

Chairman Smith, Vice Chair Schuring, Ranking Member Driehaus and other committee members, thank you for the opportunity to comment on the proposed 2016-17 DODD budget, and my concerns on its impact on individuals who are supported by I/O waivers. My name is Christine Wright and I am the parent of a 31 year old man with Intellectual Disabilities (ID), residing in Montgomery County.

A plan to remove independent providers (IPs) as a source of care has been vigorously rejected by many opponents. I would like to add my voice to the growing number of concerned citizens, and stress that the removal of these providers will begin in 464 days. Starting in July, 2016, licenses up for renewal, which occurs every three years, will be denied. So at that point, the removal of IPs begins, with the elimination complete by 2019. With the downsizing of the developmental centers and ICFs (intermediate care facilities), conflict of interest provision in the new CMS rules which will require community integration for all operating day habilitation programs, including transportation, the need for agency direct care staff is going to skyrocket. Eliminating the IP, a preferred source of these workers, as evaluated by the ones they care for at home, just makes no sense fiscally or operationally. This is not a federally mandated provision, but rather one that has been proposed in Ohio's Medicaid budget apparently because of

Department of Labor's new ruling covering minimum wage, overtime and benefits for direct care providers. Maintaining this care source with the solution of adding a self-directed option, or Employer Authority, the details of which" will be determined by stakeholders" per Director Martin's testimony, will be transferring responsibility over to individuals or families as employers. Many families will not be able to accept the role of employer, and so the IPs will disappear. Please help to preserve the IP status, a superior form of care delivery.

The proposal of a 6% increase in wages for direct care staff is something that everyone, from individuals, to families to county boards to DODD heartily applauds. I support this part of the budget with the stipulation that this increase in wages is directed entirely towards the worker.

Innovative Pilot projects (Section 259.150) is mentioned in the budget as initiatives "that may be implemented in a manner inconsistent with the laws or rules governing ODODD (Ohio Dept. of DD) and CBDDs (County Boards of Developmental Disabilities)." Before authorizing these pilot projects, the Director must consult with entities interested in the issue of developmental disabilities, including the Ohio Provider Resource Association, Ohio Association of County

Boards of Developmental Disabilities, Ohio Health Care Association Ohio Centers for Intellectual Disabilities, the Values and Faith Alliance, and ARC of Ohio.

Frequently, DODD has workgroups that include the exact above referenced organizations, 3/5 of which are provider groups. What will these projects involve, and are they essentially provider driven and guided? I ask where the voice of individuals and families are on the decision making teams in DODD. A similar recommendation for committee makeup is proposed for an ICF/IID Quality Incentive Workgroup which will study the issue of establishing, as part of the Medicaid payment formula for ICF/IID services, accountability measures that act as quality incentives for ICFs/IID. A place at the table for individuals and families when discussing quality incentives should be automatic, and not something we need to question a human services agency about. I would ask you to consider expanding the workgroup membership to always include unaffiliated family members/individuals who are not associated with either state/local government or a provider association.

I appreciate your consideration of these points concerning the DODD budget.