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# 2011 Legislative Policy 1

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## Policy

Stabilize funding for Aging and Disability Services Division (ADSD) at the 2008-2009 budget year level.

## Background

ADSD serves Nevadans who, because of age, poverty, social isolation, and cognitive and physical limitation, are among our most vulnerable citizens. There are few options available that allow them to live independently. During the 2010-2011 budget year ADSD will receive less than 1%<sup>1</sup> of the funds from all sources approved by the Legislature for all state government. As a general note, all the graphs and charts are based upon the Nevada Legislature approved budgets for the identified period. The specific budgets are referenced in the text.

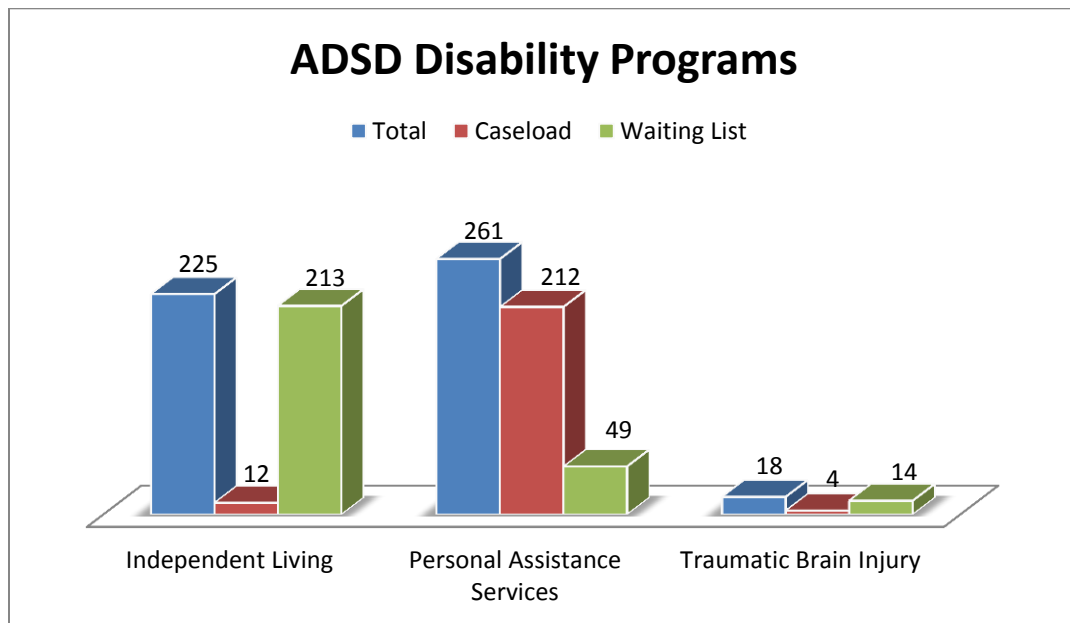
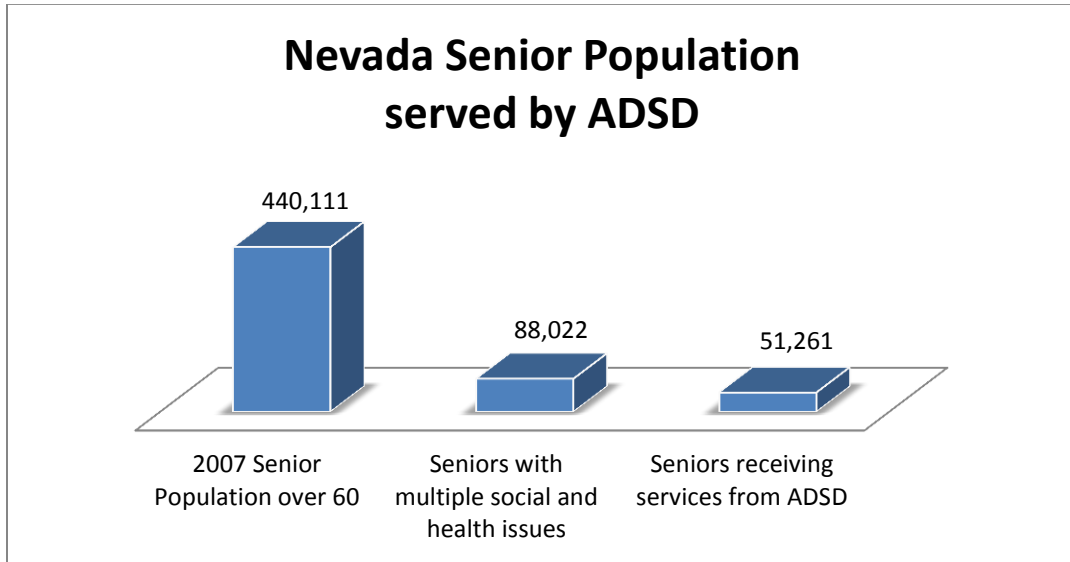
Seniors over 60 constituted 13% of the state's population in 2007<sup>2</sup>. There were a total of 440,111 people over the age of 60 that year<sup>3</sup>. 20%<sup>4</sup> of these seniors (88,022) had multiple social and health issues that place them at risk for institutionalization. In 2007, ADSD and its partner agencies reached 51,261 seniors over 60<sup>5</sup>. As of January 2010<sup>6</sup>, the number of seniors served by ADSD was 36,637, a drop of 28%.

