**PASSPORT 1915(c) Waiver Application Feedback**

**Call To Action:** The Ohio Department of Aging (ODA) is submitting a renewal application to the Centers for Medicare and Medicaid Services (CMS) for continued approval to operate the PASSPORT waiver. This renewal application is open for review and comment until March 29, 2023. This is our opportunity to express concerns to ODA and CMS, and to initiate changes to the waiver operations to strengthen the person-centeredness of the PASSPORT waiver, improve participants’ right to self-direction, and address provider and AAA workforce challenges that leave participants at risk for unmet needs.

Please consider submitting comments in support of the proposed changes outlined with each stakeholder concern listed below. A sample comment letter is attached for your use, which you may modify based on your interest and experience in this subject, along with links and information to help you submit comments.

The current waiver application that is open for public comment can be found at: [Application for 1915(c) HCBS Waiver: Draft OH.004.07.00 - Jul 01, 2023 (constantcontact.com)](https://files.constantcontact.com/78058177001/7a6e9244-9c84-4058-a6cd-99c9eacd7fe8.pdf)

Four ways to submit comments by **midnight on 3/29/2023**:

1. Email: [rules@age.ohio.gov](mailto:rules@age.ohio.gov)
2. Written comments sent to:

Attn: PASSPORT Waiver Amendment Ohio Department of Aging – Division for Community Living

30 E. Broad St., 22nd Floor

Columbus, OH 43215

1. Call toll-free to leave a voicemail message: 1-855-926-0994
2. Courier or in-person submission to:

Attn: PASSPORT Waiver Amendment Ohio Department of Aging – Division for Community Living

30 E. Broad St., 22nd Floor

Columbus, OH 43215

**Concerns and Recommended Solutions:**

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| **Removal of Non-Emergency Medical Transportation Service** |
| **Stakeholder Concern:** The state is proposing removal of waiver non-emergency medical transportation (NEMT) service. State Plan NEMT does not meet the non-emergency medical transportation needs for all PASSPORT waiver participants. In recent years, the focus for many states, including Ohio, has been related to transportation coordination and mobility management.  The Federal Transit Authority has awarded multiple grants to various Ohio pilot initiatives to improve transportation coordination and mobility management.  In Ohio, we have some Area Agencies on Aging (AAA) involved in transportation coordination, mobility management and quality improvements in paratransit services to meet the transportation needs of PASSPORT individuals.  AAAs understand why transportation support is critical for older adults with nursing home levels of care.  NEMT service specifications differ from county to county in Ohio. There are no standard service specifications in Ohio with NEMT primarily because the service is contracted locally, and liability is the responsibility of the contractor. The NEMT RFP issued in Hamilton County in January 2022 prohibited drivers from assisting riders in any way.  This expectation prevents NEMT from being an appropriate transportation service to PASSPORT individuals.  Some counties offer gas vouchers, or mileage reimbursement, or bus passes, but not vendor-provided transportation. Many of these alternatives do not provide interpretive services for non-English speaking participants. Most county NEMT providers do not provide door-to-door or hands-on assistance, which is frequently needed for this nursing facility level of care population. Frequently NEMT service hour offerings do not meet the PASSPORT participant needs (e.g., need early morning or weekend appointments for dialysis). The NEMT scheduling process in many counties does not allow for same-day appointments, often requiring a minimum of two days’ advanced notice to schedule rides. This can result in increased ambulance or emergency department utilization when a participant is ill, or potentially delay care resulting in costly hospitalization and potential skilled nursing facility stays. This reduction in NEMT is especially alarming coming on the heels of the COVID-19 pandemic. Change in NEMT could negatively impact the provider network for both the waiver and state plan networks. The waiver provider network may lose significant revenue and providers will shut down operations. County NEMT providers in many counties do not have the capacity to meet the current demand. Adding the transportation demand of the PASSPORT participants to the NEMT network will delay services to all NEMT recipients, not just PASSPORT. |
| **Recommended Language Change:** Change language in Appendix C for the Non-Medical Transportation Service to allow for an exception for use of Non-Medical Transportation for transport to non-emergency medical appointments if county NEMT has been explored and is unable to meet the participant’s specific condition-related needs. Examples include early dialysis transportation, the need for hands-on assistance to transfer or with DME, and the need for door-to-door assistance. Add language that would allow flexibility to pilot use of ride-hailing services such as Uber/Lyft to expand participant access to transportation. The AAAs could develop a statewide utilization management protocol for this service to ensure consistency and that waiver is the payor of last resort. |

