

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
STRATEGIC PLAN FOR SENIORS
YEAR TWO PLAN STATUS
September 27, 2005**

INTRODUCTION

The Senior Strategic Plan covers a 10-year period, beginning in July 2003. This Report assesses the second year of the Plan, ending July 1, 2005 and includes the impact of Nevada's 73rd Legislative Session. The second year activities of the accountability committee focused on the upcoming Legislative Session and the accomplishments the committee wanted to successfully see through the session. The Senior Strategic Plan Accountability Committee worked closely with members of the Strategic Plan Accountability Committee (SPAC) for Persons with Disabilities. It was this coordination that proved instrumental in championing many of the issues through the session.

The increase in services for seniors is not keeping up with the rate of increase in the senior population in Nevada. It is a fact that it is becoming increasingly difficult to maintain services let alone enhance these services to help fulfill the Strategic Plan's overall vision.

Besides the "baby boomer" factor that will impact all states, Nevada faces a more serious threat and that is the proposal to consolidate federal funding streams into Block Grants to states.

Nevada has been and will undoubtedly continue to be the fastest growing state. Block Grant formulas are typically based on last Census figures and this means that Block Grants will short-change Nevada in an ever-increasing extent for the ten years between each Census.

For example, as of July 2003, the estimated increase in Nevada's senior population since 2000 has been 14.6% while the national increase has been only 2.6%. Under Block Grant formulas, this disparity would continue to reduce per capita funding for Nevada's seniors until sometime after 2010. This could have long lasting negative effects since the US Census also projects that Nevada will be the fastest growing state (at 114%) between 2000 and 2030.

Over the next year the committee will be focusing on prioritizing the issues that will be brought forth in the 2007 Legislative Session as well as building a stronger coalition to bring those issues to the forefront.

EXHIBIT H Legislative Committee on Health Care Document consists of 9 pages.

☒ Entire document provided.

☐ Due to size limitations, pages ____ provided.

A copy ¹ of the complete document is available through the Research Library
(775/684-6827 or e-mail library@lcb.state.nv.us).

Meeting Date: November 15, 2005

This report will identify both **Accomplishments** and **Challenges** based on their impact on the original six goals of the Plan.

GOAL ONE: MORE NEVADA SENIORS LIVE IN THE SETTING OF THEIR CHOICE WITH SUPPORT TO REMAIN AS INDEPENDENT AND HEALTHY AS POSSIBLE.

Accomplishments

1. Removal of “patient liability” for recipients receiving services under the Division for Aging Services’s Medicaid Community Home-Based Initiatives Program (CHIP) waiver fulfills one of the Committee’s Additional Recommendations in its first Annual Report (July ’04), which urged Director Willden “to support...removing patient liability from the Division’s CHIP waiver...”
2. The Legislature increased the Division for Aging Services Home and Community Based Services (HCBS) client slots for the next biennium beyond the “maintenance” slots earmarked to cover population growth, to include another 90 slots to “enhance” the Community Home Based Initiatives Program (CHIP). This means that the Division’s HCBS caseloads will increase in the upcoming biennium from 1971 slots at the end of FY05 to 2122 slots at the end of FY07.
3. The Supreme Court’s Olmstead Decision resulted in the Budget Office creating a budget decision unit to be used specifically for serving persons with the highest level of needs – those persons unable to feed, toilet and bathe themselves. This allowed the Division for Aging Services, the Office of Disability Services and the Division of Health Care Financing and Policy to build additional resources in their budgets to meet the needs of persons meeting that definition. In planning their budget the Division for Aging Services identified all persons on their state-funded wait list that met that criteria and then built the corresponding budget decision unit.
4. Through Assembly Bills 176 and 248 the Legislature created a yearly reserve of \$250,000 earmarked from the Tobacco Settlement Funds allocated to the Division for Aging Services for Independent Living Grants to support affordable assisted living developments. AB248 defines the criteria for these projects as projects that are publicly funded with tax credits and managed by non-profit entities.
5. The “Silver Sky” affordable assisted living facility to be built in Las Vegas, with completion projected for March ’06, will be a model for development of similar facilities in Northern Nevada as well as other parts of the State. The project was made possible by the donation of BLM land, Housing Division tax credits, legislative support and a substantial donation from the Harrah’s Foundation.

