

The Ohio House Medicaid Committee

Chair Jennifer Gross

HB 96 Testimony

March 5, 2025

Chair Gross, Vice Chair Barhorst, Ranking Member Baker, members of the House Medicaid Committee thank you for the opportunity to provide testimony today.

My name is Janemarie Sowers, my daughter, Kendra is an adult with severe disabilities and relies on others for all her care and activities of daily living. At 18 months of age Kendra suffered a cardiac arrest and as a result has a hypoxic brain injury (HIE); is trach/vent dependent; has seizures with a vns implant, cerebral palsy, autonomic instability, osteopenia, neurogenic bladder, many more medical conditions, and is fed and receives medication through a feeding tube. Kendra is on Ohio Medicaid and Ohio Home Care Waiver (OHCW). They have FAILED her! OHCW is NOT a home and community-based waiver. It is a home confinement waiver. OHCW does not provide anything to access the community. Everything is based off medical necessity. Going to the park, family outings, community events, the movies, holidays at relative's house, church, birthday parties, pancake breakfast at a community church, the library, etc are not medically necessary and therefore no transportation is provided via the waiver. The DODD IO waiver, which is what Kendra would need, provides transportation to those type of things. It also provides 2:1 care which she needs for community outings, transfers, bathing, therapy exercises and positioning, and respiratory emergencies; community respite; homemaker/personal care; money management; nutrition; residential respite; shared living; specialized medical equipment and supplies; and waiver nursing delegation.

Two years ago during budget season I stood in front of legislative committees and said Medicaid nurses needed a raise, and they did. Their reimbursement rates were horrible. IP LPN's were at \$24.96 an hour and IP RN's were at \$29.84. It didn't help. Why, because Medicaid's provider network management (PNM) is still messed up. Providers are still receiving error codes and having payment issues. Providers are told "there is a glitch in the system, and it needs to work itself out". Aides on the DODD side are making as much or more than nurses on the ODM side. As far as my daughter is concerned, we were only able to get 24 more hours covered. Increasing her from 42 nursing hours a week to 66. She was authorized 112 even though she requires 168 hours of care and supervision. The rest falls on me. When she is discharged from the hospital (that's where she had to go so I could have spine surgery last Sept), all her care will fall on me and NO Medicaid doesn't and won't pay me to provide her care. The rules on the Medicaid side do not permit it. Although DODD would allow me to be paid to provide her care.

You should be asking where Ohio Medicaid is spending all their money. It isn't on services and supports to individuals on the programs. ODM outsources everything now. The money is going to multiple fat cat contracts with Gainwell Technologies, Public Consulting Group (PCG), Public Partners LLC (PPL, a subsidiary of PCG), Sandate (EVV vendor) to name a few. Since Medicaid outsourced Prior Authorization to Gainwell Technologies pretty much everything gets rubber

stamped “DENIED” even proven medically necessary items, like Kendra’s g-tube formula. Speaking of Gainwell Technologies, providers didn’t have issues being paid until Gainwell Technologies was awarded the Fiscal Intermediary contract from ODM. Gainwell Technologies is also the prior authorization entity for Caresource. My medical imaging, treatment, and procedures get denied all the time now too.

Ohio Medicaid needs overhauled! The programs do not provide the services and supports individuals on them need. Paying aides more than nurses is a disgrace. Outsourcing to incompetent vendors is a disgrace. Not providing individuals with the services and supports they need is a disgrace. You need to hold medicaid accountable!

Respectfully.

Janemarie Sowers

Parent and Legal Guardian

