Chairman Romanchuk, Ranking Member West, and Members of the House Finance Subcommittee on Heath and Human Services, thank you for allowing me to provide testimony today on HB166—the state budget. My name is Lisa Green and I am the Executive Director of HCBS at Eliza Jennings Senior Care Network located on the west side of Cleveland. I come before you today asking for your assistance to increase Medicaid home health rates, which are so low that my agency is seriously considering dropping our Medicaid services altogether.

Eliza Jennings is a non for profit organization which provides a full continuum of post acute care services. We offer long term care, short term rehabilitation, Assisted Living, and independent living housing. Through our HCBS programming we offer skilled home healthcare, hospice care, clinic services, outpatient rehabilitation, nurse practitioner care, and adult day services.

The healthcare industry has experienced a decrease in length of stay in both the acute care setting as well as in skilled nursing facilities causing a significant increase in the acuity of care needed by patients in the home setting. I have been providing homecare for almost 30 years and with no rate increase since 1998 it has caused difficulty in the ability to recruit knowledgeable and dependable staff in order to meet these increasing patient needs.

I recently visited a 27 year old male who is a quadriplegic, with multiple deep wounds, a feeding tube, and numerous other health issue who is cared for by his mother who is a single working mom. He weighs approximately 70 pounds. We were unable to provide services for this young man due to lack of adequate staffing in his geographic location. He has been through 3 agencies in the past 5 years and none of them have been able to provide the staffing necessary in order to meet his care needs. I feel such empathy for this individual that I continue to work with the social service department of one of our large health systems in seeking out other agencies who may be able to provide services for this individual. When I am able to staff, reimbursement and prior authorization present tremendous challenges. We currently average between 50 to 60 admissions a month and currently have 20 patients in a pending authorization status. These are patients that we have received orders from a physician to provide care and are either not providing the prescribed care due to lack of insurance approval or are providing the care knowing from numerous past experiences that there is a huge risk that we will not receive any reimbursement but the patient care needs are so great that we just assume the risk. With several managed care companies we are waiting a minimum of 14 business days to hear back as to whether we will receive authorization. We recently had a patient who had been diagnosed with cancer of her colon, lung, bone and liver and we waited 5 days for approval for hospice. In the meantime, her children were beside themselves with trying to care for their mother who was in excruciating pain with needs greater than they were able to manage on their own. Even with authorization and a hope of being reimbursed, the rates are so low that we pay more for the
clinician/therapist to see the patient then the dollar amount we are being reimbursed. Again, we do it when at all possible because we are in the business of caring for individuals in need but how long can a company continue to operate in this manner.

It is just not feasible to continue to provide Medicaid services if the State of Ohio is not willing to support reimbursement rates that cover the costs of providing care. This is not something that we take likely, but when Medicare pays three-times more for the same services and the number of Medicare recipients is growing, it’s a simple economic decision.

I hope I can count on your support to increase the home health Medicaid rates in this budget. Thank you again for allowing me to testify today. I’m happy to answer any questions you may have at this time. Thank you.