

Long Term Care Cost and Services Comparison

1) All Long Term Care Options are Private Pay. Only after you have spent down all of your savings do you qualify for Medicaid and then the State pays. Medicare only pays for up to 100 days of rehab after a 3 day hospital stay. Medicare does not pay for long term care.

2) Skilled Nursing Facilities (SNF's) & Residential Care Homes (RCH's) are the *only* options that practically provide 24hr care and supervision, of which RCH's are the most cost effective. Other choices are more short term options for people with minimal to moderate care needs, who have family to supplement care and are very expensive. Reducing/ Reallocating SNF and RCH beds will further limit discharge options and force more Nevadans into out of state SNF's. These changes target Alzheimers and Mental illness residents who need 24hr care.

Nursing Home (SNF- 5000 Beds)				Residential Care Home (RCH- 3000 beds)			
Resident Type	Payer	Daily rate	Monthly rate	Resident Type	Payer	Daily rate	Monthly rate
Long term care	Medicaid	\$200/day	\$6000/mo	Long term Care	Medicaid	\$30- \$50/day	\$900-\$1500/mo
	Private Pay	\$250 - \$400	\$7,500 - \$12,000		Private pay	\$50-\$150/day	\$1,500 - \$4,500/mo
Mental/Behavior health	Medicaid	\$300 - \$500	\$9,000- \$15,000	<ul style="list-style-type: none"> - Offers a ranges in rates from \$30/day to \$150/day. Allows seniors and disabled to remain in the community. Allows low and middle income seniors and disabled to remain private pay and stay off the state medicaid dole - Provides seniors and their families with choice to choose what type of assisted living setting works for them based on individual preferences and financial circumstances. - RCH's are fully licensed and monitored by the state. <u>Nevada's RCH's are the most regulated and monitored homes in the nation!</u> - RCH's are required to carry liability insurance, have annual state inspections, are supervised by a BELTCA certified administrator and have a R3 residential sprinkler system with monitored alarm with a record of no fire deaths in Residential Care Homes over 			
Short Term Rehab	Medicare	\$600	\$18,000				
<ul style="list-style-type: none"> - Nursing homes provide the heavy care that no one else can. They are a vital resource to society. They cost consumers more than RCH. - Expensive for both private pay families and for the state / Medicaid. - The new Medicaid plan to increase funding for Behavioral/Mental health beds in SNF's is likely to reduce the number of chronic long term care beds in SNF's by 2/3 by reallocating use of the fixed 5000 beds to mental health and short term rehab. - Increased use of SNF's for short term rehab will reallocate beds away from long term care use. - Where will the chronic long term care cases go if nursing home beds are filled/reallocated by short term & behavioral /mental health cases? 							

Other care options that offer less than 24 hr care

Assisted Living	In-Home Care	Adult Day Care
<ul style="list-style-type: none"> - Private Pay =- \$2000 base rate for room & meals only add ons for assistance with care & meds from \$2-4000 more, total \$6000 for minimal assistance and supervision. - Waiver -a rare few ALF accept the WEARC waiver, \$2000- 3000/ month (Highest pay waiver by far) - Only 2 to 3 caregivers for 100 residents day shift- 1 caregiver -overnight 	<ul style="list-style-type: none"> - Private Pay = \$6,000/month for only 8hrs /day @ \$25per hr for 30 days - Medicaid only pays up to 3- hrs/day \$17/hr - Does not provide Medication assistance - Aide's change frequently - family needs to provide back up & assistance 	<ul style="list-style-type: none"> - Private Pay= <u>\$3000/month</u> or \$100/day for 8hrs/day for 30 days, - no medication assistance - no personal care assistance - family has to provide all supplemental care - does not provide 24 hr supervision. Family needs to provide back up and assistance

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<http://projects.propublica.org/tables/assisted-living-regulations#data-explainer>



