



Ohio Association of Area Agencies on Aging  
*Advocacy. Action. Answers on Aging.*

TESTIMONY BEFORE  
THE OHIO HOUSE OF REPRESENTATIVES  
FINANCE COMMITTEE  
HEALTH AND HUMAN SERVICES SUBCOMMITTEE

February 24, 2021

Presented by  
Gary Cook, CEO  
Direction Home Akron Canton Area Agency on Aging

Chairman Roemer, Ranking Member West, and members of the Subcommittee, thank you for the opportunity to testify today on H.B. 110, the state budget bill. My name is Gary Cook and I am the CEO of Direction Home Akron Canton Area Agency on Aging and Disabilities. Our agency is located in Uniontown and serves individuals of all ages in Portage, Stark, Summit & Wayne counties. I am speaking today on behalf of Ohio's 12 Area Agencies on Aging and the people we serve.

Ohio's Area Agencies on Aging and the people we serve have been at the center of this pandemic. We have been quick to respond to meet the needs of older Ohioans, through additional services, enhanced case management, and efforts to combat social isolation. We have adapted our own operations as well, and are busier than ever, including right now with vaccine outreach and coordination. Although state funds were cut, we are fortunate that one-time federal COVID relief funds, in the short term, have helped many older Ohioans stay safe and healthy in their homes and communities during this pandemic. **One thing is certain, home is where older Ohioans want to be now more than ever.**

There's a saying that goes something like this: Show me where you spend your money and I'll show you what your priorities are. Ohio's system is set up for a continuum of care, from home to assisted living to full skilled nursing care. Within that continuum, however, only one type of care is an entitlement in the Medicaid program – meaning that under federal law it must be offered – and that is nursing home care. Additionally, nursing home care is the only type of care to consistently receive rate increases.

Meanwhile, home and community-based services for older Ohioans and people with disabilities have been underfunded for years. The funding for HCBS has not come close to meeting the demand or the actual cost to serve. The demand for home and community-based services continues to grow as our state grows older, and even more so because of the pandemic. This is not a new development; we have appeared before the General Assembly, and met with you and your predecessors, over the last several years, to bring attention to this situation.

For years, our agencies and the providers we work with have done the best we can with the resources available. We have done a lot with a little. We have actually saved the state money – an estimated \$12 billion in the 40 years we have been promoting home and community-based care.

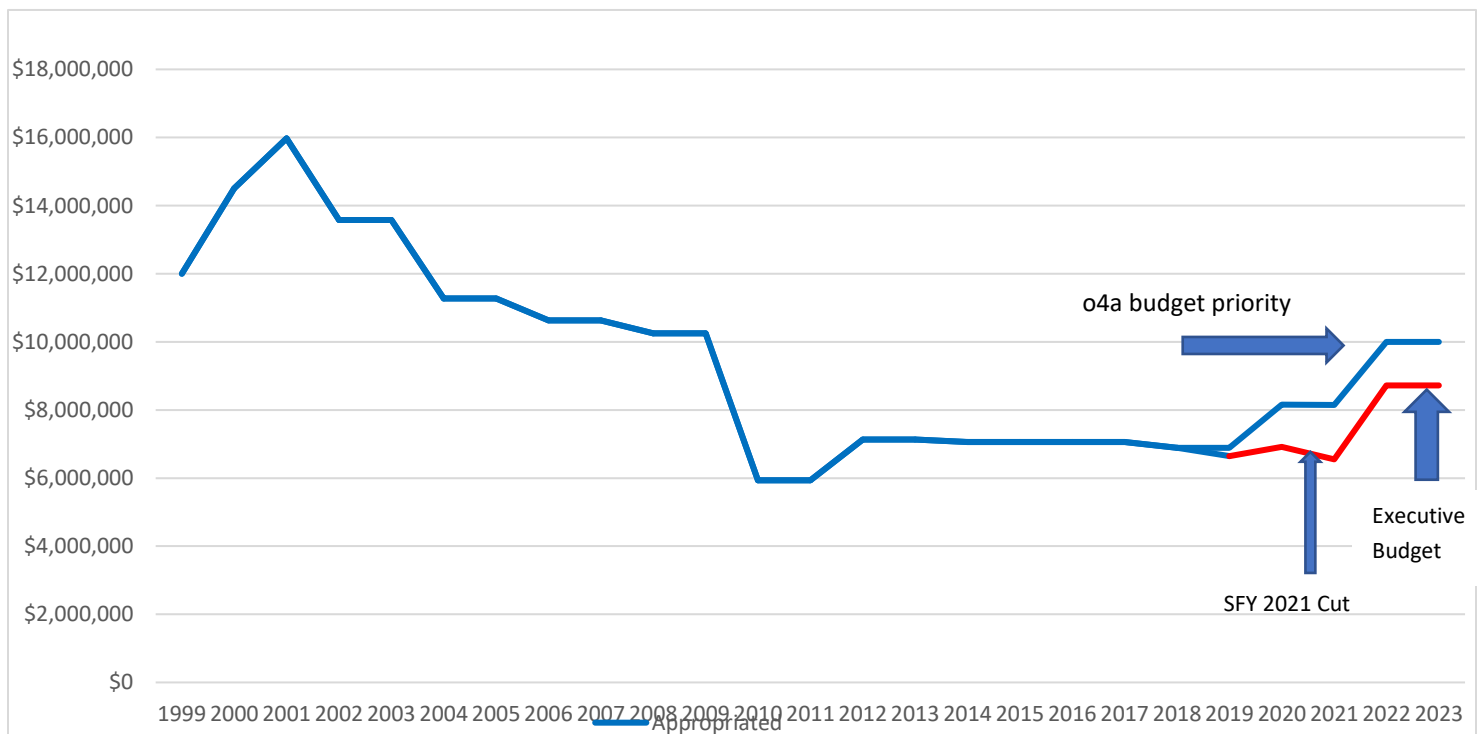
What is the state paying for? Right now, 11,000 unused nursing home beds, for one thing. Consistent rate increases for nursing homes. Capitation rate and increases for managed care plans. Meanwhile, home and community-based providers occasionally receive one-time, small rate increases that do not provide systemic long-term solutions.

