



NEVADA LEGISLATURE
LEGISLATIVE COMMITTEE ON HEALTH CARE'S
TASK FORCE TO DEVELOP A STATE PLAN
TO ADDRESS ALZHEIMER'S DISEASE
(Assembly Concurrent Resolution No. 10, File No. 42, *Statutes of Nevada 2011*)

SUMMARY MINUTES AND ACTION REPORT

The third meeting of the Nevada Legislature's Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's Disease was held on Wednesday, August 22, 2012, at 9 a.m. in Room 4401 of the Grant Sawyer State Office Building, 555 East Washington Avenue, Las Vegas, Nevada. The meeting was videoconferenced to Room 3138 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of "Summary Minutes and Action Report," including the "Meeting Notice and Agenda" ([Exhibit A](#)) and other substantive exhibits, is available on the Nevada Legislature's website at <http://www.leg.state.nv.us/interim/76th2011/committee/>. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau's (LCB's) Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

TASK FORCE MEMBERS PRESENT IN CARSON CITY:

Virginia (Gini) L. Cunningham
Mary Liveratti (*alternate*)
Wendy Simons

TASK FORCE MEMBERS PRESENT IN LAS VEGAS:

Senator Valerie Wiener, Chair
Charles Bernick, M.D.
Albert Chavez
Ruth Gay
LeeAnn Mandarino (*alternate*)
Sandra Owens, Ph.D.

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Roger McClellan, Health Care Policy Specialist, Research Division
Marsheilah D. Lyons, Supervising Principal Research Analyst, Research Division
Lisa Gardner, Senior Research Secretary, Research Division

OTHER STAFF PRESENT:

Casey Catlin, Doctoral Student, University of Nevada, Reno, State Plan Drafter

OPENING REMARKS

- Senator Valerie Wiener, Chair, welcomed members, presenters, and the public to the third meeting of the Nevada Legislature's Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's Disease (Task Force).

APPROVAL OF MINUTES OF THE MEETING HELD ON JUNE 13, 2012, IN LAS VEGAS, NEVADA

- The Task Force **APPROVED THE FOLLOWING ACTION:**

MS. GAY MOVED TO APPROVE THE MINUTES OF THE JUNE 13, 2012, MEETING HELD IN LAS VEGAS, NEVADA. THE MOTION WAS SECONDED BY DR. OWENS AND PASSED UNANIMOUSLY.

ACADEMIC PROGRAMS, CURRICULUM, AND TRAINING FOR PROFESSIONALS WHO TREAT ALZHEIMER'S AND OTHER DEMENTIA PATIENTS

(As directed by Chair Wiener, this agenda item was taken out of order.)

- Renee L. Yackira, Vice Chancellor for Administration and Operations, Nevada System of Higher Education (NSHE), provided opening remarks for a group presentation from the NSHE ([Exhibit B](#)).
- Jane Fisher, Ph.D., Professor of Clinical Psychology; Executive Director, Nevada Caregiver Support Center; and Director, Elder Abuse Prevention Program, Psychology Department, University of Nevada, Reno (UNR), provided an overview of academic programming, clinical experience, research, and approaches to learning offered through the NSHE.

She commented on the doctoral program in clinical psychology at UNR, which trains students in evidence-based behavioral health care. She noted that some students engage in practicum training at the Nevada Caregiver Support Center (NCSC).

Dr. Fisher provided information about the NCSC's community outreach programs, which include: (1) home-based services; (2) a 24-hour helpline; (3) training for caregivers; (4) long-term care planning; and (5) client advocacy. She explained that students at the NCSC gain experience across a continuum of care settings and engage in related research. Dr. Fisher referenced a list of student co-authored publications, theses, and dissertations pertaining to dementia. (See [Exhibit B](#).)

- Jerry Hodges, Ph.D., Professor and Program Director, Mental Health Services, Department of Human Behavior, College of Southern Nevada (CSN), provided an overview of relevant curriculum and programs offered at CSN, including: (1) Certificate of Completion, Mental Health Services Technician; (2) Certificate of

Completion, Developmental Services Technician; and (3) Associate of Arts (AA), Psychology Emphasis, Mental Health Option. He noted that these programs utilize an integrated, multidisciplinary approach to learning. (See [Exhibit B](#).)

- Connie Mobley, Ph.D., R.D., Associate Dean for Research and Professor of Biomedical Sciences, School of Dental Medicine, University of Nevada, Las Vegas (UNLV), discussed curriculum and outreach at the UNLV School of Dental Medicine. She said that students provide oral health screenings and health information at 24 facilities serving geriatric populations in Las Vegas. She added that the School has conducted oral health screenings at its campus clinics for approximately 100 patients who have a diagnosis of Alzheimer's disease, dementia, or cognitive impairment. Dr. Mobley commented that the School wants to establish a specialized clinic to better serve this patient population. (See [Exhibit B](#).)
- Jennifer Keene, Ph.D., Associate Professor, Department of Sociology, UNLV, commented on programs, research, and practicum experience relating to Alzheimer's disease at UNLV's College of Liberal Arts. She discussed the interdisciplinary minor in gerontology, which exposes students to a wide range of issues relating to Alzheimer's disease.

Dr. Keene shared that faculty members from the Department of Psychology are collaborating with the Cleveland Clinic's Lou Ruvo Center for Brain Health to establish a new center on degenerative disorders. She pointed out that the center will increase research opportunities and practicum experience for UNLV's students.

Dr. Keene shared information about a new low-cost mental health clinic at UNLV, known as "The PRACTICE." She reported that the clinic offers counseling to the community on a sliding scale basis. She speculated that students working at the clinic will receive hands-on experience with older clients who have cognitive impairments. (See [Exhibit B](#).)

- Susan G. Harris, Ph.D., Coordinator, Gerontology Academic Program, Sanford Center for Aging, UNR, offered testimony on UNR's Gerontology Minor and the Sanford Center for Aging. She commented that students in the Minor program engage in service learning that incorporates interdisciplinary approaches.

