March 30, 2020

Via E-mail: ROCHISC@cms.hhs.gov
Centers for Medicare & Medicaid Services
Chicago Regional Office
233 N. Michigan Avenue, Suite 600
Chicago, IL 60601

Re: State of Ohio 1135 Waiver Request for Long-Term Services and Supports Providers

Contact Name:	Peter Van Runkle, Executive Director, Ohio Health Care Association Kathryn L. Brod, President/CEO, LeadingAge Ohio
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Duration of Request:	Retroactive to March 1, 2020, continuing through the duration of the emergency and a reasonable post-emergency period

To Whom It May Concern:

Please accept this letter as our request for waivers of certain Medicare, Medicaid, and Children's Health Insurance Program requirements under section 1135 of the Social Security Act for long-term services and supports (LTSS) providers operating in in the State of Ohio. We are submitting this request in response to the March 13, 2020, proclamation by the President of the United States that the COVID-19 outbreak in the United States constitutes a national emergency.

The Ohio Health Care Association (OHCA) is a non-profit trade association that represents more than 1,100 skilled nursing facilities (SNFs), assisted living communities, home care and hospice providers, and providers of services to individuals with intellectual and developmental disabilities (ID/DD) in Ohio. LeadingAge Ohio (LeadingAge) is a non-profit trade association that represents approximately 400 long-term care organizations, hospices, and ancillary health care, and senior housing providers in Ohio. We are making this request on behalf of all Ohio Medicare or Medicaid-certified LTSS providers. Accompanying this Request is an Excel workbook with current

lists, in separate tabs, of all Ohio providers in each of these categories. The lists include their names, addresses, and CMS Control Numbers.

COVID-19 is beginning to run rampant in Ohio. The Ohio Department of Health (ODH) reports that as of March 29, 2020, there were 1,653 confirmed cases of COVID-19 in Ohio and 29 deaths from the disease. Community transmission of COVID-19 is occurring, and 403 patients have been hospitalized. These numbers are expected to skyrocket in the coming days. LTSS providers across the state are encountering positive cases among the people they serve and their employees, although ODH does not report statistics for LTSS.

Governor DeWine and Ohio Health Director Dr. Amy Acton have issued executive orders declaring a state of emergency and requiring actions to prevent or to minimize the spread of the disease. These orders include, among others, a broad "stay-at-home" order and, specific to LTSS, an order severely restricting visitation to facility-based settings, among others. Based on projections by the Centers for Disease Control and Prevention (CDC), we anticipate the number of cases to increase geometrically and possibly overwhelm Ohio's health care system in the near future.

The health care delivery system in Ohio is already experiencing severe stress as a result of the COVID-19 outbreak, including in the areas of staffing, supplies, space, and equipment. We know CMS is already acutely aware of the heightened risks for LTSS providers in responding to the COVID-19 pandemic. Seniors and individuals with pre-existing conditions or disabilities receiving LTSS are at the highest risk for infection and complications from COVID-19, including death. LTSS providers also anticipate an influx of recovering COVID-19 patients and other individuals needing post-acute care discharged from hospitals to make beds available for more seriously ill patients, as well as individuals whose caregivers become ill and need an alternative to receive services.

LTSS providers anticipate they will be just as stressed as Ohio hospitals in responding to COVID-19. We are working with our state and local governments to identify best practices for response to the pandemic. For example, we are discussing designating certain facilities to accept COVID-19 residents for quarantine in order to limit the spread, re-opening recently closed centers to make more beds available, and allowing additional categories of individuals to provide certain types of non-skilled services to supplement workforce. We also are working with state and local officials to plan for similar measures in the ID/DD service delivery system.

To play their critical part in responding to the state of emergency in Ohio, it is essential that LTSS providers have the support and flexibility to provide direct care in a timely, efficient, and proper manner, to secure adequate staffing, to attempt to limit the spread of the COVID-19 disease that threatens the lives of the people they serve, and to accept patients from hospitals under appropriate circumstances so hospital beds are available for those suffering acutely from COVID-19. For all of those reasons, we respectfully request the following waivers.

Standard Section 1135 Waiver Flexibility. First, we are requesting the following "standard" temporary flexibilities available to CMS under section 1135 of the Act, which have been granted

by CMS to various states already in response to COVID-19 and recognized by CMS in its March 1135 Medicaid & CHIP Checklist.

1. **Medicaid Authorizations**.