We are appreciative of the modest one-time increases being proposed in HB 110 but they only delay the inevitable if we don't act now. They are a patch, not a solution. We have a choice

to support people where they want to be, in the most cost-effective settings, in a way that provides equal access to these services. Right now, however, people are essentially on a waiting list, or going without care, and the possible outcomes will inevitably be an increase in nursing facility care and increased risk of elder abuse, neglect or exploitation. The state must invest in care supporting older Ohioans and people with disabilities equitably (at home, in assisted living, in nursing facilities) so that **home is a real option for all Ohioans.**

There are two ways we can start to do that now.

**First, we ask that the state increase funding to at least \$10 million per SFY for non-Medicaid services for older Ohioans such as meals, transportation, and personal care services so they can remain safe and healthy in their homes and communities. Funding should be provided to the AAAs without carve outs to meet local community needs. (*Senior Community Services ALI 490-411*)**



We work with public and private partners to provide the right supports to promote independence and healthy aging, and enable all of us to stay connected and engaged as we age. Transportation, meals, housing assistance, personal care, and other types of support mitigate social isolation by connecting us to our communities as we age.

We leverage federal, state and local resources so that we have the flexibility to ensure our communities' local needs and preferences are taken into consideration and that the resulting local delivery system is tailored to our communities. State funding through the Senior Community Services line item allows the state to draw down federal Older Americans Act dollars, and provides low cost and less intensive interventions for individuals 60 and older who do not yet need Medicaid.

Senior Community Services funding allows the Area Agencies on Aging to:

- delay and divert from enrollment in Medicaid,
- address determinants of long-term poverty (Housing, Nutrition, Transportation, etc.),
- enhance health and wellness programming,
- support family caregivers,
- include high risk and diverse populations; and
- Maximize new and existing Medicare benefits.

HB 110 provides for a small increase to the Senior Community Services line item compared to the appropriated amount from the last budget; additionally, a part of this funding will be used by the Department of Aging to continue the expansion of the federal Senior Farmers

Market Nutrition program. As a result, we expect the amount provided to the Area Agencies on Aging to remain unchanged from the previous budgets despite the increasing need.

This line item was recently cut because of the state's economic condition, but fortunately we received one-time federal COVID relief funding to fill the gap and meet the immediate need caused by the pandemic. One time relief funding, however, cannot make up for the longstanding need for resources to support the many services that older Ohioans rely on to remain at home and engaged with our communities. We all want dignity, self-determination, and quality of life as we age, and these services are critically important if we want to meet that goal and be the "best state in the country in which to age."

**Second, we ask that the state provide a greater increase in Medicaid reimbursement rates for PASSPORT and MyCare home care, Assisted Living, and other services for older Ohioans and people with disabilities so they can remain safe and healthy in their homes and communities and so that care at home is treated equally as an option to nursing home care. Services are not available for everyone who needs them and providers cannot afford to help those most in need. (ALI 651525 Medicaid Health Care Services)**

This cannot be understated: we have a workforce shortage. We cannot find aides for all who need them right now. A poll our association recently conducted revealed more than 2000 individuals enrolled in waiver programs going without personal care services. This number continues to grow. **In my agency, as of February, we now have 533 people waiting for personal care in the Medicaid waiver programs, including PASSPORT, MyCare, and Ohio Home Care.**

Providers are facing low rates, staffing shortages and economic forces that combine to make the business model unsustainable to continue. This situation has been true for several years but has been laid bare because of the pandemic. We refer to our home care workers as unsung heroes – they do this work with low pay and little support, because of their compassion and commitment for their fellow Ohioans. They have been essential workers on the front lines.

Here are some quotes from our AAAs from the Association’s poll:

*“These are individuals who have requested personal care but there is no aide capacity to provide the service. This number does not include those who requested a hold on services due to COVID. Thank you for all your advocacy. We also just received a 30 day notice from another PASSPORT PCS provider. Thankfully it is a small provider, but for the people we are unable to locate a provider, it is a very big issue.”*

*“At least 50% or more have been seeking a provider for more than 10 weeks. We have some that we have been seeking a provider for more than 20 weeks.”*

These are not unusual stories. This is reality right now. We need to act. We need to commit to prioritize home and community-based services and explore systemic solutions so that **home is a real option**. Older Ohioans and people with disabilities should be able to thrive and grow older in their homes and communities. We must do better for them, and for all of us who may need help at some point in our own lives.

Thank you for the opportunity to testify. I am happy to take any questions.