

## DISCLAIMER

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**BA 3243 – Medicaid  
E – 457 Expansion of Group Care Waiver Services**

**I come before you today to support the Assisted Living Facilities and to express the need to amend our current Group Care Waiver system.**

**I have worked in skilled nursing for 12 years and in that short time, and I have seen many changes within the medical field, and in how we are meeting the needs of our elderly.**

**100 years ago there wasn't a need for long term care. The average life span was 50 years old and there wasn't even a question of people caring for their family member at home.**

**Today, as you know, our elderly are living longer due to our advanced medical technology and unfortunately families are not able to stay at home and care for their love one.**

**Thirty years ago skilled nursing facilities were housing for elderly to come and die. They were feared, dark, and the last place anyone wanted to come.**

**Then about 20 years ago hospitals enforced DRG's, and PPS made it essential to promote people to leave the hospital sooner. Skilled nursing facilities stepped up to the demand and became an expansion of acute care. We are now providing care for people who are receiving IV's, feeding tubes, new fractures, amputations, often providing care only days after major surgeries.**

**We have become a Medical Model vs. a Residential / Social Model.**

**We now have a dual responsibility to provide the home like atmosphere, with activities, as we promote their spiritual and social needs, as well as, provide nursing care, therapy, emotional and physical support to both the resident and their families.**

**Assisted living facilities provide the home atmosphere, offer daily stimulation, and excellent care. They too are evolving to meet the demands of the changing needs.**

**Today the cost of an acute bed is \$1,500.00 per day. The average cost for a Medicare patient in a SNF is \$ 300.00, and a Medicaid patient's reimbursement is \$120.00 per day.**

**What has been proposed is greatly needed and cost effective. For the people who do not need acute care they are much better served in an assisted living.**

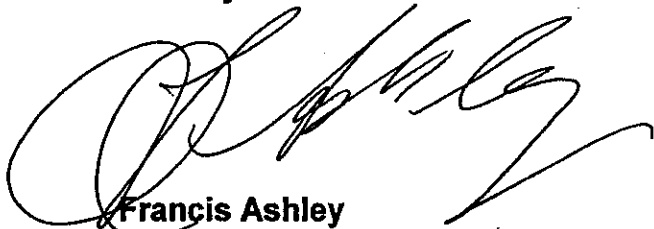
**This proposal is a win – win. The people who are appropriate for a lower level of care will have a much higher quality of life and the cost to the state will be drastically reduced.**

**This will also allow us to open more acute beds.**

**In December 2002 my facility was not able to accept 47 Medicare patients. In January we had to deny 57 people, and in February we were not able to help 33 people.**

**I encourage you to assist the community in moving forward to meet the medial demands and provide the needed waivers and appropriate reimbursement to Assisted Living Facility.**

**Thank you.**

A handwritten signature in black ink, appearing to read 'Francis Ashley', written over the printed name.

**Francis Ashley  
Community Liaison Director**