

August 11, 2021

ATTN: Maureen Corcoran, Director, Ohio Department of Medicaid
Jeff Davis, Director, Ohio Department of Developmental Disabilities
Ursel McElroy, Director, Ohio Department of Aging
CC: Governor Mike DeWine

FROM: The Ohio Olmstead Task Force
RE: The Direct Care Workforce Crisis in Ohio

Dear Director Corcoran, Director Davis, and Director McElroy:

The state of Ohio is currently in a crisis. Due to a lack of in-home care providers, many people with disabilities are forced to choose between living at home with inadequate supports or moving into an institutional setting. **We, representing the Ohio Olmstead Taskforce and with the support of the dozens of individuals and organizations across Ohio undersigned to this letter, are writing to ask that ODM, DODD, and ODA develop a joint action plan to solve this ongoing problem.**

"I am engaged to a man with a progressive muscle degenerating disability. He is on MyCare Ohio and receives 62 hours per week of home health care. He cannot get in or out of bed independently anymore. In the past four years, he has had four different agencies and about fifteen different aides. He has been stuck in his wheelchair all night because an aide called off and the agency did not send anyone else. Likewise, he has been stuck in bed in the morning for the same reason and had to call 911 to get him out of bed countless times. The agency always tells him he has to have a "backup plan". His son travels for work and is not available whenever an aide is a no-show. The aides who come do the bare minimum and want to leave early. Again, what incentive do they have to come to work? He, too, has depression and has talked about not wanting to live anymore due to the uncertainty of his care."

- 47-year-old woman with cerebral palsy from Willoughby, Ohio

"If it sounds like I'm frustrated, it's because I am. I probably have been through at least 80-90 caregivers in the last 10 years (and I'm not exaggerating). Of those, about 15 have been decent. Another 5 have been good and I have 4 who are outstanding. Like many others, I have been independent most of my life, so the fact that I have to aggressively solicit help is already exhausting but it can be down-right degrading as well. There are individuals who prey on our ailments by not showing up or being late. They don't respect our time or our schedules, especially those of us who are actively employed.

Clearly there is a shortage of caregivers but even worse, there is a shortage of workers with compassion. Where are the ones who simply care? It's time for a complete "Re-do". Redo the

qualifications, re-do the training, re-do the rules and quite frankly re-do everything. And then maybe we could get quality caregivers and not just any caregivers.”

- Kym S., from Northeast Ohio

The Ohio Olmstead Taskforce

The Ohio Olmstead Task Force (OOTF) is a statewide grassroots coalition of Ohioans with disabilities, family members, advocates, and organizations advocating for the right to live, work, and participate in their communities. Formed in 2002, OOTF supports and is guided by the principles formalized in *Olmstead v. L.C.*, the Supreme Court decision that held that unnecessary institutionalization is discrimination against people with disabilities.

The Vision of our taskforce is that Ohioans with Disabilities shall have the opportunity to live independently in the community with their own possessions; access to services and supports that are inclusive, integrated, and tailored to their unique needs; the authority to choose and direct their services and supports; and respect from the employees of government and private agencies who provide their services and supports.¹ In 2019, OOTF created a Direct Care Crisis Work Group to identify solutions to the in-home provider crisis and work to make these solutions a reality.

Community Living Continues to Be in a Crisis State for Many People with Disabilities in Ohio

Ohio is in a state of emergency regarding people with disabilities’ access to the direct care **workforce - it is the largest barrier to independent living and *Olmstead* implementation in Ohio.** It stretches across all agencies that serve people with disabilities: the Ohio Department of Medicaid; the Ohio Department of Developmental Disabilities; and the Ohio Department of Aging equally.

Nationally, over 13 million people ages 18 or older need assistance to perform everyday activities and more than 70 million have some type of activity limitation. Of those older adults and individuals with disabilities who receive long-term services and supports (LTSS), they overwhelmingly prefer to receive LTSS in their own home or in a community setting.²

The direct care provider crisis was exacerbated due to the COVID-19 Pandemic. During the COVID-19 pandemic, over 30 percent of all deaths due to COVID-19 have occurred in long-term care facilities, making it safer for Ohioans to receive community supports in their own homes

¹ Ohio Olmstead Task Force Vision Statement. <https://ohioolmstead.com/vision/>.

² Nguyen, V. (2017). Long-Term Support and Services: AARP Fact Sheet. <https://www.aarp.org/content/dam/aarp/ppi/2017-01/Fact%20Sheet%20Long-Term%20Support%20and%20Services.pdf>

rather than in an institutional setting.³ However, the pandemic also drove providers out of the workforce – due to unemployment paying more than provider wages, lack of access to childcare for providers, lack of PPE for providers, lack of access to early vaccination for providers, and other issues. This has made it so that people with disabilities and older adults are being forced into long-term care facilities in order to receive the care they require.

The Ohio Olmstead Task Force’s Direct Care Crisis Work Group has attempted to identify solutions to the in-home provider crisis and work to make these solutions a reality so that people with disabilities and older adults can live independently in their community if that is what they want, and if they are able to do so. However, we rely on state decision makers to evaluate these sorts of crises and implement solutions. **It is imperative that the three state agencies that have some control over this issue work together to identify barriers to the workforce and solutions.**

ODM, DODD, and ODA must create a joint action plan to resolve this crisis.

Below we outline some of the outcomes and solutions the work group has identified to ensure that the opportunity to live in the community is available to all by building a more robust direct care system. Any plan to address this crisis must, in the short term, immediately take steps to recruit more workers as in-home providers, and in the long term, must re-design Ohio’s system to ensure that Ohio is providing a good career field for in-home providers that attracts those interested in serving people with disabilities.