Dr. Harris noted that the following programs are administered through the Sanford Center for Aging: (1) Medication Therapy Management; (2) Senior Outreach Services; and (3) Retired Senior Volunteer Program. She also mentioned A Celebration of Scholars in Aging, which is an annual event for faculty, students, academics, and members of the community. (See [Exhibit B](#).)

- Timothy Baker, M.D., Associate Dean for Medical Education, Assistant Professor of Internal Medicine, University of Nevada School of Medicine (UNSOM), provided an overview of curriculum and clinical experience that exposes medical students to

Alzheimer's disease and dementia during their four years of study. Dr. Baker remarked that students work directly with individuals affected by Alzheimer's disease and are trained to diagnose and treat patients who present cognitive decline.

He discussed residency and fellowship programs that facilitate expertise in the care of geriatric patients, including: (1) the Geriatrics Fellowship; (2) the Hospice and Palliative Care Fellowship; and (3) training offered at the Cleveland Clinic Lou Ruvo Center for Brain Health. Dr. Baker noted that UNSOM provides a substantial amount of care for Alzheimer's patients in Nevada.

- Ms. Yackira gave closing remarks and commended the Task Force for its efforts in addressing Alzheimer's disease in Nevada.

Responding to a query from Chair Wiener, Dr. Baker commented that UNSOM's students are trained to engage in delicate and uncomfortable conversations with patients.

Discussion ensued between Ms. Simons and Dr. Baker regarding enrollment in the Geriatrics Fellowship and the number of graduates from that program who are currently practicing medicine in Nevada. Dr. Baker reported that three to four students typically graduate from the Fellowship each year. He explained that while he did not know how many graduates currently reside in the State, statistics reveal a high rate of retention for students who have graduated from both UNSOM's medical school and its residency program.

In response to a question from Mr. Chavez, Dr. Baker remarked that UNSOM shares its expertise with rural areas through telehealth programs, including "Project ECHO."

There was a conversation between Chair Wiener and Dr. Harris regarding the Sanford Center's annual event and the advancement of ideas in the field of geriatrics.

Discussion ensued between Chair Wiener, Ms. Gay, and Jason Holland, Ph.D., Assistant Professor, Department of Psychology, UNLV, regarding advertising, clients, and services offered at The PRACTICE. Dr. Holland surmised that the clinic will serve a large volume of clients, including individuals with Alzheimer's disease and their caregivers. He indicated that brief, cognitive screenings for clients and referral services for caregivers might be offered at the facility.

Responding to a query from Dr. Owens regarding the State Plan, Dr. Holland replied that while some caregivers are resilient and independent, a subgroup may require greater supports and interventions. He pointed out that certain caregivers are elderly, frail, cognitively impaired, depressed, or experiencing some other psychiatric problem. Dr. Holland conveyed that interventions should address both the "nuts and bolts" of caregiving and the existential issues of loss, fear, and "meaning" that many caregivers face.

- Chair Wiener highlighted testimony provided at the July 11, 2012, Task Force meeting, which described the effects of younger-onset dementia on a family.

Discussion ensued between Task Force members and Dr. Mobley regarding the UNLV School of Dentistry's screening procedures, outreach efforts, clinics, and its certification program for geriatric dentistry. Dr. Mobley remarked that students take a course on geriatric populations that teaches them skills and techniques to assess patients and manage behaviors. She clarified that students offer screenings and health education at long-term care and assisted living facilities. Dr. Mobley said that the School has obtained a federal grant to train one dentist a year in geriatric dentistry. She indicated that the program may be expanded to certify more specialists.

- Ms. Cunningham noted that more dental services are needed in the rural areas. She suggested that the UNLV School of Dentistry establish a mobile clinic. Ms. Cunningham also remarked that more geriatric dentists need to be certified to meet a growing demand.
- Dr. Mobley indicated that the School is exploring ways to certify more students in geriatric dentistry. She noted that the School has attempted to obtain federal grant funding to establish a mobile clinic; however, it has been unsuccessful with this endeavor. Dr. Mobley pointed out that the School encourages graduates to establish dental practices in rural areas.

Responding to a question from Chair Wiener, Dr. Hodges commented that most of CSN's students who receive an Associate of Applied Science degree in Mental Health Services transfer to UNLV, UNR, or Nevada State College. He mentioned that some students enroll in colleges out of state due to a complication with transferring credits within Nevada's university system.

There was a discussion between Chair Wiener and Ms. Yackira regarding difficulties with applying AA credits toward other degree programs at the university level. Ms. Yackira conveyed that the issue stems from a policy on common course numbering and the Board of Regents is engaged in efforts to correct the problem. Chair Wiener remarked that this issue has been discussed during every session of her 16 years as a Nevada Legislator.

A conversation between Task Force members and Ms. Yackira addressed the need for a centralized system in the NSHE to share information about curriculum, research, care, and other services related to geriatrics. Chair Wiener suggested that a recommendation for the State Plan could focus on establishing a statewide clearinghouse of information that would include all of the available resources in the State.

In response to a query by Ms. Gay, Dr. Fisher explained that caregivers can be trained to advocate for their loved ones on medical issues. She mentioned that the NCSC assists caregivers in developing care plans and connects them to resources in the community.

PUBLIC COMMENT

(As directed by Chair Wiener, this agenda item was taken out of order.)

The following is a list of persons who testified at the meeting regarding licensing and safety issues with group homes for persons with dementia.

- Joan Presley, Fire Marshal, City of Reno Fire Department.
- Scott Huntley, Division Chief, North Lyon County Fire Protection District, Fernley, Nevada.
- Jose Tinio, Chairman, Vice President, Association of Adult Group Care-Home Providers and Administrators (also known as ECHO), Las Vegas.
- Diane Stewart, R.N. Administrator, The Pond House of Nevada, Sparks.
- Terry Taylor, Fire Captain, East Fork Fire and Paramedic Districts, Minden, Nevada, Board Director, Fire Prevention Association of Nevada, Charter Member, Fire Investigators Association of Nevada.
- Douglas Sinclair, Nevada's Board of Examiners for Long-Term Care Administrators, Las Vegas.
- Ron Sumbang, Vice President, ECHO, Las Vegas.
- Toni Farmanali, Nevada Memory Care, Las Vegas.
- Nelia Buendia, Owner and Administrator, Providence Home Care and Century Home Care, Reno.
- Dorothy Domingo, President, ECHO, Las Vegas.
- Patricia Rippie, group home owner, Pahrump.
- Eric A. Guevin, Fire Marshal, Tahoe Douglas Fire Protection District, Zepher Cove, Nevada.
- Delia Saclayan, Administrator, Touch of Class Care Home, Reno.
- Greg Becker, Nevada Memory Care, Las Vegas.

