

STAFF REPORT

June 4, 2012

To: Washoe County Commission, Reno City Council, Sparks City Council,
and Washoe County School District

Through: Katy Simon, Washoe County Manager

From: Grady Tarbutton, Director Washoe County Senior Services

Re: **Presentation by Washoe County Senior Services Department on
options to address the growing population of senior citizens in
Washoe County.**

Date: May 25, 2012

Summary

The resources available to support senior citizens' independence and meet their basic needs is not keeping pace with the population growth projected through 2030. This Staff Report is in response to a request for detail on how an additional one cent or two cents in funding for Washoe County seniors would be spent and delineation of the benefit.

Background

In 1985, when voters approved the \$.01 Senior Citizens *ad valorem* Fund in perpetuity, it was believed to be adequate for all future facility, program and service needs. Because of increasing costs, the addition of essential programs and population growth, this has not remained true. . The Fund was not adequate to build or staff the Sparks Center in 1991, the Gerlach Center in 2001, and today is not adequate to maintain or remodel the 9th and Sutro Center. And, County Code amendments added DayBreak Adult Day Health, Representative Payee and Senior Law to core Nutrition and Social Services. These amendments emphasized Washoe County Senior Services' (WCSS) social services programs and made wellness programs optional. That began a trend of serving seniors at greatest risk of institutionalization, which continues to this day. Fortunately, City partnerships and volunteers have allowed the wellness programs to continue and expand to South Reno at the Neil Road Recreation Center.

But, a greater challenge lies ahead from an increasingly older community and more seniors with the complex conditions that come with advanced age. The Senior Citizens *ad valorem* Fund is not able to keep pace:

- Over 27% of population growth over the last decade is those aged 55-64;
- Those over 55 are 25% of total residents;
- Those over 65 are 13% of the total today, and will be 20% by 2030.
- Those 85+ are the fastest-growing segment, with much higher rates of disability, poor health, social isolation and cognitive limitations

The “Baby Boom” has arrived and is arguably the most significant demographic challenge we will face in the 21st century. Although many, especially who have family support can manage for themselves, there is a growing need for the less fortunate and those with complex health conditions.

- Those 65+ account for 60% of health care costs, yet are only 12% of the population, today
- More than 50% of patient admissions across Nevada are patients over 65 years
- As many as 20% of Washoe County seniors have more than one social or health characteristic that places them at imminent risk of unnecessary institutionalization or hospitalization: 1) income less than 185% of poverty, 2) live alone with no social support, 3) have a functional limitation that requires assistance, 4) more than one chronic health condition, cognitive limitations, and 5) advanced age (85+).
- Chance any senior will become cognitively or physically impaired: 2 in 3
- Chance any senior will enter a nursing home: 1 in 3

Today’s challenging circumstances come from longer lives and better health. Life expectancy in 1900 was 48 years; today it is 78. Improved medical care, public health and sanitation, Social Security, Medicare, Medicaid and Veterans Services, and more active and engaged seniors has lifted millions out of poverty, improved health and provided a higher quality of life. But this does not address the challenge for many vulnerable seniors and families who provide care:

- Today Washoe County Senior Services assists only 8% of the 71,000 County residents over the age of 60.
- The Washoe County Senior Center, 9th and Sutro, is 34 years old, and over half of its Meals on Wheels vehicles are over 10 years old.
- Washoe County is unable to leverage some federal funds because of limited staff and restricted authority (state policy restricts authority to Nevada Aging and Disability Services Division).
- Waiting lists for almost all services; initial assessment for Home Delivered Meals takes four weeks because of staffing limitations and funding for meals.
- The number of congregate and home delivered meals served annually is the same today as in 1992.

Even though Senior Services has increased the number of people served by 57% over the past five years, each individual is getting less service. Strategies, such as subcontracting, have reduced cost but not increased services because of budget cuts.

Need Projections¹

The projections in this Staff Report are based on the “*Survey of Older Adults and Caregivers*”, conducted as a part of the “*Strategic Plan for Washoe County Senior Citizens*” and the UNR Sanford Center for Aging “*Elders Count: 2009*.” The number of Washoe County residents aged 60 and over will grow from 71,000 in 2010 to an estimated 90,000 in 2016, or by 27%. The most vulnerable, although not a majority of the senior population, is expected to grow at a faster rate, primarily because of the growth of the 75+ and 85+ age groups, who are more likely to be low income, live alone and have a functional or cognitive limitation.

The *Survey* shows there are two major senior populations:

- The “Well Elderly”, whose primary interest is remaining active, including continuing to work, volunteering, and participating in social activities.
 - 80% of survey respondents reported they live in their own home or apartment and no-one in the home needs assistance, and more than 50% were married with a spouse still alive.
 - 34% report being able to pay for assistance when they need it.
- Those who need assistance remaining independent.
 - 12% of respondents report they have no one to help when they need it.
 - 4.3% live in their own home, need assistance, but have been unable to find adequate or affordable care for themselves or a spouse.

In addition, the University of Nevada-Reno Sanford Center for Aging “*Elders Count: 2009*”, which is based on the 2008 US Census.

