678,391	81,587,578
Aged	86,650,693	93,448,004	113,179,525	119,688,063	158,339,778	143,967,028
Blind/Disabled	239,734,549	279,467,907	357,206,250	494,968,346	479,267,919	458,075,695
QMB/SLMB	2,539,126	4,561,500	4,496,960	2,908,703	9,427,833	5,491,849
Child Welfare	37,668,152	42,017,769	50,204,512	32,122,127	59,897,688	58,736,340
Sub Total	\$ 535,451,605	\$ 631,222,380	\$ 802,687,991	\$ 863,875,809	\$ 1,038,857,391	\$ 1,001,791,552
County Match	40,082,840	43,011,327	50,673,923	58,225,510	72,668,405	67,905,028
TOTAL	\$ 575,534,445	\$ 674,233,707	\$ 853,361,914	\$ 922,101,319	\$ 1,111,525,797	\$ 1,069,696,581

Annual Average Monthly Eligibles (w/retro) by Aid Group

Aid Group	2001	2002	2003	2004	2005	2006
TANF	50,263	74,099	89,831	92,885	92,435	87,555
CHAP	23,930	21,377	24,495	26,627	26,752	27,912
Aged	8,875	9,105	9,404	9,841	10,125	10,445
Blind/Disabled	20,739	21,935	22,865	24,522	25,111	25,453
QMB/SLMB	8,432	9,372	10,813	12,531	12,683	12,557
Child Welfare	4,009	4,388	4,966	5,139	5,887	7,301
Sub Total	116,247	140,276	162,374	171,545	172,993	171,223
County Match	1,381	1,405	1,410	1,346	1,409	1,462
TOTAL	117,628	141,681	163,784	172,891	174,402	172,685

Division of Health Care Financing and Policy (continued)

Current Program Statistics (continued)

Average Cost Per Eligible (without reduction for state facilities)

Aid Group	2001	2002	2003	2004	2005	2006
TOTAL	\$413.11	\$355.29	\$405.80	\$393.55	\$422.74	\$475.70
TANF	195.70	176.06	197.69	186.10	210.30	235.39
Aged, Bl, Dis	744.17	696.82	864.17	810.36	917.78	1,000.28
Waiver	828.03	896.51	1,110.63	1,787.15	741.68	1,278.67
County Match	3,110.00	2,697.38	3,117.60	3,455.32	3,868.04	3,739.10
Child Welfare	817.22	754.88	791.99	426.67	397.21	410.90

Percent of Caseload vs. Percent of Costs

Aid Group	2001	2002	2003	2004	2005	2006
TANF	17.01%	22.51%	24.32%	22.57%	23.32%	23.74%
CHAP	12.33	8.89	8.21	6.23	6.54	7.63
Aged	15.06	13.86	13.26	29.74	14.25	13.46
Blind/Disabled	41.65	41.45	41.86	31.81	43.12	42.82
QMB/SLMB	0.44	0.68	0.53	0.29	0.85	0.51
Child Welfare	6.54	6.23	5.88	3.36	5.39	5.49
Sub Total	93.04%	93.62%	94.06%	94.01%	93.46%	93.65%
County Match	6.96	6.38	5.94	5.99	6.54	6.35
TOTAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Division of Health Care Financing and Policy (continued)

Current Program Statistics (continued)

Overall Percent of Caseload

Aid Group	2001	2002	2003	2004	2005	2006
TANF	42.73%	52.30%	54.85%	53.69%	59.45%	58.06%
CHAP	20.34	15.09	14.96	15.41	17.05	18.08
Aged	7.54	6.43	5.74	5.70	4.13	4.24
Blind/Disabled	17.63	15.48	13.96	14.19	10.37	10.20
QMB/SLMB	7.17	6.61	6.60	7.25	5.65	5.48
Child Welfare	3.41	3.10	3.03	2.97	2.66	3.23
Sub Total	98.83%	99.01%	99.14%	99.22%	99.30%	99.29%
County Match	1.17	0.99	0.86	0.78	0.70	0.71
TOTAL	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Nevada State Health Division