The following persons submitted written testimony prior to, during, or after the meeting regarding licensing and safety issues with group homes for persons with dementia.

- Jesse Abril, St. Jude Home Care, Las Vegas ([Exhibit C](#)).
- April Abshire, April's Villa, Reno ([Exhibit D](#)).
- Romeo Balgan, West Morning Star Care Home, Las Vegas ([Exhibit E](#)).
- Visitacion T. Balgan, Morning Star Care Home, Las Vegas ([Exhibit F](#)).
- Lori Bocancea, European Home Care, Las Vegas ([Exhibit G](#)).
- Bianca Brent, Kings Row Residence, Reno ([Exhibit H](#)).
- Cork Clark, Serenity Senior Care, Reno ([Exhibit I](#)).
- Norma Cruz, Sunshine Retirement Home, Las Vegas ([Exhibit J](#)).
- Thelma Frias, Kryston's Home Care, Reno ([Exhibit K](#)).
- Aniceta Galima, St Ann's Group Home, Reno ([Exhibit L](#)).
- R. Stacey Giomi, President, Nevada Fire Chiefs Association, Las Vegas ([Exhibit M](#)).
- Ophelia Javier, C.J. Homes, Las Vegas ([Exhibit N](#)).
- Shawn McGivney, M.D., R.F.A, Las Vegas ([Exhibit O](#)).
- Lourdes Manguino, Queensridge Manor, Las Vegas ([Exhibit P](#)).
- Lourdes Manguino, Helping Hands Care Home, Las Vegas ([Exhibit Q](#)).
- Ollie S. Mapanao, Dawn Garden Home Care, Las Vegas ([Exhibit R](#)).
- Giovanni F. Margaroli, Green Valley Elder Care, Henderson ([Exhibit S](#)).
- Cheryl Medico, on behalf of Sarah Sinosky, private citizen, Henderson ([Exhibit T](#)).
- Warlito Pizarro, Horizon Hills Residential Group Care, Reno ([Exhibit U](#)).
- Joan Presley, previously identified ([Exhibit V](#)).
- A.A. Salazar, Green Valley Elder Care, Henderson ([Exhibit W](#)).

- Beatrice Mercado Shimada, RN, General Manager, Senior Residential Care, Las Vegas ([Exhibit X](#)).
- Chris Tan, Alzheimers Luxury Care, Las Vegas ([Exhibit Y](#)).
- Jose V. Tinio, Dignified Care Manor, Las Vegas ([Exhibit Z](#)).
- RoseMary Womack, private citizen ([Exhibit AA](#)).
- Amei Woo, Evergreen Residence, Reno ([Exhibit BB](#)).

PREVENTING EXCESS DISABILITY, THE DISCREPANCY WHICH EXISTS WHEN THE PERSON'S FUNCTIONAL INCAPACITY IS GREATER THAN THAT WARRANTED BY THE ACTUAL IMPAIRMENT, AND PROMOTING BEHAVIORAL HEALTH

- Jane Fisher, Ph.D., previously identified, gave a presentation about the prevention of excess disability and the promotion of quality of life for persons with dementia ([Exhibit CC](#)). Her discussion included an overview of the following topics:
 - UNR Caregiver Support Center's contextual model of dementia care;
 - UNR Nevada Caregiver Support Center: Priorities for promoting quality of life;
 - Definition of "excess" disability in persons with dementia;
 - Interpersonal context of behavioral decline;
 - Verbal deficits and risk of challenging behaviors in persons with dementia;
 - Common challenging behaviors in persons with dementia;
 - Conflicting views of challenging behaviors;
 - Stigma of dementia label and risk of excess disability;
 - Consequences of misattribution of behavioral and affective changes;
 - Pain management in persons with dementia; and
 - Increased mortality in elderly receiving long term antipsychotic medication.

OUTPATIENT SERVICES, INSTITUTIONAL SERVICES, AND CAPACITY FOR PERSONS WITH ALZHEIMER'S AND DEMENTIA-RELATED CONDITIONS

- Daniel Mathis, Chief Executive Officer, Nevada Health Care Association, provided an update on skilled nursing facilities in Nevada. (See [Exhibit DD](#) and [Exhibit DD-1](#).) His presentation highlighted the following topics: (1) occupancy rates in Nevada's skilled nursing facilities in 2012; (2) the Medicare Reimbursement Forecast; (3) the Medicaid Reimbursement Forecast; and (4) a certification program for medication aides.

Mr. Mathis stated that Alzheimer's Special Care Units (SCUs) were once prevalent in the State's skilled nursing facilities but became scarce due to changes with Medicaid reimbursement calculations. He explained that payments were reduced for the care of lower-acuity patients, which resulted in a reduced number of beds for Alzheimer's

patients. Mr. Mathis speculated that there may be a trend to establish more Alzheimer's SCUs after a new Medicaid reimbursement structure goes into effect in July 2013. He indicated that the new method of calculation will increase rates of reimbursement for long-term, quality care of lower-acuity patients.

Discussion ensued between Chair Wiener and Mr. Mathis regarding the reduction of beds for Alzheimer's and dementia patients. Mr. Mathis reported that hundreds of beds were lost and, to his knowledge, only two skilled nursing facilities in the State currently operate Alzheimer's SCUs. At the request of Chair Wiener, Mr. Mathis agreed to provide the Task Force with data on the number of beds that were previously available to Alzheimer's and dementia patients in Nevada's skilled nursing facilities.

Responding to a query from Dr. Bernick, Mr. Mathis commented that staffing requirements for an Alzheimer's SCU was previously lower than what was required on the general floor of a skilled nursing facility.

