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Columbus, Ohio 43212

(614) 230-2214

Director Maureen Corcoran

Ohio Department of Medicaid

50 W Town Street #400,

Columbus, OH 43215

Dear Director Corcoran,

On behalf of the Ohio Provider Resource Association, the Ohio Association of County Boards and the Arc of Ohio, we would like to present recommendations for potential changes in Phase 2 and timelines of services and supports for both providers of certain Ohio HCBS waivers and individuals receiving those services and supports.

There are differences between Phase 1 and 2 EVV systems that may represent challenges and interfere with providers receiving proper payments.

For those providers in Phase 2 that bill through the DODD systems and received plan development services from individual county boards SSAs, there is a need for strong collaboration between ODM, DODD, OACB and private providers.

Successful compliance of EVV federal requirements is the goal of providers.

With that in mind, we would appreciate consideration for the following concerns:

1. There has been a change in leadership in DODD involving EVV compliance.
2. There has been a change in leadership at both ODM and DODD at the Director level.
3. There has not been joint planning and training at the SSA and private provider level nor including participation by individuals with disabilities. Even though official training does not begin till the spring and ODM has implemented efforts to educate Phase 2 stakeholders with blast emails, there continues to be confusion about the EVV implementation timeline and EVV requirements.
4. Ohio did not fully utilize recent CMS decision/legislation to extend EVV compliance deadline into 2020.
5. Some advocacy groups are uncomfortable with Ohio’s use of GPS in tracking EVV compliance
6. With the introduction of the new monthly-rate calculator/daily billing unit, there is significant concerns about system capacity for the change in the unit in conjunction with the implementation of EVV. There will be “growing pains” as county board staff and providers learn how to navigate the new unit. One main concern is that there will be hardship in MRC/DBU when a group location with 2 individuals temporarily changes to a single location due to illness, movement of one individuals to different location even though someone will replace that individual in the future to continue the group location. When a home is taken off of the daily billing unit for something like a change in setting size, the provider would have to have EVV processes in places and ready when they begin billing in a 15-minute unit.
7. There is confusion in the field about how EVV exempt and non-exempt services, such as on-site, on-call, will be provided during the same visit and there is confusion about how on-behalf-of services are to be recorded in EVV.
8. Early results of Phase 1 compliance indicated a high error/non-payment status which could if at same level in Phase2 challenge the viability of certain providers with cash-flow issues.
9. Further clarification of use of outside vendors specification and training is needed for Phase 2 and concerns about alternate vendors being ready for the implementation date.

Given the above concerns and possibly more as we analyze the results of Phase 1 data, it would be prudent to strongly consider moving the live date of Phase 2 to early 2020. The last quarter of 2019 could be a pilot span to better prepare private providers for live implementation after analyzing Phase 2 data results and correcting potential challenges. There is strong indications that CMS would approve such a request.

The Ohio Provider Resource Association

The Ohio Association of County Boards

The Arc of Ohio

