

**Legislative Committee on Senior Citizens,
Veterans and Adults With Special Needs**
(Nevada Revised Statutes 218E.750)

**WORK SESSION
DOCUMENT**



August 15, 2014

Prepared by the Research Division
Legislative Counsel Bureau



WORK SESSION DOCUMENT

**LEGISLATIVE COMMITTEE ON SENIOR CITIZENS,
VETERANS AND ADULTS WITH SPECIAL NEEDS
(*NEVADA REVISED STATUTES [NRS] 218E.750*)**

August 15, 2014

The following “Work Session Document” has been prepared by staff of the Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs ([NRS 218E.750](#)) at the direction of the Chair of the Committee. This document contains a summary of proposed recommendations that were either submitted in writing or presented during the Committee’s previous hearings. It is designed to assist the Committee members in developing statements and determining legislative measures to be forwarded to the 2015 Legislative Session of the Nevada Legislature.

The proposals listed in this document are conceptual recommendations arranged by topic in no particular order and do not necessarily have the support of the Committee Chair or members. Members may accept, reject, modify, or take no action on any of the proposals. Although possible actions may be identified within each recommendation, the Committee may choose to take any of the following actions: (1) draft legislation such as a bill draft request or resolution; (2) write a letter on behalf of the Committee; or (3) include a statement in the Committee’s final report. Pursuant to [NRS 218D.160](#), the Committee is limited to ten legislative measures and must submit them for drafting by September 1, 2014, unless the Legislative Commission authorizes submission of a request after that date. (The deadline is extended to September 2, 2014, since September 1 falls on a holiday.)

The Committee members may use a consent calendar to approve proposals that need no further consideration or clarification beyond what is set forth in the “Work Session Document.” Items on the consent calendar primarily include Committee letters and statements in the final report. Any Committee member may request that one or more items on the consent calendar be removed for further discussion and consideration.

Committee members should be advised that Legislative Counsel Bureau (LCB) staff may, at the direction of the Chair, coordinate with interested parties to obtain additional information for drafting purposes or to be included in the final report. Also, recommendations may contain an unknown fiscal impact or be modified by being combined with similar proposals.

Finally, supporting documents for some recommendations may be obtained by contacting Kirsten Coulombe, Senior Research Analyst, Research Division, LCB, at (775) 684-6825.

RECOMMENDATIONS

Recommendations Nos. 1, 2, 3, 5, 6, 8, 9, 11, and 14 included in the listing below have been placed on a Consent Calendar by the Chair to assist the Committee in quickly taking action on certain selected items. Committee members may request to remove items from this list for further discussion and consideration.

Proposals Relating to Employment of Adults With Special Needs

1. **Send a letter** to the Governor, the Department of Health and Human Services (DHHS), the Department of Employment, Training and Rehabilitation (DETR), and the Department of Education in support of Executive Order 2014-16, “Establishing the Governor’s Taskforce on Integrated Employment,” for persons with intellectual and developmental disabilities.

(Recommended by Sherry Manning, Executive Director, Nevada Governor’s Council on Developmental Disabilities)

BACKGROUND: Presenters testified at the May 21, 2014, meeting on the topic of integrated employment and the philosophy of Employment First. Integrated employment focuses on finding jobs for persons with disabilities in the general workforce compared to facility-based employment. According to Ms. Manning, the letter of support will provide additional confirmation of Nevada’s commitment to integrated employment for persons with intellectual and developmental disabilities. See Attachment A for Executive Order 2014-16.

2. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of the request for seven new positions in the Rehabilitation Division, DETR, budget for State Fiscal Year 2016-2017.

(Recommended by Shelley Hendren, Administrator, Rehabilitation Division, DETR)

BACKGROUND: This recommendation was received via e-mail. According to Ms. Hendren, the addition of seven new positions (five Workforce Services Representative IV positions and two Vocational Evaluation II positions) would expand the Job Development Program for clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to Persons Who Are Blind or Visually Impaired to improve the number and quality of successful employment outcomes.

