THE ABILITY CENTER OF GREATER TOLEDO[1]
ISSUE BRIEF
OHIO'S CARE CRISIS: SUPPORTING PEOPLE WITH DISABILITIES TO LIVE IN THE COMMUNITY

- **54.43% of Respondents to a 2021 Ability Center survey stated that there is high turn-over in the in-home provider workforce, and their in-home providers change often;**
- **40.51% stated that in-home providers are unreliable and don't show up for their shifts;**
- **29.11% stated that they are sometimes left without in-home providers for weeks at a time.**

Immediate Action Steps:

- **Legislatively set a wage floor for Direct Care Workers at 125% of Ohio's state minimum wage, consistent across all Home and Community Based Services Waivers;**
  Provide for health benefits, mileage reimbursement, and paid training for Direct Care Workers;
- **Establish a Direct Care Workforce Oversight Commission to review the Direct Care Workforce system and recommend changes to maintain a strong, professional Direct Care Workforce in Ohio.**

I. The Issue: Ohio's System for Providing Direct Care is Failing Many Ohioans with Disabilities

There is a "'systemic and pervasive failure in the long-term services and supports system in the United States that has created a public health crisis.'"[2]

Ohio's system for providing direct care workers to aging and disabled Ohioans has failed to attract a reliable workforce that can make it successful. Due to systemic failures like low wages and long delays in payment, this failure has only grown exponentially over the past seven years.[3] Today, Ohioans with disabilities and our aging community are in a crisis. 54.43% of respondents to a recent survey stated that there is high turn-over in the in-home provider workforce and their in-home providers change often; 40.51% state that in-home providers are

[1] The Ability Center of Greater Toledo is a Center for Independent Living. If you have any questions regarding this brief contact Katie Hunt Thomas at kthomas@abilitycenter.org or Brittanie Maddox at bmaddox@abilitycenter.org. We can also be reached via phone at 419-885-5733.
[2] Ohio Alliance of Direct Support Professionals, Stabilization and Beyond, Ohio's Workforce: A Call to Action, Direct Support Professional Focus, 3 (2021).
[3] PCPID 2017: American's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy (2017), available at https://acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF.

unreliable and don't show up for their shifts; and 29.11% stated that they are sometimes left without in-home providers for weeks at a time[4].

One survey respondent reported, "High DCW staff turnover at ICF-DD home. Insufficient DCW staff training/skill development for providing "active support" with ADLs (especially oral care, dressing, meal prep and utensil use for feeding). Also lack DCW skills for assisting with use of AAC speech device."[5]

Another respondent stated, ""Yes. I need 1:1 communication partner assistance/support. My DCWs at ICF and HS lack adequate training to help me access and use my AAC device (Lamp Software) and don't consistently have PECs (low tech) available to communicate wants and needs. Also, high support staff turnover rates (DCWs and School providers) is a barrier to getting the support I need. DCW wages are WAY too low given high demands & skill Necessary for adequate support care. Schools support staff in special education lack administrative support for interdisciplinary team collaboration needed for adequate programming."[6]

Without enough direct care workers, there is no one to assist many Ohioans in getting out of bed, using a bathroom, cleaning their homes, cooking their meals or helping them eat, helping them bathe, supporting them in caring for a family member, or providing them with workplace support and transportation.

Ohio has an ethical and legal obligation to support individuals with disabilities in receiving care in their homes and communities rather than in long-term care facilities, hospitals or intermediate care facilities. A system that helps keep people in their homes respects the individual dignity of each person and ensures Ohio's compliance with the Americans with Disabilities Act and U.S. Supreme Court decision of *Olmstead v. L.C.*[7]

A system that keeps people in their homes also makes economic sense. It is less expensive for Ohio to provide care to people in their homes than in institutional settings[8]. Accessing care in the community, as well as workforce supports and transportation, also incentivizes people with disabilities to work and be engaged in the community, rather than being completely dependent on Medicaid and other benefits.

