Place testimony on agency letterhead before submission!

**Testimony on SFY 24/25 Operating Budget**

**Senate Medicaid Committee**

**Chairman Romanchuk, Vice Chair Wilson, Ranking Member Ingram, and esteemed committee members,**

 **I want to thank you for the opportunity to testify before you today.**

**My name is** (name) **and I am the** (title) **of** (agency name), **and we are located in** (location, total number of counties you serve in, if applicable). **(Organization Name) provides (list the broad categories services you provide as applicable- intermediate care facilities for individuals with intellectual disabilities and/or residential, day, and employment services through the home and community-based waiver program) administered by the Department of Developmental Disabilities (DODD).** Our team of (number of agency employees) employees are proud to provide essential services to (number of people served) Ohioans with intellectual and developmental disabilities

**I am very supportive of the budget initiatives outlined by Governor DeWine and Director Hauck for DODD and very appreciative of the additional investments adopted by the House of Representatives in House Bill 33**.

 (Provide 3-4 sentences describing the struggles of providing the services- try to stay focused on the struggles related to low reimbursement rates and struggles to find staff).

(In a paragraph or two, explain the importance of these services to the people and families you serve).

House Bill 33 as passed by the House is a great foundation to reinforce and rebuild the services provided by (your agency). **We encourage this committee to support the House’s version of H.B. 33 as it pertains to DODD appropriations. Further, we encourage the Senate to invest additional dollars into these vital services to raise direct support professional wages to at least an average of $20.64. This investment will help us recruit and retain the workforce needed to continue to provide our quality services.**

With your leadership, together we can ensure these services are available to the Ohioans that so greatly need them! **Thank you again, for the opportunity and privilege to bring my concerns before you and if I can ever be of any help in this process, please let me know.**

(Signature)

(name

Email address

address

phone)