

**The Ohio Home and Community-Based Services Coalition
Interested Party Testimony on House Bill 110
House Finance Subcommittee on Health and Human Services
March 3, 2021**



Chairman Roemer, Ranking Member West, and members of the Health and Human Services sub-committee, thank you for the opportunity to provide written-only, interested party testimony in consideration of House Bill 110 (HB 110)—the state’s biennial budget. The Ohio Home and Community-Based Services Coalition (Ohio HCBS Coalition) is a group of over 100 advocacy organizations, individual providers, and self-advocates with the mission to protect and expand home and community-based services (HCBS) in Ohio.

The HCBS system is a comprehensive network of community providers and agencies that make it possible for Ohioans to receive services and supports at home. Despite an overwhelming desire to remain in or transition to community-living, a number of issues make this goal unattainable for many. This testimony will highlight three key priorities that will bolster the current HCBS system, allowing older adults, people with disabilities, and medically complex individuals to receive care from the comfort of their home:

1. **Increase wages for home care providers:** Increase reimbursement rates and wages for providers across all systems while providing additional funding for providers to procure PPE and offset costs incurred during the pandemic.
2. **Increase transitions from institutions to the community:** Expand transitions out of long-term care facilities, expand access to transition coordinators, and identify those most at-risk of institutionalization to provide quality care coordination during the pandemic and beyond.
3. **Ensure access to quality providers and expand housing.** Leverage state and federal funding to ensure access to quality providers and services while expanding housing and provider capacity in the community.

Supporting these proposals would have immeasurable impact on the lives of Ohioans. From birth through end of life, the HCBS system allows us to receive quality services without ever leaving their community.

1. Increase Wages for Home Care Providers

The HCBS system is facing a provider crisis—providers simply cannot afford to remain in the system, much less expand their capacity. Home care providers complete essential care for older Ohioans and people with disabilities, including help with daily activities like cooking, showering, aiding with medical needs, and accessing community resources. These providers are a critical piece of the HCBS system, and without them, many Ohioans would be forced into a costly institution. Unfortunately, institutionalization is a reality for many.

Issues with provider recruitment and retention contribute substantially to the provider crisis: providers cannot afford to remain in the profession, and often live in near-poverty. In fact, the median pay for home care providers was \$11.08 per hour in 2019. That's just over \$23,000 per year, and those on the lower end of the spectrum made just under \$20,000 per year.¹ For 2019, MIT found that the lowest full-time wage to meet basic needs in Ohio was \$13.16.² Essentially, a home care provider working full-time with no children cannot pay for their own bare necessities. These positions must be filled, but Ohio's skilled workers cannot afford to fill them.

As COVID-19 drives more people towards living in their communities, the system lacks the workforce needed to accommodate it. In the next 10 years, the Bureau of Labor Statistics projects that the need for this workforce will increase 34%—one of the fastest-growing professions in the US.³ With each biennial budget aiming for maintenance, wages for the provider workforce continue to fall substantially behind the cost of living and competitive pay for other skilled work.

Discrepancies in provider wages also exist within the HCBS system. Two individuals may provide similar or near-identical services, but different systems—like Medicaid and DODD—would pay them differently for the same work. Disparate wages create inequity, and providers often have no choice but to leave one person to work for another. While there is no dearth in funding for costly nursing facilities, providers across the entire HCBS system often wait years—or even decades—before seeing a meaningful increase in their pay.

In the US, the annual turnover rate for home care providers is 51.3%⁴, which is 14 times higher than the average turnover for all industries⁵. Each year, consumers have a 50/50 chance of losing their lifeline to another system or industry. Rapid turnover—whether to different system or another career entirely—creates persistent instability, which means that individuals cannot complete daily tasks that are required for their health and safety. Ensuring equitable wages across all systems would effectively reduce turnover and increase stability for consumers.

2. Increase transitions from institutions to the community.

As you know, people with disabilities and older adults are among those most impacted by the COVID-19 pandemic. In fact, nearly 50% of COVID-19 deaths in Ohio occurred in long-term care

¹ Median and 10th percentile wage statistics come from the Bureau of Labor Statistics' Occupational Employment Statistics data:

<https://data.bls.gov/oes/#/geoOcc/Multiple%20occupations%20for%20one%20geographical%20area>

² MIT Living Wage Calculations: <https://livingwage.mit.edu/states/39>

³ Due to an aging Baby Boomer population, as reported from the Bureau of Labor Statistics:

<https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm#tab-6>

⁴ Reported in a National Survey of DSPs in 2020: [https://www.ancor.org/newsroom/news/nci-survey-direct-support-professional-turnover-now-](https://www.ancor.org/newsroom/news/nci-survey-direct-support-professional-turnover-now-available#:~:text=The%20newest%20National%20Core%20Indicators,(DSPs)%20is%2051.3%20percent.)

[available#:~:text=The%20newest%20National%20Core%20Indicators,\(DSPs\)%20is%2051.3%20percent.](https://www.ancor.org/newsroom/news/nci-survey-direct-support-professional-turnover-now-available#:~:text=The%20newest%20National%20Core%20Indicators,(DSPs)%20is%2051.3%20percent.)

⁵ According to the Bureau of Labor Statistics in a 2020 report: <https://www.bls.gov/news.release/pdf/jolts.pdf>

facilities.⁶ Without a robust HCBS system, individuals were unable to return to their communities on a waiver, and over 7,000 people died in these congregate settings. The pandemic merely highlighted existing issues—Ohio’s service system does not allow for individuals to make meaningful choices about where and how they receive services.

Even as the pandemic draws to a close, more and more individuals are wanting community care. According to DODD, 99% of individuals that chose to transition out of their Intermediate Care Facility (ICF) were happy with that decision.⁷ Expanding access to waivers would allow individuals to truly choose the model of care that suits their needs. We know that an increasing number of nursing home beds are empty, and people want to live and age at home. At present, issues like waiver scarcity, lack of transition coordination, and provider instability have left many individuals with no choice but live in a congregate care setting.

3. Ensure access to quality providers and expand housing

To ensure that individuals receive the highest quality care, the state must also address provider capacity and housing. Most HCBS recipients are older adults or people with disabilities, and housing can often create barriers to community living. Some individuals need modifications to their existing housing, while others need help finding affordable, safe, and accessible housing. To build a robust and holistic system, the state must take into account these additional needs.

Addressing other provider concerns—like access to PPE, hazard pay, and other costs incurred during the pandemic—is also critical. Providers are the backbone of the HCBS system, and taking the burden off these workers—through both state and federal programs—will be key in expanding the system’s capabilities. Ultimately, making providers responsible for these additional costs pushes workers out of the profession, threatening the availability of community services for individuals most at-risk for institutionalization.

Thank you for the opportunity to provide written testimony as an interested party on HB 110. If you have any questions or would like to discuss these issues further, please contact Jordan Ballinger at jballinger@disabilityrightsohio.org or at (740)-751-5724.

⁶ From ODH data on long-term care facilities: <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities/mortality>

⁷ According to information kept by the Ohio Department of Developmental Disabilities since March 2016.