



We have the legal right of way.

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Interested Party Testimony on House Bill 110
House Finance Committee
March 10, 2021

Chair Oelslager, Ranking Member Crawley, and members of the Ohio House Finance Committee, thank you for the opportunity to provide interested party testimony in consideration of House Bill 110 (HB 110). Disability Rights Ohio (DRO) is the state designated protection and advocacy system and client assistance program with the mission to advocate for the human, legal, and civil rights of people with disabilities.

DRO applauds Governor DeWine's budget proposal. This budget provides additional funding to support people with disabilities to maintain their independence and live and work in their communities. As COVID-19 continues to impact the state and our systems of care, it is critical services are fully supported for people with disabilities. The home and community-based service (HCBS) system has been historically underfunded and now more than ever there is a critical need to ensure individuals can access care in their homes and transition out of long-term care facilities. Although this budget provides additional supports, more can be done to ensure a stable provider workforce for people with disabilities.

This testimony will address six (6) components of the budget and the impact they will have on Ohioans with disabilities:

- 1) Increasing investments to support direct support provider wages;**
- 2) Ensuring Ohio draws entire federal funding for vocational rehabilitation services;**
- 3) Providing additional oversight of hospitals;**
- 4) Decreasing nursing home capacity through the nursing home bed reduction program;**
- 5) Funding for care coordination preventing individuals from being placed in an institutional setting; and**
- 6) Increasing investments supporting multi-system youth and preventing custody relinquishment.**

I. Direct Support Provider Wages

Many people with disabilities rely on direct support providers to live independently in their homes and communities; however, this workforce is significantly underpaid and it is difficult for individuals to find providers. As of 2019 home care providers made an average of \$11.08 per hour.¹ The severe shortage in workforce can lead to individuals being forced into institutional settings like nursing homes. The last budget appropriated a rate increase for some of this essential workforce. This increase was long overdue and critically needed; however, it remains unclear if this funding supported increases in wages for direct support providers.

Although the bill provides a 4% increase in provider rates for home health, additional funding is needed for this workforce if Ohio is to support people with disabilities and their right to live independently in their homes and communities. Additionally, provisions should be included to ensure the increases make it to the actual workers. Direct care workers and their agencies have been underfunded for far too long, ensuring providers and their agencies are fully supported through the state budget can build out a system capacity that allows individuals to receive care in their home.

This workforce is disproportionately made up of women of color and a large portion of the workforce relies on other state programs. Specifically, 53% of home care workers receive public assistance with 39% on Medicaid. In 2018, 57% of the home care workforce was earning less than 138% of the poverty level.² Continuing to underpay this essential workforce while other industries pay a higher wage for less demanding work is a serious issue. Ohio should be prioritizing the needs of people with disabilities and to do this the state needs to support these providers.

If we do not support this workforce, people with disabilities will continue to have unmet needs in their community. Although wages are one aspect of supporting this workforce, consideration should be made to ensuring access to healthcare, transportation, nutrition, and housing are all available. And to continue to meet the needs of people with disabilities ongoing paid training should be provided to ensure quality care for Ohioans.

II. Drawing the Entire Federal Match for Vocational Rehabilitation Services

COVID-19 has had a devastating impact on Ohio's employment rate and a disproportionate impact on employment for people with disabilities. Since March of 2020, 1 in 5 people with disabilities have lost their jobs compared to 1 in 7 in the general population.³ Supporting workers

¹ PHI. "Workforce Data Center." Last modified September 14, 2020. <https://phinational.org/policy-research/workforce-data-center/>.

² *Ibid*

³ US Department of Labor: Office of Disability Employment Policy. "Employment for Persons with a Disability: Analysis of Trends During the COVID-19 Pandemic." November 2020. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/ODEP_Employment-for-PWD-AnalysisofTrendsDuringCOVID_Feb-Sept.pdf

with disabilities is essential to supporting Ohio's economy and ensuring integration into an individual's community. However, this budget does not draw down the entire federal match for vocational rehabilitation (VR) services that provide support to attain and maintain employment for people with disabilities in the state.

Currently, the federal matching rate is \$3.69 in federal VR funds for every \$1 in state match. HB 166 increased the amount of state funding to draw down more federal dollars but did not take advantage of the entire match. For HB 110 Ohio will be spending \$31 million each year in the biennium drawing a total of \$114 million in each year of the biennium. This means Ohio is not drawing nearly \$48 million over the biennium. A small increase in state funding by \$6 million each year of the biennium would mean additional support to help individuals attain and maintain employment in their communities in an economy where the unemployment rate has disproportionately impacted people with disabilities.

III. Hospital Oversight

HB 110 establishes a licensure program for hospitals in the state, which is necessary to ensure the rights of people with disabilities are protected. This program provides the ability for Ohio to address issues with care rationing and equitable access to healthcare. The COVID pandemic revealed that a lack of oversight from the Ohio Department of Health creates difficulties advocating for the rights of people with disabilities and ensuring access to care. Specifically, at the height of the pandemic when hospital capacity was reaching its max, there was no clear oversight to ensure hospitals were not rationing care for people with disabilities.

