

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: May 27, 2025

TIME: 11:00am

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 483433093#

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

In-Person Location: 50 West Town Street, Suite 400, Columbus, OH 43215, Room A501

Pursuant to Chapter 119. and section 5164.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, and rescission of the rules identified below and of a public hearing thereon.

Rule 5160-31-02, "Pre-admission screening system providing option and resources today (PASSPORT) HCBS waiver program definitions" sets forth the definitions used in Chapter 5160-31, "Medicaid Home and Community Based Services Waiver Portion of the PASSPORT Program". Per the LSC guidelines, the rule is filed as rescind/new as more than fifty percent of the rule is to be amended with the addition and rescission of text. The rescinded rule will be replaced with a new rule of the same title and number. The rule is proposed for amendment due to the following:

- Remove definitions that are no longer used in Chapter 5160-31.
- Update definitions to align with other OAC definitions.
- Modify language and reformat requirements for clarification and grammatical errors.
- Statutory citation updates.
- Rule due for five-year rule review.

Rule 5160-31-03, "Eligibility for enrollment in the PASSPORT HCBS waiver program" sets forth the eligibility requirements for enrollment in the PASSPORT program. Per the LSC guidelines, the rule is filed as rescind/new as more than fifty percent of the rule is being amended with the addition and rescission of text. The following changes are proposed.

- Rename rule title to "PASSPORT HCBS waiver program: eligibility and enrollment".
- Incorporate enrollment process language from Rule 5160-31-04, "Enrollment process for PASSPORT HCBS waiver program". Rule 5160-31-04 is proposed for rescission.
- Update eligibility criteria in paragraph (B)(7)(b).
- Remove restrictive language.
- Modify language and reformat requirements for clarification and removal of grammatical errors.
- Statutory citation updates.

Rule 5160-31-04, "Enrollment process for PASSPORT HCBS waiver program" sets forth the process to enroll in the PASSPORT program. The rule is proposed for rescission due to the following:

- ~~Enrollment process language is proposed to be incorporated into Rule 5160-31-03.~~

“Eligibility for enrollment in the PASSPORT HCBS waiver program”.

Rule 5160-31-06, “Provider conditions of participation for the PASSPORT HCBS waiver program” sets forth conditions under which providers are able to participate in the PASSPORT HCBS waiver program. The rule is proposed for rescission due to the following:

- Paragraph (B) language is found in Rule 5160-31-05, “PASSPORT HCBS waiver program covered services”.
- Paragraph (C) language is found in Rule 5160-44-02, “Nursing facility-based level of care home and community-based services program: person-centered planning”.
- Paragraph (D) language is no longer allowed with the expiration of the Appendix K authorities.

Rule 5160-46-02, “Ohio home care waiver program: eligibility and enrollment” sets forth the eligibility and enrollment requirements in the Ohio home care waiver program. Per the LSC guidelines, the rule is filed as rescind/new as more than fifty percent of the rule is being amended with the addition and rescission of text. The rule will be replaced with a new rule of the same title and number. The following changes are proposed:

- Update eligibility criteria in paragraph (A)(6)(b).
- Update disenrollment language for individuals turning sixty years of age.
- Addition of waiver cost limit criteria to align with the approved Ohio Home Care 1915(c) waiver application.
- Remove restrictive language.
- Modify language and reformat requirements for clarification and removal of grammatical errors.
- Statutory citation updates.

ODM will hold the public hearing for this rule package via teleconference and in-person. ODM will not require masks for individuals attending in person. However, visitors are welcome to wear masks if that is their preference. 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 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 is 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.

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, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, 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. 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 or Section 1557 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](#).