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DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

NRS 427A COMMISSION ON AGING NRS 439 REPORT

Community Needs and Priorities for Older Nevadans

Submitted to Richard Whitley, IS, Director
Department of Health and Human Services
June 2018

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Executive Summary

The Nevada Commission on Aging is tasked to evaluate the needs of older people in the state, prioritize the most pressing of those needs, and promote programs to allow people to age in place. For the period from July 1, 2016 – June 30, 2018 under the direction of NRS 439, priority areas for older adults in Nevada can be grouped generally as follows:

- Access to Services and Resource Navigation
- Behavioral, Cognitive and Mental Health
- Caregiver Support, Including Respite
- Self-Determination: Recognition and Protection of Legal Rights
- Education, Outreach, and Training

What follows is a discussion of these areas that is not meant to be exhaustive, but illustrative.¹ The priority areas are an amalgamation of those in the intervening period from the last of these reports to the Director of Health and Human Services.

Population Facts

The 2010 Census placed Nevada's population at 2.7 million residents.¹ It was projected that in July 1, 2017, Nevada's population was 2,998,039 and of that population, 15% were over the age of 65.² Diseases of aging can affect younger individuals than previously may have been assumed.

"Nevada's older adult population is anticipated to increase by 36 percent over the next ten years."³

Community Needs and Priorities

Older Nevadans continue to be an important priority for those in government, service sectors, and the legislature. Drawing from activities from these arenas, the Commission on Aging can make recommendations for continuing to support the independence of older adults in the state.

Sources of Priority Areas

For the period covering October 1, 2016 to September 30, 2020, the State Plan for Aging Services had five goals and five related core components⁴:

¹ *Members of the Commission on Aging voted to adopt this document in a meeting on June 26, 2018. Travis Lee moved to adopt, Jeffrey Klein seconded and other voting members in attendance in person in Las Vegas and Carson City, as well as via telephone on a conference line, adopted a draft version of this document subsequent to verbal additions and changes incorporated herein since that vote. If there are any differences between the record as set by the meeting on June 26, 2018 and this report, the meeting record should control.*

² *Note: in Nevada Statute, the Aging and Disability Services Division's Elder Protective Services can assist individuals age 60 or over. The Commission on Aging includes a mandate for a portion of voting membership to be comprised of individuals over the age of 55. This all may be important when considering the data shared herein and when looking at programs and supports.*

1. Older adult Nevadans and their families are empowered to make informed decisions about long-term services and supports (LTSS) through coordinated, person-centered services.	No Wrong Door: ADSD, along with state and community partners, must be engaged to support Older Nevadans and their families. Access to information and services must be streamlined and standardized across systems to empower consumers to make choices. Nevada is committed to embedding the No Wrong Door philosophy throughout the long-term services and supports system to provide everyone with the options to live in the setting of their choice.
2. Older adult Nevadans have a network of support that promotes their safety, security and protection.	Safety and Advocacy: Quality of life in all settings is affected by an individual's ability to have choice and control and to be free from negative influences that may limit individual freedoms. In addition, for those elders who are subject to abuse, neglect, or financial exploitation from others, as well as those who are self-neglecting in some way, protections must be available.
3. Older adult Nevadans have access to a variety of services, including evidence-based programs, to enhance health and long-term services and supports.	Health and Social Services: Having a variety of services to assist Older Nevadans supports individual choice and is necessary to meet older adult Nevadans where they are in the service continuum. Having well rounded and evidence-based services that meet consumers where they are strengthens the quality of services available. In addition, bridging the gap between healthcare and social services will lead to better outcomes for older adults in Nevada.
4. ADSD is responsive to older adult Nevadans' needs through continuous quality improvement and standardized quality measures.	Quality Assurance: Providing quality services that are responsive to consumer needs is a part of the ADSD mission. In keeping with national standards, ADSD aims to develop a No Wrong Door LTSS system that includes goals and performance indicators that increase visibility, trust, ease-of-access, responsiveness, efficiency and effectiveness of the system.
5. Older Adult Nevadans receive long-term services and supports through a trained and expanded workforce.	Competent Service System: Having a workforce, including volunteers and caregivers, that is competent and able to increase efficiency of services is essential to maintaining a responsive long-term services and supports system. Training, capacity building and sustainability planning are critical to enhancing services in Nevada.