6. The Division for Aging Services has purchased the “Synergy” software package that will allow the integration of all internal databases, including Division grantees, and will facilitate uniform access and referral forms and procedures, thus moving Nevada closer to the goal of a fully integrated single-point of entry system.
7. A rate increase of \$1.50 to providers of personal assistance services was approved in the budgets of all state agencies providing these services. This proposed increase was a recommendation in 2002 from the Provider Rates Task Force. The Division for Aging Services, the Division of Health Care Financing and Policy and the Office of Disability Services, who are all providers of personal assistance services, included the rate increase in their budgets. A work group has been formed to assure the rate increase is passed on to the direct care worker rather than being absorbed by the provider agency. The rate will be increased by \$.75 each year of the biennium.
8. A substantial increase in the Division of Mental Health/Developmental Services’ budget during the 2005 Legislative session for increased mental health services will make mental health resources for all persons in Nevada, including seniors more accessible.
9. Assembly Bill 337 requires the Bureau of Licensure and Certification to license all agencies providing personal, non-medical care services in the homes of elderly persons or persons with disabilities. This will provide better oversight and increase the quality of care for persons receiving services in their homes. This bill also provides that residential facilities for groups cannot claim to be assisted living facilities unless residents reside in their own living units that contain toilet facilities. The Health Division can grant exemptions to this requirement.
10. An interagency work group is addressing out-of-state placement of clients such as those with dementia that have behavioral problems. This addresses one of the Committee’s “Additional Recommendations” in its July 2004 Annual Report that the placement of persons with dementia should be determined by “catchment areas” not state boundaries.

Challenges

11. The Division for Aging Services was funded in the 2005 Legislature for 90 enhancement slots for their Community Based Care programs but had requested 160 slots. The decision to fund fewer slots was made by the legislature due to the lack of social workers to manage the caseloads. The challenge will be to deal with the workforce shortage.
12. Although Synergy allows intra-agency database integration, the challenge is to continue to make progress towards a fully integrated single point of entry system that establishes inter-agency integration of client and service data, and allows the

tracking of selected health and long-term care indicators as called for in the Strategic Plan.

13. The number of Nevada seniors placed out-of-state (80+) is still unacceptably high. Ongoing efforts between the Bureau of Licensure and Certification, the Division of Health Care Financing and Policy, and the Division for Aging Services continue to pursue solutions to this problem.
14. Long-term care facilities are still perceived both by the public and funding sources as “nursing homes,” thus fostering a lack of attention to procedures designed to get seniors released to less restrictive alternatives if they become capable of managing it. This reflects the continued “institutional bias” targeted by the Committee for reduction as one of its “Long Term Priorities” (see July '04 Annual Report).
15. Personal Needs Allowance for persons in nursing facilities is \$35.00 per month and has not been increased in many years. Residents have difficulty purchasing personal care items with this limited amount of allowance. Steps to increase this allowance should be pursued.
16. The following is one of the “Short Term Priorities” of the Committee from its July '04 Annual Report that is still unmet: “Data collection and analysis that is new and timely based on mandatory reporting and/or sharing of relevant information, within limits imposed by State and Federal regulations such as HIPAA.”
17. Assembly Bill 267 weakens the elder abuse reporting law because it removes attorneys and clergy as “mandatory reporters.”

GOAL TWO: MORE NEVADA SENIORS ENGAGE IN THE OCCUPATION OF LIFE.

Accomplishments

1. The Division for Aging Services funds respite “vouchers” through the Administration on Aging three-year Alzheimer’s Disease Demonstration Grants to States (ADDGS) grant to the Division. This grant provides a minimum of \$155,000 per year for caregivers of individuals suffering from dementia.
2. The Division for Aging Services also funded 779 unduplicated recipients of respite care through its Independent Living Grants in the period 10/1/03 to 9/30/04 out of its share of Nevada’s tobacco settlement funds.

Challenges

3. Medicare only covers short-term day programs for seniors in need and then only in acute care hospitals.

GOAL THREE: MORE NEVADA SENIORS HAVE IMPROVED HEALTH OUTCOMES.

