



Ohio Association of  
Area Agencies on Aging

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June 4, 2026

Chairwoman Jennifer Gross  
77 South High Street  
13th Floor  
Columbus, OH 43215

Re: House Bill 795

Chairwoman Gross and Members of the House Medicaid Committee,

The Ohio Association of Area Agencies on Aging represents the state's twelve Area Agencies on Aging, which coordinate and deliver vital services that help older Ohioans remain safe, healthy, and independent in their homes and communities. Every day, our agencies work with older adults, their families, and caregivers in navigating the complexities of long-term care. They assess individuals for eligibility and assist in enrollment in the appropriate local, state or federal program that best meets their needs.

Among these responsibilities, Area Agencies on Aging play a critical role in Ohio's PASSPORT Medicaid home and community-based services waiver program, working in partnership with the Ohio Department of Aging to assess eligibility, develop individualized person-centered service plans, coordinate services, certify providers, and conduct ongoing provider monitoring. PASSPORT serves older adults who qualify financially for Medicaid long-term care and whose functional needs meet a nursing home level of care, as determined through a formal clinical assessment.

We appreciate the Committee's focus on strengthening program integrity within Ohio's long-term care system. Ohioans deserve confidence that public resources are used appropriately, and that services reach those who genuinely need them. At the same time, discussions about oversight and accountability should recognize the vital role home- and community-based services play in supporting older adults, family caregivers, and the state's long-term care system.

Ohio's home- and community-based waiver programs are among the state's most effective tools for supporting older adults with significant care needs while honoring their preference to remain in their homes and communities. Older adults overwhelmingly want to age in place. Waiver programs make that possible by providing services and individualized supports that promote independence, dignity, safety, and quality of life. These programs help delay or prevent unnecessary and costly nursing facility placement while keeping older adults connected to their families, friends, and communities.

On a typical day, Ohio serves 36,000 older people in nursing homes who are supported by the Medicaid program, while Medicaid supports 56,450 older people at home or in an assisted living residence.<sup>i</sup> According to the Health Policy Institute of Ohio (HPIO), Ohio Medicaid spends \$12,000 less per enrollee for in-home care compared to institutional care. Beyond cost savings, studies have found that accessing services and support at home is associated with positive outcomes like improved health and life satisfaction.<sup>ii</sup>

The Ohio Association of Area Agencies on Aging (o4a), a nonprofit organization, is an Equal Opportunity Employer.

These services also support family caregivers, allowing them to remain employed, maintain family responsibilities, and continue contributing to their communities. More than two million Ohioans provide unpaid care to older adults and individuals with disabilities, helping loved ones remain safe and independent at home.<sup>iii</sup> Many reduce work hours, leave the workforce, delay career opportunities, deplete savings, and take on significant emotional and physical burdens to care for loved ones. They provide assistance that would otherwise need to be delivered by paid workers or in institutional settings. Family caregivers help with bathing, dressing, mobility, medication management, meal preparation, transportation, and other activities essential to health and safety.

It is also important to recognize the workforce challenges facing home- and community-based services. In 2022, 4,000 individuals enrolled in Ohio Area Agency on Aging home and community-based programs were going without home care due to a lack of direct care workers. We were thankful to the General Assembly and the Administration for adopting policies to improve access to care, including rate increases for personal care services. The number of individuals going without care has, as a result, been substantially reduced.

To address workforce shortages, o4a advocated for expanding and strengthening the direct care workforce to meet the growing need. Among our recommendations was to reduce barriers that prevent qualified family caregivers from providing care when needed, particularly when other caregiving options are limited in underserved areas. While safeguards against fraud are important, we encourage policymakers to carefully consider the potential impact of broadly restricting family caregivers from providing Medicaid-funded personal care services.

Individuals receiving waiver services are older adults and people with disabilities who rely on assistance with daily activities that are essential to their health, safety, and independence. These services help individuals remain in their homes and communities, often preventing more costly institutional care. As policymakers discuss caregiving and long-term services and supports, it is important that the critical role of these services—and the professionals and family caregivers who provide them—is accurately recognized and reflected in the conversation.

As new oversight requirements are considered, we encourage you to be mindful of unintended consequences. Additional administrative and financial burdens can be particularly challenging for smaller and rural providers and may discourage participation in waiver programs. Reduced provider participation can limit service availability and create barriers for individuals seeking care. The goal should be to target bad actors without creating barriers for legitimate providers, caregivers, and participants who follow the rules.

Similarly, reforms should be evaluated based on their overall impact on the long-term care system. Maintaining access to home- and community-based services and preventing fraud, waste, and abuse are all essential objectives. Overly restrictive policies that could reduce provider participation or service capacity, delay services or payment for services could destabilize the network and increase reliance on higher-cost institutional care.

We support the bill's goal of strengthening accountability and program integrity within the Medicaid system. Electronic Visit Verification (EVV) can be an important tool for ensuring services are delivered as authorized and for maintaining public confidence in Medicaid-funded programs.

However, we are concerned that the current definition of in-home personal care services may unintentionally encompass all waiver services delivered in a participant's home. Applying EVV requirements uniformly across all service types is neither feasible nor applicable for certain services, including Home Delivered Meals (HDM), Emergency Response Systems (ERS), Home Maintenance (HM), and Home Medical Equipment (HME).

These providers often serve multiple individuals and locations throughout the day, and the service recipient may not be actively participating in the service at the time it is delivered. Requiring the individual receiving services or providers to participate in EVV for these service categories may create an unnecessary administrative burden without meaningfully improving oversight. We suggest that this provision be clarified to only apply to in-home personal care services, rather than all waiver services.

As you continue to evaluate opportunities to strengthen oversight and accountability, it is important to recognize the tremendous value and success of home- and community-based services. The actions of isolated bad actors should not overshadow the positive outcomes these programs achieve every day for thousands of Ohioans and their families. Protecting program integrity and preserving access to high-quality community-based care are complementary goals that ensure Ohio's long-term care system remains both accountable and responsive to the needs of older adults.

Area Agencies on Aging have long worked with state agencies to improve provider oversight, reporting, monitoring, and accountability. o4a stands ready to work with the General Assembly, the Ohio Department of Medicaid, the Ohio Department of Aging, providers, caregivers, and consumers to strengthen both accountability and care for Ohioans who depend on these services.

Sincerely,



Beth Kowalczyk, CEO

Cc: Members of the House Medicaid Committee

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<sup>i</sup> Ohio Department of Aging and Scripps Gerontology Center, Winter 2025-2026 [Home- and Community- Based Services in Ohio: 1993-2023](#)

<sup>ii</sup> Health Policy Institute of Ohio, May 29, 2026 [05/29/2026: Graphic of the week: Home care costs Ohio Medicaid 22% less per person than institutional care | News](#)

<sup>iii</sup> AARP Public Policy Institute, March 2026 [AARP: Valuing the Invaluable 2026: Family Caregivers' Contribution Reaches \\$1 Trillion.](#)