- 20% of people 65+ live alone
- 37% have a cognitive/ADL/functional limitation
- 40% are renters
- 50% have an income of less than \$20,000
- 85+ population is the most rapidly growing age segment and the highest risk

Even though the participants in the survey are not a representative sample of Washoe County seniors (higher incomes and home ownership; less likely to live alone; younger and more active), there are clearly significant gaps in services:

- All respondents reported having difficulty finding services: public transportation (24%), free meals/groceries (23%), and financial assistance for rent/bills (26%), medical/dental (20%), and medications/medical care (14%).
- 50% recommend more information for seniors, and improved information delivery to seniors, including public information and a “single entry point.”
- More than 50% report that financial issues (cost living, medical care) and health issues are the biggest problems that affect their quality of life.

¹ The data included in this report is the most current available at this time. However, the data compiled in “*Survey of Older Adults and Caregivers*” is not a representative sample. The individuals who responded to the questionnaire and participated in interviews were significantly younger, had better health and were wealthier than 2008 Census Bureau reports for the Washoe County 60+ population. Therefore, we conclude that the actual need for services is significantly greater than the projections based on the *Survey*.

- 17% reported a need for new, expanded or maintained services.

The “*Strategic Plan for Washoe County Senior Citizens*” concluded that the following priorities needed to be addressed to support Aging-in-Place.

- Health care, including the cost of health care
- Mobility
- Housing
- Information
- Healthy Aging

The Department estimates the following core service needs, based on the “*Survey of Older Adults and Caregivers*” conducted as a part of the “*Strategic Plan for Washoe County Senior Citizens*.” (Note: this *Survey* is not a representative sample and may seriously under represent the actual need; it also may not capture significant changes that have occurred since 2006, including the economic downturn) and the UNR Sanford Center for Aging “*Elders Count: 2009*.” (Note: this is 2008 Census data which been updated, however, the **SERVICES** projections understate actual need because those that completed the “*Survey of Older Adults and Caregivers*” questionnaire and participated in the focus groups, which these projections are based upon were not a representative sample. As a group, they were younger, more independent and had significantly more income than indicated by US Census Bureau data); and “*Elders Count: 2009*.” These should be considered low projections.

TARGET GROUP	WCSS # served FY 2010-11	2010 estimated need	2016 Projected need
Live Alone	2,520	14,200	18,000
85+ years	756	4,260	5,460
Below poverty	1,864	4,970	6,300
Below 185% of Poverty	~ 4900	35,500	45,500
SERVICES	# served FY 2010-11	2010 Estimated services needed	2016 Projected service need
Congregate Meals	2,009	16,453	21,203
Home Delivered Meals	488	1,988	2,520
Case Management	253	2,130	2,730
Information and Assistance (Single Entry Point)	1,866	8,165	10,465
Visiting Nurse	248	2,130	2,130
Home Care	99	6,958	8,918
Legal Services	778	1,988	1,988
Total WCSS clients	5,039		

Cost Benefit from Washoe County Senior Services “Continuum of Care”

The additional funds for Washoe County Senior Services will realize cost benefit from the following:

- Strategic Planning
- Implementation of “Strategic Plan for Washoe County Senior Citizens: 2006-2016” will support “aging in place” and prioritize the use of limited resources.
- Leverage of New Resources
- The identification and development of new revenue sources will expand the range of senior programs.
- Outreach and Public Awareness
- Provide information to seniors and their families about resources that support independence; early intervention, education and empowerment.
- Improved Access to Services
- Provide options and advice to seniors, their families and caregivers to assist them in making informed decisions about long term and health care.
- Support Independence and Prevent Institutionalization
- The greatest cost benefit by-far comes through avoiding or delaying institutionalization.

Strategic Planning

The “Strategic Plan for Washoe County Senior Citizens: 2006-2016” identified the community’s priorities and nationally demonstrated best practices that should be implemented to support “aging in place”. The implementation of the “Strategic Plan” Goals and Objectives will increase Washoe County’s ability to support “aging in place”. The Support Independence and Prevent Institutionalization section provides detail of those cost benefits, below. Restoring or adding to planning resources will make them a reality overtime, building the capacity of the community.

Washoe County projects that have successfully used local planning to meet local needs and leverage resources include Washoe County Homelessness Plan, Washoe County Children’s Services and the Reno Housing Authority.

An example of a cost effective project is Washington State Senior Services’ “EnhanceFitness” program:

A 3 year study conducted by the University of Washington School of Nursing shows that the health care costs for “EnhanceFitness” participants who attended sessions 1+ times per week are 79.3% of those for a non-participating control group.

Leverage New Resources

Federal policy is changing to address the cost of health and long term care. These resources can be used to increase the number of Washoe County seniors and their families that get support for in-home care and independent living. Washoe County Senior Services has begun several partnerships with the Sierra Nevada Veterans Health Care System, Nevada Aging and Disability Services, Washoe County Adult Services, and other agencies to implement several of these projects. The more robust program

development that would be possible with additional funding will more quickly make them a reality.

Veterans Directed Home and Community-based Services (VD-HCBS)

The amount of in-home care available for eligible Veterans can be increased.

Eligible Veterans can receive \$1,000 - 3,000 per month to buy in-home care, which may otherwise be paid by Medicaid, a state and county expense.

A 50 Veteran case load would bring up to \$3.0 million per year in new resources.

Outreach and Public Awareness

Public Information, Early Intervention, Senior Centers and Congregate Meal Sites are many seniors first contact with Senior Services. Partners, including City Parks and Recreation agencies, first responders, can identify people who are at risk and refer them for assistance; seniors and their families learn about new options; Senior Centers and Congregate Meals programs are gathering places that are link people to resources. The additional funding would restore public information resources, expand WCSS Gatekeeper to all Washoe County first responders, and restore staffing for sites.

