



HB 33 Written Testimony
Katie Gallenstein, Market Leader for Help at Home & OCHCH Board Member
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House Finance Subcommittee on Health and Human Services
Chair Sara P. Carruthers

Testimony

Thank you for the opportunity to provide testimony today, Chair Carruthers and members of the HHS Finance Sub-committee. My name is Katie Gallenstein, I am the Market Leader for Help at Home in Ohio. I am a registered nurse; I have previously worked as a home care aide and a nurse and additionally have 13 years professional experience in administration of home health and home-based healthcare businesses. Help at Home is the leading national provider of high-quality, relationship-based home care services offering innovative programs designed to help seniors and underserved populations remain healthy in their homes. As a company that operates in 12 states, providing almost exclusively Medicaid-funded home and community-based services to clients, HAH draws from its experience to contribute to the conversation of how to improve the home care workforce and quality of care provided to elderly and physically disabled residents across Ohio. In Ohio, Help at Home provides both medical home health and non-medical home care services throughout the state.

I am here today to share my testimony on behalf of my role as a Board Member of the Ohio Council for Home Care & Hospice. I want to share some perspectives on the impact that current state rates under the Medicaid program are having on our ability to hire and retain professionals, including RNs and LPNs, as well as home care aides and caregivers.

I want to start by thanking the Committee for allowing us to bring attention to this important issue. We are appreciative of the proposed rate increase contained in the Executive version of the budget. As you've heard today and as I'll describe below, I want to underscore the need for this increase and stress the need for even more, to ensure that we have a stable, viable workforce to meet the needs of Ohioans who prefer to receive their long-term care services and supports in home-based settings.

Like any other industry, we must be competitive with wages across the home care industry. A recently completed wage analysis of RNs and LPNs, home health nurses were shown to have average pay \$1-\$2 less than those in "all healthcare" and "all industries" overall. Moreover, when you consider Medicaid-funded providers the gap widens more with home health staff being paid even less. The same wage discrepancy is true for our home care aides, who help with activities of daily living, relative to similar positions in facility-based settings.

Recruiting for nurses is highly competitive; current wage gaps put an extreme disadvantage in hiring nurses for home-based care. Nurses and aides performing services in home-based settings are no less



qualified than their facility-based counterparts and deserve parity in their pay compared to those providing the same services and supports in other healthcare settings.

Hiring sufficient home care aides to keep up with client needs and market demand is particularly challenging due to the low payment rates under the current Medicaid program. Our agency's ability to hire caregivers has been challenging despite having dedicated recruiting staff and advanced recruiting technology, which many agencies do not have. With each step of the recruiting process applicants are lost. Job offers are accepted and then staff don't show up for orientation or their first shift because they have found a higher paying job; most often in retail settings like Walmart or fast-food restaurants. Staff regularly leave for more money, just 50 cents or a dollar more is enough for a caregiver to leave their job with us and seek employment outside of the home care industry.

In addition to rate and wage increases, there are meaningful regulatory changes related to pre-service training requirements and nurse supervision of non-medical aides and caregivers that can be made to facilitate hiring and retention without additional budget expenditures. For example, today Ohio stands out as an outlier relative to other states, by placing significant requirements on non-medical aides, including 60-75 hours of non-reimbursed pre-service training, or 1-year previous employment experience with verifiable oversight by an RN. By modifying pre-service requirements to distinguish the reduced and different training and oversight needed for non-medical care will make it much easier for us to attract and hire more caregivers and ultimately support getting more people to work to provide needed services to eligible Ohioans.

Our caregivers are dealing with many of the same financial and health issues that our clients face. At the current rates they often struggle with reliable transportation and/or reliable smart phone and Wi-Fi availability -- needed for such things as EVV (electronic visit verification) check in, task completion documentation, and communication with their agency and clients.

Our home care workers make sure that people get their basic human needs met so they can live their lives in their preferred home setting. Without our caregivers, people don't eat, they don't get to move from their bed or their chair, they don't bathe or change their clothes. "I got to take a bath!" That was the quote by one of our clients to their Passport case manager when we picked up a new case recently in Region 7. The client shared this with joy, but it made my heart sink to think of how simple of a request that is to get to bathe and how we are failing to give that to thousands of Ohioans. "The best friend I have ever had," "I would not be here if it wasn't for them," "I would be dead," these are all actual quotes from our clients about their caregivers and where they would be if they didn't have them.

Home care workers put themselves in the communities and, at times, risk their own safety and work in all types of home environments. They aren't just completing the required tasks; they are immersed in all day-to-day aspects of people's lives. They are the eyes and ears of our communities; they are invaluable in promoting quality of life and ultimately the health and well-being of the clients they serve. Their



observational insights and ability to report on and share this firsthand information about their clients with providers, payers, and other community partners should be valued and respected.

Simply put, they deserve to be paid at rates that are commensurate with the types of services and supports provided and are in line with professionals providing similar services in other health care settings. Better rates, in turn, support a more robust and stable workforce that allows agencies like mine and my fellow panelists to provide care to more Ohioans who choose to get their long-term services in their homes.

Thank you for allowing me to speak today and I would be happy to answer any questions you or the committee members may have.