March XX, 2023

PASSPORT Waiver Amendment

Ohio Department of Aging – Division for Community Living

30 E. Broad St., 22nd Floor

Columbus, OH 43215

Ohio Department of Aging and Ohio Department of Medicaid,

Thank you for the opportunity to provide comment on the PASSPORT waiver renewal application. I am concerned about the challenges that Ohio’s older adults and the Area Agencies on Aging (AAAs) face in the current economic and post-pandemic environment. I am requesting that the Ohio Department of Aging and the Ohio Department of Medicaid modify the Waiver application 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.

Insert any personal story or info here:

Below is a list of my concerns and recommended changes to the waiver application:

1. I am concerned about the removal of the Non-Emergency Medical Transportation Service (NEMT). 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 AAAs 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. I recommend an exception for use of NEMT 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. I recommend that ODA and ODM 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.
2. Ohio’s AAAs 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. I recommend ODA and ODM expand qualifications for individuals performing annual level-of-care re-evaluation to include 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. I further recommend that ODA and ODM 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, sociology or health and human services OR individuals with associate’s degrees who are credentialed as Licensed Practical Nurses or Community Health Workers.
3. I am concerned that 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. I recommend that ODA and ODM establish 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. Additionally, I suggest that ODA and ODM update the OAC rules to reduce administrative barriers to certifying participant-directed providers. This would include allowing participant-directed providers to complete training requirements concurrent to with service delivery instead of requiring prior to application and establishing benchmarks for communication from ODA on status of participant-directed provider applications.
4. I am concerned that PASSPORT participants who require specialized meals to meet healthcare needs frequently experience delays in receiving appropriate therapeutic meals due to the requirement that a physician must prescribe a specialized meal such as reduced sodium, diabetic diet or specialized textures. I recommend that ODM and ODA remove language from the OAC rule 5160-44-11 that states “therapeutic diet order from a licensed healthcare professional” and 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.
5. I am concerned that 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. I recommend that ODA and ODM allow more flexibility and increase the provider types that can deliver part or all the homemaker services. Examples include adding laundry delivery service providers and grocery/shopping vendors/services/applications or allowing for “vouchers” for participants to directly purchase services from commercial providers.
6. I am concerned that 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. I recommend that ODA and ODM add language to Appendix C and update the supporting OAC rules to eliminate the need for an RN supervisory visit every 60 days.
7. I am concerned that 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. I recommend that ODA and ODM 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.

Thank you for your consideration of making these recommended changes to Ohio’s PASSPORT waiver program.

Sincerely,

Your Name and/or Organization