

Submitter: Shannon Carskadon

On Behalf Of:

Committee: House Committee On Early Childhood and Human Services

Measure: HB2495

I have been an adult foster home provider for 27 years. The current minimum wage to keep any caregiver employed is \$18-20 hourly. This amounts to at least \$22-27 hourly after taxes and insurance. Hospitals, assisted living facilities, and skilled nursing facilities received billions of dollars in grants to employ and retain staff during the last 3 years. Adult Foster Homes received no such help. On the contrary, our expenses ballooned we were required to raise our payroll to compete, and were not eligible for any reimbursements for PPE, covid testing, or the like. Staffing for daytime hours only (assuming we have a live in resident manager) brings payroll alone to almost \$10,000 just to have 1 caregiver working. As you know, the IRS requires us to meet at least minimum wage standards, even with a live in resident manager on salary. Base rates of \$3,000 ARE NOT ENOUGH to meet IRS minimum wage standards. Base rates should be at least \$4,500. Exceptional payments should not be part of this bill. They should remain in place as some clients are so extremely high acuity, they would cost DHS upwards of \$20,000 monthly in nursing homes. The state has a misinformed idea of what Adult Foster Homes do. I can assure you, none of my residents sit and knit, and want to be my roommate. Every one of them has high physical, mental, and often medical needs, and expect my staff and I to serve them, as they pay us. They are not roommates. They are paying customers who expect service. Services is expensive. In fact it is at least \$10,000 monthly. I have heard SNFs get higher rates of pay because the staff is higher skilled. What you don't know is these are the same caregivers and CNAs that fluctuate through all facilities and hospitals. We are all fighting to keep these employees. At these embarrassing Medicaid rates, Medicaid homes will continue to close and where will these patients go? Every other type of facility is reimbursed at a much higher rate than AFHs. While the intent of this measure appears to be helpful to AFH it is certainly not enough of a raise to overcome the increase in payroll, food, housing, and utilities that has happened in the last 3 years ,and by reducing exceptional payments, you will be forcing the homes who are compassionate and competent enough to care for those individuals, to close.