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Please see below;

1. Attracting and retaining talent to address health care workforce challenges in urban and rural communities; Attractive salaries, mileage reimbursement, holiday pay etc (overtime pay when lack of pca s and you need to service a client, current ot pay for pca is 24/hr, agency gets 25/hr not making any sense)

1. Improving access to primary care and public health services;
Clearer direct websites, not searching from page to page. elderly hardly use a computer and get confused.

1. Removing unnecessary state administrative hurdles to recruiting and retaining health care workers
simplify requirements for workforce, skip all the nonsense like cultural competency, infection control, 2nd step tb,, just chest xray like hospitals can do

same regs for all or exclude pcs from nrs 449, give them their own chapter with rules for the "baby sitting service" as we are so pleasantly called sometimes (non medical non skilled)

1. Identifying sustainable funding strategies for strengthening the state's health care workforce, which includes supporting competitive Medicaid reimbursements; holiday pay (150%), mileage reimbursement, create categories for level of care, the higher the level of care the higher the reimbursement hence the higher pay for the caregiver. at this moment the pca with over 10 years of experience taking care of a quadriplegic client gets the same as the little girl just coming out of high school and taking care of a compassion care client.....

1. Ensuring recommended strategies for increasing provider reimbursement are based on payment methodologies that incentivize and reward for better quality and value for the taxpayer dollar; and
see above

1. Identifying strategies for evaluating new and existing state investments in efforts to improve the capacity and size of the state's health care workforce.

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