



Improving Seniors' Lives through Advocacy, Education, and Leadership

The Nevada Assisted Living Association supports the roll out of SB324 with these proposed amendments to 449 allowing diabetic care in its settings. Somewhere along the way, Pharmacists did not pull forward in the allowable trainers and that needs to be amended.

Diabetics will now be able to remain in a less institutional, homelike Residential Facility for Groups setting vs Skilled Nursing Facilities throughout Nevada. Moreover, it will help ease the growing crisis throughout Nevada from reduced numbers of safe, cost effective long-term care beds.

The processes to get SB324 through built new working relationships that can go forward to keep Nevada's nation leading system of Licensed NRS 449 Residential Facilities for Groups (RFFG) a standard-bearer.

That being said, the roll out of SB 71 with these proposed amendments to 449 despite hundreds of small business impact statements, Assisted Living Advisory Council's opposition, NALA and AHONN opposition is unacceptable in its current format of "one size fits all" with no consideration to the disparity in daily rates paid by Medicare/Medicaid to medical facilities vs nonmedical facilities such as RFFG. Medicare rates to medical facilities can exceed \$1,000 daily with Medicaid rates at the lower end of the pay spectrum still exceeding \$225 daily. Compare that to Nevada Medicaid rates paid to licensed RFFGs at a range of \$48 to \$30 daily.

Throughout Chapter 449 of NAC there are very clear distinctions between medical and nonmedical facilities. These penalties can be rolled out to meet the intent of SB 71 yet allow for the differences in Medical and Nonmedical facility types either by a two-tiered amount or a factor such as 10-15% applied to the amount consistent with the difference in Medicare/Medicaid published rates.

Medical facilities are staffed with highly trained, educated, certified, licensed and registered disciplines serving a more critical population requiring constant assessment and intervention. Nonmedical RFFGs serve stable, predictable elderly in a social model with Caregiver Med Techs that are 1st Aide/CPR and 16 hour Med Tech certificate trained.

These penalties should not be assessed for an initial complaint investigation, but for a pattern of noncompliance. A directed Plan of Correction should be the first level of remediation. The RFFGs have no Informal Dispute Resolution to contest a Statement of Deficiency finding as is required by CMS for Skilled Nursing Facilities. As well, small group homes lack financial resources to take a citation through Administrative Appeal or Court.

The high turnover in Surveyors for RFFGs has resulted in far too many Statements of Deficiencies issued with erroneous citations that have had to be retracted or issuing deficiencies months beyond the 10 day timeframe.

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There are also no federal validation surveys or oversight to the nonmedical RFFGs where that exists for Skilled Nursing Facilities through CMS.

This could be the last straw on the proverbial camels' back for the licensed small group home operator. Legislative Council Bureau audit findings reveal that the State overpaid certified only small group home operations under CBLA/SLA with many licensed operations changing from licensed to certified only. Nevadans will suffer because of this over-regulation of licensed getting paid a lower daily rate only to be penalized at the highest daily rate. It will cause many to close operations and/or create a mass exodus to certified only operations as a business model.

In closing, please DO NOT allow the penalties to be codified in the proposed manner. There needs to be a distinction between medical and nonmedical with consideration given to the daily rates paid by Medicare/Medicaid in setting the dollar amount of the penalty. An Informal Dispute Resolution is a must since federal validation survey and oversight are lacking in the nonmedical RFFGs that are licensed.

Thank you in advance of your consideration. NALA stands ready to help in the development of regulations that better advocate for the senior population we serve.

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