

STATEMENT TO THE TASK FORCE ON ALZHEIMER'S DISEASE

From

CATEGORY II, RESIDENTIAL FACILITIES FOR GROUPS with DEMENTIA & ALZHEIMER'S ENDORSEMENT

As Residential Care Home providers, we are well aware of the growing problem of an aging population and increased numbers of people with Dementia and Alzheimer's disease.

Residential Care Homes are currently the only cost effective care option for custodial type care in Nevada. Providing the most amount of care for the least amount of money. We want to be able to continue to provide the existing, cost effective, care and services we currently provide to thousands of cognitively challenged, disabled and mentally ill Nevadans.

We want to bring to your attention a very imminent threat to, Nevada residents with Alzheimer's and Dementia and the Category II Residential Care Home beds they occupy, and the resulting increase in the number of Nevadans on the state Medicaid role.

We believe Fire Marshal is specifically targeting, Category II, Residential Care homes that are providing Alzheimer's care.

The Fire Marshal, on his own accord, without any consulting, research or justification from other industry providers, has started to implement his "new interpretations" of the old fire codes, that 6 previous Fire Marshalls upheld, followed, and had no apparent concerns or issues with over the last decades.

All 6, previous fire Marshalls, allowed a maximum of 10, Category II beds in Residential Care Homes. The new fire marshal over the last few years, without warning or justification has randomly changed the number of category II beds allowed, to 5 Category II and 5 category I. Most recently he is not allowing ANY Category II beds.

Category I beds are for people who can evacuate from sleeping quarters to safe place, independently without assistance, in under 4 min. Category II beds are for people who need assistance, physically or cognitively, to evacuate to a safe area in under 4 min.

Alzheimer's care requires a category two bed and the dementia endorsement. When you reduce the number and type of Residential Care Home beds *you directly reduce the number of Alzheimer's care beds.*

Unlike all 6 Fire Marshalls before him, the current Fire Marshal, on his own, is reclassifying, single family, Residential Care Homes, as commercial businesses and is no longer following the 2006 Residential Fire Code which added many safety upgrades that were previously legislated by the state of Nevada; including sprinklers and fire drills. He is now categorizing single family Residential Care Homes as institutional or commercial for no apparent or reason.

He is going against the federal protections of the Federal Fair House Act, which includes Residential Care Homes as single family homes and is re classifying them as commercial businesses that follow the institutional fire codes.

In fact, Residential care homes (RCH) are not casino's, high rise buildings or multi floor Assisted Living Facilities, they are single family homes that already have many extra fire safety requirements as defined by the state legislature.

He seems to completely be ignoring the fact that disabled Nevadans have the same rights to live in the single family homes and communities as the non-disabled.

The Fire Marshalls actions have already brought harm, not only to the Residential Care Home Industry, but also to the many individuals and groups of people who rely on RCH's and the state of Nevada by unnecessarily raising the costs of Medicaid.

These new changes have positioned the RCH's industry for a financial collapse which will not only have devastating effects on the community at large but specifically on seniors with Alzheimer's Disease, the disabled, the state Medicaid budget, nursing homes and hospitals.

WE URGE OUR LEGISLATORS TO REJECT the PROPOSED REGULATION OF THE STATE FIRE MARSHAL LCB File No. R123-13., because it is discriminatory, unjustified and unneeded.

We ask that you use your influence to direct the fire Marshal to continue to uphold the interpretation and standards of the 6 previous Fire Marshalls, to continue to allow 10 category II, residents in Residential Facilities for groups.

Residential Care Homes (RCH's) are a safe, cost effective, Alzheimer's care choice.

A large part, if not the most significant part, of the problem of our growing disabled population, is cost and who will pay for it.

Currently, Residential Care Homes in Nevada are the most cost effective and safe care option for seniors, the disabled, and those with and without dementia. More importantly, Residential Care Homes (RCH) are the only cost effective or affordable care choice for many low income Nevadans, which ***allows them choice*** and ***results in personal responsibility***.

All Nevadans should have the right to choose the best care option that meets their own personal needs at every price point.

Wealthy people can choose Assisted Living, In-Home Care or Private Case Management. Low income residents can choose to live in Residential Care Homes that provide housing and care at various price points from \$1000 to \$4000/mo.

Many proud, low income Nevadans, choose to live in low cost Residential Care Homes and the care home agrees to provide the housing and care at rates as low as \$1000 /mo, making this a win, win, win choice for the resident, the Residential Care Home and the state of Nevada Medicaid budget since these proud Nevadans can choose to remain off the Medicaid roles.