In the 2017 Legislative Session, the Commission on Aging's Legislative Subcommittee reported "key areas of importance to support our elders in their quest to remain independent[...]"¹⁰ These categories were as follows:

- 1) Access to Services
- 2) Behavioral, Cognitive and Mental Health
- 3) Family Caregivers
- 4) Legal Rights
- 5) Medicaid Managed Long Term Services and Supports¹¹ *(a request for transparency in decision making for this area and stakeholder involvement and input if MLTSS is to be considered at all)*

During the resulting session, considerable legislation moved forward to enactment as law regarding the needs of, and issues concerning, seniors in the state of Nevada. Among these were the elimination of the sunset

provision for the Task Force on Alzheimer's Disease" and the creation of the interim study regarding the Behavioral and Cognitive Care Needs of Older Persons^{vi}. This was in addition to a wave of guardianship related legislation born out of the initial Statewide Commission set up by the Nevada Supreme Court for the study of Guardianship issues. That Commission continues in a permanent form as of late 2017.^{viii}

The public hearings for the Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons resulted in numerous recommendations, grouped into categories by the Fiscal Analysis Division of the Legislative Counsel Bureau as follows:

- 1) Diagnosis and Treatment
- 2) Training
- 3) Caregiver Support
- 4) Housing
- 5) Legal Issues^x

In the prior iteration of this report to the Director of DHHS, the following were identified by the Commission on Aging as "most instrumental in maintaining independence:"

- 1) Adult Day Care
- 2) Aging and Disability Resource Center
- 3) Case Management
- 4) Home care/Homemaker
- 5) Legal Services
- 6) Personal Emergency Response System
- 7) Respite Care
- 8) Senior Companion
- 9) Transportation Services^x

In 2018, the Alzheimer's Association conducted a Listening Session which heard from individuals in Carson City, Las Vegas, Sparks, and Elko. Per the Alzheimer's Association, "[a] total of 100 Nevadans took part in the event, including individuals living with dementia, family and professional caregivers, and staff and partners of ADSD and DPBH."^{xi} The notes which resulted included three main recommendation categories:

- 1) Expansion of Respite
- 2) Increased Public Awareness of Services
- 3) Review of Training and Education Requirements for Providers^{xii}

On a federal level, the Administration for Community Living, under Administrator Lance Robertson, has focused on "five pillars" for ACL:

- 1) Supporting families and caregivers
- 2) Protecting rights and preventing abuse
- 3) Connecting people to resources
- 4) Expanding employment opportunities
- 5) Strengthening the Aging and Disability networks^{xiii}

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Reported Priority Areas

As may be evident from the foregoing, there are recurring themes in the community when it comes to serving those who are aging in the state. Some do focus on the diseases common or more prevalent in aging (such as Alzheimer's Dementia) but even the needs identified in those circumstances could benefit a broader group, much like the Administration on Community Living supports not just those who are aging, but those who have disabilities.

The Commission on Aging adopts, for purposes of this report, the following general priority areas, arranged under the ABCDE mnemonic but paralleling areas of focus included in different ways in the referenced sources above:

- 1) Access to Services and Resource Navigation
- 2) Behavioral, Cognitive and Mental Health
- 3) Caregiver Support, Including Respite
- 4) Self-Determination: Recognition and Protection of Legal Rights
- 5) Education, Outreach, and Training

Access to Services and Resource Navigation

Access to services and resource navigation go hand in hand much like in the State Plan for 2016-2020 with the "No Wrong Door" approach. This approach within state services can and should be expanded through coordinated community response and partnerships so that resource navigation can occur for older adults at as many points of contact as possible. In public testimony through multiple relevant committees, it has been clear that often public commenters may not be aware of what programs are actually out there. Often this is because of the confidential nature of much of service provision. A member of the community may see a neighbor relocate to long term care and perceive that no one is paying attention when in fact, the individual is already being visited, and advocated for, by the state long term care ombudsman.