Ohio's Home- and- Community- Services- Based Waivers promise to provide direct care workers to assist individuals with getting out of bed, transferring, using the restroom, eating, working, and participating in the community. However, workers currently have so little incentive to take and stay in direct care workers jobs that the workforce is in a crisis – direct care workers have low wages and no benefits, no mileage reimbursement, no guaranteed income, and no future in a difficult profession. When accounting for inflation, wages for in the Direct Support Workforce have actually declined between 2005 and 2015.[9]

Ohio's failure to take action over the past 7 years to recruit, retain, and support Direct Support Professionals (DCWs) has left many adults with disabilities unable to hold a job or engage in regular activities of daily living; has prevented many youth with disabilities from transitioning to independence; and has left many families of people with disabilities with no way to work or get

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[4] The Ability Center of Greater Toledo, Ohio Statewide Disability Needs, Survey Report (2022).
[5] The Ability Center of Greater Toledo, Ohio Statewide Disability Needs, Survey Report (2022).
[6] The Ability Center of Greater Toledo, Ohio Statewide Disability Needs, Survey Report (2022).
[7] *Olmstead v. L.C.,* 527 U.S.581 (1999).
[8] Council on Medical Service, American Medical Association, Financing of Home and Community-Based Services, p1-2 (11/21) available at https://www.ama-assn.org/system/files/n21-cms-report-4.pdf.
[9] Ohio Alliance of Direct Support Professionals, Stabilization and Beyond, Ohio's Workforce: A Call to Action, Direct Support Professional Focus, 3 (2021).

respite from caretaking. Due to the provider crisis, people with disabilities are at an increased risk for institutionalization. We are imploring our legislators to take direct action to support this valuable workforce.

a. Who are Direct Care Workers?

Direct care workers (DCW), or direct care workers as they are often named, are individuals who provide in-home care to people with disabilities and our aging community. As a specialized workforce, they have many different skills and play many different roles for their consumers. For instance, some DCW's help their consumers get out of bed, get ready for the day, help with daily living tasks, advocate for resources, and handle many other tasks. This need for DCWs is growing due to Americans living longer, the increase in population, and the desire to age in place.

DCWs work in a variety of settings, including residential, intermediate care facilities, community living, day programming, and employment support. They assist the people they support to successfully integrate with their community at very low staffing ratios.

This workforce is significantly underpaid and undervalued. Nationally, the average DCW earns $12.98 per hour. According to a report by PHI, the average hourly wage for DCWs rose from $11.23 in 2010 to $12.98 in 2020[10] which does not reflect the increases in costs of living and goods and services. Most individuals are unable to receive a livable wage and are often forced to leave their positions for higher paying jobs with benefits.

In 2019, nearly 45% of DCWs were living <200% of the federal poverty level and 32% were receiving Medicaid[11]. Some DCWs provide services to those on Medicaid waivers but have to receive Medicaid assistance themselves because of low pay and inadequate benefits. This majority of workers are women and women of color. Roughly 9 out 10 workers are women with a median age of 47 years old. "While people of color make up 39% of the total US labor force, they constitute 63% of all home care workers."[12] This is an intersectional issue that must be evaluated on multiple civil rights levels.

The national annual turnover rate for DCWs ranges from 40 to 60 percent with home care agencies reporting a 65 to 89 percent turnover [13]. Based on national projections, people with disabilities and aging Americans cannot afford such dramatic losses. Aging adults 65 years and older will double from 49.2 million to 94.7 million from 2016 to 2060[14]. Ohio cannot continue to undervalue this workforce any longer. As Americans, it is their right to find meaningful employment and to be equitably and rightfully paid for their labor, and without them, our long-term care system will not function.

b. How do we grow the Direct Care Workforce?

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[10] PHI (2021). *Direct Care Workers in the United States: Key Facts*. p.9. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/
[11] PHI. (2021). *Direct Care Workers in the United States: Key Facts*. p.10. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/
[12] Id. p.6
[13] Roman, C., Luz, C., Graham, C., Joseph, N., McEvoy, K. (2022). *Direct Care Workforce Policy and Action Guide*. Millbank Memorial Fund, pp.2. Retrieved from https://www.milbank.org/publications/direct-care-workforce-policy-and-action-guide/
[14] PHI (2021). *Direct Care Workers in the United States: Key Facts*. p.3. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/

Low wages and lack of affordable benefits are universally identified by agencies, DCWs, and people with disabilities as the most significant issue causing DCW turn over.[15] Compounding this issue, there are no clear opportunities for advancement within the profession. These issues make recruitment and retention of DCWs nearly impossible.

