

HB 96 Interested Party Testimony
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Ohio House Medicaid Committee
Chair Jennifer Gross
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Chair Gross, members of the Ohio House Medicaid 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 today with a strong message on behalf of our agency members regarding workforce development, reimbursement rates, and the ongoing challenges with Electronic Visit Verification (EVV) and self-directed care.

Workforce Development & Nursing Rate Investment

Ohio is facing a severe nursing shortage, particularly in home and community-based services (HCBS), where demand continues to grow due to an aging population and the increasing number of Medicaid waiver recipients, PASSPORT beneficiaries, and individuals with complex medical needs. While hospitals and long-term care facilities are often the focus of workforce development efforts, we cannot afford to overlook the essential role of home health nurses in ensuring Ohioans receive care where they most want to be—their homes.

The **Center for Community-Based Care Initiative** is a statewide strategy designed to integrate home health into nursing education, ensuring that students are exposed to the autonomy, flexibility, and personal fulfillment of providing one-on-one care in the home. We are seeking a **\$5 million investment—\$1 million per region—to support:**

- **LPN, RN, and BSN scholarships** to help students complete their junior and senior years of nursing programs, full LPN programs, or LPN-to-RN bridge programs. This investment would support approximately **125 nursing students statewide each year**.
- **Internships and externships** with home care agencies, ensuring students receive hands-on experience in HCBS settings.
- **Mentorship programs**, where agencies would receive up to **\$40,000 per new graduate for the first six months post-graduation** to support on-the-job training, clinical decision-making development, and professional growth.
- **Increased workforce capacity**, with each trained nurse able to case manage 30 patients at a time, cycling through an average of six patient groups per year—ultimately impacting over **22,000 Ohioans annually** in need of home care services.

Rate Stability & Annual Adjustments

As we mark our **60th anniversary**, we remain focused on the sustainability of HCBS. We believe the key to ensuring the long-term success of these programs lies in three critical areas:

1. **Regular Review of Provider Payments** – It is essential that reimbursement rates reflect the true cost of care. Without a systematic, data-driven approach to rate review, providers struggle to recruit and retain staff, maintain operations, and deliver the high-quality care Ohioans deserve.
2. **Equitable Rate-Setting Methodologies** – Direct care workers are the foundation of home care, yet they continue to be undercompensated compared to their institutional care counterparts. We must establish a **fair and transparent rate-setting process** that ensures parity in direct care wages, preventing workforce shortages that threaten access to services.
3. **Leveraging Technology & Artificial Intelligence** – Innovative care models, including the use of **AI-driven care coordination, remote patient monitoring, and predictive analytics**, can enhance efficiency and improve patient outcomes. Ohio should invest in these advancements to **expand access, improve care quality, and support providers** in adapting to an evolving healthcare landscape.

Additionally, we must address the **critical gap in nursing reimbursement rates**. Unlike other direct care providers, **nurses did not receive a significant rate increase in the last budget cycle**. If we are to meet the growing demand for skilled home health services, we must ensure that **rate increases for nursing sit side by side with workforce development investments** to retain experienced clinicians and attract new talent into home care.

Electronic Visit Verification (EVV) & Self-Directed Care

While we fully acknowledge that **EVV is a federal mandate**, the state of Ohio has failed to put the necessary systems and supports in place to ensure agency success. The **ongoing failures of Sandata—the state’s chosen EVV vendor—have left home care agencies struggling to comply, through no fault of their own**. Agencies are being asked to meet requirements within a system that is fundamentally broken.

Today, you will hear directly from **Kim Kin and Mike Vallee**, both agency owners who are on the front lines of these challenges every day. They will provide firsthand accounts of the systemic failures that make compliance nearly impossible. Their stories are not unique—these frustrations are echoed by home care providers across the state.

Since the inception of Ohio’s EVV initiative in **2015**, the **Ohio Council for Home Care and Hospice** has been committed to working with the Ohio Department of Medicaid (ODM) to ensure a smooth and effective implementation. However, **the July 2024 announcement has escalated the situation beyond our ability to resolve in a timely manner**. Providers are now unable—or in some cases, unwilling—to continue serving Ohioans due to the administrative and financial burdens imposed by EVV noncompliance.

The reality is this: **agencies are facing claim denials and reimbursement delays** because they cannot achieve compliance within a flawed system. **Sandata has consistently failed** to address critical issues, including:

- System errors that make accurate compliance unattainable
- Lack of real-time provider support and training
- An overall failure to meet ODM's own requirements

This has placed an **unfair burden on home care providers**, threatening the stability of services for some of Ohio's most vulnerable residents.

We are calling on the state of Ohio to take **immediate action** by ensuring that **claims are not adjudicated based on EVV compliance** until these systemic issues are resolved. **It is wholly inappropriate for the state to penalize providers for failing to comply with a system that has not been set up for success.**

Ensuring a Thoughtful Rollout of Self-Directed Care

Additionally, while we support **self-directed care in principle**, we **urge the General Assembly** to ensure that its rollout is **appropriate and aligned with what is best for Ohio**. The transition to self-direction must be **thoughtful and structured** to prevent unintended consequences that could negatively impact agencies, caregivers, and the individuals we serve. **Self-directed caregivers are an essential part of Ohio's home care landscape, and any expansion of this model must be done in a way that supports—not undermines—the agencies that provide care to thousands of Ohioans every day.**

Conclusion

The **Ohio Council for Home Care and Hospice** is **extremely dissatisfied** with the Ohio Department of Medicaid, **Sandata**, and the **ongoing challenges surrounding EVV implementation**. The current situation is **untenable**, and **immediate action** is necessary to prevent further disruption to care delivery across the state.

We **urge this committee** to recognize the gravity of this issue and take the necessary steps to:

1. **Ensure a \$5 million investment in workforce development** to address Ohio's nursing shortage in HCBS.
2. **Implement an annual rate review process** to reflect the true cost of care, with immediate attention given to nursing rates.
3. **Delay adjudication of claims based on EVV compliance** until systemic issues are resolved.
4. **Roll out self-directed care in a way that aligns with the needs of Ohio agencies and caregivers.**

Ohio's home care providers **want to be part of the solution**, but they **cannot succeed in a system that actively prevents them from doing so. The time for action is now.**

Thank you for your time and attention. I would be happy to take any questions at the direction of the Chair.