OHIO HEALTH CARE ASSOCIATION BOARD OF DIRECTORS

April 24, 2025, 10:00 a.m. Zoom Meeting

MINUTES

President Shane Craycraft called the meeting to order and noted that the agenda included links to materials relating to the agenda items. The table at the end of these minutes shows attendance.

The President asked board members to avail themselves of the OHCA Antitrust Compliance, Conflict of Interest, and Confidentiality Policies and report any conflicts.

CONSENT AGENDA

The board approved the consent agenda without exception. The consent agenda consisted of the minutes of the Board of Directors, Reimbursement Committee, Workforce Committee, Regulatory Committee, SNF Billing Committee (two meetings), and Assisted Living Board.

FINANCIAL STATEMENTS

Secretary/Treasurer Joe Cilone reviewed the March financial statements. Net assets at the end of the month were \$13.7 million, of which \$3.4 million were in cash and cash equivalents. Monthly revenue was about \$45,000 above budget, and expenses were in line with budget. Income from operations for the month was ahead of budget. A large expenditure from 55 Green Meadows made both the budgeted and actual income from operations figures negative. Investments lost \$443,000 in unrealized value in March. The financial statements and check registers were filed for audit.

MEMBERSHIP

Diane Dietz reported two SNFs and a DD provider to add to membership plus a SNF to be reinstated. We also had a home care provider's membership to terminate.

Motion:

To approve Marion Rehabilitation, Newark Rehabilitation, Epic Cleveland, Epic Highland, Epic Lake Street, Epic Lincoln, Epic Meridian, Epic Vine, and Epic's waiver agency as active members, to reinstate the active membership of Valley Oaks Care Center, and to terminate the active membership of Dulla Care Home Healthcare. Seconded; motion carried.

Ms. Dietz said there were 10 industry partners to be approved, as it was convention time, and 5 to terminate.

Motion:

To approve Armarak SeniorLIFE+, Eugenia Care, How's Mom, Quanta, Brighter Day, Evolve Therapy Services, MedaSync, ReMED Services, WesBanco, wissner-bosserhoff (LINET Americas) as associate members, to reinstate the associate membership of Graham-Field, and to terminate the associate memberships of Aravilla Management Company, ElephasCare, Hoshizaki North Central, Keytel Systems, and Symbria.

Seconded; motion carried.

CONVENTION ACTIVITIES

Pete Van Runkle called the board's attention to the list of convention activities, particularly emphasizing the annual meeting, board meeting, and Champion Partners' reception. President Craycraft promoted the People Worth Caring About documentary premiering on Wednesday night at convention. It was tied to social media and designed to give an accurate picture of what long-term care was all about.

STATE ISSUES

Debbie Jenkins began the conversation about the state budget bill. The House passed their version of the budget on April 9. At the time of the board meeting, the legislature was in the second week of a two-week break. We already had held multiple meetings with Senate members. Hearings in non-Finance Senate committees would start the week after the board meeting and continue for three weeks. Agencies would testify the first week, but we were able to get in too. SNF issues would mostly be in the Medicaid Committee, but the REIT issue would be in Health. After the three weeks of hearings, Senate members would submit amendments for the substitute bill. We expected Finance Committee to release the sub bill the week of Memorial Day and hold hearings on it after release. The floor vote was scheduled for June 12. The House stuck to its timeline, and we expected the Senate to do the same. Medicaid Committee was holding only 3 hearings, with 2 for public testimony after the panels in the first hearing. Decisions wouldn't be made based on the hearings. Advocacy was best done in meetings.

Mr. Van Runkle said we were prioritizing the House's cap of 15,000 private rooms. It would be extremely disruptive because ODM already had approved 28,000 rooms. A lower cap would require revoking many providers' approvals. Residents would have to change rooms. In the House, we advocated for removing the \$160 million cap because of concerns about utilization exceeding the 50% Medicaid utilization figure that ODM used to approve private rooms within the cap. In addition to misunderstanding the impact of the 15,000-room cap, the House expressed concern about unlimited financial liability. The Senate shared that concern, so we planned to follow their advice and shift our amendment to reinstate the \$160 million cap. This approach left the door open to more private rooms but limited the state's liability.