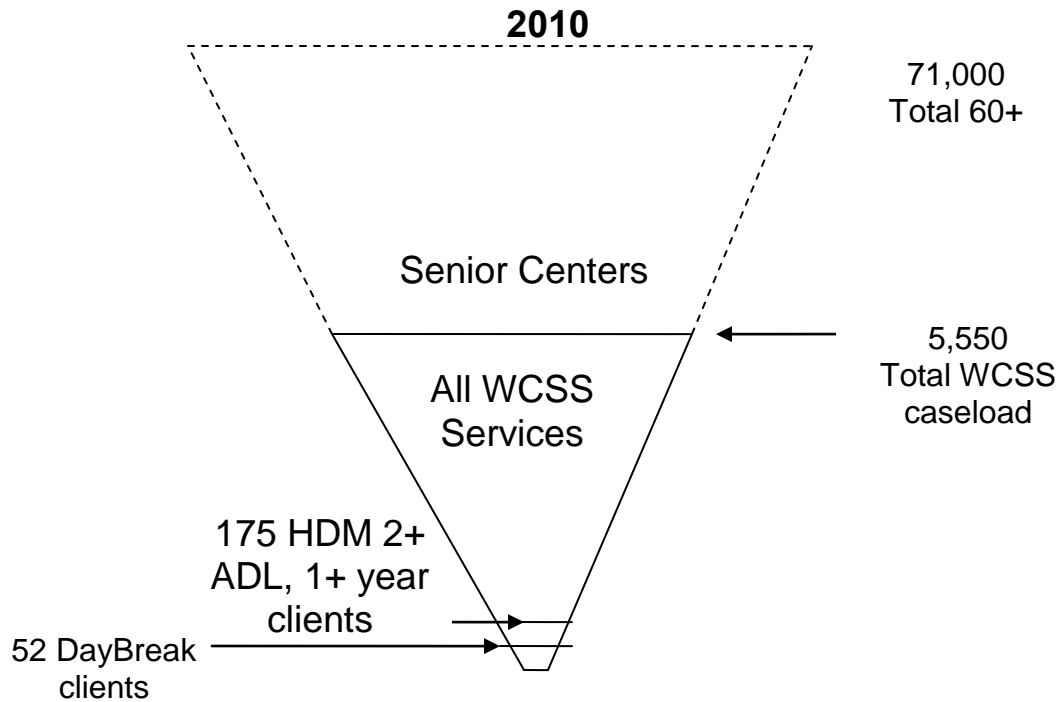
Gatekeeper program: Repeat 9-1-1 callers are referred by first responders to WC Senior Services for a social work in-home - voluntary - visit.

A study of a comparable Spokane, WA program showed increased utilization of in-home care and a reduction of suicide.

The Congregate Meals program - 8 Washoe County sites - would be staffed by paid subcontractor employees; Sparks and Neil Road Senior Centers would have part time reception and information/referral staff; those centers and Sun Valley, Gerlach and Incline Village would receive regular contact by WCSS social work staff.

US Institute of Medicine Cost Benefit study showed participants had improved nutrition, a balanced diet, improved health outcomes, reduced social isolation, increased physical activity, and linkage to services that support independence.

Through this structure, represented in the graphic below, seniors are “funneled” to the appropriate level of service, based on their needs and unique circumstances. The graphic shows 2010 level of service, which would increase with additional resources.



Access to Services

A “single entry point” is considered a best practice and provides expert advice and options counseling to seniors and their families. WC Senior Services Aging and Disability Resource Center (“Help Line”) meets national ADRC “fully functioning” criteria and provides help for 2,000 individuals, who call an average of five times per year. Additional resources would make it available for up to 8,000 individuals per year.

- “Strategic Plan for Washoe County Senior Citizens: 2006-2016” reports that 34% of Washoe County seniors are able to pay for their own care. The “Help Line” provides them impartial information to support their personal preferences and wishes.
- A recent MetLife Foundation study reports that family caregiving can be an expensive choice for families. WCSS “Help Line” provides information and options counseling on affordable options and public benefits.
- Women, who gave up employment to provide care for an aging parent, temporarily or permanently on average lost \$142,693 in wages and \$131,351 in retirement.
- Informed and empowered families are able to delay or avoid the institutionalization of a dependent spouse or family member, at a significant cost benefit (see below)

Support Independence and Prevent Institutionalization²

The primary cost benefit of WC Senior Services comes from helping seniors, their families and caregivers avoid institutional care as long as possible. The State of Nevada Department of Health and Human Services Department of Health Care Financing and Policy (Medicaid) is the primary payer of long term care; and Medicaid pays for the care of 60% of all Nevada nursing home beds occupants. The following information, gathered from Nevada Medicaid reports, shows the high cost of long term care and the cost benefit of keeping people in their homes.

It is very difficult to describe the nuances of the Medicaid program, and the relation between the County, State and federal government administration. The regulations are complex and constantly changing. Whether or not a client enters into services, or is State or County liability, depends on many factors including client income, assets, functional limitations, changing case load, the Affordable Care Act, and agreements between governmental entities. This is a “worst case scenario.” Regardless, we are including it because the demand for services will increase over time and poses a major risk.