There are 12 states that have taken direct action to assist this workforce. We believe Ohio can take similar steps that include:

- Establishing a Direct Support Professional wage floor that is 125% of the state minimum wage;
- Provide benefits that include insurance, 401(k), paid time off, and holiday pay;
- Travel reimbursement for workers;
- Establish a Direct Care Workforce Oversight Commission to Review the current system and Issue Recommendations on ways to keep a strong, professional direct care workforce in Ohio;
- Fix systemic issues such as unreasonable delays in reimbursement and the process of certification as well as inequities in reimbursement across Home and Community Based Services Waivers;
- Address recruitment and retention of the workforce with a recruitment plan and educational incentives to provide a career path for DCWs.

Our model for such asks are based on resolutions passed by Maine and Colorado. Colorado and Michigan have both recognized the crisis and passed emergency declarations that increased wages for workers in this field. Establishing a DCW minimum wage floor ensures that these workers can work toward financial stability without needing to employment shop or exit the workforce altogether.

II. Establishing a Wage Floor, providing benefits, and travel reimbursement

"There's caregivers on Medicaid taking care of clients on Medicaid."[16]

Advocates across the country agree that, to attract DCWs to the field, wages need to be increased. To retain and provide a strong direct care workforce in Ohio, mileage needs to be reimbursed, and providers need to have access to medical insurance and other benefits. These changes to our system can be set legislatively by our general assembly.

a. Ohio law currently sets Medicaid *reimbursement rates* for DCW services, but Medicaid reimbursement rates do not control DCW *wages*. Increased reimbursement rates must be paired with a minimum wage floor to ensure that we meet our goal of attracting workers.

Currently, Ohio has no regulation of wages for DCW wages, which results in an inconsistent wage for each worker depending on their patient's Waiver and the DCW's employer. Under the current system, DCW wages can range from approximately $12.00/ hour to over $20.00/ hour depending on each worker's individual situation. Not only is $12/ hour a low wage that fails to attract workers to the profession, the inconsistency in wages leads to DCWs hopping from low-

[15] Ohio Alliance of Direct Support Professionals, Stabilization and Beyond, Ohio's Workforce: A Call to Action, Direct Support Professional Focus, 4 (2021).
[16] Wingerter, M. (2022, January 2). Workers, officials: $15 minimum for home-care providers is a step toward fixing workforce problem. *The Denver Post*. Retrieved from https://www.denverpost.com/2022/01/02/colorado-health-care-minimum-wage-15-workforce/

wage DCW jobs to more reasonable-wage DCW jobs. Patients have very little control over what their DCW is paid and often gets left behind.

The Ohio Department of Medicaid (ODM), Ohio Department of Aging (ODA), and Ohio Department of Developmental Disabilities (DODD) oversee seven Home and Community Based (HCBS) Waivers in Ohio that fund services for individuals with disabilities in their homes rather than in institutional settings.[17] Six of these HCBS Waivers provide reimbursement for Direct Care Workers to assist individuals with disabilities in their homes or the community: MyCare Ohio; Ohio Home Care; PASSPORT Waiver; Individual Options Waiver; and the Level One Waiver. Under each of these Waivers, Direct Care Workers services are listed under different terminology depending on which agency oversees the service – "home care attendant"; "homemaker"; "personal care aide"; "personal care"; "homemaker/ personal care." Direct Care Workers also provide services in the community in day or employment settings.

Ohio's Medicaid agencies set a reimbursement rate for each service. The reimbursement system is complicated and is difficult to understand and explain. Most reimbursement rates are set in fifteen- minute increments, sometimes with additional reimbursement for the first hour or for particular patient needs[18]. Providers can also bill a higher rate for overtime work. Home Care Agencies bill services to the Medicaid agency providing oversight and provide a discretionary portion of the reimbursement rate as a wage to DCW. For those employed directly as independent providers, independent providers can bill their time to their oversight agency.

ODM, DODD, and ODA control reimbursement rates. ODM, DODD, and ODA do not set a particular wage for a particular service. Because of this, reimbursements for workers vary widely depending on their employer and their patient's Waiver. An informal poll of our workgroup uncovered hourly DCW wages ranging from $12.96 to $25 per hour depending on the Waiver and person's individual situation. In Ohio, the median hourly wage in 2020 for direct care workers was $12.51 per hour. From the years 2010 to 2020, the growth for this workforce was only $0.64[19]. As both low wages and disparity in wages are a problem in attracting a workforce, legislators must step in to set a DCW minimum wage.

a. 125% of the Ohio state minimum wage is a living wage that will attract workers and keep them in the profession

Ohio needs to set a rate for DCWs that allows workers to make a living wage, that competes with other comparable jobs, and that allows workers to live without reliance on public benefits. We recommend following the state of Maine's lead in setting rates to 125% of Ohio's state minimum wage. Without the increase, it is unlikely that there will be a stable enough DCW workforce to allow people with disabilities to remain independent in their homes, engage in inclusive employment, and enjoy day settings.

