

HANDOUT 1

EXHIBIT 1

COMPARISON OF SGR COSTS FOR NURSING AND ASSISTING LIVING 20-Aug-21

Nursing Home	Daily	Annual
SFY2020 Average Medicaid Per Diem:	\$ 195.05	\$ 71,388.30
Average Patient Liability:	\$ 32.73	\$ 11,979.18
Quality Assurance Fee (QAF) (Bed Tax):	\$ 21.41	\$ 7,836.06
Federal Match for QAF:	\$ 53.16	\$ 19,456.56
Federal Match for State GR:	\$ 62.40	\$ 22,838.40
State General Revenue:	\$ 25.35	\$ 9,278.10
Total Provider Revenue:	\$ 195.05	\$ 71,388.30

Assisted Living		
SFY2020 Average Medicaid Per Diem:	\$ 74.36	\$ 27,215.76
Daily Room/Board Payment:	\$ 23.16	\$ 8,476.56
Average Patient Liability:	\$ 14.52	\$ 5,314.32
Patient's Daily Room/Board Payment:	\$ 23.16	\$ 8,476.56
Federal Match:	\$ 42.60	\$ 15,591.64
State General Revenue:	\$ 17.24	\$ 6,309.80
Total Provider Revenue:	\$ 97.52	\$ 35,692.32

Daily Savings Assisted Living **\$ 8.11**

The daily savings are \$8.11 for ASSISTED LIVING over SKILLED NURSING

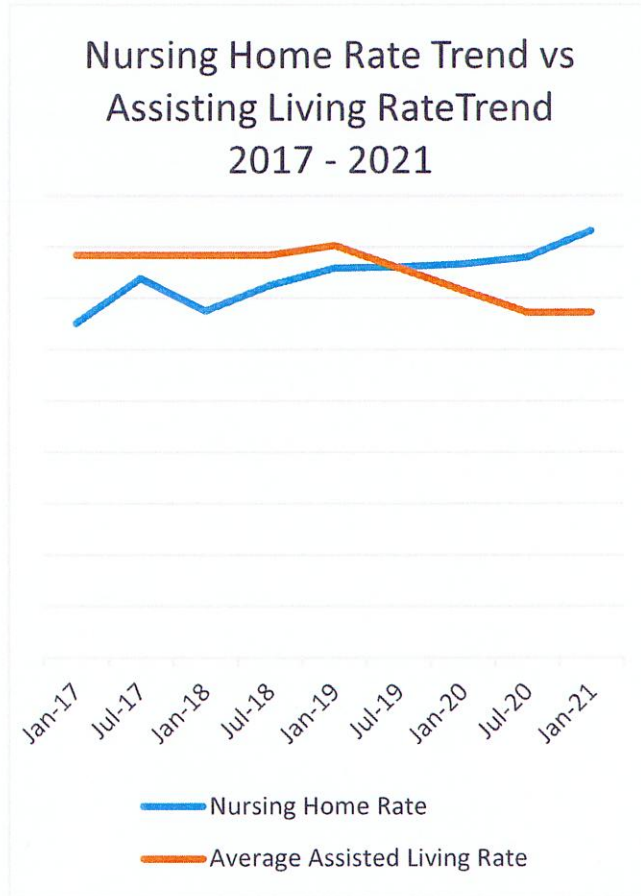
This gap will widen more for SFY2021 as nursing home rates increase due to labor and covid costs and **Assisted Living rates were decreased!**

The Assisted Living rate can go up to 102.50 and still not cost SGR more than skilled nursing.

The information above was provided by Mark White on 8/20/21.

