

HB 33 Interested Party Testimony
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Ohio Council for Home Care & Hospice (OCHCH)
Senate Medicaid Committee
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Chairman Dolan, Vice Chairman Cirino, Ranking Member Sykes and members of the Senate Finance Committee, thank you for allowing me to testify today as an interested party on HB 33 state budget priorities for the Ohio Council for Home Care & Hospice. My name is Lisa Von Lehmden Zidek. I am the current board chair of the Ohio Council for Home Care & Hospice. Home care includes a broad range of services that enables people to receive care in their home, rather than in a hospital, nursing home, or another outpatient setting. These services may be a combination of professional home health care such as nursing or physical therapy, personal care such as assistance with bathing or dressing, or support, like homemaker or companion services. Home and community-based services are provided in Ohio's Medicaid program through State Plan and waivers, which are administered via the Ohio Department of Medicaid, Ohio Department of Aging, and the Ohio Department of Developmental Disabilities., respectively. I'm here today on behalf of community-based providers all over the state to ask for the necessary investment to reimbursement rates so home care companies can support paying wages at market levels and continue as Medicaid providers. I am also here to represent the importance of our role in the viability of Ohio's care continuum. Our relationships with skilled nursing facilities and hospitals are continuing to be challenged due to our inability to be competitive with staff, and therefore unable to serve the important role of support in the community post discharge from a facilities which often times leads to increased length of stay, in appropriate level of care, and often a more costly side of circumstance.

We respectfully request the Senate's support for amendments on the following priorities:

- 1) Medicaid Rates for Home and Community Based Services (SC1791);
- 2) Rebasing Medicaid Rates for Home and Community Based Services Task Force (SC1440X2);
- 3) Technology Utilization Support (SC0583);
- 4) HCBS Nursing Standard of Care (SC0630);
- 5) Hospice for People in SNFs (SC0432).

Increase Medicaid Rates for Home and Community Based Services

We are grateful to the DeWine Administration, Director Maureen Corcoran, and Director Ursel McElroy for acknowledging that rates need significant increases this biennium and we appreciate the inclusion of rate increases in the As Introduced version of the budget. Additionally, we appreciate the House's efforts to build off that foundation to address the long-term challenges the home and community-based services providers have faced. In the Senate, we are seeking an amendment that would provide a targeted increase to preserve access to care for home and community-based services which includes Private Duty Nursing, State Plan Nursing, Home Health Aide and Personal Care for MyCare, PASSPORT and Ohio Home Care. OCHCH has a market study to align rates to costs and shows that increases should be a 60% increase, and in some cases much more. Our market study establishes the rate using market wages (RN is \$35/hr. and Personal Care Aide is \$20/hr., for example) at 60% of the entire rate, which we've used to set the "break even" point for providers whose payor-mix is more than 50% Medicaid. With this methodology we can establish the exact rates needed to support the program.

The House language used the Administration's wage "calculator" that was developed as a result of House testimony to adjust the funding for home care. The calculator says the new funding will allow providers to pay \$17 in FY24 and \$18 in FY25, but that uses an overhead percentage that is nearly 15% more than the industry standard of 60%. As such, we don't believe the new funding can get the wages to that level – it's probably more realistic that it is \$12/\$14 per hour respectively. Regardless, the funding is still below the \$20 per hour industry standard. Additionally, the House left out the RN portion of the request, and so we hope the Senate will build off the work of the As Introduced and House versions of the budget and support amendment SC1791 that will fully fund our request, or our providers will continue to flounder. *We ask you to support SC1791.*

Rebasing Medicaid Rates for Home and Community Based Services Task Force

Home and community based service providers must be provided stability of rates adjusting to the marketplace so we can continue to innovate and care for Ohio's aging population, and as such OCHCH had been proposing a rate setting methodology where rebasing occurs regularly. However, through conversations with Chairman Romanchuk and members of the Senate Medicaid Committee we are submitting an alternative proposal that would require ODM and ODA to jointly submit a report outlining wages paid to direct care staff providing services to enrollees under the Medicaid home and community-based service waivers and Medicaid state plan. This amendment would implement a rebasing Task Force recommendation on Medicaid home health reimbursement rates for both state plan and HCBS waivers. ODM does not have any statutory directives on how they should set rates for HCBS providers, and as a result the rates have not been regularly adjusted to keep pace with the cost of providing the care. In fact, ODM does not publish the process they use to establish HCBS rates. Since there is currently no rebasing requirements for Medicaid home health providers in the Ohio Revised Code (ORC), we propose a Task Force to evaluate and report back to the Governor, Senate President and Speaker of the House. *We ask you to support SC1440X2.*

Technology Utilization Support

Chronic Care Management (CCM) and Remote Patient Monitoring (RPM) are tools that allow for more efficient time management of a shrinking workforce while simultaneously ensuring a high standard of care for patients. CCM and RPM enhance providers abilities to engage the patient at the most appropriate time rather than traditional visits as established under a patients care plan, thereby enabling the provider to more effectively care for patients. We are seeking an amendment that would require ODM to allow home health agencies, hospice agencies, and private duty nurses to receive reimbursement for RPM equipment. This reimbursement partially covers the cost of supporting technology equipment and is already available for other providers. With such a significant workforce shortage, this allows agencies to better manage their workforce through technology. *We ask you to support SC0583.*

HCBS Nursing Standard of Care

In 2016, Medicaid began offering reimbursement for the 60-day recertification visit at the expense of decreasing the hourly rate for non-supervisory visits. Simultaneously the Department separated LPN per hour rates from RN per hour rates. This led to dramatic decreases in reimbursements for providers. We are seeking an amendment that would place guardrails around home and community-based nursing to ensure patients get the appropriate level of care, as to ensure providers get paid for that standard of care. This amendment does several things:

- Prohibits a requirement for agencies to use only licensed practical nurses when provided some or all home health services;
- Prohibits payment to be made at LPN rates if/when a RN provides the services;

- Prohibits the establishment of a payment rate, policy, or procedure that prevents a home health services provider from making decisions about a patient’s clinical care that are in the patients best interest.

Our agencies do not look at Medicaid as a “money maker.” It’s a community service and we are fine with that. However, we need to be able to cover the costs of providing care. *We ask you to support SC0630.*

Hospice for People in Skilled Nursing Facilities

Lastly, we are seeking an amendment to address how hospice programs are reimbursed and how they pay skilled nursing facilities for the “room and board” for the person receiving hospice care. At present, hospices are only reimbursed at 95% of the current Medicaid per diem rate. However, hospices have the option to pay their SNF partners 100% of the Medicaid rate. This means that hospice has to take money away from paying for care simply to pay the room and board. Contract decisions are made by each hospice operator, but there is an understanding that this cost is the price of doing business within a SNF – a cost that is only because of a policy decision that has nothing to do with providing care. We are seeking an amendment that would increase the SNF room and board rate for people on hospice care from 95% of the rate to 100% of the rate. The rate “floor” of 95% is the federal minimum and Ohio has quite simply never updated the rate. This change would help SNFs and hospice agencies by covering the full rate for patient care. *We ask you to support SC0432.*

Chairman Dolan and members of the Senate Finance Committee, thank you for allowing me to testify today. I would be happy to answer any questions at this time.