3. **Send a letter** to the Senate Committee on Finance and the Assembly Committee on Ways and Means in support of maintaining efforts by the Rehabilitation Division, DETR, to maximize federal funding for integrated employment.

(Recommended by Scott W. Harrington, Ph.D., Youth Transition Director, Nevada Center for Excellence in Disabilities [NCED], University of Nevada, Reno [UNR])

BACKGROUND: Presenters testified at the May 21, 2014, meeting on the availability of federal funding through the Rehabilitation Service Administration that allows for a 4:1 match of State funds up to a maximum federal match of approximately \$20 million. Currently, DETR enters into a third-party cooperative agreement with the Washoe County School District to supplement State General Funds for the Vocational Opportunities for Inclusive Career Education (VOICE) project, which is available for individuals up to the age of 22 years.

4. **Draft a bill** to require the Aging and Disability Services Division (ADSD), DHHS, in their application process for Jobs and Day Training (JDT) providers to give preference to applicants that employ persons with disabilities at or above minimum wage.

(Recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: At the July 9, 2014, meeting, there was a discussion on the wage level provided to persons with disabilities employed through Jobs and Day Training programs. Concern regarding individuals with disabilities not receiving minimum wage was noted.

5. **Send a letter** to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of increasing the Medicaid reimbursement rate for providers of Jobs and Day Training in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by Lisa Foster, Lisa Foster Consulting)

BACKGROUND: Ms. Foster testified at the May 21, 2014, meeting that providers of JDT have not received an increase in their Medicaid reimbursement rate since 2006 although employer related costs have increased. Also, a 2002 Strategic Plan for Provider Rates recommended the State rebase the rate for JDT providers every five years while increasing rates according to the inflation index for the interim years.

The current reimbursement rates for providers of JDT range from \$25.01 an hour to \$100.03 a day. These rates are submitted as part of the *Executive Budget* for the ADSD.

Proposals Relating to Medical and Other Related Facilities

6. **Include a statement in the final report** in support of legislation similar to the Caregiver Advise, Record, Enable (CARE) Act.

(Recommended by Barry Gold, Director, Government Relations, AARP Nevada)

BACKGROUND: Mr. Gold testified at both the May 21 and July 9, 2014, meetings about a proposed CARE Act which would create a system for family caregivers to be recognized, notified, and included in discharge planning from hospital facilities. According to Mr. Gold, an individual legislator will be sponsoring a bill modeled after the CARE Act as detailed in Attachment B.

7. **Draft a bill** to improve resident care in skilled nursing facilities by:
 - a. Establishing staffing ratios in skilled nursing facilities of 4.1 hours of direct care per resident, comprising 2.8 hours for certified nursing assistants and 1.3 hours for licensed staff, as recommended by the National Consumer Voice for Quality Long-Term Care; and
 - b. Establishing a maximum time of 20 minutes by which staff of a nursing facility must respond to a resident's request for assistance through the use of a call light.

(Part a. recommended by Heather Korbolic, State Long-Term Care Ombudsman, ADSD, DHHS, while a. and b. recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: Presenters testified at the January 15 and July 9, 2014, meetings on staffing levels in skilled nursing facilities as part of the discussion on Nevada's grade in the Nursing Home Report Card. Testimony referenced Nevada's level of direct care that averages 2.14 hours per resident and concerns that staffing levels can contribute to deficiencies.

Also, testimony during the January 15, 2014, meeting explained the inspection process for skilled nursing facilities by the Division of Public and Behavioral Health (DPBH), DHHS. Part of the inspection process includes the determination of whether staffing levels meet the needs of residents. Concern about inadequate response times to call lights was noted.

See Attachment C for background information on recommended staffing ratios by the National Consumer Voice for Quality Long-Term Care.

8. **Send a letter** to the DHHS in support of increased positions within the Bureau of Health Care Quality and Compliance, DPBH, for the purpose of conducting inspections at medical and other related facilities.

(Recommended by Assemblywoman Teresa Benitez-Thompson, Chair, Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs)

BACKGROUND: The Bureau of Health Care Quality and Compliance, DPBH, DHHS, has reportedly experienced delays in conducting inspections at medical facilities, such as hospitals, due to an increase in the number of facilities to inspect concurrent with staff vacancies.

9. **Send a letter** to the DHHS in support of increased funding for the State Long-Term Care Ombudsman Program in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by Heather Korbolic, State Long-Term Care Ombudsman, ADSD, DHHS)

BACKGROUND: Ms. Korbolic testified at the January 15, 2014, on the State Long-Term Care Ombudsman program administered by the ADSD. The Ombudsman program advocates for residents seeking assistance and complaint resolution in long-term care facilities.

Proposal Relating to Health Care Decisions

10. **Draft a bill** to create a Power of Attorney for Health Care Decisions for persons with intellectual or developmental disabilities. This form would be different than the Power of Attorney for Health Care Decisions form set forth in NRS 162A.860. The new form would enable adults over 18 years of age with intellectual or developmental disabilities to receive assistance in making medical decisions.

(Recommended by Mary Bryant, Project Coordinator, Self-Determination, Advocacy and Families, NCED, UNR)

BACKGROUND: Ms. Bryant testified at the May 21, 2014, meeting that the proposed Durable Power of Attorney for Health Care Decisions will enable people with intellectual disabilities to obtain the assistance needed with important medical decisions without having to submit to a guardianship and the resulting loss of control. The document would be written in a way that many people with intellectual disabilities would understand and could sign.

See Attachment D for proposed language of the new Durable Power of Attorney for Health Care Decisions form.

Proposal Relating to Services for Senior Citizens and Adults With Special Needs

11. **Send a letter** to the DHHS in support of an ADSD budget request to update the strategic plans for senior citizens and persons with disabilities, including a revised Nevada *Olmstead* plan in the *Executive Budget* for the 2015-2017 Biennium.

(Recommended by the Nevada Commission on Services for Persons with Disabilities and the Nevada Commission on Aging)

BACKGROUND: Testimony by staff of the ADSD at the July 9, 2014, meeting indicated the current strategic plans for seniors and persons with disabilities and Nevada's *Olmstead* plan were initially adopted as ten-year plans and are now out of date. Discussion also cited concern about recent *Olmstead* enforcement efforts by the United States Department of Justice.

In 2001, the agency costs to implement both plans were \$250,000. Therefore, it is estimated that the ADSD would need approximately the same amount, or more, of the prior costs to update the aforementioned plans.

Proposals Relating to Persons who are Deaf or Hard of Hearing

12. **Draft a bill** to broaden the scope of the Program to Provide Devices for Telecommunication to Persons With Impaired Speech or Hearing by amending the statutes (primarily NRS Chapter 427A, "Services to Aging Persons and Persons With Disabilities") to include assistance services and a non-exclusive list of activities in which the service centers may engage. Below are examples of the list of activities.

- Assist consumers in accessing resources such as hearing aids, electrolarynx, and other assistive devices;
- Expand and build service capacity in areas where need exists but services do not;
- Provide orientation and transition assistance to newly deafened or speech-impaired individuals, including veterans and seniors;
- Support telecommunications equipment distribution; and
- Provide classes in sign language for consumers.

(Recommended by the Nevada Commission on Services for Persons with Disabilities)

BACKGROUND: Testimony at the May 21, 2014, meeting discussed funding for two of the regional centers through a surcharge on all wired and wireless phone lines. In 2013, a budget submitted by the ADSD was contested by the Public Utilities Commission of Nevada (PUCN). The PUCN issued a ruling that limited the services provided by the centers to directly relate to equipment and regulation of interpreters and realtime captioning. The ADSD appealed the ruling, which is now under judicial review by the Nevada Supreme Court.

