

**PUBLIC HEARING NOTICE
OHIO DEPARTMENT OF MEDICAID**

DATE: August 28, 2020

TIME: 11:00am

TELECONFERENCE PHONE NUMBER: +1 614-721-2972

TELECONFERENCE PIN: 464164077#

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

Ohio Administrative Code (OAC) Rule 5160-58-01, entitled "MyCare Ohio plans: definitions", sets forth the definitions used in OAC Chapter 5160-58 regarding the Ohio Medicaid MyCare Ohio program. Changes to the rule include allowing waiver services plans to be signed electronically, sent via regular mail, or provided at the next face-to-face visit in paragraph (B)(14) and updating references to United States Code and Code of Federal Regulations.

OAC Rule 5160-58-02.2, entitled "MyCare Ohio waiver: eligibility and enrollment," sets forth the eligibility and enrollment criteria for the MyCare Ohio home and community-based services waiver. This rule is being proposed for amendment to update policy related to the MyCare Ohio waiver program. Changes to the rule include adding electronic or mail in signature requirements for the waiver services plan to paragraphs (A)(6) and (B)(3) and updating references to the Social Security Act.

OAC Rule 5160-58-03.2, entitled "MyCare Ohio waiver: member choice, control, responsibilities and participant direction," sets forth the MyCare Ohio member's choice, control, responsibilities and participant direction when enrolled on a MyCare Ohio HCBS waiver. This rule is being proposed for amendment to update policy related to the MyCare Ohio waiver program. Changes to the rule include adding electronic or mail in signature requirements for the waiver services plan to paragraph (B)(8).

Pursuant to Section twelve of Am. Sub. H. B. No. 197 ODM will hold the public hearing for this rule package via teleconference. The phone number, pin, and the date and time for this hearing are listed at the top of this Notice. All interested parties are invited to participate in the public hearing. Oral and written testimony will be accepted for this hearing and will be given the same consideration. Those who want to give oral testimony are asked to send an email to Rules@Medicaid.Ohio.gov no later than one hour before the hearing to be added to the witness list. There will be a final call at the end of the hearing for those who wish to offer oral testimony but are not yet on the witness list.

Written comments submitted via fax, United States Postal Service, and email that are received or postmarked no later than the day of the hearing will be accepted as testimony and become part of the hearing record. All testimony will become public record; therefore, the Ohio Department of Medicaid asks that protected health information only be included if the information belongs to the person submitting the testimony or a person for which the submitter is a legal guardian.

Written testimony sent via email is highly recommended, all testimony received via email will receive a confirmation of receipt.

A copy of the proposed rules is available to any person at the address listed below, without charge. 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.