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Independent Living Grants
Annual Report

FY 2011

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INDEPENDENT LIVING GRANTS

EXECUTIVE SUMMARY

The 1999 Nevada Legislature enacted NRS 439.620, to create Independent Living Grants (ILGs), funded with Nevada's share of the 1998 Master Tobacco Settlement Agreement. The Aging and Disability Services Division (ADSD) awards ILGs for services that delay or prevent institutionalization of elder Nevadans. In light of anticipated reductions in federal funding in 2013, ILGs are more essential than ever to sustain the Division's mission (page 3).

ILGs likely saved the Nevada General Fund at least \$12 million in 2011 nursing home costs. The annual General Fund expenditure per Medicaid client in a nursing home is almost \$20,000. However in 2011, at an average annual expenditure of \$384 per ILG client, grant services kept 648 severely frail clients independent, even though they are at imminent risk for nursing home admission.

Each of these clients has three or more deficits in Activities of Daily living, which include the ability to: manage personal hygiene and grooming; dress and undress; feed self; move independently (i.e., from bed to wheelchair or on and off the toilet, etc.); manage their bowel or bladder function; and walk without an assistive device (walker, cane or crutches, or wheelchair). The number of deficits among these clients meets the "functional" criteria for Medicaid to qualify them for coverage of their nursing home costs, which could top \$12 million.

Half of ILG Supportive Services clients have three or more deficits in Instrumental Activities of Daily Living, such as the ability to: perform housework; take medications as prescribed; manage money; shop for groceries or clothing; use the telephone or other forms of communication; use technology; and use transportation independently. Without supportive services these clients are also at high risk for deterioration of the ability to sustain independence.

Relevant to the income status of ILG clients, 1,743 ILG Supportive Services clients live at or below 100 percent of the Federal Poverty Level, currently \$907.50 monthly for a single person. The startling significance is that Medicaid income eligibility for nursing home residents is 300 percent of SSI, or \$2,094 for a single person. In other words, about half of ILG clients live on half the income of persons who could qualify for Medicaid coverage for nursing home expenditures.

Loss of Independent Living Grant services would create a cascading effect, with perhaps thousands of elder Nevadans declining to incapacitation and nursing home placement, where they don't want to be. Compelling accounts of clients and their caregivers begin on page 9 and underscore elder Nevadans' desire for independence. ILG services are a vital safety net that stands between these elders and their complete loss of independence.

HISTORICAL PERSPECTIVE

The 1999 Nevada State Legislature enacted NRS 439.620, which created Independent Living Grants (ILG) funded with Nevada's share of funding from the 1998 Master Tobacco Settlement Agreement. ILGs have been awarded statewide to grantees every year since 2000, primarily to community-based providers of supportive services in Nevada. In light of anticipated reductions in federal funding in 2013 and the ever increasing needs of Nevada seniors, ILGs are more essential than ever for sustaining the Division's mission:

To develop, coordinate, and deliver a comprehensive support service system of essential services, which will allow Nevada's elders and those with disabilities to lead independent, meaningful, and dignified lives.

In accordance with NRS 439.630, 15 percent of Nevada's share of settlement revenues has been allocated to the Aging and Disability Services Division (ADSD). However, in the SFY 2010, the Division's ILG share was significantly reduced to help offset State budget deficits.

The 2011 Nevada State Legislature enacted SB 421, which made a number of changes to NRS 439.620. This legislation increases the share of Nevada's Master Tobacco Settlement funds for deposit in the Fund for a Healthy Nevada from 50 to 60 percent.

Additionally, SB 421 removes the previous percentage criteria in NRS 439.630 for fund allocation. Instead, the Director of the Department of Health and Human Services (DHHS) must consider recommendations by the Grants Management Advisory Committee, the Nevada Commission on Aging and the Nevada Commission on Services for Persons with Disabilities regarding community needs and priorities, to develop a plan each biennium for allocating money in the Fund for a Healthy Nevada.

THE FINANCIAL PRIORITY OF FUNDING ILGS

In addition to supporting seniors' desire to live independently in the community, funding Independent Living Grants simply makes economic sense in preserving the Nevada General Fund. Nursing home care is 52 times the cost of ILG grant services.

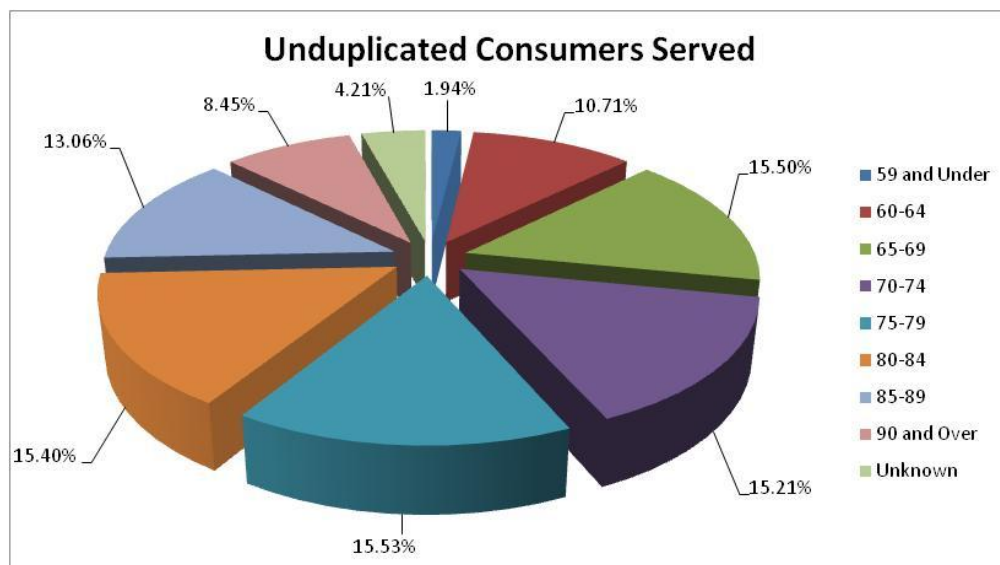
Community Based Care Versus Nursing Home?	
<i>Annual</i> Medicaid (General Fund Expenditure) Per Nursing Home Resident	\$19,564
<i>Annual</i> Average ILG Expenditure per Client = 2% of Nursing Home	\$384