Washoe County Senior Service programs prevent institutionalization. For example, in FY 2010-11 175 WCSS senior clients with two or more Activity of Daily Living (ADL) limitations had been receiving Home Delivered Meals and supportive services (case management, in-home care, nursing) for one or more years. Studies have shown that 50% of clients that do not receive basic care would enter into a higher level of care within six months. This can be either unnecessary hospitalizations or premature long term care placement.

- Each of these 175 “high risk” clients, in 2010 dollars, cost \$3,937

Similarly, 52 clients with or more ADL dependencies (nursing home level of care) received DayBreak Adult Day Health services as an alternative to nursing home care. 100% of these clients would be in a nursing home without the program.

- Each of these 52 clients, in 2010 dollars cost \$10,762

All three Nevada Medicaid Long Term Care programs (Medicaid Home and Community-based Waiver, Medicaid Personal Care and Medicaid Nursing Home Care) are more expensive than WCSS services for “high risk” seniors. Although Nevada Medicaid has implemented policies that divert as many people as possible from long term care, all programs have grown significantly since 2002. This growth is expected to continue because of the “Baby Boomers” and increasing number of people with ADL and cognitive limitations.

The Nevada Medicaid HCBS Waiver provides in-home care for people dependent in two or more ADLs:

- FY 2010 4478 clients, FY \$86,043,072 expense (FY 2010 dollars)
- 2002-10, +145% clients, +267% expense

² The State Medicaid data presented in this section is from a presentation by Chuck Duarte, Director Nevada Division of Health Care Financing and Policy to the Nevada Legislature’s Interim Committee on Seniors, Veterans and Persons with Special Needs, May 15, 2012

Medicaid Personal Care allows people dependent in two or more ADLs to pay an in-home caregiver. This is the most cost effective Medicaid LTC program and the one that has grown the most since 2002. However, it is three times as expensive as WCSS “high risk” clients:

- FY 2010 5481 clients, \$70,110,283 expense FY 2010 dollars)
- From 2002-10, +677% clients, +610% expense

Medicaid Nursing Home program provides care to the most dependent, who need eight or more hours of nursing supervision, every day. Service levels have remained relatively flat over the past five years. Additional policy changes, e.g., the federal initiative “Money Follows the Person”, will have to be implemented to maintain this trend.

- FY 2010 3158 clients, \$187,206,191 FY 2010 dollars)
- 2002-10, +88% clients, +162% expense

Combined, the Nevada Medicaid caseload grew 208% and the expense grew 216% between FY 2002-10. However, the growth does not reflect the actual demand for these services. Growth is restricted by a cap on services, no construction of nursing facilities and increasingly limited services at the state level. The data that we have implies that the upward pressure on services, both from restricted access and population growth, will at some point emerge.

In 2010 approximately 2,230 Washoe County residents received one of these services. Using a straight-line projection, without any new strategies there will be an additional 2,374 Washoe County residents who need care by 2018, or a total of 4,604 individuals.

Nevada Medicaid Long Term Care is paid by a combination of state, federal and county funds:

2012: 43.8% Medicaid LTC expenses were paid by “local” Medicaid Match (MM), and 56.2% paid by Federal Medicaid Assistance Percentage (FMAP)
2010: NV counties, as required by NRS 328 paid the Medicaid Match for eligible people with incomes 156% - 300% of SSI; in 2012 NV counties paid the Medicaid Match for eligible people with incomes 144% - 300% of SSI; in 2013: 132% - 300% of SSI. It is expected that in future Legislative Sessions, and as the Affordable Care Act reduces the cost for Indigent Care, counties will be required to pay more of the local Medicaid Match.

If the 175 “high risk” WC Senior Services clients became eligible for Medicaid LTC, the potential cost, in 2010 dollars, would be the following:

- County Medicaid Match: \$5,327,714
- Total Medicaid: \$15,286,174

It is not likely that these total costs would be realized. However, total cost will increase as the demand for service increases, due to population pressures.

Factors affecting actual cost:

- Not all clients will seek Medicaid assistance; however, almost all of WCSS clients would be financially eligible for Medicaid.
- Not all clients will become more dependent over time.
- Most Medicaid clients are very low income, and would not currently be County responsibility.
- Nevada Medicaid diversion of clients to lower cost care will be offset by population growth. Total cost estimates will not drop over time, although cost per case will.
- The number of nursing home beds is not projected to grow, although the percent of current beds paid by Medicaid may increase.

WC Senior Services is an essential part of the continuum that will mitigate Medicaid and County Long Term Care cost increases. A portion of the new County resources would be used to increase the number of WCSS “high risk” clients, further reducing financial risk.

Attachment A:

WASHOE COUNTY SENIOR SERVICES DEPARTMENT MISSION AND MANDATES

Department Mission:

“The Mission of the Senior Services Department is to assist older adults in the community maintain independence, dignity and quality in their lives and that of their caregivers, by providing an array of direct and indirect social, legal and health services and opportunities they may utilize to achieve their goals.”

