WASHOE COUNTY SENIOR LAW PROJECT

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To: Legislative Commission's Subcommittee to Study the Availability and Inventory of Affordable Housing

From: Ernest Nielsen, Washoe County Senior Law Project

Regarding: Comments regarding the need for affordable housing for seniors

Date: 1/23/06

Chairman Conklin and Committee members, thank you for the opportunity to present information to you concerning the needs of the senior population concerning affordable housing. As you may know, the Washoe County Senior Law Project provides free legal services to the lower income senior population in Washoe County. It is also a HUD certified Housing Counseling Agency. Many of our clients are involved with housing issues involving affordability.

For this discussion I have divided the area of affordable senior housing into four areas for ease of discussion. They are:

- Affordable housing for seniors without support
- Living in home with supports
- Assisted or group homes
- Skilled Nursing Facilities, --primarily the out of state placement issue

Preliminary Matters.

I wish to briefly cover some preliminary matters that are related to seniors. I also want to refer you to several documents I previously handed out 1) The Housing Division's 2002 Nevada Special Needs Housing Assessment, 2) a number of pages from Nevada's Department of Human Services Strategic Plan for Senior Services 3) the 2004 report concerning its implementation and 4) print outs of the status as of July 2005 of the four primary Medicaid waiver programs.

1999 Supreme Court case commonly referred to as Olmstead found that states can be liable under Americans With Disabilities Act if do not work toward goal of deinstitutionalizing persons to the extent feasible and putting into place mechanisms that will divert placing persons into institutions. Such community-based emphasis is also less expensive for the state in terms of Medicaid support. The state has responded with a policy adopting the philosophy of Olmstead to aggressively move toward community-based system and away from institutionalization, which is fairly described in the Strategic Plan for Senior Services. Such approach also embraces the notion of Aging in Place.

Universal design. Universal design are features in homes that will enable older persons to easily, for example, open doors or put in grab bars to help get in the bathtub that are not inconvenient for non disabled persons. If implemented at the time of construction, there is a small if any extra cost. State policy might help. Right now many of us are focused on requiring developers seeking affordable housing funding to provide universal design.

Lack of Data We do not have adequate data nor is the data we have updated frequently enough. For example the 2005 Washoe County HOME Consortium's 5-year plan is still using 2000 census data. Further we don't have data that easily distinguishes between populations who need a) Skilled nursing from those who need b) 24 hour care but not skilled nursing or from c) Those who simply need some support to remain in their homes.

Seniors are relatively poorer than non-seniors. See below for data.

Nevada's senior population is increasing relative to other populations and Nevada's senior population growing faster than anywhere in the country.

Senior Population has a substantial relationship with the Disabled community. According to the 2002 Housing Division's Special Needs Housing Assessment, 40% of Nevadans over the age of 65 have one or more disabilities. The Strategic Health Plan for Seniors indicates that over 50% of seniors who live below poverty level are disabled.

Affordable Services. Frail and seniors with various disabilities need supportive services. For them affordable housing financing mechanisms is only part of the answer. Services need to be tied to the housing and it too must be affordable.

Mobile Homes. I mention this because many seniors live in them. Mobile homes used to be viewed as alternative affordable housing, however, not so affordable anymore. . Costs are going up. Problems regarding erosion of equity-many needing to move find themselves upside down. My understanding from Las Vegas is that the supply of parks is getting smaller so even if mobile homes were an affordable option, they are not available anymore.

Affordable Housing for Seniors

I have divided the senior affordable housing needs into four components simply for ease of discussion.

Independent Living for seniors

Affordability as defined by HUD has two components a) to be affordable people must pay no more than 30% of their income for housing costs; and b) then we commonly speak about affordability in reference to specified strata of income such as

- Below 30% median income-extremely low income i.e. for a family of two (2) that would be less than $15,180 income per year; To be affordable such family must pay less than $380/ month for housing costs including utility costs.

- Below 50% median-very low income i.e. for a family of two (2) an income of $25,300. To be affordable they must pay less than $632/month for their housing costs including utility costs

- Below 80% median-defined as low income (for family of below $40,450 per year.

Data from Washoe County HOME Consortium's 2005 five (5) year consolidated plan shows seniors are poorer relative to younger populations. Elderly are defined as 62 and up.