   - Suspend Medicaid fee-for-service prior authorization requirements. Section 1135(b)(1)(C) allows for a waiver or modification of pre-approval requirements if prior authorization processes are outlined in detail in the State Plan for particular benefits.
   - Require fee-for-service providers to extend pre-existing authorizations through which a beneficiary has previously received prior authorization through the termination of the emergency declaration.

2. **Long Term Services and Supports**.

   - Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II Assessments for 30 days.
   - Extend minimum data set authorizations for nursing facility and SNF residents.
   - Modify deadlines for OASIS and Minimum Data Set (MDS) assessments and transmission. This would include extension of the 5-day completion requirement for the OASIS comprehensive assessment and waiver of the 30-day OASIS submission requirement.
   - Suspend 2-week aide supervision requirement by a registered nurse for home health agencies.
   - Suspend supervision of hospice aides by a registered nurse every 14 days' requirement for hospice agencies.

Other Section 1135 Waiver Flexibilities. In addition, we are requesting the following flexibilities to ensure that sufficient health care items and services are available to meet the needs of Ohio's LTSS population and to ensure that Ohio's LTSS providers who furnish such items and services in good faith, but are unable to comply with one or more existing requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse.

<u>Skilled Nursing Facilities</u>

1. **Admission, Transfer, & Discharge**. In order to limit the spread of COVID-19, Ohio's SNFs anticipate working collectively to place COVID-19 residents in specially designated facilities equipped with the staffing, supplies, and other resources necessary for their increased care needs. In addition, our facilities anticipate needing to send residents quickly to hospitals, to other facilities, and to other locations in their buildings, to attempt to prevent other residents from contracting the illness. SNFs will need to implement quick discharges and transfers to respond to the threat of COVID-19, sometimes in a matter of hours as opposed to days. Staff members who already are stretched thin will not have time to complete lengthy paperwork

in the event of discharges, and that paperwork should not be necessary when an individual is continuing to receive needed care, albeit at a different location.

Thus, we are requesting the following relief:

- Waive requirements in 42 C.F.R §483.15(c)(3)-(6) and 42 C.F.R §483.15(c)(9) for transfer and discharge, including notice to residents and designees, notice to ombudsman programs, timing of notices, and room change requirements, when moving residents is necessary for reasons related to COVID-19 response (*e.g.*, move to another facility for quarantine, separate the resident from a symptomatic resident, move to a hospital for COVID-19 treatment, etc.).
- Waive requirements in 42 C.F.R §483.15(d) relating to bed hold notices and enforcement in the event of emergency transfers related to COVID-19 response.
- Waive requirements in 42 C.F.R. §483.15(e) for readmission to the facility when readmission is not possible for reasons related to COVID-19 response (*e.g.*, the resident must be admitted to a different facility for quarantine).
- Waive requirements in 42 C.F.R. §483.21(c) for discharge planning, discharge summaries, and discharge plans of care when a resident is moved to another facility for a reason related to COVID-19 response.
- Waive requirements in 42 C.F.R. §483.20(b) for completing a new comprehensive assessment contained when a resident is moved to another nursing facility for a reason related to COVID-19 response.
- Waive requirements in 42 C.F.R. §483.10(e)(6)-(7) allowing for residents to receive written notice before their room or roommate is changed and to refuse to transfer rooms when room changes are needed to respond to COVID-19.

2. **Training & Qualifications**. Ohio anticipates a significant staffing shortage, particularly of nurse aides, during this crisis. In order to respond to that shortage, our facilities will need flexibility to allow non-clinical staff to provide certain basic nurse aide functions. Current requirements delay securing additional staff by requiring individuals first to undergo a specific state training process and evaluation. However, we believe non-trained individuals could be of immediate assistance to our facilities in a staffing crisis and could instead receive informal, on-the-job training, to perform those tasks that do not require significant clinical experience.

   Similarly, nurse aides and other staff are required to perform certain in-service education and re-training under current regulations. Such training and evaluation should not be necessary during this emergency period when training opportunities are scarce and time for direct care is more valuable. Facility staff should be focused solely on providing patient care, and not on obtaining additional education, performing evaluations, etc.