Washoe County Senior Services Mandates; County Code Ch. 45

- | | |
|---|-------------------------------------|
| 45.430 Adult day health services/daybreak program | 45.450 Representative payee program |
| 45.435 Homemaker program | 45.455 Social services program |
| 45.440 Legal program | 45.470 Facilities management |
| 45.445 Nutrition program | Optional Service |
| | 45.460 Wellness program |

Values

- Be customer-service driven
- Promote independence and choice
- Respect diversity and ensure equal access programs and services
- Involve people in decisions that affect them
- Act with personal and professional integrity
- Provide single entry and easy access to a comprehensive continuum of community-based services
- Provide quality service, pursue excellence in service and in the workplace, and continuously advance innovation and quality improvements
- Use public and private resources responsibly and efficiently
- Promote partnerships and work cooperatively on community advocacy

Principles

- Easy access to information and assistance
- An easily accessible continuum of services that help people live as independently as possible in the community
- Inclusion of client choice, values, and preference in decision-making
- Commitment to inclusive service, targeting people who are most in need
- Commitment to client advocacy
- Commitment to including citizen and consumer participation in planning and providing services through the development of community coalitions and partnerships

Strategies

- Address Stakeholders' priorities
 - Role of Senior Centers
 - Strengthen the Aging Network
 - Access to Services
 - Services for the most vulnerable
- Early Intervention

Strategies (continued)

- Support for families and multi-generational households
- Care Coordination for those with complex needs
- Meet basic needs, such as food, shelter and transportation
- Adequate Home and Community-based Services that allow people to remain in their homes
- Program development
- Implement proven Best Practices
- Support community champions and senior advocates
- Outcomes that provide cost benefit to other County and State agencies and support efforts of community partners.

Attachment B:

Washoe County Senior Services Medicaid Long Term Care Cost Benefit Analysis

It is very difficult to describe the nuances of the Medicaid program, and the relation between the County, State and federal government administration. The regulations are complex and constantly changing. Whether or not a client enters into services, or is State or County liability, depends on many factors including client income, assets, functional limitations, changing case load, the Affordable Care Act, and agreements between governmental entities. This is a “worst case scenario.” Regardless, we are including it because the demand for services will increase over time and poses a major risk.

Washoe County Senior Services Cost Benefit Analysis: 2010 Savings from one year delayed entry into Medicaid Long Term Care Services for 175 WCSS clients with 2+ ADL's and 52 Adult Day Health clients

Program	Total Cost	# clients	Cost per case	County Cost per case (56.2% FMAP)	County Cost 175 high risk cases	Total cost 175 high risk cases	One Cent and Two Cents projections			
							One Cent: County Cost 275 high risk cases	One Cent: Total Cost 275 high risk cases	Two Cents: County Cost 575 high risk cases	Two Cents: Total Cost 575 high risk cases
Medicaid Institutional Care (NH)	\$187,206,191	3158	\$59,280	\$25,965	\$4,543,811	\$10,373,997	\$7,140,274	\$16,301,996	\$14,929,664	\$34,085,991
Medicaid Personal Care/ISO	\$70,110,283	5481	\$12,792	\$5,603		\$2,238,515		\$3,517,666		\$7,355,120
Medicaid Home and Community-based Waiver	\$86,043,072	4478	\$19,215	\$8,416	\$1,472,801	\$3,362,559	\$2,314,401	\$5,284,021	\$4,839,202	\$11,048,407

(estimated Washoe County Medicaid LTC caseload @ 17% of total) 2,230

Washoe County Senior Services "Most Vulnerable" Programs (2010); one cent and two cent projections

<i>Program</i>	<i>Total WCSS Unit Cost</i>	<i># clients by Unit</i>	<i>WCSS Unit Cost per case</i>	<i>Cost 175 High risk persons w 2+ ADL</i>	<i>Cost Savings to County, 175 clients diverted one year</i>	<i>Cost savings, total, 175 clients diverted one year</i>	<i>One Cent: Cost Savings to County, 275 clients diverted one year</i>	<i>One Cent: Cost savings, total, 275 clients diverted one year</i>	<i>Two Cents: Cost Savings to County, 575 clients diverted one year</i>	<i>Two Cents: Cost savings, total, 575 clients diverted one year</i>
All	\$3,928,539	5,551	\$708							
High risk: 2+ ADL Home Delivered Meals	\$414,050	175	\$2,366							
High risk: case management, nursing, in-home care	\$800,983	510	\$1,571							
High Cost cases			\$3,937	\$688,897	\$6,016,611	\$15,975,071	\$9,454,675	\$25,103,683	\$19,768,866	\$52,489,518
Adult Day Health	\$559,607	52	\$10,762							
Net Savings					\$5,327,714	\$15,286,174	\$8,254,675	\$23,903,683	\$17,368,866	\$50,089,518

SERVICE AND FUNDING OPTIONS**Sources and Uses comparison**

Sources		FY 2012/13	FY 2013/14 (\$01)	FY 2013/14 (\$02)
	Opening Fund Balance	\$ 436,660.00	\$ 268,685.00	\$ 268,685.00
	Property Tax	\$ 1,222,369.00	\$ 2,444,738.00	\$ 3,667,107.00
	Intergovernmental	\$ 1,412,416.00	\$ 1,500,000.00	\$ 1,500,000.00
	Charges for Services	\$ 473,500.00	\$ 500,000.00	\$ 500,000.00
	Miscellaneous	\$ 96,375.00	\$ 100,000.00	\$ 100,000.00
	General Fund Transfer	\$ 936,272.00	\$ 936,272.00	\$ 936,272.00
	Total Revenue and Sources	\$ 4,577,592.00	\$ 5,749,695.00	\$ 6,972,064.00
Uses				
	Salaries and Wages	\$ 1,592,723.00	\$ 2,073,383.00	\$ 2,703,320.00
	Employee Benefits	\$ 655,751.00	\$ 823,982.00	\$ 1,044,461.00
	Services and Supplies	\$ 2,060,433.00	\$ 2,618,726.00	\$ 2,935,258.00
	Subtotal Expenditures	\$ 4,308,907.00	\$ 5,516,091.00	\$ 6,683,039.00
	Ending Fund Balance	\$ 268,685.00	\$ 233,604.00	\$ 289,025.00
	Total Expenditures and Other Uses	\$ 4,577,592.00	\$ 5,749,695.00	\$ 6,972,064.00

USE OF FUNDS FOR STAFF AND SERVICES

Washoe County Senior Services One Cent Proposal: Restore Basic Services

Proposal: WCSS will restore direct services staffing to 2007 levels, increase Single Entry Point staff and increase Home Delivered Meals to eliminate most waiting lists for services, implement portions of the “Strategic Plan for Washoe County Senior Citizens: 2006-2016” and strengthen volunteer program.				
Proposal	Project	Additions to current staffing /services	Outcome	Cost
Nutrition	Home Delivered Meals	1.0 Eligibility Worker	Adds 1.0 FTE to conduct in-home eligibility assessments, eliminates 4 week wait for appointment and allows service to keep pace with growing demand for in-home services.	69,358
		3 new Meals on Wheels delivery vehicles	Three additional vehicle will be required to deliver meals, @ \$45,000 each; \$7,143 annually for vehicle replacement fund (7 year cycle).	156,429
		4.0 part time drivers (subcontract)	Home Delivered Meals must be kept at safe temperatures, sanitation requirements. Four routes and drivers will be added, but also increase cost for all meals by about \$.06, each.	17,400
		70,000 additional HDM, annually (subcontract)	Provide an additional 300 home bound seniors a nutritious, balance meal 7 days per week.	257,320
	Congregate Meals	Add 4.0 part time site managers (subcontract)	Four WCSS congregate meal sites rely upon volunteers. As a result one site has closed two others were at risk. This would provide paid staff at all sites to avoid site closures; increase cost for all meals by about \$.06, each.	17,400
Adult Day Health		.5 Health Aide	DayBreak is not at full capacity because there are not adequate staff to provide coverage and supervision. These two part time additions will allow it to operate at full capacity and eliminate the current waiting list.	27,897
		.5 Registered Nurse		40,646
Senior Center support		(2) .5 FTE Office Support Specialists	Reception and information/referral for Sparks and Neil Road Senior Centers	65,622
Senior Law Project		1.0 Legal Secretary	Senior Law has lost these positions over the last two years. This resporation would allow it to return to	69,358

		.85 Attorney	historical capacity and be open to the public more.	131,799
Social Services	Case Management	1.0 Social Worker	Add 75 high-risk clients; will be used to support Sparks, Neil Road, Sun Valley, Gerlach and Incline Village.	93,057
	Aging and Disability Resource Center	1.0 Human Services Specialist I	Increase information, assistance, options and benefits counseling to 1,500 additional seniors, families and caregivers.	64,330
Other	Volunteers support	.5 Program Assistant	Increase the more than 11,000 hours of service volunteers provide per year.	43,412
	Planning and evaluation	.5 Program Assistant	Implement priorities in “ <i>Strategic Plan for Washoe County Senior Citizens: 2006-2016</i> ” agreed to by community stakeholders and partners; evaluation and planning.	43,412
	Operating and indirect costs	10% of budget	The cost of utilities, equipment, supplies, maintenance, replacement and repair for the Department, including equipment for new positions.	109,744
Total				1,207,184

For the purpose of this estimate, all position are at top of salary scale and include benefits for the most likely job classification.

Washoe County Senior Services Two Cents Proposal: Bending the Curve

Proposal: In addition to restoring direct services positions to 2007 levels, WCSS will implement a Community Living Program defined by the “Strategic Plan for Washoe County Senior Citizens: 2006-2016” to leverage resources and provide adequate Home and Community-based Services to eliminate all waiting lists and support the independence of the growing senior population; based US Administration on Aging best practices				
Proposal	Project	Additions to current staffing /services	Outcome	Cost
Nutrition	Home Delivered Meals	1.0 Eligibility Worker	Adds 1.0 FTE for staff to conduct in-home eligibility assessments, eliminates 4 week wait for appointment and allows service to keep pace with growing demand for in-home services.	69,358
		3 new Meals on Wheels delivery vehicles	At least three additional vehicle will be required to deliver meals, @ \$45,000 each; \$5,625 annually for vehicle replacement fund (8 year cycle).	151,875
		4.0 part time drivers (subcontract)	Home Delivered Meals must be kept at safe temperatures, sanitation requirements. Four routes and drivers will be added, but also increase cost for all meals by about \$.06, each.	17,400
		70,000 additional HDM, annually (subcontract)	Provide an additional 300 home bound seniors a nutritious, balance meal 7 days per week.	257,320
Adult Day Health	Congregate Meals	Add 4.0 part time site managers (subcontract)	Four WCSS congregate meal sites rely upon volunteers. As a result one site has closed two others were at risk. This would provide paid staff at all sites to avoid site closures; increase cost for all meals by about \$.06, each.	17,400
		.5 Health Aide	DayBreak is not at full capacity because there is not adequate staff to provide coverage and supervision. These two part time additions will allow it to operate at full capacity and eliminate the current waiting list.	27,897
		.5 Registered Nurse		40,646
Senior Center support		(2) .5 FTE Office Assistant II	Reception and information/referral for Sparks and Neil Road Senior Centers	55,796
Senior Law Project		1.0 Legal Secretary	Senior Law has lost these positions over the last two years. This restoration would allow it to return to historical capacity and be open to the public more.	69,358
		1.0 FTE Attorney		155,083