A conversation between Ms. Gay and Mr. Mathis addressed issues relating to occupancy and reimbursement rates for Alzheimer's and dementia patients. Mr. Mathis explained that some patients are admitted to skilled nursing facilities for the treatment and care of comorbid conditions. He remarked that while there are some incentives for behavioral care, higher rates of reimbursement are not typically provided for the care of Alzheimer's or dementia patients.

- Marissa Brown, R.N., B.S.N., M.H.S.A, Workforce and Clinical Services Director, Nevada Hospital Association (NHA), gave a presentation on legal challenges with admitting Alzheimer's and dementia patients into mental health facilities on an involuntary basis ([Exhibit EE](#)). Highlights from her presentation included the following topics and recommendations:
 - The statutory exemption for dementia patients from the Legal 2000 process. The NHA suggests removing the dementia exclusion from *Nevada Revised Statutes* (NRS) 433A.115.
 - The inability to admit an individual into a facility for the treatment of a mental illness through the Durable Power of Attorney for Health Care Decisions. The NHA proposes removing prohibitory language from NRS 162A.850 and adding permissive language to NRS 162A.860.
 - The role of health care facilities in petitioning for guardianship as a means of discharging or transferring patients into mental health facilities, under certain circumstances. The NHA recommends establishing a timeframe for the completion of specific actions relating to court-ordered guardianship.

Ms. Brown offered additional recommendations from the NHA, including: (1) establishing a statewide information and referral system; (2) providing education for caregivers on

resources available for Alzheimer's and dementia patients; (3) funding or providing other resources for caregivers, such as respite care; and (4) requiring education on Alzheimer's disease and dementia for staff in care facilities.

Concluding her testimony, she pointed out that Alzheimer's and dementia patients have a longer average length of stay in the acute care setting compared to the average for all patients. Ms. Brown also referenced a document that outlines legal issues covered in other state plans that address Alzheimer's disease ([Exhibit EE-1](#)).

Discussion ensued between Dr. Bernick and Ms. Brown regarding a statewide initiative to implement dementia-specific protocols in Nevada's acute care facilities and factors contributing to extended lengths of stay for Alzheimer's and dementia patients. Ms. Brown commented that she was unaware of a plan to establish best practices for NHA hospitals. She stated that Bill Welch, President and CEO, NHA, would respond to the Task Force subsequent to the meeting. Ms. Brown attributed extended lengths of stay to guardianship issues that delay the transfer of individuals to other facilities. Dr. Bernick opined that issues relating to hospital care might be contributing to extended lengths of stay for this patient population.

- Dr. Owens voiced her concern with removing the dementia exclusion from the Legal 2000 process. She also shared her reservation with admitting patients into mental health facilities through the Durable Power of Attorney for Health Care Decisions. Dr. Owens surmised that such modifications could result in increased lengths of stay for Alzheimer's and dementia patients due to issues of medication management and the need to stabilize patients prior to discharge.

There was a discussion between Dr. Owens and Ms. Brown regarding length of stay data compiled in states that do not offer similar exemptions for dementia patients. Ms. Brown commented that the NHA has yet to examine such data but noted that the idea warrants consideration. She added that the issue of medication management is important to evaluate since patients need to be stabilized on a behavioral level before they can be transferred to a lower level of care.

A conversation between Ms. Gay and Ms. Brown addressed the need to identify best practices for transitional care with Alzheimer's and dementia patients.

- Ms. Gay submitted information pertaining to hospital care for dementia patients. (See [Exhibit FF](#).)

FIRE DEPARTMENT INSPECTIONS OF GROUP HOMES FOR PERSONS WITH DEMENTIA-RELATED CONDITIONS

- Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, Nevada's Department of Public Safety (NDPS), testified regarding licensing and safety issues relating to group

homes for persons with dementia. He provided a letter, a chart, and an e-mail message ([Exhibit GG](#), [Exhibit GG-1](#), and [Exhibit GG-2](#)).

Chief Mulvihill remarked that his office is enforcing regulations that have been in place since at least 1997. He stated that residential group facilities are allowed to house up to ten residents as long as certain protection requirements are met. Chief Mulvihill noted that his office can assist businesses with meeting code requirements, under certain circumstances, and alternatives to prescribed requirements are sometimes approved.

Continuing, Chief Mulvihill stated that Theresa Brushfield, Adult Care Connections, Representative, ECHO, is requesting that group homes be allowed to care for up to ten individuals under the safety requirements of a single-family dwelling. He explained that such a categorical change would require a policy directive from the Nevada Legislature.

Chief Mulvihill commented that most fire deaths in Nevada occur in private residences. He conveyed that downgrading the current requirements for residential care facilities is not warranted and might compromise the safety of residents.

There was a brief discussion between Chair Wiener and Chief Mulvihill regarding the sudden controversy with the regulations. Chair Wiener referred to Ms. Brushfield's proposed statutory changes ([Exhibit GG-2](#)).

- Ms. Brushfield provided background information on fire code regulations for residential group homes in Nevada. She reported that in 1997, the Bureau of Licensure and Certification, Health Division, Department of Human Resources, revised Chapter 449 of *Nevada Administrative Code* (NAC) to allow residential group homes to operate up to ten beds. Ms. Brushfield mentioned that municipalities wanted to reduce the maximum number of beds to six.

She stated that in 1999, she worked with Marvin Carr, former Chief, Fire Marshal Division, NDPS, and former Assemblywoman Christina R. Giunchigliani, to allow for a maximum of ten beds. Ms. Brushfield commented that the provision was codified into Chapter 278 (Planning and Zoning) of NRS instead of Chapter 477 (State Fire Marshal) of NRS. She articulated that this placement was acceptable to Chief Carr but is no longer recognized by the State Fire Marshal Division.

Ms. Brushfield mentioned labor costs involved with the care of Alzheimer's and dementia patients in residential group homes. She stated that small facilities will not be economically viable if they are limited to operating only five beds.

Concluding her testimony, Ms. Brushfield remarked that residential group homes are more fire safe than regular home environments. She added that not all Alzheimer's and dementia patients are incoherent and incapable of self-escape.

