



May 9, 2025

Russell T. Vought  
Director, Office of Management and Budget  
Attn: Office of Information and Regulatory Affairs  
1725 17<sup>th</sup> Street, NW  
Washington, DC 20503

**RE: Response to Request for Information: Deregulation ([Federal Register Docket No. 2025-06316](#))**

Dear Mr. Vought,

On behalf of the Home Care Association of America (HCAOA), I appreciate the opportunity to provide comments in response to the Office of Management and Budget's (OMB) Request for Information on Opportunities for Deregulatory Actions (Federal Register Docket No. 2025-06316). As the nation's leading trade association representing home care agencies, HCAOA strongly supports efforts to reduce regulatory barriers that inhibit access to essential home- and community-based services.

One specific area in need of reform is the **unnecessary linkage between Medicare certification and Medicaid reimbursement for Private Duty Nursing (PDN)** in several states. HCAOA urges the administration to review and work with the Centers for Medicare & Medicaid Services (CMS) to eliminate or clarify this requirement, which serves no clinical or fiscal purpose and creates a significant barrier to care.

**The Problem: Medicare Certification as a Gatekeeper for Medicaid PDN Services**

In 17 states<sup>1</sup> and the District of Columbia, providers seeking to deliver Medicaid-funded PDN services, often for medically fragile children or adults with complex chronic conditions, are required to obtain and maintain Medicare certification, even though PDN is not a covered Medicare benefit in these populations. This requirement appears to be a vestige of outdated administrative processes and does not reflect the reality of the patients being served or the payers funding their care.

This creates multiple layers of unnecessary and duplicative regulation:

- Medicare Conditions of Participation do not align with Medicaid PDN requirements, leading to compliance confusion and administrative inefficiency.
- Providers must maintain costly and burdensome Medicare accreditation and survey readiness procedures, even though they do not serve Medicare beneficiaries.
- New or specialized agencies, including those focused exclusively on pediatrics, are often barred from entry into the PDN market unless they pursue Medicare certification, which

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<sup>1</sup> Alaska, Arizona, California, Colorado, Florida, Indiana, Kansas, Massachusetts, Nebraska, Nevada, New Hampshire, Ohio, Oregon, Pennsylvania, Tennessee, Utah, and Wisconsin



involves significant startup time, costs, and regulatory complexity unrelated to their Medicaid-focused mission.

## **Why This Requirement Deserves Deregulation**

### *1. Misalignment of Programs and Populations*

PDN services under Medicaid are primarily used by individuals who are ineligible for Medicare, including children with tracheostomies, ventilator dependence, or seizure disorders. Requiring providers to obtain Medicare certification for a population that does not access Medicare is a policy mismatch that serves no beneficiary-centered purpose.

### *2. Barrier to Access in Underserved Communities*

States like New York face chronic nursing shortages in PDN, with large waitlists for families seeking home-based skilled care. By requiring Medicare certification, these states limit the number of agencies able to enter or expand in this space, exacerbating provider scarcity and driving inequitable access to care.

### *3. Administrative Waste and Redundancy*

Providers are forced to comply with duplicative regulatory regimes that do not apply to their actual services. This includes participation in Medicare survey processes, documentation and billing requirements, and costly ongoing compliance with Medicare Conditions of Participation, none of which are relevant to the Medicaid-funded PDN services being delivered.

### *4. No Statutory or Regulatory Necessity*

There is no federal statute mandating that providers must be Medicare-certified in order to deliver Medicaid PDN services. This appears to be a state-level administrative interpretation, possibly stemming from CMS guidance related to home health agencies, that is being misapplied to PDN, which is a separate and distinct Medicaid benefit.

## **A Deregulatory Recommendation**

HCAOA recommends that the Office of Management and Budget, in coordination with CMS, issue clarifying guidance to states that Medicare certification should not be required as a condition of Medicaid participation for PDN services. States should be encouraged to adopt more flexible Medicaid enrollment pathways for providers focused exclusively on Medicaid PDN populations.

This action would:

- Expand the provider pool for medically complex children and adults;
- Reduce unnecessary administrative burdens on agencies;
- Lower costs related to compliance and accreditation;
- Improve access to skilled home care in underserved and rural areas.



## Conclusion

Requiring Medicare certification for agencies delivering Medicaid-only PDN services is an outdated and illogical policy that limits access to care, suppresses market entry, and increases administrative costs for providers with no added benefit to Medicaid programs or beneficiaries. This type of regulatory misalignment is precisely the kind of barrier that deserves reconsideration and elimination under the administration's deregulatory framework.

HCAOA appreciates the opportunity to raise this issue and stands ready to provide further data, examples, or collaboration in pursuit of a more effective and flexible Medicaid home care system.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Lee".

Jason Lee  
CEO  
Home Care Association of America