

**PUBLIC HEARING NOTICE OHIO
DEPARTMENT OF MEDICAID**

DATE: August 8, 2025

TIME: 11:00am

Teleconference Dial-in Phone Number: 614-721-2972

Teleconference Pin: 236775340#

Link to Microsoft Teams Meeting for Hearing: [Join the meeting now](#)

In-Person Location: 50 West Town Street, Suite 400, Columbus, OH 43215, Room A501

Pursuant to Chapter 119. and section 5164.02 of the Revised Code, the Director of the Ohio Department of Medicaid (ODM) gives notice of ODM's intent to consider the adoption, amendment, and rescission of the rules identified below and of a public hearing thereon.

Rule 5160-46-04 entitled "Ohio home care waiver: definitions of covered services and provider requirements and specifications" sets forth the service definition and provider requirements and specifications for personal care aide services, adult day health center services, supplemental adaptive and assistive device services, and supplemental transportation services. Per the LSC guidelines, the rule will be filed as rescind/new, as more than fifty percent of the rule is to be amended. The rule is being proposed for amendment for the following reasons:

- Rename title to "Ohio home care waiver: personal care aide service"
- The new rule is specific to personal care aide services including the definition, provider requirements and specifications for the delivery of the service.
- Completion of in-service continuing education hours were reduced from twelve to eight within a twelve-month period for personal care aides employed at Medicare-certified and otherwise-accredited agencies
- Amended language to align with section 4723.01 of the Revised Code that a licensed RN or a licensed LPN at the direction of a medical professional may provide supervision of personal care aides
- Removed requirement that "At least twice per year, the RN will conduct RN assessment visits in-person. All other RN assessment service visits may be conducted via telehealth, unless the individual's needs necessitate an in-person visit. When the RN performs an RN assessment visit, the RN will bill the state plan nursing assessment code set forth in appendix A to rule 5160-12-08 of the Administrative Code." This language is unnecessarily duplicative of the supervisory requirement stating a supervisor will "conduct a face-to-face individual home visit at least every sixty days while the personal care aide is present and providing care to evaluate the provision of personal care aide services and the individual's satisfaction with care delivery and personal care aide performance."
- Create new separate rules for each OHCW service found within 5160-46-04
- Remove restrictive language
- Statutory citation updates

Rule 5160-46-09 entitled "Ohio home care waiver: vehicle modification service" sets forth the service definition and provider requirements and specification for delivery of vehicle modification service. This is a newly proposed rule.

- ~~Previous vehicle modification specification was found within the supplemental adaptive~~

and assistive device service in 5160-46-04. Vehicle modification will now be its own separate service.

Rule 5160-46-10 entitled “Ohio home care waiver: supplemental transportation service” sets forth the service definition and provider requirements and specifications for delivery of supplemental transportation service. This is a newly proposed rule.

- Previous supplemental transportation service rule language was found within 5160-46-04
- Addition of health and safety requirements in Paragraph (E)

Rule 5160-46-11 entitled “Ohio home care waiver: supplemental adaptive and assistive device service” sets forth the service definition and provider requirements and specifications for delivery of supplemental adaptive and assistive device service. This is a newly proposed rule.

- Previous supplemental adaptive and assistive device service rule language was found within 5160-46-04
- Remove language related to vehicle modification
- Added language in Paragraph (A)(1) that “supplemental adaptive and assistive devices in excess of the limit can be approved by ODM or its designee when there is a documented need”, which aligns with the approved Ohio Home Care 1915(c) waiver application.

Rule 5160-46-12 entitled “Ohio home care waiver: adult day health center service” sets forth the service definition and provider requirements and specifications for delivery of adult day health center service. This is a newly proposed rule.

- Previous adult day health center service rule language was found within 5160-46-04
- Updated commercial liability insurance coverage requirements in paragraph (D)(2) to align with the Ohio Department of Aging and the Ohio Department of Developmental Disabilities adult day center provider requirements.
- Addition of health and safety language requirements in paragraph (D)

Rule 5160-46-06 entitled “Ohio home care waiver program: reimbursement rates and billing procedures” sets forth the reimbursement rates and billing procedures for OHCW services. The rule being proposed for amendment for the following reasons:

- Rename title to “Ohio home care waiver program: covered services, reimbursement rates, and billing procedures”.
- Add list of waiver services covered by the Ohio home care waiver
- Add structured family caregiving group definition and group billing modifier
- Add new vehicle modification service to paragraph (C), billing code tables

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 is 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, Section 1557 of the Affordable Care Act, and other applicable laws. To request an interpreter, written information in a language other than English or in other formats (braille, 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 or Section 1557 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](#).