



# AOF's BUDGET WEBINAR SERIES

## Home and Community Based Services 101



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**Friday, March 24th at 10:30am**

# Ohio's Disability Service Systems History

# Pre-Institutionalization

- Early America
- 1850s: Dorothea Dix
- 1803: Ohio's Admission into the Union
- 1815: Ohio's First Hospitals

# Institutionalization

- 1837: Ohio Lunatic Asylum
- 1815: The Ohio Constitution
  - *“Institutions for the benefit of the insane, blind, and deaf and dumb, shall always be fostered and supported by the State; and be subject to such regulations as may be prescribed by the General Assembly.”*
- 1855-1898: Construction
  - Cleveland, Dayton, Athens, Toledo, Massillon
- 1911: The Ohio Department of Public Welfare
- 1940s: Expansion of the System
  - Capacity issues in the 1930s; The Department continued to express concern over state funding for the care of individuals
- 1954: The Department of Mental Hygiene and Correction

# Deinstitutionalization

- 1946: National Mental Health Act
- 1960s: Caring for Youth & the Horn Report
- 1963: Community Mental Health Act
- 1965: Older Americans Act
- 1966: Division of Administration on Aging
- 1967: Community Mental Health Boards and County Boards of Mental Retardation
  - SB 648 and SB 169
  - This new system allowed individuals the opportunity to enter employment
- 1970s: Medicaid and Medicare
  - 1972 amendments to allow for home and community-based services
  - Institutional bias

# Deinstitutionalization

- 1972: Department of Mental Health and Retardation
- 1973: Ohio Commission on Aging
- 1973: Section 504 of the Rehabilitation Act
- 1975: Developmental Disabilities Bill of Rights
- 1980: Department of Mental Health & Department of Mental Retardation and Developmental Disabilities
- 1982: First Senior Property Tax Levy Passed in Ohio
- 1984: Ohio Department of Aging
- The Mental Health Act of 1988
  - Implementation report of 1991
- 1990: Americans with Disabilities Act
- 1990: PASSPORT Waiver Goes Statewide
- 2013: The Ohio Department of Mental Health and Addiction Services
- 2014: MyCare Ohio

**What are HCBS?**

# What are HCBS?

Personal Care and  
Homemaker Services

Transportation

Home Delivered Meals

Minor home  
Modifications

Case management

Respite Care

Adult Day Services

Emergency Response

Social Work Counseling

Medical Equipment and  
Supplies



# Why are HCBS important?

Maintain  
independence  
and control

Cost  
Effective

Improve  
quality of  
life and  
health  
outcomes

# Types of HCBS in Ohio

# Medicaid HCBS

Ohio Home Care

PASSPORT

Assisted Living

MyCare Ohio

State Plan Services\*

Individual Options

Level One

SELF

**Non-  
Medicaid  
HCBS**

Older Americans Act

Senior Levies

Community  
Programs

Private Pay/Other

# How to Access HCBS

# Where to go

Area Agencies on Aging

County Dept. of Job and  
Family Services

County Developmental  
Disabilities Board

Centers for  
Independent Living

# Eligibility Criteria

Age

Functional: Activities of  
Daily Living

Income and assets

# Process

Screening

Assessment

Service plan

Services



# HCBS By the Numbers

- 141,586 Ohioans are on an HCBS waiver
  - DODD – 51,666
    - 28,300 – IO
    - 19,766 – L1
    - 3,600 – SELF
  - ODM – 48,474
    - 38,262 – MyCare
    - 10,212 – Ohio Home Care
  - ODA – 43,446
    - 37,863 – Passport
    - 5,583 – Assisted Living
- Average cost of a waiver ranges from \$10,723 - \$65,810

# HCBS By the Numbers

- Average cost of a waiver ranges from \$10,723 - \$65,810
  - DODD
    - \$65,810 – IO
    - \$11,400 – L1
    - \$14,780 – SELF
  - ODM
    - Managed Care – MyCare
    - \$17,220 – Ohio Home Care
  - ODA
    - \$10,723 – Passport
    - \$11,587 – Assisted Living