In the short term, state agencies must:

- **Increase wages and provide health care benefits for in-home providers, ensuring that the increased compensation goes to the providers themselves and not their agency;**
- **Ensure that in-home providers have one certification process to be eligible for the same reimbursement from all waivers across state agencies;**
- **Provide educational or other incentives to entice workers to the field;**
- **Recruit providers from disability and health care fields, not customer or food service jobs;**
- **Pay providers for their time in training, for mileage, and for time spent when clients do not show up;**
- **Re-assess the IT systems to fix common issues people have when trying to become providers. The current independent provider certification process is very disjointed and confusing to anyone new to the system (even those with a college degree). For example,**

³ Since April 2020 there have been 6,602 deaths in long-term care facilities of the 17,502 total deaths in Ohio. These numbers continue to change and are based on the data reported by the Ohio Department of Health on March 3, 2021. <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/dashboards/long-term-care-facilities/mortality>;

the instructions are not clear and no step-by-step guidance is given with My Learning or PSM.

- **Review reimbursement procedures to ensure independent and agency providers receive reimbursement for services immediately, as soon as they complete their training and begin providing services;**
- **Extend the emergency authorization that allows family caregivers to get paid as in-home providers.**

In the long term, state agencies must create an action plan to re-design our Ohio system in a way that includes the following components:

- **A plan that includes methods for recruitment, incentives, health care and retirement benefits, respectable wages, and career opportunities for home care providers to entice them into making in-home care a professional career.**
 - Direct care providers make a median hourly wage of \$12.10 an hour or \$16,200 each year. In Ohio, the lowest wage for someone to meet their basic needs—like rent, food, and healthcare—is \$13.16 an hour. Retail workers make an average of \$12.14 an hour, and office clerks make an average of \$16.37 an hour. Recently, COSTCO employees began making at least \$16 an hour.
 - In the US, the annual turnover rate—the percentage of workers who leave each year— for direct care providers is 51.3%, which is 14 times higher than the average turnover for all industries.⁴
- **A plan that includes training and education for direct care providers that is specifically focused on the home care model. Individuals with disabilities should be included in all aspects of creating the training model. Providers must be able to enroll in training without significant difficulty and expense and training must apply to all waivers.**
 - Direct care providers need to be comfortable with people with disabilities and have the desire to help others.
 - People with disabilities using the services must be involved in interview process and educating providers on their specific routine and care.
 - Paid caregivers should also be compensated/reimbursed for training new providers, and new providers should be paid for their time in training.

⁴ Shelley, K. (May 6, 2021). *Testimony to the Ohio Senate Health Committee Amended Substitute HB 110, Main Operating Budget FY 2022-23*. https://search-prod.lis.state.oh.us/cm_pub_api/api/unwrap/chamber/134th_ga/ready_for_publication/committee_docs/cmte_s_health_1/testimony/cmte_s_health_1_2021-05-06-0900_454/shelley_abilitycenter_testimony.pdf.

- **A review of the current reimbursement system to ensure that independent providers can become certified and get paid within a reasonable period of time.**
 - It is common knowledge that it can take months for independent in-home providers to actually begin getting reimbursed through the Medicaid system. This means that many in-home providers must work without pay in order to get established in the field.
- **A better way for individuals to connect with providers, like a database with contact information for independent providers and agencies.**
 - The current state provider lists are outdated and difficult to use. Search results can yield hundreds of potential providers with only 1 or 2 being available or capable of supporting your needs.
 - An easy-to-use, streamlined provider database in the State of Ohio would allow individuals to search for providers and access information on obtaining a provider in a timely matter. If someone is in need of a provider and is not able to find one, it can literally be a matter of life and death if they cannot find someone to assist them with their care.

Thank you for taking the time to learn about the impact that the in-home provider crisis is having on people throughout Ohio. Alongside this letter, we submit to you the 2019 report by the Ohio Olmstead Task Force on the direct care crisis, an addendum to that report with best practice models from Tennessee, Washington, and California and current data on the direct care workforce, as well as personal testimony from Ohioans about the impact the direct care crisis has had on their lives. Finally, this letter is undersigned by dozens of organizations and individuals that support the recommendations made herein and implore the state of Ohio and its agencies to work together to improve the lives of thousands of Ohioans.

We want to meet with you discuss this in further detail. It is our hope that in working together, we can combat this crisis. **Please reach out to Patrick Ober at pober@cilo.net by August 25th, 2021**, to schedule a time to meet and talk about next steps and developing a collective plan of action.

The Direct Care Crisis Work Group looks forward to engaging with you to make our priorities a reality, ensuring that Ohioans with disabilities and aging Ohioans can receive care in their community and continue to live independently.

Best,

The Ohio Olmstead Task Force

This letter is supported by the following organizations and individuals:

The Down Syndrome Association of Central Ohio (DSACO), Columbus, OH

Ohio Association of Area Agencies on Aging, Columbus, OH

Minamyer Residential Services, Worthington, OH

Services for Independent Living, Cleveland, OH

The Center for Independent Living Options, Cincinnati, OH

The Access Center for Independent Living, Inc. Dayton, OH

The Ability Center, Toledo, OH

Breaking Silences Peer Group

Breaking Silences Advocacy Committee

Disability Rights Ohio, Columbus, OH

Ruh Global Impact

Billion Strong

Universal Health Care Action Network, Columbus, OH

Ohio Self Determination Association, Columbus, OH

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Katie Shelley, Toledo, OH

Rajai Saleh, Columbus, OH

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