**Based on the 2012 weighted average Medicaid Skilled Nursing Home Care daily rate of \$116.66, with the Nevada share being \$53.60 per Medicaid bed day.*

Profiles of ILG Client Age, Institutional Risk and Income

Relevant to age as a potential risk factor for institutionalization, ILG grants are awarded to organizations that promote self-sufficiency to individuals age 60 and older, and their caregivers who may be under age 60. The chart below shows a significantly elder population among ILG clients.

- 37 percent of the population served is age 80 and older.
- More than half of the client population is age 75 and older.



Regarding functional deficits as a risk for institutionalization, about 17 percent or 628 of ILG Supportive Services clients have three or more Activity of Daily Living (ADL) deficits, which makes them at imminent risk for institutionalization and can meet the “functional” criteria for Medicaid coverage if institutionalized. ADL consists of the self-care tasks listed below:

- Personal hygiene and grooming
- Dressing and undressing
- Self feeding
- Functional transfers (Getting from bed to wheelchair, getting onto or off of toilet, etc.)
- Bowel and bladder management
- Ambulation (walking without use of an assistive device (walker, cane, or crutches) or using a wheelchair)

Half or 1,803 of ILG Supportive Services clients have three or more Instrumental Activities of Daily Living (IADL) deficits, due to their inability to perform tasks below.

- Housework
- Taking medications as prescribed
- Managing money
- Shopping for groceries or clothing
- Use of telephone or other form of communication
- Use of technology
- Transportation within the community

Most ILG clients are at or near Medicaid income eligibility for nursing home coverage, which is \$2,094 in 2012 for a single person.

The Division collects data on the number of ILG clients that live at or below 100 percent of the Federal Poverty Level, which for a single person is \$907 per month. In 2011, about half of ILG Supportive Services clients had a monthly income of \$907.50 or less, which is half the income eligibility limit for Medicaid coverage of community based services and nursing home costs.

Physical Capacity of ILG Clients*	Number of ILG Clients*	Percent of ILG Clients*
ILG Clients with 3 or more ADL Deficits**	628	17
ILG Clients with 3 or more IADL Deficits***	1803	49
ILG Clients Living at or below 100% Federal Poverty Level	1,743	47

**ILG Supportive Services Clients, receiving the services listed on the following page*

HOW ILG FUNDS ARE DISPERSED AND AWARDED

For the 2011 grant period, October 1, 2010 through June 30, 2011, \$2,254,451 was awarded to fund services, *after* \$138,000 was allocated to Silver Sky Assisted Living Program and \$731,732 was allocated to the COPE and Homemaker programs.

Assisted Living Allocations

Silver Sky, as an assisted living program, receives ILG funding per NRS 439.630, which states the Aging and Disability Services Division must allocate up to \$200,000 in Independent Living Grant funds annually for assisted living facilities to provide Assisted Living Supportive Services. This funding is only available for assisted living facilities that satisfy the criteria for certification set forth in the statute, and that are financed through tax credits relating to low-income housing or other public funds. Funded facilities provide or arrange for the provision of case management services for their residents, guarantee affordable housing for a period of at least 15 years and satisfy any other requirements set forth by the Aging and Disability Services Division.

Special emphasis is placed on serving: low income seniors; low income older minority seniors and members of Native American tribes; seniors with limited English proficiency; individuals at risk for institutional placement; older individuals with the greatest economic or social need; and/or seniors with disabilities.

The following types of assisted living services can be provided: Personal Care Services, Homemaker Services, Chore Services, Attendant Care, Companion Services, Medication Oversight, Therapeutic (social and recreational) and services which ensure that residents are safe, secure and adequately supervised.

Funding is committed for up to one year, with additional funding contingent upon grantees meeting or exceeding goals and objectives and the continued availability of funding.

NRS 319.147 Certification of assisted living facilities: Requirements; regulations.