13. **Draft a bill** to establish an advisory board to assist the ADSD in the oversight of interpreters set forth in NRS Chapter 656A, “Interpreters and Realtime Captioning Providers.” The board would have nine members and the following composition and duties:

- i. One nationally certified interpreter with five or more years of certified interpreting status;
- ii. One Educational Interpreter Performance Assessment (EIPA) and Registry of Interpreters for the Deaf, Inc. (RID) certified interpreter (Educational Certificate: K-12) with five or more years of certified experience;
- iii. One RID consumer of interpreting services with five or more years of certified experience as such a consumer;
- iv. One provider of American Sign Language interpreting services with interpreting experience in one of the following settings: (1) educational; (2) medical; or (3) legal;
- v. One consumer of interpreting services who is deaf;
- vi. One RID certified interpreter;
- vii. One attorney with experience in the Americans with Disabilities Act and business law;
- viii. One Interpreter Preparation Program postsecondary representative; and
- ix. One representative from the ADSD.

a. Duties of the board shall include:

- i. In consultation with the ADSD, processing new applications for registering interpreters in Nevada;
- ii. Monitoring and encouraging additional training opportunities for interpreters;
- iii. Establishing standards for waiver of registration requirements in NRS 656A.100;
- iv. Reviewing and resolving complaints or making recommendations to the ADSD regarding disciplinary action;
- v. Reviewing and evaluating the feasibility of the board becoming a licensing authority over interpreters; and
- vi. Reporting recommendations to the Legislature prior to the 2017 Legislative Session.

b. The board will be subject to the Open Meeting Law; ethics provisions and auditing and budgeting requirements applicable to occupational boards; and the general provisions in NRS Chapter 232A (“Boards, Commissions and Similar Bodies”) regarding residency, vacancies, etc.

c. The Governor shall make the appointments and, after the initial staggered terms, each member shall serve a term of four years.

(Recommended by Kimberlee Holloway, Member, NVRID)

BACKGROUND: Ms. Holloway presented testimony during the May 21, 2014, meeting on the need for an advisory board. Although Chapter 656A of the NRS makes the ADSD responsible for registration and discipline of interpreters in Nevada, the interpreting community is seeking a board to assist the ADSD with its regulatory responsibilities and also to work toward increasing the number and qualifications of interpreters.

Proposal Relating to Services for Persons who are Blind or Visually Impaired

14. **Send a letter** to the Governor, the DHHS, the Senate Committee on Finance, and the Assembly Committee on Ways and Means to support increased funding of approximately \$500,000 in the ADSD budget for the 2015-2017 Biennium for independent living services.

(Recommended by the Nevada Commission on Services for Persons with Disabilities)

BACKGROUND: Presenters testified at the May 21, 2014, meeting regarding the need to expand services available through the independent living services. The ADSD budget request would assist persons who are visually impaired with independent living services, unrelated to employment, to include: (1) orientation and mobility training; and (2) assistive technology evaluations, devices, and training.

CONSENT CALENDAR FOR WORK SESSION



Legislative Committee on Senior Citizens, Veterans and Adults With Special Needs

(Nevada Revised Statutes 218E.750)

August 15, 2014

Item Number	Brief Description Of Recommendation (Please see "Work Session Document" for full description)
1.	Send a letter to the Governor, the Department of Health and Human Services (DHHS), the Department of Employment, Training and Rehabilitation (DETR), and the Department of Education in support of Executive Order 2014-16, "Establishing the Governor's Taskforce on Integrated Employment," for persons with intellectual and developmental disabilities.
2.	Send a letter to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of the request for seven new positions in the Rehabilitation Division, DETR, budget for State Fiscal Year 2016-2017.
3.	Send a letter to the Senate Committee on Finance and the Assembly Committee on Ways and Means in support of maintaining efforts by the Rehabilitation Division, DETR, to maximum federal funding for integrated employment.
5.	Send a letter to the Governor, the Senate Committee on Finance, and the Assembly Committee on Ways and Means in support of increasing the Medicaid reimbursement rate for providers of Jobs and Day Training in the <i>Executive Budget</i> for the 2015-2017 Biennium.
6.	Include a statement in the final report in support of legislation similar to the Caregiver Advise, Record, Enable (CARE) Act.
8.	Send a letter to the DHHS in support of increased positions within the Bureau of Health Care Quality and Compliance, Division of Public and Behavioral Health, for the purpose of conducting inspections at medical and other related facilities.
9.	Send a letter to the DHHS in support of increased funding for the State Long-Term Care Ombudsman Program in the <i>Executive Budget</i> for the 2015-2017 Biennium.
11.	Send a letter to the DHHS in support of an Aging and Disability Services Division (ADSD) budget request to update the strategic plans for senior citizens and persons with disabilities, including a revised Nevada <i>Olmstead</i> plan in the <i>Executive Budget</i> for the 2015-2017 Biennium.
14.	Send a letter to the Governor, the DHHS, the Senate Committee on Finance, and the Assembly Committee on Ways and Means to support increased funding of approximately \$500,000 in the ADSD budget for the 2015-2017 Biennium for independent living services.

LIST OF ATTACHMENTS

Executive Order 2014-16	Tab A
Support Letter for CARE Act.....	Tab B
Issue Brief on Staffing Ratios in Skilled Nursing Facilities	Tab C
Durable Power of Attorney for Health Care Decisions Form.....	Tab D

TAB A



Executive Order 2014-16

**ESTABLISHING THE GOVERNOR'S TASKFORCE ON
INTEGRATED EMPLOYMENT**

WHEREAS, all Nevadans, including individuals with intellectual/developmental disabilities, should be able to work in an appropriate setting that will allow each individual to offer their strengths to the workforce landscape, improve their quality of life, earn a competitive wage, and contribute to their families, communities, and the economy;

WHEREAS, individuals with intellectual/developmental disabilities continue to experience some of the lowest workforce participation rates, thus creating a need for person-centered planning to support and promote employment opportunities and outcomes for individuals with intellectual/developmental disabilities, and to create a more diversified, inclusive and integrated workforce;

WHEREAS, local communities, businesses, and the state can benefit from developing and engaging in a more holistic and strategic effort to help improve transitions, employment outcomes and provide choices that will instill individuals with intellectual/developmental disabilities and their families with a sense of value, pride and purpose;

WHEREAS, many agencies provide outreach, education and support for individuals with intellectual/developmental disabilities and their families, and there exists a need to promote greater cooperation, understanding and interaction between these agencies so as to realize improved transitions and life outcomes for each individual and their families;

WHEREAS, my administration intends to improve cooperation and collaboration among state agencies, community leaders, non-profit organizations and businesses to enhance and strengthen supported employment systems, education, training, and services for individuals with intellectual/developmental disabilities, thereby encouraging their success, expanding their ability to make informed choices, and promoting a more integrated workforce;

WHEREAS, the Governor's Council on Developmental Disabilities has made a series of recommendations in its Integrated Employment Position Statement;

WHEREAS, the federal government has made a series of recommendations for providing opportunities and choices in the workforce for those with disabilities;

WHEREAS, federal, state and local governments, public and private businesses, service providers and organizations can do more to identify and pursue funding resources, provide information, training, education, employment opportunities and support services to individuals with intellectual/developmental disabilities; and

WHEREAS, Article 5, Section 1 of the Nevada Constitution provides that, "The supreme executive power of this State, shall be vested in a Chief Magistrate who shall be Governor of the State of Nevada."

NOW, THEREFORE, by the authority vested in me as Governor by the Constitution and laws of the State of Nevada, I hereby direct and order:

1. The Governor's Taskforce on Integrated Employment ("Taskforce") is hereby established.
2. The Taskforce shall be responsible for examining and evaluating current employment programs, resources, funding, available training and employment opportunities for individuals with intellectual/developmental disabilities, and shall provide a report to the Governor, on or before July 1, 2015, setting forth their findings as well as a three, five and ten-year strategic plan for creating a more integrated

workforce and expanding competitive employment opportunities for individuals with intellectual/developmental disabilities.

