

To whom it may concern

I would like to thank you in advance for reading this. I have been an adult foster home provider for the mentally ill for going on eleven years in April. The residents have been in my home between 8 years and almost 11 years. These are not short term arrangements as the very definition of severely persistently mentally ill is a long term illness. Although for some with mental illness, with a lot of dedication on their part, can live independently and in recover; but, unless a person works on their recovery, and acknowledges that they have an illness there isn't much that we as providers can do but assist and provide services to and for them. The system is attempting to change, and that is good for the people in our homes who want to, and can change with it. There are many who cannot, and will not. What is going to happen to them? Yes, I understand there are people out in the communities that work and are mentally ill. They have worked hard at controlling and understanding their illness and have overcome. Not everyone can do this and we need to look out for those who are not able too.

These changes are going to require much more work on the part of the provider to provide or as OHA likes to refer to "Habilitate" a person. Especially one who doesn't want to be habilitated. If habilitation was the only thing that we are required to do, it would not be an issue, but it is not! We are to be available to each person 24/7. We are to make appointments for and attend the appointments because for my residents they do not accurately report, nor are able too. We are to provide activities that each person would like to attend and assist them to get there. We are now being required to do the duties of Residential Treatment Facilities/Homes and skill train! The LSI for AFH's describes and pays us to "Assist and Support", unlike the LSI for Residential Facilities/Homes that describes and pays them to "Assistance and Training to preform skill" or "Assistance and Training to Practice Skill" which is why Residential Treatment Facilities/homes are paid at a higher rate that can support more than one person on duty 24/7, which we as AFH's cannot afford at this rate. It is unreasonable to expect that these new changes are or can be implemented at this rate of pay. I have had a licenser tell me "We hear mothers are tired all the time" and maybe it seems that that is all we are doing, but let me assure you it is not! We are not dealing with children eager to learn and be just like mom. We are dealing with adults whose voices are telling them that they are not good, or that we are trying to hurt them, etc. and they want to be left alone to deal with things going on with them, training is the furthest thing on their minds. So, there is more time involved in engaging them, finding out what they want to do, what they can do, etc. and then the actual explaining and training; and there are others who need staff for PRN's, appointments, and other duties needing to be completed as required by the state for documentation, OAR's, etc. The time it takes to train under normal circumstances takes more time to complete the task, to train those with a disability requires more time. Time that one person on duty 24 hours a day with up to 4 other people who have needs to be met cannot be done. The only thing that OHA/AMH/HSD is going to accomplish is provider burn out and homes closing.

Although, all of the habilitation changes are necessary, in the right environment (RTF/RTH's) and for the right reasons. Reasons such as a resident wanting to do so, or to prepare them to live on their own in the near future but not just because, and not without payment that can support it. I can tell you that the people in my home have no desire to do these things and for some it could cause serious harm to them based on their physical and emotional state. There is also the liability issues, we are supposed to be a home, not a training facility and therefore putting the others in the home at risk of harm is unreasonable. We do not have the fire suppression systems, the commercial kitchens, because we were never meant to be a training center or serve on a commercial basis.

Below is a partial list of things one person on duty 24 hours a day with the ability to sleep from 11pm-7am is to do. I don't expect that you would read the whole list but hope you will skim through it in an attempt to understand why we, AFH's need more money if they expect us to do "habilitative services" (training) with the residents in our homes.

**Cook** 3 meals, planning in advance with the residents, **Grocery & janitorial shopping** for the home when residents are gone or if they want to go along if no home alone, and if there is a vehicle available to hold everyone and the groceries to feed 6 adults.

Prepare all **medications**, insuring current physician's orders, med changes, M.A.R.'s, check accuracy from pharmacy and Dr. Offices for all medications, faxing, phone calls, picking up meds.

Scheduling and attending **medical & mental health appointments** for all residents or attempting to keep track of appointments being made by resident or case managers, or CCO, etc. while keeping appointment for others who have been scheduled, while not leaving anyone home alone.

Finding **activities** of interest to each resident, assisting them with **transportation** there and insuring they have a lunch of their choosing where they are going or prepare one when they return if they didn't want to eat what was there at the activity, for all 5 residents.

**Housekeeping** for a home of 6 bedrooms, 2 baths, 2 tv/living rooms, kitchen, dining room, laundry area, glass doors and windows, ovens, stove, refrigerator, vents, laundry for all residents, laundry for beds, etc.

**Documentation** to include detailed goal oriented outcomes-which requires spending 1 on 1 with each person to see what goals they would like and how they can achieve them and who the one person can assist them in achieving them. Which requires additional one on one cueing, reminding, assisting, to achieve each goal, if the resident really wants to participate in the goal, 3-5 goals each. Fire drills including nigh (11pm-6am), menus, activities, Incident reports, updating res. records. Filling of all the documents. , **bill paying/bookkeeping/taxes. 12 hours annual training.**

Filling out LSI's, MMIS form (plan of cares, prior authorizations or any other documentation to be able to bill), Billing to receive payment.

**Building repairs, yard work**, assisting each resident to obtain and shop for things they need and want.

**Other** Activities of daily living that they would like or need like **renewing identification, obtaining birth certificates**, renewing, **signing up for benefits and/or paperwork to keep current benefits, money management, obtaining clothes and personal items.**

It is easy to see how one person cannot physically do this job without doing habilitative services, simply because one person cannot possibly be in 2 or 3 places at one time. Most of us live in our homes and have partners that assist us (usually without pay), is the reason it has been able to be accomplished thus far.

The costs to run a home large enough to house a minimum of 6 adults, all having their own rooms, utilities, janitorial supplies including laundry detergents, and personal soap and shampoo for residents, food, all the necessities to supply a home for eating, sleeping, living in is significantly more than \$570.00 per month, per person; and we all know you can't rent an all expenses paid with housekeeping, food (prepared and cooked), with laundry services for that amount. Nor can we provide it for the amount of \$570.00. There are also other costs that are associated with running the Adult Foster Home, like liability insurance, replacement of appliances/household items/furniture, carpets, toilets, siding/painting, roof maintenance. There are a lot of repairs because of the constant occupancy, not just after work and weekend use, etc. Then there are taxes, medical insurance, wages, etc. Although \$2,770.00 looks like a lot of money, in reality it is not when expenses, whether for 1 or 5 residents exceed what is being paid for them. Maybe if we really only needed one person on duty 24hours a day with the ability to sleep for 8 hours. But even that is, at the current minimum wage, (and we know it is going up) is  $9.25 \times 16 \times 30 = \$4440.00$  excluding quarterly taxes, this is a straight wage, no overtime, time and a half. So at \$13,850.00 for 5 residents, less a wage for one person for 16 hours per day for 30 days that leaves \$9,410.00, to cover all the other expenses of the adult foster home, the business and home expenses which were for my home \$8,436.48 per month, which leaves \$973.52 for rainy day fund, major repairs like roof, siding, carpet, etc.; And again, **if**, you have 5 residents, which I have not had for 6 months now so I'm actually running  $-\$1,796.48$  every month, and it's not feasible to work outside the home in an attempt to support it, so we work for less than Fed minimum wage (\$5.50 an hour) or for free. The things included in that total, were for things like house payment, utilities, food, office supplies, phone and internet, liability and medical insurance, vehicle expenses (no payment), repairs and maintenance on a home built in 1912.

I apologize for the length of this letter, I know your time is valuable, I just knew I had one shot in an attempt to explain the circumstances.

Thank You,

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