

Long Term Care Cost and Services Comparison

RCH are closing and fewer new ones are coming on line with the uncertain legislative and policy environment surrounding SLA and a changed system of care.

- 1) **All Long Term Care Options are Private Pay.** Only after you have spent down all of your savings do you qualify for Medicaid at which time 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 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.

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Nursing Home (SNF- 5000 Beds)			
Resident Type	Payer	Daily rate	Monthly rate
Long term care	Medicaid	\$200/day	\$6000/mo
	Private Pay	\$250 - \$400	\$7,500 - \$12,000
Mental/Behavior health	Medicaid	\$300 - \$500	\$9,000- \$15,000
Short Term Rehab	Medicare	\$600	\$18,000

- 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?

Residential Care Home (RCH- 3000 beds)			
Resident Type	Payer	Daily rate	Monthly rate
Long term Care	Medicaid	\$30- \$50/day	\$900-\$1500/mo
	Private pay	\$50-\$150/day	\$1,500 - \$4,500/mo

- 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 diabled 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 based on individual preferences and financial circumstatnces.
- RCH's are fully licensed and monitored by the state and NV RCH's are the most regulated and monitored homes in the nation!
- 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 sytem with monitored alarm with a record of no fire deaths in Residential Care Homes over the last 17 yrs. Neighboring states are way behind NV standards.

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 for rm and meals. Add ons for care, meds of \$2-4000 more. Total \$6000 for mild care 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 - 1 to 2 medication techs per 50 -100 residnets 	<ul style="list-style-type: none"> - Private Pay \$6,000/month for only 8hrs /day @ \$25/per hr @30 days - Medicaid only pays up to 3- hrs/day \$17/hr - No Medication assistance -do not provide medication assistance - aides change frequently - Still need family to provide back up & assistance 	<ul style="list-style-type: none"> - Private Pay <u>\$3000/month</u> or \$100/day @30 days, for 8hrs/day - no medication assistance - Little personal care assistance , no showers - family has to provide all supplemental care - Like the others not 24 hr supervisoin.

5000 existing beds being reallocated to rehab and mental illness leaving only 1/3 of the total beds that served the LTC community a decade ago