This is a reasonable, living wage. The cost of living has dramatically increased across the United States in the last decade. Ohioans have not been immune to such changes and many workers are struggling to afford housing, food, and other necessities due to low wages. According to a Washington Post article, low-wage workers are disproportionately impacted and

[17] Ohio Department of Medicaid Waiver Comparison Chart, https://medicaid.ohio.gov/static/Families%2C+Individuals/Programs/Waivers/HCBSWaivers/2022/WaiverComparison-03.pdf (March 2022).
[18] Ohio Admin. Code 5160-46 (2021). Available at https://www.registerofohio.state.oh.us/rules/search/details/320555
[19] PHI (2020). *Workforce Data Center.* http://www.phinational.org/policy-research/workforce-data-center/#states=39&var=Wage+Trends

typical minimum-wage workers cannot afford to rent a two-bedroom apartment.[20] Similarly, the largest competitor for home care agencies are traditionally food service jobs such as Subway workers or customer service jobs in stores like Target. These businesses are also raising wages to attract workers to their professions.[21]

The current minimum wage in Ohio is $9.30. An 125% increase would equal out to $20.93/ hour, still lower than the $24/ hour quoted as the new wage at Target, but it would at least keep wages within the same ballpark. Based on research stated previously, such an increase would allow for an individual to afford housing and other cost of living expenses.

Overall, the wage floor needs to be a living wage that will attract workers and keep them in the profession. A 2021 study by the National Low-Income Housing Coalition found that, based on a 40 hour work week over 52 weeks in a year, renters in Ohio need to work full-time at an average of $16.64/ hour to afford a two-bedroom home. [22]

More specifically, the NLIHC calculated that residents of rural areas need to make a minimum hourly wage of $14.61 to afford 2-bedroom rent while residents of metropolitan areas need to make a minimum hourly wage between $15.25 and $20.79. [23]

Table 1: Median Market Rate Rents

Median Market Rate Rents			
Metro Area	**Jan. 2021**	**Jan. 2022**	**Change**
Cincinnati	$1,278	$1,404	9%
Cleveland	$1,131	$1,235	9%
Columbus	$1,238	$1,368	11%
Dayton	$1,037	$1,157	12%
Akron	$990	$1,054	6%
Toledo	$984	$1,098	12%
Youngstown	$784	$915	17%
Average	**$1,063**	**$1,176**	**11%**
Source: Zillow Observed Rent Index			

Ohio should pay DCW workers a fair wage not on an ethical basis alone, but to ensure that workers can take care of their families and children. A typical annual salary in NW Ohio for those in Healthcare Support positions is $29,896 ($14.37/hr) and Personal Care & Service is $25,787 ($12.40/hr)[24].

[20] Bhattarai, A., Alcantara, C., and Van Dam, A. (2022, April 21). Rents are rising everywhere. See how much prices are up in your area. *The Washington Post*. Retrieved from https://www.washingtonpost.com/business/interactive/2022/rising-rent-prices/?itid=hp-more-top-stories
[21] Torchinksy, R. (2022, March 1). Target is raising its minimum age to as much as $24 an hour. *National Public Radio.* Retrieved from https://www.npr.org/2022/03/01/1083720431/target-minimum-wage
[22] National Low Income Housing Coalition, *Out of Reach: The High Cost of Housing* (2021), available at https://nlihc.org/sites/default/files/oor/2021/Out-of-Reach_2021.pdf
[23] Id.
[24] Glasmeier, A. and Massachusetts Institute of Technology. (2022). Living Wage Calculator. Retrieved from https://livingwage.mit.edu/counties/39095

Based on calculations from the Economic Policy Institute, an individual without children living in a non-metropolitan area in Ohio would need to make a minimum annual salary of roughly $32,000 to afford housing, food, and healthcare. Salary needs increase when individuals have children. For example, one individual with one child living in Clark County, Ohio needs to make a minimum of $49,417 a year[25]. Direct care workers on average make far less than this amount and many have one or more children. Without an increase in wages, these workers who help keep people with disabilities in their home, are forced to leave the industry.

