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Interested Party Testimony on House Bill 96
House Finance Committee
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Chair Stewart, Vice Chair Dovilla, Ranking Member Sweeney, and members of the House Finance Committee, thank you for the opportunity to provide written-only interested party testimony in consideration of House Bill 96 (HB 96), the state operating budget. Disability Rights Ohio (DRO) is the state's protection and advocacy (p&a) system that advocates for people with disabilities in Ohio.

DRO was designated as the p&a with the passage of the Developmental Disabilities Assistance and Bill of Rights Act of 1975 after Congressional hearings were held to investigate the services provided to people with disabilities in state operated institutions. Since 1975, our work has expanded to include advocating for people with psychiatric diagnoses, students with disabilities, and disabled individuals seeking employment. Over the decades we have supported access to home and community-based services, advocated for the full federal match for vocational rehabilitation, investigated instances of abuse and neglect, supported students and families with their individualized education programs, and worked to support disabled advocates to have their voices and choices heard by policymakers.

DRO has seen how services systems have expanded, constricted, shifted, and been supported by state investments. The legislature has the ability to ensure access to essential services and supports for disabled Ohioans through HB 96. Governor DeWine has proposed a budget that maintains investments, expands investments, and continues a focus on disabled Ohioans. Medicaid is an essential component to these systems, any cuts or language that would trigger cuts, would have a devastating impact on Ohio's service systems for disabled Ohioans and those with psychiatric disabilities. All effort should be targeted towards maintaining this essential component to ensuring care for Ohioans with disabilities.

I. OVERVIEW

DRO applauds Governor DeWine for maintaining investments in the DODD proposed budget for direct care worker wages and OOD's budget to pull the entire federal match for vocational rehabilitation services. Direct care workers who provide services under DODD's over 40,000 administered waivers are a critical component to ensuring people with disabilities can live independently in their communities. Additionally, OOD provides services to over 42,000 Ohioans with disabilities with the goal of helping individuals obtain and maintain employment.

Additionally, DRO applauds Governor DeWine for his continued support of expanding access to Ohio's mental health service system. In his press conference introducing the budget, the Governor

stated: “this budget continues to expand our commitment to increase access to mental health services directly in our communities – building the system of care that was promised in the 1960s, but never fully built.” Ohio’s mental health service system has, over the last few decades, not been provided the resources to expand capacity in the community. This budget begins to shift the focus and invest in this necessary service system to ensure access to community-based services supports.

DRO supports HC0688, a proposed amendment that would create the “community projects” line item of \$4,716,000 that would be allocated for Community Response Pilot Programs targeted in three different sized counties, municipalities, and/or townships. The goal of this pilot program would be to help divert crisis calls from 9-1-1, establish community response teams, and coordinate long-term care for individuals.

Currently, Ohio jails and law enforcement are overburdened with responding to calls that do not pose a threat to public safety. This drains these vital local resources. In many Ohio communities, law enforcement respond to calls including those in a behavioral health crisis, those experiencing dementia, and those experiencing homelessness. Like those who need emergency medical response, there are instances in communities where an alternative response is required to ensure the proper resources are being deployed.

For those experiencing a behavioral health crisis that could be a social worker, for an individual with dementia that could be a community health worker, and for those experiencing homelessness that could be a mobile response team. Governor DeWine’s proposed budget includes initiatives to reduce the burden on law enforcement and ensure proper response programs would be deployed. The Community Response Pilot Program would build upon these investments and support local communities to establish response systems that work best for their communities, populations, and needs.

Further, the Community Response Pilot Program provides new funding to communities that would not otherwise be available. This allows communities to create the response services needed while continuing to focus on public safety. The Community Response Pilot Program will allow communities to collaborate across criminal justice, human services, and housing agencies focusing on the needs of the individual and community. The data collected from the Community Response Pilot Program will allow for long-term expansion of the program and establishing statewide systems of response to better address the needs of Ohioans experiencing a crisis.