In the Nutrition Programs Gap Analysis for Older Nevadans (last seen in draft form), it was highlighted that older Nevadans don't use federal nutrition benefits to their full potential.^{xv} Also, food pantries which operate in a non-profit capacity, may be where individuals with food insecurity receive food, however, they may not receive dedicated funds for food acquisition.^{xv} This highlights, through an example of one type of service (nutritional programs), that not only are those who receive service benefits possibly unaware of what resources they may be able to use, providers of such services may not be realizing the potential grant or other funding opportunities which may be available. The Commission on Aging received a presentation about this topic on March 15, 2018.

The Food Security Council (established February 12, 2014)^{xvi} is another possible partner in understanding the importance of, and the level of importance of, meal programs. In the 2017 legislative session, additionally, the legislature did give financial support to address waiting lists for certain meal programs.

Resource Navigation traverses the other priority areas represented herein as well. Community members may not know there is free legal representation through ADSD grantees which does not depend on their income level for qualification. They may also not be aware of caregiver supports and respite, something that the Elder Rights Specialists in the state (one in the south, one in the north, and one in Elko) are very much in tune with and ready to assist regarding.

Services do have a limit where funding may be limited, however. The mandates of *Olmstead* continue to be relevant regarding possible wait lists and the ability of older Nevadans to stay in their homes as independently as possible. Though Federal guidance regarding *Olmstead* may be wavering through changing political climates, Nevada can continue to embrace the principles of independence in the community for seniors without federal guidance.

It was also pointed out by the Commission on Aging that it is important to include coordination with the Inter-Tribal Council of Nevada, representing the 27 Tribes and community organizations.^{xvii}

Services provided through Aging and Disability Services Division utilize different funding sources and parameters to ultimately provide service access and assist with resource navigation.

The Older Americans Act and Administration on Community Living Funding grantees include:

- Community Partner Collaboration
- Legal Services
 - o Advanced Planning/Preventative Work
 - o Targeted Legal Services/State Legal Services Developer
- Home Delivered Meals
- Congregate Meals
- Respite
- Homemaker Programs
- Medication Management
- Caregiver Training

Direct Services include the following:

- Discretionary ACL Grant Funding
 - o Dementia Friendly Nevada (a crucial initiative)
 - Including Rural and Urban Tribal Supports
- Community Based Care
- Community Partnerships
- Elder Protective Services
 - o Temporary Assistance for Displaced Seniors
- Prescription Assistance (Senior Rx/Disability Rx)
- Elder Rights Specialists
- Office of Consumer Health Assistance Partnership
- Long Term Care Ombudsman
- No Wrong Door (*In Cooperation with Welfare*)
 - o Includes needs assessment tool component
 - o Nevada 2-1-1 Partnership (*referenced elsewhere in this document, it is important to secure adequate ongoing funding for this important resource navigation tool*)

Behavioral, Cognitive and Mental Health

Senator Joyce Woodhouse's interim committee honed in on the diagnosis and treatment of behavioral and cognitive needs of older persons in their April 2017 Recommendations. Dr. Dylan Wint from the Cleveland Clinic's Lou Ruvo Center based in Las Vegas, Nevada, for example, encouraged the creation of interdisciplinary teams along with training through possible state grants.^{xviii} This recommendation, by way of example, crosses into Education, Resource Navigation, as many recommendations do.

Per the 2017 Legislative Information Sheet from the Commission on Aging's Legislative Subcommittee, citing APA.org, "[i]t is estimated that 20-25% of individuals age 65 and older have a mental health disorder, often compounded by chronic physical diseases of aging."^{xx} Further, according to the Nevada Office of Suicide Prevention, "Nevada's veterans die by suicide 2 to 2.5 times more frequently than their civilian counterparts" and "[s]ince 2001, seniors in Nevada have died from suicide at substantially high rates, consistently nearly twice the rates seen nationwide."^{xx}

As with younger adults, those 65 years and older are more likely to have suicidal thoughts if they have depression, other mood disorders, or problems with substance abuse. However, compared to younger cohorts, older adults are more likely to face additional issues which can produce suicidal thoughts, such as ongoing medical conditions, chronic pain, a lack of mobility, or lack of autonomy. Older adults may also be at higher risk of social isolation, undiagnosed depression, or feelings they are a burden.^{xxi}

The interplay between supports, resources, and health needs is especially clear in the foregoing discussion of Nevada's senior suicide rate. No population is monolithic, and seniors are no different. Some enter their later years bringing health concerns with them, others develop them through the aging process, but both groups would benefit from early identification and post diagnosis supports.