It is difficult to draw similar comparisons to the disabled population served by ADSD because the programs are designed to serve those that don't have other alternatives. In 2008, the disability programs in ADSD served a total of 228 persons and there were 276 on waiting lists<sup>7</sup>. ADSD at that time was serving 45% of the population of those with disabilities that had no other alternatives.

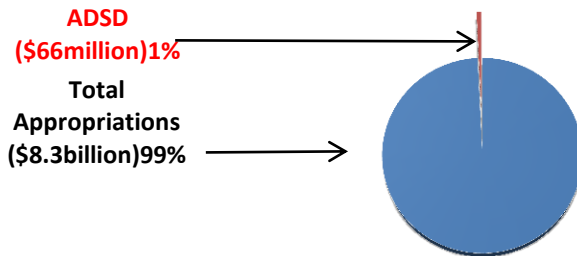
ADSD funding for community-based services comes from the State General Fund, Older Americans Act, Medicaid waivers, Tobacco Settlement Funds, and Title XX – Social Services Block Grant. Each of these funding sources is at risk of future reductions. Medicaid waiver programs are optional services under the Medicaid State Plan, which places them at risk of elimination in the 2011 Legislative session. Reduction or elimination of the waiver programs would reduce essential services that are necessary to keep seniors living independently, and may carry with it additional issues relating to compliance with

Federal directives to serve at least 50% of the Medicaid population in home and community based settings.

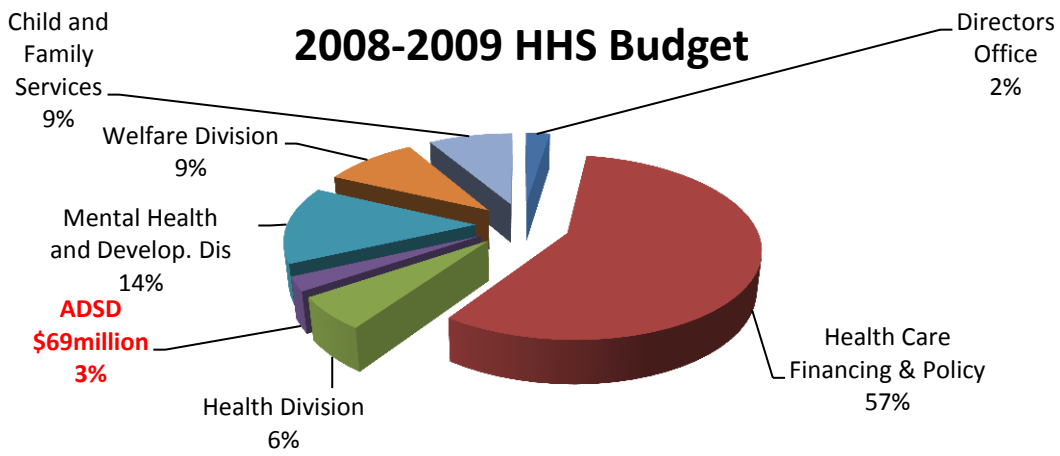
The following charts outline the information discussed.