To attract and retain DCWs to the profession, Ohio needs to set a living wage that will allow them to work without receiving public benefits and support their families. 125% of Ohio's minimum wage will allow that to happen and will automatically increase when Ohio's legislature thinks that the minimum wage needs to increase.

III. Establishing a Direct Care Workforce Oversight Commission

It is well-recognized that no one action will solve the direct care workforce crisis and that issues in attracting and retaining workers can be attributed to a multitude of factors: low wages, no benefits, no mileage reimbursement, in-consistent pay and certification among different waivers, systemic difficulties in getting certification and training, and delays in getting paid are a few factors that we have identified. Yet, without a strong workforce, may people who are aging and have disabilities will be left without care or will be forced into institutional care.

How do we create a plan to address all of these issues? Ohio needs a cross-agency Direct Care Workforce Oversight Commission with a commitment to review Ohio's system for long-term care, examine best practices, and develop a report with Ohio-specific legislative recommendations to resolve this crisis.

The Commission must 1) involve the right partners at the table; 2) have an assignment and timeline; 3) develop data-based legislative and agency action items designed to resolve the workforce crisis. The Commission must include representation from state legislators, Ohio Medicaid agencies, the Ohio Governor's office, disability groups, aging groups, provider groups, the Department of Labor, and the Department of Education.

Four other states have either created or proposed cross-agency commissions to review the workforce crisis and make recommendations to legislative partners on actions that can be taken to solve it. These states include Maine, Colorado, Pennsylvania, and Maryland. Key in establishing this commission will be to have the right partners at the table and an official assignment to complete within a reasonable timeline.[26]

The Ohio Department of Medicaid has already identified funding, from the American Rescue Plan Act, that can be put towards a best practices committee.[27] However, as noted, advocates have been in touch with ODM about this crisis since at least 2015, and as of yet, little has been

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[25] Economic Policy Institute. (2022). Family Budget Calculator. Retrieved from https://www.epi.org/resources/budget/

[26] Maine established such a Commission in 2019 with 17-members that studied the long-term care workforce issues. The Long-Term Care Workforce Commission met formally five times and drafted a report of recommendations in 2020[26]. Maryland's Senate Bill 440 proposed a similar committee with 24-members entitled "Commission to Study the Health Care Workforce Crisis in Maryland – Establishment"[26]. If passed, Senate Bill 440 in Maryland would establish a Commission that would examine the health care workforce shortages and propose short-term and long-term solutions.

[27] See The Ohio Department of Medicaid, American Rescue Plan Act Home and Community Based Services Spending Narrative and Projection (10/13/2021),8, available at https://medicaid.ohio.gov/static/Stakeholders%2C+Partners/initiatives/HCBS+Spending+Narrative.pdf.

done. Action needs to be taken now, and the first steps in fixing the issues are to establish an oversight commission and set a minimum wage floor for direct care professionals.

IV. Fixing systems issues such as unreasonable delays in payment, delays in certification, differences in reimbursement across Home and Community Based Waivers

The oversight commission should recommend changes to Ohio's Medicaid system to remedy systemic issues involving unreasonable delays in payment for providers, delays in certification, and the differences in reimbursement rates across Home and Community Based Waivers. Over and over, we hear from those who receive direct care that their workers must go months without pay either because of unnecessary delays in getting certified or unnecessary delays in payments being processed by the Ohio Department of Medicaid (ODM) and the Ohio Department of Developmental Disabilities (DODD). Once a worker has worked for several weeks without pay, he or she then leaves the profession. These internal, systemic issues must be fixed.

Workgroup members have also reported that when they have found a DCW who would like to serve as their independent provider, it can take months for that person to get certified to provide care under their Medicaid Waiver. In their experience, the certification process is a document-laden procedure where providers often have no way to speak to the same Medicaid representative more than once; are told to re-submit documents they have already submitted; and/ or are denied for failing to submit documents that they were never notified they were required to submit. When Subway pays better wages than many DCW positions, the difficulty in even becoming certified turns many away from the profession.

