SUBMITTED: 12/05/2018 9:34 AM

Hearing Date: 11/16/2018 Today's Date: 12/5/2018
Agency: Ohio Department of Medicaid
Rule Number(s): 5160-10-01, 5160-10-30
If no comments at the hearing, please check the box. $\ \Box$
List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.
1. Larry Benders, Cleveland Sight Center; 5160-10-01 and 5160-10-30
2. Aaron Bley, Cincinnati Assoc. for the Blind and Visually Impaired, 5160-10-01 and 5160-10-30
3. Stacey Butts, The Sight Center of Northwest Ohio, 5160-10-01 and 5160-10-30
4. Rebecca Simon, Capitol Partners
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HSR p(184023) d: (724879) print date: 11/30/2025 5:26 AM

Hearing Report and Summary

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).

The comments focused on two main points. The rule is perceived to be too prescriptive and it only offers the long cane. The request was to provide the consumer and therapist more freedom in choosing a cane and to also include folding canes in coverage.

Hearing Report and Summary

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.

The Ohio Department of Medicaid(ODM) incorporated the suggestions into rule 5160-10-30. The rule now provides more freedom for the customer and therapist to choose a cane and tips. The folding cane has been added to coverage in rule 5160-10-01.