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The Ohio Department of Medicaid  
By email only to James.Tassie@medicaid.ohio.gov

Dear Jim,

Thanks again for talking with me Thursday. While I understand that you and your colleagues feel that imposition of GPS based EVV at this time is warranted or even required by the 21st Century Cures Act, DRO, its clients, and partners, are disappointed that Ohio Medicaid is not interested in slowing down and possibly revising the current plan, which is causing a great deal of concern and confusion throughout the system.

As we have previously outlined, these concerns are based on both the provisions of the Cures Act, particularly the language requiring minimum intrusiveness, and the unique pressures currently faced by beneficiaries and direct service providers in the Ohio system. As I mentioned on the call, we have received dozens of inquiries from clients and their families, all with the same theme: they are losing their long time independent providers and may be forced to a nursing home if an agency provider cannot meet their complex needs.

Stephanie in particular stated the concern concisely (quoted with her permission):

One of the nurses that has been taking care of my daughter for 20 yrs, stated that maybe she should look for another job. When the IP's began leaving Home Care a few years ago, we lost a few really good nurses, and had to rely solely on agency nursing. Since that time, there have been no family vacations, no holidays, and it's not often my children's allotted weekly nursing hours are covered. My children are not cute little babies anymore (although I still think so) and are getting bigger and heavier, they all have complex medical problems. There are no group homes for my adult children to move into. Their only option without nursing is to be moved into an institution, probably a nursing home, where they will not thrive. I have advocated with every bone in my body for these wonderful, perfect human beings, medically, educationally, socially, but really never thought I would have to fight to keep them in their home.

It is clear that agency providers are not capable or willing to take on these clients with more complex nursing needs. We will be working with clients like Stephanie to evaluate their situation and determine if the lack of current system capacity is placing her children "at risk" of undue segregation in nursing homes.

We also will continue to monitor the privacy concerns that our clients have raised, including one person who as a victim of violent crime has significant psychological trauma and feels that keeping her whereabouts private is a necessity. You stated in our conversation that the GPS

device will not transmit data location to Medicaid except when it is "pinged". The Cures Act requires that any EVV data be managed according to the requirements of HIPAA and I trust that Ohio Medicaid will manage their data accordingly. Still, there are questions about contractors; whether and what geo-location data is stored on the cell provider's servers; who manages that data; whether it can be accessed and by who. We will be following up with you during the roll-out period to get information on those issues.

As I stressed on the call, people like Stephanie and others are the success stories that Medicaid officials and disability advocates should be celebrating. People are living in their own homes, receiving abundant "natural" support from family and their communities. Others are on Medicaid Buy-In, working, paying taxes, in college, and are contributing to our society. The targeted and limited nursing and PCA services they receive allow them to do so and, on balance, are significantly less costly to the state than if they received LTSS isolated in nursing facilities. Yet they and their providers are continually burdened with additional administrative and reporting requirements, especially in the last few years. (I know you will recall the budget hearings when elimination of the IP option was proposed -

<http://www.dispatch.com/content/stories/local/2015/03/18/disabled-plead-for-just-world.html>.) While the state has a legitimate interest in preventing Medicaid fraud, that goal should be accomplished in a way that fosters beneficiaries' basic right of provider choice and self-determination, and supports the workforce that provides these critical services. The current EVV proposal and its rollout do not meet these goals.

Again, I want to thank you and your colleagues for taking the time to speak with me on Thursday. I hope that you will reconsider your decision to implement at least the GPS portion of EVV, which is not required by the Cures Act. DRO will be following up as our clients gain experience over the first six months of the program to address specific concerns that are brought to our attention.

Very truly yours,

Michael Kirkman  
Executive Director

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