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Interested Party Testimony on House Bill 96
House Finance Committee
April 3, 2025

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 would like to highlight four (4) provisions in the substitute version of HB 96 and one (1) amendment not included in this version of the bill:

1. Direct Care Worker Wages and Vocational Rehabilitation Federal Match;
2. Group VIII Trigger Language and Transition Plan;
3. Medicaid Provider Rate Prohibition;
4. Investments in 9-8-8 and Crisis Response;
5. Support Inclusion of amendment HC0688.

DIRECT CARE WAGES AND VOCATIONAL REHABILITATION MATCH

DRO applauds the Ohio House Finance Committee for maintaining investments 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.

Sub 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 language 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.

GROUP VIII POPULATION TRIGGER LANGUAGE AND TRANSITION PLAN

Sub HB 96 maintains language to eliminate coverage for over 700,000 Ohioans if the federal government reduces their federal medical assistance percentage (FMAP) below 90%. While the House Finance Committee included §333.360 that would require a phased transition plan that would allow individuals the opportunity to find new insurance coverage and time for the state to transition individuals off of the Medicaid program, the state should take more of an effort to maintain coverage to these individuals under the Medicaid program and remove the trigger language eliminating the Group VIII population.

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 PROVIDER RATES

Sub HB 96 includes language in §5164.302 that would prohibit Medicaid providers from seeking to be paid for a service greater than the median rate paid by private insurance. On its face this language lacks basic understanding of the Medicaid service system, how services are billed, and the types of providers that exist within the system. For certain services in the Medicaid system there is no private insurance rate that would be comparable. The median rate would also not consider the cost to provide services across the various systems and regions. This change would

hamper the ability for providers to be paid at a rate that can maintain services and capacity. Behavioral health providers are already operating on limited budgets, this change could dramatically reduce system capacity in a system that already is unable to meet the needs of Ohioans.

Additionally, it is unclear how this would impact current provider rates, especially direct care worker wages. Median rates are currently at around \$16/hr, far below the legislative directed \$18/hr for Medicaid and Aging administered waivers and \$19/hr for Developmental Disabilities administered waivers. This would be a reduction in those rates and could cause large disruptions in the home and community-based service systems. The legislature should remove this provision and revert to the As Introduced budget language to ensure system capacity for people with disabilities is maintained.

INVESTMENTS IN 9-8-8 AND CRISIS RESPONSE

DRO applauds the House Finance Committee for funding the long-term sustainability of the 9-8-8 hotline through General Revenue Funding and maintaining investments in adult mobile response and mobile response stabilization services.

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.

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.

INCLUDE AMENDMENT HC0688

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.

DRO appreciates the continuation of certain investments and expansion of programs, but acknowledges there are some needed changes in Sub HB 96. The legislature needs to ensure people with disabilities can live, work, and play in the settings of their choice with a full continuum of services available. Changes in the Ohio Medicaid system could undermine the advances the state has made to expand system capacity for people to live independently in their communities. As the House Finance Committee contemplates further adjustments, the legislature should consider the critical need for the Medicaid program in Ohio.

DRO appreciates your time and consideration of this written-only interested party testimony for Sub 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.