Social Services	Supportive Services	Increase from current 100 to 500 clients; increased hours and services (subcontract)	Increase supportive services: in-home care, bath aide, escorted transportation, representative payee and other services that keep people independent. These funds would cover the cost of new services and increase hours of service for vulnerable seniors.	215,000
	Case Management	2.0 FTE Social Worker	Provides assessment, care plan development, care coordination and monitoring for those at greatest risk. An additional 600 new seniors would be served annually w support from case aides; 1.0 FTE for Sparks, Neil Road, Sun Valley, Gerlach, Incline Village.	186,114
	Case Aide	3.0 FTE Human Support Specialist II	Provide support for social workers to increase capacity and resources for high risk and homebound seniors.	196,700
	Visiting Nurse	1.5 RN	Provides in-home nursing support for an additional 350 seniors, including medication management, health care advocacy and caregiver support	121,938
	Aging and Disability Resource Center	2.5 Human Services Specialist I	Support for ACA Care Transitions Program by providing ADRC on-site response within 24-48 hours; ;increase information, assistance, options and benefits counseling to 5,500 additional seniors, families and caregivers.	160,825
Other	Community Services Manager	1.0 FTE	Establish a new unit within Senior Services to oversee Central Reception, support for senior centers, volunteer management, public information and sub-contracted services.	110,700
	Volunteers support	1.0 Program Assistant	WCSS volunteers contribute more than 11,000 hours of service per year. Establishing a Certified Volunteer Coordinator will improve oversight and coordination and double hours.	86,824
	Planning and evaluation	1.0 Program Assistant	Implement priorities in “ <i>Strategic Plan for Washoe County Senior Citizens: 2006-2016</i> ” agreed to by community stakeholders and partners; evaluation and planning.	86,824
	Administrative support	1.0 Office Support Specialist	Administrative support for teams: grant and contracts management, data entry, accounts payable, accounts receivable.	65,622
		1.0 Office Support Specialist	The Aging and Disability Resource Center will be separated from Central Reception and operate under WCSS Social Work Supervisor, requiring additional staff at Central Reception.	65,622
	Operating and indirect costs	10% of budget	The cost of utilities, equipment, supplies, maintenance, replacement and repair for the Department, including equipment for new positions.	215,830
Total				2,374,132

For the purpose of this estimate, all position are at top of salary scale and include benefits for the most likely job classification.

Performance Measure Options

Department Objective	Measure	FY 12-13 Projected	Proposed One Cent	Proposed Two Cents
Provide high risk seniors Home and Community-based Services as an alternative to institutional care.	<u>Unduplicated clients:</u>			
	Visiting Nurse	240	240	610
	Case Management	260	325	840
	Representative Payee	40	40	120
	Home Care services	110	110	500
	Senior Law Project	800	1,200	1,200
	Adult Day Health	45	65	65
	Home Delivered Meals	650 110,000 meals	950 180,000 meals	950 180,000 meals
Provide active seniors the supports they need to maintain Independence	<u>Service units</u>			
	Congregate meals	105,000	105,000	105,000
	Single Entry Point (ADRC)	20,000	35,000	56,000
		2,000 seniors	3,500 seniors	7,500 seniors
	Legal workshops	10	40	40
	Pantry Bags	3,900	3,900	3,900
	Commodity boxes	1,450	1,450	1,450
Provide cost effective programs that assist Seniors "age in community" (NV annual cost for NH = \$78K)	Total unduplicated seniors			
	Avg. annual cost per client for community based care	6,000 \$762.93	7,500 \$773	10,000 \$ 698

Attachment F:

WASHOE COUNTY SENIOR SERVICES DEPARTMENT BUSINESS PLAN AND OPERATIONAL OBJECTIVES

Any additional funds provided for Seniors will be used to implement a Community Living Program defined by the “*Strategic Plan for Washoe County Senior Citizens: 2006-2016*”, provide adequate Home and Community-based Services to eliminate waiting lists and support the independence of the growing senior population and be based on best practices recommended by the US Administration on Aging.

Washoe County Senior Services (WCSS) proposes that any new funding be used in an expanding partnership with the City of Reno, City of Sparks, Nevada Aging and Disability Services Division and other government, educational, for-profit and non-profit organizations to provide staff and services that meet 2012-13 demand for County Code mandated services, address the growing senior population, ensure a comprehensive coordinated service delivery system for seniors, their families and caregivers consistent with the “*Strategic Plan for Washoe County Senior Citizens: 2006-2016*”, innovation based on an assessment of local needs, and proven best practices developed by the US Administration on Aging and its sister agencies, nationwide.

Criteria to evaluate options

1. Increased level of service (individuals, units of services)
2. Strengthen the Aging Network (partnerships, Senior Coalition leadership and activities, dollar amount of leveraged non-profit funds – foundations, fund raising, grants)
3. Capacity to implement national best practices; be competitive with national leaders (e.g., North Carolina Health and Human Services County best practices – www.ncdhhs.gov/aging/localplanning.htm#B)
4. Leverage of federal funds and grants (% of Senior Citizens *ad valorem* Funds)
5. Facility and equipment cost
6. Efficiency (persons receiving Home and Community-based Services per 1,000 people)
7. Service level keeps pace with population growth (persons receiving one or more Home and Community-based Service per 1,000 people over the age of 60)
8. Aging and Disability Resource Center meets “fully functioning” criteria.