The renter data shows that 51% of elderly renters had incomes below 50 % of median while only 25% of younger renter households had income below 50% median income.

29% of elderly renter households had incomes below 30% median income while only 11 % of other households had incomes below 30% median income. 48% of these elderly households pay more than 50% of income for housing costs.

We fund affordable rental housing for the above groups in two ways

a) Deep subsidies are the primary way we can fund the below 30 % median group. These funding sources are primarily from HUD include Housing Authorities units, Section 8 vouchers and deep subsidy projects such as 202 for the elderly and 811 projects for the disabled. These are all dependent on the federal budget. So this is a major problem

b) The rest of the affordable housing financing sources are generally aimed at the just below 60 and 50% median market including HOME, Tax Credits, Industrial Bonds, and the Low income Housing Trust Funds though LIHTF targets some units to be affordable to people below 30% median.

Though some of the funds for 202 and 811s are discretionary, the only resource we in this state have control over is the Low Income Housing Trust Fund funded by 10 cents on every 500 of valuation of all property transfers. Last year it generated about 11 million dollars. Such fund does requires 15 % of units funded with Trust Fund monies to be affordable to people at poverty level (above 25% median) however developers tend to concentrate the allocation of such Trust Fund funds to only a few units in any one project. So if concerned about the below 30% market you could think about some adjustments there.

Owner data
More than half of the below 50% elderly households are owners while only about 35% of

the younger below 50% median household are owners.25% of the elderly Owner households have incomes below 50% median while only 7.5% of other households have incomes below 50% median

Programs we need to expand to enable elderly owners stay in their home include a) home repair programs, b) Weatherization, c) emergency mortgage assistance and d) Energy Assistance

Supportive Housing for Seniors

The following categories of housing require service funds; a) Services in the home (less than 24 hours), b) 24-hour care like group homes and assisted living, c) Skilled Nursing Facilities

Database: As you can see, from the Housing Divisions Special Needs Housing Assessment, even for the Alzheimer's patients, we don't have a system in Nevada that easily allows us to articulate the need for each of these levels of care. The Strategic Plan for Seniors says that in 2002, 17,250 seniors need help with ADLS and 38,900 need help with I ADL but does not differentiate between the three levels of care.

According to the 2002 Housing Division study there were 12,000 persons suffering from Alzheimer's or dementia living alone and without caretakers in Las Vegas alone but we don't know their income stratification or the level of their care needs

Thus for these reason alone, I would urge you to consider funding a position to maintain a statewide database that includes a component to better articulate the demand side of the equation.

Services in the home.

Services such as homemaker services, personal care services, and case management services allow people to stay in their homes and foster the state policies.

CHIPS waive provides services in home-typically up to 20 hours per week. See data sheet for waiting list and wait period. To qualify for this very popular program one must be Medicaid eligible i.e. qualifies for nursing home placement and provides services such as homemaker, case management, Personal Care. Thus this program is shared between federal and state dollars. Incomes must be below 3XSSI (around $1550/ month) and there is a $2,000 asset cap. There is also a state funded variant with no federal funds that has no asset cap. Both engage fewer state dollars than alternative of nursing homecare that has approximately 50/50 federal/ state match

One adjustment needed is to include the home modifications in this waiver. If we wish to adequately address our Olmstead policy and continue to reduce Medicaid costs the state needs to continue to expand this program beyond the population growth factor.

Homemaker services are a very cost effective way to keep older, and poor seniors in their home. These are usually funded by federal Title XX dollars but may have engaged general fund dollars this last year.

24 hour care-Assisted Living-Group Homes-Other Options

When people need 24 hour a day care it is usually cost prohibitive (esp from state point of view) to keep them in their own home. Therefore we have developed a system that is between Skilled Nursing and own home. The best creates a home like environment and achieve the goal to allow the senior to remain in the community.

Such options are less costly than Skilled Nursing Facilities

These types of arraignments are defined in NRS 449 as Residential Facilities for Groups and provide various levels of service- up to but not including skilled nursing. All (except 1 and 2 person homes which are registered) are regulated by the Bureau of Licensure.

This has been generally viewed as a two-tier system: Group homes for lower income persons and market rate assisted living projects for wealthier persons. ($2500 a month or so).

Group homes generally converted large single-family homes. Assisted living projects are larger and generally provide much more of a home like environment than does a skilled nursing home.

