

Alzheimer's task force
Public comment
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Need to protect all Nevadans with mental illness and cognitive impairment

I am Dr Shawn McGivney. I am here to comment on the growing confusion in the community between RFFG (residential Facilities for groups) which is regulated under NRS 449 and SLA's (Supportive Living Arrangements) which are regulated under NRS 435 which is much less restrictive.

Its my understanding that SLA's were intended to provide an independent living care setting to help younger people with controlled mental illness who have no medical or mobility issues transition to being able to live completely independent.

The concern that many in our community have centers around the safety and well fare of a growing population of people who have chronic mental illness with multiple medical & mobility issues being placed in SLA's which are regulated under NRS 435 where the regulations are much more lax compared to the NRS 449 regulations that RFFG's operate under which have many levels of protection, monitoring, transparency and enforcement to protect seniors, including those with cognitive illness such as Alzheimer's.

RFFG's are overseen by The BHCQC, which has a well-established system for monitoring and supervision of facilities regulated under NRS 449 and provide a high level safety and protection for the residents who reside in these facilities. For example, Annual surveys with results posted on their website, routine visits from the Ombudsman, beltca certified administrators, fire sprinklers and complaints and responses that are posted on line as well. The HCQC has a transparent system for the community to check and verify the quality of care of each facility.

SLA's on the other hand are over seen by Desert Regional Center. It is unclear what system of checks and balances are used to monitor and supervise these facilities. It is very difficult to find any information on the operations and oversight that SLA's receive through Desert Regional Center.

As advocates for all people with mental illness, including those with Alzheimer's and other disabilities we should expect all residents of SLA's, especially ones with mental illness & or physical disability to have the same protections given to them as residents who live in RFFG type settings.

The types of patients allowed in SLA's is not well defined which is our concern. To our knowledge SLA's are supposed to be for "independent living" and for people who are expected to transition to living completely on their own. We believe this is a needed service for the many who are developmentally disabled.

We believe many older adults with varying levels of cognitive impairment, mental illness and other medical and functional deficits, who are not likely to progress to independent status are being placed in SLA settings and are not receiving the protection they need and deserve. SLA companies advertise that they provide the same or similar types of services as provided by RFFG. *See attachment of advertisement for SLA's.*

If that is the case shouldn't they follow the regulations the state has in place to protect those needing long term care services under NRS 449?

We wonder why and how these entities are different. Why are both facility types RFFG and SLA's not held to the same standards and regulations if they are caring for or providing similar type care & services? For example assistance with activities of daily living, medication management, transportation to appointments, and onsite protective supervision by a caregiver. We believe these groups of people need the same level of supervision and state approved training for medication management as is required for RFFG under NRS 449 or that SLA's require a more transparent set of criteria to evaluate if residents in these less monitored settings have a real chance of transitioning to being truly independent and not needing assistance with medications and coordination of care and an onsite live in caregiver.

Also there are no staffing requirements in SLA's that we are aware of. In fact RCH's with dementia endorsement are the only long term care setting with an official staffing ratio requirement of 1/6 under NRS 449. Also SLA's are not included in the new NABS Finger print back ground check system and do not have any supervision or visits from the states ombudsman. There does not appear to be any outside supervision or monitoring beyond some in house monitoring from Desert regional for these homes even though they do receive state funds.

If the HCQC gets a complaint about an unlicensed group home and they find it is an SLA they do not have the authority to enter the facility to inspect it. They can only pass the complaint on to DESERT REGIONAL. In all other long term care settings the ombudsman would go into the house and interview the residents and work with the licensing agency, but not for SLA's . We ask if desert regional has an outside third party inspecting its complaints like the ombudsman and if not why not?

We know there is often concern in residential communities about group homes entering their neighborhoods and believe most of the concern is related to SLA's, some of which have placement contracts with prisons. We also know that a frequent cause of an "unlicensed group home" complaint is the inspector finding a licensed SLA which they do not have jurisdiction over. To our knowledge there is not public disclosure to the community of a list of SLA homes nor the survey or complaint reports. We believe the community has the right to know where all SLA's are and to see their surveys and complaints just as they do for NRS 449 regulated entities.

We join the national board of long term care administrators in asking the Alzheimer's task force to help us gain equal protection and more consistent standards in all care settings that assist residents with all residents with long term illness including mental illness, dementia and various behavioral & health issues. Help use raise the standards, monitoring and transparency across the board.

Shawn McGivney MD, RFA, President RCHCAN

Attachments

Danville web site - That offers medical care and support and has a "proprietary medication management system" that appears to be different from the any state approved medication management training. This system might be great but we wonder is all SLA providers have a minimum standard.

NABS 2014 annual report, which asks us to protect all people with all types of disabilities and not just protect seniors who make up a majority of those with chronic illnesses.

DOJ web site and list of protected classes of people but not released prisoners.