**Our Lady of Peace Home (OLP Home) Request to Change its Licensure from Nursing Home to Residential Hospice: Talking Points**

1. **OLP Home has existed since 1941 and continues to pursue an important mission.**

* Only end of life care provider serving the inner-city
* Only end of life care provider serving the poor exclusively
* Only end of life care provider that offers free care to those who have no other means to pay
* Most twin cities hospices refer patients to OLP Home who need inpatient care and are indigent
* OLP Home has a sister organization (OLP Hospice) that provides in-home hospice care and refers those needing in-patient care to OLP

1. **OLP has always been more like a Residential Hospice than a nursing home.**

* Meets the Residential Hospice requirement for being homelike in a residential setting.
* Less than twelve residents cared for on each of its two stories.
* Serves more than 255 person with incurable disease per year.
* Average lengths of stay are less than one month
* OLP is licensed as a nursing home because it predates both the Nursing Home and the Residential Hospice laws.
* Nursing Home regulations are philosophically different than Residential Hospice regulations
* OLP Home can no longer survive in its current non certified status

1. **Amending the law to allow OLP Home to become a Residential Hospice will allow it to become Medicare certified.**

* Even though OLP Home cares for dying patients with very complex needs, they cannot use their benefits for General In-Patient Care through Medicare at OLP Home because the home is not Medicare-certified.
* Certification as an SNF is impractical because its mission is end of life care, not rehabilitation
* Minnesota has a low number of residential hospice beds when compared nationally
* OLP board has committed significant funds to meet the current Life Safety Standards required of a Medicare-certified Residential Hospice.
* In order to continue to provide free end of life care to those without other means of payment, OLP needs the revenue from Medicare to supplement its receipts from charitable giving