Subject: Protect Medicaid-funded adult day health services in Florida in 2022.

Dear **[Replace text with Recipient's Title and Name]:**

 I work in the Adult Day Health Care field and live in your district. I'm writing to bring attention to a pressing issue that must be addressed during the 2022 legislative session.

The $15 minimum wage has unforeseen effects for Medicaid clients' future access to adult day health programs. Adult Day Health Programs (ADH) provide important health care services to nearly 18,000 frail elderly and individuals with disabilities, including chronic illness management, health care oversight, monitoring, and care coordination, as well as social assistance and family support. Dementia or Alzheimer's disease affects more than half of ADH participants. ADHs around the state serve a crucial role in the Statewide Medicaid Managed Care Long-Term Care Program, serving as the primary providers of home and community-based services that allow participants to remain in the community and avoid institutionalization.

While the cost of living and doing business has risen, the rates paid to providers by health plans have remained unchanged for over a decade. Current reimbursement rates average $55.00 per day, with some insurers lowering rates recently without considering other required costs of running a business (e.g., taxes, licensure, accreditation, insurance, office space, marketing, technology, worker education/training, background check, etc.),

The simple truth is that without a rate rise in Medicaid payments to reflect the minimum wage hike, any program providing Medicaid services will be financially unsustainable.

Furthermore, failing to address this issue sooner rather than later will simply exacerbate the long-standing problem of attracting and retaining personnel to provide care in adult day health programs.

Finally, I humbly request that you and your colleagues take up this topic during the next session.

Thank you for your attention and service.

**[ Replace with
full name
address
business name
cell phone
email address ]**