

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: November 15, 2018

TIME: 1:00 PM

LOCATION: Rhodes State Office Tower, Multipurpose Hearing Room, 30 East Broad Street, Columbus, Ohio 43215

Pursuant to Chapter 119. of the Revised Code, the director of the Ohio Department of Medicaid (ODM) gives notice of the Department's intent to amend or file as new the rules identified below and of a public hearing thereon.

Rule 5160-01-06.01, titled "Home and Community-based service waivers: PASSPORT" sets forth the PASSPORT covered services and the maximum allowable rates for these services. This rule is being proposed for amendment to align policy related to the PASSPORT and Ohio Home Care Waiver Programs. Changes to the rule include:

- Removing the reference to the limit on the community transition service in Paragraph (F);
- Arranging the list of services in alphabetical order in Appendix (A);
- Modifying the billing maximums for home delivered meals, personal emergency response systems, and minor home modification, maintenance and repair in Appendix (A);
- Renaming "emergency response system services" to "personal emergency response system services" in Appendix (A);
- Renaming "home modification" to "home modification, maintenance and repair services" in Appendix (A); and
- Renaming "transportation" to "non-emergency medical transportation" in Appendix (A).

Rule 5160-31-07, titled "PASSPORT HCBS waiver program rate setting" sets forth the rate methodologies used to determine provider reimbursement in the PASSPORT waiver program. This rule is being proposed for amendment to update certain waiver service rates in alignment with the Ohio Home Care Waiver (OHCW). Changes to the rule include:

- Adding home delivered meals to the list of services that are reimbursed using a statewide rate in Paragraph (F);
- Removing the homemaker service from the list of services that may be self-directed in Paragraph (G);
- Adding clarifying language to determine when the group rate is paid in Paragraphs (D)(2), (F)(2), (G)(2), and (G)(3); and
- Other grammatical and technical edits were made throughout.

OAC Rule 5160-46-06 titled "Ohio home care waiver program: reimbursement rates and billing procedures" sets forth the reimbursement rates and billing procedures for Ohio home care waiver services. This rule is being proposed for amendment to update certain waiver service rates in alignment with the PASSPORT waiver. Changes to the rule include:

- Renaming "emergency response system services" to "personal emergency response system services" in Table (B);

- Modifying the personal emergency response systems rates for installation and testing and monthly fees in Table (B);
- Modifying the home delivered meals service rate for a standard meal in Table (B);
- Adding a code and rate for therapeutic or kosher meals in Table (B);
- Adding a modifier in Paragraph (D) for use when providers are billing for therapeutic or kosher meals; and
- Other technical changes were made throughout.

5160-44-11 “Nursing facility-based level of care home and community-based services programs: home delivered meals” sets forth the definitions, service description, meal specifications (menu and delivery), limitations and provider qualifications for the home delivered meals service. This rule is being proposed as new to implement home delivered meal services in Chapter 5160-44 of the Administrative Code. It replaces language currently set forth in Rule 5160-46-04 of the Administrative Code. Differences between this rule and rule 5160-46-04 include:

- Adding references to the Ohio Department of Aging (ODA) throughout;
- Revising the service description in Paragraph (A)(2);
- Updating that orders can be written by a licensed health care professional in Paragraph (A)(2);
- Adding new definitions of “special diet” and “therapeutic diet” in Paragraphs (A)(3) and (A)(4) to be more consistent with definitions used by the Ohio Department of Health;
- Clarifying that therapeutic meals, kosher meals and special diets are permitted in Paragraphs (A)(2) and (B)(3)(a);
- Adding an allowance for back-up meals to be authorized when necessary in Paragraph (B)(3);
- Removing provider conditions of participation that are being incorporated into new rule 5160-44-31 of the Administrative Code;
- Adding new delivery and documentation requirements in Paragraphs (E) and (F) governing a variety of home delivered meal providers;
- Specifying service limitations in Paragraph (C);
- Updating training requirements in Paragraph (D)(2); and
- Other grammatical and technical edits throughout.

5160-44-16 “Nursing facility-based level of care home and community-based services programs: personal emergency response systems” sets forth the service description, equipment specifications, personal emergency response systems (PERS) limitations, and PERS provider requirements. This rule is being proposed as new to implement PERS in Chapter 5160-44 of the Administrative Code. It replaces language currently set forth in Rule 5160-46-04 of the Administrative Code. Differences between this rule and rule 5160-46-04 include:

- Changing the service name from Emergency Response Services (ERS) to Personal Emergency Response Systems (PERS) throughout;
- Adding references to ODA throughout;

- Removing provider conditions of participation that are being incorporated into new OAC rule 5160-44-31;
- Requiring in Paragraphs (B) and (D) that PERS equipment be appropriate to meet the assessed needs of the individual as authorized on their person-centered services plan;
- Adding language in Paragraph (B)(1) that wearable water-resistant activation PERS devices meet generally-accepted industry standards for water resistance;
- Providing greater emphasis on individuals' varying needs and personal preferences as authorized on their person-centered service plans in Paragraph (D)(2);
- Adding language in Paragraph (D)(5) that the provider ensures the availability of language assistance in the event an individual has limited English language proficiency;
- Updating the requirements in Paragraph (D)(6) regarding the written response plan;
- Adding a provision in paragraph (D)(9) that the provider shall notify ODM, ODA or their designee in writing of service limitations before the provider is included in the individual's person-centered services plan;
- Adding provider staffing requirements to comprise a central monitoring station located in the US in Paragraph (D)(10);
- Adding a requirement in Paragraph (D)(15) requiring the provider to notify ODM, ODA or their designee when a pattern of frequent false alarms has been established for an individual;
- Updating the documentation requirements for PERS providers in Paragraph (E); and
- Other grammatical and technical edits throughout.

The proposed rules are available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time and location listed at the top of this notice. Either written or oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 West Town Street, 4th Floor, Columbus, Ohio 43218, by fax at (614) 995-1301, or by e-mail at rules@medicaid.ohio.gov. Comments received may be reviewed upon request.