



April 14, 2014

To the Finance Committee and Subcommittee on Health and Human Services Subcommittee and whom else it may concern:

Thank you for allowing me the opportunity to testify before you today. I am a parent of a physically and mentally disabled son who resides in an Intermediate Care Facility (ICF). I am very much opposed to the reduction of ICFs. We could not sustain a healthy living situation for my son or the rest of the family should my son reside at home or in a smaller home setting. I may also not be able to work outside the home.

I wish I had all the time in the world to tell you about my son Mitchell. He is a delightful child, yet he can't sit, stand, talk or walk. He is generally unaware, not readily knowing his family or those around him. All of his needs must be taken care of for him.

When Mitchell was 6, he had grown and was often discontented. Nonverbal, we never were quite sure what was wrong with him at any given time. School administrators cautioned us Mitchell would not be able to attend school for a full day like his peers. We were not able to keep our day care arrangement. One thing that became quite a problem is that he does not fully eliminate his bowels or bladder. Accordingly, he's prone to urinary tract infections. In fact they often became quite severe, forcing hospitalization.

We were counseled by many health care providers that the long term option for kids like Mitchell is eventually a residential care facility. We consider it an answer to prayer that a spot opened up in 2013 at Brookside Residential Care, an ICF in Mason Ohio.

**He went from being repeatedly sick to being healthy overnight.** He gained 3 pounds and a whole inch within his first month at the ICF. And he became much more content. Today he attends school full time.

We can't imagine Mitchell's long term future anywhere but at Brookside. We are close by. We see him multiple times a week. He is so very happy.

Given our success story, I ask the following:

1 – **Continue giving parents or loved ones the ability to choose** the living situation that meets each disabled Ohioan's needs. These are not one-option-fits-all scenarios.

2 – **Continue to provide larger facility options.** Mitchell and fellow residents require direct nursing care and delegated nursing will not due. It seems cost effective to centralize care for people. Bathrooms, equipment like lifts and seats can be shared. Food prep is done at scale and is healthy – he eats much

better at Brookside than when he's out with us! We've also seen the benefit of having back-ups and onsite management of caregivers.

3 - **Help us procedurally understand the systems.** Our preference is for Mitchell to reside at Brookside, the ICF, yet we are worried about getting off waiting lists for waivers "just in case" policies change.

Therefore, are very much in support of having choice and care options for people with physical and intellectual disabilities. This choice has been right for us. We do not believe Mitchell is separated or discriminated by being in an ICF.

Thank you for your time and diligent concern.

Respectfully,

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