

Interested Party Testimony for House Bill 110 (Oelslager)

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Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and members of the Senate Health Committee, thank you for the opportunity to testify today on HB110—the state budget. My name is Laura Dales and I am Executive Director of the Care at Home program at Jewish Family Service Association, more commonly known as JFSA.

I'd like to start by telling you a bit about myself before telling you about JFSA and the struggles our home care agency, and hundreds across the state, are experiencing. At the age of 16, I was hired for my first job in a retirement community and I fell in love instantaneously with the industry. I have remained in the industry since, in a variety of capacities, working with and advocating for seniors. Over the last four years, I have completed my MBA at Baldwin Wallace and earned multiple certifications, including as a certified executive of assisted living, of home care and of hospice. I have two children, run two Girl Scout troops and co-own a manufacturing company in Olmsted Falls with my husband.

In 2018, I was blessed with a unique opportunity to work for JFSA, a large non-for profit social service agency on Cleveland's East Side. JFSA helps individuals and families find solutions to face life's challenges with confidence. As the Executive Director of Care at Home, I am responsible for home and community-based services including personal care aides, skilled medical and clinical services, home delivered meals, emergency response system, and geriatric case management. We work with and support a variety of vulnerable populations including seniors, those diagnosed with dementia, those who suffer from mental illness, and individuals with developmental disabilities. JFSA also serves 600 Holocaust Survivors in Cleveland in their home, over 80% of whom receive personal care services from Medicaid. In 2020, which was a slow year, JFSA delivered 250,000 home health aide hours, conducted over 10,000 RN and therapy visits, delivered over 20,000 nutritious meals, and supports 450 clients with lifeline per month. This is just a small portion of the services JFSA provides as we also run group homes, an intermediate care facility, and a shelter for battered women, to name a few.

I am here today to testify on an amendment that would increase home and community-based service rates by 5% in FY22 and 5% in FY23, a 10% increase total over two years. While the 4% included in the Governor's budget is appreciated, I can honestly say that it is not enough to

allow providers like JFSA to continue to support Ohio's vulnerable Medicaid populations in the setting of their choice – their home.

At no time in my professional career or in recent history has the choice to remain at home been more important. Nursing homes and other forms of congregate living were devastated by COVID 19. On a personal level, my mother in law, who suffered from dementia and lived in an assisted living, was a victim of COVID 19 on December 16; the last time we saw her alive was March 17, 2020. She died isolated and alone. If we were given the choice – the opportunity – to keep her at home, I am confident she would still be with us today, in her home, with her dog and with her family around her. Home and community-based care like that which JFSA provides, is truly a lifeline. It allows children with disabilities to be with their families, individuals who are medically dependent on equipment to remain at home, and, for JFSA, it also allows us to help keep Holocaust Survivors out of facilities and in their home for their remaining days.

Current reimbursement rates for Medicaid home care are below 1998 levels. Under the antiquated, tiered reimbursement system in Ohio, JFSA received an average reimbursement for Medicaid hours of \$18.66 per hour. Reimbursement rates like that, in a year like 2020, have contributed to the demise of some home care agencies. At best, without the added expenses during COVID, operating a Medicaid home care program is a break-even business. For comparison's sake, the German Government pays JFSA nearly \$26 per hour to provide personal care to Holocaust survivors who are American citizens. It is literally the exact same type of care that the state of Ohio pays JFSA \$18.66 per hour for. This is not Holocaust reparations either as that is a different form of compensation. The German Government has analyzed expenses and has determined that \$18.66 is not sufficient to ensure individuals are served. I will add that if you are not familiar with Ohio's tiered approach, please take a moment to consider this – the greater the clients' needs, the more hours JFSA is authorized to provide but the less we are reimbursed. We are literally compensated less for working harder with more medically complex and vulnerable clients. It is not a sustainable business model for us or any other home care agency in Ohio.

Add to that, in 2020, home health aide overtime ran at historic highs – at JFSA, that rate was 25%. This was caused by several factors. Home health aides were afraid to go to work, or were afraid to see “new” clients or go into unfamiliar homes. Many of our staff had to quit their jobs to in order to home school their children within the Cleveland Metropolitan School District. Turnover for JFSA's home health aides was 140% in 2020. To meet basic client needs, we had aides seeing 7 clients in one day. We had multiple situations where we were left with no choice but to move aides in with clients temporarily due to COVID and a lack of other supports. I have

one home health aide who works 110 hours every single week, and has since I joined the agency in 2018. It is important to note, Ohio Medicaid does not reimburse for overtime for home health agencies. Thus, it is another loss that we incur to continue to staff the patient caseload.

Recruiting is almost impossible due to poor rates of pay. Conversely, the demand for services has never been higher and is projected to grow as baby boomers age. Constituents are on waiting lists; the unmet needs are vast. JFSA declined more than 50 new clients last week in Beachwood and Shaker Heights alone. The lack of appropriate reimbursement means we cannot offer a living wage. And I assure you, we and other agencies across the state, want our staff to have a living wage. What holds us back is not desire or greed, it is the State of Ohio and its antiquated Medicaid reimbursement model. Home health aides make, on average, \$10 to 12 per hour. Agencies like ours cannot afford to pay more because of payroll taxes, worker's comp, paid time off, health insurance, unemployment costs, overtime, PPE expenses, mandated training programs, mandated electronic time keeping, and much more administrative expense such as physician order processing and Medicaid insurance verification and authorization. The victims of this system are the vulnerable patients who suffer as a result of unmet needs, a lack of supports, increased falls and hospitalizations, and increased skilled nursing stays. Much of this could be prevented with home and community-based care, at reduced expense to the state of Ohio.

Because of reimbursement and our inability to recruit and attract staff, the decisions we face on a daily basis are decisions about who deserves the care more. Is it the paraplegic who can't get out of bed without a home health aide? The 95 year old Holocaust Survivor who just had a lung transplant? The 98 year old Holocaust Survivor who caught COVID at the nursing home and wants to die at home? The 48 year old woman with ALS and three children under the age of 10? The 23 year old adult with developmentally disabilities who is too embarrassed to have his mom shower him? Or the 88 year old with dementia who has a 65 year old adult child with developmentally disabilities, no plan, and no supports in place? These are the conversations I have daily, and it is heartbreaking to say the least. The system is broken and reimbursement is the core of the problem. We want to help these people; the people that society has forgotten.

In conclusion, I want to thank you again. As a provider, I am asking for you to support an amendment that would minimally provide a 10% increase to home and community based service rates over the next two years, so that I can safely and effectively continue to provide services to clients in their own homes. I am happy to answer any questions that you may have.