Accomplishments

1. Assembly Bill 127 expands Senior Rx to include dental and vision services, to the extent money is available.
2. Assembly Bill 495 establishes prescriptions for persons with disabilities and allows integration with Medicare Part D pharmaceutical benefits.
3. Assembly Bill 276 requires pharmacists to transfer prescriptions for patients to another registered pharmacist, upon patient request. This addresses one of the Committee's Long Term Priorities, the one calling for greater "Care Coordination and Continuity."
4. Assembly Bill 176 provides \$150,000 per year for a pilot dental program targeting seniors. This funding is earmarked from the Division for Aging Services allocation of tobacco settlement funds which is used for Independent Living Grants. This addresses one of the Committee's Additional Recommendations calling for more preventative senior dental care.
5. Assembly Bill 126 authorizes people with a close relationship to individuals with disabilities and a cognitive impairment to direct their care given by a personal assistant. This is consistent with one of the Committee's Additional Recommendations "to expand the scope of who can self-direct care."
6. Senate Bill 5 (Special Session) allows licensing and inclusion of Canadian pharmacies in the State Office for Consumer Health assistance website. It also allows Canadian pharmacies to sell drugs by mail order to Nevada residents.
7. Assembly Bill 524 calls for coordination of Senior Rx with Medicare Part D so as to minimize disruptions involving prescription drugs and pharmaceutical services. This is consistent with the Committee's call for "Care Coordination and Continuity."
8. The Legislature approved funding for the Division for Aging Services new "Health Care Coordinator" position. This person will work with other relevant agencies such as the Division of Health Care Financing and Policy to help meet one of the Committee's Short Term Priorities, which is to "educate seniors and their caregivers to help define their health care needs comprehensively, recognize the interaction between mental health and all aspects of their physical health, and better manage their own health and chronic conditions."

9. To also help meet this priority, the Division for Aging Services funded WorldDoc, an Internet-based health resource center, in eight senior center pilot sites. It is a password-protected system that allows seniors to access health information, maintain a personalized health record online, and manage their chronic conditions interactively.

Challenges

10. Current data collection systems still do not allow establishing baseline data, for example, for Nevada seniors 75 and older who are severely disabled. The challenge is to secure a way to pursue a mechanism for funding an Elder Count in Nevada, which would provide updated statistics on Nevada's seniors.
11. One of the Committee's Additional Recommendations that still is not addressed is the handling of senior misuse of medication by promoting ongoing periodic professional reviews rather than one time only assessments. The Division for Aging Services has funded the Medication Management Pilot Project through the Sanford Center on Aging at UNR for the past 3 years. The challenge is to secure funding to address medication management activities on an ongoing basis.

GOAL FOUR: MORE NEVADA SENIORS LIVE IN HOMES THAT ARE SAFE, FULLY ACCESSIBLE AND AFFORDABLE.

Accomplishments

1. Senate Bill 394 increases senior property tax assistance from houses with maximum assessed valuation of \$87,500 to those up to \$200,000.
2. Assembly Bill 365/Senate Bill 173 increases Homestead exemption from \$200,000 to \$350,000.
3. Assembly Bill 489 limits property tax bills to no more than 3% from previous year. It also requires the Legislative Commission to conduct an interim study of the taxation of real property.

Challenges

4. The Accountability Committee still lacks the kind of information required to assess the status of senior housing in Nevada in order to properly track, monitor and evaluate senior housing issues. Legislative efforts to conduct a housing study did not pass in the 2005 session.
5. Insufficient data still exists to determine percentage cost of housing and utilities for seniors' income, both those in private and public housing.

GOAL FIVE: MORE NEVADA SENIORS WHO ARE FRAIL OR DISABLED GO FROM ONE PLACE TO ANOTHER WHEN THEY NEED TO.