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| **Level of Care Evaluation/Re-Evaluation & Service Plan Development and Monitoring** |
| **Stakeholder Concern:** Ohio’s Area Agencies on Aging face challenges in recruiting and hiring Registered Nurses and Licensed Social Workers to work with Medicaid waiver and managed care programs operating within the state. There is insufficient workforce in Ohio to fill the case management positions required to operate these vital programs. This problem has increased over time and is resulting in many regions reporting turnover of more than 20 percent in the positions, vacancies in care management and supervisory positions, and high caseloads which negatively impact the quality of care to Ohio’s vulnerable older adults and individuals with disabilities. |
| **Recommended Language Change:** Change language in Appendix B toexpand qualifications for individuals performing annual level-of-care re-evaluation to allow for professionals with bachelor’s or master’s degrees in social work, psychology, counseling, gerontology, long-term care administration, nursing, sociology or health and human services.  Change language in Appendix D to expand qualifications for individuals developing and monitoring the service plan to include professionals with bachelor’s or master’s degrees in social work, psychology, counseling, gerontology, long-term care administration, nursing, or health and human services OR individuals with associate’s degrees who are credentialed as Licensed Practical Nurses or Community Health Workers.  Change language in Appendix D to expand qualifying experiences to include field practicum experience, community mental health, community social services or any role in the long-term services and supports provider network. |

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| **Participant Direction** |
| **Stakeholder Concern:** Participants cannot easily navigate the process to identify and successfully utilize participant-directed service providers. Participant-directed services can assist in alleviating the current direct care workforce shortage and expedite delivery of services to vulnerable participants in need of care. |
| **Recommended Language Change:** Add language to Appendix E that establishes the role of Provider Engagement Coach at each AAA to coach participants in recruiting family, friends, and community members to become paid caregivers, and provide application coaching to the participant and the caregiver.  Additional suggestions to ODA include updating the OAC rules to reduce administrative barriers to certifying participant-directed providers. This would include allowing for participant-directed providers to complete training requirements concurrent with service delivery instead of requiring training prior to application and establishing benchmarks for communication from ODA on status of participant-directed provider applications. |

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| **Home-Delivered Meals** |
| **Stakeholder Concern:** Participants who require specialized meals to meet healthcare needs frequently experience delays in receiving appropriate therapeutic meals due to the perceived requirement that a physician must prescribe a specialized meal such as reduced sodium, diabetic diet or specialized textures. |
| **Recommended Language Change:** Remove language from the OAC rule 5160-44-11 that states “therapeutic diet order from a licensed healthcare professional.” Add language to Appendix C that allows for therapeutic meals without a “diet order” to be available and provided upon request from the participant or healthcare professional. |

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| **Homemaker** |
| **Stakeholder Concern:** The current direct care workforce shortage combined with the low reimbursement rate for homemaker service has caused a significant reduction in capacity for the homemaker provider network, resulting in participants going without homemaking services. |
| **Recommended Language Change:** Add language to Appendix C that allows more flexibility and increases the provider types that can deliver part or all of the homemaker services. Examples including adding laundry delivery service providers and grocery/shopping vendors/services/applications or allowing for “vouchers” for participants to directly purchase services from commercial providers.  An additional suggestion would be to merge homemaking and personal care services, which would allow for an increased rate for homemaking service providers. |

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| **Personal Care Services** |
| **Stakeholder Concern:** The current direct care workforce shortage combined with the low reimbursement rate for personal care service has caused a significant reduction in capacity for the personal care services provider network. Additionally, the OAC rules require an RN supervisor visit for each individual receiving personal care services every 60 days. This RN supervisor visit is an unfunded mandate. The workforce shortage combined with the unfunded mandate for RN oversight contributes to individuals going without essential services. |
| **Recommended Language Change:** Add language to Appendix C or update the supporting OAC rules to eliminate the need for an RN supervisory visit every 60 days. |

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| **Provider General Service Specifications** |
| **Stakeholder Concern:** The current direct care workforce provider shortage has resulted in waiver individuals going without essential care. All solutions to expanding the workforce need to be explored and supported. During a portion of the Public Health Emergency, legally responsible individuals were permitted to serve as paid waiver service providers. The state is eliminating this option. |
| **Recommended Language Change:** Add language to Appendix C that allows for legally responsible individuals to serve as paid waiver service providers for participants when other options have been exhausted. |