



For over 75 years, Life Services Network (LSN), a statewide association, has represented the leading providers of the complete continuum of services for older adults, including:

- Skilled Nursing Facilities (167 members with 15,193 units),
- Intermediate Care Facilities (60 members with 3,015 units),
- Sheltered Care Facilities (67 members with 3,440 units)
- Supportive Living Facilities (130 members with 9,511 units)
- Assisted Living Establishments (165 members with 8,412 units)
- Independent Living (171 members with 18,269 units)
- Federally-subsidized Senior Housing (75 members with 5,445 units)
- Home and Community Based Services Providers (35 members)

With a diverse membership now numbering over 540 providers, LSN is the largest eldercare association in Illinois that represents the complete continuum of care in aging services. And, as one of the largest and most respected trade associations of its type in the country, LSN is nationally recognized for its innovative programs, leadership and expertise on issues related to long term care and senior housing and services. Committed to the advancement of quality and innovation in older adult services, LSN is also the state affiliate of the American Association of Homes and Services for the Aging (AAHSA) and the Assisted Living Federation of America (ALFA).

LSN challenges our members to adjust to new roles, groundbreaking ways of thinking, interacting and developing core competencies. In a maturing and rapidly changing industry, LSN believes that knowledge-building and using up-to-date technology are critical to an organization's growth and success in serving the quality needs and services of older adults.

Additionally, discovering what organizations near and far are doing through networking and the development of best-practices will help providers in their journey to deliver the highest quality person-centered care and services for older adults.

The importance and focus of consumer satisfaction will continue to grow and gain recognition as a valid measurement of quality. LSN understands this and works to provide our members with innovative programs to help them achieve both their short and long-term goals. These programs include our Confidence Satisfaction surveys for residents, families and employees. LSN, through weekly newsletters, e-mails and alerts, disseminates the most current, relevant information to our members to assist them in

daily operations, benchmarking, quality improvement and strategic planning in an evolving industry.

LSN helps consumers to understand and respect the diverse services our members provide. Program's like LSN's ParentCare Solutions Eldercare Information and Referral Service helps employers, consumers and caregivers understand the aging process, while promoting and providing access to the providers and services that can help them.

LSN does not represent nursing facilities that have, as their primary mission, chosen programmatically to serve mixed populations and significant numbers of persons with mental illness as a primary diagnosis. We represent geriatric nursing facilities who share our vision for providing the highest quality of care and services for older adults in all healthcare settings. While our members are committed to meeting the mental health needs of those we serve and assuring their safety and that of our employees, it is our position that the steps taken to address the crisis that has developed in nursing facilities serving mixed populations, including large numbers of those with mental illness, must be viewed in context and not used as the rationale to impose new and onerous requirements on all providers of skilled nursing services.

It is our position that the solutions to the problems identified by the Chicago Tribune and studied by the Governors Nursing Home Safety Task Force have their roots in the lack of appropriate and adequately funded mental health services in Illinois. The state for years has been complicit in allowing persons with mental illness to be served in nursing homes. It is well known that Federal Medicaid regulations prohibit the payment of FMAP for Institutions for Mental Disease (IMD) for persons between the age of 22 and 65. By maintaining a population of persons with a primary psychiatric diagnosis below 50% of its occupancy, a nursing home is not considered an IMD and all of the Medicaid payments for individuals there are eligible for federal match.

To develop "solutions" to this crisis that merely impose greater regulatory oversight and sanctions on nursing home providers is to ignore the genesis of the problem. The state should make proper assessments of persons with chronic mental illness and determine if nursing homes are the appropriate setting as well as if there are other alternatives in the community. While the state's current fiscal condition makes the development and funding of services that truly meets the needs of these individuals and protects the safety of the community difficult, we urge the task force to focus on legislative and regulatory solutions that address the root problems and to avoid the imposition of "solutions" that have unintended consequences for our members who strive daily to meet the diverse needs of seniors in our nursing homes.

Life Services Network stands ready to work together with all the stakeholders to create housing and programming solutions for this population.

Respectfully submitted,



LSN Comments on Governor's Nursing Home Safety Task Force Preliminary Recommendations

In regards to the 27 preliminary recommendations of the Governor's Nursing Home Safety Task Force, LSN offers the following comments:

Improve the Pre-Admission Screening & Background Check Process

- Regarding *recommendation #12*, LSN believes that owners and operators should be responsible for conducting appropriate pre-admission screening background checks. However, facilities should not be subject to regular police searches due to the problems at a small percentage of facilities.

Raise and Enforce Higher Standards of Care in All Settings

- Regarding *recommendation #3*, LSN has always felt and maintains that the Illinois Department of Public Health (IDPH) has always had the authority under the Nursing Home Care Act to revoke the license of facilities that continually repeat serious violations. IDPH has always had both state and federal authority to enforce these standards, but currently lacks the staffing resources to enforce them.
- Regarding *recommendation #4*, LSN believes that the funding mechanism for additional surveyors and regulators should be developed in a way not to divert valuable resources away from direct care of nursing home residents. Additionally, LSN feels that no matter what new rules and regulations are put into place, as long as you have the population of persons with severe mental illness and frail elderly in the same facility you are not serving anyone well and actually putting residents in harms way. Additionally, we support the recommendations in Section III and areas of additional study identified in Section IV that would expand home and community based treatment options and study the identify the standards and most appropriate settings for programs that serve persons with severe mental illness.
- Regarding *recommendation #6*, Under current law, healthcare institutions and State regulators are already mandated reporters to report any misconduct to the Illinois Department of Financial and Professional Regulation.

- Regarding *recommendation #10*, With Illinois near the bottom in a national ranking of Medicaid reimbursement rates, LSN is of the opinion that staffing should be based on treatment needs and conditions of residents and that any effort to require additional staffing should also require an obligation from the State to appropriate additional funding to meet those staffing requirements.