



Kerstin Sjoberg, President and CEO of Disability Rights Ohio  
Interested Party Testimony on House Bill 96  
House Medicaid Committee  
March 5, 2025

Chair Gross, Ranking Member Baker, and members of the Ohio House Medicaid 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 system that advocates for people with disabilities in Ohio. Our work includes advocating for people enrolled in Ohio's Medicaid program, helping individuals navigate the complexities of the system, and providing tools to disabled Ohioans to self-advocate for better service provision for those enrolled.

Medicaid is a necessary component to ensuring disabled Ohioans can live independently in their homes and communities. Medicaid home and community-based service waivers provide services to over 100,000 individuals. This population includes aging Ohioans and those with developmental and intellectual disabilities. These waiver programs ensure the individuals enrolled can access services in their homes and communities instead of institutional settings. These individuals rely on direct care workers to maintain their independence.

DRO would like to highlight three (3) provisions within Governor DeWine's Department of Medicaid budget proposal:

- 1. Maintaining the increase in funding for direct care worker wages;**
- 2. Direct care worker wages data collection and establishing a Task Force; and**
- 3. Terminating medical assistance to the Medicaid expansion eligibility group (Group VIII) if the federal match decreases below 90%.**

#### 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 other 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 increase 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.

## 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.

Thank you for 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](mailto:jballinger@disabilityrightsohio.org) or (614) 466-7264 x135.