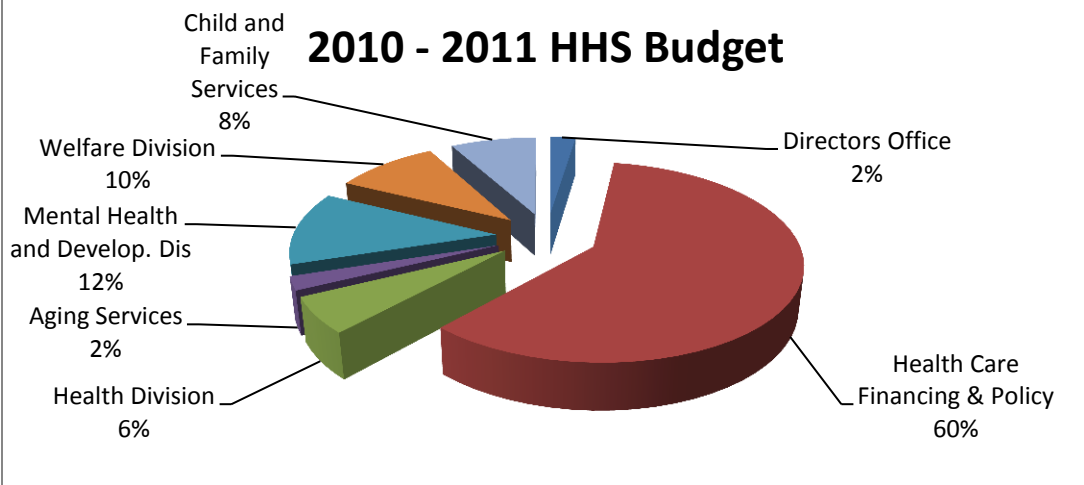
### ADSD share of total budget 2010-2011



### 2008-2009 HHS Budget



### 2010 - 2011 HHS Budget





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## 2011 Legislative Policy 2

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### **Policy**

Prioritize funding for community-based services for low-income Nevada seniors and people with disabilities to avoid as long as possible, unnecessary and expensive, institutional care and keep Aging and Disability Services Division (ADSD) community-based services at the same percentage level as in the legislatively approved budget for the 2010-2011 budget period.

### **Background**

To save money for the State of Nevada, Nevada Health and Human Services polices need to ensure that seniors and people with disabilities' have priority for care in the network of Home and Community-Based services offered by private and public providers. In Nevada, the single most expensive long-term care alternative for seniors and people with disabilities is nursing home care. It should be noted, at the same time, that nursing home placement is a necessary component of the continuum of care.

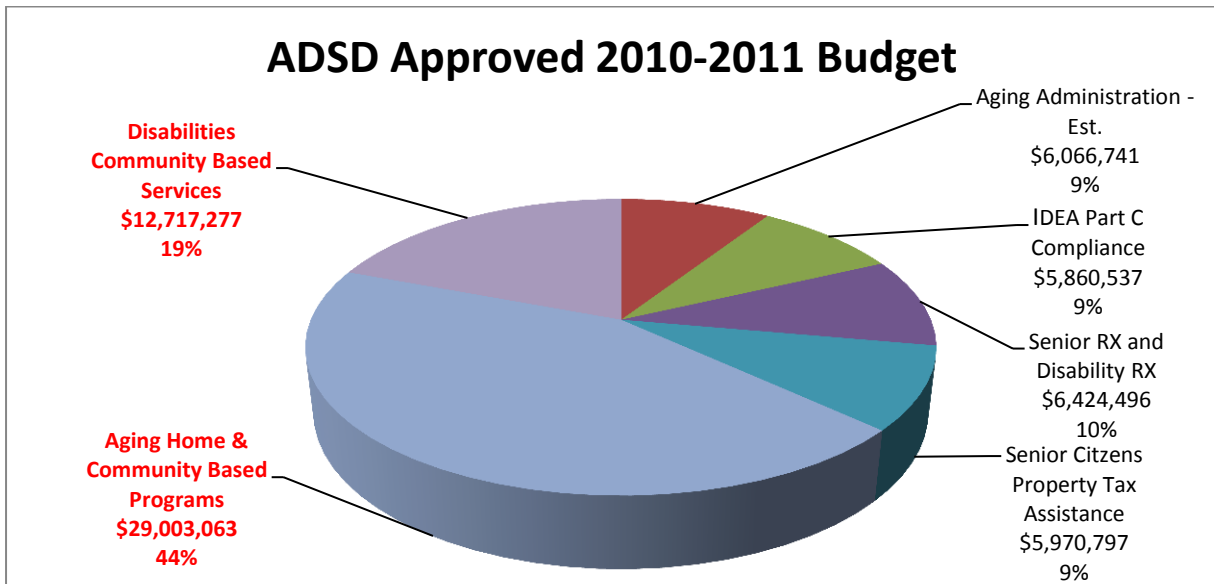
- The median daily Medicaid nursing home care rate in 2010 is \$189.32<sup>8</sup>. The 2008 nursing home expenditures totaled \$163,619,527<sup>9</sup>, resulting in an average cost of \$4870.00 per month based on an average Medicaid bed occupancy of 2,800<sup>10</sup> per month.
- Approximately 51,000 seniors receive community-based care, at an average cost of \$570.00 per month, based on the \$29 million ADSD 2010-2011 approved budget for community-based services. While averages can be misleading, more Nevadans are receiving community-based and home care services at lower cost than in nursing homes stretching the scarce public and private resources further.

Community-based services are cost effective. A study completed by AARP's Public Policy Institute concluded that states that invest in Medicaid Home and Community Based Services (HCBS) experience slower Medicaid expenditure growth than state with low HCBS<sup>11</sup>. Simply put, the cost of three months of financing 2,800 Nevadans in nursing homes would finance 51,000 Nevadans in their homes for one year.

***This must be kept in mind as the State makes budgetary decisions since the financial issues facing the State are not going to ultimately be solved with short term solutions.***

Aside from this clear cost savings, the lack of reliable community-based care would be unable to act as the buffer to institutionalization for the coming “baby boomer” generation as their health and personal resources decline. If ADSD does not continue to receive the state funds supporting these services, this gap will widen.

***While this may not be the time for the State to expand home-based care, it certainly is not the time to eliminate or reduce the various state funded options and Medicaid waivers that support independence.***





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## Endnotes

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<sup>1</sup> *General Fund Appropriations Authorizations 2009-11 Legislature, page 53 and Human Services page 258.* Reports available at <http://www.leg.state.nv.us/Division/fiscal/Appropriation%20Reports/2009AppropriationsReports/2009AppropriationsReport.cfm>

<sup>2</sup> *Nevada's 2008-2012 State Plan: Services for Nevada's Elders, Appendix B ~ Page 3.* Available at [http://www.nvaging.net/sp/state\\_plan.htm](http://www.nvaging.net/sp/state_plan.htm)

<sup>3</sup> *Nevada's 2008-2012 State Plan: Services for Nevada's Elders, Appendix B ~ Page 5*

<sup>4</sup> *Elders Count Nevada – 2009*, University of Nevada-Reno Sanford Center for Aging reports 50% of Nevada seniors have an income of less than \$20,000 per year (185% of federal poverty level), 37% report a functional limitation that affects their ability to perform activities of daily living (a measure of frailty) and 23% live alone. We estimate that 20% of Nevada seniors have all three factors, which places them at significant risk of institutionalization.

<sup>5</sup> *Nevada's 2008-2012 State Plan: Services for Nevada's Elders, Appendix G ~ Page 1*

<sup>6</sup> Information obtained from ADSD for calendar year 2010.