In the Ability Center's survey, one respondent stated, ""Unable to find any IPs. No agency, in my area, will cover skilled shifts over 2 hours. MCO contracting is a nightmare. ODM provider enrollment is unclear to many individuals enrolling."[28]

Also, as noted, reimbursement rates for Direct Care Workers are inconsistent amongst different Waiver systems. DODD Waivers have a higher reimbursement rate for direct care than ODM and ODA Waivers. The unit rate is set at 15-minute intervals and vary based on agency: the unit rate for Homemaker/Personal Care under a DODD waiver is $5.86[29], unit rate for Home Health Services under an ODM waiver is $4.16[30], and the unit rate under the ODA PASSPORT waiver is $4.07[31]. In an informal survey of our Ohio Olmstead Taskforce Workgroup, consumers on the Ohio Home Care Waiver reported the lowest paid providers. As Waiver eligibility is, in part, based on at what age individuals acquired their disability and hands-on needs, the disparity in wages means that people who acquired a disability after age 21 are being provided with fewer services than those born with a disability.

The inequality of wages under each waiver results in DCWs only choosing to work under one waiver, the one that is higher paying, and leaves very few workers that want to serve people

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[28] The Ability Center of Greater Toledo, Ohio Statewide Disability Needs, Survey Report (2022).
[29] Ohio Admin. Code 5123-9-30 (2022). Available at https://dodd.ohio.gov/wps/wcm/connect/gov/64ebf65a-1ab0-4516-b3a0-9bfcb2c4d2a2/5123-9-30+Effective+2022-01-01+Appendix+A.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-64ebf65a-1ab0-4516-b3a0-9bfcb2c4d2a2-nUwwtN3
[30] Ohio Admin. Code 5160-12-05 (2021). Available at https://codes.ohio.gov/assets/laws/administrative-code/pdfs/5160/0/12/5160-12-05_PH_FF_A_APP2_20211025_1526.pdf
[31] Ohio Admin. Code 5160-1-06.1 (2021). Available at https://www.registerofohio.state.oh.us/pdfs/5160/0/1/5160-1-06$1_PH_FF_A_APP1_20211022_0849.pdf

with disabilities on ODM and ODA waivers. One consumer from our workgroup mentioned her newly hired direct care worker of three weeks quit providing support after the worker found out DODD pays their direct care workers more than ODM and Ohio department of Aging. In order for the direct care system to work, these internal, systemic issues must be fixed.

V. Establishing a Recruitment Plan and Educational Incentives

Finally, ODM, DODD, and ODA must work with the Ohio Department of Labor and the Ohio Department of Education to create a recruitment plan and educational incentives within the profession. Anecdotally, we have heard that it is hard to get traditional workforce recruitment agencies, like Ohio Means Jobs, to recruit for direct care because the low wages, few benefits, and unreliable reimbursement makes it a poor profession for Ohio workers. Thus, this is an important piece of a larger puzzle in fixing the system.

ODM has also included recruitment and incentives for to attract and retain a direct care workforce in its application for ARPA funds from HHS.[32] We look forward to Ohio receiving federal funding for this piece of the solution. However, people with disabilities cannot wait for several years for these issues to be fixed. Colorado is one state that outlined 72 initiatives to strengthen HCBS using ARPA funds. According to Colorado's Department of Health Care Policy & Financing, the state recognizes that growing the direct care workforce depends on a multi-faceted approach[33]. Colorado has included a standardized curriculum and training program, wage increases, supporting HCBS post-Covid, as well as others in their plan for workforce development. Our state must act now to solve this crisis by putting in place plan for recruitment and educational incentives that will allow DCWs to have a chance at "promotion" or betterment by becoming DSWs. A chance at promotion, combined with better wages and benefits, will create a profession that people will want to enter.

Consequences of Inaction

Until the state of Ohio takes action to raise wages and provide benefits for DCWs, people with disabilities in Ohio, and family members supporting people with disabilities in Ohio, who require DCWs to remain in the community will remain in crisis. Many people will choose to live in unsafe conditions without support because they want to remain in the community, and many people will be forced to leave their homes to live in an expensive institution. Families will continue to lose out on the ability to work and face caregiver burn- out because of a lack of support.

