

HB 96 Interested Party Testimony
Lisa Von Lehmden, Executive Director
Ohio Council for Home Care & Hospice
Ohio Senate Finance Committee
Chairman Jerry Cirino
05/28/2025

Chairman Cirino, Vice Chair Chavez, Ranking Member Hicks-Hudson, and Members of the Ohio Senate Finance Committee, thank you for the opportunity to testify today.

My name is Lisa Von Lehmden, and I serve as the Executive Director of the Ohio Council for Home Care and Hospice (OCHCH), representing hundreds of home health and hospice providers committed to delivering care in the setting where patients overwhelmingly prefer to be—their homes.

Today, I respectfully bring forward urgent concerns shared across the home and community-based services (HCBS) sector. My testimony addresses three core issues:

1. The need for targeted nursing workforce investment in HCBS;
2. The need for Hospice Room and Board Payment Rate adjustment;
3. The critical failures of the Electronic Visit Verification (EVV) system and the immediate need to delink EVV from claims adjudication; and

Nursing Workforce Investment

Thank you for the opportunity to speak to a revised but still vital funding request. While the original House version of this proposal included a \$5 million investment over two years, we have worked with stakeholders to revise our request to \$2 million over two years – a more targeted approach that allows us to lay the foundation for long-term impact through deeper partnerships with two Ohio colleges.

Specifically, we propose collaborating directly with one college in Northern Ohio and another college in Southern Ohio, a region that continues to face rural health care access challenges and will require additional support as Ohio prepares to roll out the *MyCare* expansion in 2026.

This initiative – part of the *Center for Community-Based Care* – seeks to integrate HCBS into nursing education, providing not only clinical exposure but real-world application of what it means to serve Ohioans in their homes. These are our seniors, our neighbors with disabilities, and our medically complex patients who cannot access care through traditional, facility-based models.

We believe deep, intentional partnerships with these two colleges will create meaningful dialogue between academia and the front lines of care. By shaping curricula, embedding internship opportunities, and jointly designing mentorship models, we can prepare students not just to *graduate*, but to *thrive* in home-based care environments.

The revised \$2 million investment will support:

- Scholarships for LPNs, RNs, and BSN students – particularly those completing their junior and senior years or transitioning through LPN-to-RN bridge programs.
- Internships and externships within HCBS settings, placing students directly in homes under skilled supervision.
- Mentorship funding for agencies to support new graduates during their critical first six months of practice, focusing on clinical decision-making, patient engagement, and professional development.
- Workforce capacity building, enabling each trained nurse to case manage up to 30 patients at a time—cycling through six groups annually and impacting thousands of lives.

This effort is more than a funding request. It is a call to transform how we train and deploy nurses in Ohio. A nurse who understands home care from the start of their education is more likely to choose this pathway. And with Ohio’s aging population, Medicaid waiver expansions, and shifting care preferences, the need has never been greater.

As we prepare for the 2026 *MyCare* rollout, the demand for skilled, flexible, community-based care providers will rise dramatically. Southeast Ohio will need a robust local workforce to respond to this demand. Our initiative addresses that need head-on.

Our conversations with these institutions will go beyond simple program design. We will co-create solutions, invest in faculty understanding of HCBS, and build pathways that start in the classroom and end in meaningful employment – helping students see that home care is not a steppingstone but a career destination.

This work will not only change student trajectories, but it will also directly impact patient care. Home health is often the difference between staying safe at home and being readmitted to the hospital. It is cost-effective, person-centered, and deeply aligned with Ohioans' preferences.

By supporting this initiative, you are building the future of healthcare in Ohio – one nurse, one college, one patient at a time.

Hospice: Room and Board payment adjustment

For over 20 years, Ohio hospices have been burdened by a flawed reimbursement policy that pays only 95% of the Medicaid per diem for room and board in skilled nursing facilities (SNFs), while many hospices pay SNFs the full 100%, forcing cuts to patient care.

This underpayment discourages SNF-based hospice care despite its critical value, especially during the COVID-19 pandemic when hospice staff served as essential partners to overstretched SNF teams. The staffing shortage continues long after the pandemic, and hospice team members are a key piece to providing increased quality of care for SNF residents.

Hospice care in SNFs is highly specialized, requiring compliance with dual regulations and deep collaboration. Full reimbursement is essential to sustaining access, strengthening partnerships, and delivering high-quality, cost-effective care to Ohio's most vulnerable residents.