EXHIBIT # 2

Indian Rock Village Nursing Home & Assisted Living rates



<u>DATE</u>	<u>Nursing Home Rate</u>	<u>Average Assisted Living Rate</u>
Jan-17	\$162.62	\$78.40
Jul-17	\$184.45	\$78.40
Jan-18	\$168.73	\$78.40
Jul-18	\$181.04	\$78.40
Jan-19	\$189.50	\$80.33
Jul-19	\$190.08	\$75.97
Jan-20	\$191.60	\$71.61
Jul-20	\$194.78	\$67.25
Jan-21	\$207.74	\$67.25

Change

2017-21

27.75%

-14.22%



Oklahoma Department of Human Services
Sequoyah Memorial Office Building, 2400 N. Lincoln Blvd. • Oklahoma
City, OK 73105
(405) 521-3646 • Fax (405) 521-6684 • Internet: www.okdhs.org

Provider update: April 8, 2020

To: All Assisted Living Providers and Assisted Living Case Managers

Subject: Assisted Living Tiers During Pandemic

Date: April 8, 2020

Per the Appendix K approved by CMS for Emergency Preparedness, all tiers for Assisted Living (AL) Members will be changed to 'Tier III-T2031TG High' through the end of the calendar year. This means that all Members currently at 'Tier I-T2031 Standard' or 'Tier II-T2031TF Intermediate' will be raised to Tier III for dates of service 03/01/2020-12/31/2020.

In order to complete this, all AL authorizations currently in Harmony for Members at Tier I and II will be revised by MSU to end 02/29/2020. New authorizations of Tier III will be placed for dates 03/01/2020 through the Member's service plan end date (not to exceed 12/31/2020). Case Managers can begin adding Tier III to service plans for all AL Members going forward for dates through 12/31/2020. Authorizations beginning 01/01/2021 will be added for the Member's previously assessed tier rate.

If billing for services of Members at Tier I and II has already been completed for dates in March/April 2020, billing will need to be voided so the Members' authorizations can be updated and retransmitted. This will allow the AL to rebill at the higher tier rate for those dates of service. If the AL chooses not to void billing, MSU will end the authorization for the last date of service billed and begin the new authorization for the following day. The last date of service billed will need to be communicated to MSU by the AL.

If billing has not taken place for March/April, or when all needed billing has been voided for March/April, please notify MSU so the authorizations can be updated. The AL should refrain from billing for services until the Member's authorization has been updated and transmitted in Harmony to prevent billing errors.

MSU has identified this as a priority project and will have multiple staff assisting to ensure quick turnaround time for the AL providers. These authorization revisions need to be coordinated closely. We are asking that all correspondence be sent through the PQ chapter in Harmony using Type: AL Question.

Inquiry Category *

Provider Question ▾

Inquiry Type *

AL Question ▾

AGING SERVICES | MEDICAID SERVICES UNIT
ADvantage Administration | State Plan Personal Care
Office: 918-933-4900 | CareLine: 800-435-4711

(d) 405.605.3220 (m) 405.206.3905

From: Tom Langdon <telangdon@gmail.com>
Sent: Thursday, December 3, 2020 12:06 PM
To: Ian Colgan <icolgan@ochanet.org>; Todd and Lori Hightower <todd@healthmarkservices.com>
Subject: Fwd: Press Release

Wow

----- Forwarded message -----

From: **Lambeth, Brenda** <Brenda.Lambeth@okdhs.org>
Date: Thu, Dec 3, 2020 at 11:52 AM
Subject: Press Release
To:

FOR IMMEDIATE RELEASE

Media inquiries, contact: Casey White
OKDHS Office of Communications
Phone: (405) 313-8215
Email: Casey.White@okdhs.org

OKDHS announces retroactive rate adjustment for Medicaid Waiver providers

OKLAHOMA CITY (Dec. 3, 2020) – Oklahoma Human Services (OKDHS) is excited to announce a retroactive rate adjustment for Medicaid Waiver providers serving Oklahomans with developmental disabilities and low-income seniors. This one-time payment will aid providers with increased costs related to personal protective equipment (PPE) and unprecedented overtime directly related to serving during COVID-19.

“We value the sincere dedication of these provider communities,” said Justin Brown, OKDHS Director and Secretary of Human Services and Early Childhood Initiatives. “There is no greater measure of character and compassion than caring for people when they can’t care for themselves, including when the people being served are sick or recovering from COVID-19.”

“COVID-19 has reinforced the commitment of providers who serve people with developmental disabilities to be the 24/7 community system ensuring health and safety needs are met,” said Pat Ownbey, Executive Director of Oklahoma Community-Based Providers. “We are abundantly appreciative to the leadership of OKDHS for valuing services for our people, and providing relief and support so we may continue to stand and serve as this pandemic intensifies.”

Payments will be a one-time 20% retroactive rate adjustment for services rendered April 1, 2020 through Sep. 30, 2020, and will be issued in Feb. 2021 after all of the approval processes and public comment periods have been satisfied.

“We want to make this commitment today to our providers who serve as the community side of the long-term care industry, because they need assurance of our support as they prepare for the coming months,” said Samantha Galloway, OKDHS Chief of Staff and Operations.

Providers will not need to do anything to receive this payment other than have all of their billing complete and up-to-date for the applicable timeframe by Jan. 1, 2021. OKDHS’ partner agency, the Oklahoma Health Care Authority, will recycle claims and will make the lump sum payment on the agency’s behalf by the end of Feb. 2021.

“These are challenging times and knowing we have a true partnership in serving Oklahoma’s vulnerable seniors alongside OKDHS has been unprecedented,” said Lola Edwards, Home and Community-Based Services Council President.

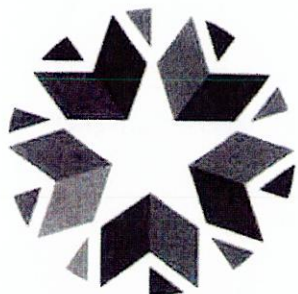
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Tom Langdon
John H Johnson Care Suites
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405 849-5200

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To: Deanna Binz <Deanna@healthmarkservices.com>

Subject: MSU Update - Human Services announces retroactive rate increases and other interventions for waived services providers



OKLAHOMA Human Services

OKLAHOMA CITY, OK (July 20, 2021) – Oklahoma Human Services (OKDHS) announced today 20% retroactive rate increase for Community Living, Aging and Protective Services (CAP) and Developmental Disabilities Services (DDS) waived services providers. These interventions, funded by the American Rescue Plan Act (ARPA), are retroactive back to Oct. 1 through Dec. 31, 2020. Pending approval by the Oklahoma Health Care Authority board, OKDHS is seeking additional interventions for the periods Jan. 1 through Mar. 31, 2021 and April 1 through June 30, 2021. The first payment will be sent in Aug. 2021, with subsequent payments made in 90 day increments.

Home and Community Based Waiver Services (HCBS) include a comprehensive array of services including case management, residential, employment and habilitation services and supports for individuals three years of age or older. HCBS uses a person-centered planning approach where an individual's team assesses the needs of the individual and develops an annual plan of care to address those needs. Waivers allow the state to offer community-based services as an alternative to institutional or nursing facility services, increasing independence and quality of life for the service recipients.

Waivered services providers are also currently experiencing significant workforce shortages to serve HCBS customers. Higher wages offered by businesses competing for the same labor pool is a primary contributor to the HCBS labor shortage, and the lack of qualified and skilled labor has significantly increased over time, increasing provider costs.

“We are grateful for the retroactive increase as it will help fill the gap in our budget,” said Robin Arter, Executive Director at Think Ability, Inc. “It is a much needed relief in our efforts in supporting Oklahomans with developmental disabilities.”

These temporary add-on payments will help bolster services and address this short-term shortage of qualified staff, allowing providers to meet their immediate needs while OKDHS conducts a rate study to develop a strategy for a permanent solution.

“Our waived services providers have done a phenomenal job in serving aging Oklahomans and individuals with developmental disabilities in their own homes and communities during a really

challenging time,” said Samantha Galloway, OKDHS Chief of Staff and Operations. “These additional funds are a vital, yet short term, intervention to help providers mitigate workforce issues while a longer term solution is developed. We are equally excited about the opportunity to invest additional dollars in things that have a real and immediate impact on people’s quality of life, such as eyeglasses, dental and hearing aid services in a big way that is beyond what has been available in our single year budget historically.”

