

**Note:** Upload completed document to the Electronic Rule Filing System.

Hearing Date: 5/17/2021

Today's Date: 6/2/2021

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-31-03, 5160-33-03, 5160-46-02

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

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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 Association of Area Agencies on Aging

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## Hearing Summary Report

### **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).

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Ohio Association of Area Agencies on Aging submitted comments on Rule 5160-31-03. The comment was regarding the proposed changes in 5160-31-03(A)(8) about requiring a medical practitioner's signature annually for the person-centered services plans. The comments/concerns were that there would be additional administrative burden and costs on the PASSPORT Administrative Agencies and on medical practices in terms of tracking signatures, follow ups, and record keeping.

## Hearing Summary Report

### **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.

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Comment received on 5160-31-03 was incorporated into the rule. Proposed language from paragraph (A)(8) was removed. The removed language from this paragraph was “and at least annually thereafter”.