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CONCERN FOR RAPID DECREASE IN LONG TERM CARE BEDS DUE TO REALLOCATION OF THE EXISTING BEDS.

The Residential Care Home Industry including AHONN and RCHCAN are concerned with the lack of long term care beds in general.

First it is important to know there are currently 5000 nursing home beds in Nevada. Of those 5000 beds most were used for long term custodial care until recently where SNF's began doing more short term rehab which is paid by Medicare.

With the recent approval of increased funding from Medicaid to Nursing Homes, for mental illness cases with a behavioral rate reimbursement of $300 to $500 per day that too has caused SNF's to re allocate the beds that were used mainly for chronic care and long term care to these two new purposes of short term rehab and the new behavioral rate / mental illness. This switch/ reallocation from long term care to mental illness and short term rehab in nursing homes will drastically reduce the number of beds available for long term care when we already are faced with a shortage. *(see red arrows on the table)* Long term care includes care of those with Alzheimer's, dementia and more chronic medical conditions as opposed to the short term care needs after a surgery, hip fracture or other acute event.

Nevada has already been forced to send 70 Nevadans to live out of state in Nursing Homes in Idaho and Utah at the Medicaid reimbursement rate of $200/day or $6,000 per month. Who is going to continue to have to foot the bill if this trend continues? Taxpayers?

Fully licensed, monitored and regulated RCH's are the only practical alternative to sending Nevadans to reside in Nursing homes out of state. Is this the image that Nevada wants? That we cannot care for our own seniors with Alzheimer's, dementia and cognitive loss?

We ask the task force to join with our industry to improve standards and quality of care for the chronically ill and those with dementia in all care settings and help us to give a home and a good quality of life to the thousands of Nevadans who suffer from Alzheimer's or other disabilities. Help us keep our fellow Nevadans in Nevada.

In recent years the RCH industry has asked for waiver increases so they can continue to provide safe, cost effective care, but those requests have been unanswered.

Instead, we see a new trend of using state Medicaid funds for care in the much less regulated and monitored care settings that operate under NRS 435. Because there are no strict regulations and monitoring of who is

admitted to SLA many with various types and levels of cognitive loss and behavioral problems have been placed there.

Our research has uncovered that entities under NRS 435 known as SLA's do not clearly defined what type of residents they can take and have far less rules and regulation around safety and protective supervision.

We ask this task force to work together with AHOHON and RCHCAN and the entire RCH industry to improve the great safety and protective supervision measures that currently exist under NRS 449 and help the RCH industry continue to be a valued resource for those with Alzheimer's and disability. We hope the task force can help us uncover what services and type of clients SLA's are allowed to take in, as well as help us to ensure these residents are receiving the same protections as they would if they were in RCH's under NRS 449.

Thank you,

Theresa Brushfield