

**HB 96 Interested Party Testimony
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Ohio House Finance Committee
Chair Brian Stewart
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Chairman Stewart, Vice Chair Dovilla, Ranking member Sweeney and members of the Ohio House Finance Committee, thank you for the opportunity to testify today.

My name is Lisa Von Lehmden, and I serve as the Executive Director of the Ohio Council for Home Care and Hospice (OCHCH), representing home health and hospice providers across the state. I come before you with a strong and urgent message regarding workforce development, reimbursement rates, and the ongoing challenges associated with Electronic Visit Verification (EVV).

Workforce Development & Nursing Rate Investment

Ohio is facing a critical nursing shortage, particularly in home and community-based services (HCBS). The demand for home care is increasing due to our aging population, growing Medicaid waiver recipients, PASSPORT beneficiaries, and individuals with complex medical needs. However, workforce development initiatives have traditionally overlooked home health care nurses, despite their essential role in keeping Ohioans where they want to be—at home.

The **Center for Community-Based Care Initiative** is a statewide strategy to integrate home health into nursing education, exposing students to the autonomy, flexibility, and fulfillment of providing one-on-one care in the home. To achieve this, we are requesting a **\$5 million investment—\$1 million per region—to support:**

- **LPN, RN, and BSN scholarships** for students in their junior and senior years, full LPN programs, and LPN-to-RN bridge programs, benefiting approximately 125 nursing students statewide each year.
- **Internships and externships** with home care agencies, offering hands-on experience in HCBS settings.
- **Mentorship programs**, providing agencies with up to \$40,000 per new graduate for the first six months post-graduation to support clinical decision-making and professional development.
- **Expanded workforce capacity**, enabling each trained nurse to case manage 30 patients at a time, ultimately impacting over **22,000 Ohioans annually** in need of home care services.

Electronic Visit Verification (EVV) & Self-Directed Care

While EVV is a federal mandate, **Ohio's implementation has been a disaster.** The **failures of Sandata, the state's chosen vendor, have made compliance nearly impossible for**

providers. Agencies are being denied reimbursement due to a system that is broken, not because of any failure on their part.

Since Ohio began its EVV initiative in 2015, OCHCH has worked tirelessly to support a smooth transition. However, the **July 2024 announcement has escalated the situation to a crisis.** Providers are now either **unable or unwilling** to continue serving Medicaid recipients due to the **administrative and financial burdens imposed by EVV noncompliance.**

The reality is this: **agencies are facing claim denials and reimbursement delays due to a system that does not work.** Sandata has failed to:

- Provide a **reliable, functional system** that ensures accurate compliance.
- Offer **real-time support and training** for providers.
- Meet **ODM's own expectations** for operational success.

These failures place an **unjust burden on home care providers, threatening care access for Ohio's most vulnerable residents.** Therefore, we are calling on the state to take immediate action and **halt the adjudication of claims based on EVV compliance until these systemic issues are resolved.** It is completely inappropriate to penalize providers for failing to comply with an unusable system.

Rate Stability & Annual Adjustments

As we mark our **60th anniversary**, sustainability remains a top priority for HCBS. To ensure the viability of these services, we must address three key areas:

1. **Regular Review of Provider Payments** – Reimbursement rates must reflect the true cost of care. Without a data-driven, systematic approach, providers struggle to recruit and retain staff, maintain operations, and deliver high-quality care.
2. **Equitable Rate-Setting Methodologies** – Direct care workers are undercompensated compared to their institutional counterparts. Fair and transparent rate-setting must ensure parity in wages, preventing workforce shortages that limit access to care.
3. **Leveraging Technology & AI** – Investments in AI-driven care coordination, remote patient monitoring, and predictive analytics can enhance efficiency and improve patient outcomes.

Additionally, nurses did not receive a meaningful rate increase in the last budget cycle. If we are to meet the demand for skilled home health services, rate increases for nursing must align with workforce development efforts to retain experienced clinicians and attract new talent.

Ensuring a Thoughtful Rollout of Self-Directed Care

While we **support self-directed care in principle**, its expansion must be **thoughtful and structured** to avoid unintended consequences that could harm agencies, caregivers, and patients alike. Self-directed caregivers are an essential part of Ohio's home care system, and

any expansion must be **implemented in a way that complements—not undermines—the agencies that provide care to thousands of Ohioans.**

Conclusion

OCHCH is **deeply frustrated** with ODM, Sandata, and the ongoing failures of Ohio's EVV implementation. This situation is **untenable**, and immediate action is needed to prevent further disruption to care delivery across the state.

We urge this committee to take the following steps:

1. **Invest \$5 million in workforce development** to address Ohio's nursing shortage in HCBS.
2. **Establish an annual rate review process** to ensure reimbursement rates reflect the true cost of care, with immediate attention to nursing rates.
3. **Discontinue adjudication of claims tied to EVV compliance** until the systemic failures are resolved.
4. **Ensure a thoughtful rollout of self-directed care**, prioritizing stability and sustainability for Ohio's home care providers.

Ohio's home care providers **want to be part of the solution**, but we cannot succeed in a system that **actively works against us**. The time for action is now.

Thank you for your time and attention. I welcome any questions at the direction of the Chair.