3. The Taskforce shall:

- a. Review existing methods for identifying students with intellectual/developmental disabilities, the implementation of vocational assessments, and the delivery of employment-related planning and training services, to determine their effectiveness and identify any deficiencies therein;
- b. Identify methods for expanding the delivery of training, vocational services and supports to students and adults with intellectual/developmental disabilities;
- c. Examine the rate setting process, means of achieving competitive wages, and explore how to address and achieve placements that are in the highest and best interest of the individual;
- d. Examine available state and federal funding opportunities that would support or develop workforce employment opportunities, assess the availability of alternative funding sources and whether the state and/or federal funds are being utilized to their fullest potential;
- e. Identify opportunities for employment positions within the State system for individuals with intellectual/developmental disabilities and any barriers to achieving successful integration;
- f. Identify opportunities for improving collaboration and partnerships between state agencies, private and non-profit businesses employing individuals with intellectual/developmental disabilities;
- g. Examine findings from the United States Department of Justice and interpret how Nevada is addressing these issues;
- h. Examine whether individuals with intellectual/developmental disabilities, or their families, who are participating in community training centers or assisted services are provided sufficient information to make informed decisions concerning training, services and employment opportunities, and provide recommendations for improvements or modifications to these programs or services;
- i. Evaluate the effectiveness, demand, and long-term need for "day habilitation" and sheltered workshops in community training centers;
- j. Identify successful educational programs or vocational training opportunities and their delivery systems, operating in this state or other states, that successfully prepare youth or adults with intellectual/developmental disabilities for careers and help each individual realize their fullest potential; and
- k. Review and develop opportunities that allow families to plan for transition services in the K-12 setting.

4. The Taskforce shall be appointed by the Governor and serve at the pleasure of the Governor. The Taskforce shall include no more than 17 members and be composed of the following:

- a. At least one representative from the Department of Health and Human Services;
- b. At least three representatives from education;
- c. At least two representatives from transportation service providers;
- d. At least one representative from the Department of Employment, Training and Rehabilitation;

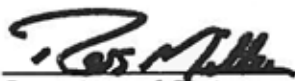
- e. At least one representative from the Nevada Disability Advocacy and Law Center;
 - f. At least three representatives from the Governor's Council on Developmental Disabilities (GCDD), which representatives shall be selected by the Council;
 - g. At least three representatives from community training centers;
 - h. At least one individual, or parent of an individual, with an intellectual or developmental disability that is not currently on the GCDD; and
 - i. Members whom the Governor deems necessary.
- 5. The Taskforce shall be headed by a chair and vice-chair to be appointed by the Governor.
 - 6. Members of the Taskforce shall receive no compensation for their service.
 - 7. The Taskforce may call on any other service providers or other professionals with expertise in the issues surrounding employment services for individuals with intellectual/developmental disabilities.
 - 8. The Taskforce shall establish procedural bylaws to aid in the performance of its duties.
 - 9. The Taskforce shall meet as often as necessary to act in the best interest of the state.
 - 10. Any meetings conducted by the Taskforce shall be subject to the Open Meeting Law, as codified in Nevada Revised Statute Chapter 241.
 - 11. All records documenting the Taskforce's activities shall be retained and transferred to the Nevada State Archives for permanent retention in accordance with the state record retention policy.
 - 12. The Nevada Department of Health and Human Services and the Nevada Department of Employment, Training and Rehabilitation shall provide joint administrative support. The Division may hire or retain contractors, sub-contractors, advisors, consultants, and/or agents, and may make and enter into contracts as necessary, in accordance with relevant statutes, rules, and procedures of state regulations.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Nevada to be affixed at the State Capitol in Carson City, this 21st day of July, in the year two thousand fourteen.


Governor of the State of Nevada

By the Governor:


Secretary of State


Deputy Secretary of State

TAB B

Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs
AARP Nevada Recommendation for Work Session

Support letter for CARE Act

AARP Nevada presented information to the Committee on the CARE Act that will help family caregivers and those they are caring for to stay healthy, living in their community, and avoid hospital readmissions and potential nursing home placement.