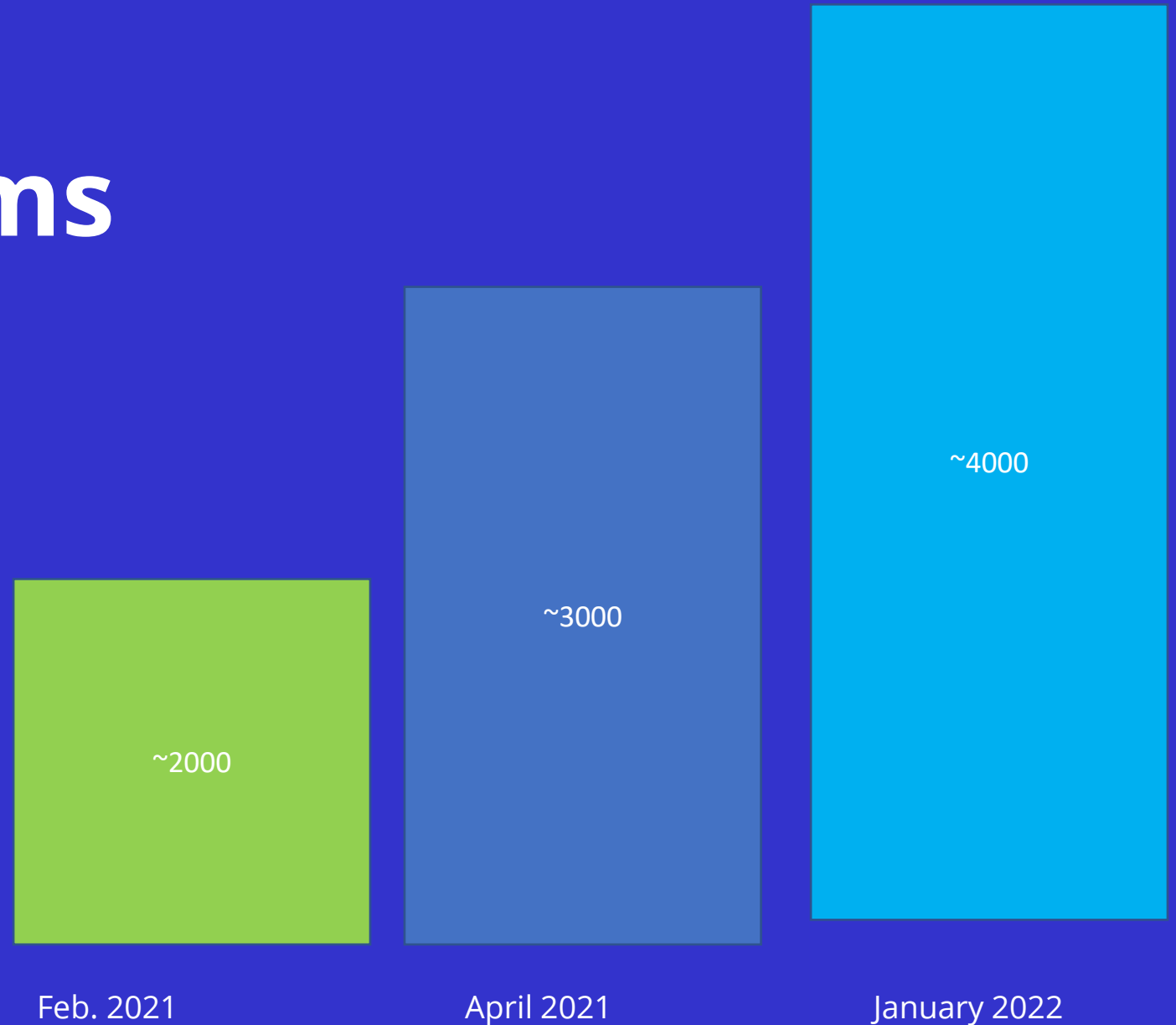
# Current Issues in HCBS

# Access to HCBS

- Historically, Congress and the Ohio GA has not provided funding to fully support our system
- There remains an institutional bias within the Medicaid program
  - HCBS is an optional benefit for states not required
  - ADA (affirmed by Olmstead) asserted the obligation of states to ensure access to least restrictive environment appropriate to an individuals needs
- Over the course of the pandemic Congress has provided states with additional funding to support HCBS but it remains unclear how those dollars were spent here in Ohio and the true impact it has had on our service systems
- In Ohio, there is a lack of parity across our systems (Aging, Medicaid, and Developmental Disabilities)
  - Each pays direct care workers different rates
  - Accessing waivers is different for each system

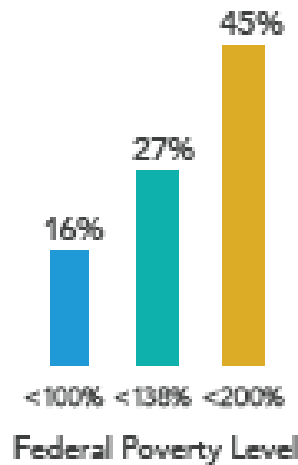
# Ohio AAA HCBS Programs

- Individuals enrolled in programs who are going without personal care
- Includes Older Americans Act, Medicaid waivers, and local levy programs