In addition to the retroactive rate increases, both CAP and DDS will also offer a one-time initiative purchase eyeglasses and hearing aids, propose development of model smart homes, expand assistive technologies, offer staff education and direct support staff professional development programs, among many initiatives intended to strengthen supports for older Oklahomans and individuals with developmental and intellectual disabilities.

To learn more about OKDHS’ Developmental Disabilities Services, including Home and Community Based Waiver Services, visit <https://oklahoma.gov/okdhs/services/dd/developmental-disabilities-services.html>. To apply for services, visit <https://oklahoma.gov/okdhs/services/dd/areacontactinfo.html>.

To learn more about OKDHS’ CAP, including the Advantage Waiver program, or to apply for services, visit <https://oklahoma.gov/okdhs/services/cap/advantage-services.html>.

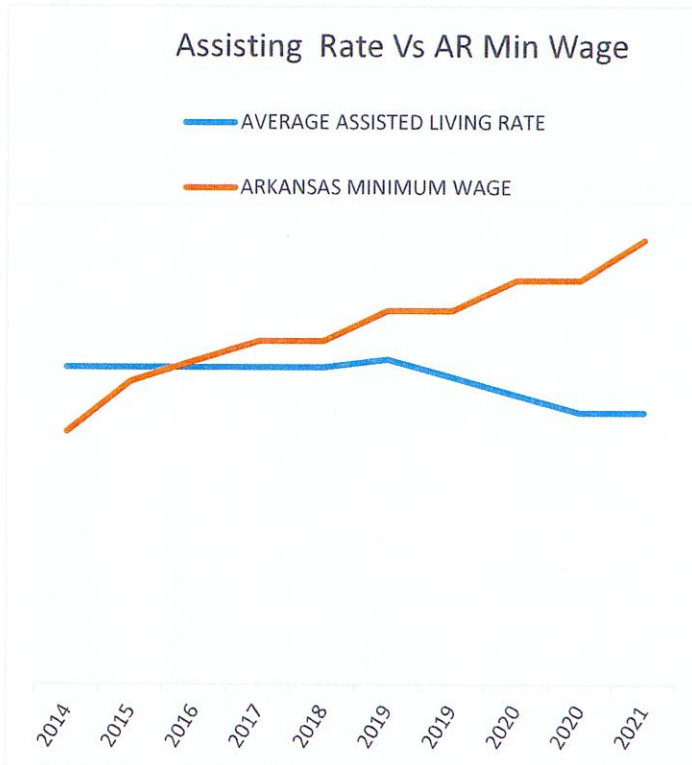
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GOVDELIVERY

Comparison of Assisted Living rates and Arkansas Minimum Wage



<u>DATE</u>	<u>AVERAGE ASSISTED LIVING RATE</u>	<u>CHANGE FROM PREVIOUS YEAR</u>	<u>ARKANSAS MINIMUM WAGE</u>	<u>CHANGE FROM PREVIOUS YEAR</u>
2014	\$78.40	0.00%	\$6.25	0.00%
2015	\$78.40	0.00%	\$7.50	20.00%
2016	\$78.40	0.00%	\$8.00	6.67%
2017	\$78.40	0.00%	\$8.50	6.25%
2018	\$78.40	0.00%	\$8.50	0.00%
2019	\$80.33	2.46%	\$9.25	8.82%
2019	\$75.97	-5.43%	\$9.25	
2020	\$71.61	-5.74%	\$10.00	8.11%
2020	\$67.25	-6.09%	\$10.00	
2021	\$67.25	0.00%	\$11.00	10.00%

The rate on 1/1/19 reflected a combination of four rates that were combined to only one rate regardless of the resident's care needs.

Our current rate of \$67.25 is about what we were getting paid for our second from lowest tier in 2010 (\$67.06).