Life and Death in Assisted Living

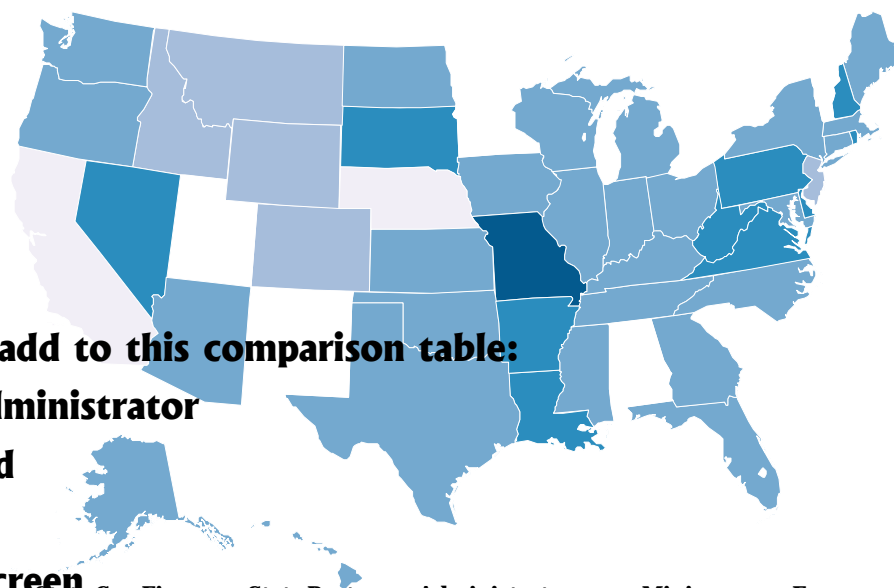
State-by-State: Assisted Living Regulations

by *Hanna Trudo, Jonathan Jones and A.C. Thompson, ProPublica* - October 29, 2013

ProPublica set out to compile the key rules and regulations governing assisted living in all 50 states and the District of Columbia. This information was gathered from state regulatory agencies, an examination of state codes and other records, and a 2013 review prepared by the National Center for Assisted Living, an industry trade group.

These are the categories included here: the qualifications required for those who run assisted living facilities; the frequency of inspections; fines for problem facilities; staffing requirements, and whether states offer performance records of the facilities to the public online. *See more about the data.* » | [Related Story](#) »

Frequency of Inspections



Other columns to add to this comparison table:

- Beltca certified administrator
- sprinklers required
- liability insurance
- FBI finger print screen

State	State Can Fine Facilities?	State Posts Inspection Data Online?	Administrators Required to Have High School Diploma, GED, or College Education?	Minimum Staffing Ratios?	Frequency of Inspections
Alabama B	Yes	Yes	Yes	Yes	No requirement for periodic inspections
Alaska A	Yes	No	No	No	Every two years
Arizona D	Yes	Yes	Yes	No	Every two years
Arkansas C	Yes	No	Yes	Yes	Every year
California E	Yes	No	Yes	No	Every five years
Colorado F	Yes	Yes	No	Yes	Every three years
Connecticut G	No	No	Yes	No	Every two years
Delaware H	Yes	Yes	Yes	No	Every year
Florida I	Yes	Yes	Yes	Yes	Every two years
Georgia J	Yes	Yes	No	Yes	Every two years

State	State Can Fine Facilities?	State Posts Inspection Data Online?	Administrators Required to Have High School Diploma, GED, or College Education?	Minimum Staffing Ratios?	Frequency of Inspections
Hawaii K	Yes	No	No	No	Every two years
Idaho M	Yes	Yes	Yes	No	Every three years
Illinois N	Yes	No	Yes	No	Every two years
Indiana O	Yes	Yes	Yes	No	Every 15 months
Iowa L	Yes	Yes	No	No	Every two years
Kansas P	Yes	No	Yes	No	Every 15 months
Kentucky Q	Yes	No	Yes	No	Every two years
Louisiana R	Yes	No	No	No	Every year
Maine U	Yes	No	No	Yes	Every two years
Maryland T	Yes	Yes	Yes	No	Every 15 months
Massachusetts S	Yes	No	Yes	No	Every two years
Michigan V	Yes	No	No	Yes	Every two years
Minnesota W	Yes	Yes	No	No	No requirement for periodic inspections
Mississippi Y	No	No	Yes	Yes	Every two years
Missouri X	Yes	Yes	Yes	Yes	Twice per year
Montana Z	No	No	Yes	No	Every three years
Nebraska c	Yes	Yes	No	No	Every five years
Nevada g	Yes	Yes	Yes	Yes	Every year
New Hampshire d	Yes	No	Yes	No	Every year
New Jersey e	Yes	Yes	Yes	No	Every three years
New Mexico f	Yes	Yes	Yes	Yes	No requirement for periodic inspections
New York h	Yes	Yes	Yes	No	Every 18 months
North Carolina a	Yes	Yes	Yes	Yes	Every two years
North Dakota b	Yes	No	No	No	Every two years
Ohio i	No	Yes	Yes	No	Every 15 months
Oklahoma j	Yes	Yes	No	No	Every 15 months
Oregon k	Yes	Yes	Yes	No	Every two years
Pennsylvania l	Yes	Yes	Yes	No	Every year
Rhode Island m	Yes	No	No	No	Every year
South Carolina n	Yes	No	Yes	Yes	No requirement for periodic inspections
South Dakota o	No	No	Yes	No	Every year
Tennessee p	Yes	No	Yes	No	Every 15 months
Texas q	Yes	Yes	Yes	No	Every two years
Utah r	Yes	No	Yes	No	No requirement for periodic inspections
Vermont t	Yes	Yes	No	No	No requirement for periodic inspections
Virginia s	Yes	Yes	Yes	No	Every year
Washington u	Yes	Yes	Yes	No	Every two years
Washington, D.C. y	Yes	Yes	No	No	Every year
West Virginia w	Yes	No	Yes	Yes	Every year
Wisconsin v	Yes	Yes	Yes	No	Every two years
Wyoming x	No	Yes	No	No	Every three years