The fact that lower income persons could not have access to the more expensive assisted living environments gave rise to, as most of you are familiar, the Silver Sky project in Las Vegas which is the first Affordable Assisted Living Project in Nevada. Such project is a marriage between Affordable housing mechanisms (such as free land, HOME and tax credits) for the building and related costs and Medicaid waiver funds for the services

The WEARC (Waiver for Elderly and Adult Residential Care- old group home waiver) is the waiver that will be used to provide the Service funds for Silver Sky (See handout) and also, hopefully to allow lower income persons live in market built assisted living units. The latter can occur since much of the cost to the consumer of such market rate assisted living units is related to service. Time will tell if we need to further adjust this waiver to engage this latter market. Such waiver pays $25, $45 and $65/day depending on level of need rather than the old $9/day paid by the group home waiver.

The legislature did expand this waiver substantially in 2003 but in 2005 only expanded at population growth level. Most of us were very disappointed that it was not funded at a higher amount to take into account the states policy to

i. Increase effort to keep people out of higher cost nursing homes and
ii. Pick up ground on our Olmstead policy
iii. Help people live more productive lives.

This committee should be aware of another waiver tied to the 2005 AB 248 which called for a facility based waiver. This was brought forward to address some of the difficulties associated with the marriage between a tax credit project and Medicaid waivers learned from the Silver Sky project. The legislature did not fund this waiver. If we want more affordable assisted living projects around the state, this will have to be funded next session.

Skilled Nursing Facility
The state's Olmstead policy would have us reduce this expensive form of housing, funded for low-income persons primarily from Medicaid with about a 50% state match. Usually such housing is market driven

Another ACR (ACR 20) that did not make it, focused on one problem associated with Nursing homes. We are sending many of our citizens out of state, not because we don't have enough Nursing Home beds, but rather because, especially in the north, there are not enough spaces for persons who have behavior issues and especially Alzheimer's patients. There has been reluctance for Nursing Home operators to develop sufficient capacity here in Nevada. Currently we have approximately 80 or so out of state Medicaid funded nursing home patients of which 65 to 70 may be Alzheimer placements. There is no good data concerning non-Medicaid funded persons.

Out of state placement is not good because it separates the person from families and support systems

Though persons with Alzheimer's disease don't necessarily need skilled nursing, the predicted substantial increase in persons suffering from Alzheimer's disease make this a growing problem.

There is a Task Force on this issue, which may have some recommendations in time for your consideration. Some may involve the development of private/public partnerships.

Thank you

STATE OF NEVADA
STRATEGIC PLAN FOR SENIOR SERVICES
ANNUAL REPORT
JULY 2004

I. BACKGROUND

The STRATEGIC PLAN FOR SENIOR SERVICES (the STRATEGIC PLAN) was authorized in 2001 and designed to cover a ten-year period or until 2011. The Governor appointed a Strategic Plan Accountability Committee (the Committee) that was charged with monitoring progress on the plan. This Report is the first update produced by that Committee. The members of the Committee who produced this update are listed below:

Sue Rhodes, Chairman, Clark County Social Services
Connie McMullen, Vice-Chairman, Publisher of Senior Spectrum
Bonnie Hillegas, Sierra Health Services
Edrie LaVoie, Lyon County Human Services
Kathy McClain, Nevada State Assemblywoman and Commission on Aging member
Dottie Piekarz, Washoe County Senior Services
Jackie Ridley, Senior Representative
Carla Sloan, Nevada State AARP Director and Commission on Aging member

Non-Voting Members

Mary Liveratti, Deputy Director of Nevada Department of Human Resources
Carol Sala, Administrator of the Division for Aging Services
Betsy Aiello, Nevada Medicaid Office
Mel Phillips, Division for Aging Services

II. THE COMMITTEE'S ROLE AND RESPONSIBILITIES

The Committee was directed to play an oversight role to track progress on the six Target Areas in the STRATEGIC PLAN. Under each relevant Target Area, this Report has subsumed the PLAN's thirteen specific targets for positive change in the health and quality of life of seniors and their families.

The Committee will provide a written update to Director Willden in even numbered years. In this way, the Department of Human Resources and its Divisions, including Aging Services, can prepare for any necessary legislative and/or budgetary action consistent with the Committee's findings. It will also give Nevada's legislators time to be fully informed by the Committee as to its recommendations prior to the legislative session.