To address this issue we request consideration to require the Directors of the Ohio Department of Medicaid (ODM) and the Ohio Department of Aging (ODA) to adopt rules for updating provider rates for services under the Assisted Living Program, PASSPORT Program, Ohio Home Care Waiver, and state plan home health and private duty nursing services, with a 2% rate increase beginning January 1, 2026. ODM must make retainer payments equal to 100% of the unit's daily rate to assisted living providers during a resident's absence and adopt rules by January 1, 2026, to reimburse Medicaid hospice providers an additional per diem amount equal to 100% of the facility's room and board rate for eligible hospice patients. The bill also increases Medicaid Program Support funding by \$300,000 (state and federal shares) in FY 2027. Additionally, it increases Medicaid Health Care Services funding by \$18.6 million in FY 2026 and \$39.5 million in FY 2027.

1. The Cures Act does not require claims denials, but it does guarantee funding. (90% implementation, 75% operations).
2. Ohio's EVV Program was found to be in compliance with the Cures Act for both personal care and home health services.
3. Ohio's EVV Program was certified with CMS in 2019.

Claims denials were not happening during this time.

The State of EVV in Ohio

Ohio is aware of several issues that are impacting provider revenue, and which will increase should the denial phases continue. These issues are outside of the provider's control.

1. The DODD does not support Multiple provider IDs. If a provider has more than one office location and each location has a Provider ID issued by the Department of Medicaid, DODD has said they cannot accommodate this without costly certification costs on an annual basis. And even then, they've advised this would cause payment issues. ODM has known about this for five years.
2. ODM's EVV vendor, Sandata, is using a recipient identifier in a way that is causing providers significant administrative burden in the cases where the wrong Medicaid was entered. Provider's EVV systems are telling providers to discharge recipients and then readmit them to correct the issue. For those that don't know, this is not an easy task when considering compliance with Medicaid and Medicare policies. ODM has known about this issue for several years.
3. ODM's EVV policies do not align with PDN and ODA billing policies. For billing, providers can roll up multiple visits in a day on one claim line, but Sandata is configured to support one visit to one claim line. We are seeing this issue happening today, and as of June 01, 2025, there will be revenue impact. ODM has been aware of this issue for several months.
4. We have a provider today whose EVV vendor is sending data to Sandata, but the information is not being updated in Sandata, even though Sandata is telling the vendor the file upload was successful. According to our provider, Sandata told her there are several tickets open on this and it's an issue. This provider has not been paid for these services since 03/01/2025.
5. Sandata is not responsive to providers or OCHCH affiliates. The overwhelming majority of providers are saying Sandata is not responding to tickets, and ODM is aware of this. Without a responsive vendor, providers have no hope of success.
6. We have had a large volume of providers reporting they do not have correct Sandata permissions to view their accounts. This is causing a delay in troubleshooting when a claim denies.
7. Up until 05/15/2025, Sandata was not responding to claims validations correctly when providers had live-in caregiver exceptions. This gives those providers 2 weeks to prepare for Phase 3 denials if that.

EVV Across the Country

There are several states that are not denying claims due to EVV compliance. California has had their EVV Program live for several years, and as recently as two months ago, they were not planning to turn on EVV denials but instead were focusing on provider adoption.

Conclusion:

EVV denials are not required as part of the Cures Act. In fact, CMS has stated repeatedly that states have the responsibility to implement EVV according to their programmatic needs. Where OCHCH could support claims denials in the future, until ODM and their payers correct outstanding issues, we are only creating access to care issues for recipients who need us the most.

We stand ready to partner with the Ohio Senate to create a future where HCBS is strong, sustainable, and ready to care for Ohioans across all settings.

Thank you for your time and attention. I welcome your questions.

From: Sandata Customer Experience <customerexperience@sandata.com>
Date: Thursday, May 22, 2025 at 10:18 AM
To: Lisa Von Lehmden <lisa@ochch.org>
Subject: UPDATE: Sandata EVV Platform Outage



Dear Valued Provider:

We previously notified you of users experiencing log-in issues for Sandata EVV. Log-in functionality has been restored, but there are reports of poor performance, visit data sync lag, and time out issues that we continue to address. If you are experiencing this issue, please do not contact support at this time, as they do not have additional information.

We will provide you with another update as soon as we have more information available. You can also use the [Sandata status page](#) to check on the status of all Sandata systems.

We deeply value your relationship with Sandata. Please accept our sincere apologies for this inconvenience.

Sincerely,

Sandata Customer Experience