Family Caregivers provide a majority of the health care and supportive services to Nevadans who are sick, frail, and need assistance. In Nevada there are over 530,000 family caregivers who help their loved ones to live independently. They perform a variety of caregiving tasks including help with bathing, dressing, feeding, medication management, wound care, transportation and more. The care they provide in Nevada would be valued at 4 billion dollars.

The CARE Act recognizes the critical role family caregivers play in keeping their loved ones out of costly institutions. The CARE Act will create a system for Family Caregivers to be recognized, notified, and included in discharge planning when their loved ones require hospitalization.

The bill features three important provisions:

- The name of the family caregiver is recorded when a loved one is admitted into a hospital;
- The family caregiver is notified if the loved one is to be discharged to another facility or back home; and,
- The facility must provide an explanation and instruction of the medical tasks – such as medication management, injections, wound care, and transfers – that the family caregiver will perform at home.

Nevada needs the CARE Act: According to the “Home Alone: Family Caregivers Provide Complex Chronic Care” report 69% of care recipients did not have a home visit by a health care professional after discharge from a hospital. Almost half (46%) of family caregivers perform medical or nursing tasks for their loved ones with chronic physical or cognitive conditions. Three out of four (78%) who provide these medical tasks or nursing tasks manage medications, including administering intravenous fluids and injections. Most family caregivers report that they received little or no training to perform these tasks.

AARP NV respectfully requests that the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs send letters of support for this legislation to the Senate Majority and Minority Leader, Assembly Speaker and Minority Leader, and the Nevada Senate and Assembly Health Committee Chairs.

TAB C

Congress Should Increase Nursing Home Staffing Levels to Protect Residents
Change in Federal Law Would Improve Quality and Cost-Effectiveness
ISSUE BRIEF

Background

Over the past 25 years, more than 100 studies, articles and government documents have identified the important relationship between nurse and nursing assistant staffing levels and outcomes of care in nursing homes. Higher staffing levels result in higher quality of care. The benefits of higher staffing levels can be seen in resident health outcomes and include: lower mortality rates; improved physical functioning; less antibiotic use; fewer pressure ulcers, catheterized residents and urinary tract infections; lower hospitalization rates; and less weight loss and dehydration.ⁱ

Not only do higher staffing levels result in better care for residents, they have the potential to save money as well. For instance, studies have found that increasing staffing levels is cost effective.ⁱⁱ Research shows that increasing staff levels increases staff interaction with residents, reducing the need for psychotropic drugs that not only are expensive but increase falls leading to more hospitalizations.^{iii iv} In addition, low staffing levels have been linked to high staff turnover rates.^v Elevated staff turnover rates are, in turn, associated with adverse clinical outcomes in nursing homes, including substantially increased rates of infectious disease and acute care hospitalizations, both of which can lead to higher (and potentially avoidable) Medicare and Medicaid expenditures.^{vi} When outcomes improve, resident health improves, and nursing homes and the government spend less money.

The Problem

There is no minimum number of nurse and nursing assistant hours per resident/day required in nursing homes by the federal government. In 2001, the Department of Health and Human Services (HHS) released a report that included guidance regarding specific minimum staffing thresholds below which quality of care would be compromised. This report recommended a daily minimum standard of 4.1 hours of total nursing time (registered nurses, licensed practical/vocational nurses, certified nursing assistants) and found that staffing levels falling below this minimum put nursing home residents at risk.^{vii} A 2001 report by the Institute of Medicine supported these findings.^{viii}

Current federal law requires that nursing homes participating in Medicare and Medicaid have “sufficient staff to provide nursing services to attain or maintain the highest levels of physical, mental and psychosocial well-being of residents.”^{ix} This requirement is vague and ambiguous. As a result, it is difficult to identify staffing violations. The lack of specificity also means that the

The National Consumer Voice for Quality Long-Term Care (formerly NCCNHR) is a 501(c)(3) nonprofit membership organization founded in 1975 by Elma L. Holder that advocates for quality care and quality of life for consumers in all long-term-care settings.

decision about staffing levels is up to individual nursing homes. Studies have shown that for-profit facilities, particularly those owned by multistate chains, are more likely to reduce spending on care for residents and to divert spending to profits and corporate overhead.^x With no specificity at the federal level, it is left to the states to establish staffing requirements. There is wide variation in state law as it relates to minimum staffing in nursing homes. Most states fall far short of the 4.1 hours per day recommended by the federal government report.