If these care options are legislated out of existence, due to the Fire Marshalls unjustified proposals, those Nevadans will lose their choice to remain free Americans, off of the state Medicaid dole and be forced to go to skilled Nursing Facilities (SNF's) and get Medicaid. I don't think the state is prepared to cover those unnecessary costs.

For those currently on Medicaid, they can choose up to 4 hrs. of in-home care, RCH Medicaid waiver or a skilled Nursing Facility (SNF). Indeed, of those three choices, RCH are the cheapest and most complete Medicaid choice for the state. When people are allowed choice they

often feel better and accept their personal responsibility in making that choice as compared to being limited to just one care option. In this case forced to go to a nursing home.

Indeed, all public health agencies who operate in the day to day care of the NV public health care system; NV Public Guardians, Division for Aging Services, Elder Protective Services, Hospital and Nursing Home discharge planners, currently choose RCH's as a first line discharge choice. It is unimaginable, that all of those professionals can be sending residents to unsafe or less fire safe care settings as their first choice.

We implore you to ask the entire Nevada public health care system and all of the agencies listed why they all are requesting more residential care home beds?

No Fire Safety Issues exists with Residential Care Homes (RCH's)

There are no documented fire safety issues in Residential Care Homes. Residential Care Homes, with their existing fire safety regulations, are already the safest housing option of any housing setting in Nevada.

RCH's are safe, single family homes with monitored sprinklers, alarms, exit lights, fire extinguishers, adequate staff, and monthly fire drills to ensure evacuation of residents. RCH's are overseen and monitored with annual surveys by the Bureau of Health Care Quality and Compliance (HCQC).

RCH's are actually safer than private, single family homes where families live with no sprinklers and are safer than other care settings like Assisted Living facilities or high rise buildings that do not evacuate, like RCH's. As a compromise, these settings have fire doors, which are less safe than the preferred safety choice of evacuation. Those people do not evacuate and are forced to stay in a burning building behind fire doors, suffering from smoke inhalation which is the most significant fire related injury.

The fact is, there are no fire safety issues and professionals and the disabled residents they serve, currently choose Residential Care Homes just as they are.

Negative Financial Impact to Residential Care Homes (RCH's)

The Fire Marshalls pre mature enforcement of his “new interpretation” of the rules has already cost the state money and stands to cost the state more in Medicaid, Hospital and Nursing Home costs, as these new rules continue to reduce the number and type of Residential Care beds.

The Fire Marshall's proposed bill is currently being actively enforced, even though it is just now being proposed as a regulatory change, and is having a negative impact on The Residential Care Home industry and the Nevadans they serve.

We have enclosed 90 financial impact statements from Nevada business providers and owners, which demonstrates and confirms the devastating negative financial impact of the Fire Marshall's premature role out and enforcement of his proposed bill.

As mentioned earlier , his actions have already caused a reduction in the number of Category II, Dementia/Alzheimer care beds from the previous standard of 10 Category II beds to 5 Category II beds and in some recent cases completely eliminating category II beds and only allowing 10 Category I, non-Alzheimer's beds.

The Fire Marshall has been unable to provide consistent written guidelines as to what is required and /or how RCH providers, Fire Equipment Installers or the HCQC can comply with his new interpretations.

Most recently he or his department has not been approving or signing off on pre-approved plans for 5 Category I, and 5 Category II beds. Now, he seems to only be allowing 10, Category I and NO Category II Alzheimer's beds.

This is causing great confusion, uncertainty, distress and expense not only to RCH owners but to Fire Prevention Companies and Installers as well, who have been completing work based on pre-approved initial plans, only to be delayed by the Fire Marshal and asked to resubmit plans with random changes to his vague non-descript, non-published, criteria, preventing or delaying group homes from opening and Fire prevention companies from completing jobs.

Financial Impact to Nursing Homes and Hospitals

As a geriatric doctor, I have personal professional experience in all care settings including Nursing Homes and Hospitals. I witnessed the negative effects of the catastrophic Aide bill of the 80's where many nursing homes were forced to close and hospitals felt a financial strain due to back up and over flow from closed nursing home beds.

While nursing homes get a bad rap and are not the first choice of care, they do provide a great level of care for the pay they get. They are needed and are a great value to the entire health care system.

The private pay cost of a nursing home is \$250/day, many feel it is exorbitant at \$250/ day. The discounted Medicaid rate nursing homes get paid is \$120/day. Let me point out that \$120 per day would cover only one caregiver for 8hrs a day, getting paid \$15/hr. Nursing Homes have many other costs to pay for in that \$120/day or even \$250/per day at the private pay rate: Doctors, RN'S, Physical and Occupation therapists, CNA's, housekeeping, medical records, pharmacy, kitchen, etc.