1. The Division shall certify an assisted living facility for the purpose of providing services pursuant to the provisions of the home and community-based services waiver which are amended pursuant to [NRS 422.2708](#) if the facility:
 - (a) Provides assisted living supportive services to senior citizens of low or moderate income;
 - (b) Provides or arranges for the provision of case management services for its residents;
 - (c) Guarantees affordable housing for a period of at least 15 years after the facility is certified;
 - (d) Is financed through tax credits relating to low-income housing or other public funds; and
 - (e) Satisfies any other requirements set forth by the Division in any regulations adopted by the Division.
2. The Division shall adopt regulations concerning the certification of assisted living facilities pursuant to this section.
3. As used in this section:
 - (a) “Assisted living facility” has the meaning ascribed to it in paragraph (a) of subsection 3 of [NRS 422.2708](#).
 - (b) “Assisted living supportive services” has the meaning ascribed to it in paragraph (b) of subsection 3 of [NRS 422.2708](#).(Added to NRS by [2005, 922](#))

Independent Living Grant Allocations in 2011

The remaining \$2,254,451 in funds for Independent Living Grants was awarded as follows: \$396,472 for Transportation Service providers, \$543,741 for Respite Care providers, and \$1,314,238 for Supportive Services providers.

A county-by-county listing on pages 19-20 of this report depicts the dispersal of these funds statewide. ADSD staff conducts grantee and client surveys across all programs to help determine the added or reduced need for service funding. As service needs increase in some areas and decrease in others, the Division adjusts allocations accordingly.

In keeping with Older Americans Act Amendments of 2006, the Division has established the following clients as priorities:

- Low income older individuals;
- Low income older minority individuals;
- Older individuals with limited English proficiency;
- Older individuals residing in rural areas;
- Individuals at risk of institutional placement; and
- Older individuals with the greatest economic or social need.

It should be noted that the Division has streamlined the types of ILG services it funds, to ensure that Core Service needs are addressed before any others. These services are identified at <http://www.nvaging.net/grants/ESSENTIALSERVICESFORATRISKNEVADAELDERS3312009.pdf> .

Types of Services Funded as a Safety Net to Prevent Institutionalization

NRS 439.630, Section 4 (d) states that the Aging and Disability Services Division will allocate the available Independent Living Grants for:

- Respite Care for relief of informal caretakers.
- Transportation for new or existing services to assist senior citizens in living independently.
- Supportive Services that enable senior citizens to remain at home instead of in institutional care.

In 2011, Supportive Services included: Adult Day Care; Caregiver Support; Case Management – Elder Protective Services; Emergency Services; Geriatric Health and Wellness; Home Services; Homemaker; Information, Assistance and Advocacy; Legal Services; Personal Emergency Response Systems; Representative Payee and Volunteer Care.

A review of the ILG clients' ADL and IADL deficits on page four (4) demonstrates the need for ILG services funded to sustain the independence of elders in their homes and communities.

ILG 2010-11 Grant Cycle Schedule

Programs funded in 2010 were funded on a nine-month competitive grant cycle that spanned 10/1/2010 through 6/30/2011. The grant year was reduced to nine months, in preparation for placing all ADSD supportive services grants on the same cycle, to begin July 1 of every year. This change enables the Division to consider all available funding at one time, in relation to requests and community needs.

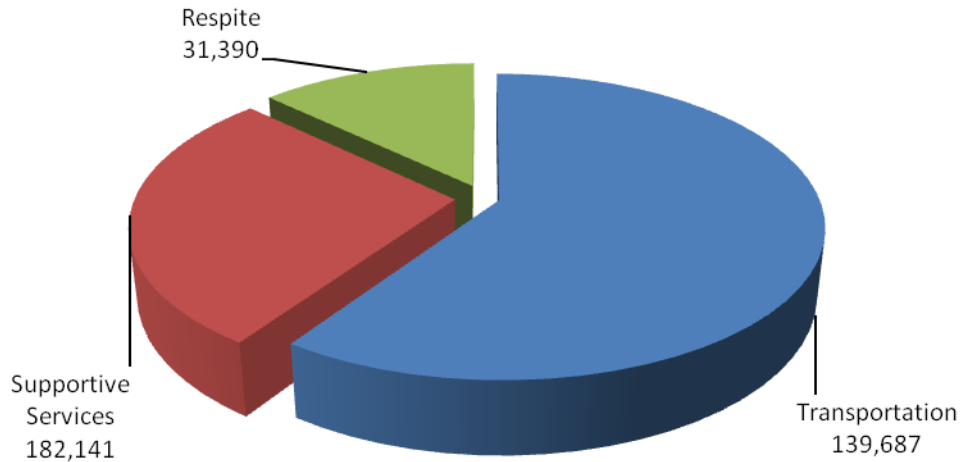
- RFP issued April 7, 2010
- Application orientation April 20 – 22 (Las Vegas, Elko and Carson City)
- Applications due May 19
- To staff and outside reviewers* May 19
- Management funding recommendations August 5
- Administrator funding decisions August 11
- Notice of Grant Award sent to grantees August 31

**Outside Reviewers are current and/or former Commissioners of the Nevada Commission on Aging, along with community members, who have an interest or experience in services for seniors. For the coming competitive grant cycles, members of the DHHS Grants Management Advisory Committee will also review grant applications and make funding recommendations.*

ILG UNITS OF SERVICE PROVIDED

In 2011, Independent Living Grants provided the following Units of Service during the nine-month grant period. Variations that occur from year-to-year in the number of service units in the three areas below are largely due to moving one or more types of services between ILG and Title III-B to maximize funding. Units of Service definitions are found on page 21 of this document.

