

Community Provider Association
Family Outreach
January, 2018

Community Homes (ICF/DD) and Home and Community Based Services (Waivers) are on the brink of financial collapse due to inadequate funding; but, the State does not recognize the reality of this funding shortfall or the workforce challenges it brings.

Families and those with developmental disabilities that receive services clearly see the workforce problems every day and wonder **why**:

- **Why** does my worker not stay employed long?
- **Why** does it take so long to replace my worker?
- **Why** can't I get all of the hours of service I need?
- **Why** does it take so long to get my services started?
- **Why** won't the provider I selected from the Choice Form take me?

Provider agencies struggle each and every day trying to fill vacancies with qualified employees that will stay. Unfortunately, providers are paid LESS TODAY THAN 10 YEARS AGO when minimum wage was \$5.85! This is the reason providers cannot attract and retain qualified staff.

In many ways, the work today is more difficult than ten years ago:

- Individuals receiving services are aging and often have extraordinary medical needs or challenging behaviors.
- Bureaucratic "bean-counting" has tied up valuable resources – supposedly to prevent waste, fraud, and abuse. In actuality, these micromanaging measures simply redirect time, thought, and MONEY to paperwork while participants are left with whatever meager resource is left.

The state began reducing reimbursement rates in February 2009. Every year since then providers have appealed to the Louisiana Department of Health, particularly the Office for Citizens with Developmental Disabilities and the Office of Management and Finance as well as the Louisiana Legislature to provide enough money to address the needs of those served and for relief from these bureaucratic burdens. But no relief has been forthcoming. Instead Louisiana's Department of Health has added more programs and more people to an already sinking ship. And it has added even more costly requirements to providers with no money to cover these.

Here is what the **COMMUNITY PROVIDER ASSOCIATION** is asking of those that depend on providers for the care of their family members. *WORK WITH US TO SHOW THE STATE THAT WE NEED HELP!!*

We are asking that you help us educate legislators and State employees of the Louisiana Department of Health about the need to be able to pay our employees, both those that work in direct support and those that manage the day-to-day services, a decent, living wage. Just as the State has done for its employees with pay raises that began just this January 1, 2018, providers must also be able to pay its employees if we are to provide the services that the individuals and families need and that the State holds us accountable to do.

Specifically we are asking that you help:

- Assist us in contacting local legislators with our message of the need for rate increases. This will be done through personal visits, phone calls, emails, etc. We will provide the information you will need to make the contacts and we will provide talking points.
- Everyone that can, attend a day at the Capital during the legislative session to inform legislators of the urgency to address this very important need.
- We will also include media (public awareness) in the campaign, so we may need to tell your story.

Representative Cameron Henry, District 82 (Old Metairie, Old. Jefferson, Airline Park)Chairman of the House and Appropriations Committee

Legislative Office

1539 Metairie Road
Suite A
Metairie, LA 70005

Phone (504) 838-5433

Fax (504) 838-5435

Legislative Aide

Myrna Schlesinger

Email

henryc@legis.la.gov

Consent to Communicate with the Community Provider Association and its Members

I herein give my consent to the Community Provider Association and its Member agencies, Member agency employees, and other family members involved in the **The Provider is My Lifeline Campaign** to add me to its mail/contact list so that I may be kept apprised of the activities of this campaign.

Name: _____ Date: _____

Contact information:

Email: _____

Snail Mail:

Cell Phone: _____

Other Phone: _____

Contact method I prefer: _____