Ms. Brushfield submitted information for the record. (See [Exhibit HH](#).)

PUBLIC COMMENT

- Beatrice Mercado Shimada, R.N., General Manager, Senior Residential Care, Member, ECHO, Chairperson, Homes for Individual Residential Care Advisory Council, Las Vegas, commented that 334 adult group care facilities will be affected by the fire code regulations. Ms. Mercado stated that a stringent occupancy classification is being enforced with new facilities and those that change ownership. She pointed out that adult group homes are being placed in the same occupancy category as assisted living facilities.

Discussion ensued between Chair Wiener and Peter J. Mulvihill, P.E., previously identified, regarding occupancy classifications for group home facilities. Chief Mulvihill commented that existing licenses and occupancy determinations for adult group care facilities are being honored. He explained that a new owner of an existing facility can follow older codes if the seller submits documentation to prove it is a legally conforming property or business.

Responding to a query from LeeAnn Mandarino, Program Manager, Cleveland Clinic Lou Ruvo Center for Brain Health, Las Vegas, Chief Mulvihill stated that the code distinguishes between those who are capable of self-escape and those who are not. He noted that this is a key factor for categorical determinations with different types of group homes.

Discussion ensued between Chair Wiener and Chief Mulvihill regarding the regulatory process for code modifications. Chief Mulvihill explained that the State Fire Marshal Division has the ability to modify codes that have been adopted as the statewide minimum. He indicated that a public comment period will occur after the next regulatory update is initiated in July 2013.

- Theresa Brushfield, previously identified, stated that every time a change is made to a facility, a new Certificate of Occupancy or Compliance must be obtained from the State Fire Marshal Division. She conveyed that when a business license is altered, the occupancy category automatically reverts to five beds.

A conversation between Ms. Gay and Chief Mulvihill addressed permits and alternatives to prescriptive code requirements. Chief Mulvihill announced that his office is collaborating with the Bureau of Health Care Quality and Compliance, Department of Health and Human Services (DHHS), to develop a point value system that will provide alternatives to current code requirements for operating up to ten beds in a group home facility. He shared that the plan will include a listing of pre-approved methods for attaining regulatory compliance without changing occupancy categories.

Subsequent to the meeting, Chief Mulvihill submitted a document with a list of alternate methods of design for residential facilities that provide care for up to ten residents. (See [Exhibit II](#).)

The following is a list of additional persons who testified regarding licensing and safety issues with group homes for persons with dementia.

- Ron Sumbang, previously identified.
- Greg Becker, previously identified.
- Terry Taylor, previously identified.
- Samuel Gee, Universal Home Care, Member, Assisted Living Advisory Council, Las Vegas.
- Caroline Devano, R.N. and Supervisor, Lifeshare Care Home Nevada, Inc, Las Vegas.
- Eric A. Guevin, previously identified.

Responding to a question from Mr. Chavez, Chief Mulvihill reported that there are no pending or proposed regulatory changes relating to existing group home facilities at this time.

Discussion ensued between Chair Wiener and Chief Mulvihill regarding the development of the list of alternatives to the current code requirements. Chief Mulvihill conveyed that the document may be evaluated and adjusted over a span of one year. He stated that after this period, the State Fire Marshal Division can submit a proposal to the Nevada Legislature for consideration with the NAC.

REPORTS ON WORKING GROUPS FOR THE TASK FORCE

- Ms. Gay, liaison for the Impact on the State, and Safety & Independence Work Group, shared recommendations to address the following issue areas ([Exhibit JJ](#)): (1) guardianship oversight; (2) education and training; (3) financing and cost of care; (4) crisis care in hospitals/emergency rooms; (5) younger-onset cases; and (6) earlier detection and diagnosis.

She announced that the Work Group will focus on out-of-state placements at its final meeting on August 30, 2012.

- Mary Liveratti, Administrator, Aging and Disability Services Division, DHHS, highlighted key issue areas being addressed by the Quality of Care and Regulations Work Group, which include the following ([Exhibit KK](#) and [Exhibit KK-1](#)): (1) data on Alzheimer's patients in Nevada facilities; (2) legislative issues relating to best practices

and other innovations, including Medicaid waivers; (3) collaborative education and training programs; (4) top issues of public concern; and (5) an Alzheimer's fact sheet.

She pointed out that navigational services are available at the Aging and Disability Resource Centers (ADRCs) and general information is offered through the Nevada 2-1-1 hotline.

Concluding her testimony, Ms. Liveratti shared that the Work Group is evaluating ways to increase the affordability of quality memory care environments.

- Ms. Simons noted that the Quality of Care and Regulations Work Group intends to submit three to five recommendations to the Task Force for its consideration.
- Ms. Liveratti announced that the Work Group's next two meetings will be held on August 28, 2012, and September 7, 2012.
- Chair Wiener stated that recommendations for the State Plan will be evaluated at the September 12, 2012, Task Force meeting and a draft of the State Plan will be reviewed at the October 10, 2012, Task Force meeting.
- Ms. Cunningham, liaison for the Access to Services Work Group, provided an update on recent Work Group teleconferences ([Exhibit LL](#), [Exhibit LL-1](#), and [Exhibit LL-2](#)) and announced that the next call-in discussion will occur on September 4, 2012.

Ms. Cunningham stated that the Work Group has been focusing on the following topics:

- Detection and diagnosis;
 - Access to services in rural areas;
 - Needs of younger-onset patients compared to older-onset patients;
 - Training for law enforcement officers and other professionals;
 - Education, marketing, and community resources;
 - Measurable goals and established outcomes;
 - Transportation for individuals affected by younger-onset Alzheimer's disease;
 - Diagnosis, planning, and employment for individuals affected by younger-onset Alzheimer's disease;
 - Collaborative approaches;
 - The development of an informational website;
 - Community outreach;
 - Obstacles to long-term care in rural areas;
 - The role of hospice programs; and
 - An Alzheimer's disease Bill of Rights.
- Ms. Gay suggested the Task Force address challenges affecting individuals with early-stage Alzheimer's disease. She articulated that there is a major shift in the level of care required for individuals diagnosed at an early stage of the disease compared to

those who are diagnosed at a later stage. Ms. Gay conveyed that those with an earlier diagnosis will have caregiving needs that will span over a longer period of time compared to those diagnosed after the disease has progressed to an advanced stage. She surmised that the identification of early-stage Alzheimer's disease will become more prevalent as improvements are made with diagnostics.