Exhibit 5

Summary of DHS Rate Study 2021 - 18 Facilities Responding

Exhibit 2
 Medicaid Living Choices Assisted Living Waiver Fee Development
 Summary of Exhibit B from Provider Survey Data Used for Rate Review

Source FOI Data from DHS

Item	CY 2019	Item	CY 2020	PPD	Over / Under 2020 - 2019
<u>Labor</u>	\$ 53.13	<u>Labor</u>	\$ 56.14	\$ (3.01)	
<u>Office Expense</u>	\$ 7.30	<u>Office Expense</u>	\$ 7.28	\$ 0.02	
<u>Maintenance</u>	\$ 4.16	<u>Maintenance</u>	\$ 4.02	\$ 0.13	
<u>Dietary</u>	\$ 2.65	<u>Dietary</u>	\$ 3.28	\$ (0.63)	
<u>Housekeeping and Laundry</u>	\$ 1.33	<u>Housekeeping and Laundry</u>	\$ 1.68	\$ (0.34)	
<u>Other</u>	\$ 18.97	<u>Other</u>	\$ 20.58	\$ (1.61)	
<u>Total</u>	\$ 87.54	<u>Total</u>	\$ 92.98	\$ (5.45)	

EXHIBIT 6

A REVIEW OF PROPOSED REIMBURSEMENT RATES BY ARKANSAS DEPARTMENT OF HUMAN SERVICES FOR THE LCAL WAIVER

HISTECON Associates, Inc., an economics research and statistical consulting firm in Little Rock, was asked to examine the calculations contained in three letters dated August 18, 2018, February 14, 2019, and March 1, 2019, respectively, from the Milliman company reviewing the provider reimbursement rates for the Living Choices Assisted Living (LCAL) Medicaid waiver arranged by the Arkansas Department of Human Services (DHS).

Our examination was based on information from the Milliman letters (referred to as M₁, M₂, and M₃ in this report), additional communications between DHS and the Arkansas Residential Assisted Living Association (ARALA), employment and wage estimates from the U.S. Bureau of Labor Statistics (BLS), and copies of provider surveys of Medicaid costs for January 2019 that were used in the Milliman calculations.

The review began with Exhibit 1 from the third Milliman letter, which is attached here as Exhibit 1. Three critical elements of their calculations are at issue here, because each figure drives the final daily rate of \$68.51 that concludes the letter (line G.):

1. The baseline annual wages for 2019 (line A.1);
2. Years to project (line A.2); and
3. Non-practitioner staff and other overhead costs (line D).

Average Wage Data for Staff Positions

For the hourly wages in line A.1, M₃ used provider survey data from January 2019 to estimate a 50th percentile average wage for two of three practitioner groups, and an adjusted minimum wage for the Personal Care Staff (PCS). Subsequently, we now have more recent data from the May 2020 report from BLS. From the BLS tables available from the U.S. Department of Labor that are based on Arkansas data only, the new data show annual average wages of \$25,950 for Nursing Assistants (category 31-1131), \$40,760 for Licensed Practical Nurses (category 29-2061), and \$61,330 for Registered Nurses (category 29-1141).

Thus, our first recommendation is to use these more recent data as a starting point (see Exhibit 2) and to increase the final rate for January 2021 to \$78.11 from the M₃ rate of \$68.51 for January 2020.¹ This compares to the previous rate of \$80.33, which according to M₃ was “a composite average rate across the service tiers based on the calendar year 2017 claim count distribution.”

Note that our Exhibit 2 does not utilize the minimum wage adjustment that Milliman used in Exhibit 1 (line A.2.b). This occurs for two reasons:

1) Milliman attempted to adjust to 2020 minimum wages for the PC staff by using a multiplier of 7.6 percent on ALL wages. This is a “black-box” number, and no verification is given in the letter other than that a weighted average of all wages was used. It appears the number was chosen to replicate the effect of adjusting the 2018 wages of 75 percent of PC staff – whose surveyed wages were within 40 percent of the minimum – to 2020 wages.

2) This report uses more current wage data from May 2019, and the average wage for the BLS category of Nursing Assistant is \$12.48. Using the same COLA adjustment as M₃ used for all wages, this hourly wage for 2021 becomes \$13.00.² So the new BLS wage plus COLA creates an average wage above the minimum wage of \$11.00 for 2021 in each category, and the Milliman adjustment for minimum wages is no longer necessary.

