



INDEPENDENCE

OF PORTAGE COUNTY

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Testimony on HB 110 House Finance Committee

Chairman Oelslager, Vice Chair Plummer, Ranking Member Crawley, and Esteemed Committee Members,

I want to thank you for giving me the opportunity to offer this testimony on Ohio's operating budget!

I want to thank you for allowing me the opportunity to offer this testimony on Ohio's operating budget. My name is Carol J. Fruscella and I am a former board member of the Portage County Board of DD. I reside in Streetsboro Ohio. My oldest son resides in an ICF in Ravenna, Ohio. I am making my comments as an interested party. I am also making the comments mainly on behalf of my son Michael. I am his legal guardian and for lack of better terms... his voice.

I am more than very supportive of the budget initiatives outlined by Governor DeWine, and Director Davis for the Department of Developmental Disabilities (DODD). All Ohioans with developmental and intellectual disabilities deserve the best care and services that we as a state can offer. I was sadly shocked to learn that there was no increase and just a maintenance budget for 15 consecutive years until recently as stated by Representative Scott Lipps of District 62.

I currently have multiple friends that are trying to locate ICF placements for their adult children. One of those individuals has had multiple hospitalizations which allowed for momentary stabilization, and sadly, a respite for the individuals care providers which in this case were the bone weary and honestly run tired parents. The family invited strangers into their homes to provide direct support services. The family, as I had to do also; not only had to find people willing to be hired, but train them while providing direct care to the individual. The best provider my son had traveled an hour to provide 8 hours of service for \$20.00 an hour, that I PAID for out of pocket. Yes, my son had a small waiver at the time but, the provider, did not wish to be bogged down by paperwork. My son had other providers over the years but at times, due to the misfiling of paperwork, would not always receive payment. I never received a dime for being my son's personal care provider. Frankly there was not enough time for me to figure out when I would apply to be a DSP as I was cooking, cleaning, administering medications, making doctors appointments, attending doctors appointments. I was on call 24/7... for years. Thank God for agencies like Independence. The

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staff now does what I did for free daily... and it takes a staff. Agencies should not have to struggle to figure out how to run and survive and then barely have minimum wage for the staff that literally does all the hard lifting.

If approved, the rates suggested are just a start for what is actually needed.

To best support these services and the Ohioans who receive and provide them, I beg you to support the addition of the following initiatives into Ohio's biennium budget:

- Increase general revenue fund appropriations in DODD's budget to fund much needed Homemaker and Personal Care, Day and Vocational Services and Nonmedical Transportation Medicaid home and community-based waiver services rate increase. These increases will provide much needed funds for Direct Support Professional (DSP) wages, support for other front-line professionals and sustain the infrastructure necessary to provide our services.
- Increase general revenue fund appropriations in DODD's budget to support the reimbursement formula for intermediate care facilities (ICF).
- Support a budget amendment that would allow ICFs to choose between a reimbursement rate freeze or a continuation of the formula for the first year of the biennium.
- Support the creation of a Task Force to address our system's workforce challenges. This Task Force will identify several initiatives and projects designed to help providers recruit and retain a qualified workforce.

Ohioans with disabilities need your leadership.

Thank you again, for the opportunity and privilege to bring my concerns before you and if I can ever be of any help in this process, please let me know.
Regards,

Carol J. Fruscella
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Streetsboro, Ohio, 44241

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WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: 3-8-2021

Name: Carol Froscella

Are you representing: Yourself Organization

Organization (If Applicable): _____

Position/Title: Guardian

Address: 1243 Wood Side Ct

City: Shelton State: OH Zip: 44241

Best Contact Telephone: 724-309-3760 Email: _____

Do you wish to be added to the committee notice email distribution list? Yes No

Business before the committee

Legislation (Bill/Resolution Number): HB 110

Specific Issue: Department of Developmental Disabilities Budget

Are you testifying as a: Proponent Opponent Interested Party

Will you have a written statement, visual aids, or other material to distribute? Yes No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Written testimony only

Please provide a brief statement on your position:

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.