

August 31, 2020

Governor Mike DeWine

Riffe Center, 30th Floor
77 South High Street
Columbus, OH 43215

Re: Ensuring access to home and community-based services and supports in the next state budget

Dear Governor DeWine:

Thank you for the opportunity to express the urgent need to protect - and expand - home and community-based services (HCBS) and supports when considering budget priorities for the next budget cycle.

The undersigned groups represent providers, organizations, and advocates working with people with disabilities, older adults, and people with mental health diagnoses ensuring that all Ohioans have access to services in our homes and communities. We understand these are difficult times and hard decisions regarding agency budgets must be made. However, as our state continues to face the COVID-19 pandemic, and we seek ways to ensure that all Ohioans are safe and healthy, **we must prioritize our efforts to reinforce and grow home and community-based services and supports by:**

1. Expanding transitions out of long-term care facilities to the community;
2. Identifying those most at-risk of institutionalization;
3. Preventing a reduction in individual services; and
4. Supporting and bolstering provider and workforce capacity.

As you know, COVID-19 is having a drastic impact on every level of our complex service systems. Issues persist around access to personal protective equipment (PPE) and provider capacity. We appreciate the leadership you have shown in addressing these issues over the past several months, but with no end in sight for this virus, finding flexible ways to use federal COVID-19 funding, increased Federal Medical Assistance Percentage (FMAP), and GRF in the next state budget will be necessary.

Recently, the Centers for Medicaid and Medicare Services (CMS) issued guidance for state Medicaid agencies on the Americans with Disabilities Act's integration mandate and COVID-19.¹ Specifically, CMS reiterated the obligation that states must ensure people have access to home

¹ Centers for Medicaid and Medicare Services. *COVID-19 Frequently Asked Questions for State Medicaid and Children's Health Insurance Program Agencies*. 2020. <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

and community-based services and supports as alternatives to institutional care. This is even greater in Ohio as 57% of all deaths due to COVID-19 have occurred in long-term care facilities.² Older adults aged 60 and older currently account for 91% of all the deaths from COVID-19 in Ohio. Ensuring that individuals and their families have viable alternatives to congregate care and safely transitioning people out of these dangerous settings when possible is critical. The state must ensure a full continuum of home and community-based services, with a special emphasis on the direct care workforce, provider capacity, transition services into the community, and access to affordable, accessible, and safe housing.

Services that support us in our homes as we age, and enable us to continue living in our communities - including the PASSPORT Medicaid waiver program and the Senior Community Services program - are what older Ohioans would prefer and are less costly than institutional care. Unfortunately, current investments are inadequate to ensure that all can have the choice to age in place at home.

For individuals who move into the community from institutional care, the money to support the transition needs to actually follow them. Programs currently functioning under these systems that are transitioning individuals out of congregate care settings should be expanded in the next biennium. Specifically, if programs such as HOME Choice received dedicated GRF, additional services and expanded eligibility criteria can be supported, which were cut when the Money Follows the Person Demonstration ended.³ Unique uses of GRF and federal FMAP through 1135 and Appendix K waivers will need to be extended into the long-term to ensure the safety of Ohioans.

Understanding there is a \$3B budget shortfall in the next biennium, it is critical for your agencies and members of the legislature to understand the need to expand HCBS.⁴ Ensuring older adults and people with disabilities have the ability to remain at home with supports, while expanding opportunities for individuals in long-term care facilities to transition into the community, is cost effective and prudent. There is also a great need to identify those at-risk of institutionalization and prevent placement in a long-term care facility by ensuring an adequate level of services, intensive case management, support of DSPs, and increased access to PPE for all HCBS providers.

The HCBS system has historically been underfunded leading to the current crisis we see in settings like nursing facilities. As the movement for deinstitutionalization has progressed, more investments are needed to ensure individuals can live in their communities. Specifically, people with mental health diagnoses continue to face barriers accessing affordable and safe housing,

² Since April there have been 2,060 deaths in long-term care facilities of the 3,596 total deaths in Ohio. These numbers continue to change and are based on the data reported by the Ohio Department of Health on August 5, 2020. <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities/mortality>

³ Ohio's HOME Choice program has transitioned more than 13,000 individuals into the community as of July 1, 2019. <https://medicaid.ohio.gov/INITIATIVES/Home-Choice>

⁴ The Columbus Dispatch. *Ohio Facing \$2.4 billion budget shortfall as coronavirus cases tick up*. 2020. <https://www.dispatch.com/news/20200610/ohio-facing-24-billion-budget-shortfall-as-coronavirus-cases-tick-up>

transportation, and services in their community. People with developmental disabilities continue to have issues obtaining a HCBS waiver including being placed on a waiting list. Older Ohioans in PASSPORT, continue to encounter difficulties obtaining personal care services because of a lack of providers willing to accept the low reimbursement rate. Funding for non-Medicaid services to support older adults in our communities, such as the Older Americans Act and Ohio's Senior Community Services program, has also not kept up with the need.

The COVID-19 pandemic has caused a drastic increase in PPE costs and providers have incurred losses in utilization due to social distancing measures. Skilled Medicaid home health rates are the same as they were in 1998. Without additional investments for these services, providers will struggle to support the increase in the Medicaid population and keep people safe in their homes during and after the pandemic

It is critical that individual needs are met to keep people in their community but this cannot happen as excellent providers continue to drop out of these systems. In-home care professionals such as personal care and home health aides and direct support professionals are grossly underpaid compared to competing industries which drive people away from the field. When individuals are unable to obtain or retain quality providers they will have no choice but to move into institutional settings. Investing in our direct care workforce is critically needed.

The state should be identifying individuals most at risk of institutionalization and work with them to prevent such placement by identifying and coordinating community-based supports, home-based services and viable housing options. Nursing facilities pose a unique risk during the COVID-19 pandemic due to their congregate nature. When individuals lose access to their services and housing in the community, they are put at even greater danger of contracting COVID-19. The state should consider leveraging resources to ensure individuals can avoid institutional settings and can access their needed services in the community. Investing in HCBS reduces the stress on long-term care facilities, which rebalances funding and provides a real choice for individuals to transition into their communities.

Thank you for the opportunity to express the critical need to maintain and expand HCBS programs as you consider your agency budgets for the next biennium. We look forward to working with you on these issues. If you have any questions or wish to discuss further please feel free to reach out to Jordan Ballinger, Policy Director, Disability Rights Ohio at jballinger@disabilityrightsohio.org.

Sincerely,

CC: Director Kim Murnieks, Ohio Office of Budget and Management
Director Maureen Corcoran, Ohio Department of Medicaid
Director Jeff Davis, Ohio Department of Developmental Disabilities
Director Lori Criss, Ohio Department of Mental Health and Addiction Services
Director Ursel McElroy, Ohio Department of Aging