

**TIM AND IOANA MOORE**  
ADULT FOSTER HOME PROVIDERS

**TALKING POINTS FOR MEETING ON SATURDAY**

Like many (if not most) of the Licensed Providers affected by the recent MMIS payments for service, we have been in business for many years (in our case, nearly 12). In January, we saw a nearly 60% decrease in service rates.

*In the 12 years that we have been a licensed AFH, our expenses have been marked by a steady increase. This includes (but is not limited to):*

- MORTGAGE PAYMENT
- SPECIALIZED BUSINESS AND HOUSE INSURANCE
- UTILITIES (ALL HAVE INCREASED SINCE OUR INITIAL LICENSURE OF 2004)
- AUTOMOBILE INSURANCE
- FEES FOR REQUIRED CONTINUING EDUCATION UNITS (MANDATORY CEU CLASSES)
- FOOD AND KITCHEN SUPPLIES
- CABLE TELEVISION - (A NECESSITY FOR AN AFH)
- AUTOMOBILE INSURANCE AND MAINTENANCE
- ACTIVITIES ENTERTAINMENT FOR AFH RESIDENTS (AGAIN, A REQUIREMENT)
- MAINTENANCE AND REPAIRS FOR OUR HOMES.
- CLEANING SUPPLIES (AND PERSONNEL WHO PROVIDE THOSE CLEANING SERVICES)
- STAFF PAY (THIS TOO, HAS INCREASED NOTICEABLY IN THE PAST 12 YEARS)
- LAUNDRY AND RELATED EXPENSES

And yet, in January, we were handed this rate decrease. I am certain that this has affected all providers who have Medicaid clients (both Eldercare and Mental health). Unlike Private-pay clients, we cannot submit Cost-Of-Living raises with our MMIS/Medicaid residents. We are, however, expected to maintain the same standards of care, quality of food, level(s) of entertainment, etc.

And please note that you would be hard-pressed to find a Licensed Provider who has NOT paid out of their own pocket for a resident, or residents. This includes clothing, medication, incontinent supplies, etc. We love our clients, they are a part of our family (indeed, for some of our mental health clients, we are the ONLY family they have).

We have been providing care for mental health clients for nearly 7 of the 12 years we have been licensed. At times, we feel like we are the social workers, case managers, appointment schedulers, liaison with Intake providers, and even nurses for our clients. 12 to 14 hour days are not uncommon. Again, we are now being asked to do more with less compensation.

I have no doubt that some AFH's will close their doors in the next few years, due to these cuts. Where will the mental health clients be placed? I am told that there is a shortage of AFH's licensed as Mental Health Homes; indeed, many have a waiting list. Will the Assisted Living facilities, Nursing Homes, Retirement Homes and communities accept these mental health residents? I doubt it.

This service rate decrease is overly harsh—A mental Health client, for example, whose care provider was formerly paid \$4900 per month, now receives on average \$2200 monthly, with an added \$570 from the client for rent. Multiply that by 5 residents, and it is easy to see that these cuts run deep. I understand that the old rates under the LOCUS scoring system were somewhat inflated, but this does not justify the

new rates, nor does it make it any more palatable. I feel that most licensed providers, who formerly had a client service rate of \$4900 (and were reduced under LSI scoring to lets' say \$3000 per month), per client, would be more amenable to this rate.

I encourage frank and calm discussion pertaining to this issue—Hopefully in a calm fashion, with understanding from both sides. Yes, I realize that the State has expenses, and a budget to meet—So do we.

I am sure that you would agree.

With respect,

Timothy Moore