Units of Service Provided - FY '11



Data extracted from SAMS database for time period 10/1/10 through 6/30/11

FY11 Independent Living Grant Dollars at Work		
Services Provided October 1, 2010 through June 30, 2011	Individuals Served*	Service Units
Transportation	2,357 / 8,597	114,295
Respite Services	392	24,806
Supportive Services		
Adult Day Care	7	383
Caregiver Support	525 / 2,570	9,840
Case Management – Elder Protective Services	95	481
Emergency Services	37	45
Geriatric Health & Wellness	172 / 546	4,383
Home Services	378	1,221
Homemaker	63	1,702
Information, Assistance & Advocacy	130 / 2,583	5,815
Legal Services	128 / 716	2,613
Personal Emergency Response System	93	95
Representative Payee	26	359
Volunteer Care	969	26,009
TOTAL	5,872	192,087

**Numbers to the left of a "/" are unduplicated consumers. Numbers to the right of a "/" are consumers served in a group setting and are not unduplicated. Also note, because one client may receive more than one ILG Supportive Service, the addition of numbers in the Individuals Served column will not add up to total number of 5,872 unduplicated clients.*

ILG SERVICE DESCRIPTIONS

The following narrative describes services and also provides firsthand accounts of seniors and their caregivers. Many of these accounts are excerpts from ILG annual reports over the most recent five years, and are especially fine examples of the vital benefits ILGs provide to clients. While the stories are true accounts, the names used are fictitious to preserve client confidentiality.

Transportation

Transportation services are essential for seniors. An Administration on Aging national study found that 20 percent of clients nationwide, who use senior transportation services, relied on these services for at least half of their transportation needs. Of those, more than 80 percent were either unable to drive or did not have a vehicle.

In 2011, rides were provided through a number of sources: senior center transportation programs, transit coalitions, volunteers and taxi and/or bus voucher programs. Nevada seniors were transported for a variety of reasons, such as to local senior centers for nutritious meals and to medical appointments. As budgets tighten and the senior population grows, transportation services are being prioritized toward the most necessary travel.

Among the transportation providers are many dedicated volunteers who donate their time and the use of their own vehicles for helping Nevada's elderly. Escorted Transportation, which is one volunteer escorting one frail senior to and from appointments, was provided by the Retired Senior Volunteer Programs (RSVP) statewide and by the Helping Hands programs in Las Vegas, North Las Vegas, Boulder City and Henderson.

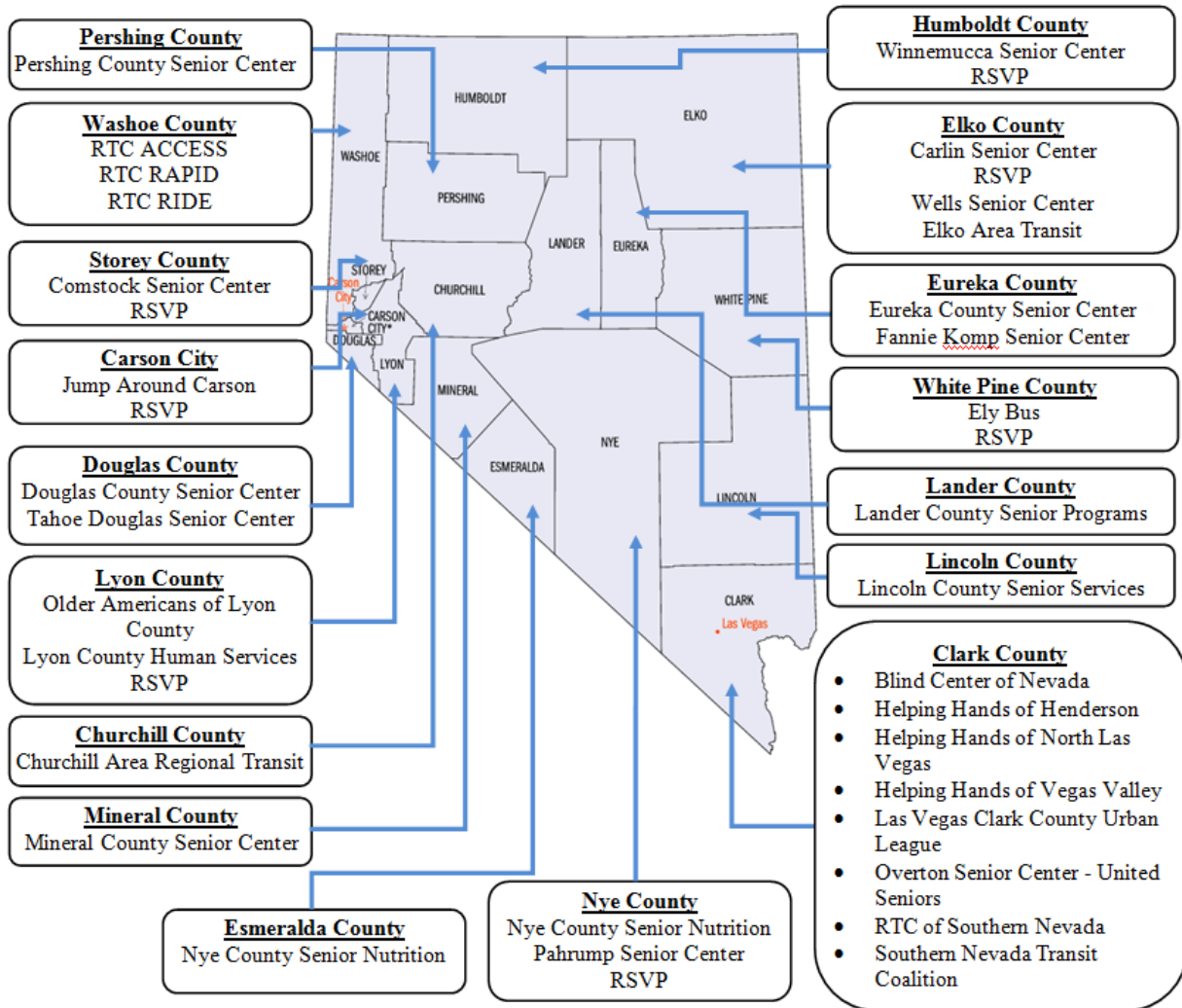
The following account demonstrates the vital importance of Transportation:

This letter is to let you know how very much I appreciate the transportation services you provide. In my six so-called senior years, I seem to have accumulated many health problems and knew the time would come that I'd have to give up driving. This is the most difficult decision I have ever faced. Without these transportation services, I wouldn't have been able to face life.

To help ensure the well-being of Nevada seniors using this vital service, transportation programs funded by the Aging and Disability Services Division are required to provide and document annual Elder Abuse Training for all drivers and program staff. Division grantees are required to report suspicions of elder abuse, neglect, exploitation and/or isolation, pursuant to Nevada Revised Statutes (NRS) 200.5091 – 200.5099. Additionally, drivers are required to have driver safety training biennially.

As the map on the following page demonstrates, Independent Living Grants (ILG), in concert with other state and federal funds, help meet transportation needs for Nevada seniors in all 17 counties.

TRANSPORTATION SERVICES PROVIDERS IN FY 2011



Respite Care

Respite Care Service is a significant priority of the Independent Living Grant legislation, because it provides caregivers with a small break from their around-the-clock responsibilities. This is important, because the non-stop demands of caretaking add considerable stress to the lives of women and men alike.

Caregivers are the backbone of the long-term supportive services system in the United States, providing the majority of care for people who need help with activities, such as bathing, eating, paying bills and taking medication. Most of this caretaking is unpaid and is the safety net that prevents seniors from being institutionalized. The AARP research center has estimated its value may exceed \$257 billion a year.

Respite Service has an especially important role for employed caregivers, who contend with the challenge of working outside the home while caring for an elderly parent, and often children as well. Almost half of the “sandwich generation,” the cohort of Americans between age 45 and 55, have children less than age 21, as well as aging parents or aging in-laws.

As depicted in a PBS production, *Living Old*, caretakers in their 40s, 50s and 60s are struggling to cope with what has happened to their parents and grandparents. Producers Navasky and O’Conner say the elderly themselves are living lives that neither they nor their families ever prepared for or imagined. Millions are coping with chronic illnesses, increasing frailty and prolonged periods of dementia, which can last for years, even decades.

They conclude, “For families, the emotional toll of caring for dependent family members can be overwhelming.” To assist Nevada’s caregivers, Independent Living Grants provide vital funding for respite voucher programs statewide. Families are able to apply for up to \$1,000 per year in respite vouchers to hire individuals who provide in-home respite, pay for adult day care hours or perhaps pay for a short stay in an assisted living or long-term care facility.

Sometimes such a stay is necessary because the caregiver needs a vacation or may be faced with hospitalization. In addition, funds have been awarded to companion programs, through which volunteer companions provide short periods of respite to a stay-at-home caregiver.

For example, a respite care client writes:

I used most of the respite care funds to attend our son’s wedding in Dallas. The airfare plus caregiver costs would have been too much to spend. I miss going to special family and other events. Physically, I’m in good health for being 74-years-old, but mentally I need to get away. Thank you for the grant – I think of the June wedding often. My husband is still very patient, kind and gentle – I’m very lucky and thankful for that.

Supportive Services

For many seniors, what should be the best time of their lives is not. They are experiencing deteriorating health, illness and disability, which can increasingly challenge financial resources. Seniors who live with a disability or chronic illness may have out-of-pocket expenses never before anticipated, causing some to become indigent.

These issues can lead to worry about sustaining their living circumstances. Most seniors prefer to remain living independently in their own homes. However, without supportive services, they are often forced to relocate, move to an assisted living facility and ultimately to move to a nursing home.

Providing seniors with Supportive Services makes it easier for them to hold onto their independence and helps eliminate or delay the need for seniors to enter assisted living or long-term care facilities.

Adult Day Care

Adult Day Care is planned care in a supervised, protective, congregate setting during some portion of a day.

A sister of an Adult Day Care client writes:

My brother is age 64 and has a developmental disability. He was living well in a group home in California, until two years ago, when he was moved to a different location. His legal guardian and I visited him at the new home and found it in deplorable condition. I couldn't leave him there, so immediately moved him to Reno to live with me, and became his full time caregiver. I had few breaks, which was difficult. After some time, I enrolled him in Adult Day Program. His energy level and independent skills have remarkably improved. Having my brother in this program enables me to continue my outside interests during the day, so that it's easier to provide him with care at night. Without it, I don't know what I would do.

