

State of Nevada  
Department of Health & Human Services

# DIVISION FOR AGING SERVICES



*Independent Living Grants  
Annual Report  
FY 2005*

EXHIBIT C Healthy Nevada

Document consists of 15 pages.



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Meeting Date: 10/03/06

**Nevada Division for Aging Services  
Annual Report to the Task Force for a Healthy Nevada:  
FY 2005 Independent Living Grants  
October 1, 2004 through September 30, 2005**

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The 1999 Nevada State Legislature created Independent Living Grants with settlement funds received from the Master Settlement Agreement (MSA) with the four largest tobacco companies in the country. Under the terms of the MSA, Nevada was projected to receive \$1.2 billion in total payments through the year 2025.

Each year, up to 30 percent of all revenues deposited in the Fund for a Health Nevada can be allocated by the Task Force for a Healthy Nevada to the Division for Aging Services, Nevada Department of Health and Human Services. The Division for Aging Services (DAS) then awards funding in the form of grants to area service providers. These providers assist senior citizens with independent living in areas, such as: respite care or relief of family care takers; transportation; and care in the home – supportive services. The intent of these services is to prevent or delay institutional care.

Independent Living Grants (ILG) have now been awarded for six years. The first ILGs were awarded in October of 2000, and ILG grants awarded in October 2004 marked the fifth year of funding from the 1998 tobacco settlement. In FY 2001, 40 Independent Living Grants were awarded, covering nine different services. In 2003, the State Legislature expanded the basic Independent Living Grant grants to include dental care. In FY 2005, 70 grants were awarded, covering 22 different services including dental care for seniors. These services were provided in Clark and Washoe counties, with plans for expansion into Elko County in 2006. As seniors age, the need for transportation, respite and supportive services dramatically increases, and Independent Living Grant funds are helping to provide Nevada seniors with vitally needed services.

For grant year 2005, the Task Force for a Healthy Nevada awarded \$6,360,031.82 to the Division for Aging Services (DAS) Independent Living Grants. Of this: \$1,062,434 was awarded by DAS for the provision of Transportation Services; \$1,501,900 was awarded for Respite, and \$3,795,697.82 was awarded for Supportive Services. As service needs increased in some areas and decreased in others, these funds were adjusted accordingly.

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## **TRANSPORTATION**

Mobility or lack of mobility is a crucial component of daily life. As Nevada's population ages, an increasing proportion of that population will become isolated and immobile due to an inability to drive or a lack of accessible public transportation. Between 1960 and 2003, the number of Americans age 65 and older

doubled in population – an increase of 116 percent according to the U.S. Census. That population is expected to nearly double again, once the last of the boomer generation reaches age 65.

While many older persons retain their driving skills, the aging process impairs that ability in other seniors. Cognitive, sensory and/or physical functions become the great eliminator of the driver's license. The cost of owning, maintaining and insuring an automobile adds to these limitations. As the income of seniors shrinks, the likelihood of automobile ownership declines. Transportation options in suburbia and the rural areas are generally lacking. Given this, what happens to seniors, no longer able to drive or who no longer have the means to maintain automobile ownership? How do these seniors grocery shop, access healthcare or socialize?

In Nevada, Independent Living Grants have alleviated this problem by providing financial assistance to transportation programs throughout the state. During the 2005 grant year, 4,700 senior Nevadans benefited from transportation services, and a total of 135,180 units of service were provided to them. Rides were provided in most of the seventeen counties and were provided by senior centers, transit coalitions, volunteers and through taxi-bus voucher programs. For example, seniors were transported to local senior centers for a nutritious meal, to medical appointments, and to group outings that encompass social activities and shopping.

Senior transportation programs funded with other federal/state funds ensured basic senior transportation services were provided in all seventeen counties.