Administrative and Operational Objectives :

	Current Capacity	Proposed Capacity
-WCSS will provide Home and Community-based Services to at least 5,000 seniors per \$1.0 million spent.	3000	5000
<ul style="list-style-type: none"> ▪ WCSS will advocate for a Pilot Project with the State of Nevada allowing the development of a local plan and program administration to demonstrate increased service delivery effectiveness and efficiency, including Medicaid Match for Care Coordination and other services. ▪ WCSS will provide no direct services unless there is no willing and able community provider. ▪ WCSS will be in compliance with all county, state and federal regulations. ▪ WCSS will conduct a comprehensive needs assessment and area plan once every five years, with annual renewal, presented through public hearings, Board of County Commission approval and subject to Nevada Aging and Disability Services Division review, approval and oversight. ▪ Measure and report efficiency, effectiveness and customer satisfaction. ▪ A new program development function will address unmet needs and increasing demand through innovations with measurable outcomes. ▪ Use local funds to leverage federal, state, and foundation funds. ▪ Establish a formal, non-exclusive, partnership with a non-profit agency to expand cost effective services and leverage foundation and grant funds. ▪ Maintain an advisory board whose members represent all of Washoe County, provide policy review, advice, and advocate for seniors ▪ Washoe County will become recognized nationally for a comprehensive network of services for seniors and people with disabilities and policies that support a Sustainable Community for All Ages. 	<p>TBD</p> <p>No</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>No</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>

Senior Center Objectives

	Current Capacity	Proposed Capacity
-Current senior centers will be maintained to provide expanded access to engaged and active lifestyles volunteer opportunities and public benefits.	9th & Sutro	All
<ul style="list-style-type: none"> ▪ Operation of all senior centers will be managed through inter-local agreements with the City of Reno, City of Sparks Sun Valley General Improvement District and other organizations. ▪ Senior Center programming will support active living community engagement, access to wellness services and public benefits ▪ WCSS will maintain a Capital Improvement Fund for the repair remodel and replacement of the Washoe County Senior Center. 9th and Sutro. 	Yes	Yes
	No	Yes
	No	Yes

Objectives to Strengthen Washoe County's Aging Network

	Current Capacity	Proposed Capacity
- WCSS, private non-profit and for-profit partners, government and educational institutions will work collaboratively to increase the availability of services for all seniors.	Yes	Yes
<ul style="list-style-type: none"> ▪ Advise policy makers, including regional planners, City and County officials, on "Aging in Place" policies and best practices. ▪ Provide leadership through collaborative decision making and goal setting. ▪ Provide leadership locally and state-wide to coordinate services between public agencies, including Nevada Aging and Disability Services Division, Nevada Medicaid, the US Veterans Administration and other public agencies. 	Minimal	Yes
	Partial	Yes
	Partial	Yes

Objectives to Increase Access to Services

	Current Capacity	Proposed Capacity
- WCSS will operate an Aging and Disability Resource Center (“Help Line”) that serves a minimum of 20% of Washoe County seniors, annually by providing information, referral, advocacy, options and benefits counseling	3%	20%
▪ All seniors, family members and care givers contacting the Help Line will talk to a person.	No	Yes
▪ The Help Line will be recognized as the community aging expert and will be the starting place for access to senior services of all kinds.	Yes	Yes
▪ The Help Line will remain current on all programs and resources that benefit seniors, and maintain required certification including Alliance for Information and Referral Services and meet ADRC “fully functioning” criteria.	Minimal	Yes
▪ The Help Line will provide seniors, caregivers and family members assistance with negotiating the maze of medical and social services.	Yes	Yes

Objectives to provide effective and cost efficient services to the most vulnerable seniors

	Current Capacity	Proposed Capacity
- WCSS will provide a comprehensive network of Home and Community-based services for 20% of the most vulnerable seniors.³	8%	20%
- WCSS will implement a Community Living Program that will Increase seniors able to remain safely at home, reducing the cost of care by delaying institutionalization for seniors who are eligible for nursing home care.⁴	1100	2000
▪ Those with adequate resources will be encouraged to use them first.	Yes	Yes
▪ There will be no waiting lists for services.	No	Yes
▪ Programs will support independence, dignity and choice.	Yes	Yes
▪ Early Intervention programs, such as the Gatekeeper program, will be	No	Yes

³ Congregate Meals, Home Delivered Meals, Legal Services, Gatekeeper, Adult Day Health, Medication Management, Visiting Nurse, Case Management, Home Care, and other in-home services.

⁴ Planning, evaluation and quality assurance plus direct services: Home Delivered Meals, Adult Day Health, Medication Management, Visiting Nurse, Case Management, Home Care and other in-home supports.

implemented County-wide to direct people to the care they need.

- | | | |
|---|---------|-----|
| ▪ Support programs that prevent unnecessary institutionalization and hospitalization, including Care Transitions and Nursing Home Diversion | Partial | Yes |
| ▪ Provide Care Coordination as a core service, to assist those at greatest risk, and who have chronic diseases and functional limitations. | Partial | Yes |
| ▪ Target services to those at greatest risk of unnecessary institutionalization: those with limited English, income less than 185% of poverty, who live alone or who are socially isolated, the physically and cognitively frail, or who are of advanced age (85+). | Yes | Yes |