The following programs are not specifically for seniors but seniors can participate in all of them

1. Chronic Disease Section – Workshops and Partnerships

Workshops

Three programs within the Health Division's Chronic Disease Section—Arthritis Prevention and Control Program, Diabetes Prevention and Control Program, and the Comprehensive Cancer Control Program—fund the Sanford Center for Aging (University of Nevada, Reno) to conduct Stanford University's Chronic Disease Self-Management Program (CDSMP) for the senior population in northern Nevada. The CDSMP is a two and one-half hour weekly workshop for six weeks given in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation; 2) appropriate exercise for maintaining and improving strength, flexibility and endurance; 3) appropriate use of medications; 4) communicating effectively with family, friends, and health professionals; 5) nutrition and; 6) how to evaluate new treatments.

In August and November 2007, two CDSMP workshops were held at the Classic Residence in Reno, There were **34 seniors** enrolled in the workshops. Also, the Sanford Center for Aging staff participated in the Master Training at Stanford University and will be conducting Leader Training in Washoe County. Seventeen participants have already enrolled in that training. The Arthritis Self-Help Workshops have been conducted through Sanford Center for Aging, with **28** seniors involved in two classes to date.

Partnerships

The Arthritis Prevention and Control Program also have an integrative partnership with the Arthritis Foundation and conducts Land and Aquatic Exercise programs. In southern Nevada, **320** were enrolled in the Land Exercise Program and **251** in the Aquatic Exercise Program during the last fiscal year. During the same timeframe, **21** were enrolled in the Aquatic Exercise Program in northern Nevada.

Within the tribal community, 11 tribes participated in SFY06 and 07 in land exercise and stretch band presentations, with a total of **320 participants of which a majority were seniors.**

Nevada State Health Division (continued)

2. Comprehensive Cancer Control Program

The Comprehensive Cancer Control Program is partnering with the National Cancer Institute's Cancer Information Service (CIS) to fund and supervise the Nevada CIS representative that will be housed at the Carson-Tahoe Cancer Center. One of the responsibilities of the CIS representative will be to work with the Nevada Cancer Council strategies of cancer survivorship issues among senior populations throughout Nevada, but specifically in rural and frontier Nevada. The CIS position will also provide technical assistance to senior citizens navigating "the system" once a diagnosis of cancer has been made. The CIS position will also provide hands on guidance to seniors who must find resources for treatment, access to care and screenings at a lower or discount rate.

3. The Women's Health Connection Program (WHC)

The Women's Health Connection Program (WHC) is funded by the National Breast and Cervical Cancer Early Detection Program of the Centers for Disease Control and Prevention for the purpose of paying for a clinic office visit, a Pap test, and a mammogram for age-eligible women who do not have health insurance and who meet the program's income guidelines. The program's mission is to reduce breast cancer mortality and the incidence of cervical cancer thereby enhancing the quality of life for Nevada women and their families through collaborative partnerships, health education, and access to high quality screening and diagnostic services.

Women 50 years of age or older receive the following services:

- Annual pelvic exam
- Annual Clinical Breast Exam (the hands-on breast exam by a clinician)
- A Pap test in accordance with established screening schedules and guidelines
- A screening mammogram

The following are current program particulars:

- Women enrolled in the WHC Program who are **older than 50 is 12,983 (41.5 percent of all enrollees)**; total enrolled is 31,290
- **Amount paid on their behalf** for each of these respective periods:
 - 9/1/05 -- 6/29/06 = \$643,560
 - 6/30/06 – 6/29/07 = \$778,540
 - 6/30/07 – 12/4/07 = \$315,189
- **325 women age 50 and older (77 percent of all women who have been diagnosed)**; total number diagnosed is 425) have been diagnosed with *In-situ* or Invasive Breast Cancer

Nevada State Health Division (continued)

- 267 women age 50 and older (48.5 percent of all women needing treatment; total number is 550) have been diagnosed with a cancerous or precancerous condition needing treatment

4. The Bureau of Community Health Nursing (CHN)

The Bureau of Community Health Nursing (CHN) Program is the sole provider of public health nursing in Nevada's 14 rural and frontier country CHN Clinics and 54 satellite sites. Each CHN clinic offers a variety of low-cost preventive health services to seniors.