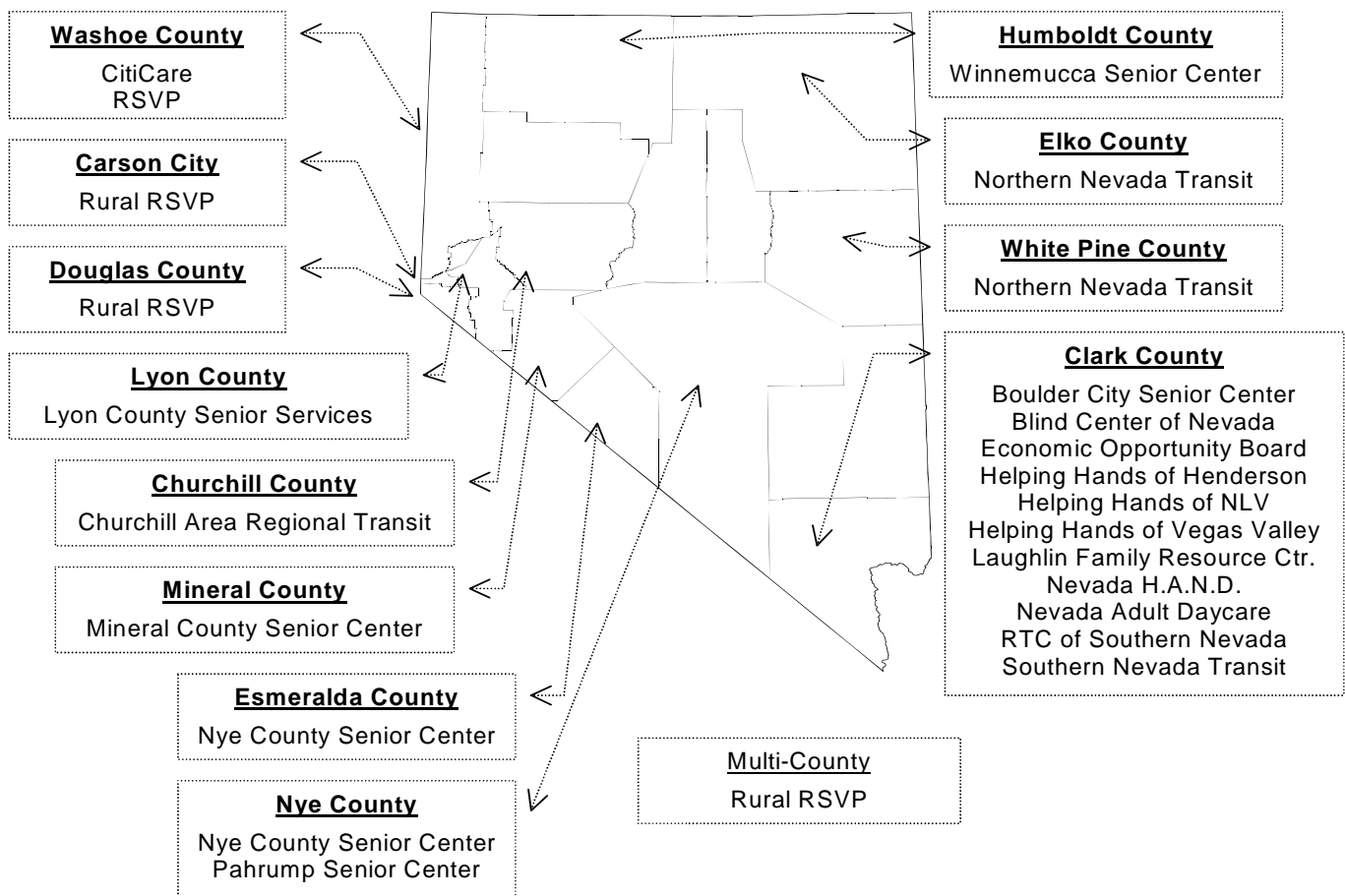
Escorted Transportation (one volunteer escorting one frail senior to and from appointments) was provided by RSVP programs statewide and by the Helping Hands programs in Las Vegas. The most vulnerable and frail seniors were able to get to and from medical appointments with the assistance of the many dedicated senior volunteers who donated their time and use of their automobiles for helping Nevada's elderly.

Results of a recent study conducted by the Administration on Aging, documented that 21 percent of all clients using senior transportation services relied on those services for at least half of their transportation needs. More than 80 percent of respondents were either unable to drive or had no vehicle available.

To help ensure the well being of Nevada seniors using this vital service, transportation programs funded by the Division for Aging Services are required to provide and document Elder Abuse Training for all drivers and program staff on an annual basis. Division grantees are required to report suspicion of elder abuse, neglect, exploitation and/or isolation pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099.

The following are comments of seniors using ILG Transportation Services are: "This is a great service." "I don't know what we would do without the bus." "Most of us don't drive anymore. One time I was sick, the driver pulled over and the second van took me home." "This service is very helpful as I am disabled myself and cannot drive my father to the center."

## TRANSPORTATION SERVICE PROVIDERS



## RESPITE

Respite is another priority of the Independent Living Grant legislation. This service provides caregivers with some time for themselves and allows them a small break from their ‘round-the-clock responsibilities. In 2005, 949 Nevada seniors and their caregivers benefited from Respite Services, with 73,871 units of service provided.

This critically important service also helps caregivers contend with the challenge of working outside the home while caring for an elderly parent, and often children as well the non-stop demands of caretaking add considerable stress to the lives of women and men alike. Almost half of the so-called “sandwich generation”, the cohort of Americans between age 45 and 55, have children less than age 21 as well as aging parents or aging in-laws.

Much has been written and said about caregivers. They remain the backbone of the long-term supportive services system in the United States, providing the majority of care for people who need help with activities of daily living – activities that include bathing, eating, paying bills and taking medication. The

majority of this care is unpaid, and the Association of Retired Persons research center has estimated its value may exceed \$257 billion a year.

Independent Living Grants fund two respite voucher programs, one in Northern Nevada and one in Southern Nevada. Families are able to apply for up to \$1,000 in respite vouchers, to hire individuals who provide in-home respite, pay for adult day care hours or perhaps pay for a short stay in an assisted living or long-term care facility when a caregiver is in need of a short vacation or is faced with hospitalization. In addition, funds have been awarded to companion programs, where volunteer companions provide short periods of respite to a stay at home caregiver.

The following letters were received from women who had been given the gift of respite from the Northern Nevada Respite Voucher Program:

*“I just wanted to write and thank you and your organization for the generous help you’ve given me while caring for my mother. By allowing someone to care for my mom, you’ve given me the chance to rest and take a break, and my mother a break too. If not for your help, I would not be able to continue her day in, day out care. You have truly made a huge difference in the quality of our lives. Thank you from the bottom of my heart!”*

Catholic Charities of Southern Nevada, which provided 73,780 hours of respite to a total of 907 clients in 2005, submitted the following vignette:

*An elderly man suffered from Parkinson’s disease and had relied almost entirely on his wife to assist him with daily needs. His wife was in poor health and had recently undergone surgery to have stents placed in her heart. However, no matter how badly she was feeling on any particular day, she always put her husband first and did what needed to be done. The wife received a respite voucher from the Helping Hands of Vegas Valley Respite Voucher Program, and she was able to hire a respite worker from the Catholic Charities Respite Care Program, to help provide care for her husband. Almost immediately, the two women felt a kinship and the respite caregiver did whatever she could to help this couple. She often brought them KFC – their favorite food, and she baked them a cake every once in awhile to show how much she cared. Sadly the wife passed away in November 2004, and her brother moved to Las Vegas to take over his brother-in-law’s care. The respite worker continued to provide help and support through this difficult time. The brother-in-law told the program coordinator the respite worker was “a Godsend, and I wouldn’t know what we would have done without her.”*

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## **SUPPORTIVE SERVICES**

The senior years are supposed to be the “Golden Years,” but for many seniors they are not, due to deteriorating health, illness and disability. Because of this, many have been unable to remain in their own homes. In addition, illness can eliminate retirement dreams and can move individuals from the “haves” to the “have-nots” overnight.

