

Hearing Date: 11/15/2018

Today's Date: 12/4/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-44-13, 5160-44-17, 5160-44-22, 5160-44-27, 5160-44-31, 5160-46-04, 5160-46-04.1

If no comments at the hearing, please check the box. ☐

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Ohio Council for Home Care and Hospice (OAC rules 5160-44-22, 5160-46-04, 5160-44-31, 5160-44-13)
2. The Ability Center (OAC rule 5160-44-13)
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Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Feedback was focused on provider requirements related to waiver nursing, personal care and home modifications, and provider conditions of participation.

Hearing Report and Summary

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

In response to stakeholder feedback, the following changes were made:

* In OAC rule 5160-44-22 (D), the term “nurse” was replaced with “nursing service providers” and the language was simplified. In paragraph (D)(1), the reference to OAC Chapter 173-9 was changed to Chapter 173-39 and OAC Chapter 5160-38 was corrected and changed to Chapter 5160-58.

*A minor edit was made to OAC rule 5160-46-04 (A)(6)(a)(ii) regarding first aid requirements where the term “class” was changed to “program.”

*Minor edits were made to OAC 5160-44-31 (B)(8)(c) to clarify the provider requirement related to notification to the individual and case manager when the provider is not available to work. This is not a substantial change, but a clarification of the requirement.

No changes were made to OAC rule 5160-44-13 as in-home evaluations will be permissive in the new rule, rather than a requirement. They can include an occupational therapist, physical therapist or another qualified professional. This could include a home health agency.

No change was made to OAC 5160-44-31(C) as electronic visit verification (EVV) does not belong in (B)(13) regarding service documentation. EVV verifies time in and time out, but does not take the place of service notes.

No changes were made to OAC 5160-44-13. Specifically:

*ODM agrees environmental adaptations ensure the health, welfare and safety of the individual and enables the individual to function with greater independence (reference Paragraph (A)). The person-centered services plan addresses how the assessed needs of the individual, including the individual’s identified goals and desired outcomes, will be met.

*Home modifications do not include adaptations or improvements of general utility and that are not of direct medical/remedial benefit to the individual. This includes, but is not limited to carpeting. It also does not include adaptations that add to the total square footage of the home, except when necessary to complete the adaptation (e.g., improvements to doorways, rooms to accommodate a wheelchair).

*The determination of “apparent” misuse, abuse or negligence of a modification is based on actual, concrete and observable evidence.