Specific examples of services provided to seniors by the CHN Program:

- Home bound visitation for vaccinations; wellness check; blood pressure and general medical assessments; assistance with medication regimen and nutritional counseling
- Mental health assessment and referrals to mental health services
- Evaluations and referrals for elevated blood pressure, vascular and cardiac issues
- Assistance with medical forms including Medicaid and Medicare
- Conduction of monthly blood pressure clinics. On average there are 25-30 participants at each clinic and 95% are seniors. The date, time and location are noted in the local newspapers each month prior to each blood pressure clinic to inform the community of this service.
- Attendance at Senior Citizen Service community events
- Collaboration with the Social Security office and local senior organizations
- Collaboration with individual county administration to address specific local needs of seniors
- Over the telephone consultation and resource referrals as needed
- Investigation and referral for senior exploitation, abuse or neglect in collaboration with the Division for Aging Services (DAS)
- Screenings provided for breast, cervical, colorectal and prostate cancer. Few, if any, senior men seek care at then CHN clinic as they utilize the Veteran's Clinic.

5. The Bureau of Licensure and Certification (BLC)

The Bureau of Licensure and Certification works to assure quality healthcare in a variety of healthcare facilities. This includes hospitals, nursing homes, home health agencies and adult care facilities. The bureau conducts inspections and complaint investigations of state licensed providers or Medicare certified providers. The growth in Nevada has put great demand on the agency to conduct initial inspections. The BLC has developed a scheduling process to assist in getting new providers on the schedule, in order to make sure adequate healthcare services are available to the community. In addition, state and federal regulations have

Nevada State Health Division (continued)

requirements for healthcare facilities to have systems in place to prevent abuse, neglect and exploitation. The BLC works with other state agencies to investigate such complaints, in addition to assessing facility systems during routine inspections. Fees for licensure of the facilities are paid by the health care providers.

6. Smiles for Seniors

Since June 2007, Smiles for Seniors (SFS), a program to educate caregivers, staff, family members and residents about oral health for older adults, was presented to **19 assisted living facilities**, which included **254 caregivers and 73 senior residents**. In addition, the SFS was presented to **25 second year dental hygiene students** at the College of Southern Nevada.

7. Mammovan

Nevada Health Centers, Inc. has received funding under the “Presidents Initiative to Expand Health Centers” and some of that funding is designated to Nevada Health Centers Mammovan. The Mammovan program began in March 2000 with a \$500,000 grant received through the efforts of Congressman John Ensign. The Mammovan program provides breast cancer screenings to all women and targets the uninsured, low-income and geographically isolated individuals throughout the state of Nevada. The Mammovan is having an effect on the health of women throughout Nevada. The Mammovan travels throughout the entire state. In some regions of Nevada, the closest mammography facility is 250 miles away. The mobility of the Mammovan allows it to be conveniently located in neighborhoods, communities, and at work sites to accommodate busy women to undergo this essential annual screening. After all, “early detection is the best protection” against breast cancer. The Mammovan strives to provide the chance for all women—insured, uninsured, and underinsured, an equal opportunity to obtain screenings that could save their lives. Since it is a self-referred program, a call to make an appointment is all that is needed to schedule a mammogram.

Statistics:

- To date, 21,500 mammograms have been provided on the Mammovan
- 63 women have been diagnosed with breast cancer
- Over 60,000 women have been reached with health education about the importance of annual breast cancer screening for every woman age 40 and over
- Case managers work with Women’s Health Connection, Medicaid and private physicians to ensure that every woman has a treatment source for breast cancer

Nevada State Health Division (continued)

Mammovan (continued)

- Age breakdown in FY 2007:
 - 20-29: 0.2%
 - 30-39: 8.1%
 - 40-49: 47.4%
 - 50-59: 25.1%
 - 60-69: 14.5%
 - 70-79: 3.4%
 - 80-89: 0.8%
 - Unk: 0.4%