Members of the Commission on Aging have suggested that community efforts are needed to address suicide prevention and the isolation which may be a major factor in Nevada's suicide rate. One example is to consider incorporating, as a suggestion associated with youth scholarship requirements, programs such as the "adopt a grandparent" concept whereby youth can help bridge generational gaps and offer companionship to otherwise isolated seniors.

One effort emerging from the Aging and Disability Services Division, for example, is the proposition of Adult Protective Services (not just Elder Protective Services which serves ages 60 and older with social services in the event of abuse, neglect, isolation, and more). Efforts such as this would facilitate earlier identification of community needs and possible placement of supports at the outset of a difficult behavioral, cognitive, or mental health concern.

The continuing efforts of Dementia Friendly Nevada also takes into consideration what can be done to make communities friendlier to those experiencing cognitive or health issues and therefore not forcing individuals into circumstances of isolation as a result. The grant currently funds activities in six communities of varying population density: Las Vegas, Washoe County, Elko, Winnemucca, Pyramid Lake (formerly the Pyramid Lake Paiute Tribe, now named Pesa Soomame, meaning "good think"), and Pahrump. Each community has \$10,000 apiece through grant funding to get their initiatives off the ground.^{xxii}

Connected to training, the issues in health for aging adults also require discussion of doing a better job providing training and support related to release from hospitals and the services or resources which may be available related to hospitalization.

Caregiver Support, Including Respite

Caregivers represent a huge resource for seniors, however, these individuals are not only often unpaid, they face negative financial consequences associated with their caregiving role. In the last session of the Nevada Legislature, for example, an effort to allow employees to use sick leave to care for a loved one did not progress successfully.

Caregiving overlaps with health, for example, because supportive caregivers are often the ones in a physician's office hearing a diagnosis as well as other instruction that their loved one may not be perceiving because of emotional responses to such news. In a presentation in Las Vegas in early June 2018, Charles Bernick, MD, MPH presented regarding hospitalization and its effect on those with Dementia. In the course of his presentation, Dr. Bernick pointed out that caregivers are a crucial resource when a person is hospitalized because while staff changes with each passing shift and day, caregivers are present and able to give vital patient information and history that will enhance healthcare.

Caregivers cannot always give, however, and respite is a topic that often comes up. Anecdotally, caregivers are often referred to as "the sandwich generation" or "panini generation" because they are caught between competing interests, not to mention their own physical, social, emotional, and financial needs. Home and community-based services can help lessen the load on caregivers as well.

Many caregivers do not self-identify as caregivers though they engage in caregiving tasks. Even young children in the home may find that they are caregivers for an aging loved one and have support needs that respite can assist with. Educational opportunities offered at flexible times can also offer assistance to caregivers who have significant time constraints. One suggestion raised at a Commission on Aging meeting included addressing what supports there are for family caregivers who are also state employees.

Nevada 2-1-1 (Nevada Care Connection)^{xxiii} was discussed by the Commission on Aging as something that should be viewed as a caregiving resource, as well as AARP or Alzheimer's Association or other resource partners which may have hotlines and phone numbers available to caregivers. Ultimately the goal would be to close loopholes that make it difficult for caregivers to know what resources are available for their support.

Members of the Commission on Aging were informed of initial marketing efforts for Nevada 2-1-1 but agreed that there needed to be increased awareness of the existence of Nevada 2-1-1 and the resources contained within perhaps with some secured funding to that purpose.

Self-Determination: Recognition and Protection of Legal Rights

At the forefront of many Nevadan's minds is the issue of fraudulent and exploitive guardianship. This is a subset of issues associated with cultural norms associated with ongoing self-determination for seniors in the state. Essentially, when community partners and services, such as banking or medical services, shut themselves off to the access of an individual by reason of perceived incapacity, individuals are often driven to unnecessary guardianship to continue to access those resources.