In addition to the proposed amendment, DRO would like to highlight eight (8) provisions within the proposed budgets of the Departments of Medicaid, Developmental Disabilities, Behavioral Health, and Opportunities for Ohioans with Disabilities:

- 1. Maintaining the increase in funding for direct care worker wages;**
- 2. Direct care worker wages data collection and establishing a Task Force;**

- 3. Terminating medical assistance to the Medicaid expansion eligibility group (Group VIII) is the federal match decreases below 90%;**
- 4. Maintaining the full federal match for vocational rehabilitation services;**
- 5. Mobile crisis services for adults;**
- 6. Mobile response stabilization services (MRSS);**
- 7. Establishing community-based comprehensive behavioral health clinic crisis centers; and**
- 8. Increasing the investment to 988.**

II. DEPARTMENT OF MEDICAID & DEVELOPMENTAL DISABILITIES

DIRECT CARE WORKER WAGES

In the previous budget, the Ohio General Assembly increased funding to provider rates with the goal of increasing direct care worker wages. The aim was to bring wages from around \$12 an hour to \$18 an hour for Medicaid and Aging waivers and \$19 for Developmental Disability waivers. This increase was a necessary step to ensuring wages for this essential workforce could be competitive with competing jobs in the labor market. DRO applauds Governor DeWine for maintaining these increases in HB 96. Direct care workers are a critical component to the home and community-based service system and maintaining this increases ensures access to this workforce for people with disabilities.

DIRECT CARE WORKER WAGES DATA COLLECTION AND TASK FORCE

HB 96 includes language that would collect data from providers regarding the wages paid to direct care worker wages and to submit an annual report on the data to the Governor. This is a great step in accountability for the increase the legislature provided in the previous budget. However, the legislature can go further to ensure the additional funding provided is going to direct care workers and access is expanding. The legislature should consider including language that would establish a direct care workforce task force (Task Force).

The Task Force could be comprised of providers, advocates, and people with disabilities with the goal to study the implementation of direct care worker wages through the data gathered by the Ohio Department of Medicaid, survey gaps in services, and provide recommendations to ensure sustainability in wage growth and expanded access to home and community-based services. These recommendations could be provided to the Governor, Legislature, and the departments of Aging and Developmental Disabilities. Although the increase was much needed, sustainability and

accountability are a needed next step to ensuring Ohio's home and community-based service system meets the needs of disabled Ohioans.

III. DEPARTMENT OF MEDICAID

GROUP VIII POPULATION TERMINATION

HB 96 includes language that would eliminate coverage to over 700,000 Ohioans if the federal government reduced their federal medical assistance percentage (FMAP) below 90%. Currently, the Medicaid program provides coverage to over 3 million adults and children with the vast majority of those receiving coverage under a FMAP of 64.85%. Of those individuals, 8% are part of the aging, blind, and disabled population and account for 22% of service expenditures. A reduction in the FMAP below 90% should not result in loss of coverage for a population that accounts for 27.3% of the caseload and 25.8% of service costs. Ohio should take every effort to provide coverage to this population similarly to other populations covered by Ohio Medicaid.

This is especially true because Group VIII provides health care coverage to many direct care workers. Individuals with disabilities on waivers rely on direct care workers to maintain care in their homes and communities. As of 2023, 39% of direct care workers are covered by Ohio Medicaid. By keeping language that would eliminate the Group VIII population, the state is putting access to health care coverage for direct care workers at risk. Termination of coverage for the Group VIII population would cause these workers, who the legislature has worked aggressively to support over the past biennium, to leave the system in search for different job opportunities that provide needed medical coverage. This would force the state into another crisis position for our home and community-based services.

Additionally, 47% of adults enrolled in Ohio Medicaid bill for behavioral health services. Ohio's mental health system is already straining resources, has limited capacity, and the ability to access care is limited. By cutting access to behavioral health coverage for this population, the state is reducing access to needed services and supports. The Governor has made clear his vision to expand access to behavioral health services and improve access to healthcare. Eliminating medical coverage for over 700,000 Ohioans if the FMAP were to fall even 1%, would not be meeting that vision.

Medicaid is a critical component to the disability service system by providing access to home and community-based services and supports and providing medical coverage to direct care workers. Ohio should continue to meet these needs and ensure people with disabilities can live independently in their homes and communities by maintaining direct care wages, establishing a direct care task force, and removing language that would terminate Medicaid coverage for the Group VIII population.

IV. OPPORTUNITIES FOR OHIOANS WITH DISABILITIES

MAINTAINING FEDERAL MATCH FOR VOCATIONAL REHABILITATION

DRO applauds Governor DeWine for maintaining the full federal match for VR services in Ohio. VR services are a key component to helping disabled Ohioans work in their community's ensuring independence. Prior to the last biennial budget, OOD was not pulling the full federal match for decades sending back potential federal dollars that could have been utilized for the provision of VR services. Since the last budget, the agency has indicated services have expanded and wages have increased. Increasing funding for these services have been needed and maintaining the funding included in the proposed budget is a great step to continuing the increased access and wage growth by those receiving VR services.