Linda Black-Kurek asked how we could try to get more private rooms but still stay under \$160 million. The President said if 50% Medicaid utilization resulted in \$160 million, in theory it could

go to \$320 million at 100%. We needed to have a limit, but there was danger to a cap on either dollars or people. The crux of the issue was getting to language that was a legitimate cap and made legislators comfortable. Chris Chirumbolo asked if this play was just getting back to where we were. Ms. Black-Kurek said it was better to stay with a dollar limit than a limit on people. Bill Weisberg asked how many beds were taken out of service to create private rooms and whether the state looked at whether the rooms met the criteria. Ms. Black-Kurek said in addition to onsite reviews, the state did paper reviews.

Ms. Jenkins reported on the PDPM transition provisions in the budget bill. The House didn't change the executive budget language. We were very concerned about two technical issues. Failure to include a conversion factor would take a lot of money out of the system. Senators seemed to understand. The other technical issue was how CMI would be frozen July 1, given that there was a 45-day correction period for the June 30 scores and most providers already had frozen their scores. We also were talking with Senators about nursing only vs. a blend of PDPM components. We received good feedback on the blend. The other issue was the phase-in methodology. The state's proposal could lead to large rate reductions. Our counter was a stop loss/stop gain, then full PDPM on January 1, 2027. There was not as much buy-in on that. Our strongest argument was that assessments starting in April would be used for January 1, 2026, rates even though the law had not been enacted yet.

We were telling lawmakers about the key components of PDPM and putting together a couple of amendments, breaking them out by topic and including alternate versions to what we thought would be most palatable options. Mr. Van Runkle explained the proposed stop loss/stop gain, which would be budget-neutral. Mr. Chirumbolo said a number of other states, such as Kentucky, already had converted and faced this issue. The President said Myers and Stauffer had a web page on Kentucky's methodology. Mr. Van Runkle said our technical amendment had a formula to make sure the CMI conversion was done properly.

Todd Bergdoll said it was very important to have budget-neutral proposals for private rooms and PDPM. If we didn't, the Senate would not accept them. He added that we were meeting with the Finance Chair later that day. He listed key decision-makers in the Senate and said we had a solid group of Senators committed to offering our amendments. In the House, Medicaid Chair Gross opposed private rooms for Medicaid beneficiaries. Mr. Bergdoll felt the House just let the issue go to the Senate to be fixed because they didn't fully understand it. Greg Miller asked how we could rein in the House's tendencies. Mr. Chirumbolo expressed concern about the Senate handled the last budget. The President asked what kind of language the Senate wanted on private rooms and whether the \$160 million number could survive. Mr. Bergdoll said the Senate was offended that Medicaid spending doubled during the DeWine Administration. Mr. Chirumbolo asked if we would stay aligned with where we were.

Mr. Van Runkle said we were moving to budget-neutral amendments across the board. Mr. Chirumbolo asked if we had Medicaid utilization numbers for private rooms. The President observed that we had to draft amendments, so we needed to decide what to do. Ronnie Wilheim suggested reducing the add-ons if the cap was hit. Mr. Van Runkle said 50% utilization would stay within the cap, but higher utilization would not. President Craycraft asked for any other ideas on how to change the language to make it palatable. Ronnie Wilheim reiterated dialing back the

add-ons if the cap was breached. The President said ODM already intended to cut off payments. Erin Hart questioned whether Medicaid would be able to tell if the cap was breached.

On other budget items, Mr. Van Runkle said we did not need to change our fair rental value amendment because it already was budget neutral for the coming biennium. The House lowered the PNA to \$75 instead of the \$100 proposed by the administration but it was still an increase from the current \$50. The House-passed budget also provided a \$110 rate add-on for dialysis treatments in a SNF. We did not know who put in this amendment, but didn't oppose it. Ms. Black-Kurek asked if the language included peritoneal dialysis. Mr. Scharfenberger commented that it wasn't budget-neutral and asked how it was scored.

Ms. Hart updated the board on Medicaid recoupments. Remits members received the week of March 6 indicated large recoupments. We asked ODM to halt the recoupments because they had not given notice, as they previously promised, plus the recoupment amounts were wrong. On March 13, Medicaid stopped most but not all of the recoupments. They provided two remits to supposedly clean up the process. The Friday before the board meeting, however, ODM said they would give everyone a new remit and release payments to make whole providers who were not, but did not give a timeframe. For a solution going forward, ODM promised a dashboard to identify overpayments but didn't give a process for disputing the amounts. We asked for more detail and recommended keeping careful records of what the overpayments should be.

FEDERAL ISSUES

Mr. Van Runkle said earlier in April, the federal district court in Texas that was considering AHCA/NCAL's challenge to CMS's minimum staffing standards for SNFs issued a ruling vacating the standards. The court found that CMS did not have statutory authority for the staffing standards because Congress already addressed the issue in statute with the 8-hour-per-day RN requirement. CMS had 60 days to appeal the decision. We believed Congress still could count the savings from repealing the minimum staffing rule for budget reconciliation so long as the appeal time had not run or there was a pending appeal.

Ms. Hart reported that CMS postponed the May 1 deadline for submitting the off-cycle SNF revalidation requests to August 1. Reporting still would be required, but what would have to be reported? CMS could change the sub-regulatory guidance, which was about additional disclosable parties, not ownership. In the case of providers who already had submitted applications and received requests for additional documentation, the postponement did not appear to apply to the 30-day response deadline. We asked CGS and AHCA/NCAL asked CMS for guidance and recommended members carefully document any requests for extensions and CGS's responses.

Ms. Jenkins discussed the budget reconciliation process in Congress. At the time of the board meeting, Congress also was on break, but before leaving passed a budget resolution with instructions for the committees on reconciliation. This resolution was not typical. Usually, there was a single version of the language. This time, the resolution had separate instructions for each chamber. The resolution gave the Senate more flexibility because they had more rules on reconciliation. It still included the \$880 billion spending reduction for House Energy and

Commerce, while the Senate only had \$1 billion. The week after the board meeting, the House would move into the committee phase. Hopefully we would see what was proposed in Energy and Commerce in the next two weeks. The goal was to get the bill to the House floor by May 19. We thought final passage would most likely be late summer, unless the debt ceiling required earlier action. Congress would have to include language raising the debt ceiling in the reconciliation bill. We expected the House and Senate bills to be different, which meant the differences would have to be worked out.

On Medicaid, apparently the House was now looking at 5.2% as the cap for provider taxes. There was some potential good news relating to the tax cuts, which were the reason for the spending cuts. The original proposal was for a 10-year extension of the tax cuts, but we heard some unofficial chatter that it might be held to 4 years. Twelve Republicans in the House filed a joint letter of concern about reductions to Medicaid, which was good, but they previously expressed opposition but ultimately voted for the budget resolution.

We were continuing to advocate at the federal level. AHCA/NCAL's Congressional Briefing was coming up June 9-10. Ms. Jenkins urged board members interested in participating to sign up soon so we could schedule visits. It looked like it would be a prime time for conversations about the reconciliation bill. Mr. Van Runkle added that we were working with AHCA/NCAL on a media campaign targeting Congressmen Rulli and Balderson that involved social media and earned media, as well as member outreach.

Ms. Hart gave a top-line report on CMS's proposed SNF payment rule. The proposed update factor was 2.8%. On VBP, CMS was allowing a reconsideration process and removing the health equity adjustment. They also proposed to change some QRP measures regarding social determinants of health. A significant change in ICD-10 mapping, which normally would not be a big deal, would result in a number of codes that would not pay. We distributed the list of return-to-provider codes widely.

Mr. Van Runkle said OMB released a request for information on deregulation. It was an opportunity to request relief on a variety of federal regulations. Responses were due May 12. Mr. Van Runkle urged board members to send us their ideas for potential inclusion in our submission. Mr. Chirumbolo said AHCA/NCAL had a huge list of suggestions.

OTHER BUSINESS

Ms. Black-Kurek asked if there was any update on the mandamus case.

The President said the next meeting would be on May 7 at convention.

The meeting was adjourned.

Attendance:

First	Last	Status	5/15	6/18	7/18	8/15	9/25	10/15	11/19	12/19	1/27	2/20	3/20	4/24
Shane	Craycraft	P-ATL	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Michael	Scharfenberger	1	Р	Р	Р	Р		Р	Р	Р	Р	Р	Р	Р
Kenn	Daily	2	Р	Р		Р		Р	Р		Р	Р		
Scott	Unverferth	3	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Eliav	Sharvit	4	Р				Р	Р			Р			
Jim	Taylor	4												Р
Jill	Herron	5	Р	Р		Р	Р	Р	Р	Р	Р	Р	Р	Р
Bill	Levering	6	Р	Р	Р	Р	Р	Р			Р	Р		Р
Ronnie	Wilheim	7	Р		Р	Р		Р				Р		
Bill	Weisberg	8		Р		Р		Р		Р		Р	Р	Р
Scott	Sprenger	IPP-9	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р		Р
Janet	Harris	10	Р		Р	Р	Р	Р		Р	Р	Р		Р
Dan	D'Amico	11	Р	Р	Р	Р		Р	Р	Р	Р	Р	Р	Р
Nicole	Sprenger	12	Р	Р		Р		Р		Р		Р		
Michael	Coury	13	Р	Р	Р			Р	Р	Р	Р		Р	Р
Robin	Hillier	14	Р	Р	Р	Р	Р	Р		Р	Р	Р	Р	
Shane	Stewart	15	Р	Р		Р	Р		Р	Р		Р		Р
Linda	Black-Kurek	ATL	Р	Р	Р	Р		Р		Р		Р	Р	Р
Chris	Chirumbolo	ATL	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Joe	Cilone	ATL	Р	Р		Р	Р	Р	Р	Р	Р	Р		Р
Chase	Kohn	ATL	Р	Р	Р	Р			Р	Р	Р	Р		Р
Diane	Liliestedt	ATL										Р		
Greg	Miller	ATL	Р	Р	Р	Р	Р	Р	Р	Р		Р		Р
Jerry	Schroer	ATL	Р	Р	Р	Р		Р	Р	Р	Р		Р	
Amy	Francis	AL	Р			Р								
Danielle	Russo	AL	Р											
Gen	Stelzer	HCH	Р	Р	Р					Р		Р	Р	
Joe	Kowalski	ID	Р	Р										
John	Renner	NP	Р		Р	Р		Р	Р	Р	Р	Р		Р
Lisa	Hamilton	2A				Р		Р				Р		
Sarah	Koch	13A	Р	Р	Р			Р	Р		Р	Р	Р	Р
Brent	Classen	ALB	Р	Р	Р	Р	Р		Р	Р	Р	Р	Р	Р
Charlotte	Kister	ALB	Р											
Matt	Pool	ALB	Р											Р
Gwynn	Ryder	ALB	Р	Р		Р			Р	Р	Р			Р
Julie	Simpkins	ALB	Р	Р										
Tim	Dotson	IDB	Р											
Gina	Kerman	IDB	Р											
Chelsea	Pozderac	IDB	Р			Р		Р				Р		Р
Becky	Sharp	IDB	Р											
Jo	Spargo	IDB												

Bill	Arfaras	НСНВ	Р	Р		Р	Р							Р
Bryan	Casey	НСНВ				Р				Р		Р		
Gina	Covelli	НСНВ												Р
Laura	Dales	НСНВ						Р						
Andrea	Henderson	НСНВ	Р					Р		Р				
Mark	Knepper	НСНВ	Р	Р				Р		Р	Р		Р	Р
Mike	McConnell	НСНВ	Р											
Kim	Tilley	НСНВ	Р	Р				Р		Р				
John	Fleischer	Gst	Р	Р		Р		Р		Р		Р		
Heidi	Freas	Gst									Р			
Brian	Hennis	Gst								Р		Р		
David	Hennis	Gst					Р	Р		Р	Р	Р	Р	Р
Beth	Jones	Gst	Р											
Denise	Leonard	Gst			Р			Р		Р		Р		Р
Aric	Martin	Gst				Р	Р	Р		Р	Р	Р		Р
Dick	Odenthal	Gst												Р
Rosemary	Orlando	Gst	Р											
David	Parker	Gst									Р		Р	
Julia	Weisberg	Gst											Р	
Josh	Anderson	Stf	Р	Р		Р		Р		Р				
Todd	Bergdoll	Stf	Р					Р	Р	Р	Р	Р	Р	Р
Kathy	Chapman	Stf			Р	Р	Р	Р		Р		Р	Р	Р
Diane	Dietz	Stf	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Erin	Hart	Stf	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Debbie	Jenkins	Stf	Р		Р	Р	Р	Р	Р	Р	Р	Р	Р	Р
Heidi	МсСоу	Stf		Р	Р	Р		Р			Р	Р	Р	Р
Mandy	Smith	Stf	Р	Р	Р	Р		Р	Р					
Jason	Umstot	Stf												Р
Peter	Van Runkle	Stf	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р	Р

Certified:		
Joe Cilone, Secretary/Treasurer	Date	