



**Testimony on House Bill 33**  
**Brent Tow – President/CEO**  
**Community Health Professionals (CHP)**  
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Chairman Carruthers, Ranking Member Liston, and Members of the House Finance Subcommittee on Health and Human Services, thank you for allowing me to provide testimony today on HB33—the state budget. My name is Brent Tow, President/CEO for CHP Homecare and Hospice. I've worked for CHP for over 20 years. I'm testifying today to ask for your assistance to increase Medicaid home health rates.

Ohio's Medicaid home care program is at a crisis point as home care providers are no longer able to continue subsidizing these services. We're at the point where thousands of vulnerable Ohioans are going without care. We know from experience that people will forgo care to stay home until they have an emergent need and are forced into a care environment that is much more expensive and is not their home.

To avert this crisis the State of Ohio must increase home health reimbursement rates to address Medicaid service gaps, issues surrounding workforce, and better prepare for the coming influx of patients.

The low reimbursement rates themselves are not the only factors contributing to the current crisis. Agencies now have to deal with expensive federal Medicare mandates such as a major shift in the Medicare CoPs (conditions of participation), pre-claim review, and a new payment model called PDGM (patient-driven grouper model). On top of all that, agencies are also straddled with having to implement EVV (electronic visit verification) at the state level, which is been more difficult and costly than we ever expected. We pay over \$3,000 a month plus data fees. That is saying nothing about the impacts of inflation, which for a non-profit agency like ours serving 15-small rural communities with a limited workforce, it really hurts our ability to staff. Many in our area can make more working fast food than providing Medicaid services.

As Medicare has gradually increased its rates to lessen the impact of these changes, Medicaid in Ohio has not. Now a critical gap has developed that is making serving Medicaid recipients tremendously difficult. There is a growing crisis with the lack of agencies willing to provide Medicaid home health services. This "access gap" will continue to grow as the Medicare population, whose patients are given a larger reimbursement, crowds out Medicaid recipients.

For years, PASSPORT has told us we are the only remaining homecare agency in our area that continues to provide Medicaid services and if we pull out there is no one else. Our reply to them would always be the same: which is "Why do you think that is?" Over the past 6- months we have seen several agencies close their doors that provided some type of Medicaid services. Sadly, after months of closely monitoring, we too recently made the decision to discontinue providing Medicaid nursing services on January 31<sup>st</sup>, 2023, affecting over 135 patients. If for no other reason than Medicaid pays so poorly and we can't continue to have another year losing hundreds of thousands of dollars due to low rates.

We recently transferred 25 of our total aide State plan Medicaid patients over to PASSPORT in the process, even though they reimburse less than Medicaid State Plan. Our compassionate Board went this route as they felt this would provide a softer off-ramp for some of our long-term Medicaid patients (some we have taken care of for over 2 decades) We only hope that we can advocate with PASSPORT for a significant rate increase

at contract renewal, otherwise we will be facing the same situation. In our area alone PASSPORT has a waiting list of over 300 people and growing, so I ask you what's going to happen to all of those people if rural agencies like us can no longer provide PASSPORT services?

Below you'll find some of the data I presented to our Board last year detailing **why after 32 years**, we could no longer afford to provide Medicaid services. The programs are not sustainable. **In a nutshell, at the end of 2016 Medicaid began offering reimbursement for the 60-day recertification visit at the expense of decreasing the hourly rate for non-supervisory visits. At the same time they also separated LPN per hour rates from RN per hour rates.** So if a CHP patient had a block of 6 hours a day over the course of a month, before the rate increase in November of 2021 with our LPN making the visits, we were receiving \$2,574 less. The 6% increase we received in November of 2021 was quickly cancelled out due to rapidly rising inflation and the pay rates we had to offer to keep or attract new aides.

### ***Compensation Comparison***

#### **Reimbursement Before 2016**

\$54.95 for non-supervisory nursing per hour (RN or LPN)  
\$0 for 60-day patient recertification  
\$0 for 60-day aide supervision (plan to schedule with normal visit)

#### **Reimbursement After 2016 & before November 2021**

\$47.40 for non-supervisory **RN** nursing per hour.  
\$40.65 for non-supervisory **LPN** nursing per hour.  
\$37.08 for 60-day patient recertification (plan for at least 36-min patient care first then do recertification)  
\$0 for 60-day aide supervision  
*Example:* 6-hour block of non-supervisory visits for 30-days now **\$2,574** less per patient.

#### **Reimbursement After November 2021**

\$50.29 for non-supervisory RN per hour.  
\$43.13 for non-supervisory LPN per hour.  
\$37.08 for 60-day patient recertification  
\$0 for 60-day aide supervision  
*Example:* 6-hour block of non-supervisory visits for 30-days now **\$2,128** less per that same patient.

Nobody looks at Medicaid and thinks it should be a money maker. It's a community service and we're fine with that but we have to at least cover the costs of providing care. While we have made some tough decisions and might have to make more, we would be willing to return to being a bigger Medicaid provider if the state pays for the services. Otherwise the problem will continue.

I hope that you will consider the fact we can't raise our prices to meet market changes like many other businesses. We need the State of Ohio to step-up and invest in these programs. Please consider investing in home care so programs like our can continue to serve our community.

Thank you for considering investing in home care and to allow vulnerable people to get the care they need. Thank you for allowing me to testify. I'm happy to answer any questions you might have at this time. Thank you.