

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF  
MEDICAID**

DATE: July 1, 2024

TIME: 11:00 a.m.

Teleconference Phone Number: 614-721-2972

Teleconference Pin: 992300918#

Link to Microsoft Teams Meeting for Hearing: [Join the meeting now.](#)

In-Person Location: 50 W Town St Ste 400, Columbus, OH 43215, Room A501

Pursuant to Chapter 119. and section 5166.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the amendment of the rules identified below and a public hearing thereon.

**Rule 5160-41-18**, entitled *Individual options waiver-payment standards*. This rule sets forth the payment standards for HCBS waiver services provided under the Individual Options (IO) waiver program, as administered by DODD. This rule is proposed for amendment to include an exemption for waiver payment for an individual in an acute hospital setting if otherwise permitted in program rules. This amendment results from the rule's five-year review date (FYR).

**Rule 5160-41-19**, entitled *Level one waiver-payment standards*. This rule sets forth the payment standards for HCBS waiver services provided under the Level One (L1) waiver program, as administered by DODD. This rule is proposed for amendment to include an exemption for waiver payment for an individual in an acute hospital setting if otherwise permitted in program rules. This amendment results from the rule's five-year review date (FYR).

**Rule 5160-41-20**, entitled *Self-empowered life funding waiver-payment standards as administered by the department of developmental disabilities*. This rule sets forth the payment standards for HCBS waiver services provided under the Self-empowered life funding (SELF) waiver program, as administered by DODD. This rule is proposed for amendment to include an exemption for waiver payment for an individual in an acute hospital setting if otherwise permitted in program rules. This amendment results from the rule's five-year review date (FYR).

ODM will hold the public hearing for this rule package via teleconference and in-person. The date and time for the public hearing are listed at the top of this Notice as well as the phone number, PIN (access code), and link for teleconference attendance, and location for in-person attendance.

All interested parties are invited to participate in the public hearing. Both oral and written testimony will be accepted for this hearing and will be given the same consideration. Persons who want to give oral testimony are asked to send a message by e-mail to [Rules@medicaid.ohio.gov](mailto:Rules@medicaid.ohio.gov) no later than one hour before the hearing to be added to the witness list. Those attending in person can be added to the witness list at the hearing. There will be a final call at the end of the hearing for persons who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted in-person, by e-mail, postal mail, or fax that are received or postmarked no later than the day of the hearing will be accepted as testimony and will become part of the hearing record. All testimony will become public record; therefore, ODM asks that protected health information (PHI) be excluded unless the information belongs to the person submitting the testimony or to a person for which the submitter is a legal guardian. Written testimony sent by e-mail is highly recommended. All persons who submit testimony by e-mail will be sent a confirmation of receipt.

A copy of the proposed rules are available, without charge, to any person at the address listed below. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. Requests for a copy of the proposed rules or comments on the rules should be submitted by mail to the Ohio Department of Medicaid, Office of Legal Counsel, 50 W. Town Street, Suite 400, Columbus, Ohio 43215-3414, by fax at (614) 995-1301, or by e-mail at [Rules@Medicaid.Ohio.gov](mailto:Rules@Medicaid.Ohio.gov).

ODM is committed to providing access and inclusion and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (large print, audio, accessible electronic formats, other formats), or a reasonable accommodation due to a disability, please contact ODM's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, Fax 1-614-644-1434, or Email: [ODM\\_EEO\\_EmployeeRelations@medicaid.ohio.gov](mailto:ODM_EEO_EmployeeRelations@medicaid.ohio.gov). Requests should be made at least three (3) business days prior to the scheduled hearing. If you believe ODM has failed to provide these services or discriminated in another way, you can file a grievance with ODM's Civil Rights Coordinator and/or file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Further information on these processes and ODM's compliance with civil rights and other applicable laws can be found here: [Notice of Nondiscrimination](#).