Individuals who were poor to begin with find old age even more frightening than being young and poor. Given the choice, most seniors choose to remain in their own home. But, unable to fund supportive services, they are often forced to relocate – to move in with an adult child, to move to an assisted living facility and in the worst-case scenario to move to a nursing home.

Exercising this option is costly. A 2004 Met Life Market Survey of Nursing Home Care Costs determined the average annual cost of a private room in a nursing facility to be \$70,080 and for a semi-private room the cost is now \$61,585.

Essentially, with illness and longevity, people may be surprised to find they have out-of-pocket expenses, never before imagined. A 2005 AARP research paper “Becoming Disabled After Age 65: The Expected Lifetime Costs of Independent Living” documents the mean monthly cost to maintain an individual aged 85 and greater in their own home at \$3,411 (\$40,932 annually) and for someone aged 65 to 69 at \$2,378 (\$28,536 annually).

Supportive Services, funded in 2005 with \$3,795,697.82 in tobacco dollars through Independent Living Grants to providers, delivered 350,000 units of service to help Nevada’s seniors remain at home. Each of these services is described below with the 2005 grant year outcomes.

It should be noted that many seniors use more than one of the following services within a year. Because agency records are maintained service-by service, the actual aggregate, unduplicated number of seniors who benefited from Supportive Services is not available. However, the number who benefited from each service is provided. In addition, Attachment 1 provides a definition of Unit of Service, which varies from service to service.

### **Adult Day Care**

Sixty-three dependent adults received this planned care in a supervised, protective, congregate setting during some portion of a day. Adult Day Care providers delivered 13,878 units of service. Referencing Adult Day Care, a senior commented, “. . . the staff are very caring . . . I’ve seen kindness and helpfulness given to those in need of special care,” Another senior’s daughter said, “The staff have made a tremendous difference with my mom and helping our family . . . we are so thankful.”

## **Case Management**

This service provided care for 495 seniors in 2005, through the provision of 5,165 service units. Case Management identifies client needs and the services to meet those needs, which are then coordinated and monitored by a Licensed Social Worker. Clients must be functionally impaired to be eligible for this service.

As an example of this service, Case Management Services staff at the Housing Authority of Reno assisted a 70 year old woman, who lives alone, with applications for the Senior RX program and energy assistance, and provided advice regarding health insurance. In addition, staff arranged for this senior to receive dental care and food bank commodities.

In another circumstance, the Lyon County Senior Center provided Case Management to a 61-year-old senior who suffers from macular degeneration and post polio syndrome. Because he can't see, hear or walk well, he sometimes crawled to his destination. He was unable to clean his home, and was depressed and lonely. The case manager arranged services, which included assistance with bill paying, homemaking, home delivered meals and transportation to the Senior Center. He found much joy in meeting new people at the center. Today, he's using a walker to ambulate safely, and he visits the center weekly.

## **Case Management – Elder Protective Services**

The Elder Protective Services Case Management helped 128 senior Nevadans, through the provision of 827 service units. DAS Elder Protective Services staff assesses victim needs and identifies appropriate services during the course of an investigation. Then Case Management is provided to ensure that identified needs are managed and that care is coordinated and monitored to promote client safety and well-being.

The husband of a Community Care Associate client said that he appreciated the assistance a case manager provided in helping him find a skilled nursing facility for his 68-year-old wife, who is in the later stages of Alzheimer's disease. The Case Manager helped him "let go" of personally providing care and was in communication everyday during the service provision.