III. DEMOGRAPHIC UPDATE

From 2000 until 2003, Nevada continued to have the fastest growing senior population, with a 14.6% increase compared to a national average of not quite 3%. Also, the largest population cohort increase was among those 85 and over, with a 30% gain, again the highest in the Nation.

Nevada's State Demographer projects that these increases will continue. A minimum increase of over 12% from 2004 until 2007 in those 65 and over and over 22.8% in those 85+ is anticipated.

Nevada's total population, including its seniors, is also becoming more diverse ethnically, racially, and culturally. The State's minority population is expected to make up 40% of the total population by 2010.

One of the highest need populations not only in Nevada but nationally is persons affected by dementia, their families and caregivers. Unfortunately, Nevada is one of only five states where the current number of residents with dementia (approximately 30,000) is expected to double in the future.

IV. STATUS OF THE TARGET AREAS AND SPECIFIC TARGETS

The Committee will update this PLAN by assessing the status of the thirteen Specific Targets subsumed under the PLAN's six general Target Areas. The PLAN provides intermediate targets for each of the thirteen for each biennial period in the ten-year STRATEGIC PLAN time frame. The Committee will assess the achievement of those targets for the 2003 – 2004 biennium.

It should be noted that assessing progress of the many Target Areas was dependent on data. The Committee found that gathering data on activities provided by entities other than state agencies could not be collected in a timely manner, or was not tracked in a manner in which the Committee could retrieve it. For example, collecting accurate data for in-home services provided by county agencies or non-public agencies such as Sierra Health was difficult due to the inability to determine duplicate clients across agencies.

TARGET AREA I: More Nevada seniors live in the setting of their choice with support to remain as independent and healthy as possible.

Specific Target 1: 39.5% of seniors receive publicly funded long-term care at home.

Status: Although many counties also provide these services, the data from counties as well as from some non-public funded providers either are not collected or not available at this time. Current data collection systems on facility

census and home-based care do not allow separation of those 65 and over from younger Nevadans in facilities with disabilities. However, figures as of April 2004 show the total for each is as follows:

1,536 seniors with waivers for home based care
3,475 total institutional (some being under age 65)
4,843

This means the percentage of seniors receiving home-based care versus institutional care is more than 31.8% and may be at least the targeted 39.5% if the data for services provided from counties and non-public entities was included. However, as previously mentioned, accurate data collection continues to be a problem.

- Nevada's 2003 Legislature approved an increase in waiver slots. The Division's Community Based Care Unit funds staff and agencies to provide assistance to seniors in danger of institutionalization. These services are provided in the individual's home or community setting, such as an adult day care center, a group care facility or assisted living facility. Funding comes from a Medicaid Waiver as well as State general funds, which are used to cover 11% of the Division's caseload. In FY03, this Unit served 1,491 unduplicated clients.

- The Division has a Medicaid approved Group Care Waiver program. Its purpose is to provide more home-like settings for seniors in adult residential care facilities as a less expensive alternative to nursing home placement.

- In FY04, the Division issued five grants for companion services for seniors totaling $653,747.

- In 2003, the Division funded 215,079 companion hours out of Title III (federal).

Specific Target 2: Hospital admission rate and average length of stay decreased by 3.75% from 2000.

Status: Insufficient data collection system to calculate percentage.

Specific Target 3: No more than 34 Nevada seniors with Alzheimer's disease in out-of-state facilities.

Status: Insufficient number of in-state facilities currently housing difficult to handle dementia individuals to meet this Target due to liability insurance and state regulations.

- Medicaid's Group Waiver Amendment to Elderly Adult Residential Care now provides three service levels for personal care and assisted living that takes into account behavioral and cognitive as well as physical needs. This may increase reimbursement for in-state facilities that are willing to handle dementia patients. It also will help divert patients from hospitals to group care facilities.

- The Bureau of Licensure and Certification recently passed enhanced Alzheimer's training for residential facilities for groups, intermediate care facilities and Skilled Nursing Facilities.

TARGET AREA II: More Nevada seniors engage in the occupation of life.

Specific Target 4: 926 Nevada senior caregivers caring for a family member with a disability use at least one formal respite care option with benefits they and their families can depend on.

