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Contact: Wendy Patton, 614.582.0048

National report assesses home care policy

Report praises Ohio's overtime improvements, suggests better funding and tracking

Ohio's Department of Medicaid gets a shout-out for good policy in a [new report](#) from the National Employment Law Project (NELP) on how states are implementing important new labor rules for home-care workers.

The new [federal rules](#) give almost all home-care workers the same minimum wage and hour protections as the rest of America's workforce. NELP reports that since January 1, 2016, in response to the federal reform, the Ohio Department of Medicaid has provided overtime pay to some of the state's Medicaid-funded home-care workers.

Home-care workers provide supports and services for people with disabilities and elderly people who need help at home, allowing them to live where they choose instead of being consigned to institutions. The state Medicaid program plays an especially important role in setting industry standards because Medicaid and Medicare pay for about 80 percent of home-care supports and services.

Ohio is expanding home care for older adults and people with disabilities. But low wages, averaging about \$9.55 per hour, leave many home-care workers in poverty. Poor pay fuels high turnover, compromising the quality of care.

Ohio has taken a step forward by paying some overtime to "independent providers" – those workers hired by a consumer and paid for by the state. All home-care workers – including those employed by agencies – also must get overtime pay for overtime worked. But Ohio can do more to stabilize the workforce and ensure high-quality care. New [guidance](#) clarifies that many states may be joint employers of Medicaid-funded independent providers and should treat them like regular employees, deserving of all basic labor rights, rather than labeling them as [independent contractors](#) and avoiding workplace laws and tax requirements that apply to employers. Ohio's budget must provide adequate funding to support fair practices and fair pay for all Medicaid-funded home-care workers.

The NELP report provides models from other states. Ohio should collect and publicly report data on the Medicaid-funded home-care workforce, including hours worked, overtime, travel time, worker pay, benefits and more. Massachusetts, for example, tracks home-care workers' cumulative weekly hours, travel and overtime. This data will allow the state to determine budget needs to ensure workers are paid properly for all work hours. To date, Ohio has not allocated additional funding specifically to support increased costs of fair pay. By contrast, Minnesota budgeted \$18.2 million for home-care overtime and for the time workers spend traveling between clients in a workday.

Ohio has considered imposing a 40-hour cap on home care workers' weekly hours, with no exceptions for emergency circumstances for consumers with specialized needs or for areas experiencing worker shortages. California, Oregon, and Washington have far more flexible provisions to accommodate such circumstances. Ohio must establish regulations to ensure all individuals receive services based on needs and circumstances, not on arbitrary caps or resource limits. Any cap and [exceptions policy](#) should be adequate to accommodate needs of consumers and ameliorate regional workforce shortages.

Ohio can follow the example of other states by investing in this workforce, promoting quality care now and for the future. "Ohio should emulate Oregon, Massachusetts and other states and create a task force to make home-care jobs good jobs," said Wendy Patton, senior project director for Policy Matters Ohio. "Good jobs have family-sustaining wages, benefits, consistent scheduling, and opportunities for advancement."

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