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**By Conference Call:** Megan Kale Cheever (Mount Carmel Hospice); Ellen Deeds (Aultman Hospice & Palliative Care); Jeff Lycan (Ohio’s Hospice, Inc.); Kristy Strawser (State of the Heart Hospice); Danelle Villers (Ohio Living Home Health & Hospice)

**Absent:** Cathy Browne (Hospice of Wyandotte County); Denise Bauer (FairHoPe Hospice); Judy Bishop Pierce (Ashanti Hospice); Kim King (Home Care Network);

**Staff:** Kathryn Brod, Anne Shelley, Susan Wallace

**Guest:** Mollie Gurian (LeadingAge)

1. **Welcome and Call to Order**
The meeting convened at 1:00pm. The summary for the September 23 subcommittee meeting was approved without changes.
2. **Budget Priorities 2022-2023 Biennium Budget**

Susan asked committee members to consider key issues for hospice and home health for the state’s upcoming biennium budget. Committee members suggested that perhaps pandemic relief – from PPE to data – which has been a shotgun approach during COVID be included in the state’s budget in a more coordinated fashion.

Staff will continue work on the prioritization of LeadingAge Ohio budget priorities at the December Advocacy Committee meeting. The committee’s work will be to examine how to balance the needs of competing priorities with a particular consideration to the current pandemic context. Some previous proposals, like raising assisted living waiver rates, seem mismatched to providers’ current pressures. The Advocacy Committee will need to evaluate whether the priorities are covering the membership continuum and whether they the right asks, given the unique way each setting has been affected by the pandemic.

The subcommittee discussed telehealth changes, noting that many of the changes included in HB 679 have already been made permanent by the Department of Medicaid. Subcommittee members were asked to weigh in on additional telehealth changes, particularly those that may help HCBS providers and/or offset upfront technology investments for providers.

1. **Federal Update/Action**
Mollie Gurian encouraged home health and hospice members to complete the survey developed in partnership with the Administration on PPE/testing. LeadingAge is working to get BinaxNOW tests to home health and hospice providers, and response to the survey is critical for directing these supplies.

LeadingAge has worked to have a specific Home Health and Hospice Town Hall on December 10 to discuss 2021 priorities and encouraged members to join to ensure their challenges are captured.

Regarding the federal election outcome, Mollie shared that President-elect Biden’s transition is waiting certification election results and approval of the General Services Administration to begin transition. Meanwhile, Congress is now in Lame Duck session, with three principal priorities: first, a general spending bill, second, a new COVID relief/stimulus package and finally, a Medicare extenders package. By early December, Congress will either need to pass a continuing resolution (CR) or come to an agreement on an Omnibus Appropriations package. Every 6 months Medicare/Medicaid extenders are considered, and they are also coming due in December. These are often used to move other Medicare/Medicaid issues, and Committee staff are waiting to hear whether they can pull any COVID-related funding into this package.

Mollie shared that LeadingAge had meeting with Senator Portman and Senate Finance Committee staff regarding the Hospice Care Improvement Act (S. 2807). Two key differences between the House and Senate versions are the imposition of civil monetary penalties (CMPs) and survey frequency (every 2 years) in House; the Senate version proscribes more targeted surveys. This bill may have new life as Congress looks to move legislation that can offset other spending, since it is marked as a savings to the Medicare program. LeadingAge is advocating for any savings to fund other hospice priorities, including the Rural Access to Hospice Act (S. 1190/H.R. 2594)or the Respite Care Relief Act of 2020 (S. 4423/HR. 8322). At this point, it is unclear whether anything related to telehealth are going to be included in any year-end legislation. Allowing the hospice face-to-face visit to be done via telehealth would require a change by Congress, as would allowing home health reimbursement for telehealth services. A proposal on the latter includes many parameters/guardrails, to address concerns related to fraud, waste and abuse.

1. **Direct Service Provider Focus**LeadingAge Ohio staff has joined the Home and Community-based Services (HCBS) Coalition, a group convened by Disability Rights Ohio that also includes Ohio Council for Home Care and Hospice, o4a and other stakeholders. The group is working to convene stakeholders well ahead of the next biennial budget to create a unified voice around the need to address perennial underfunding of Ohio’s home and community-based services, resulting in stagnant wages for direct care providers.
2. **Lame duck.** With the recent shift of leadership, stakeholders are still working to ascertain which legislative priorities will emerge in the lame duck. One bill of note for aging services is Rep. Roemer’s bill on scope of practice issues (HB673), which seems likely to move. LeadingAge Ohio is working to ascertain whether HB 711, which corrects the technical difficulties related to enabling EMTs to follow DNR orders signed by physician assistants and nurse practitioners, could be amended to it. One member questioned the scope of the criminal sentencing reform bill (SB 3), and whether it may ease background check requirements for health care providers.
3. **New business**
Mollie asked for member feedback on the hospice carve-in/Medicare Advantage demo, since LeadingAge has been asked to sign a letter to the Administration asking for a year’s delay in implementation. Only the northeast corner of the state has been included in the pilot, so few members would be impacted by a delay. Mollie noted challenges that have been reported regarding standardized definitions of palliative care and rates, of course, declining. Providers noted that they have seen rate cuts from 12 – 20% with Medicare Advantage plans, and would see no downside in asking for a delay, if doing so would delay significant losses. One committee member noted that the demonstration seems to be following course of the concurrent care demonstration, which was underutilized because of the way it was designed, making it difficult for providers to participate. CMS will need to expand the demo to make it more robust and more meaningful.
4. **Regulatory Update/Education Calendar**
Anne Shelley provided regulatory updates, noting that EVV continues to move forward, but actual claims editing has still not been turned on. ODM plans to turn on in the spring of 2021. I; if claim isn’t matching visits at that point, then members will experience a 10% payment reduction.

Regarding the hospice final rule, Anne shared that she continues to hear provider confusion related to the new addendum requirement, and is planning education on the topic. Furthermore, she is working to raise awareness of changes in the home health final rule which will prohibit home health agencies from providing new infusion therapy services. This will have a significant impact on some providers that do business in this space.

Hospice education planning is underway. Anne shared that this year, they didn’t include a policy update for hospices and it was requested multiple times on the evaluations of the October Education Fest. Subcommittee members were encouraged to share ideas for 2021 Hospice education.
5. **Adjournment**With no additional new business, the meeting adjourned 1:59pm.

***Next Meeting: To be scheduled in 2021.***