- Chair Wiener commented that previous testimony before the Task Force demonstrated that approximately 5 percent of cases involve an early diagnosis. She concurred that the numbers may increase with improved diagnostics. Chair Wiener requested information from LeeAnn Mandarino, previously identified, regarding the length of time before a treatment for Alzheimer's disease may become available.
- Ms. Mandarino discussed the Cleveland Clinic's clinical trials, advances with technology, the aging baby boom generation, and the need to evaluate research, therapy, and prevention. She conveyed that earlier diagnoses may increase through collaborative efforts between primary care physicians, universities, and the Cleveland Clinic. Ms. Mandarino mentioned that the Cleveland Clinic is initiating a new program focused on frontotemporal dementia.
- Chair Wiener remarked that research conducted at the Cleveland Clinic will facilitate earlier diagnoses.
- Mr. Chavez commented on consolidating resource information, developing media campaigns, establishing a State-managed website on Alzheimer's disease, and addressing reimbursement issues relating to telemedicine.

There was a conversation among Mr. Chavez, Ms. Mandarino, and Ms. Gay regarding case management services for individuals with Alzheimer's disease and dementia. The following ideas were discussed:

- Offering case management services to assist individuals through every stage of the disease;
- Delivering services through a State agency or by providers who receive State-regulated grant funding;
- Developing a behavioral health authority to fund case management services for individuals with Alzheimer's disease;
- Examining the American Cancer Society's Patient Navigator program in Nevada; and
- Providing more education, information, training, and support for individuals in rural areas.

DISCUSSION REGARDING THE DEVELOPMENT OF THE STATE PLAN TO ADDRESS ALZHEIMER'S DISEASE

- Casey Catlin, Doctoral Student, UNR, State Plan Drafter, presented the draft outline of the State Plan to Address Alzheimer's Disease ([Exhibit MM](#)). She discussed the

structure and content of the document and referenced plans developed in other states to address the disease. Ms. Catlin pointed out that the outline is modeled after the Table of Contents in the Colorado State Alzheimer Disease Plan. She stressed the importance of utilizing measurable objectives to gauge progress and noted that Mississippi's State Plan Draft for Alzheimer's Disease and Other Dementia lists objectives, strategies, indicators, and funding sources for every goal.

Ms. Catlin commented on Chapter 1: Introduction and Chapter 2: Access to Services.

Discussion ensued between Chair Wiener and Ms. Catlin regarding categories for long-term care facilities listed under Access to Services. Ms. Catlin surmised that the data shown for the number of beds in licensed facilities in Nevada is probably exclusive to those found in group homes. Chair Wiener recommended adding subcategories to specify the number of beds in all types of long-term care facilities. She also indicated that data relating to adult day care services should be included.

- Ms. Simons stressed the importance of providing more information about community-based care within the State Plan. She mentioned that the Quality of Care and Regulations Work Group is developing a survey to determine the number of individuals with Alzheimer's disease being served by adult day care services and personal care agencies in the State.

A brief conversation between Ms. Simons and Ms. Catlin addressed the challenging nature of collecting data for this population. Ms. Catlin suggested that one of the goals could focus on this issue.

- Ms. Catlin noted that content on diagnostic services and detection procedures could be included under Access to Services. She remarked that technologies are being developed that allow for earlier diagnoses; however, the newest advances are often inaccessible due to high costs and limited Medicare coverage.

Ms. Catlin discussed additional factors that impede the diagnosis of dementia, including: (1) the stigma of dementia; (2) limitations with physician knowledge; (3) the absence of a disease-modifying treatment; and (4) limited reimbursements for physicians. She noted that behavioral services could be included as a subcategory under Access to Services.

There was a conversation among Ms. Catlin, Ms. Gay, and Mary Liveratti, previously identified, regarding the possibility of offering more dementia-specific information and services through the ADRC.

- Chair Wiener conveyed that additional obstacles to diagnosis include fear and the general lack of information that is available to the public about dementia.

- Ms. Gay suggested that a list of neutral and informative websites be compiled for the public. She noted that there is a national website (www.alzheimers.gov) that offers non-biased information on Alzheimer's disease.

Task Force members and Ms. Catlin discussed the development of a website to provide information and guidance to the public. The following considerations were discussed:

- The potential for cost savings through a well-maintained, informative, and up-to-date website;
 - The need to evaluate the fiscal impact of developing a website;
 - The possibility of including a recommendation in the State Plan to designate a webmaster in a specific State agency; and
 - The duties involved with managing a website.
- Ms. Catlin conveyed that she would include information on rural services provided by the Access to Services Work Group. She noted that existing services could be listed in Chapter 2: Access to Services, with a discussion on gaps and related goals in Chapter 5: Policy Recommendations.

Continuing, Ms. Catlin discussed topics in Chapter 3: Quality of Care, including: (1) measuring quality of care; (2) training and education requirements; and (3) cultural competency. She noted that demographic statistics pertaining to cultural competency could be included under "Policy Recommendations" in Chapter 5.

- Ms. Simons stated that an online training program is being developed that may meet some of the expectations with training and education requirements. She mentioned caregiver training programs and explained that the State lacks a mechanism to approve basic elements of training. Ms. Simons indicated that funding streams should be evaluated. She also stressed that a greater emphasis should be placed on hospitals, medical professionals, and the shortage of geriatric specialty practices in the State.
- Chair Wiener requested coverage of educational resources and professional human resources in the State. She remarked that ideas for workforce expansion can be developed by identifying gaps and establishing goals.
- Ms. Gay articulated that families have no place to go when a loved one becomes delirious or agitated, other than a hospital. She recommended that this issue be thoroughly addressed.