   Thus, we are requesting the following relief:

   - Waive requirements in 42 C.F.R. §483.35(c)-(d), 42 C.F.R. §483.152, and 42 C.F.R. §483.154 relating to nurse aide competency and training, so that nursing facilities quickly

can secure additional staff to respond to staffing shortages during the emergency period, including:

- Extend the period during which individuals may work as nurse aides beyond the four (4) months currently permitted (as CMS already did in response to a similar waiver requested by the Missouri Hospital Association);
- Allow nurse aide students who have completed the nurse aide training program, but have not yet completed the test due to closure of testing sites, to function as nurse aides;
- Allow nursing students who have completed at least one semester of classroom training to be allowed to function as a nurse aide; and
- Permit all training requirements for nurse aides to be delivered online to avoid unnecessary contact during in-person trainings.

- Waive requirements in 42 C.F.R. §483.95(g) relating to nurse aide evaluations to save administrative time that can be more appropriately directed to patient care during the emergency period.
- Waive requirements in 42 C.F.R. §483.95(g) relating to mandatory staff training so time can be more appropriately directed to patient care during the emergency period.
- Waive requirements in 42 C.F.R. §483.60(h) and 42 C.F.R. §483.95(h) for training of feeding assistants so SNFs can allow non-trained feeding assistants to assist residents with meals and dining, with oversight and help from nursing staff in the event of an emergency.
- Waive requirements in 42 C.F.R. §483.60(a)(2)(i) for a certified dietary manager to allow SNFs to employ non-certified personnel to manage dietary services as needed during the emergency period.
- Waive requirements to allow nurse aides, home health aides, and personal care assistants to work across all long-term care setting, including SNFs and home health agencies (42 C.F.R. §§483.35 and 482.23).
- Waive requirements at 42 C.F.R. §483.152 to allow all sites to function as clinical training sites for nurse aides and to allow a registered nurse to provide the clinical training without having completed a train-the-trainer course.

3. **Care Plans**. SNF staff members will be stretched dangerously thin because of staffing shortages and additional staff time needed to respond to the COVID-19 crisis. They may not have the time and resources needed to meet strict current requirements for care plan implementation. In addition, due to visitation restrictions, SNFs may have difficulty obtaining family member input in care plans.

   Thus, we are requesting the following relief:

- Waive requirements in 42 C.F.R. §483.21(a) to complete a baseline care plan within 48 hours and waive baseline care plan requirement in its entirety when a resident is moved to another SNF for a reason related to COVID-19 response.
- Waive requirements in 42 C.F.R. §483.21(b) relating to comprehensive plan of care timing, meetings, and care plan reviews.

4. **Staffing Requirements**. SNFs in Ohio will face an even more dire staffing situation as the COVID-19 surge approaches. Situations may arise when our facilities simply cannot secure the staff members they wish to have available because nurses are quarantined or similar crises, so they may have to be resourceful in how they manage their buildings. In addition, certain administrative functions may need to be curtailed so that staff will have the time and resources necessary to recruit additional staff and to provide patient care.

   Thus, we are requesting the following relief:

   - Waive requirements in 42 C.F.R. §483.35(a) relating to sufficient staffing in recognition of anticipated staffing shortages during the emergency period.
   - Waive requirements in 42 C.F.R. §483.35(b) for an RN to be present 8 hours a day, 7 days a week and for an RN to serve as DON.
   - Waive requirements in 42 C.F.R. §483.35(g) that staff numbers be posted at the start of each shift and waive the requirement to retain this data during the same timeframe.
   - Waive requirements in 42 C.F.R. §483.70(q) to submit staffing data through the Payroll-Based Journal system (as CMS already did in response to a similar waiver requested by the Missouri Hospital Association).

5. **Clinical**. SNFs may need flexibility with respect to clinical requirements of participation as physicians and other specialty providers become unavailable. In addition, flexibility may be beneficial in order to limit the exposure of residents to ancillary providers traveling from other facilities.

   Thus, we are requesting the following relief:

   - Waive requirements in 42 C.F.R. §483.30(b)-(c) for physician visits and frequency so that physicians can supervise care remotely and avoid exposing residents to COVID-19.
   - Waive requirements in 42 C.F.R. §483.45(c) for monthly drug regimen review or allow them to be done off-site.
   - Waive requirements in 42 C.F.R. §483.50 and 42 C.F.R. §483.55 as they relate to routine or non-essential procedures, including labs, dental services, optometry, and podiatry, to avoid exposing residents to COVID-19.
   - Allow physical therapy, speech-language pathology, and occupational therapy services required by 42 C.F.R. §483.65(a) to be provided using 1135 waiver technology and allow telehealth minutes to be reported as “individual minutes” on the Minimum Data Set (MDS) items O0400 and O0425.