Guardianship is an ongoing education to understand the intersection between rights of individuals and the goal of guardians to minimize risk and/or liability. For family guardians (someone with a personal interest in the well-being of the individual who has been deemed incapacitated either through blood relation or something similar to a familial bond), the goal of guardianship appears to be risk minimization (ie, keeping someone "safe" from themselves, society, or both). For private professional guardians, the goal of guardianship is to receive compensation for management of an individual's medical and financial affairs. For public guardians, who are in effect mandated as the "guardian of last resort" for individuals for whom help is needed but none is available, the goal of guardianship is to provide the service of medical and financial management while avoiding liability for missteps. This is all very generalized and not meant to cast aspersions about any role mentioned. That said, the Nevada legislature in 2015 and again in 2017 took action to prioritize the family guardian role and diminish the professional guardian role in the courts. Public Guardians largely went unnoticed for specific legislation though they were affected by the laws ultimately passed, especially in 2017.

Matters came to a head as investigative reporting revealed the rights restrictions and possible financial malfeasance associated with guardianship cases in Clark County and the cases were transferred from a Hearing Master to an assigned judge. The new judge worked towards “compliance,” or making sure that cases were actually conforming to the law instead of being neglected year in and out if no one alerted the court to a request.

With a document bearing the court’s signature, a guardian could open and close accounts, sell property, talk to doctors, and even the language regarding funds for gifts implies that the guardian is using the protected person’s money to make gifts versus giving that to the protected person to spend as they may choose.

The spillover to provider relationships has been that providers know the guardian has broad authority from the court and that pleasing the guardian is paramount to a good working relationship. This is not to imply no pushback from providers, it is meant to show how and why culture change is a long term goal and will take continued efforts.

For the Commission on Aging, the question of legal rights centers on empowering individuals and preparing them to make plans consistent with their own wishes so that they will not be at the mercy of courts and the guardians appointed over them. Even with mandates and protections such as the Protected Person’s Bill of Rights (SB 360, 2017 Nevada Legislature) and counsel for all facing and under guardianship, prevention of substituted decision making is key.

Under the Older Americans Act, funds starting July 2018 are being granted to several legal services providers statewide:

- Volunteer Attorneys for Rural Nevadans
- Southern Nevada Senior Law Program
- Washoe Legal Services

These grantees are to serve the legal needs of adults over 60. This could include representing a senior in a divorce or eviction dispute or provide counsel for a resident of a long term care facility fighting an improperly obtained power of attorney being used to force them into memory care against their will. Being able to refer cases from the ombudsman, elder protective services, and other avenues of contact for seniors to these legal services providers allows for customized attention to their unique circumstances and hopefully also preventative outreach and assistance in advance directives, powers of attorney, wills, and more.

In its most simple form, the discussion of rights of seniors is about self determination and moving away from paternalistic views of the perceived disabilities associated with aging. Further, entities such as the Task Force on Alzheimer’s Disease in Nevada have recognized the need to educate the appointed counsel as well as the judges in courts where seniors find themselves. This educational recommendation includes helping legal practitioners understand differences between, say, executive function (decision making) and memory. A decline in recall skills may not necessarily mean the need to deprive someone of their decision-making opportunities. When the courts, or others, interfere with the decision-making process involved in self-determination, the community suffers because of substituted judgment instead of empowerment.

Education, Outreach, and Training

As a final area, Education, Outreach, and Training pervades all prior areas of focus. There are top down methods of education which would include specific training for medical, legal, or other professionals serving

older adults which are ongoing and supported by continuing education requirements from different licensing boards, however, there are other approaches which can supplement these efforts.

In a coordinated community response model, participants on a grassroots or local level bring their expertise to the table, so to speak, and learn from one another, unified by a common goal. The Commission on Aging itself is a coordinated model in that its membership includes those in government, administration, with an interest in senior issues, and more. When these individuals come together, they can learn from one another and then infuse their practices and perspectives with newfound understanding.

Social media is another useful tool in this area. While it may be the case that certain population cohorts within the aging population are not major users of technology, assuming that ages 55 to 99+ can be lumped together is its own form of ageism. Resources should be accessible also for the family caregivers referenced previously. One of the best aspects of technology is that it can be accessed on the schedule of the individual seeking knowledge – a caregiver may want to access training modules online late at night or while they wait in a doctor's office. Offering educational opportunities in innovative ways will also bring greater awareness and understanding of senior issues.

