

**PUBLIC HEARING NOTICE  
OHIO DEPARTMENT OF MEDICAID**

**DATE:** April 1, 2019  
**TIME:** 11:00 AM  
**LOCATION:** 50 West Town Street, Room B538  
Columbus, Ohio 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 Ohio Administrative Code 5160-41-18, 5160-41-19, and 5160-41-20 as identified below and to 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 being amended to correct language and rule references, in conjunction with 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 being amended to correct language and rule references, in conjunction with the rule's FYR date.

**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 being amended to correct language and rule references and is proposed with a new FYR date.

Copies of the proposed rules are available, without charge, to any person affected by the rules at the address listed below and at the county departments of job and family services. The rules are also available on the internet at <http://www.registerofohio.state.oh.us/>. A public hearing on the proposed rules will be held at the date, time, and location listed at the top of this notice. Both written and oral testimony will be taken at the public hearing. Additionally, written comments submitted or postmarked no later than the date of the public hearing will be treated as testimony.

Requests for a copy of the proposed rules and testimony on the rules should be submitted by mail to the Ohio Department of Medicaid, Rule Administrator, Office of Chief Legal Counsel, 50 W. Town St., Suite 400, Columbus, Ohio 43215, by fax at (614) 995-1301, or by e-mail at [rules@medicaid.ohio.gov](mailto:rules@medicaid.ohio.gov). Testimony received may be reviewed at this address.