

On behalf of the Ohio Health Care Association, an advocacy organization representing Assisted Living Facilities dedicated to delivering high-quality, patient-centered care, we appreciate the opportunity to respond to the Office of Management and Budget's (OMB) Request for Information on identifying federal regulations for potential rescission. Our member facilities operate at the frontlines of healthcare delivery, providing essential services to Ohioans, particularly older adults and individuals with chronic or complex needs.

We welcome OMB's commitment to regulatory review and respectfully submit the following recommendations for the removal or revision of specific regulations that impose unnecessary administrative burdens, create inefficiencies, or hinder the ability of assisted living facilities to focus on direct patient care. These recommendations are grounded in our members' on-the-ground experience and aim to promote a more efficient, responsive, and sustainable home and community-based health care setting while maintaining the highest standards of quality and safety.

- **Medicaid Access Rule –**
  - **HCBS Payment Adequacy Provisions** 42 CFR 441.302 (k), 441.311(e), 441.464(f), 441.570(f), and 441.745(a)(1)(vi) –
    - These provisions require providers to report the percentage of Medicaid payments spent on direct care worker compensation and, for certain services, mandate that at least 80% of the payment be allocated to that purpose. This regulation represents a clear example of government overreach and is more likely to hinder access to essential services than to improve it. We request that you rescind all items listed.
  - **HCBS Payment Rate Transparency** 42 CFR 447.203 (b)(1), 447.203 (b)(2) to (4)
    - These provisions impose new reporting system requirements on Home and Community Based Services (HCBS) providers and states, resulting in significant additional costs. Many states have already developed effective methods for rate analysis, making this rule duplicative and unnecessarily burdensome. We recommend rescinding or substantially revising this requirement to allow states flexibility in leveraging their existing systems.
- **HCBS Settings Rule – Heightened Scrutiny** 42 CFR 441.301(c)(5)(v)
  - CMS has not demonstrated the capacity to conduct heightened scrutiny reviews in a timely manner, as evidenced by significant delays in processing. One of our provider members, for example, waited five years for CMS surveyor approval of their location. Community integration should be assessed based on the individual's lived experience and can be effectively evaluated at the state level. Federal involvement in this determination has resulted in prolonged delays and reduced access to critical services for individuals in need.

We appreciate the opportunity to submit feedback on behalf of our members. Should you have any questions, please do not hesitate to contact me.

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