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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

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

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).

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.

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”.