



**Kerstin Sjoberg, Executive Director of Disability Rights Ohio**  
**Interested Party Testimony on House Bill 96**  
**Senate Finance Committee**  
**May 27, 2025**

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Chair Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and members of the Senate 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. Investments in 9-8-8 and Crisis Response;**
- 4. Support Inclusion of amendment SC0906.**

**DIRECT CARE WAGES AND VOCATIONAL REHABILITATION MATCH**

HB 96 maintains 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.

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**

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 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, concerns remain about the effectiveness of this plan and the need to maintain coverage to these individuals under the Medicaid program.

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.

## **INVESTMENTS IN 9-8-8 AND CRISIS RESPONSE**

HB 96 establishes funding for 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 SC0906, 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.

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