<sup>7</sup> *Caseload Projection Packet: Office of Disabilities Services updated March 2009.* Report available at <http://dhhs.nv.gov/CaseloadStats/DisabilityCaseloads.pdf>

<sup>8</sup> *Facility Medicaid Rate Effective July 1, 2010.* Available at <http://dhcftp.nv.gov/ADAAMA.htm?Rates>

<sup>9</sup> *Distribution of Medicaid Spending on Long Term Care, FY2008.* Available at <http://statehealthfacts.org/profileind.jsp?ind=180&cat=4&rqn=30&cmprgn=1>

<sup>10</sup> *NF OCCUPANCY COUNT OF 07/08.* Available at <https://dhcftp.nv.gov/Nursing%20Forms/2008/07-08.pdf>

<sup>11</sup> *Taking the Long View: Investing in Medicaid Home and Community Based Services is Cost Effective.* Available at [http://assets.aarp.org/rgcenter/il/i26\\_hcbs.pdf](http://assets.aarp.org/rgcenter/il/i26_hcbs.pdf)

## Aging and Disability Services Division Customers by Legislative District

District	Last Name	ADSD Customers
Assembly District 1	Kirkpatrick	358
Assembly District 2	Hambrick	289
Assembly District 3	Pierce	286
Assembly District 4	McArthur	305
Assembly District 5	Dondero-Loop	190
Assembly District 6	Munford	864
Assembly District 7	Neal	682
Assembly District 8	Frierson	301
Assembly District 9	Seegerblom	735
Assembly District 10	Hogan	428
Assembly District 11	Diaz	608
Assembly District 12	Ohrenschall	608
Assembly District 13	Hammond	514
Assembly District 14	Carlton	265
Assembly District 15	Anderson	571
Assembly District 16	Oceguera	298
Assembly District 17	Atkinson	466
Assembly District 18	Carrillo	607
Assembly District 19	Brooks	110
Assembly District 20	Hardy	3661
Assembly District 21	Sherwood	238
Assembly District 22	Stewart	1631
Assembly District 23	Woodbury	528
Assembly District 24	Bobzien	1051
Assembly District 25	Hickey	633
Assembly District 26	Kirner	625
Assembly District 27	Benitez-Thompson	585
Assembly District 28	Flores	415
Assembly District 29	Mastroluca	476
Assembly District 30	Smith	754
Assembly District 31	Daly	970
Assembly District 32	Hansen	1396
Assembly District 33	Ellison	1266
Assembly District 34	Horne	283
Assembly District 35	Goicoechea	1590
Assembly District 36	Goedhart	2211
Assembly District 37	Conklin	196
Assembly District 38	Grady	4540
Assembly District 39	Kite	1246
Assembly District 40	Livermore	420
Assembly District 41	Aizley	271
Assembly District 42	Bustamante Adams	269
<b>Unassigned or PO Box Addresses</b>		<b>1898</b>

**Total      35638**

District	Last Name	ADSD Customers
Capitol Senate District	Settelmeyer	4029
Central Nevada District	McGinness	4081
Clark Senate District 1	Lee	458
Clark Senate District 2	Denis	737
Clark Senate District 3	Wiener	1000
Clark Senate District 4	Horsford	1545
Clark Senate District 5	Breeden	2194
Clark Senate District 5	Roberson	
Clark Senate District 6	Copening	472
Clark Senate District 7	Manendo	1712
Clark Senate District 7	Parks	
Clark Senate District 8	Cegavske	473
Clark Senate District 9	Halseth	738
Clark Senate District 10	Kihuen	1362
Clark Senate District 11	Schneider	693
Clark Senate District 12	Hardy	4726
Rural Senatorial District	Rhoads	2985
Washoe Senate District 1	Leslie	1702
Washoe Senate District 2	Gustavson	2601
Washoe Senate District 3	Brower	1229
Washoe Senate District 4	Kieckhefer	1002
<b>Unassigned or PO Box Addresses</b>		<b>1898</b>

**Total      35637**

To assure confidentiality, the number of customers per district is based upon the percentage of each zip code in that district.

The customer information was obtained from Aging and Disability Services Division for the 2010 year.

Table and distribution of the information is the responsibility of Nevada Senior Advocates. The total number difference is due to rounding when the numbers were distributed. 01/29/2011 © 2011