Accomplishments

1. Regional Transportation Commission (RTC) in Las Vegas has successfully expanded the Silver Star routes after pilot project funding from the Division. These are routes that are not “fixed” and target specific medical, shopping and recreational needs of seniors.
2. Senate Bill 401 allows the Department of Health and Human Services to contract to provide services to Medicaid recipients traveling to and from health care providers. The bill also exempts transportation providers from many requirements except liability insurance.
3. Assembly Bill 572 gives those 65 and over on or before January 1, 2005 and who have valid DMV ID, a one time check of \$75.
4. RTC realigned Route 14 on Citifare bus service in Reno to accommodate the new Social Security Office and the Veteran’s Administration Services Office/VA Hospital for seniors and disabled people needing services.
5. Washoe Senior Ride (WSR), a subsidized taxi fare program for senior citizens in Washoe County and a pilot project initially funded by the Division for Aging Services successfully provided rides for 2,100 registrants by the end of FY 2005. In FY 2006, the maximum purchase of Taxi Bucks has been increased from two to three books per month, in response to popular demand. By partnering with the taxi companies the RTC has increased the availability of senior citizen transportation without incurring direct operating costs or capital expenditures.
6. During FY 2005, the CitiCare Foundation funded more than 9,000 CitiLift, paratransit rides in Washoe County. Over 80% of these trips are for medically related purposes, with the balance being rides mostly for volunteer/employment and church.
7. Carson City Transportation has established a limited fixed route system as of July 1st.

Challenges

8. Data continues to be incomplete on number of seniors statewide using public transportation.

9. Although the Accountability Committee supported \$761,391 to be earmarked for rural transit operation NDOT did not include this in their FY '06-'07 budget. The Committee suggested as an alternative that the Legislature appropriate this amount for the same purpose. The Legislature also declined this request
10. There was no legislative action as called for in one of the Committee's Additional Recommendations which was to study DMV increasing fees to help meet rural transportation needs.
11. NDOT did not pass any legislation this session to assist rural transportation despite the Interim Legislative Transportation Committee that made several recommendations.
12. Even though Congress lowered the 20/80 match required for rural transit programs under the Surface Transportation Reauthorization Bill the impact is uncertain especially for rural counties since they must make the match by state law. This is becoming increasingly more difficult for rural counties due to a lower tax base.

GOAL SIX: MORE NEVADA SENIORS GET THE BENEFITS, SERVICES AND SUPPORTS THEY NEED.

Accomplishments

1. The Division's Single Point of Entry (SPE) system, which is largely funded out of Administration on Aging's National Family Caregiver Support Program funds, is now called the NEVADA CARE CONNECTION (NCC). It continues to increase its statewide scope and now includes an additional pilot site in Henderson (Central Christian Church) as well as upgrading the equipment and training of the following SHIP-based Project NEON (Nevada Elders on the Net) senior center sites: Searchlight, Mina, Carson City, Overton, Tonopah, Amargosa, Beatty and Pahrump.
2. The Division's Synergy software and its Beacon Information and Referral components will be able to supply the electronic backbone for the NCC as well as integrate data of most Division grantees beginning in October '05 via a revised National Aging Program Information System (NAPIS) software package as required by Administration on Aging.

3. The Legislature funded \$200,000 per year for the continued development of Nevada's 2-1-1 system. Division for Aging Services staff serves on the State 2-1-1 Steering Committee. These actions are consistent with one of the Committee's Additional Recommendations that "SPE [NCC] needs to be coordinated with and integrated into the development of the State's 2-1-1 project."
4. The Division for Aging Services received a three-year federal grant beginning October 1, 2005. This grant provides \$250,000 per year to help establish statewide Aging and Disability Resource Centers that will provide Nevadans with information/referral and assistance regarding long-term care.

Challenges

5. There continues to be inadequate data collection methods as to the number of seniors receiving services in Nevada. The lack of common definitions for services between different providers, for example "care planning" and "care management" affects how data is catalogued.

FINAL COMMENTS

The Accountability Committee will continue to move the plan forward in an effort to meet the goals of the Strategic Plan for Senior Services. The Committee has several objectives:

- The Committee will be pursuing new members to include representation from underserved/rural communities, representatives from minority communities and persons with knowledge about specialized areas of need, such as transportation.
- The Committee will be meeting with a facilitator in October 2005 to identify the priorities for upcoming years and prepare for the 2007 Legislative Session.
- The Committee will continue to strive to implement the overall vision of the Plan that:

All seniors in Nevada are knowledgeable, secure, respected and able to make choices toward health, hope and happiness. They have maximum independence, direct their own care, and are fully engaged in the occupation of life. A balanced system is equally available to, and of equal quality for, all seniors. It has an adequate supply of the right resources with all types of services readily available.