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I Am Boundless
Interested Party Testimony for House Bill 33
House Finance Subcommittee on Health and Human Services

Chair Carruthers, Ranking Member Liston, and members of the House Finance Subcommittee on Health and Human Services, thank you for the opportunity to provide interested party testimony for House Bill 33.

My name is Jennifer Riha and I am the Vice President of Programs at I Am Boundless, Ohio's largest not-for-profit organization dedicated to serving thousands of Ohioans with special needs where they live, work, and play.

Boundless is seeking support for all Ohioans with disabilities, whether served by Boundless or not. We're respectfully making requests for assistive technology and data driven care in Ohio's Operating Budget.

Assistive Technology

With the right tools and training, the special needs community can now utilize tech to perform tasks that might otherwise be performed by a caregiver. Security systems and appliances can now be turned off and on via voice commands or phone apps. Tech wearables like watches can monitor basic signs of health, sending signals to caregivers when there is an area of concern.

Assistive Technology ("AT") supports independent living for individuals with intellectual and developmental disabilities and enables them to reduce reliance on paid caregivers by using smart/electronic devices. Currently, there is a statutory cap of \$5,000 per individual to fund all AT devices (\$75 per month).

According to current Ohio law, the only staff who can administer AT must have advanced degrees and higher salaries than a typical frontline Direct Support Professional. Currently, the reimbursement rates for these professionals are outdated and too low to even cover their basic salary costs. We ask Ohio's legislators to make changes resulting in easier accessibility and greater accountability for the use of technology for this special population.

We respectfully request House Bill 33 to include an increase to the financial limit for AT devices to \$20,000 per person every 3 years, keeping the current annual cap in place during the interim years and increase the reimbursement rate for professionals providing the AT service based on a market rate study.

Investing in AT could result in a net savings of \$235.7 million dollars to Ohio. The Ohio Department of Developmental Disabilities supports over 90,000 people statewide. If 1,000 of those individuals made the transition to using technology and remote support services in their service plan, increasing the cap by \$15,000 every 3 years for 1,000 individuals statewide and increasing the rates for Assistive Technology services to \$350 per assessment (from \$137.44)

and \$30.00 per unit of support (from \$5.45), would cost Ohio \$16,524,000 annually while saving \$252,288,000.

We appreciate the specific attention paid to the importance of technology being integrated into the lives of people with DD in the Technology First line item. However, we also believe that in order to see true change as part of this investment, there will also need to be administrative code changes that create greater flexibility in how the investment is utilized.

More specifically, we strongly advocate for updates to the administrative code that allow individuals with DD to initially access the amount of funds necessary to truly transition to using technology in a meaningful way in their lives. Currently, the limits on annual technology spending and the reimbursement rates for the required professionals to implement the technology create barriers to meaningful technology enhanced service adoption.

Data Driven Care

At present, very few providers utilize a data warehouse or analytics systems to implement data driven care because there is no funding or financial incentive to do so. As a result, providers have historically utilized “one size fits all” treatment plans. By supporting and incentivizing data driven care, providers will be better equipped to provide person-centric treatment plans while reducing costs to the Medicaid system.

Data such as lab values, health data, hospital visits, emergency department admissions, intervention information, cost information, and personal outcome measures can be tracked and analyzed to determine best practices for treatment and care. The ultimate goals are to both improve care quality and individual well-being while reducing costs associated with generalized or unnecessary care.

We respectfully request House Bill 33 to include the implementation of a funding mechanism that provides system transformation investment funding and ongoing operational support via enhanced rates or outcomes-based incentives for IDD providers who provide data driven care supported by a data warehouse and analytics systems. An investment in data driven care could result in a net savings of \$18,680,000 annually to the Medicaid system.

Multiple studies across the health and human services sectors indicate that transition to data driven care and population health analytics correlates with a 20%-40% overall reduction in cost to health payers, especially when emphasis is placed on reducing ED visits, hospitalizations, and other preventable high-cost interventions.

The CDC* states that Ohio’s average total cost for the healthcare and support services for individuals with disabilities is \$17,732 per individual with a disability. If 25 IDD provider organizations who each served a minimum of 500 individuals committed to enrollment in the program and received an initial payment of \$250,000 to offset costs associated with implementing this type of care, along with an ongoing 2% rate enhancement or outcomes incentive, the annual cost would be \$6,250,000 for the technology investment and ~\$14,400,000** for the payment incentive totaling ~\$20,650,000.

If the total healthcare and support spend savings were conservative at 20% for the 12,500 individuals who are served by these agencies, it would result in a \$44,330,000 total spend savings across healthcare and support services.

We would like to see coordinated efforts that support implementation of data-driven, outcomes and value-based payment models be included as part of new spending and investment in both the behavioral health and DD sectors.

Supported Provisions in the As-Introduced Version of House Bill 33

As we consider Governor DeWine's proposed \$50 million investment in pediatric behavioral health needs through ARPA funds, we know that autism incidence rates continue to rise. We advocate for the recognition of Board-Certified Behavioral Analysts (BCBAs), other autism intervention providers, and Applied Behavior Analysis (ABA) as a practice modality as part of Ohio's Medicaid benefit package to support this growing number of families and children.

Along the same line, as we consider the investment in crisis response services, Boundless has experienced that many times people with IDD and autism, who also have co-occurring mental health or substance use diagnoses are often left out of the community planning, policy language, and dedicated funding initiatives. We advocate that these populations be included and considered as part of Ohio's communities and that infrastructure and funding be specifically dedicated toward ensuring that the crisis response systems of care created throughout the state include their unique needs and services.

We appreciate your consideration of Boundless' requests for assistive technology and data driven care in Ohio's Operating Budget and encourage you to continue the support of pediatric behavioral health and crisis response services.

* <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/ohio.html>

**Utilizes annualized Boundless data across a variety of Medicaid DODD funded services as assumption base.