It should be noted that these calculations do not reflect any possible changes in minimum-wage rates in the future. Discussions continue at the state and federal level concerning new legislation raising the hourly rate to \$15, affecting all calculations in this report. Also, our calculations are independent of the recent increases of 11 percent for Early Intervention Day Treatment and Adult Development Day Treatment rates effective January 1, 2020, which did incorporate the effect of Arkansas’s current minimum wage schedule.

As an illustration of this potential effect, in Figure 1 we compare recent changes in the Arkansas Medicaid Personal Care (AR-MPC) reimbursement rates to related changes in the wages of several non-professional workers. Since 2015, these rates have not changed while the state minimum wage, other reimbursement rates, and

¹ In M₃, Table 1, this rate is given for “January 2019.” However, the letter’s text indicates that this is the recommended rate for January 2020, which conforms to the calculations in Exhibit 1.

² \$25,950/2080 hours = \$12.48 per hour in May 2019; using a COLA figure of 2.8 percent for one and one-half years equals \$13.00 per hour in January 2021.

competitor employers like Wal-Mart and Arkansas Children's Hospital have consistently increased their compensation.

Notably, Figure 1 presents a data time series for "MPC plus CMS inflation" that includes the annual modifier provided by the Centers for Medicare and Medicaid Services (CMS). According to the Arkansas Medicaid State Plan, this adjustment is used by DHS to set interim rates for other programs. The blue line shows the effect of this adjustment (currently 2.9 percent) on reimbursement rates over time, keeping them in line with other compensation from minimum wages and larger employers. In addition, CMS provides estimates of cost increases for different types of care. For skilled nursing facilities, the adjustment for 2019-2020 was 2.8 percent, and the forecasted figure for 2021-2022 is 2.9-3.0 percent.³

Adjusting Base Year to the Applicable Rate Period

Next, the Milliman letter used a base year of 2018 and a 2.8 percent wage increase assumption to achieve a reimbursement rate for January 2020. However, the new reimbursement period when this rate will begin is 2021. Thus, the base wages should be adjusted from 2019 to that year, using the factor supplied by Milliman. Exhibit 2 uses that factor for adjusting the total "Direct Service Practitioner" wages to \$624,890 for 2021 (line A.2), in place of the letter's figure of \$548,074.

Calculation of Overhead Rates

Regarding overhead loads in Line D, based on the January 2019 surveys M₃ uses a multiplier of 90.5 percent. Earlier estimates from Milliman ranged from 75 percent in M₁ to 144 percent (50th percentile) in M₂. Neither of these estimates is supported by detailed calculations that would allow replication. In fact, in M₂ the letter offered a range of overhead percentages from 103 to 194 percent, depending on the number of beneficiaries involved (cf. Table 4).

Of course, these estimates depend wholly on which expenses are included in the calculations. In M₁, Milliman reports that it included total expenses "less room and board expenses and compensation expenses for laundry, dietician and housekeeping staff." However, in M₃ the calculation is based on total expenses not including "expenses for room and board, or occupancy, depreciation, amortization and interest" (cf. page 4). Obviously, these differences have contributed to the

³ "IHS Global Inc. 2019Q3 Forecast, Historical Data through 2019Q2," released by CMS, OACT, National Health Statistics Group, 12/9/2019, available on-line at dnhs@cms.hhs.gov.

inconsistency of the estimates noted above, and we are left with a median (50th percentile) overhead rate of either 144 percent from M₁ or the rate of 90.5 percent that was used in M₃.

