

Hearing Date: 8/28/2020

Today's Date: 9/15/2020

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-31-03, 5160-31-06, 5160-33-03, 5160-33-04, 5160-36-03, 5160-36-04, 5160-40-01, 5160-41-17, 5160-42-01, 5160-44-01, 5160-44-22, 5160-45-01, 5160-45-03, 5160-46-02

If no comments at the hearing, please check the box.

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. Ohio Council for Home Care and Hospice (OAC 5160-44-22, 5160-31-06, 5160-40-01, 5160-41-17, 5160-42-01)

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Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph of the comments and indicate the rule number(s).

Ohio Council for Home Care and Hospice submitted supportive comments regarding provisions in the waiver nursing service provided in the ODM and ODA-administered home and community-based services waivers and more generally, in the PASSPORT, Individual Options, SELF and Level One waivers services. They also expressed support for the use of telehealth instead of face-to-face visits in the waiver nursing service, when appropriate.

Hearing Report and Summary

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s).
If no comments were incorporated, explain why not.

No changes were necessary. Ohio Council for Home Care and Hospice was supportive of the included provisions being incorporated into the rules.