## **Caregiver Supportive Services**

Caregiver Supportive Services provides education and supportive services for frail older adults, their families and professionals caring for elderly adults in their own homes. In 2005, 199 clients benefited from this service, through the provision of 3,978 service units.

Ms. D. relayed that before receiving this service, she had made 17 phone calls trying to find help for her 77-year-old mother. She finally found Nevada Care Support Center (NCSC). NCSC initiated collaboration with a number of agencies to meet the mother's needs. In this case, Caregiver Supportive Services helped end a cycle of hospitalization and calls to Elder Protective Services. The NCSC coach stayed

in close communication with Ms. D., providing much needed emotional support. Ms. D.'s mother has now passed away, but the service continues to help her transition to other needed psychological services.

### **Information / Assistance / Advocacy**

During 2005, Information / Assistance / Advocacy provided information, assistance and advocacy to 3,747 seniors through 23,639 units of service. It helped seniors in accessing many needed services, medical appointments, errands, social activities, programs and benefits. It includes indirect and direct representation of clients. It can also provide transportation services for seniors to access services.

For example, a woman whose Medicare and Medicaid benefits had been terminated called Salud En Accion. With the assistance of this agency, SSDI and Welfare benefits were quickly reinstated.

In another case, the Senior Advocate for Elders program (SAFE) assisted a client who lives alone, had been in an accident causing enough impairment that guardianship became necessary. The SAFE volunteer now takes this client out for lunch and short excursions. He also advocates for the client in legal matters relevant to guardianship.

### **Companion Services**

In 2005, Companion Services provided supportive companions to 1,608 homebound seniors dependent on a caregiver for support, through the provision of 185,171 service units. Companions also accompany seniors to help them access services outside the home.

As an example, a 78-year-old client living alone with no support system, had been unable to shop for basic needs for two years. Catholic Charities of Southern Nevada assigned a Senior Companion to the client. At a follow-up visit, the client said her new companion is the "best person she has ever met." He takes her shopping weekly to purchase much needed items. She looks forward to these weekly visits and says her overall life has improved immensely as a result of this service.

### **Durable Medical Equipment and Health Care Products**

This service provided 629 seniors with access to durable medical equipment, emergency prescriptions, diabetic supplies and liquid nutritional products, through the provision of 1,018 service units.

Beverly, a 68-year-old woman, exemplifies this service's benefits. One of a handful of female construction workers in her younger years, she also worked as a welder/grinder in shipyards. Beverly attributes her current medical challenges to the jobs she once performed. A mother of eight and grandmother of 14, she is now employed by the American Association of Retired Persons, and says she can't afford to retire. Her medical expenses consume a large part of her income. She also has rent, car payments and other



living expenses to manage. Care Chest helps Beverly pay for her cardiac and diabetic medications, which she says is a “huge help.”

### **Geriatric Health and Wellness Services**

Geriatric Health and Wellness Services were provided to 3,433 seniors with 13,512 units of services in 2005, to ensure access to a comprehensive health/medical screening or assessment. Other services provided may include primary health care, dental care, mental health care, health education and wellness services, exercise, geriatric case management, medication management and internet health services. Patients with suspected dementia may also access a comprehensive social evaluation.

A client of the Elvirita Lewis Hearing Aid Program says, “Before, I couldn’t hear most women’s voices at the union meetings. With a hearing aid, the biggest improvement in my life is watching movies on TV and actually hearing the dialog.”

A 69 year-old client of the Elvirita Lewis Dental Program says her front teeth were in very poor condition. She rarely smiled and her diet was restricted to soft creamy foods. Dr. Basora has provided her with dentures, and today she readily smiles, enjoys visiting with people and can eat a wider variety of nutritious foods.

The Miles for Smiles program provided equally heart warming stories from clients who gained relief from relentless pain.

### **Homemaker Services**

Homemaker Services provided 135 seniors, unable to perform home and self care, with housekeeping and personal care assistance. A total of 4,212 units of services were provided.

As an example, Mr. A., 70 years old, lives alone and was in need of homemaker services due to a serious health problem. The Reno Housing Authority assisted with a professional cleaning service and has since been providing ongoing homemaker services. The apartment is clean and orderly, the kitchen pristine.

### **Home Services**

One or more of the following home services were provided to 624 clients in 2005: home safety evaluations, home safety training, home accommodations/modifications, home maintenance, home repair assistance or home chore services and installation of home aides/equipment. A total of 4,986 units of service were delivered.

For example, a 76-year-old male contacted the Las Vegas Christmas in April program, because he had been without hot water for almost five years due to an electrical malfunction. To make do, he heated

water in a microwave oven to use for sponge baths. The necessary repairs were made, and the client was so grateful he visited the program office to personally thank staff.

### **Home Care Services**

In 2005, 251 seniors benefited from the provision of 745 units of service that included assistance, such as: light housekeeping, grocery shopping, transportation, bill paying assistance, correspondence assistance, medication reminders and medical care advocacy.

### **Legal Services**

Through Legal Services, 320 seniors received consultation and/or representation in legal matters, in order to maintain or improve the quality of their lives. This service delivered 2,060 units of service.

As an example of this service, an elderly woman faced eviction from her subsidized apartment due to behavioral issues. For the same issues, another agency was pursuing guardianship. The Washoe County Senior Law Project staff stepped in and had the eviction action dismissed. The Public Guardian was able to acquire some temporary authority to help sort out the woman's finances and ultimately found funds to pay the rent. Guardianship was subsequently granted, and the woman is now able to live independently with the assistance of her guardian and representation by the Washoe County Senior Law Project attorney.

### **Medical Nutrition Therapy**

This therapy screened 682 seniors, through the provision of 72,041 units of service, to determine if they are at nutritional risk. Once a senior is identified to be "at risk," a nutritional assessment is conducted to determine if counseling/education, additional meals, nutrition supplements and/or case management may be needed.

As an example, a client with a history of poorly controlled diabetes, heart disease and a cerebral vascular incident requested help from Catholic Charities of Southern Nevada, Meals on Wheels (MOW). His chief complaint was very serious ulceration due to being wheelchair bound and his quality of life was poor. MOW registered dietitians and support staff began aggressive treatment that included education, diet adjustments and vitamin supplements to facilitate wound healing.

Within two years, the client achieved an intended 47 pound weight loss, consistently average blood glucose readings and was able to walk short distances. The client's quality of life has significantly improved as a result of this service.

## **Volunteer Care**

Volunteer Care provided volunteer supportive and assistive services to 1,599 seniors in their own homes, to help them maintain their independence. This involved the provision of 24,180 units of service by program volunteers. Individuals needing these services are typically alone and frail, chronically ill, homebound and/or dependent on a primary caregiver.

Helping Hands of Vegas Valley received a note saying:

*“I just want to express my gratitude for the donation of a manual wheelchair. I am a disabled senior and need the wheelchair to get around. I am so grateful to you and Helping Hands. Because of my limited income, I am unable to purchase this on my own. Without this chair, I can’t leave my home.”*

Another client wrote:

*“To all my friends at Helping Hands, I truly appreciate your help. All the transportation! I can’t put into words how very much you mean to me. Richard has been so faithful and kind, taking me to doctor and dentist appointments. God sent all of you into my life. I pray for all of you, and God bless you for all the wonderful things you do to help others. Maybe someday I can help you.”*

## **Emergency Food Pantry**

In 2005, more than 1,000 seniors benefited from the Emergency Food Pantry, which is a service that provides emergency food supplies, purchased and donated non-perishable food items, to assist seniors in meeting their nutritional needs.