While raising wages for DCWs can seem costly, the overall benefit is less dependence on community resources for people receiving services as well as DCWs. DCWs keep people with disabilities out of costly institutions. With the current wage and benefit structure, nearly half of all DCWs use some form of government funded, means-tested public assistance.[34] Providing a living wage and benefits for DCWs will help remove them from dependence on government assistance. It will also allow people with disabilities to work, be more active in their community,

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[32] See The Ohio Department of Medicaid, American Rescue Plan Act Home and Community Based Services Spending Narrative and Projection (10/13/2021),6, available at https://medicaid.ohio.gov/static/Stakeholders%2C+Partners/initiatives/HCBS+Spending+Narrative.pdf.

[33]Williams, M. (2021 September 22). CMS and Colorado's Joint Budget Committee Approve $530 Million ARPA Funds to Transform Colorado's Home and Community-Based Services System. *Colorado Department of Health Care Policy & Financing.* Retrieved from https://hcpf.colorado.gov/cms-and-colorados-joint-budget-committee-approve-530-million-arpa-funds-to-transform

[34] Ohio Alliance of Direct Support Professionals, Stabilization and Beyond, Ohio's Workforce: A Call to Action, Direct Support Professional Focus, 7 (2021).

and reduce their own dependence on government assistance as well as their community's police, ambulance, firefighter, emergency department, acute care and other resources.

Conclusion

Today, Ohioans with disabilities and those who are aging do not have the supports necessary to live independently. Many are in unsafe living conditions because of a lack of Direct Care support. Direct support professionals provide essential and necessary supports for people with disabilities to live and thrive in their community of choice, and due to our aging population, will be one of the fields that will be in the most demand in the coming decade.[35] We are asking Ohio legislators to recognize and implement the proposed solutions to adequately provide for and support this workforce. By the year 2024, 1.1 million workers will need to be added to meet the demand and people with disabilities cannot afford to wait any longer.

Legislative Proposal:

Title 32: Chapter 5169

ESSENTIAL SUPPORT WORKER REIMBURSEMENT

5169.01 DEFINITIONS

Essential Support Worker: An individual who by virtue of employment generally provides to individuals direct contact assistance with activities of daily living or instrumental activities of daily living or has direct access to provide care and services to clients, patients, or residents regardless of the setting. Examples of services provided by Essential Support Workers are "home care attendant"; "homemaker"; "personal care aide"; "personal care"; "homemaker/ personal care."

Direct Access: Direct Access means, with respect to an individual who is receiving services from an essential support worker in an institutional setting or in a home and community based setting, access to the individual's property, personally identifiable financial information or resources, or physical access to the individual.

5169.02 ESSENTIAL SUPPORT WORKER REIMBURSEMENT

Services provided by essential support workers that are reimbursed by the Ohio Department of Medicaid must include in the reimbursement rate the following:

1. **At least 125% of Ohio's state minimum wage. An amount equal to at least 125% of the minimum wage for the labor portion of the reimbursement rate. An increase to the minimum wage must be applied to the reimbursement rate at the time the increase takes place; and**
2. **Taxes and benefits. An amount necessary to reimburse the provider for taxes and benefits paid or costing incurred by the provider that are directly related to the wage in subsection 1. This amount must be adjusted whenever an increase to the minimum wage is applied to the reimbursement rate under subsection 1.**
3. **Effective date: This section takes effect January 1, 2024.**

5169.03 Rebasing

Except as otherwise provided, the department shall rebase reimbursement rates for the program and other state funded program reimbursement rates described in section

[35] Ohio Alliance of Direct Support Professionals, Stabilization and Beyond, Ohio's Workforce: A Call to Action, Direct Support Professional Focus, 7 (2021).

5169.02 at least every 5 years. Rebasing must be based on the most recent cost report filings available or provider cost surveys or other market data when cost reports are not available. The department may provide a mechanism for subsequent adjustments to base year costs to reflect any differences it determines are material between as-filed cost reports used in rebasing an subsequent determinations of audited, allowable costs for the same fiscal period.

5169.04 Rulemaking

The department shall adopt rules to implement the requirements of this chapter. Rules adopted pursuant to this section are routine technical rules.

Other State Action on the DCW Crisis[36]

Arizona

Arizona created a "workforce development system" that standardized testing and training, auditing by Managed Care Organizations (MC), and a DCW database. Workforce Development policy requires every MCO to have a workforce development operation. It also requires MCO's to collaborate as a "WFD Alliance" to assess, plan, and act on common workforce challenges. Collaborating with advisory councils, department of education for a home health aide program.