- Waive the practitioner limits in 42 C.F.R. §410.78(b)(2) to allow physical therapists, occupational therapists, and speech-language pathologists to serve as telehealth distant site "practitioners."
- Waive requirements in 42 C.F.R. §483.75(g)(2) for required QAA meetings and QAPI program activity, except for those addressing infection prevention and control and COVID-19 mitigation efforts, during the emergency period.

6. **Unlicensed Setting & Physical Environment**. As CMS recognized with its waiver of the 3-day stay requirements for individuals displaced by COVID-19, SNFs are likely to receive significant numbers of hospital discharges as individuals are moved to make hospital beds available for more critically ill individuals. Just as hospitals are finding alternate locations to increase bed capacity, it may be necessary during surge periods to provide SNF services at other locations. Similarly, SNFs may wish to provide services at alternate locations designated as quarantine centers, or even just at alternate rooms within a facility, in order to decrease the risk of spread of COVID-19.

   To accommodate these needs, we are requesting the following relief:

   - Waive requirements in 42 C.F.R. §483.70(a) that a SNF be licensed under state and local law so that alternative locations can be used as a temporary facility. The waiver also would allow SNFs to exceed their licensed bed capacity and allow skilled nursing services to be provided in unlicensed settings as permitted by the State of Ohio, such as licensed residential care facilities and recently closed nursing facilities.
   - Waive requirements in 42 C.F.R. §483.90 relating to the physical environment for SNFs, including space, equipment, and resident rooms, to allow for unlicensed settings that have been approved by the State of Ohio to serve as temporary facilities and to allow SNFs to separate individuals with COVID-19 within their building (as CMS already did in response to a similar waiver requested by the Missouri Hospital Association).

7. **Resident Groups**. In-person gatherings of residents and groups places them at increased risk of exposure to COVID-19. To comply with CDC recommendations for social distancing and to protect their residents, SNFs must avoid these gatherings.

   Thus, we are requesting the following relief:

   - Waive requirements in 42 C.F.R. §483.10(f)(5) providing residents the right to participate in-person in resident groups and activities (as CMS already did in response to a similar waiver requested by the Missouri Hospital Association).
   - Waive requirements in 42 C.F.R. §483.24(c) relating to resident activities in recognition of the suspension of in-person group activities in accordance with CDC guidance.

8. **Fire & Life Safety**. **This request applies to both SNFs and ICFs/IID.** The current environment to limit the transmission of COVID-19 may restrict facilities' ability to comply with the life safety and health care facility code requirements in the LSC, HCFC, and referenced codes and standards. Providers need waivers due to the widespread nature of this compliance issue and the need for consistent guidance. We anticipate that facilities, when possible, will perform

Alternative Life Safety Measures (ALSM), with the focus being on measures that are readily achievable by facility personnel without the assistance of vendors (*e.g.*, fire door checks, ensuring egress paths are clear, housekeeping, and surveillance of building grounds).

Thus, we are requesting the following relief:

- Provide temporary relief from the following Life Safety Code® requirements involving specific quantities:
    - Soiled linen and trash receptacles [LSC 19.7.5.7.1] – temporary increase for the capacity open to the corridor from a maximum of 32 gallons to 96 gallons due to the tremendous increase in biohazard items for disposal.
    - Alcohol-based hand-rubs (ABHRs) [LSC 19.3.2.6(5) and/or (7)] – allow higher aggregate quantities to be stored in a smoke compartment from a maximum of 10 gallons to 30 gallons. In addition, increase the capacity of individual containers from a maximum of 1.2 liters to 3 liters.
- Delay or extend the compliance for requirements requiring inspection, testing and maintenance (ITM) by outside vendors as they may not be permitted in facilities during this crisis, including:
    - Fire Alarm ITM [NFPA 72] – permit a 60-day hiatus on fire alarm system ITM.
    - Water-Based Fire Suppression ITM [9.7.5, 9.7.7, 9.7.8, and NFPA 25] – permit a 60-day hiatus on automatic sprinkler, standpipe and hose, fire hydrant, and fire pump ITM.
    - Permit a 60-day hiatus for ITM of kitchen fire suppression systems, fire doors, fire and smoke dampers, portable fire extinguishers, emergency/standby generators, and elevators.
- In recognition of the additional burden and workload for facilities, and of delays in surveys and the performance of other administrative duties and responsibilities by authorities, permit the following extensions:
    - A 90-day extension on all expiring NFPA 101A Fire Safety Evaluation System (FSES) based waivers. FSES worksheets are typically handled by outside consultants such as licensed architects or professional engineers.
    - A 120-day extension on all active Time Limited Waivers that will be expiring in the near term.