## **Lifeline**

The Lifeline program helped 610 homebound seniors who live alone, to feel more secure at home. Program volunteers or staff assess each client’s need for a Lifeline system and, when the need is determined, ensures that installation is completed in a timely manner and that the client understands how to use the system.

In an emergency, this program summons assistance in response to the senior pressing an alert button on a personal transmitter (worn on the wrist or around the neck). The transmitter alerts a monitoring station that assistance is needed.

**Protective Services**

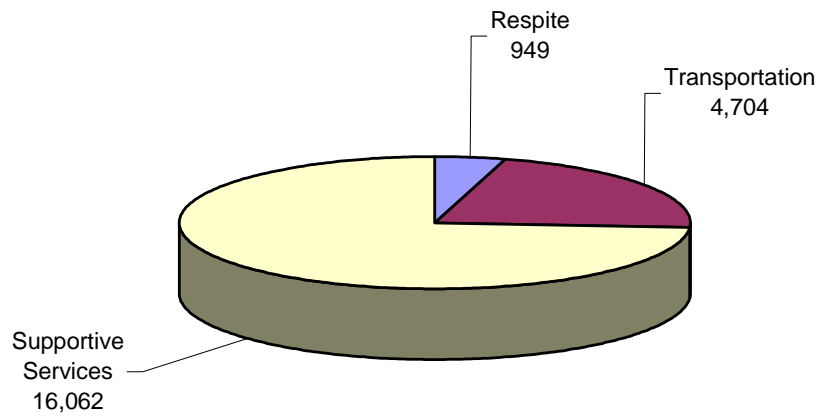
Protective Services assisted 508 seniors through the provision of 1,217 service units. To receive these services, a senior is at imminent risk to self or others and/or suspected of being abused, neglected (including self-neglect), or experiencing isolation or exploitation.

Services include, but are not limited to, investigations, assessments, referrals, advocacy and emergency transportation, plus the application of the full spectrum of social work and crisis management skills. When investigations are completed, clients may be referred to Case Management – Elder Protective Services, for ongoing assistance.

**Representative Payee**

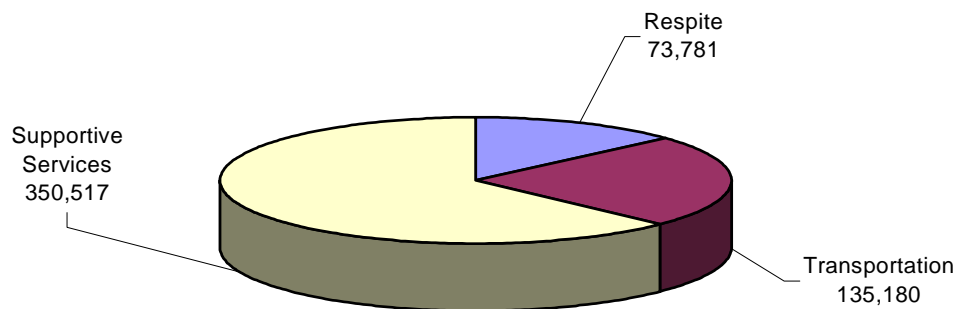
The Representative Payee service assisted 19 seniors in 2005, through 268 units of service, by providing money management and supportive community case management. Seniors eligible for this service are unable to receive and manage their own funds and have no other suitable person to act on their behalf. Services include managing the monthly income of qualifying seniors who need assistance in paying bills and maintaining a personal budget based on comprehensive client assessment and regular monitoring of his or her status, plus case coordination with case managers from other agencies. Representative payee services are provided by a social worker, including client assessment, development of service plans and coordination of services with other agencies.

### Unduplicated Clients Served - FY '05



Figures are extracted from quarterly reports submitted by all programs. The reporting covers a 12-month period (10-01-2004 through 09-30-2005).

### Units of Service Provided - FY '05



Figures are extracted from quarterly reports submitted by all programs. The reporting covers a 12-month period (10-01-2004 through 09-30-2005).

