



Chairman Sprague, Ranking Member Sykes and Members of the House Finance Subcommittee on Human Services:

My name is Mark Davis, President and CEO of the Ohio Provider Resources Association (OPRA). OPRA is a member association that represents approximately 160 independent and agency developmental disability providers throughout the State of Ohio. I am here today to talk briefly about the developmental disability provisions in HB 64.

HB 64 as introduced includes a significant new investment of dollars into Ohio's developmental disability system. OPRA applauds this investment as a recognition of the critical needs of our system and can attest to the urgency of these needs.

Ohio's developmental disability private provider system faces a workforce crisis. This is not an abstract concept. Individuals directly responsible for providing support to Ohio's most vulnerable citizens now receive average salaries that place them below the federal poverty guidelines. Hourly wages are not competitive with most industries including fast food restaurants and retail chains leaving provider staffing vacancies at alarming levels.

The type of systemic transition envisioned in this budget that includes transitioning the ICF system, closing state developmental centers and adding 3000 new waivers requires a direct support workforce. In addition, with the changes in day services individuals with low acuities will require three times as many staff to serve the same number of individuals. This is impossible without paying a competitive wage. We very much appreciate the 6% waiver rate increase and the 2% ICF rate increase targeted for wage increases. This is a much appreciated step in the right direction and will have an impact.

Of additional significance is the funding for 3000 new waiver slots. There is a genuine lack of residential capacity in our system. Waiting lists are long and county DD boards are left to deal with emergency situations. It has been many years since the state of Ohio committed general revenue funds to reduce waiting lists. Of particular note is the targeting of slots for individuals who may want to leave ICFs in favor of a waiver setting. This is the critical first step in realigning our ICF system.

Although I am attempting to keep my testimony brief, it would impossible to overstate the importance of these new monies for individuals with developmental disabilities and the system that supports them.

While we are genuinely appreciative of the new monies in our budget we do have fundamental disagreement with the proposals concerning community ICFs. As introduced the ICF provisions



would remove the choice and the ability for some individuals to stay in an ICF if they and their families so desired. The provisions also forcibly reduce ICF capacity. This reduces options for individuals on waiting lists who desire an ICF placement and eliminates ICF options for those in emergency need. ICFs play a fundamental role in Ohio's developmental disabilities system for those currently served and for those in crisis. OPRA and other stakeholders are meeting with the administration to see if and how we might reach a compromise.

OPRA and Advocates for Ohio's Future are working with others and the administration to expand self-direction in Ohio's HCBS waiver system. We support the proper transition of independent providers to a self-direction model.

As you can see from our testimony in the Health and Human Services Subcommittee, we have several items that we believe need revision in the budget. We are hopeful that we will reach an acceptable compromise with the administration that we both can support to you. We have amendments prepared, if that is not the case.

OPRA also supports the Ohio Association of County DD Boards position of the elimination of the Tangible Personal Property Tax. Elimination of the remaining TPP will hamper Board's ability to fund necessary services. It is important to note that this money can be matched with federal Medicaid dollars so that if the tax is eliminated so is the federal match that comes with it.

The following is a letter from one of our members, Lynn Urbanski, Executive Director from Blossom Hill. Lynn provides services to individuals with Intellectual and developmental disabilities in both ICF and Waiver settings.

CHOICES OR NECESSITY

As we are working toward a functional budget overseeing the world of developmental disabilities there needs to be a better understanding of how choices for those with disabilities are often overshadowed by sheer necessity. The powers that govern the budget may not be aware of the day to day real crisis that arise for families caring for loved ones with both physical and developmental challenges.

A young man lives at home with his parents and has an I.O. Waiver. His mother commits suicide. She is his primary caregiver. His father now must assume this role. The County Board requests additional hours in the home as the father works six days a week 12 hours a day. Initially additional hours were granted. The father had to quickly interview agencies to come into his home to care for his medically fragile and disabled son. The additional hours were granted for a short period of time. Time is up. The father cannot manage working 12 hours a



day and then coming home to meet the needs of his son, he is still learning how to do his tube feeds and medication administration. There are no other family supports available. Place your son in a nursing home, continue to manage at home with reduced hours, find an ICF. The father has never been inside a group home before. He does not want to place his son anywhere. He cannot lose his job. His son is 20 years old and does not belong in a nursing home. What choice does his son have?

An elderly mother of two dually diagnosed twin daughters suffers a critical medical event. She is rushed to the hospital. A neighbor brings her daughters to the hospital. These women are not known to the County Board. People scramble to get the girls services in their home until the mother can return to care for them. The ladies are terrified. They do not want strangers in their home. They do not have food, the house is not clean. The mother's choice is to allow strangers in the home to help care for her daughters or find a friend or family member to help out. There are no family members or friends to help out. The mother does not want her daughters to be cared for by strangers. She leaves the hospital against medical advice to return home to care for her daughters ignoring her own medical issues. What choices will these sisters have when their mother is too ill to care for them?

A call is received late on a Friday night. A woman is found in her home by a neighbor. She is non-verbal, in a wheelchair and cannot access much on her own. She has been left unsupervised for an extended period of time. Her primary caregiver is her sister. She cannot be reached. This woman is removed from her home and placed in emergency respite. Investigation reveals that this individual did not have food, supervision and medication necessary to meet her basic needs. Her primary caregiver stole from her. Her primary caregiver is going to jail. There are no family members that will care for this woman. She is going to need to be placed somewhere permanently. She did nothing wrong. She requires total care, needs medical interventions due to lack of care for an extended period of time. She has no money and little personal possessions. What are her choices?

These are three examples of real situations that have occurred in the past three months. I am sure there are many more. Patterns and trends are being established by our governing body that negates true choice. Nursing homes are being sought for placement to avoid utilizing local dollars to help individuals with disabilities. Medicaid will cover 30 days in a SNF. Once those thirty days are up, often there is no placement or even choices for placement available so the individual stays in a nursing home for elongated periods of time. Families are desperate for a good, safe place for their loved ones. I see the pendulum swinging back to the 1970's where nursing facilities are the holding zone for individuals with developmental disabilities. Medicaid



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dollars are Medicaid dollars. We are just shuffling the deck and diverting funds from one area to another. There are real life stories out there that need to be told but more importantly need to be heard. Housing, financing, community support are all needed to ensure basic rights for individuals with disabilities. You cannot assume that providers can easily and readily obtain all of these necessities in order to provide individuals with real choices about the direction of their lives.

I believe there will always be a need for ICF/IID's in our world. I believe that there are beneficial changes that need to be made so that the ICF/IID's more closely resemble a true home in the community. I believe that the majority of providers are working very hard to provide real choices based on the resources they have available to them and what they can reasonably offer. The language in this new budget is stifling providers' abilities to take care of individuals with disabilities. Time lines need to be more realistic, funding cuts need to be more closely scrutinized. Change is a good thing but when the change is driving individuals and their choices away from an ICF/IID back into nursing homes or housing arrangements that are simply available rather than a choice, perhaps we need to take a step back and reevaluate this process.

Thank you for your time today. I am happy to answer any questions you may have.