Status: In FY04, the Division issued six grants for respite and adult day care totaling $1,133,075.

- In 2003, the Division funded 242,789 adult day care hours out of Title III.

- In FY03, 1,293 clients received formal respite services funded by Independent Living Grants.

- For FY03 the CHIP waiver provided the following level of respite services:
    - 80 persons received daily-rate adult day care
    - 20 persons received hourly-rate adult day care
    - 58 persons received respite care service
    - 205 persons received adult companion services.

  Some individuals may have received respite from more than one of these categories and would be counted in both categories.

- The Division, with money from the Alzheimer's Disease Demonstration Grants to States, has issued two grants, one in the north and one in the south, to provide consumer directed respite vouchers to families with dementia-related needs totaling 451 in the last reporting year.

TARGET AREA III: More Nevada seniors have improved health outcomes.

Specific Target 5: A baseline for Nevada seniors 75 and older who are severely disabled has been established.

Status: Current data collection systems do not allow separation by age.

- In FY04, the Division issued ten grants for health-related assistance for seniors totaling $581,200.

- The Division awarded $100,000 in Independent Living Grant funds to the Miles for Smiles dental van to develop a pilot project for senior dental care.

Specific Target 6: 8,500 low-income seniors are participating in the Senior Rx Program.

Status: Slots for Senior Rx were increased to 12,000 during the last legislative session and currently over 9,000 have signed up. Some Senior Rx participants are also eligible for the $600 transitional assistance and Medicare Discount Drug Card program.

Specific Target 7: Hospital admissions for seniors in medication management programs are being tracked.

Status: The Sanford Center on Aging at the University of Nevada, Reno completed a pilot medication management project. It recently received approval by UNR's "Human Subjects" review panel and is now again receiving referrals. This process delayed the Center's ability to issue a report on the pilot project results to date.

TARGET AREA IV: More Nevada seniors live in homes that are safe, fully accessible, and affordable.

Specific Target 8: Housing and utilities cost no more that 30% of income for 260,134 seniors.

Status: Insufficient information to determine current percentage.

- In FY04, the Division issued six grants statewide for home repair and modification for seniors in need totaling $604,360.

- In 2003, the Division funded transitional housing client assists totaling 10,508 out of Title III.

- The Division will coordinate with Office of Disability Services (ODS) and its new housing staff person to support affordable housing for seniors as well as the disabled.

- Office of Disability Services (ODS) has a $200,000 commitment from the Housing Division to provide down payment assistance to disabled persons of any age for purchase of homes.

- The Division now operates the senior tax assistance program that helps seniors with their property tax payments.

- Nevada Legislature increased homestead-housing amount last session.

- A coalition of government, nonprofit and profit organizations have developed plans for a model affordable assisted living project tentatively called Silver Sky. They expect to break ground in Las Vegas this fall for 90 units.

Specific Target 9: 100 seniors live in fully accessible public housing units.

Status: Housing Authorities throughout the State face the same difficulties in making senior/disabled housing fully accessible which is the retrofitting and modifying of older structures.

- The Office of Disabilities Services (ODS) recently hired a housing specialist who will help coordinate housing issues involving both seniors and persons with disabilities. Until that person conducts an accurate census of housing options and needs throughout Nevada, necessary data on senior housing will not be available.

- The Reno Housing Authority has been retrofitting 4 housing complexes dedicated to seniors and disabled. Two complexes were made fully accessible. 2 other complexes could only be made partially accessible due to their age and design.

- A $60,000 contract was awarded to all Reno Housing Authority properties making 10 buildings ramp-accessible for persons with disabilities.

TARGET AREA V: More Nevada seniors who are frail or disabled go from one place to another when they need to.

Specific Target 10: Number of riders using public transportation is determined.

Status: Incomplete information from Regional Transportation Commissions (RTC).

- The latest figures from Nevada Department of Transportation (NDOT) show its small-urban and rural transportation system covering all 17 counties provided 339,579 rides.

- A taxi voucher program was created with State Independent Living Grant funds for a Washoe County pilot project that replicated the Senior Ride Program in Clark County. Due to its success, it has been funded by RTC and will no longer need ILG funding.

- In FY04, the Division issued another 33 grants statewide to help meet senior transportation needs totaling $664,414.

