

Elder Issues in Nevada

Commission On Aging Legislative Subcommittee Information Sheet for Legislators and Candidates 2014



**AGING AND DISABILITY SERVICES DIVISION
COMMISSION ON AGING**

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**AGING AND DISABILITY SERVICES DIVISION
COMMISSION ON AGING**

The Nevada Commission on Aging Legislative Subcommittee is pleased to offer this overview and discussion of key issues impacting Nevada's senior community. The "Information Sheets" are intended as a starting point to frame a useful dialogue with legislators and candidates for office.

Commission on Aging Legislative Subcommittee 2014

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COMMISSION ON AGING LEGISLATIVE SUBCOMMITTEE

INFORMATION SHEET FOR LEGISLATORS AND CANDIDATES

Elder issues are issues for people of all ages; those who live long enough to be elders, those who care about family and friends who are elders, and those who are caregivers for elders. When the world is safer and more secure for older people, people of all ages will benefit.

- **Demographics – Aging in Nevada Today and for the Future**

According to the U.S. Census Bureau, Nevada's estimated 2013 population is 2,790,136, of which 13.1% (approximately 366,000) is over the age of 65. The number of people living below the poverty rate in Nevada is 16.4%, which means that approximately 60,000 people over the age of 65 are living on \$11,490 per year if single and \$15,510 per year if there are 2 people in the household. This most likely represents their Social Security pension.

- **Issues where the Legislature can make a difference**

- **BEHAVIORAL AND COGNITIVE HEALTH:** Currently, there are few services in Nevada for people requiring assistance due to a diagnosis of Alzheimer's disease or other dementia, or who have mental health or behavioral issues. This results in many people being placed in facilities in other states or going without needed care. Legislation is needed to provide for implementation of the State Plan to Address Alzheimer's Disease, other dementias, and mental health illness. There is a need to increase facilities throughout the state for treatment of brain-related and mental health illnesses.
- **BUDGET ISSUES:** Increase Medicaid waiver slots for elderly and disabled. Increase long-term care Ombudsmen. Create permanent state funding for services now funded with Tobacco Settlement funds.
- **CAREGIVERS:** There are 532,000 Nevadans providing care to loved ones and friends every year. This saves Nevada taxpayers an estimated 4 billion dollars a year by avoiding publicly paid care giving programs. Laws are needed that will help these volunteer caregivers to remain in the workplace while maintaining or increasing their ability to perform these valuable services.
- **LEGAL RIGHTS:** In order to protect the legal rights of older persons, the Legislature can do many things including revise elder abuse laws to better protect victims and to make prosecuting the crimes more effective, regulate private, for-profit guardians, and increase the number of professionals who are mandatory reporters.
- **MEDICAID:** Expand Medicaid services to include services that are provided in other states but not in Nevada, e.g. bed-holds at long-term care facilities, dental care, case management and medication management. Prioritize home and community based waived services over institutionalization.
- **NUTRITION:** Older people must be included in State planning for food security. In Nevada, 18.8% of seniors are deemed marginally food-insecure. Many depend on congregate or home-delivered meals as their only reliable nutrition. These programs are primarily federally-funded, and the funding is diminishing as the need grows.
- **TRANSPORTATION:** The number one need in the rural communities and the urban areas. Legislature can evaluate NDOT funding and regulations for local and intercity transportation in rural communities. Also, a Medicaid "non-medical" transportation waiver can be included in the Medicaid State Plan.
- **WORKFORCE:** Nevada lacks sufficient numbers of trained health care professionals in geriatrics. Many states have programs that help students repay their student loans if they agree to enter public sector employment for a certain amount of time. Funding and incentives for health care and social workers who work in geriatrics in the private sector would encourage people to enter the field. Additional funding to gerontology programs in higher education would increase the amount of care available to older people, help to attract businesses to Northern Nevada, and alleviate some unemployment.

