

Good Afternoon and thank you for allowing me to speak about this very important issue.

My name is Janet Edgecomb. I have been a registered nurse for 34 years and a multi-level nursing home administrator for the past 5. I am currently the executive director of Ross Manor, a 167 bed continuing care community. The Ross Manor community includes Sylvia Ross home, a 40 bed assisted living and Engel Place, a 24 bed residential care, specializing in dementia care.

I am grateful for the work that has been done since the hearing in November to clarify and amend the proposed rules related to assisted living and residential care. I do, however, continue to oppose LD 979.

I oppose LD 979 as it reflects a departure from the social model assisted housing programs were built upon. A social model that fosters promoting resident independence and choice in a home-like environment. I also oppose LD 979 as it mandates unnecessary changes without needed resources to fund them.

Sylvia Ross Home began in a small 12 bed Victorian house in Bangor. It was Sylvia Ross's vision to enable elders to remain at home and be as independent and socially engaged for as long as able. Today this vision lives on at Sylvia Ross Home where residents fund their residency with private funds which in some cases is supplemented from the Sylvia Ross Trust. While recognizing the impact a non-funded mandate will have on Maine care recipients, there is also a ripple effect on non-Maine care beneficiaries. It is their residency charges that will need to be adjusted to meet the requirements of these proposed regulation changes.

Unlike Ms. Ross, LD 979 asks that we institute a plan without additional resources.

Additional resources would make sense if the predominant needs of residents have also increased. We measure resident need by their acuity. Our case mix index, the means the State of Maine uses to measure resident acuity, does not reflect a higher resident acuity in our residential care facilities.

Despite this stability, we are being tasked with increasing the assistance provided. On Engel place alone, Ross Manor's memory care residential care, the additional staffing in year 2, would be a 33% increase in staffing equating to a projected increase in costs of \$188,000. That is a staggering amount of money and when unfunded, not sustainable.

I was the director of a 30-bed residential care facility for those with dementia in 2012. This was the time when Maine was toying with the idea of cutting Maine care funding for Private non-medical institutions completely. The fear was real that 6500 Mainers would be left with no place to live. Fortunately, the budget was resolved without the major cuts that were proposed. The fear we felt then is as real today, as facilities face the new assisted housing rules without additional funding. Closures are inevitable when rules are structured without the realities of unfunded mandates and workforce access considered in tandem.

Hiring competent staff became more difficult during and post-Covid. Wages have escalated for all workers, especially direct-care. Many facilities must use the costlier agency / temporary workforce to shore up their current staffing levels. Recruitment and retention are the new battleground for all in healthcare. Increasing the staffing benchmark is a daunting concept, especially if unnecessary.

The housing landscape for our elders requires forward thinkers like Sylvia Ross. She knew there was a need and found a way to sustain the program she began. LD 979 threatens, like the 2012 PNMI scare, to lead to closures of more assisted housing facilities. Maine can not lose anymore facilities that care for it's elders. As the oldest State in the nation, we should do as our state motto says and "Lead the Way."

Thank you for your time today. I appreciate all of your work for Maine's elder community and those that care for them.

