

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

DATE: August 18, 2016  
TIME: 11:00 a.m.  
LOCATION: Room A501, Lazarus Government Center  
50 West Town Street, Columbus, OH 43215

Pursuant to section 5164.02 and Chapter 119. of the Ohio Revised Code, the director of the Ohio Department of Medicaid gives notice of the Department's intent to consider the amendment of the rule identified below and to hold a public hearing on this rule.

Rule 5160-5-01, "Dental services," sets forth Medicaid coverage and payment policies for dental services. It includes two appendices, one that lays out coverage of services by category and one that lists maximum payment amounts by procedure.

This rule is being amended to correct a technical detail in language pertaining to the payment for dental services provided in rural Ohio counties. Payment will be made at the lesser of the submitted charge or one hundred five percent of the amount listed in Appendix B of the rule.

The public hearing will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be accepted at the public hearing, and written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Any person affected by these rules may examine them and obtain a copy, without charge, at the following locations:

Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215;  
Any county department of job and family services; or  
On the internet at <http://www.registerofohio.state.oh.us/>.

Testimony on the proposed rules may also be reviewed at the Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, Ohio 43215.

Requests for a copy of the proposed rules or a copy of testimony on the rules should be submitted in any of the following ways:

By mail to the Rule Administrator, Office of Chief Legal Counsel, Ohio Department of Medicaid, 50 West Town Street, Suite 400, Columbus, OH 43215;  
By fax to (614) 995-1301; or  
By e-mail to [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov).