



Testimony on H.B. 49
Senate Finance Health and Medicaid Sub-Committee

Chairman Senator Hackett, Ranking Member vice Chair Senator Tavares, and Members of the Senate Finance Health and Medicaid Sub-Committee:

My name is Than Johnson, CEO of CRSI, a nonprofit agency serving over 700 individuals with disabilities with a valued workforce exceeding 1400 if all vacant positions were filled.

CRSI is supportive of many aspects of DODD funding initiatives in Substitute H.B. 49. There are also changes that are needed to support those initiatives in order to better support citizens with disabilities and their families.

While a new ICFIID reimbursement system has been proposed by DODD, it came with a requested increase in the 2nd year of the next biennium budget. That increase was removed in the House. The increase is very much needed to attract and retain our direct support professional (DSP) workforce. Please consider putting that 2.5% increase back into the ICFIID line item.

We also need to expedite the filling of vacancies within the current ICFIID program. We have a large 'waiting list' of citizens with disabilities needing services and supports, many of whom can be served in the current ICFIID system.

An increase for DSPs wages under the Home and Community Based Waiver program has also been requested by DODD and is very much needed in the resulting Ohio Senate actions.

Cost-effective shared living service models, an add-on for vent dependent adults are also much needed initiatives that will better serve individuals with disabilities.

Of equal importance, since it provides additional revenues, is the restoration of spending authority in our ICF franchise fee [bed tax] line item in FY2018. The private provider community has been supportive of the franchise fee for many years.

I would also like to point out that the various associations such as ARC of Ohio, OPRA, OACBDD, and OHCA are supportive of these above mentioned initiatives. House provided amendments within the developmental disabilities field that were not vetted through these state-wide associations should receive added scrutiny as to their relevance.

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A major component of my testimony is offering of recommendations to assist in the provision of services for those Ohio citizens with disabilities and their valued workforce.

Ohio is experiencing the most 'severe healthcare workforce shortage' in my work history with CRSI.

As an example, CRSI has over 150 open positions today in nearly 30 counties. This potentially influences quality of services and causes the largest percentage of overtime ever experienced. Nearly 3 times normal levels. Chronic overtime wears out our valued workforce.

Solutions to this crisis are many.

1. State of Ohio needs to collect data on the severity of the crisis to then set up a game plan to address it.
2. Promotion of Remote Technology to reduce staffing needs is important.
3. Simplifying burdensome documentation requirements so as to allow staff to do their human service is vital.
4. Establish reasonable quality guidelines that are understandable of the workplace stresses and not drivers to force staff to quit. I want to compliment DODD on considering changes to our current MUI/UI system. It is both a costly and time consuming system that is needed but can be streamlined.
5. Remove BARRIERS to the employment of citizens with disabilities within our healthcare workforce such requiring HS diploma/GED, driver's license, burdensome and confusing documentation procedures. Citizens with disabilities have one of the 'highest unemployment rates' in Ohio. We need to promote that valuable workforce as one of our solutions to the healthcare workforce crisis.
6. Study the use of a 'buddy system' to allow for more individuals with disabilities to work in partnership with our current staff in service locations.
7. Evaluate the impact of downsizing, size of settings, and projected expansion of HCB funded Waiver slots in a time of workforce shortage. We do NOT have enough DSPs now and the more workforce will be needed with the aforementioned issues needing evaluation.
8. Request flexibility to incentivize 'unemployment recipients' to move into the healthcare workforce. We need to reward those who are currently unemployed

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with programs that get them employed. This also includes use of healthcare benefits tied to employment goals.

These are a few of solutions to workforce crisis. I stand ready to work with the Ohio Senate in solving our healthcare workforce crisis.

Thank you providing me with opportunity to address this important House Sub-committee.

Sincerely,

A handwritten signature in blue ink, consisting of a stylized 'T' followed by a long horizontal stroke.

Than Johnson
Chief Executive Officer