Currently, there are three Coordinated Community Response Teams through the Attorney General's Office's End Abuse in Later Life multi-year grant. A northern team, southern team, and statewide team. These teams include law enforcement, state staff, community advocates, and more. Funding has provided for victim services training for advocates, judges, and law enforcement to assist with greater sensitivity to issues faced by seniors and how to serve them in circumstances of abuse, neglect, and isolation. The hope is, ultimately, that the connections and networks formed under the grant will be sustainable beyond the 3 year model.

The Task Force on Alzheimer's Disease recently recommended offering CEUs, CLEs, or other forms of continuing professional education aimed at assisting professionals with understanding how to support and serve those experiencing the diseases of aging. Greater coordination with licensing boards, borrowing from this suggestion, would be crucial to broadening the understanding of aging Nevadans.

Finally, a major theme in Commission on Aging meetings has included the need to network, coordinate, and facilitate interaction between all those entities which touch on senior issues and/or service seniors, including outreach to law enforcement and others on an ongoing basis so that education may be offered.

Statutory Authority

NRS Chapter 439: Administration of Public Health

Under NRS 439.630(6)^{xxiv}, “[o]n or before June 30 of each even-numbered year, the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities each shall submit to the Director a report that includes, without limitation, recommendations regarding community needs and priorities that are determined by each such entity after any public hearings held by the entity.”

Enclosed please find the statutorily mandated report covering the activities of the Commission on Aging itself as well as supplemental information similarly supported by public hearing(s) and activities related to community needs and priorities for the population served. The Commission on Aging held public meetings, duly noticed, however, for purposes of this report, subcommittees of the Commission on Aging as well as other public meetings involving senior issues have been employed to provide a more complete narrative.

Under NRS 439.630(1)(p), “The Department shall: [...] [o]n or before September 30 of each even-numbered year, submit to the Grants Management Advisory Committee, the Nevada Commission on Aging created by NRS 427A.032 and the Nevada Commission on Services for Persons with Disabilities created by NRS 427A.1211 a report on the funding plan submitted to the Chief of the Budget Division of the Office of Finance pursuant to [the previously submitted report from subsection 6].”

NRS Chapter 427A: Services to Aging Persons and Persons with Disabilities

NRS 427A.032^{xxv} outlines the creation of the Nevada Commission of Aging. Membership is made up of the following within the Aging and Disability Services Division:

- 11 voting members (at least 6 of whom must be 55 years of age or older) (term limited)
 - o 2 members of a county governing body (may designate alternates within their organization)
 - o 2 members of a city governing body (may designate alternates within their organization)
 - o 7 members who have interest/experience/knowledge of services for the aging
- 4 or more non-voting members
 - o Director of DHHS, serving as Commission Chair
 - o Administrator of ADSD
 - o One member of the Senate with experience/knowledge
 - o One member of the Assembly with experience/knowledge
 - o Others who may be designated by the Governor

NRS 427A.038(1)^{xxvi} specifies that the Commission *shall*:

- (a) Determine and evaluate the needs of the older people of this state.
- (b) Seek ways to avoid unnecessary duplication of services for older persons by public and private organizations in Nevada.
- (c) Establish priorities for the work of the Division according to the most pressing needs of older persons as determined by the Commission.
- (d) Promote programs that provide community-based services necessary to enable a frail elderly person, to the fullest extent possible, to remain in his or her home and be an integral part of his or her family and community.

The Commission *may*, per NRS 427A.038(2):

- (a) Establish priorities for programs funded under the Older Americans Act of 1965 (42 U.S.C. §§ 3001 et seq.).
- (b) Review and approve the State Plan for Providing Services to Meet the Needs of Older Persons.
- (c) Gather and disseminate information in the field of aging.
- (d) Conduct hearings, conferences and special studies on the problems of older persons and on programs which serve them.

- (e) Evaluate existing programs for older persons and recommend needed changes in those programs and propose new programs which would more effectively and economically serve the needs of older persons.
- (f) Evaluate any proposed legislation which would affect older persons.
- (g) Recommend to the Legislature any appropriate legislation.
- (h) Coordinate and assist the efforts of public and private organizations which serve the needs of older persons, especially in the areas of education, employment, health, housing, welfare and recreation.

