**PUBLIC HEARING NOTICE**
**OHIO DEPARTMENT OF MEDICAID**

DATE: Monday, November 17, 2025

TIME: 10:30AM

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

Teleconference Pin: 591777391#

Link to Microsoft Teams Meeting for Hearing: **Join the meeting now**

In-Person Location: 50 West Town Street, Room A501, Columbus, Ohio 43215

Pursuant to Chapter 119. and section 5167.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, or rescission of the rules identified below and of a public hearing thereon.

**OAC Rule 5160-58-01, entitled "MyCare Ohio plans: definitions."** This rule is being rescinded and made new due to the amount of the rule's content being amended. The rule provides definitions used in the MyCare Ohio program for recipients, providers, and MyCare Ohio plans. Some definitions are removed or amended, and several new definitions are added to provide improved transparency and clarity in the next generation program.

**OAC Rule 5160-58-01.1, entitled "MyCare Ohio plans: application of general managed care rules."** This rule explains authorities provided to the MyCare Ohio program through Chapter 5160-26 of the Administrative Code and authorities granted through Chapter 5160-58 of the Administrative Code. The rule is being amended and filed for five-year rule review.

**OAC Rule 5160-58-02, entitled "MyCare Ohio plans: eligibility and enrollment," is retitled as "MyCare Ohio plans: eligibility, ineligibility, and optional enrollment."** This rule describes the criteria for recipient enrollment into the MyCare Ohio program, explains criteria which exclude recipients from the MyCare Ohio program, and individuals who are granted optional enrollment under the Code of Federal Regulations. The rule is being rescinded and filed as new due to more than fifty percent of the rule's content being changed due to reorganization of the rule which strikes and moves paragraphs to make the rule easier to understand and adds additional paragraphs which explain the transitions and changes in the enrollment process for MyCare, which differs in the next generation program from the demonstration program.

**OAC Rule 5160-58-02.1, entitled "MyCare Ohio plans: termination of enrollment" is retitled as "MyCare Ohio plans: disenrollments."** This rule is being amended and filed as a five-year rule review. The rule describes circumstances which could result in removal from the MyCare Ohio program or changes in an individual's MyCare Ohio plan enrollment, including options to change plans outside the annual open enrollment period. Changes to this rule include a new title with softer, clearer language (changed from terminate to disenroll), more clearly explaining different kinds of disenrollment- individual program disenrollment, individual-initiated disenrollment from a plan, plan-initiated disenrollment, ODM-initiated disenrollment, removal of a duplicated section, and removal of language limiting ODM to communications by mail.

**OAC Rule 5160-58-02.2, entitled "MyCare Ohio waiver: eligibility and enrollment."** This rule includes criteria for participation in the MyCare Ohio waiver to receive home and community-based services which includes services from the Ohio Home Care Waiver, the PASSPORT waiver, and the Assisted Living Services Waiver. This rule is being amended and filed for five-year rule review. Changes to this rule include removal of a citation to a rescinded rule and updates to terminology referring to staff who coordinate care for the MyCare Ohio waiver from care manager to waiver services coordinator.

**OAC Rule 5160-58-03, entitled "MyCare Ohio plans: covered services."** This rule describes services available in the MyCare Ohio program. This rule is being amended and filed for five-year rule review. Changes to this rule include clarification that prescription drugs are covered through the Medicare Part D program and that the Ohio Medicaid drug coverage is specifically the over the counter drugs specified by OAC 5160-9-03 and removes language referring to the early and periodic screening, diagnostic, and treatment (EPSDT) benefit and medicaid schools program due to the age increase from eighteen years to twenty-one years for MyCare Ohio participation.

**OAC Rule 5160-58-03.1, entitled "MyCare Ohio plans: primary care and utilization management."** This rule explains availability of primary care physicians (PCP) for MyCare Ohio members, development and application of utilization management programs including prior authorization in MyCare Ohio. This rule is being amended and filed for five-year rule review. Changes to this rule include reduction in the standard authorization decision time frame from ten days to seven days to align with provisions in the Centers for Medicare & Medicaid Services Interoperability and Prior Authorization Final rule – CMS-0057-F, reduction in the wait time for requests for routine care from six weeks to thirty days, having clinical policies available on the plans' websites, prohibition of additional utilization requirements for MyCare Ohio HCBS waiver services which were identified and approved through the person-centered services planning process, requirement to submit policies and procedures for initial and continuing authorizations, additional clarification that turnaround times for prior authorization decisions are the same for both dual-benefits enrollees and Medicaid-only enrollees, MCOP must provide written notice of prior authorization decision extensions, and reducing the time MyCare Ohio dual-benefits members would need to wait for services covered by Medicare so that it matches the wait time for Medicaid.

**OAC Rule 5160-58-03.2, entitled "MyCare Ohio waiver: member choice, control, responsibilities and participant direction" is retitled as "MyCare Ohio waiver: member choice, control, responsibilities, and self-direction."** This rule is being amended and filed for five-year rule review. Changes to this rule include changes in terminology to match new and updated definitions from OAC rule 5160-58-01 and changes in formatting so the structure has consistent flow.

**OAC Rule 5160-58-04, entitled "MyCare Ohio waiver: covered services and providers."** This rule establishes the services covered by the MyCare Ohio home and community-based services waiver program and the providers eligible to furnish those services to members enrolled in the MyCare Ohio waiver. This rule is being amended and filed for five-year rule review. Changes to this rule include requirement of providers to be enrolled with ODM and the MyCare Ohio plan, or enroll with the financial management services (FMS), if the member participates in self-direction.

**OAC Rule 5160-58-05, entitled "MyCare Ohio: care coordination."** This rule is a new rule which outlines and sets expectations for care coordination in the MyCare Ohio program for

members, their interdisciplinary care team, and MyCare Ohio plans for the public for clarity and transparency.

**OAC Rule 5160-58-08.4, entitled "Appeals and grievances for "MyCare Ohio"" retitled as "MyCare Ohio plans: grievances, appeals, and state fair hearings."** This rule is being rescinded and made new due to the amount of the rule's content being amended. This rule describes the grievances and appeals activities for MyCare Ohio. Changes to this rule include added paragraphs to clarify grievance and appeal pathways which differ when a member is enrolled as dual-benefits versus enrolled for Medicaid benefits only, reorganization to clearly identify grievances processes, first-level appeals, and state fair hearings for all Medicaid-covered MyCare services, and explain how grievances and appeals are directed for Medicaid-covered services when members are enrolled with MyCare Ohio for their Medicaid benefits only.

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.