V. DEPARTMENT OF BEHAVIORAL HEALTH

The community mental health system in Ohio has not been adequately funded since the passage of the Mental Health Act of 1988, legislation that aimed at reducing the reliance on institutional settings and investing in a community-based service system. However, since the implementation of this legislation, funding from the state has not met the need in Ohio communities. Currently, mental health services are being provided in jails, prisons, nursing homes, and state psychiatric hospitals. Meeting individuals in their communities, prior to entering institutional settings, is long overdue.

The targeted investments in HB 96 are needed to address the shortfall of community-based service capacity in Ohio's mental health system. However, as we continue to build these systems consideration should be made to ensure these services are noncoercive, center individual experiences, connect individuals with peer supports, and provide long-term sustainability in access to community-based services through care coordination.

ADULT MOBILE CRISIS

Mobile crisis services assess individuals experiencing a crisis, de-escalate the situation, coordinate supportive services, and help provide peer recovery to individuals. As these services are expanded statewide in Ohio, it is critical the state continues to focus on connecting individuals to sustainable non-coercive community-based services. Expansion of these services are critically needed, and individuals intercepted by mobile crisis should also be connected to housing, employment support, transportation, peer recovery supports, and treatments in their communities. The focus of these services should be on de-escalation, peer supports, and access to treatment in outpatient community settings. Expanding these services will help ensure individuals experiencing a behavioral health crisis are connected to needed supports and being diverted from institutional settings.

MOBILE RESPONSE STABILIZATION SERVICES

Similarly to adult mobile crisis, MRSS provides crisis supports to people under 21 within 60 minutes of contact. These services meet these individuals in their homes and provide intensive services for up to 42 days. These individuals are then linked to on-going supports to ensure long-term services are provided. Expanding availability and access to these services in all 88 counties, especially 24/7, would ensure individuals under 21 are being connected to supports they need and not unnecessarily being placed in institutional settings.

COMMUNITY-BASED COMPREHENSIVE BEHAVIORAL HEALTH CLINIC CRISIS CENTERS

Establishing CCBHC's is a step to ensuring access to mental health services and supports for Ohioans. CCBHC's can address individuals with multiple diagnoses and connect them to needed services, supports, and treatment. Specifically, CCBHC's focus on the population of individuals with higher level of care needs. These individuals have historically been placed in institutional settings segregated from their communities. By expanding access to services in the community for this population, Ohio is ensuring individuals can stay in their homes. Additionally, CCBHC's can connect individuals to care coordination, crisis supports and navigate the complexity of Ohio's mental health service system. Care coordination is a major gap in the continuum of care for individuals experiencing a behavioral health crisis. This is a step forward in fulfilling the promise of building out a community-based mental health system.

INVESTMENTS IN 988

Finally, increasing funding to Ohio's 988 hotline ensures stability for crisis response in the state. Ohio's communities rely on responses that are at times coercive, traumatic, and do not connect individuals with the needed services and supports. By increasing funding and access to crisis services in this budget, Ohioans experiencing crisis can be supported in their homes and communities without the reliance on institutional settings.

VI. CONCLUSION

HB 96 continues the investments made by the 135th General Assembly and expands on necessary programs, services, and supports that are essential to disabled Ohioans. Direct care worker wages have needed supported for decades and this budget continues that needed investment. People experiencing a behavioral health crisis have needed access to community-based services and supports that HB 96 targets. And for over twenty years the state had not pulled the full federal match for vocational rehabilitation, but HB 96 continues the investments from last budget to ensure access to employment supports. DRO applauds this proposed budget, however, additional work is needed to protect the Medicaid service system and ensure individuals covered will not lose their essential coverage. The state has made efforts to build out a system of care for disabled Ohioans that would be threatened by cuts to the Medicaid program.

DRO appreciates your time and consideration of this written-only interested party testimony for HB 96. If you have any questions or wish to discuss these issues further, do not hesitate to reach out to Jordan Ballinger, Policy Director at jballinger@disabilityrightsohio.org or (614) 466-7264 x135.