Caregiver Support Services

Caregiver Support Services programs provide education and supportive services for frail older adults, their families and professionals caring for elderly adults in their own homes. In the words of a provider:

The Alzheimer's Association of Northern Nevada provides this story:

Adelaid was a patient of St. Mary's Hospice and a resident at a local nursing home. Her care was fully covered by Medicaid. Her husband James was loving and devoted to her. He managed to visit her twice daily, even though he was without transportation, had little money and was confined to a wheelchair due to his own serious health problems.

His devotion to Adelaid and desire to give her comfort and care during her final weeks of life led him to the decision that she should be at home with him during this time. James lived in a small room in a shelter, but advocated strongly for Adelaid to come home. This was a significant decision for him, as he would have to provide 24-hour care for her, but James believed in his heart that was where she belonged.

With Independent Living Grant funding, he was able to realize their dream of being together. He was able to pay for caregivers to help him with the more demanding activities of daily care that he couldn't do alone. This allowed her to die with dignity, literally in his arms, in her bed at home.

Case Management – Elder Protective Services

ADSD Elder Protective Services (EPS) staff assesses victim needs and identifies appropriate services during an investigation. Then Case Management is provided to ensure that identified needs are managed, and care is coordinated and monitored to promote client safety and well-being.

John, age 62, was living alone and supported by a pension and Social Security. He was diagnosed with polio as a child and struggles with using his legs. The case manager received a call from a concerned neighbor, stating that he had seen John crawling to and from his mailbox, and while getting in and out of his car.

The case manager visited and assessed John, finding that he needed assistive devices for walking, had very poor eye sight and was very lonely. Use of a walker was discussed, but John was reluctant to use it in public. After several visits and with rapport established, the case manager convinced John to accompany her to the senior center for lunch, using his walker. After lunch, John said he was very grateful and excited to make his next visit to the center. The case manager arranged for the senior center to pick him up daily for lunch and activities at the center.

John's poor eyesight meant he had trouble reading and paying his bills, so the case manager began helping him. Another issue was the case manager's concern about John driving with such poor eyesight, so she contacted the Department of Motor Vehicles, which terminated his license until an exam could be conducted. She then arranged for an appointment with an eye doctor. The doctor found that John had cataracts and performed surgery. Once the cataracts were removed, John was able to see and resumed driving.

Due to his medical condition, the case manager helped him apply for Disability, and took him for an appointment at the Social Security Administration. He was awarded Social Security, which has increased his monthly income. John is now flourishing in his community and continues to attend the senior center daily.

Emergency Services

This service provides funding for emergency or crisis situations, in the absence of any other available assistance. This includes, but is not limited to: a rental or mortgage payment, utility hook-up, monthly utility bill payments, food, medical care, prescription medication, transportation and/or other services deemed essential to the health and well-being of a senior citizen.

An ADSD Advocate for Elders provides the following story about Emergency Services:

Mr. G, age 72, disabled and living in Crescent Valley, called the Elder Rights Advocate because he didn't have enough money to pay for a septic tank cleanout, due to medical and living expenses. Waste was backing up into his home. The Emergency Services funds provided quick assistance, with the advocate working with a plumbing

company to ensure payment. Without the emergency assistance, he would have been displaced from his home because the accumulating waste was a health hazard.

Geriatric Health and Wellness Services

Geriatric Health and Wellness Services help ensure access to a comprehensive health/medical screening or assessment. Patients with suspected dementia may also undergo a comprehensive social evaluation. ADSD is no longer funding this service, as it is not considered an Essential Service for the prevention of nursing home admission.

Home Services

Home Services programs provide home safety evaluations, home safety training, home accommodations and modifications, home maintenance, home repair assistance or home chore services and installation of home aides/equipment.

A grantee says of a home repair client:

Mr. W is age 86 and had been living in his mobile home for seven years. His swamp cooler leaked so badly that it was falling through the ceiling. His monthly income is only \$617 and his space rents for \$250, making him unable to afford repairs. I was able to remove the swamp cooler and replace it with a window cooling unit, as well as seal the roof.

Homemaker Services

Homemaker Services programs provide seniors, unable to perform home and self-care, with housekeeping and personal assistance. For example:

A social worker provides the following about Homemaker Services:

Louise was an 83-year-old widow, who lived alone. She was very frail, and had a history of pulmonary disease and stomach cancer. She was on continuous oxygen, and used a walker and the help of her niece to walk.

Two years ago, Louise was hospitalized for a ruptured ulcer. However, she was insistent on returning to her apartment and refused long term care placement. Homemaker Services began in December and continued for two years until she was hospitalized again.

Her condition had deteriorated to the point where long term care was the only option. However, it is conservatively estimated that sustaining Louise with Homemaker and other needed services for those two years saved almost \$100,000 in long term care facility costs. Most importantly, it supported her wishes to live independently as long as she could.

Information/Assistance/Advocacy

Seniors and their families often need assistance accessing services, and also determining what services may be available to address their needs. Providers of this service help seniors access many needed services, such as transportation, programs and benefits. The service advocates for clients and may also provide transportation services necessary for seniors to reach services.

A grantee reports:

Ms. A is a disabled woman and cancer survivor of two different types of cancer. She was losing her Medicaid benefits from a special program that helped with her cancer costs, and was desperate to find a Medicare Part D Plan. Access to Healthcare Network staff helped her find a plan that met her needs and enrolled her online. Staff also helped her complete an application for Disability Rx; she did not meet the requirements for the Low Income Subsidy. Additionally, staff introduced her to the Washoe County Senior Center Coordinator, who helped her make an appointment with a Social Worker. Ms. A was very grateful for the assistance.