BEHAVIORAL AND COGNITIVE HEALTH

Currently there are few resources in Nevada for seniors with behavioral issues requiring assistance and which threaten their ability to remain in the community. Seniors with Alzheimer's disease or other dementias, or who exhibit behavioral issues are under-reported and under-served in Nevada's health care delivery system. Depression often co-occurs with other chronic diseases and is also a frequent bi-product of care giving. The existing primary care medical community is not well equipped to address differential diagnosis and care for Depression, Dementia and Delirium. Medication issues including over the counter medications and supplements contribute to behavioral change which is often mistaken or misdiagnosed. This results in many people being placed in facilities in other states or going without needed care. Legislation is needed to provide for implementation of a State Plan based on the Behavioral Health Gaps Analysis that includes treatment for seniors and the State Plan from the Task Force on Alzheimer's disease regarding the treatment of Alzheimer's Disease and other dementias. There is a need to increase programs and facilities throughout the state for treatment of brain-related and mental health issues.

Need – Nevada has the highest geriatric suicide rate in the US. One in four attempted suicides will die. Almost 60% of the senior suicides saw their doctor within a month of their death; 25% told someone they planned suicide and 20+% experienced a traumatic event 2 weeks prior to their suicide. According to the Alzheimer's Association, by 2025 there will be 42,000 people in Nevada with Alzheimer's disease, a 100% increase from 2000. The cost will be an estimated \$1.1 trillion to care for them. In addition to these numbers, there are many people over the age of 65 with other forms of dementia, Parkinson's disease, traumatic brain injury, and other mental and behavioral health issues who are not being treated in Nevada.

Potential Model – Nevada has a comprehensive model in the Nevada State Plan to Address Alzheimer's Disease, and a task force that is responsible for implementing, monitoring progress and revising the state plan as necessary. On-going and expanded funding of the plan will be necessary for the task force to achieve these goals. Additionally, funding must be provided to establish behavioral health treatment facilities for people over the age of 60 in order to stop the out-of-state placements that are now occurring. If Nevada continues to send these residents out of state, no infrastructure will be available within the state when the other states' facilities begin to be fully utilized by their own expanding elder populations.

Benefits – Expanding the ability to treat persons with behavioral issues within the State of Nevada, in addition to creating the necessary infrastructure, will allow Nevada residents to receive the proper treatment earlier, within the reach of their families and other support systems, and more humanely in that they will not be moved from place to place as much. Relocation trauma is a strong factor in the lack of well-being and sometimes death of people with dementia and other illnesses.

Implementation – There are only 268 licensed beds with Alzheimer's Endorsement in Northern Nevada and 1,269 licensed beds in Southern Nevada. There are few day program and/or diagnostic and treatment resources in our communities. We lack programs for depression particularly those associated with care giving. The budgets of all state agencies serving this population should be coordinated in seeking viable solutions to the lack of appropriate facilities, and funding provided to improve Nevada's ability to treat people over the age of 65 who have behavioral issues. Additionally, the Task Force that is implementing and monitoring the State Plan to Address Alzheimer's Disease must be fully supported and funded.

BUDGET ISSUES

Increase Medicaid waiver slots for elders and people with disabilities. Increase number of Long-Term Care Ombudsmen. Create permanent funding for community-based services now funded with Tobacco Settlement funds (Independent Living Grants). Streamline application process for Medicaid waivers.

Need: Unlike most states, Nevada has allocated a certain percentage of the funds received in tobacco settlement funds to grants that promote independent living for Nevada's seniors. This program funds a number of vital services for seniors, such as respite care, transportation and supportive services. The funds have declined since 2009, and will end within the next decade. This funding is critical to prevent institutionalization, and permanent state funding for the Independent Living Grants (ILG) is necessary. According to the ILG 2013 Annual Report, these grants served a total of 10,985 clients at an average annual expenditure of \$399 per client, compared to the annual General Fund expenditure of \$18,564 to institutionalize a Medicaid client. Additionally, as the population of elders and people with disabilities continues to grow at an unprecedented pace, more community-based services are needed through increasing the amount of Medicaid money dedicated to the community based care waivers.

The 9.5 State Long Term Care Ombudsmen are now responsible for advocating for the residents in almost 1,500 beds each. This does not allow them to pay as much attention as they would like, especially to those who are in group homes. Aging and Disability Services Division is asking for more employees for this program in their budget.

Potential Model: Other states rely more heavily on federal money from the Older Americans Act to provide the services that Nevada funds through tobacco settlement funds. Also, savings derived by keeping Medicaid recipients out of expensive facilities can be reinvested in community-based services for seniors.