However, the dollar amount provided by this latest multiplier appears low when compared to other states that have Medicaid waivers. For example, Milliman recently analyzed Indiana rates and arrived at three tiers of service with rates of \$94.27, \$80.21, and \$72.08, respectively, compared with their recommended overall rate for Arkansas of \$68.49.⁴ Additional reimbursement rates cited in that study included \$74.72 for Illinois and \$73.51 for Minnesota (mid-points for estimated ranges). Elsewhere, Oklahoma recently moved all recipients to a Tier-III reimbursement rate of \$92.47, effective March 2020.⁵

Given the inconsistency of these overhead estimates from Milliman and the lack of documentation for the estimates, a more transparent and dependable methodology is necessary to generate a useful reimbursement rate. For this study, we have created a simplified pro-forma design for the overhead expenses, based on actual staffing and cost figures for 2019. The cost data were supplied by five directors who administer a total of 17 facilities in the state. In Exhibit 3, these costs are listed and combined to derive an average overhead cost per-person-day (PPD) for a typical care facility.⁶ Dividing this total of \$43.62 by the total practitioner costs of \$39.36 provides an estimate of 110.8 percent as an overhead rate, based on 2019 costs and wages.⁷

Lastly, because the salary of an executive director is not included in Milliman's M₃ staff salaries, an adjustment to total overhead costs is added to Exhibit 3. From the provider surveys, only two salaries for directors were evident, and the annual average was \$76,075. This is well below the figure provided in Table 2 of M₂, which showed a 50th percentile salary of \$99,840. It is not known how this latter estimate was calculated, although the letter said "Only two providers included direct care practitioners in Exhibit A who (sic) we categorized as Executive

⁴ Division of Aging, Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning, June 28, 2019.

⁵ "Memorandum to Providers," Oklahoma Department of Human Services, April 8, 2020.

⁶ A share of the Executive Director or Administrator's average salary is also included in the overhead total (see the following section). In M₁, this was part of staffing wages (cf. Table 3); also, in M₂ (cf. Tables 2 and 3); but in M₃, it was included as part of the overhead costs.

⁷ Not surprisingly, the costs for facilities in Northwest Arkansas (NWA) are substantially higher (32.4 percent) than the average for other facilities, and their costs are not part of the average. Other states use differential rates for urban vs. rural areas, and DHS could consider an alternative, higher reimbursement rate for certain regions like NWA.

Directors; therefore, the percentiles... were extrapolated based on these two data points.”

Given the uncertainty of these estimates and how they were used in M₃'s overhead factor, we added a line item to Exhibit 3 for administrator costs. An average of \$3.79 PPD (effectively an annual salary of \$69,168) was calculated using the information from five directors, whose 17 facilities had costs that ranged from \$3.19 to \$5.01 PPD.

Thus, the average overhead load was increased to 110.8 percent in Exhibit 4. Although this may appear to be a small increase, the calculations prepared by Milliman are highly sensitive to such slight changes. As Exhibit 4 demonstrates, using recent wages and the higher overhead rate increases the final rate to \$86.45.

In summary, our review finds that three critical assumptions in the Milliman letter are incorrect and should be adjusted. These adjustments are shown in Exhibit 4 and include:

1. Use the more current average wages for BLS health worker categories as the average wages in May 2019;
2. Update the data for overhead costs using a more transparent, consistent, and reliable methodology; and
3. Extend the reimbursement period for the recommended rate to the year 2021.

Using these adjustments in Exhibit 4, we conclude that the reimbursement rate should be \$86.45 for 2021. In addition, DHS should consider using the annual CMS adjustment to future reimbursement rates, which would both streamline the annual review and allow providers to plan their operations with timely information.

This report was prepared by James Metzger of HISTECON Associates, Inc. He has extensive experience in testifying before state and federal courts and the General Assembly for more than 40 years. He has conducted research for the Arkansas Economic Development Commission, the Winthrop Rockefeller Foundation and Institute, University of Arkansas system, and companies such as Wal-Mart and the Arkansas Automobile Dealers Association. He is a former member of the American Economic Association and the Western Regional Science Association and teaches in the business schools at UA-Little Rock and Webster University.

8/28/2020

Attachments (5).

