

**PUBLIC HEARING NOTICE OHIO
DEPARTMENT OF MEDICAID****DATE:** February 20, 2024**TIME:** 1:00 p.m.**Teleconference Dial-in Phone Number:** 1-614-721-2972**Teleconference Pin:** 26325058#**Link to Microsoft Teams Meeting for Hearing:** [Click here to join the meeting](#)**In-Person Location:** Ohio Department of Medicaid, 50 W. Town Street, Suite 400, 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 amendment of the rules identified below and of a public hearing thereon.

OAC rule 5160-58-01, entitled "MyCare Ohio plans: definitions." This rule sets forth the definitions used in Chapter 5160-58 of the Administrative Code as applied to the MyCare Ohio waiver program. The following changes are being proposed. The definition for "Medicaid only member" and "opt-out member" is being updated to clarify the MyCare Ohio plan's benefit coordination responsibilities.

OAC rule 5160-58-02.2, entitled "MyCare Ohio waiver: eligibility and enrollment." This rule establishes standards for member eligibility and enrollment in the MyCare Ohio waiver program. Minor updates are being proposed to clarify the MyCare Ohio member eligibility requirements in accordance with pending waiver changes.

OAC rule 5160-58-03.2, entitled "MyCare Ohio waiver: member choice, control, responsibilities and participant direction." This rule establishes the standards for member choice and participant direction as part of the MyCare Ohio waiver program. Self-directed services language is being clarified in alignment with pending waiver changes. Because more than half of the language in the existing rule is being modified, ODM is proposing that the current rule 5160-58-03.2 be rescinded and replaced with a new rule of the same number.

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 (HCBS) waiver program and the providers eligible to furnish those services to members enrolled in the MyCare Ohio waiver program. Minor updates are being proposed to reflect recent updates in applicable Ohio Department of Aging (ODA) Provider Certification rules (OAC 173-39).

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OAC rule 5160-58-08.4, entitled “Appeals and grievances for “MyCare Ohio.”” This rule establishes the appeals and grievance processes for the MyCare Ohio program. Minor updates are being proposed to clarify MyCare Ohio Plan requirements regarding grievance and appeal resolution extensions and to update internal paragraph references.

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 are 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, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (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 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](#).