# Kentucky's Personal Care Homes

Sustain the Safety Net

- Adam Mather, Kentucky Association of Health Care Facilities
- Joe Jurgensen, Health Systems of Kentucky
- Raquel Edery, Eldercare Partners

## Personal Care Homes (PCHs)



Established in the 1970s, Kentucky's PCHs are the community safety net for adults who need a stable, staffed home



In 2013, there were 81 PCHs serving 4,400 Kentuckians. Today, less than half of those facilities and beds remain in operation.



Today's rate no longer covers essential services (housing, 24/7 staffing, meals, med assistance, hygiene, laundry, activities)

#### History of Personal Care Homes: Who We Serve

Adults—many with serious mental illness—who need a supervised, structured, non-nursing-home setting

Residents do not require intensive care such as a hospital or nursing home, but need support beyond room, board, and laundry

Specialized Personal Care Homes (SPCHs) house people with mental illness, intellectual disability, etc., and have additional requirements

## History of Personal Care Homes: How We're Regulated

Personal Care Homes are licensed by Kentucky's Cabinet of Health and Family Services through the Office of Inspector General (OIG)

Regulations are established under Kentucky Revised Statutes (KRS) and Administrative Regulations (KAR)

## History of Personal Care Homes: State Supplement Program

Many PCH residents are extremely low-income and rely on a **state supplementation payment.** 

This state-funded program is **not Medicaid**, and eligibility is restricted based on things like disability status or income.

The state pays a daily rate directly to the PCH for each eligible resident.

Residents contribute most of their monthly income to cover care. The state pays the difference between the daily rate and resident contributions.

## Sustain the Safety Net



These homes provide staffing stability, life safety repairs, and daily resident supports.



Without using Medicaid funds, Personal Care Homes offer a lower-cost alternative to ER, jail, psych admission, or nursing-home misplacement.



Every retained PCH bed protects residents, families, and local systems.

## Why Now: The Gap Between Costs and Care

- Costs we don't control:
  - Groceries/therapeutic diets
  - Utilities
  - Property & liability insurance
  - Life-safety maintenance
  - Wages
- On roughly \$50/day, homes are deferring maintenance and struggling to retain staff
- Losing PCH capacity forces people into more expensive, less appropriate settings

## Operator Perspectives

- Joe Jurgensen
- Raquel Edery