Membership

The current members of the Commission on Aging are as follows for the period ending June 30, 2018:

Voting Members

Two Members of a County Governing Body

- Chris Giunchigliani, Clark County, Nevada Commissioner
- Vacant

Two Members of a City Governing Body

- Daniel Corona, Mayor of West Wendover, Nevada
- Vacant

Seven Members who Have an Interest/Experience/Knowledge of Services for the Aging

- Barry Gold
- Leilani Kimmel-Dagostino
- Jeffrey Klein
- Travis Lee
- Mary Liveratti
- Jose Tinio
- Vacant

Non-Voting Members

Member of the Assembly

- Assemblywoman Ellen Spiegel

Member of the Senate

- Senator Nicole Cannizzaro

Director, Department of Health and Human Services

- Richard Whitley, MS

Administrator, Aging and Disability Services Division

- Dena Schmidt

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Independent Living Grant Waitlists (via ADSD)

AGENCY	Service	# on Waitlist	Avg Time on WL	Money needed to Resolve	Capacity	4. \$\$ Eliminate	Reason
Jewish Family Services Agency	02 - Homemaker	223	790 days	\$251,640.00		Yes	If funding included expenses in addition to the homemaking service.
Washoe County	02 - Homemaker	203	365 - 500 days	167,760.00		Maybe	
Mt Grant General Hospital	02 - Homemaker	31	686 days	\$32,000.00	At Capacity	Maybe	Only if additional employees are hired.
FISH	02 - Homemaker	9	365 days		Under		At this time, viable Homemakers is what is needed most. FISH just de-obligated over \$11,000 due to lack of Homemakers. Also, current elderly aged Homemakers have temporarily left position for medical during FY18: Hip replacement (four months), knee replacement (two months), hand surgery (2 1/2 weeks). Two of the medical leaves are the same Homemaker and the busiest Homemaker. Three total Homemakers have been hired in FY18, two quit within a few days to one month. A third was terminated when employment UA returned positive for illegal substance. Homemaker hired on 04/13/2018 and working out very well, servicing current clients while two Homemakers out on medical until mid- late May 2018. Wait list planning to be addressed beginning mid-May.

NV Rural Counties RSVP	02 - Homemaker	23	74 days	\$53,820.00	Under	maybe	Additional funding will help to eliminate the wait list; however, there will always be needs that can not be filled. People want rides and companionship several times per week and more volunteers are needed. These volunteers must be recruited, trained, retained and managed. Additional staff time is also needed to input and manage all of the data and assure that compliance requirements are met.
Nevada Senior Services	05 - Adult Day Care	Initiated		\$50,000.00			
Las Vegas Urban League	10 - Transportation	12	60 days	\$12,000.00	At Capacity	Yes	We are looking for additional funding sources as well.
Dignity Health - HHoVV	10 - Transportation	57	120 days		At Capacity	Yes	Funds would be needed to increase staffing to support services provided; to purchase gasoline; and to repair and maintain vehicle.
Helping Hands of Vegas Valley	10 - Transportation	577	425 Days	\$144,250.00	At Capacity	Maybe	Waitlist seems to decrease, but as soon as someone is remove and added to service more seniors are calling to get services.
Seniors In Service	16 - Companion	170	180	\$90,000.00	At Capacity	Unknown	The waitlist for the Senior Companion Program is constant. It used to vary between 100 - 120 clients but has grown - much due to the population growth.
Catholic Charities	16 - Companion	99	4 - 6 months	\$39,000.00	At Capacity	No	Effective 7/1/18 programs are no longer part of CCSN
Catholic Charities	27 - Telephone Reassurance	62	6 months		At Capacity	No	Effective 7/1/18 programs are no longer part of CCSN
Board of Regents, UNR	27 - Volunteer Care	24	60 - 90 days	\$20,000.00		Yes	Need assistant to help recruit for more volunteers.
Dignity Health - HHoVV	27 - Volunteer Care	57	120 days	56000	At Capacity	Yes	Funds would be needed to increase staffing to support services provided; to purchase gasoline; and to repair and maintain vehicle.