Benefits: Eliminating or postponing institutionalization saves taxpayer funds, provides for a better quality of life for the elder or person with a disability, and allows for participation in family and community activities. Nevada funds remain in-state rather than in supporting out-of-state facility placements. All of these suggestions add to the number of people who can remain in their home when they receive necessary services.

Implementation: Planning must be done for the time that the tobacco settlement funds will not be available to pay for the basic home and community based services that are now provided through the Independent Living Grants.

CAREGIVERS

There are 532,000 Nevadans providing care to loved ones and friends every year. This saves Nevada taxpayers an estimated 4 billion dollars a year by avoiding publicly paid care giving programs. Laws are needed that will help these volunteer caregivers to remain in the workplace while maintaining or increasing their ability to perform these valuable services.

Need – In the U.S. approximately \$450 billion worth of uncompensated care is being provided by family or informal caregivers. Around 39% of all adult Americans are caring for a family member who is sick, disabled or elderly, which is up from 30% in 2010. A family member's relationship with a senior makes them the best possible resource to ensure seniors remain in their own home. Caregiving requires a person to be available 24 hours a day, 7 days a week, and can lead to feelings of isolation and depression. With on-going support, caregivers can continue to provide home care to millions of family members who are sick and disabled.

Potential Models – Unpaid "family" caregivers need to be recognized and supported. There currently is no legal definition or recognition in Nevada. Caregivers need to be recognized and included in hospital discharge planning and other home and community based services assessments and planning. Many states offer a form of Medicaid program support to help out family caregivers, even with financial support. Oregon has a program to help assist a spousal caregiver financially. New York allows any family member other than a spouse, parent or designated representative to be paid as a family caregiver. These programs are designed to help pay for caregiving by someone the senior knows and trusts. Additionally, unpaid caregivers deserve to be protected from discriminatory employment practices, much the way expectant mothers or employees with chronic diseases are protected.

Benefits – Seniors and people with disabilities will be able to stay in their homes with their families instead of being institutionalized. This saves taxpayers' money. Expanding Medicaid programs to include assistance to unpaid caregivers will help to avoid caregiver burnout and depression, so they can continue to provide care for their family members at a much reduced cost when compare to paying for 24/7 services.

Implementation – The State Medicaid Plan can be amended to include new programs that are designed to help family caregivers. Models are available in other states. Without help, family caregivers cannot take care of their family members adequately, and other more costly service will be needed.

LEGAL RIGHTS

In order to protect the legal rights of older persons, the Legislature can do many things. They include revising elder abuse laws to better protect victims and make prosecuting the crimes more effective; and regulating private, for-profit guardians.

Need: According to the U.S. Census Bureau, 2011 Poverty Data, over one million people in Nevada qualify for free or low-cost legal services because they live on less than 200% of the poverty level. Ninety percent of these Nevadans live in Washoe and Clark County. That means that 100,000 live in rural and frontier counties, some of which have over 50% of their population who are older than 65. Providing access to legal services for the elderly strengthens their independence and decreases the risk of their exploitation and institutionalization, improving the quality of their lives and saving the taxpayers' money.

Potential Model: Many states have elder abuse laws that are more specific than those of Nevada. In Nevada, physical abuse includes sexual abuse. If the laws were more specific, it would allow for varying levels of proof necessary for prosecution. For instance, Nevada's law requires that to be prosecuted for the physical abuse of an older adult, the level of proof is "willful and unjustified." This prevents the prosecution of a caregiver who accidentally causes an injury to the person they are caring for but it also means that sexual abuse must also be proved to be willful and unjustified. This is a very difficult level for prosecutors to prove in sex abuse cases involving adults.

Additionally, in Nevada, private, for-profit guardians whose wards are not related to them are regulated by the courts. There are provisions in the law to appoint a non-related guardian without having a background check or providing a bond if the court can justify doing so. Other states require non-related guardians to be tested on state law, get a full background check, and get a license before they can be appointed by the court. This would professionalize this service, as well as protect the most vulnerable older people in Nevada.

Benefits: Changes in the elder abuse and guardianship laws would provide more protections against abuse, neglect, isolation and exploitation for Nevada's elders; more prosecution of cases, including against serial offenders; and more accountability of private, for-profit guardians.

