

Hearing Date: 11/15/2018

Today's Date: 12/4/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-1-06.1, 5160-31-07, 5160-44-11, 5160-44-16, 5160-46-06

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

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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 5160-31-06.1, 5160-44-16 and 5160-46-06)
2. Simply EZ (OAC rules 5160-44-11 and 5160-46-06)
3. Ohio Academy of Nutrition and Dietetics (OAC rule 5160-44-11)
4. Lifecare Alliance (OAC rule 5160-44-11)
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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 personal emergency response services provider requirements and reimbursement, and home delivered meal service requirements (including the nutritional value of snacks) and reimbursement.

## 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.

No changes were made to the rules.

\*With regard to OAC 5160-31-06.1, the commenter was unable to locate Appendix A as part of the rule filing and was instructed about how to access it. No further action was necessary.

\*Personal emergency response systems (PERS), as set forth in proposed OAC rule 5160-44-16, renames and replaces emergency response services currently set forth in OAC rule 5160-46-04(H).

\*OAC 5160-46-06 sets forth the reimbursement rates for Ohio Home Care Waiver services. The only rate changes being proposed as part of this rule package involve PERS and home delivered meals. No changes are being proposed to the rate setting methodology that involves the 0-34 minute/35-60 minute methodology contained in the rule, nor does it contain an appendix.

\*Regarding OAC 5160-44-11, no changes were made to the rule as a result of testimony. Specifically:

. ODM has aligned the definitions of “special diet” and “therapeutic diet” with the Ohio Department of Health’s definitions for these diets. We agree they are very similar. The distinction is a therapeutic diet must be ordered by a licensed healthcare professional as part of the treatment for a disease or clinical condition.

. ODM agrees that informed choice is an essential element to the provision of person-centered service delivery. There are numerous supports in the long-term service delivery system, and the broader community, which provide education on the benefits and risks associated with various food choices.

. ODM is not authorized under the Revised Code to establish nutritional guidelines, nor is the department aware of any nutritional guidelines established by the U.S. Department of Agriculture in addition to those that have been established for meals. Therefore, no changes regarding snacks and extra items, including limits or identification of nutritional values, are being proposed at this time. As ODM implements this rule, ODM will continue to review data and make changes as appropriate in order to meet the intent of the rule.

. The purpose of the proposed rate alignment is to eliminate the unexplained variability in rates for the same service in the ODM and ODA-administered waivers, comply with CMS’ requirement for a rate setting methodology and invest additional resources in HCBS. The regular meal reimbursement rate (\$6.50) is based on the average home delivered meal rate from the MyCare Ohio CY 17 experience. Therapeutic/kosher meal rate is based on the average

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rate from the PASSPORT CY 17 experience. The proposed rates eliminate the PASSPORT regional rates, result in approximately 80% of providers experiencing an increase in reimbursement and increase expenditures for this service by approximately \$1.6 million each state fiscal year.

. ODM agrees the “eyes on the consumer” is a value-added component of Meels on Wheels” service delivery model that can positively impact the health outcomes of the individual. The current service specifications don’t require all providers to offer an “eyes on consumer” benefit. The availability of this service delivery model allows the individual and the case manager to select this option as another strategy to ensure the health, safety and welfare of individuals.