Proposed Policy Solutions

Even the best nurses and nurse aides can't deliver quality care if there aren't enough of them. Minimum staffing standards need to be strengthened in both federal and state law, especially since nursing home residents have higher acuity levels than ever before. In order to ensure resident health, safety and well-being, Consumer Voice urges policymakers to adopt the 4.1 hours per resident per day staffing standard put forth by the 2001 HHS study.

ⁱ Charlene Harrington et al: "Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the U.S." *The Gerontologist* (2000) 40 (1): 5-16.

ⁱⁱ Mukamel, D. et al. "*The Effect of State Regulatory Stringency on Nursing Home Quality*" *Health Services Research* 47:5. October 2012.

ⁱⁱⁱ Mustard CA, Mayer T. Case-control study of exposure to medication and the risk of injurious falls requiring hospitalization among nursing home residents. *Am J Epidemiol.* 1997; 145(8):738-745.

^{iv} Wang PS, Bohn RL, Glynn RJ, Mogun H, Avorn J. Zolpidem use and hip fractures in older people. *J Am Geriatric Soc.* 2001;49(12):1685-1690

^v New York Office of the Attorney General: "Staffing Levels in New York Nursing Homes: Important Information for Making Choices." January 2006.

^{vi} Collier, E. & Harrington, C. (2008). Staffing characteristics, turnover rates, and quality of resident care in nursing facilities. *Research in Gerontological Nursing*, 1(3), 157-170.

^{vii} Abt Associates for U.S. Centers for Medicare and Medicaid Services, "*Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes.*" 2001.

^{viii} Institute of Medicine: "*Improving the Quality of Long-Term Care.*" (2001)

^{ix} Omnibus Budget Reconciliation Act of 1987; Pub. L. 100-203; 101 Stat. 1330.

^x Center for Medicare Advocacy: <http://www.medicareadvocacy.org/non-profit-vs-for-profit-nursing-homes-is-there-a-difference-in-care/>

TAB D

DURABLE POWER OF ATTORNEY FOR HEALTH CARE DECISIONS

My name is _____ and I live at _____. I want my mom _____ to make health care decisions for me if I am sick or hurt and need to go to the doctor. I understand what this means.

If I am sick, my mom should take me to the doctor. If my mom is not at my house when I become sick, please call her to come to the doctor's office. I would like the doctor to talk to her and tell her about my illness and if I need medicine or other treatments. After talking to the doctor, I want my mom to decide what care I should have and to talk with me about what care I need. I want my mom to be able to look at and have copies of all my medical and hospital records. Please share these records with her and give her copies if she asks for them. I would also like my mom to decide if I need to go to the dentist and to make decisions about what the dentist will do.

If I am very sick, I might need to go to a hospital. My mom can decide if I need to go to the hospital. I would like all of the people at the hospital to speak to my mom about what care I should have and to talk with me about what care I need even if I am unable to understand what my doctor says about me. This is very important since I want the people at the hospital to try very hard to care for me if I am sick.

If my mom is at any time unable or unwilling to act, then I appoint my father, _____ as my agent.

Dated: _____

Principal's signature

Notary/Witnesses

As agent for _____, I agree that Health care providers and facilities, acting in good faith, may rely on the power of attorney and the signatures hereto, and are not subject to civil or criminal liability or discipline for unprofessional conduct for giving effect to a declaration contained within the power of attorney for health care or for following the direction of an agent named in the power of attorney for health care.

Dated: _____

Agent's signature