

Written testimony of Kathryn Shelley, Disability Rights Advocate at The Ability Center of Greater Toledo, Sylvania, Ohio, to the Senate Finance Health and Medicaid Subcommittee
May 9, 2019

Chairman Hackett, Vice Chair Huffman, Ranking Member Thomas, and Honorable Members of the Committee:

Thank you for the opportunity to submit written testimony to you today. My name is Kathryn Shelley, and I am a Disability Rights Advocate for The Ability Center of Greater Toledo. One of the focuses of my advocacy work is on healthcare and Medicaid, which is why this is important to me and to my work.

I respectfully ask you to consider a wage increase for the direct care workforce that serve individuals eligible for waivers through the Ohio Department of Medicaid. While the current proposed budget increases wages for the direct care workforce serving those with DODD waivers, it leaves out those who use ODM waivers. We are excited by the increase for people using DODD waivers, but the failure to raise wages under ODM waivers is a failure to address the entirety of the current direct care shortage, which is at a crisis level for people with disabilities in Ohio.

There is already an increase in the Executive version of the State Budget, as well as in the sub-bill recently released by the House of Representatives (Sub HB166), for the Department of Developmental Disabilities.¹ However, as not all people with disabilities and aging persons who rely direct care services in order to live independently qualify for a DD Waiver, it is important that all waivers are considered when discussing a wage increase for direct care providers.

Ohioans who qualify for the following waivers could benefit greatly from an increased wage in the direct care workforce:

OH Home Care (0337.R04.00)

Provides adult day health center services, personal care aide, home care attendant, home delivered meals, home mods, out-of-home respite, personal emergency response services, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services for individuals w/physical disabilities ages 0-59

OH Choices (4196.R02.00)

Provides adult day, alternative meals service, emergency response system, home care attendant, home delivered meals, home medical equipment and supplies, minor home mods/maintenance and repair service, pest control for physically disabled individuals ages 60-64 and aged 65 - no max age

OH Transitions II Aging Carve Out (0440.R01.00)

Provides adult day health center services, personal care aide services, emergency response services, home care attendant services, home delivered meal services, home mods, out-of-home

¹ DDDCD39 Direct support professional rate increase, Section: 261.220, "Requires the Medicaid rate for homemaker/personal care services provided between January 1, 2020 and July 1, 2021, by direct support professionals under a ODODD-administered Medicaid waiver to be \$13 per hour".

respite, supplemental adaptive and assistive device services, supplemental transportation, waiver nursing services for aged individuals ages 65 - no max age and for disabled individuals ages 60-64

OH Integrated Care Delivery System (ICDS) Waiver (MyCare Ohio) (1035.R01.00)

Provides personal care, alternative meals service, assisted living service, choices - home care attendant service, chore services, community transition service, enhanced community living service, home care attendant, home delivered meals, home medical equipment and supplemental adaptive and assistive device services, home modification, independent living assistance, nutritional consultation, out-of-home respite, personal emergency response system, pest control, social work counseling, waiver nursing, waiver transportation for aged individuals 65-no max age, physically disabled ages 18-64

(Source: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/Waiver-Descript-Factsheet/OH-Waiver-Factsheet.html>)

Why this is important.

In order for Ohioans with disabilities and aging Ohioans who meet nursing home level of care to be able to successfully live independently in the community, they rely on Personal Care Attendants and Home Health Aides, the direct care workforce, to help them with activities of daily living that they are not able to perform on their own. However, low wages for Personal Care Attendants and Home Health Aides have made it so that the occupation is not desirable to people in the workforce, and thus agencies are under-staffed, and independent providers are difficult to find and maintain. This lack of qualified staff negatively impacts those persons with disabilities who wish to live independently. It is becoming increasingly difficult for them to schedule direct care workers when they need them -- or when they are able to schedule them, the schedule does not always remain consistent. Therefore, those reliant on the providers miss appointments, miss out on employment opportunities, all because they cannot independently get ready in a timely manner without relying on a Personal Care Attendant and/or Home Health Aide.

Furthermore, for those people with disabilities currently residing in nursing facilities who wish to transition into independent living in the community, the inability to find a Home Health Aide or Personal Care Attendant due to the shortage of qualified providers creates a barrier to successful transition from the nursing facility into a community-based setting.

From 2015 until 2020, the population of adults aged 65 and older in the United State has almost doubled, growing from 47.8 million to 88 million. The number of adults 85 and older is expected to triple over the same period, from 6.3 million to 19 million. Employment growth for home care workers is primarily driven by this demographic shift. However, while the population of older adults is growing rapidly, the population of working-age adults (aged 18-64) is projected to remain relatively constant.² Additionally, those working-age adults are discouraged from the home care field due to low wages, no benefits, and no chance for promotion.

². https://phinational.org/wp-content/uploads/2017/09/phi_homecare_factsheet_2017_0.pdf

U.S. home care workers earn a median hourly wage of \$10.49 an hour, and because of inconsistent work hours, typically earn \$13,800 annually. In turn, these low-income jobs are unaffordable for current workers, and unappealing to potential workers – and the workforce shortage will continue to get worse as the demand increases.³

Ensuring Ohioans are able to live in their community as opposed to a Nursing Facility saves Ohio Money.

- According to recent Ohio Department of Medicaid statistics, serving people with disabilities in the community rather than in large institutions ends up **saving** the Department of Medicaid an estimated **\$40,000** per person, per year in long-term care funding.
- In 2016, Ohio spent **\$42,715** on Medicaid supports for **persons in the community** compared to **\$80,517** on Medicaid supports for **persons living in institutions**.
- In 2017, the average annual Medicaid savings was \$39,100/person (12,401 x \$39,100 = **\$484,879,100 potential cost savings** for every year an individual remains in the community).

However, in order to save Ohio money, these individuals must be able to successfully remain in their community. Without the support of the direct care workforce, many will be unable to do so. Increasing wages for direct care workers is only a start in employing and maintaining greater numbers of direct care providers, but it is a step in the right direction, and is, frankly, something Ohio cannot afford to ignore.

Thank you for taking the time to read my testimony. I appreciate your time and consideration.

Respectfully,

Kathryn Shelley
Disability Rights Advocate
The Ability Center of Greater Toledo

³ <https://60caregiverissues.org/quality-jobs-issue-15.html>