In lieu of emergency rules prohibiting discriminatory care rationing, the Ohio Department of Health in collaboration with the Departments of Developmental Disabilities and Medicaid established "guidance" urging hospitals not to ration care. However, this guidance had no enforcement mechanism attached and are merely aspirational. This makes it difficult to ensure rights are protected and individuals are receiving their needed care. With centralized oversight, there is an assurance that all hospitals are complying with state rules instead of each individual hospital establishing its own rules on care rationing.

IV. Nursing Home Bed Reduction Program

HB 110 establishes a voluntary program that will reduce capacity of nursing homes by up to 11,000 beds or 20%. DRO applauds this new program and the shift in focus to home and community-based services and supports. Ohio's system of care for individuals has dramatically shifted since 2007. Over the past decade, long-term services and supports have gone from a majority reliance on institutional care to a majority reliance on home and community-based services and supports. Specifically, in 2007, 54% of individuals received services in an institutional

setting compared to 46% in HCBS. In 2021, 68% of individuals now receive services in HCBS compared to 32% in an institutional setting.⁴

This along with the continued rise in individuals participating in Ohio's Medicaid HCBS waiver programs show the desire of people with disabilities to remain in their homes and communities. Therefore, reducing capacity of nursing homes becomes necessary. However, this reduction in beds to nursing homes should be aligned with an increase in funding for HCBS including provider wages, reimbursement rates, and waiver programs. As more people receive services in their homes Ohio must make the investments needed to ensure this population is not forced back into institutional care.

This issue has been further exacerbated by the COVID-19 pandemic as nursing homes have become the center of COVID deaths in the state. Since April 15, 2020, 7,093 Ohioans have died in our long-term care facilities, accounting for 48% of confirmed COVID-19 deaths in the state.⁵ This pandemic has shown the need to make investments in our home and community-based service systems so people with disabilities are able to access care safely and be able to live and work independently in their communities.

V. Care Coordination

DRO applauds the Governor's budget proposal, which includes additional investments in care coordination for individuals to prevent placement in long-term care facilities and ensuring connections are made to supports in their homes and communities. Specifically, through the Ohio Department of Mental Health and Addiction Services, \$11 million will be invested over the biennium to ensure those labeled with "serious mental illness" are able to access care and housing in their community. The goal is to prevent hospitalization, incarceration, and institutionalization of these individuals. Additionally, the Department is recommending establishing a group of stakeholders to support the work of this program. Placing the person at the center of decisions and ensuring they can access needed services in their homes and communities is critically needed.

Although this additional funding is an important step forward for the state, more state financial support to this system needs to be prioritized. Funding for care coordination does not entirely address the need to build out system capacity to support people with mental health labels. Ohio's mental health system has been historically underfunded and Ohio must fully fund systems of care ensuring individuals can be connected to supports in their community.

⁴ Ohio Department of Medicaid. "Medicaid Support for Community Living." April 2, 2019. <https://medicaid.ohio.gov/Portals/0/Resources/Budget/MedicaidSupportCommunityLiving.pdf>

⁵ Ohio Department of Health. COVID-19 Dashboard. March 1, 2021. <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards>

VI. Multisystem Youth

The proposed budget provides additional investment to help support youth who receive services from multiple state systems. Historically, the system of care for these youth has not been effectively supported. Families and children continue to struggle to access needed supports leading to parents relinquishing custody to the state and in many cases forcing youth to be placed into institutional settings. This has a traumatic effect on both the youth and their families. Services need to be made available to help support these youth. While HB 166 in the 133rd GA, made investments for these youth through various systems, issues continue to persist and families are still being forced to relinquish custody of their children as this system capacity has not been fully supported.

The Ohio Department of Medicaid proposes establishing a new 1915c HCBS waiver for up to 60,000 youth to prevent custody relinquishment and other harmful outcomes and build out a community-based system of care to support these individuals. This kind of program can help ensure youth with complex needs are supported and can remain in their homes and community. This kind of initiative and the other programs supporting multisystem youth are critically needed. As this program is implemented, it is critical for Ohio to provide the needed investments to build out a home and community-based service system for multisystem youth in the state.

VII. Conclusion

Disability Rights Ohio thanks you for the opportunity to provide interested party testimony in consideration of HB 110. This budget proposal makes needed investments to support Ohioans with disabilities; however, more can be done to ensure a robust system capacity for home and community-based services and support. DRO looks forward to working with this committee and members of the Ohio General Assembly during the budget process to ensure people with disabilities can live and work independently in their communities.

If you have any questions or wish to discuss these issues more please feel free to reach out to Jordan Ballinger, Policy Director at jballinger@disabilityrightsohio.org or 614-466-7264 x135.