Ms. Catlin, Mr. Chavez, and Ms. Gay discussed issues affecting caregivers and care recipients. Ms. Gay suggested that discussion under Quality of Care provide a focus on caregiver competency, including training, education, stress, and the potential for abuse and neglect. Mr. Chavez emphasized the need to address abuse by caregivers and other issues affecting individuals with Alzheimer's disease and dementia. Ms. Catlin suggested

adding another category, titled “Quality of Life,” which would focus on issues affecting care recipients.

- Ms. Catlin offered to include statistics regarding the number of persons with dementia who also suffer from depression and anxiety. She pointed out that rates of comorbid conditions are much higher for these individuals compared to the healthy, elderly population.

There was a discussion between Ms. Gay and Ms. Catlin regarding the use of quotes and photographs in the State Plan.

- Chair Wiener suggested that Chapter 3: Quality of Care, provide a focus on both the growth of human resources and the needs of caregivers. She commented that a “Quality of Life” category might concentrate on issues affecting care recipients.
- Ms. Catlin provided an overview of Chapter 4: Public Safety and Public Awareness, which addressed the following topics: (1) public safety programs for missing persons and other issues; (2) public awareness campaigns; and (3) communication gaps between physicians and patients. She noted that the content could be broken into two chapters.
- Chair Wiener mentioned the Statewide Alert System for the Safe Return of Missing Endangered Older Persons, Senate Bill 245 (Chapter 184, *Statutes of Nevada 2011*).

Discussion ensued between Mr. Chavez and Ms. Catlin regarding the MedicAlert® + Alzheimer’s Association Safe Return® bracelets. Mr. Chavez noted that the Alzheimer’s Association offers scholarships for the bracelets; however, there has been limited public demand for this funding.

- Ms. Catlin noted that issues relating to driving and licenses could be discussed in Chapter 4: Public Safety and Public Awareness.
- Chair Wiener commended Ms. Catlin for her efforts with the State Plan and suggested that the following information be included in the document: (1) input from the work groups; (2) additional discussions that occurred during the Task Force meetings, including the role of higher education with workforce training; (3) indicators; and (4) terminology to reference funding sources, such as “recognized funding” or “funding identified as of release of the Plan.” She pointed out that funding sources will fluctuate over time.

Chair Wiener announced that additional drafts of the State Plan will be reviewed at the September 12, 2012, and October 10, 2012, Task Force meetings.

ADJOURNMENT

There being no further business to come before the Task Force, the meeting was adjourned at 4:10 p.m.

Respectfully submitted,

Lisa Gardner
Senior Research Secretary

Roger McClellan
Health Care Policy Specialist

APPROVED BY:

Senator Valerie Wiener, Chair

Date: _____

LIST OF EXHIBITS

[Exhibit A](#) is the “Meeting Notice and Agenda” provided by Roger McClellan, Health Care Policy Specialist, Research Division, Legislative Counsel Bureau (LCB).

[Exhibit B](#) is a document dated August 22, 2012, titled “Nevada System of Higher Education Presentation to the Legislative Committee on Health Care’s Task Force to Develop a State Plan to Address Alzheimer’s Disease,” provided by Renee L. Yackira, Vice Chancellor for Administration and Operations, Nevada System of Higher Education.

[Exhibit C](#) is a statement by Jesse Abril, Owner, St. Jude Home Care, Las Vegas.

[Exhibit D](#) is a statement by April Abshire, April’s Villa, Reno.

[Exhibit E](#) is a statement by Romeo Balgan, West Morning Star Care Home, Las Vegas.

[Exhibit F](#) is a statement by Visitacion T. Balgan, Morning Star Care Home, Las Vegas.

[Exhibit G](#) is a statement by Lori Bocancea, European Home Care, Las Vegas.

[Exhibit H](#) is a statement by Bianca Brent, Kings Row Residence, Reno.

[Exhibit I](#) is a statement by Cork Clark, Serenity Senior Care, Reno.

[Exhibit J](#) is a statement by Norma Cruz, Sunshine Retirement Home, Las Vegas.

[Exhibit K](#) is a statement by Thelma Frias, Kryston’s Home Care, Reno.

[Exhibit L](#) is a statement by Aniceta Galima, St Ann’s Group Home, Reno.

[Exhibit M](#) is a letter dated August 17, 2012, to Senator Valerie Wiener, Task Force Chair, from R. Stacey Giomi, President, Nevada Fire Chiefs Association, Las Vegas.

[Exhibit N](#) is a statement by Ophelia Javier, C.J. Homes, Las Vegas.

[Exhibit O](#) is information submitted by Shawn McGivney, M.D., R.F.A, Las Vegas, including:

- Cover Letter;
- Comments entered into the written record to be for the Nevada Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's disease, dated August 22, 2012; and
- Testimony for the record on Finance and Health related Committees, dated September 4, 2012.

[Exhibit P](#) is a statement by Lourdes Manguino, Queensridge Manor, Las Vegas.

[Exhibit Q](#) is a statement by Lourdes Manguino, Helping Hands Care Home, Las Vegas.

[Exhibit R](#) is a statement by Ollie S. Mapanao, Dawn Garden Home Care, Las Vegas.

[Exhibit S](#) is a statement by Giovanni F. Margaroli, Green Valley Elder Care, Henderson.

[Exhibit T](#) is a statement by Cheryl Medico, on behalf of Sarah Sinosky, private citizen, Henderson.

[Exhibit U](#) is a statement by Warlito Pizarro, Horizon Hills Residential Group Care, Reno.

[Exhibit V](#) is a letter dated August 20, 2012, to Senator Valerie Wiener, Chairperson, the Legislative Committee on Health Care's Task Force to Develop a State Plan to Address Alzheimer's disease, submitted by Joan Presley, Fire Marshal, Reno Fire Department.

[Exhibit W](#) is a statement by A.A. Salazar, Green Valley Elder Care, Henderson.

[Exhibit X](#) is a letter dated August 22, 2012, to Lieutenant Governor Brian K. Krolicki from Beatrice Mercado Shimada, R.N., General Manager, Senior Residential Care, Las Vegas.

