

Thank you for the opportunity to comment on 5160:1-6-07 Post-Eligibility Treatment of Income for Individuals in Medical Institutions, which intends to update the personal needs allowance (PNA) in rule by direction of item number 42 of the veto message for amended substitute house bill 96. The Ohio Health Care Association represents nearly 600 skilled nursing facilities, over 300 residential care facilities and over 150 intermediate care facilities in Ohio. OHCA has been highly supportive of the increase in PNA for our residents in both medical institutions and home and community-based settings and applauds the Administration for supporting this change.

While we take no issue with the language as proposed in 5160:1-6-07, we are concerned about the omission of the comparable revision to rule 5160:1-6-07.1 Medicaid: post-eligibility treatment of income for individuals receiving services through a home and community-based services (HCBS) waiver or the program of all-inclusive care for the elderly (PACE). We are concerned about the disadvantage that this places on the residents of assisted living, whose community spending needs are often greater than those of residents of a long-term care facility. The language of House Bill 96 intended to increase this allowance for all beneficiaries impacted by the PNA, not just those residing in medical institutions such as nursing facilities.

The personal needs allowance is currently \$50 for residents living in long-term care facilities, as directed by 5160:1-6-07, as well as residents who reside in an assisted living facility. Currently, the reference to the deduction of \$50 for the PNA for residents of assisted living is dictated by rule 5160-33-03, Eligibility for the Medicaid-funded component of the assisted living program.

(B) To be eligible for the Medicaid-funded component of the assisted living program, an individual must meet all of the following:

(5) Have the ability to make room and board payments calculated at the current supplemental security income (SSI) federal benefit level minus fifty dollars. Providers shall not charge or collect room and board payments from individuals in excess of the room and board payment calculated in accordance with this paragraph. In the event an individual does not have sufficient personal income:

However, revising this language to deduct \$75 instead of \$50 would reduce the room and board payment that the resident pays to the assisted living provider by \$25, resulting in lost income to the Assisted Living provider.

By amending 5160:1-6-07.1(K)(3) to include the additional \$25 for the personal needs allowance (PNA) in the patient liability calculation, providers would continue to receive the same level of funding, with Medicaid covering the additional \$25. This approach would create parity in how the Ohio Department of Medicaid treats medical institutions and home- and community-based providers.

Alternatively, the Department could amend 5160-33-03 and increase the Assisted Living Waiver rate for all tiers by \$0.82 per day, thereby restoring the lost income to providers.

We do not believe it was the intent of the Governor or the General Assembly to disadvantage assisted living facilities by incentivizing residents to choose long-term care over assisted living or by creating

financial burdens for lower-cost home and community-based settings that serve individuals with nursing-facility level of care needs.

We appreciate the opportunity to participate in stakeholder discussions regarding this topic. Please contact me with any questions relating to these comments.

Erin Hart
Strategy Director
Ohio Health Care Association
ehart@ohca.org