Legal Services

Legal Services programs provide consultation and/or representation in legal matters. Such services are critically important for seniors, as the following story from a provider illustrates:

A Legal Services grantee provides the following account of a case.

Mr. and Mrs. B lived in an upstairs apartment. After 12 years of residence there, the clients received a “no cause eviction.” They felt this was retaliation for pursuing an insurance claim against the landlord, because a tree fell on their car. The landlord advised Senior Law Practice staff that the eviction was due to his perception that the couple could no longer navigate the stairs. However, the landlord had previously refused to approve the tenants’ request to move to a downstairs apartment. Both of these are Fair Housing Act violations.

Based on procedural issues, the court denied the landlord’s eviction request and filed a formal Fair Housing complaint with HUD. The transcripts of the eviction hearing contain the landlord’s admission to illegal housing discrimination motives.

Personal Emergency Response System (PERS)

This program enables individuals to summon assistance in an emergency by pressing the alert button on a personal transmitter (worn on the wrist or around the neck). The transmitter alerts a monitoring station that assistance is needed. This service is provided in an effort to maintain the independence of persons age 60 and older, who are homebound and live alone.

Another somewhat similar service housed within PERS is a computer-assisted or volunteer telephone reassurance program that contacts clients via their personal telephone, on a set schedule. The contact ensure that clients are safe, remind them to complete certain tasks, take

medication, prepare for appointments, or meet needs as defined by the provider in a care plan prepared with the client and/or his/her representative. No special equipment is required in the client's home or on his/her person.

Regarding the importance of Personal Emergency Response Systems, a volunteer worker reports:

Mary, a recent widow and age 87, is suffering with osteoporosis. She had fractured three vertebrae while lifting her husband in and out of bed during the last few months of his life. Now bent over and afraid of falling, she needed to have a sense of security restored. She was able to obtain a Personal Emergency Response System for her home through a local agency funded to provide this service. Now Mary no longer fears being alone; she knows she'll have help immediately in case of an emergency.

Representative Payee

The Representative Payee service provides money management and supportive community case management. Seniors eligible for this service are unable to receive and manage their own funds and have no other suitable person to act on their behalf. Services include managing the monthly income of qualifying seniors who need assistance in paying bills, and maintaining a personal budget based on comprehensive client assessment and regular monitoring of his or her status, plus case coordination with case managers from other agencies. Representative Payee services are provided by a social worker, including client assessment, development of service plans and coordination of services with other agencies.

A Social Worker writes the following about Representative Payee:

During a routine home visit to complete an assessment for services, I noted that the client was in debt to Paycheck Loan, had overdrawn her bank account by more than her monthly SSA amount, and was in danger of being evicted due to inability to pay rent. She had minimal food. Because she had asked for assistance, I was able to stop overdraft from taking all of her SSA funds, making it possible to pay her monthly rent, utilities and food. With the assistance of budgeting her money with payee services, the client has been able to pay off her loans, become current on all utilities, purchase food on a regular basis and be assured that her rent will be paid in a timely manner. The client has since built up a small savings account for emergency needs and for a trip to visit her son, whom she hasn't seen in eight years.

Volunteer Services

The value of Volunteer Services for Nevada's elders is enormous in terms of the compassion and care volunteers provide to seniors, and because of Nevada's return on dollars invested in volunteer programs. One hour of volunteer time in 2010 is valued at \$21.36, according to the Corporation for National and Community Service in its *Research Brief: Volunteering in America Research Highlights* (2010).

Relevant to Independent Living Grant funding, volunteers staff a significant number of programs that typically care for seniors, who are alone and frail, chronically ill, homebound and/or dependent on a primary caregiver. Among the services volunteers provide are: transportation to

and from medical appointments; companion services; installation of personal emergency response systems and instruction in their use; grocery shopping and putting groceries away in seniors' homes; accomplishing chores, such as meal preparation; assistance with reading mail and bill paying; prescription pick-up; book reading to seniors and assistance with correspondence.

A volunteer service provider relays the following.

Just before Thanksgiving, a dental office in Reno held a one-day, free dental clinic for low-income seniors. More than a hundred seniors were lined up outside the office when it opened at 8 a.m. Most had to wait outside in what turned out to be brutal weather conditions. Among them were 12 elderly military veterans driven to the clinic by volunteers with an ILG funded program.

PROGRAMS FUNDED FOR SFY 2011 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
Carson	Jump Around Carson	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	The Continuum	Home Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Nevada Urban Indians	Homemaker
	Access to Healthcare Network	Information/Referral/Advocacy
	Churchill Area Regional Transportation	Transportation
Churchill	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Nevada Caregiver Support Center	Caregiver Supportive Services
	The Continuum	Home Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Nevada Urban Indians	Homemaker
	Access to Healthcare Network	Information/Referral/Advocacy
	Southern Nevada Health District	Advocacy
Clark	Senior Citizens Law Project	Legal
	Blind Center of Nevada	Citizens Area Transit Tickets
	James Seastrand Helping Hands of NLV	Home Services
	Helping Hands of Vegas Valley	Respite
	Helping Hands of Vegas Valley	Volunteer
	Helping Hands of Vegas Valley	Transportation
	Rebuilding Together	Home Services
	RTC of Southern Nevada	Transportation
	Martin Luther King Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
Douglas	Rural RSVP	Transportation
	Alzheimer's Association of Southern NV	Caregiver Supportive Services
	Southern Nevada Transit Coalition	Transportation
	Southern Nevada Adult Mental Health	Geriatric Health & Wellness
	Nevada Caregiver Support Center South	Caregiver Supportive Services
	Douglas County Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	The Continuum	Home Services
Maaverick Corporation	Elder Protective Services Case Management	
Maaverick Corporation	Emergency Services	

