Chairman Amstutz, Ranking Member Sykes, Members of the House Finance and Appropriations Committee. Thank you for the opportunity to testify today on HB 153 and its impact on the long term care needs of persons with disabilities. I am Deborah Nebel and I am here today representing the Ohio Olmstead Task Force (OOTF) a working group of more than 20 organizations and agencies that advocate with persons of all ages, all disabilities to assure that persons with disabilities have the right to live work and participate in their community. Our Task force is named after the Supreme Court decision which held that unjustified institutionalization is a form of discrimination against persons with disabilities and is prohibited under Title II of the ADA. Unfortunately even though this is the law of the land it is often not the experience of many persons with disabilities who are unnecessarily confined to nursing homes or other institutions, lack employment opportunities, face discrimination, and physical and social isolation. We can and must, as required by the Olmstead decision, have a state plan which provides better results for Ohioans with disabilities of all ages.

OOTF believes that Ohio’s financial investment in Home and Community Based Supports and Services must be balanced, at minimum, with those spent on Institutional Services (which include nursing homes, developmental centers and ICF M/R). Currently, Ohio continues to pay for institutional services that people or their families wouldn’t choose if they had a viable alternative. And sometimes we pay for services that people don’t even need.

Overall, 78% of Ohio’s public dollars are spent on institutional care and 22% on home and community based services that allow persons to live in the community. (Center for Medicaid and Medicare Services, 2009 data). If we look at Ohio’s budget for SFY 2010 Ohio spent a total of 22% of its total Medicaid dollars on nursing facilities, ICF-MRs and Developmental Centers for persons with developmental disabilities. Contrast that to the 14% of Medicaid dollars that we spend on all Home and Community Based Services.

Beginning with the Bush administration and supported by the Patient Protection and Affordable Care Act, federal health care policy has incentivized with enhanced FMAP dollars a state’s efforts to rebalance their financing of long-term care. We are pleased to see that HB 153 contains some balancing goals and includes permissive language to allow ODJFS to pursue this additional federal funding. We would ask that ODJFS be explicitly required to apply for this funding, if we qualify, so that Ohio can receive its fair share of federal money. In addition, the budget before you contain language which creates a designated fund which would truly begin to implement the concept that money
should follow the person. Please consider such a fund in this budget to assure a designated funding stream to divert the funding not spent on institutional care and invest it in the home and community based service needs of people with disabilities.

For example, Ohio has been successful in providing Home and Community Based Services for seniors, but we still have a long way to go for persons with disabilities under the age of 60.

Historically, Ohio has provided more choice and alternatives to nursing homes for seniors and there has actually been a 9% decreased in nursing home residents over the age of 60. That is because PASSPORT and the other aging waivers actually work. It is what people want and these programs provide the services that people need to stay in the community. So we, along with others, do not understand the cuts to PASSPORT. We also know that the census for nursing home residents under 60 have quadrupled since 1994 with 16% of those being persons with a mental health diagnosis. And we also know that national data indicates that Ohio is over utilizing its ICF-MR program. The proposed budget does little to address these issues and ignores the proven savings that the PASSPORT program and the under 60 waivers produces.

OOTF believes that Ohio should extend the Home First law to people with disabilities under 60 so that people in danger of institutionalization will be able to benefit from waiver serves thus adding to the savings to be realized by the state. Money must follow the person and what would have been spent on institutionalization should be utilized to provide home and community based services.

As a member of Advocates for Ohio’s Future, OOTF shares their concern that while the proposed FY2012-2013 biennial budget contains a lot of innovative ideas developed by the Office of Health Transformation, especially in the area of balancing long term care services and supports (which we support); that in reality this budget would actually adversely affect the progress we have made towards rebalancing and diminish the capacity of Ohio’s home and community based delivery system to support persons of all ages in the community of their own choosing.

Specifically, we are concerned that the financial framework that supports this budget’s rebalancing efforts, as reflected in the proposed cuts to utilization (limits on the amount of service that can be delivered), cuts to home and community based provider rates, and a cap on the number of waiver slots for adults under 60, will result in unintended consequences for persons with disabilities. We are concerned that there will be waiting lists for assessment for those over 60 and a wait for a waiver slot for those under 60 and for those with developmental disabilities. So that in the worst case scenarios’ a preventable and unnecessary placement in a nursing home or other institution would result.

Olmstead requires that Ohio monitor the waiting list situation for home and community based waivers. And we would ask the General Assembly take a more proactive role in
monitoring this situation in Ohio and require that the administration provide regular reports if the proposed cuts result in waiting lists. People on waiting lists for Home and Community Based services are at risk of expensive and unnecessary institutionalization. PASSPORT, the waiver program for persons 60+ has open enrollment (meaning no waiting list) although we believe the proposed cuts will result in a longer wait for assessment/eligibility. In addition, we do not believe enough slots have been allocated for the Ohio Home Care waiver so a waiting list will develop as a result. And the General Assembly should be mindful that 27,000 persons with Developmental Disabilities are waiting for home and community based services. People with disabilities should not be forced into more costly institutional settings when their needs could be meet through home and community based supports and services.