- In 2003, the Division funded 168,953 trips for seniors.

- The Division funded RTC in Southern Nevada to establish Silver Star Routes that provide seniors routes that are not fixed and keyed to senior complexes, etc.

- The Division's Senior Ride taxi voucher program was expanded by 10,000 coupons last legislative session and now has a budget of $300,000.

TARGET AREA VI: More Nevada seniors get the benefits, services and supports they need.

Specific Target 11: 30,000 Nevadans use Single Point of Entry (SPE) System.

Status: SPE infrastructure via a contract with the Synergy software vendor is now being developed by the Division. Therefore, use levels will not be available until next reporting period.

Specific Target 12: 6,651 seniors receive care planning and care management.

Status: "Care management" definitions to be determined before accurate counts across differing service providers can be made.

Specific Target 13: 7,590 low-income seniors use personal assistance/homemaker services.

Status: Data on personal care assistance and homemaker services are not collected or not available at this time from counties providing these services as well as from the following settings: group homes, assisted living, and long term care facilities.

- In FY04, the Division issued 11 grants for homemaker services for seniors totaling $618,705.

- In 2003, the Division funded 60,238 homemaker hours out of Title III.

V. THE PROCESS

The Committee's approach involved assessing the status of the PLAN's six Target Areas, the 13 Specific Targets under these Target Areas, and the PLAN's six Over-Arching Strategies.

This assessment involved asking the following three questions:

1. What did we say we wanted to do?

2. What have we accomplished?

3. What do we want to target over the next two years?

VI. RECOMMENDATIONS

All six Target Areas and their respective Specific Targets need to be pursued as aggressively as possible over the next biennium.

The Committee endorses the following VISION statement of the PLAN and feels it has even more relevance today:

> 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 care 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.

The Nevada Division for Aging Services was one of five states funded by the Administration on Aging to develop a "Consumer Directed Service Project." The final report on this Project was just published and was based on public forums and focus groups throughout the State. The report strongly supports promoting consumer direction throughout the aging services network and will provide the Division guidelines for implementing the above VISION.

Short Term Priorities

The Committee recommends that the Department of Human Resources concentrate attention and resources in the next two years in the following three areas. They are not prioritized:

1. Data collection and analysis that is new and timely and based on mandatory reporting and/or sharing of relevant information, within the limits imposed by state

and federal regulations such as the Health Insurance Portability and Accountability Act (HIPAA).

2. Dynamic information campaigns to increase the public's awareness of the PLAN and its targets for change, including outreach such as presentations by Committee members to both public and private groups.

3. Education of seniors and their caregivers to help them define their health care needs comprehensively, recognize the interaction between their mental health and all aspects of their physical health, and better manage their own health and chronic conditions.

Long Term Priorities

The Committee endorses allocating State resources to help achieve the following three longer-term objectives:

1. Institutional Bias

The Committee underscores the PLAN's call for an overall longer-term shift to home and community based care from the current bias toward institutional placement. To further this shift, the Committee recommends that Governor Kenny Guinn publicly adopt and promote a statewide policy based on increasing the proportion of Nevada seniors and people with disabilities who will receive publicly funded long term care in their own home or homelike setting rather than in institutions.

2. Care Coordination and Continuity

Also endorsed by the Committee is the need to foster care coordination and continuity including changing public and private sector rules and regulations to allow individual continuity of care. For example, a senior or person with disabilities should be able to see a familiar set of providers in both health and illness and not have to move away to get services one needs. They also should be able to get the kinds of support that one's family can best provide without these family members getting overwhelmed and forced to seek institutional relief due to the caregiving burden.

3. Recommendations of the Disabilities and Rural Health Strategic Committees

The Committee has been anticipating support for many initiatives that will come from the Committee for Strategic Plan for Persons with Disabilities, whose work has been shared with us by Mary Liveratti, Deputy Director of Human Resources. Once both Committees report to Director Willden, the respective Chairs will meet to determine common agendas that will then be shared with the respective full Committees for joint support and endorsement. The Committee will do the same with the PLAN's

Rural Health Accountability Committee, especially in support of telemedicine and the recruitment and retention of health care workers.

Additional Recommendations

The following are an additional seven specific Committee recommendations for action:

1. Director Willden is urged to support consolidating Medicaid Waivers and removing senior patient liability from the Division's CHIP Waiver, which is the only waiver that has this.