PROGRAMS FUNDED FOR SFY 2011 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
Esmeralda	Access to Healthcare Network	Information/Referral/Advocacy
	Access to Healthcare Network	Information/Referral/Advocacy
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Access to Healthcare Network	Information/Referral/Advocacy
Eureka	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Southern NV	Caregiver Supportive Services
	Nevada Caregiver Support Center South	Caregiver Supportive Services
Humboldt	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Access to Healthcare Network	Information/Referral/Advocacy
	Senior Citizens of Humboldt County	Transportation
	Rural RSVP	Personal Emergency Response System
Lander	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Access to Healthcare Network	Information/Referral/Advocacy
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
Lincoln	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Southern NV	Caregiver Supportive Services
Lyon	Nevada Caregiver Support Center South	Caregiver Supportive Services
	Lyon County Senior Center	Personal Emergency Response System
	Lyon County Senior Center	Taxi Vouchers
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	The Continuum	Home Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Access to Healthcare Network	Information/Referral/Advocacy
Mineral	Mineral County Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	The Continuum	Home Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Access to Healthcare Network	Information/Referral/Advocacy

PROGRAMS FUNDED FOR SFY 2011 WITH INDEPENDENT LIVING GRANTS BY COUNTY

County	Program	Service
Nye	Pahrump Senior Center	Transportation
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Southern NV	Caregiver Supportive Services
Pershing	Nevada Caregiver Support Center South	Caregiver Supportive Services
	Pershing County Senior Center	Information/Referral/Advocacy
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Access to Healthcare Network	Information/Referral/Advocacy
Storey	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Access to Healthcare Network	Information/Referral/Advocacy
Washoe	Washoe County Senior Center	Geriatric Health & Wellness (Mental Health)
	Washoe County Senior Center	Representative Payee
	Washoe County Senior Center	Legal Services (Ward Representation)
	The Continuum	Adult Day Care
	UNR Board of Regents	Volunteer
	Rural RSVP	Personal Emergency Response System
	Rural RSVP	Transportation
	Alzheimer's Association of Northern NV	Caregiver Supportive Services
	Southern Nevada Adult Mental Health	Geriatric Health & Wellness
	The Continuum	Home Services
	Maaverick Corporation	Elder Protective Services Case Management
	Maaverick Corporation	Emergency Services
	Nevada Urban Indians	Homemaker
	Access to Healthcare Network	Information/Referral/Advocacy
	White Pine	Rural RSVP
Rural RSVP		Transportation
Alzheimer's Association of Northern NV		Caregiver Supportive Services
Access to Healthcare Network		Information/Referral/Advocacy

UNITS OF SERVICE DEFINITIONS

Service	Unit of Service
Adult Day Care	One hour
Alzheimer's Diagnostic	One diagnostic or follow-up visit
Caregiver Supportive Services	One contact with or on behalf of a caregiver and/or client or One hour of training/educational meeting in a group setting
Case Management – Elder Protective Services	One hour
Companion	One hour of service
Emergency Services	One payment of an essential service
Geriatric Health and Wellness (contains several categories)	
<i>Health Screening</i>	One health-screening visit or self-assessment or One wellness service or One Internet visit
<i>Direct Patient Care for Medical Program</i>	One primary care visit, case management, follow-up, or reassessment visit or One health screening or testing or One person-to-person consultation and/or referral
<i>Geriatric Assessment and Care Management</i>	One hour of assessment, planning and/or care management service
<i>Health Education</i>	One hour of training/educational meeting in a group setting or One face-to-face session or One Internet session or One written communication to a medical professional

Service	Unit of Service
<i>Medication Management</i>	One reminder to take a medication or One evaluation from a doctor or pharmacist comparing any number of medications, herbal remedy, or vitamin/mineral supplements with appropriate education for the usage of medications or One visit to organize medication(s) for a daily, weekly, or monthly duration of time, with appropriate education for the usage of medications or A contact with a client for medication management consultation, education, or follow-up purposes
Home Care Services	One hour of Home Attendant or Personal Care
Homemaker Service	One hour of homemaker/chore service
Information, Assistance and Advocacy	One contact by telephone, in person, or on behalf of an older individual
Legal Assistance	One hour of Legal Assistance
Personal Emergency Response System	One Personal Emergency Response System installation
Protective Service	One hour
Representative Payee	One hour of representative payee service on behalf of a client
Respite Care Services	One hour of service
Transportation	One trip (one-way ride)
Volunteer Care	One hour of service
Voucher Services (contains several categories)	
<i>Transportation Tokens</i>	One token
<i>Respite Voucher Program</i>	One hour of respite care regardless of the cost to provide that unit

Complete information on these services can be found at:
http://www.nvaging.net/grants/serv_specs/service_specifications.htm