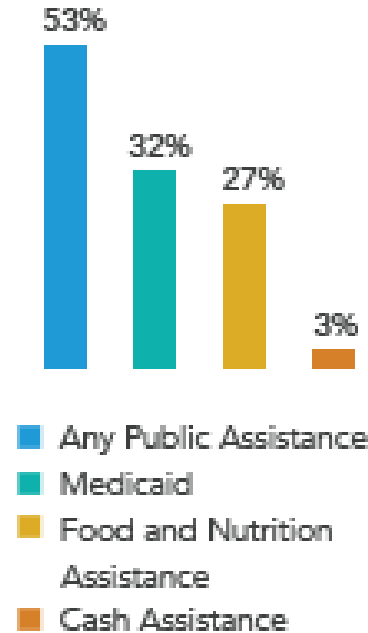


# HOME CARE WORKERS

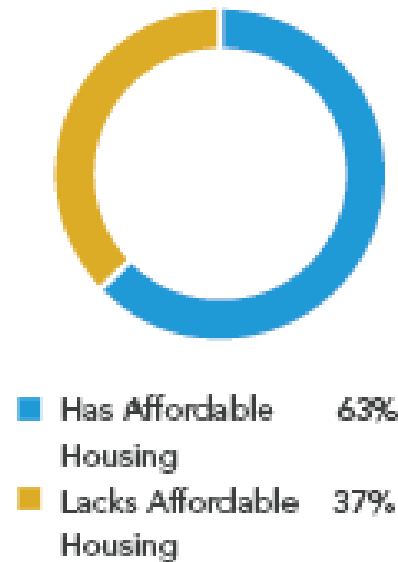
BY POVERTY LEVEL  
2019



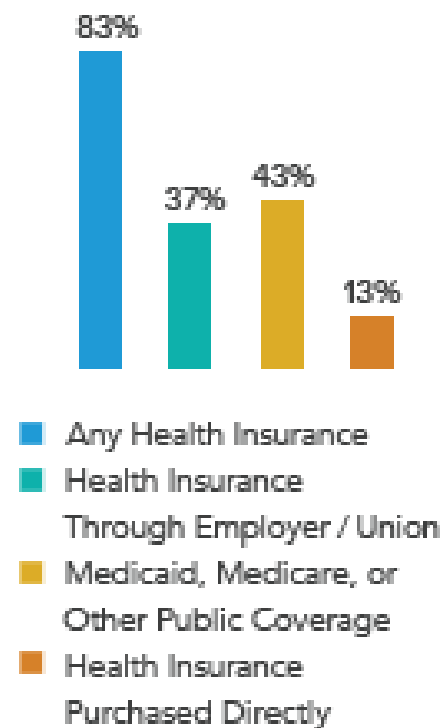
ACCESSING PUBLIC ASSISTANCE, 2019



LIVING IN AFFORDABLE HOUSING, 2019

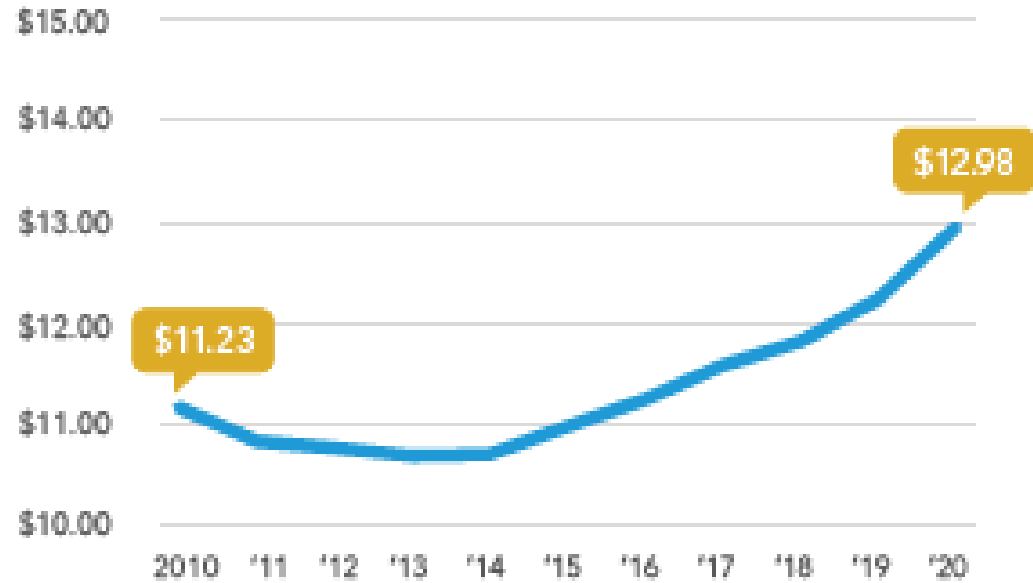


BY HEALTH INSURANCE STATUS, 2019



Direct Care Workers in the United States – Key Facts 2021, PHI  
<https://phinational.org/national-resource-center/resource/direct-care-workers-in-the-united-states-key-facts-2/>

HOME CARE WORKER MEDIAN HOURLY WAGES  
ADJUSTED FOR INFLATION, 2010 TO 2020



HOME CARE WORKERS  
BY EMPLOYMENT STATUS, 2020



Direct Care Workers in the United States – Key Facts 2021, PHI  
<https://phinational.org/national-resource-center/resource/direct-care-workers-in-the-united-states-key-facts-2/>

# The Problem

- Personal care providers want to provide quality care but have been dropping out of PASSPORT for years due to low reimbursement rates
- Care workers receive low wages, and do not typically receive mileage reimbursement, benefits, sick or personal leave or paid training.
- Different rates and requirements for different programs have had negative results particularly for the lowest reimbursed programs (such as PASSPORT).
- Certification, especially for self-direction, takes too long. Care workers do not receive pay for training. Family members who want to provide care are put through too many hoops.