The fact is, people are in nursing homes because it is the best care for any reasonable cost. They do the hard work, which no one else can, at a fantastic price. It would be very difficult, even for the wealthy, to pay privately for all of those services: daily Doctor's, RN's, and CNA's etc. Nursing Homes have care teams that provide backup and redundancy. Yes, it is institutional, but in many cases that is what is needed when you have heavy care needs or chronic illness. They do a good job in a highly monitored setting. Contrary to what most people believe, Nursing homes do a great job for the pay they get.

Unfortunately, in health care, it is taboo to add in that last line "for what they are paid" but in-fact, that is a financial, practical, part of life. Nursing homes are an essential part of the health care system.

Without Nursing Homes, Hospitals would overflow or back up by keeping their beds filled with long term, custodial care patients. Thus increasing the cost and suffering financially.

Additionally, with fewer RCH beds, Nursing Homes will back up, which in turn will back up into hospitals and the entire health care system and community will suffer practically and most of all financially.

As mentioned before, **we believe the Fire Marshall is specifically targeting, Category II, Residential Care homes that are providing Alzheimer's care.**

We urge you to stand with the community on behalf of the greater good and ask the fire Marshall why he wants to reduce or eliminate, practical, fire safe, Category II, RCH beds for Alzheimer's residents and unnecessarily force them in to Nursing Homes and on to Medicaid.

We have asked the Fire Marshall for the opportunity to discuss and explain his position, but he has been resistant and is unable to provide consistent written documentation that all business owners can follow and can understand.

The facts show, his actions are not based on general safety or fire safety and certainly do not promote choice and personal responsibility for those frail Alzheimer's residents and their families. And they clearly cost the state a lot of money.

We wonder if the legislature has any control, directly or indirectly, over the seemingly erratic and unjustified behavior of the Fire Marshall. If not, who does?

We ask the legislature, how it is possible that the Fire Marshall is just now proposing regulations that he has been implementing, changing and acting on for almost 3 yrs now?

Proactive Solutions do exist for Alzheimer's Care

First, and foremost, promoting legislation that favors Residential Care Homes and supports choice of all Nevadans and voting down the Fire Marshalls restrictive, costly, unneeded, possibly illegal, proposed regulations is as easy as just saying "no" to the Fire Marshall.

Second, support and facilitate paths to increase funding to the HCQC. Currently, HCQC is ideally set up to expand enforcement of minimum care standards of the Residential Facilities for Groups (RFFG). Please, allow that regulatory body to do its job, empower them, lobby for them and pass any needed legislation to fund them so they can do their job. Pass legislation which

expands the HCQC'S powers to fine, re train at a cost to the low quality providers and even close repeat offenders of low quality care.

Third, you have to recognize that health care is a complex, state wide system that involves Hospitals, Nursing Homes and Residential Care Homes. We urge you to support and listen to large national organizations like Nevada Health Care Association (NVHCA) that can help you balance costs and have a positive impact across the entire post-acute health care system. They know and work side by side with all the players and have a unique position to provide you a balanced view of costs, benefits, and needs.

Presenter: Shawn McGivney, MD,

This is a joint statement of:

Las Vegas Chateau for Seniors (Alzheimer's Facility)

Summerlin Retirement (Alzheimer's Facility)

Florence Care Home (Alzheimer's Facility)

As Time Goes By (Alzheimer's Facility)

European Home Care (Alzheimer's Facility)

Spring Valley Alzheimers Care

Rainbow Connections Group Care Home (Alzheimer's Facility)

Alzheimer's Luxury Care

Ameery Care (Alzheimer's Facility)

Chutney Residential Home (Alzheimer's Facility)

CNC Alzheimer's Home Care

Diamond Retirement Living (Alzheimer's Facility)

European Senior Living (Alzheimer's Facility)

Florence Senior Care Home (Alzheimer's Facility)

The Victorian Center, LLC I (Alzheimer's Facility)

The Victorian Center, LLC II (Alzheimer's Facility)

A R C H of Las Vegas (Alzheimer's Facility)

Happy Adult Care II (Alzheimer's Facility)

Las Vegas Alzheimer's Care Home I

Las Vegas Alzheimer's Care Home II

Morning Glory Alzheimer's Home (Alzheimer's Facility)

Rainbow Connections Group Care Home (Alzheimer's Facility)

Sachele Senior Guest Home II (Alzheimer's Facility)

Helping Hands Care Home (Alzheimer's Facility)

Spring Valley Alzheimer's Care

Tender Loving Care Senior Residence (Alzheimer's Facility)