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Interested Party Testimony on House Bill 96  
Senate Medicaid Committee  
May 6, 2025

Chair Romanchuk, Vice Chair Huffman, Ranking Member Liston, and members of the Senate 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 (p&a) system that advocates for people with disabilities in Ohio.

DRO would like to highlight two (3) provisions in the substitute version of HB 96:

- 1. Direct Care Worker Wages and Vocational Rehabilitation Federal Match;**
- 2. Group VIII Trigger Language and Transition Plan;**

#### 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 §333.360 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.

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 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.