[Exhibit Y](#) is a statement by Chris Tan, Alzheimers Luxury Care, Las Vegas.

[Exhibit Z](#) is a statement by Jose V. Tinio, Dignified Care Manor, Las Vegas.

[Exhibit AA](#) is a letter dated August 23, 2013, to Senator Valerie Wiener from RoseMary Womack, private citizen.

[Exhibit BB](#) is a statement by Amei Woo, Evergreen Residence, Reno.

[Exhibit CC](#) is a Microsoft PowerPoint handout titled "Preventing Excess Disability and Promoting Quality of Life," provided by Jane E. Fisher, Ph.D., Department of Psychology, University of Nevada, Reno (UNR).

[Exhibit DD](#) is a Microsoft PowerPoint handout, dated August 22, 2012, titled “Skilled Nursing Update,” submitted by Daniel Mathis, Chief Executive Officer, Nevada Health Care Association.

[Exhibit DD-1](#) is a document with data and statistics provided by Daniel Mathis, Chief Executive Officer, Nevada Health Care Association.

[Exhibit EE](#) is the written testimony of Bill Welch, President & CEO, Nevada Hospital Association (NHA), dated August 22, 2012.

[Exhibit EE-1](#) is a document dated August 22, 2012, titled “State Alzheimer’s Disease Plans: Legal Issues,” submitted by Bill Welch, President & CEO, NHA.

[Exhibit FF](#) is a packet of academic articles offered by Ruth Gay, Director, Public Policy and Advocacy, East Bay Office Site Director, Northern California and Northern Nevada Chapter, Alzheimer’s Association, including:

- “Association of Incident Dementia With Hospitalizations,” *Journal of the American Medical Association*, January 11, 2012;
- “Dementia-friendly Hospitals: Care not Crisis,” *Alzheimer Disease & Associated Disorders*, October–December 2010; and
- “Transitions in Care for Older Adults with and without Dementia,” *Journal of the American Geriatrics Society*, May 2012.

[Exhibit GG](#) is a letter dated August 15, 2012, to Senator Valerie Wiener, Chair, from Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, Nevada’s Department of Public Safety (NDPS).

[Exhibit GG-1](#) is a chart titled “Fire & Life Safety Requirements for Residents with Dementia/Alzheimer’s Disease,” provided by Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, NDPS.

[Exhibit GG-2](#) is an electronic message dated June 21, 2012, to Don Wilkins, Bureau Chief, State Fire Marshal Division, NDPS, from Theresa Brushfield-Owens, Adult Care Connections, submitted by Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, NDPS.

Exhibit HH is information provided by Theresa Brushfield, Adult Care Connections, Representative, ECHO, including:

- State Fire Marshal 1999 LCB Information, dated August 9, 2012;
- Chapter 3: Use and Occupancy Classification, 310: Residential Group R;
- Nevada Statutes and Administrative code;
- State Fire Death Rates (<http://www.usfa.fema.gov/statistics/estimates/states.shtm>);
- Centers for Disease Control and Prevention, Fire Deaths and Injuries: Fact Sheet (<http://www.cdc.gov/homeandrecreationalsafety/fire-prevention/fires-factsheet.html>);
- International Building Code, 2006; and
- A report titled *Risk Reduction in Assisted Living Centers*, by Alan Fletcher, Cunningham Fire Protection District, Denver, Colorado, dated July 2008 <http://www.usfa.fema.gov/pdf/efop/efo42424.pdf>

Exhibit II is a document titled “Modified Group R-4 Occupancy Classification,” submitted by Peter J. Mulvihill, P.E., Chief, State Fire Marshal Division, NDPS.

Exhibit JJ is a packet of information offered by Ruth Gay, Director, Public Policy and Advocacy, East Bay Office Site Director, Northern California and Northern Nevada Chapter, Alzheimer’s Association, including:

- Nevada State Plan for Alzheimer’s disease, Work Group, Impact of the Disease, and Safety & Independence;
- Alzheimer’s State Plan Task Force, Work group – Impact on the State, Safety and Independence, Meeting notes, August 1, 2012;
- Alzheimer’s State Plan Task Force, Work group – Agenda: August 9, 2012;
- Alzheimer’s State Plan Task Force, Work group – Impact on the State, Safety and Independence, Notes: August 20, 2012;
- A document regarding Young-Onset Alzheimer’s disease;
- Report on Surrogate Consent; and
- A report titled *generation alzheimer’s: the defining disease of the baby boomers*, published by the Alzheimer’s Association, 2011.

[Exhibit KK](#) is a document titled “Nevada State Plan for Alzheimer’s Disease Work Group, Quality of Care and Regulation,” provided by Ruth Gay, Director, Public Policy and Advocacy, East Bay Office Site Director, Northern California and Northern Nevada Chapter, Alzheimer’s Association.

[Exhibit KK-1](#) is a document dated August 17, 2012, titled “Alzheimer’s Working Group on Quality of Care and Regulations of Alzheimer’s Brief Summary,” submitted by Wendy Simons, Chief, Bureau of Health Care Quality and Compliance, Health Division, Department of Health and Human Services.

[Exhibit LL](#) is a document titled “Nevada State Plan for Alzheimer’s disease Work Group Access to Services,” offered by Ruth Gay, Director, Public Policy and Advocacy, East Bay Office Site Director, Northern California and Northern Nevada Chapter, Alzheimer’s Association.

[Exhibit LL-1](#) is a document dated August 14, 2012, titled “Alzheimer’s Plan Task Force Work Group Access to Services,” provided by Gini Cunningham, Volunteer and Support Group Facilitator, Humboldt Volunteer Hospice and Alzheimer’s Association in Northern Nevada.

[Exhibit LL-2](#) is a document dated August 21, 2012, titled “Input from Work Group Members call-in Discussion,” submitted by Gini Cunningham, Volunteer and Support Group Facilitator, Humboldt Volunteer Hospice and Alzheimer’s Association in Northern Nevada.

[Exhibit MM](#) is a document dated, August 22, 2012, titled “State Plan Outline Draft for Discussion,” offered by Casey Catlin, Doctoral Student, UNR, State Plan Drafter.

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.