<u>Home health agencies</u>

1. **Training & Qualifications.** As with SNFs, home health agencies (HHAs) face extreme staffing challenges because of COVID-19 and need greater flexibility to secure the workforce needed to continue delivering care.

Accordingly, we request waiver of 42 C.F.R. §484.80, which requires all home health aides used by HHAs to complete training and competency evaluation programs, to assist in potential staffing shortages seen with the COVID-19 pandemic.

2. **Telehealth.** In-person visits to patients in their homes increase the risk of transmitting COVID-19. To protect patients and caregivers, personal contact should be minimized and alternative means of communication should be utilized whenever possible. We request waivers that would allow HHAs to utilize telehealth to comply with regulatory requirements and to avoid unnecessary potential exposure to COVID-19.

    - Waive 42 C.F.R. §484.55(a) to allow HHAs to perform initial assessments and to determine patients' homebound status remotely or by record review.

    - Permit HHAs to conduct a face-to-face encounter, which must occur within 90 days before the start of care or 30 days after the start of care, by telephone or through telehealth modalities and extend the timeframes for compliance (42 C.F.R. §424.22(a)(1)(v)).

    - Permit HHAs to perform certifications and initial assessments and to determine patients' homebound status remotely via telephone or through telehealth modalities (42 C.F.R. §484.55).

3. **Administrative Requirements.** During the public health emergency, the State and HHAs should focus on ensuring care is delivered in a safe and efficient manner that reduces the spread of COVID-19 instead of on burdensome administrative requirements that take attention away from providing care.

    In this regard, we request a waiver extending the January 1, 2021, deadline for Ohio to implement an Electronic Visit Verification (EVV) system under the 21st Century Cures Act by the length of the public health emergency.

<u>Hospice programs</u>

1. **Training & Qualifications.** As with SNFs and HHAs, hospices also face extreme staffing challenges because of COVID-19 and need greater flexibility to secure the necessary workforce to continue delivering care. Accordingly, we request the following waivers:

    - Waive requirements at 42 C.F.R. §418.76 that all hospice aides used by hospices must complete training and competency evaluation programs, to assist in potential staffing shortages seen with the COVID-19 pandemic.

    - Waive requirements at 42 C.F.R. §418.76(c)(1) to allow hospices to utilize pseudo-patients in competency testing of hospice aides and to allow individuals who are competency tested only in the areas/tasks for which they will be assigned to function as hospice aides.

2. **Telehealth & Service Flexibilities.** In-person visits to patients in their homes increase the risk of transmitting COVID-19. To protect patients and caregivers, personal contact should be minimized and alternative means of communication should be utilized whenever possible. We request waivers that would allow hospices to utilize telehealth to comply with regulatory requirements and to refrain from delivering certain non-core services, thereby avoiding unnecessary potential exposure to COVID-19.

    - Waive face-to-face visit requirements by hospice physicians and nurse practitioners in favor of permitted telephone and telehealth modalities (42 C.F.R. §418.22(a)(4)).

    - Waive requirements to encourage all included hospice services be provided by telephone and telehealth modalities, including bereavement counseling, social work, spiritual services, dietary services, and other counseling.

    - Waive requirements at 42 C.F.R. §418.64 to allow contracting for core services to help with staffing shortages.

    - Waive requirement for hospices to use volunteers, including at least 5% of patient care hours. We anticipate hospice volunteer availability and use will be reduced related to COVID-19 surge and associated quarantine (42 C.F.R. §418.78(e)).

    - Waive requirement for hospices to provide certain non-core hospice services during the national emergency, including the requirements at 42 C.F.R. §418.72 for physical therapy, occupational therapy, and speech-language pathology.

    - Waive requirements to allow verbal approval of the Statement of Election or Revocation of Hospice by the family if they are not present and the patient is unable to sign.

3. **Administrative Requirements.** During the public health emergency, hospices should focus on ensuring care is delivered in a safe and efficient manner that reduces the spread of COVID-19 instead of on burdensome administrative requirements that take attention away from the core mission. We request the following waivers to accomplish this result:

    - Extend the five-day timeframe for hospice providers to submit Notices of Election and Notices of Termination/Revocation (42 C.F.R. §418.24).