# Impact

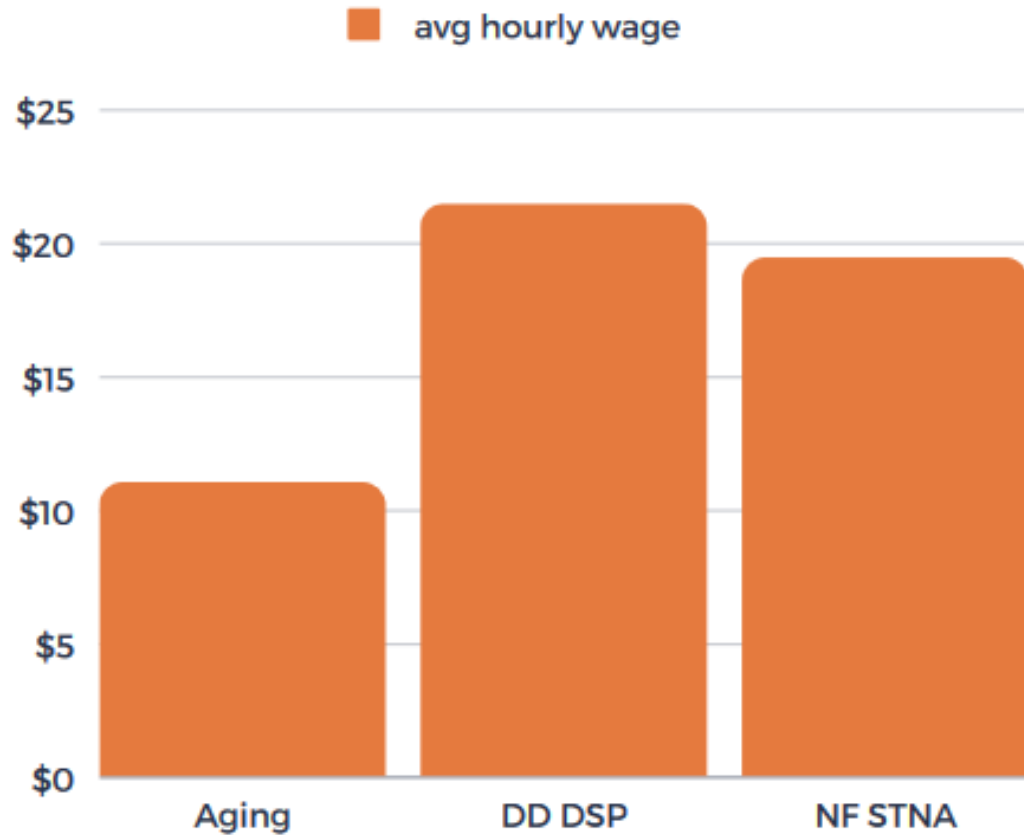
- People waiting months to up to two years for personal care.
- People choosing not to enroll because they don't think they will get care.
- People cannot leave the hospital or nursing home rehab safely without supports.
- Family members under increased stress.
- Home environments are declining.
- People choose to simply go without care or will go to nursing homes.

## WAGE COMPARISON

Different rates and requirements for similar work result in competition for a small number of workers and an imbalance in the system.

## SOLUTION

Increase the reimbursement rate for personal care services for PASSPORT by 50%, integrated with a \$20/hour wage for direct care workers.



# Direct Care Workforce

- The HCBS system does not have a mechanism to rebase wages and ensure stability
- There is no additional funding to ensure access to healthcare, retirement, paid training, and paid time off
- The pandemic has exacerbated the issues within the direct care workforce
- HB 33 proposes a \$16/hr average wage but this needs to be increased to at least \$20/hr to be competitive

# Independent Living

- There remains a lack of accessible and affordable housing options
- Ohio remains a car-dominated state with limited access to accessible public transit and non-medical transportation
- Unemployment and underemployment disproportionately impact disabled Ohioans
- People continue to go hours, days, and weeks without care, sometimes being forced into institutional settings

# Our Budget Webinar Series Will Continue!

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Keep an eye out for the next conversation in our Budget Webinar Series! We'll be hosting conversations on the budget for the next 3 months.

Recording and slides will be sent out to all registrants by this afternoon

- Recording and slides will also be available at <https://www.advocatesforohio.org/webinars>