Implementation: In order to accomplish these recommendations, the Legislature will have to change statutes. Advocates and practitioners will work to bring suggested language, and will need willing legislators to help get the BDR's introduced, heard and passed.

MEDICAID

Community-based Long Term Services and Supports (LTSS) are required to ensure the growing population of seniors remains healthy and can choose community care over institutionalization.

Need: Lack of essential medical services increases risk to seniors

- A. Nevada Medicaid covers emergency dental services, but not routine dental examinations or preventative care. The lack of proper oral care can lead to health issues, including oral cancer and heart disease. Preventative care would improve the health and quality of life of seniors, while being cost neutral by avoiding emergency care, unnecessary hospitalization and premature institutionalization.
- B. Similarly, Medicaid funded medication management and care management would prevent unnecessary hospitalization and premature institutionalization. According to medical literature, an estimated 3 million older adults are admitted to nursing homes due to drug-related problems, annually costing more than \$14 billion. Approximately 30% of hospital admissions of older adults are drug related; more than 11% from medication non-adherence and 10–17% from adverse drug reactions.
- C. And, when seniors are hospitalized from a group home, apartment or a long-term care facility, and their “bed” is not held for them, they are often unable to return after hospitalization. Federal Medicaid regulations allow payment for “bed-holds”, which would preserve the seniors’ home. Given the high occupancy in Nevada’s long-term care facilities, the number of out-of-state placements Medicaid pays because beds cannot be found in Nevada, and the potential disastrous results of moving an older person from their home, this would be the right thing to do in Nevada.

Potential Models:

Authorize the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy to expand Medicaid Long Term Services and Supports to include bed-holds at long-term care facilities, dental care, and medication management and care management.

Benefits:

Preventive dental care keeps people healthier. If long-term care facilities hold beds for hospital patients, the cost of keeping them in the hospital decreases. Also, being able to keep Nevada residents in-state is better for the elder, and keeps Nevada Medicaid dollars in Nevada to shore up infrastructure for treatment of the increased numbers of older people in the near future. Additionally, this could result in bringing more federal matching funds into Nevada.

Implementation:

Authorize Medicaid State Plan Amendments to include medication management, dental examinations and preventive care, and case management services.

NUTRITION

Older people must be included in State planning for food security. In Nevada, 18.8% of seniors are deemed food-insecure to some degree. Many depend on congregate meals served in Senior Centers or other community settings or home-delivered meals as their only reliable nutrition. These programs are primarily federally-funded, and the funding is diminishing as the need grows.

Need – Nutrition is a problem throughout the U.S. population regardless of age. In 2011, nearly one in five seniors (18.8%) age 60 and over living in Nevada reported being “marginally food insecure” in a report called “The State of Senior Hunger in America 2011: An Annual Report”. The U.S. average is 15.21% with the lowest being Virginia at 8.41%. Nevada had the fourth highest percentage of seniors who are marginally food insecure. Since 2007, the number of seniors experiencing the threat of hunger has increased by 34%. Data suggests that the economic issues facing Americans has had more enduring effects relevant to food insecurity for older Americans. The number of seniors affected increased 78% versus 39% for the portion of the population younger than age 60.

Potential Model – Governor Sandoval has identified addressing hunger as a core function of Nevada state government. A strategic plan was developed: *Food Security in Nevada: Nevada’s Plan for Action 2013*. One of the core goals of the plan is to use a comprehensive, coordinated approach to ending hunger and promoting health and nutrition, rather than just providing emergency short-term assistance. The Congregate and Home Delivered Meal program has provided food to thousands of seniors in Nevada and will be a crucial partner in helping the state to address the Governor’s goals. Funding is currently needed to provide on-going operational funding for the program. It is proposed that the state provide permanent state funding for the Congregate and Home Delivered Meals Program.

Benefits – Relying on federal funding leads to under-funding the program, as the federal budget has not addressed the growth of the over-60 population. Hunger is a symptom of poverty. Basic nutrition is essential to good health. Inattention to this need increases or exacerbates the challenges and costs of other health care programs such as Medicaid, Medicare, mental health, general medical services and education. Consistent and adequate funding for nutrition through these programs would ultimately save the taxpayers’ money while increasing the quality of life for the recipients.