NV Rural Counties RSVP	27 - Volunteer Care	33	58 days	54755	Under	Maybe	Additional funding will help to eliminate the wait list; however, there will always be needs that can not be filled. People want rides and companionship several times per week and more volunteers are needed. These volunteers must be recruited, trained, retained and managed. Additional staff time is also needed to input and manage all of the data and assure that compliance requirements are met.
Helping Hands of Vegas Valley	27 - Volunteer Care	578	426 Days	\$144,251.00	At Capacity	Maybe	Waitlist seems to decrease, but as soon as someone is remove and added to service more seniors are calling to get services.
Nevada Senior Services	37 - Home Safety, Mod, & Repair	117	60 - 90 Days	100000			
Helping Hands of Vegas Valley	43 - Voucher Services	147	180 days	14700	At Capacity	Maybe	Waitlist seems to decrease, but as soon as someone is remove and added to service more seniors are calling to get services.
Nevada Senior Services	56 - Respite	26	30 - 60 days	\$75,000.00			

List of ILG Grantees

Family Resource Center of Northeastern NV	Grandparent Respite Voucher
Nevada Senior Services, Inc.	Family Caregiver Support
Alzheimer's Association, Northern California & Northern Nevada	Family Caregiver Support
Cleveland Clinic Nevada	Family Caregiver Support
Dignity Health - St. Rose Dominican	Family Caregiver Support
Dignity Health - St. Rose Dominican	Evidence Based Care/CDSME
East Valley Family Services	Grandparent Respite Voucher
Alzheimer's Association Desert Southwest Chapter	Evidence Based Care/Other
Alzheimer's Association Desert Southwest Chapter	Evidence Based Care/Care PRO
Alzheimer's Association Desert Southwest Chapter	Family Caregiver Support

Coalition for Senior Citizens	ADRC
Nevada Senior Services, Inc.	ADRC
Lyon County	ADRC
Access to Healthcare Network	ADRC

Endnotes

ⁱ US Census, Quick Facts: Nevada <https://www.census.gov/quickfacts/NV>

ⁱⁱ Nevada Office of Food Security: Nutrition Programs Gap Analysis for Older Nevadans (Draft), November 7, 2017 at 2.

ⁱⁱⁱ Nevada Aging and Disability Services Division 2016-2020 State Plan for Aging Services, Narrative at 1.

^{iv} “Elder Issues in Nevada: Commission on Aging Subcommittee Concerning Legislative Issues Information Sheet for Legislators 2017” at 3.

^v *Id.*

^{vi} Senate Bill 92 (2017).

^{vii} Senate Bill 121 (2017).

^{viii} Nevada Supreme Court ADKT 507, Filed September 14, 2017.

^{ix} Committee to Study the Needs Related to the Behavioral and Cognitive Care of Older Persons: Recommendations for Consideration, Prepared by the Fiscal Analysis Division, April 4, 2018.

^x Governor’s Commission on Aging NRS 439 Report: Community Needs and Priorities for Older Nevadans, June 2016, at 3.

^{xi} Agenda Item VII.a, COA Subcommittee Concerning Legislative Issues, April 10, 2018.

^{xii} *Id.*

^{xiii} <https://www.acl.gov/about-acl/organization/leadership>, last accessed on June 18, 2018.

^{xiv} Nevada Office of Food Security: Nutrition Programs Gap Analysis for Older Nevadans (Draft), November 7, 2017 at 2.

^{xv} *Id.*

^{xvi} http://dphh.nv.gov/Programs/OFS/GCFS_Meetings/OFS_-_Governor_s_Food_Security_Council/

^{xvii} <http://itcn.org/>

^{xviii} Committee Recommendations at 2.

^{xix} Information sheet at 6.

^{xx} Nevada Office of Suicide Prevention Action Plan 2017-2019, at 4.

^{xxi} *Id.* at 5.

^{xxii} A more detailed update has been included in the July 6, 2018 meeting materials for the Task Force on Alzheimer’s Disease.

^{xxiii} <http://nevadaadrc.com> & <http://www.nevada211.org>

^{xxiv} Nevada Revised Statutes Chapter 439.630 <https://www.leg.state.nv.us/NRS/NRS-439.html#NRS439Sec630>

^{xxv} Nevada Revised Statutes Chapter 427A.032 <https://www.leg.state.nv.us/NRS/NRS-427A.html#NRS427ASec032>

^{xxvi} Nevada Revised Statutes Chapter 427A.038 <https://www.leg.state.nv.us/NRS/NRS-427A.html#NRS427ASec038>