    - Waive requirements (42 C.F.R. §418.54) related to updating comprehensive assessments. This waiver would apply to the timeframes for updates to the comprehensive assessment (42 C.F.R. §418.54(d)) and also would extend the timeframes for updating the assessment from 15 to 21 days.

Intermediate Care Facilities for Individuals with Intellectual Disabilities

1. **Meetings, Outings, and Visits.** CDC guidelines and ODH directives require social distancing and avoiding all non-essential contacts to reduce the spread of the virus. We request waivers of certain ICF/IID requirements that would increase exposure risk.

    - Waive 42 C.F.R. §483.420(a)(9) and (11) relating to meetings and participation in community activities. During the COVID-19 emergency, government officials have restricted or prohibited visitation. Participation in these activities may need to be virtual to ensure the health and safety of the ICF-IID residents.

    - Waive 42 C.F.R. §483.420(c)(3)-(5) relating to visits and leaves of absence. During the emergency, visits and leaves of absence are restricted, and if family chooses to take their loved one from the facility, they will be asked to keep the loved one for the entirety of the state of emergency to ensure the health and safety of the remaining residents of the facility.

    - Waive 42 C.F.R. §483.460(a)(3) to allow postponing all non-emergent examinations and screenings during the COVID-19 emergency.

2. **Staffing Requirements**. As is the case with other health care providers, ICFs are facing serious challenges in finding sufficient staff because of quarantines, child care issues, call-offs, and other factors. The emergency makes it difficult or impossible to secure staff in sufficient numbers, particularly if the ICF must expand capacity to accept people whose caregivers are ill. Providers need flexibility to continue operating to the best of their ability and delivering needed services.

    We request waiver of 42 C.F.R. §483.430(d)(3) so that during the COVID-19 emergency, minimum staffing ratios do not apply.

3. **Active Treatment and Individual Program Plans.** During the COVID-19 emergency, health care providers must focus their attention on ensuring basic health and safety, protecting against infection, and accommodating the needs of people who are displaced by the effects of the virus. Providers need flexibility in meeting other requirements in the emergency period. To accomplish this result, we request the following waivers:

    - Waive 42 C.F.R. §483.430(b) to allow active treatment programs to be modified or prioritized during the emergency based on health and safety needs of the resident.

    - Waive 42 C.F.R. §483.440(a) to allow, during the emergency, active treatment to be provided less than continuously.

    - Waive 42 C.F.R. §483.440(c), relating to the individual program plan (IPP), to extend the full-scale IPP requirement for new admissions to 30 days after the end of the emergency, provided the ICF creates a plan for each person to ensure health and safety.

- Waive §483.440(f)(1)-(4) to allow postponing review of the IPP until 30 days after the end of the COVID-19 emergency and to require review of a behavior modification plan during the emergency only if there is a risk to the health and safety of the resident, other residents, or staff.

- Waive §483.480(c)(1)(i) to allow revising menus or making substitutions based on availability of ingredients during the COVID-19 emergency.

4. **Emergency Placements.** In the current emergency, ICFs may be called upon to shelter temporarily people whose community caregivers are ill or whose residential settings are closed or unable to accommodate them. To facilitate emergency placements, we request the following flexibilities:

    - Waive 42C.F.R. §483.470(a)(1) relative to placement standards to accommodate emergency placements.

    - Waive 42 C.F.R. §483.470(b)(4) to allow, during the emergency, use of cots if beds are unavailable and necessary to accommodate emergency placements.

Conclusion. This is an unprecedented situation for Ohio's LTSS providers, and we believe that unprecedented actions are needed so they can respond to this crisis. The measures outlined in this request are necessary for Ohio's LTSS providers to protect the people they serve, keep their workforce safe and available, and free up additional resources to operate in these extraordinary times.

If you have any questions regarding any of the information contained in this request, please feel free to contact either of us. Thank you for your consideration.

Sincerely,

Peter Van Runkle, OHCA

Kathryn Lasley Brod, LeadingAge Ohio

cc: Dr. Amy Acton, Director of Health, Ohio Department of Health
The Honorable Mike DeWine, Governor of Ohio
Maureen Corcoran, State Medicaid Director
Jeff Davis, Director of Developmental Disabilities
Ursel McElroy, Director of Aging