About the data

The rules and regulations proved not easy to decipher. There is, for instance, no single, standard definition of assisted living. As well, each state defines and licenses assisted living differently. Many states set different staffing and training requirements depending on a facility's size, the levels of care offered, and other types of services. In addition, many states have also recently revised or are in the process of refining their rules and regulations. According to the National Center for Assisted Living, 18 states reported regulatory, statutory, or policy changes affecting assisted living and other residential care facilities in 2012.

States also vary in how much information about assisted living they post online. While some states post the entire inspection reports for individual facilities online, others post only a portion of the reports, a simple listing of violations, or the enforcement letters the state sent to individual facilities. Here, if a state is listed as "No" in this category, it means that the state does not post any information from either complaint or inspection reports on the Internet.

Most states require a high school diploma, a GED or some post-high school education as part of their qualifications to become an administrator of an assisted living facility. However, some states require high school diplomas for certain types of assisted living facilities, but not all. Similarly, some states, Alabama, Arkansas and Maine among them, set specific staffing ratios for certain types of assisted living facilities, such as those that offer specialty Alzheimer's and dementia care, but not all.

When it comes to the frequency of inspections, our graphic reflects the maximum time each state allows between routine inspections conducted by the state regulatory agency. In some of these states, certain facilities may be inspected more frequently. Our data does not include state investigations prompted by complaints, reports of abuse, or other incidents.

We intend this information to be of assistance to families, legislators, and to all involved in caring for, or advocating on behalf of, the elderly. We invite informed readers to offer clarifications to existing regulations or updates as rules and regulations are modified in the months ahead.

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GROUP HOMES

NRS 278.0238 Definitions. As used in NRS 278.0238 to 278.02388, inclusive, unless the context otherwise requires, the words and terms defined in NRS 278.02381 to 278.02385, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 2007, 1129)

NRS 278.02381 “Halfway house for recovering alcohol and drug abusers” defined. “Halfway house for recovering alcohol and drug abusers” has the meaning ascribed to it in NRS 449.008.

(Added to NRS by 2007, 1129)

NRS 278.02382 “Health Division” defined. “Health Division” means the Health Division of the Department of Health and Human Services.

(Added to NRS by 2007, 1129)

NRS 278.02383 “Home for individual residential care” defined. “Home for individual residential care” has the meaning ascribed to it in NRS 449.0105.

(Added to NRS by 2007, 1129)

NRS 278.02384 “Residential establishment” defined. “Residential establishment” means a home for individual residential care in a county whose population is 100,000 or more, a halfway house for recovering alcohol and drug abusers or a residential facility for groups.

(Added to NRS by 2007, 1130)

NRS 278.02385 “Residential facility for groups” defined. “Residential facility for groups” has the meaning ascribed to it in NRS 449.017.

(Added to NRS by 2007, 1130)

NRS 278.02386 Certain homes and facilities required to be included in definition of “single-family residence” in city and county ordinances; exclusions; siting of residential establishments in certain larger counties; special use permits; restriction on application of section.

1. In any ordinance adopted by a city or county, the definition of “single-family residence” must include a:

(a) Residential facility for groups in which 10 or fewer unrelated persons with disabilities reside with:

(1) House parents or guardians who need not be related to any of the persons with disabilities; and

(2) If applicable, additional persons who are related to the house parents or guardians within the third degree of consanguinity or affinity.

(b) Home for individual residential care.

(c) Halfway house for recovering alcohol and drug abusers.

2. The provisions of subsection 1 do not prohibit a definition of “single-family residence” which permits more persons to reside in a residential facility for groups, nor does it prohibit regulation of homes which are operated on a commercial basis. For the purposes of this subsection, a residential facility for groups, a halfway house for recovering alcohol and drug abusers or a home for individual residential care shall not be deemed to be a home that is operated on a commercial basis for any purposes relating to building codes or zoning.