ADFA FINANCED MULTIFAMILY - ASSISTED LIVING
AS OF JULY 20, 2021

EXHIBIT # 7

FACILITY	FEDERAL FUNDING SOURCE	ORIGINAL LOAN AMOUNT	LOAN CLOSING DATE	FIRST PAYMENT DATE (FPD)	OUTSTANDING BALANCE	PAYMENT / LOAN TYPE	ACRUED INTEREST AS OF REPORT DATE	PAYMENTS DUE / PAST-DUE	PAST-DUE SINCE	COLLECTION STATUS
Gardens at Whispering Knoll	TCAP	500,000.00	1/25/2010	1/28/2013	500,000.00	Monthly	-	140,625.00	1/28/2013	Cash surplus loan
Gardens at Whispering Knoll	GENERAL FUND	189,089.92	1/25/2010	1/23/2021	189,089.92	Matured	6,278.69	19,035.37	1/23/2021	Cash surplus loan
Gardens at Whispering Knoll	HOME	900,000.00	1/25/2010	12/8/2013	816,070.37	Annual Surplus	31,550.38	116,864.70	3/18/2019	Cash surplus loan
Gardens at Whispering Knoll	EXCHANGE	3,207,048.00	1/25/2010	12/8/2011	3,207,048.00	Tax Credit	NA	NA	NA	NA
Whispering Knoll	HOME	400,000.00	2/25/2005	3/1/2006	400,000.00	Annual Surplus	309,592.08	501,431.04	3/1/2006	Cash surplus loan
Dalton's Place	HOME	450,000.00	7/30/2013	7/25/2017	450,000.00	Monthly	18,322.38	98,336.96	7/25/2017	Cash surplus loan
Dalton's Place	ALIF	800,000.00	7/30/2013	7/30/2014	800,000.00	Annual forgiveness through affordability	NA	NA	NA	NA
Oaks at Mena	HOME	706,000.00	3/10/2010	4/26/2014	622,567.50	Monthly	15,454.82	57,795.26	2/26/2019	Cash surplus loan
Oaks at Mena	TCAP	500,000.00	3/10/2010	4/26/2014	442,857.16	Cash	-	57,142.84	4/26/2018	Cash surplus loan
Oaks at Mena	EXCHANGE	3,403,500.00	3/10/2010	3/10/2011	3,403,500.00	Tax Credit	NA	NA	NA	NA
Osage Terrace II	HOME	300,000.00	3/29/2002	3/1/2003	300,000.00	Annual Surplus	174,596.22	369,323.49	3/1/2003	Cash surplus loan
Legacy Village	HOME	675,000.00	2/14/2008	6/9/2012	520,362.79	Monthly	-	-	Current	Current
Maple Esplanade	HOME	900,000.00	10/7/2010	11/1/2011	737,907.29	Monthly	-	-	Current	Current
Maple Esplanade	TCAP	500,000.00	10/7/2010	12/31/2014	468,750.00	Annual Surplus	-	78,125.00	11/10/2016	Cash surplus loan
Maple Esplanade	EXCHANGE	2,852,000.00	10/7/2010	11/1/2011	2,852,000.00	Tax Credit	NA	NA	NA	NA
The Manor	NSF3	4,750,000.00	6/20/2012	5/10/2016	3,995,717.78	Monthly	-	-	Current	Current
The Manor	FAF	500,000.00	6/20/2012	5/10/2016	431,207.58	Monthly	-	-	Current	Current
The Manor	ALIF	760,000.00	6/20/2012	5/10/2016	655,435.48	Monthly	-	-	Current	Current
St. Francis Assisted Living Center	ALIF	162,500.00	3/31/2011	3/31/2012	162,500.00	Annual forgiveness through affordability	NA	NA	NA	Delinquency of repayment plan started 12/2020 - 2/2021 Received letter stating missed 2021 payments
St. Francis Assisted Living Center	HOME	1,837,500.00	3/31/2011	7/18/2013	1,609,760.42	Monthly	35,021.28	120,801.98	6/19/2019	are due to COVID - started making payments 6/2021
HOME - HOME Investment Partnerships Program										
TCAP - Tax Credit Assistance Program										
EXCHANGE - Section 1602 Exchange Program										
ALIF - Assisted Living Incentive Fund Program										
NSF3 - Neighborhood Stabilization Program 3										
FAF - Financing Adjustment Factor Program										

Source - ADFA August 2021

2,584,774.29
1,560,481.64