2. Senior misuse of medication is an increasing and ongoing serious issue and is one of the major causes of hospitalization. The State needs to develop/support efforts to decrease misuse by promoting an ongoing periodic professional review. One time only assessment of medication does little good.

3. The placement of persons with dementia either in state or out-of-state (even when instate providers exist) should be determined by "catchment" areas. The out-of-state facility should be considered if it is closest to the senior's home and/or family.

4. Preventive senior dental care is a critical unmet need even after the Division's $100,000 grant to the "Miles for Smiles" mobile dental lab. Recommend that a funding source be pursued to provide ongoing dental care to seniors.

5. The Single Point of Entry system needs to be coordinated with and integrated into the development of the State's 2-1-1 project. The 211 project was provided a two-year grant by the Task Force for a Healthy Nevada to fund a fulltime staff person to oversee this development.

6. NDOT is urged to include $761,391 in their budget for the 2006-07 biennium for Rural Transit Operation. Or, conversely, this amount should be included in a legislative appropriation.

7. The Committee supports the Legislative Interim Committee to Study the Feasibility of Long Range Mass Transit's recommendation for DMV fee increases to fund rural transportation needs.

8. Amend NRS 629 to expand the scope of who can self-direct their care.

The Committee has no new recommendations regarding **Target Area IV** beyond endorsing the high longer-term priority placed on senior housing in the STRATEGIC PLAN. There has been progress in the last two years but the Committee still lacks the kind of information required to make specific recommendations. The Committee will continue to track, monitor and evaluate senior housing issues.

VI. CONCLUDING REMARKS

During the last year the Division for Aging Services has also been developing a State Plan for the Administration on Aging to cover the years 2004-2007. To be consistent, the Division incorporated the STRATEGIC PLAN's Target Areas (renamed "GOALS") and the Targets for change (renamed "ACTION STEPS") into the State Plan. These GOALS and ACTION STEPS were also put on a seven page FEEDBACK FORM, placed on the Division's website, and distributed to seniors at senior events and meetings throughout Nevada.

The resulting feedback received by the Division indicates that implementation of recommendations from both the State Plan and this Committee is likely to have the overwhelming support of Nevada's seniors and their families!

CLEO DAS CHIP (Community Home-based Initiative Program) WAIVER CASELOAD REPORT

The Community Home-Based Initiative Program (CHIP) provides non-medical services to persons 65 and older to help them maintain independence in their own homes as an alternative to nursing home placement. Financially eligible seniors, as determined by the Welfare Division, who need assistance with one or more of the following--bathing, dressing, eating, toileting, ambulating and/or transferring, and are at risk of institutionalization are eligible to receive services to delay or prevent institutionalization.

Submitted by DHCFP 1/22/06

SFY 2004

	CHIP WAIVER SFY 2004				STATE FUNDED SFY 2004-05	
	End-of-the-month cases - see (1) below	End-of-the-month cases plus cases closed during the month - see (2) below	Medicaid CHIP Waiver wait list - see (3) below	Average wait time in months	Actual State-Funded Caseload - see (4) below	State Funded Wait List
Jul-03	1,146	1,176	905		113	235
Aug-03	1,131	1,172	910		117	230
Sep-03	1,090	1,129	828		127	198
Oct-03	1,099	1,126	622		162	141
Nov-03	1,111	1,138	665		159	124
Dec-03	1,106	1,148	776		155	114
Jan-04	1,127	1,159	862		155	117
Feb-04	1,110	1,143	908		171	120
Mar-04	1,113	1,143	1,032		167	125
Apr-04	1,119	1,154	1,055		167	124
May-04	1,128	1,159	1,051		185	102
Jun-04	1,109	1,140	1,051		186	103
TOTAL SFY 2004	13,389	13,787	10,665		1,864	1,733
Avg Csld 2004	1,116	1,149	889		155	144

	CHIP WAIVER SFY 2004				STATE FUNDED SFY 2004-05	
	End-of-the-month cases - see (1) below	End-of-the-month cases plus cases closed during the month - see (2) below	Medicaid CHIP Waiver wait list - see (3) below	Average wait time in months	Actual State-Funded Caseload - see (4) below	State Funded Wait List
Jul-04	1,137	1,163	1,052		161	125
Aug-04	1,126	1,159	1,047		162	151
Sep-04	1,126	1,162	1,025	3.00	170	161
Oct-04	1,129	1,155	1,017	3.32	169	168
Nov-04	1,106	1,145	990	3.35	171	172
Dec-04	1,124	1,142	962	3.68	172	166
Jan-05	1,112	1,143	946	3.88	179	166
Feb-05	1,136	1,168	668	2.01	191	142
Mar-05	1,146	1,182	599	5.13	174	143
Apr-05	1,174	1,204	439	4.86	190	128
May-05	1,236	1,271	411	3.39	184	129
Jun-05	1,269	1,306	133**	3.88	191	42
TOTAL SFY 2005	13,821	14,200	9,289	37	2,114	1,693
Avg Csld 2005	1,152	1,183	832	4	176	141

Source: Aging Services 2004/2005 Legislative Approved Budget

Footnotes:

(1) "End of the Month Cases" - this column represents a snapshot of the actual caseload on the last day of the month. It does not represent future retro eligibles, cases closed during the month, pending, in-process, or re-opened cases.

(2) "End of the month cases plus cases closed during the month" column represents the count of persons on the last day of the month together with the number of cases that were closed during the month. It does not include reopened, pending, or in-process cases.

(3) "Waiver wait list" represents persons waiting to be placed on a waiver for various reasons. See attached chart for wait list definitions/information

(4) "State-Funded Budgeted Caseload" Services are state - funded and include the NRS 426 cases pursuant to SB-174 from the 20032 Legislative Session.

CLEO DAS WEARC (Waiver for Elderly and Adult Residence Care) WAIVER CASELOAD REPORT

The Waiver for Elderly in Adult Residential Care Program funds 24-hour supervised care in a residential facility to maximize independence and provide a less expensive alternative to nursing home placement for those Nevadans 65 and older who:

a. Have been discharged from a hospital, nursing home or any of Nevada's waiver programs;
b. Have an income below 300% of SSI; and
c. Are able to function at an intermediate level of care.

Submitted by DHCFP: **1/22/06**

SFY 2004

	End-of-the-month cases - see (1) below	End-of-the-month cases plus cases closed during the month - see (2) below	Medicaid WEARC Waiver wait list - see (3) below	Average wait time in months
Jul-03	180	190	15	
Aug-03	190	197	15	
Sep-03	188	193	11	
Oct-03	194	199	8	
Nov-03	200	209	12	
Dec-03	202	208	10	
Jan-04	213	223	8	
Feb-04	214	222	7	
Mar-04	222	234	7	
Apr-04	222	235	10	
May-04	217	234	19	
Jun-04	226	240	11	
TOTAL SFY 2004	2,468	2,584	133	
Avg Csld	206	215	11	

SFY 2005

	End-of-the-month cases - see (1) below	End-of-the-month cases plus cases closed during the month - see (2) below	Medicaid WEARC Waiver wait list - see (3) below	Average wait time in months
Jul-04	237	247	13	
Aug-04	235	249	17	
Sep-04	239	248	12	1.00
Oct-04	241	252	20	1.41
Nov-04	236	246	24	1.41
Dec-04	242	252	22	1.87
Jan-05	250	258	19	1.55
Feb-05	253	261	23	0.58
Mar-05	251	261	14	1.45
Apr-05	259	266	5	2.20
May-05	265	271	15	1.38
Jun-05	260	274	17	3.78
TOTAL SFY 2005	2,968	3,085	201	16.63
Avg Csld 2005	247	257	17	1.66

Source: Aging Services 2004/2005 Legislative Approved Budget

Footnotes:

(1) "End of the Month Cases" - this column represents a snapshot of the actual caseload on the last day of the month. It does not represent future retro eligibles, cases closed during the month, pending, in-process, or re-opened cases.

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(3) "Waiver wait list" represents persons waiting to be placed on a waiver for various reasons. See attached chart for wait list definitions/information

STATE OF NEVADA
DEPARTMENT OF
HUMAN RESOURCES

STRATEGIC PLAN FOR
SENIOR SERVICES

October 2002

The Honorable Kenny C. Guinn
Governor
State of Nevada

Michael J. Willden
Director
Department of Human

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Final Report

August 2, 2002

Nevada Special Needs Housing Assessment

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