3. The governing body of a county whose population is 100,000 or more or the governing body of a city in such a county or any department or agency of the city or county shall approve the first application submitted on or after July 1, 2000, to operate a residential establishment within a particular neighborhood in the jurisdiction of the governing body. If a subsequent application is submitted to operate an additional residential establishment at a location that is within the minimum distance established by the governing body pursuant to this subsection from an existing residential establishment, the governing body shall review the application based on applicable zoning ordinances. The requirements of this subsection do not require the relocation or displacement of any residential establishment which existed before July 1, 2001, from its location on that date. The provisions of this subsection do not create or impose a presumption that the location of more than one residential establishment within the minimum distance of each other established by the governing body pursuant to this subsection is inappropriate under all circumstances with respect to the enforcement of zoning ordinances and regulations. For purposes of this subsection, each governing body shall establish by ordinance a minimum distance between residential establishments that is at least 1,500 feet but not more than 2,500 feet.

4. Except as otherwise provided in NRS 278.02388, the governing body of a county or city shall not refuse to issue a special use permit to a residential establishment that meets local public health and safety standards.

5. The provisions of this section must not be applied in any manner which would result in a loss of money from the Federal Government for programs relating to housing.

6. As used in this section, “person with a disability” means a person:

(a) With a physical or mental impairment that substantially limits one or more of the major life activities of the person;

(b) With a record of such an impairment; or

(c) Who is regarded as having such an impairment.

(Added to NRS by 1983, 220; A 1987, 1163; 1999, 3365; 2001, 241, 1907; 2003, 106, 107; 2007, 1131)—(Substituted in revision for NRS 278.021)

NRS 278.02387 Registry of group homes: Transmission of information; compilation and maintenance by Health Division; contents; availability.

1. Each county and city shall:

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When You Give Blood, You Give Life

Join us on the morning of August 20th for our annual Red Cross Blood Drive. Together, we can save a life.

Sara Bugna, Program Coordinator

Get to know Sara Bugna, Employee of the Year at Danville Services of Nevada, LLC. Also, please see our Q+A with Corey Bishop, who was also named Employee of the Year.

Corey Bishop, Registered Nurse/Program Coordinator

Get to know Corey Bishop, Employee of the Year at Danville Services of Nevada, LLC.

Employee Appreciation Party

Showing appreciation for our employee's dedication is important to us at Danville Services of Nevada. We celebrate employees in a variety of ways throughout the year, however, the Employee Appreciation Party is always a favorite.

job opportunities

Certified Nursing Assistant
Direct Support Professional
Human Resource Assistant
Lead Direct Support
Licensed Practical Nurse (LPN)
Office Assistant
Program Director (Qualified)

Danville Services of Nevada provides a comprehensive continuum of supports for people with disabilities including but not limited to: Residential and Supported Living Services, Person Centered Support Planning, Medical/Health Management, Medication Administration, Financial and Personal Budgeting Assistance and Transportation Services.



Residential Services

Danville provides a wide array of residential services, all of which are carefully tailored to support the unique needs of each person. ICF/MR and Intensive Supported Living Arrangements are twenty four hour supervised home. Transitional Supported Living, Community Supported Living Arrangements, and In-home Training provide staff assistance and supervision.

Medical Support/Care

The health and well being of our clients is our number one priority. Danville has a long and successful history of comprehensive medical services and supports for people with disabilities in Nevada.

Danville's proprietary Medical Management System ensures that each and every client receives the very best in well coordinated medical care and support. Danville employees are trained in medical management procedures to ensure accurate follow through with assisting clients in taking prescribed medications, following doctor orders, maintaining fitness, nutrition and overall health and maintaining extensive documentation regarding medical history and care. This unique system is the result of nearly two decades of experience serving and meeting the needs of clients in Nevada.

Representative Payee Services

Danville offers representative payee services to people needing assistance with managing their Social Security benefits. A representative payee is required by law to use the benefits properly. All expenses and income associated with Social Security are tracked. A payee has no legal authority to manage non-Social Security income or medical matters. An assessment with the client's input is made at an intake meeting and during annual team meetings.

Transportation

Danville provides safe and reliable transportation to and from work and day services if needed. All drivers are class and road tested, and must pass a defensive driving course in order to be eligible to drive Danville clients. All drivers have a good driving record and pass a yearly DMV check.

Danville vehicles are well maintained, mechanically sound, and must adhere to our strict standards for performance and reliability. Danville provides our clients with the safest and most comfortable vehicles possible. Our vehicles also feature wheel chair lifting mechanisms if needed.

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