Implementation – Funding for nutrition through the congregate and home-delivered meals programs should be included in the State budget to provide consistency in funding through supplementing the federal dollars.

TRANSPORTATION

This is the number one need as identified by elders in Nevada in the rural communities and the urban areas. The Legislature can evaluate NDOT funding and regulations for local and intercity transportation in the rural communities. A Medicaid non-medical transportation can be included in the Medicaid State Plan.

Need – Transportation is the means by which people access the goods, services and social interactions necessary for an acceptable quality of life. It is a critical component of the ability of people to maintain independence as they age in their communities. Many seniors do not own a car or aren't capable of driving. They have to rely on friends, family or public transportation in order to buy groceries and medications, attend to non-medical necessities, or participate in social functions. A lack of transportation can lead to depression, isolation, loneliness, and self-neglect. Their health will suffer. The cost of public transportation, lengthy route stops or inaccessible bus stops are barriers to using existing transportation systems.

Potential Model – A waiver for non-medical transportation can be included in the State Medicaid Plan. This would allow for reimbursement of costs related to a participant's access to the community. It can be used to obtain services, use necessary community resources, and to participate in community life. Additionally, NDOT could expand their existing program of providing vehicles to rural areas for transportation. Programs can be developed and supported by the State to create additional transportation coalitions within the urban areas and between the rural communities.

Benefits – Elders who are able to get out of their homes have a much higher level of independence, better health, and as a result use much less public money to provide health care and housing. The state and counties spend significant resources to develop programs and events to help seniors stay active and healthier. However, these are not always available to people that cannot take advantage of the opportunities because they are isolated in their residences.

Implementation – Nevada's Medicaid State Plan can be amended to include a non-medical transportation waiver, as other states have done. A program has been started by the Aging and Disability Services Division to improve transportation coalitions throughout the state. This effort is hampered by a lack of resources, which could be eradicated with a modest amount of funding from the state. Finally, NDOT can work with the coalitions to use some of their existing funding to further the goal of better coordination among transportation providers.

WORKFORCE

Nevada's health care workforce has significantly lagged behind a decade of explosive population growth and the fastest aging senior segment in the US. Nevada lacks sufficient numbers of trained health care professions in geriatrics, and will experience dramatic shortages in the next decade. Many states have programs that help students repay their student loans if they agree to enter public sector employment for a certain amount of time. From an economic standpoint, a well-developed workforce in geriatrics is a key to attracting businesses to Nevada. It will also help to alleviate unemployment to train people in a field where jobs are available.

Need – There is a shortage of geriatric health care workers in Nevada, and it is one that could be disastrous for an already under-staffed health care system. Nevada lacks: nurses (Nurse Practitioners, Registered Nurses & Licensed Practical Nurses); primary care providers; geriatricians; geriatric pharmacists, therapists (physical, occupational, speech); social workers and other key roles. These professions require long and costly training. Certified nursing assistants (CNAs) can be trained in a reasonable amount of time and meet a vital need. Nursing homes and in-home care providers rely heavily on CNAs in providing care.

Potential Model – Provide incentives to Nevada's educational system to respond to work force shortages. Many states have programs that help health care providers pay off their student loans if they enter the public service sector through federal programs. These careers are usually limited to government positions. Currently home care and community-based care services are not generally covered. A state funded program to help health care professionals at all levels to pay off their student loans while working in the private sector in geriatrics would help alleviate the shortage of qualified persons available as the aging population grows

Benefits – Building a competent workforce with high job satisfaction is important to keeping seniors in their homes instead of being institutionalized. It is also key to providing quality health care services to people who need consistent care for their chronic diseases. Helping to defray the cost of developing a good health care workforce and creating work sites that provide job satisfaction with less stress and more benefits would make Nevada a good place for older people to live and retire.

Implementation – Access existing federal funds. Provide private business incentives and consistent regulations to encourage workforce development and career paths. Restore funding to the Geriatric Centers in the Nevada System of Higher Education and provide for graduate degrees in geriatrics in both health and social work. Provide student loan relief to health care professionals and social workers who work in geriatrics in both the public and private sectors. Provide incentives and/or funding to community based organizations to provide clinical training opportunities for CNAs, community health workers and student rotations for professionals.