Ohio Provider Resource Association

May 11th, 2017

Chairman Hackett, Vice Chair Tavares and Members of the Senate Finance Health and Medicaid Sub-Committee:

My name is Mark Davis and I am President of the Ohio Provider Resource Association (OPRA). OPRA is a statewide association of private providers who serve individuals with developmental disabilities. I appreciate this opportunity to testify today on Substitute H.B. 49.

Ohio's developmental disabilities system is undergoing fundamental change. Federal and state mandates are requiring services to increasingly be delivered in smaller, community integrated settings. This can be very positive for individuals served. As with any government requirement the challenge is not so much in determining the dictate but in responding to it. In our system that is the private provider of service.

We all know of unfunded government mandates. Rare is it when government actually follows its mandates with a sincere attempt to fund them. An exception to this is the developmental disabilities budget in H.B. 49 as introduced. Our budget as introduced included a package of funding initiatives that identified gaps and challenges in our service delivery system and targeted funding in unique ways to help providers address them.

In addition to funding for new waivers for those in need the budget also added funding to serve individuals with complex needs in the community, incentivized the use of the cost-effective shared living service delivery model, added resource to the ICF system in anticipation of a new reimbursement formula, continued an add-on for vent dependent adults and put targeted monies into our most critical issue - the recruitment and retention of direct support staff.

Our challenge now is that the substitute version of H.B. 49 as passed by the House **cut over $24 million dollars in general revenue funds over the biennium and approximately $90 million dollars in all funds from the introduced version**. This will prove extremely difficult for providers who are expected to implement all of the mandated changes.

OPRA is empathetic to the current economic climate and the challenge of putting together a balanced, sustainable budget in an environment of competing needs. But we do hope that you will work with us in the very short and longer term in helping us to best meet the needs of individuals with developmental disabilities. We ask that you consider protecting us from further cuts in the Senate.

If you are amenable there is another step that you could take to help our situation. We respectfully request that the Senate consider restoring DODD's spending authority in the ICF bed tax line for FY 18. These are not general revenue funds but are statutorily collected bed taxes levied on ICF's. The money is there but the House prohibited our ability to spend portions of it in FY 18. The remedy would be to restore spending authority for $9,558,148 in non-GRF line 653606 and $15,594,873 in the federal Medicaid Services line 653654 in FY18.

I do have one very important ask with respect to language inserted in the House passed version of the bill. The amendment as accepted may allow county DD boards the unilateral authority to suspend a provider's certification. This has far reaching consequences and violates federal Medicaid tenants. Additionally, the amendment was not vetted in our system's customary, collaborative way, is opposed by the Department of Developmental Disabilities and as written is just bad public policy. This language was not submitted by the Ohio Association of County DD Boards. As an alternative the counties have asked us to work with them to identify what the proper role of county DD boards is with respect to quality assurance and compliance looking forward and we are very happy to do so and are moving forward as I speak in how best to accomplish that. But the language currently in Sub. H.B. 49 is simply not the proper approach and we ask that you delete it in its entirety.

Now, I will focus my remaining comments on the most significant issue facing providers and those we serve. We are in the midst of a direct care workforce crisis beyond the critical stage. Our members are experiencing direct care turnover of over 50% and are finding it increasingly impossible to meet the staffing needs of those they serve. Providers that have dedicated their very lives to this work, are for the first time turning down opportunities to serve new people. We simply cannot recruit nor retain sufficient and qualified direct support professionals (DSP's).

According to Kaiser Health News, April 26, 2017
"The U.S. Bureau of Labor Statistics estimates an additional 1.1 million workers of this kind will be needed by 2024 — a 26 percent increase over 2014. Yet, the population of potential workers who tend to fill these jobs, overwhelmingly women ages 25 to 64, will increase at a much slower rate."

We believe the solution to this workforce crisis needs to be three-pronged.

1. Increase the wages of DSP's
2. Creative and innovative system reform that includes a shared savings component to fund DSP recruitment and retention strategies
3. Improve the DSP's experience of work to reduce turnover.

We fear that the cuts taken in the House will inhibit us from implementing Director Martin's proposed DSP rate increase and if possible we ask that you work with us to address.

I sincerely thank you for this opportunity to talk with you and will gladly answer any questions.