Colorado

Colorado created a $15 minimum wage for DCWS. The state also developed core curriculum for training and instituted a cross-agency collaboration that included Department of Higher Education and Community Colleges as well as the Department of Labor. This cross-agency coalition included representatives from 7 agencies, Governor and Lieutenant Governor offices, and stakeholder engagement and partnership.

Iowa

Iowa has a bill, HF692, in Committee that seeks to help Iowans access direct care services in the community of their choice. The intent of the bill is to streamline data collection and analysis that would support interagency planning and legislative decision making, enhance continuing education, credentials, and certifications. Iowa is looking at ways to expand the direct care worker registry to include certified nurse assistants regardless of setting and to create a stakeholder advisory group to develop a plan for the expansion of the workforce registry.

Pennsylvania

HB611 – Good Jobs for Quality Care Act is a bill that Pennsylvania has in Committee that would establish a direct care worker advisory board along with the power and duties of that board. The bill mentions a direct care worker minimum wage but does not set a rate in text. However, the bill does state that the DCW minimum wage cannot be lower than the state minimum wage.

Maine

Maine established a direct care worker minimum wage set at 125% of the state's minimum wage. The reimbursement rates increased every two years (2022-2026) and in 2026 the rate must include an adjustment for inflation. The state also developed the Long-Term Care Workforce Oversight Advisory Commission. This Commission developed a report on best

[36] Data Collection in collaboration with Alexia Kemerling, Disability Rights Ohio.

practices and recommendations for growing the direct care workforce. The Commission provided advice and oversight to the departments and Joint Standing Committees of the legislature having jurisdiction over health and human services. They also proposed a Health Care Provider Loan Repayment Pilot Program that would provide tuition assistance for those in health care fields.

Oregon

Oregon proposed Senate Bill 1556 which pertained to caregivers and would declare a caregiver emergency if enacted. The Department of Human Services would maintain an online registry accessible to public that would assist individuals looking for direct care workers. The bill also discusses the need for collaboration of stakeholder groups to assist with the design of certification requirements. Oregon also proposed House Bill 2964 which states the Department of Human Services would reimburse provider agencies for the cost of care in amounts that would allow the agencies to pay DCW wages that average at least 150% of the state's minimum wage. HB2964 is still in Committee.

Minnesota

Minnesota proposed HB4447 which would provide for a grant program that would help recruit and retain direct care workers.

Washington

Washington passed Senate Bill 5258 in 2021 that established a consumer direct program. This program would allow consumers to be the managing employer and have the right to select, dismiss, assign hours, and supervise one or more individual providers. This bill also provides compensation for travel and established a rate-setting board of voting and non-voting members.

Indiana

Indiana's 2021 Budget Bill provided for a 14% rate increase for direct support professionals. The intent of this increase would provide for a statewide wage increase for direct care workers to at least $15/hour. They are awaiting CMS approval.

Tennessee

Senate Bill 114 passed and signed by the Governor in 2021, increased hourly wages for DCWs contracted for Home and Community-Based Services. The wage was set to at least $12.50/hour.

Michigan

In 2020 Michigan's Governor enacted a temporary $2/hour wage increase for direct care workers. She increased the wage by $2.35/hour and has extended the increase until September 30, 2022.

Maryland

Maryland has made several attempts to assist the direct care workforce in various ways. Senate Bill 761, introduced in 2022, would provide funding for wage increases for medical provider workers. In certain fiscal years, wage increases for healthcare workers and staff in nursing homes who provide direct care to residents. They also discuss a 4% rate increase for providers. House Bill 981 Maryland Medical Assistance Program – Personal Care Aides – Reimbursement and Required Wage would increase the reimbursement rate for long-term services and supports by 15%. The bill would also require a provider agency to pay a $16/hour minimum wage to

certain personal care aides. Maryland also proposed a *Commission to Study the Health Care Workforce Crisis in Maryland* that would assess the extent of the workforce shortage, provide short-term and long-term solutions, and discuss the future needs of the health care workforce.

New York

Senate Bill S5374A – The Fair Pay for Home Care Act would establish minimum wages for home care aides at 150% of the state minimum wage or other set minimum. The Commission of Health would set regional minimum rates of reimbursement for home care aides under Medicaid and Managed Care Plans. This bill is currently in Committee. New York has another bill in Committee, Senate Bill S7643A, that would establish a tax credit for up to $5,000 for taxpayers making less than $50,000 a year and phased out for those making over $1000,000 a year.