## Programs Funded with Independent Living Grants

County	Program	Service
Churchill County	Coalition of Senior Citizens	Volunteer
	Churchill Area Regional Transportation	Transportation
Clark County	Boulder City Senior Center	Transportation
	Catholic Charities of Southern Nevada	Companion
	Catholic Charities of Southern Nevada	Respite
	Catholic Charities of Southern Nevada	Nutrition Therapy
	Catholic Charities of Southern Nevada	Special Meals
	Clark County Social Services	Home Care
	Clark County Health District	Advocacy
	Blind Center of Nevada	Transportation
	EOB Community Action Partnership	Home Services
	EOB Community Action (Foster Grandparents)	Transportation
	St. Rose Dominican Health Foundation	Transportation
	James Seastrand Helping Hands of North Las Vegas	Home Services
	Helping Hands of Vegas Valley	Respite
	Helping Hands of Vegas Valley	Volunteer
	Helping Hands of Vegas Valley	Transportation
	Christmas in April	Home Services
	Solutions, LLC.	Case Management
	Lutheran Social Services	Home Care
	Laughlin Family Resource Center	Transportation
	Jude 22	Emergency Food Pantry
	Nevada H.A.N.D.	Transportation
	RTC of Southern Nevada	Transportation
	UNR School of Medicine Center for Cognitive Aging	Caregiver Support Services
	Nevada Adult Day Healthcare	Adult Day Care
	Nevada Adult Day Healthcare	Transportation
Elko County	Elko County Senior Center	Podiatry
Humboldt County	Senior Citizens of Humboldt County	Transportation
Lyon County	Lyon County Senior Center	Case Management
	Lyon County Senior Center	Information/Referral/Advocacy
	Lyon County Senior Center	Transportation
Mineral County	Mineral County Senior Center	Information/Referral/Advocacy
	Mineral County Senior Center	Transportation
Nye County	Nye County Senior Center	Transportation
	Pahrump Senior Center	Transportation
Pershing County	Pershing County Senior Center	Information/Referral/Advocacy
Washoe County	Washoe County Senior Center	Geriatric Health & Wellness (Mental Health)
	Washoe County Senior Center	Case Management
	Washoe County Senior Center	Information/Referral/Advocacy
	Washoe County Senior Center	Legal Services
	Washoe County Senior Center	Geriatric Health & Wellness (Visiting Nurse)
	Washoe County Senior Center	Representative Payee
	UNR Board of Regents	Volunteer
	Housing Authority of Reno	Case Management
	Housing Authority of Reno	Homemaker
	Nevada Urban Indians	Home Care
	Special Advocates for Elders	Information/Referral/Advocacy
	CitiCare	Transportation

## Programs Funded with Independent Living Grants

County	Program	Service
Multi County	Rural RSVP	Lifeline
	Rural RSVP	Companion
	Rural RSVP	Geriatric Health & Wellness
	Rural RSVP	Transportation
	Community Care Associates	Case Management
	Northern Nevada Respite	Respite
	Northern Nevada Transit Coalition	Taxi Coupons
	Alzheimer's Association of Northern Nevada	Alzheimer's Disease
	Alzheimer's Association of Northern Nevada	Caregiver Supportive Services
	Alzheimer's Association of Southern Nevada	Alzheimer's Disease
	Alzheimer's Association of Southern Nevada	Caregiver Supportive Services
	Southern Nevada Transit Coalition	Transportation
	Silver Independence	Home Services
	UNR Board of Regents	Caregiver Supportive Services
	Community College of Southern Nevada	Geriatric Health & Wellness
	Southern Nevada Mental Health	Geriatric Health & Wellness
	Elvirita Lewis Forum	Companion
	Elvirita Lewis Forum	Geriatric Health & Wellness
	Health Insight	Information/Referral/Advocacy
	Care Chest	Durable Medical Equipment
	The Continuum	Home Services