public

Hearing Date: 8/28/2020	Today's Date: 9/15/2020		
Agency: Ohio Department of Me	dicaid		
Rule Number(s): 5160-31-03, 5160-31-06, 5160-33-03, 5160-33-04, 5160-36-03, 5160-36-04, 5160-40-01, 5160-41-17, 5160-42-01, 5160-44-01, 5160-44-22, 5160-45-01, 5160-45-03, 5160-46-02			
		1. Ohio Council for Home Care at 41-17, 5160-42-01)	nd Hospice (OAC 5160-44-22, 5160-31-06, 5160-40-01, 5160-
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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 Council for Home Care and Hospice submitted supportive comments regarding provisions in the waiver nursing service provided in the ODM and ODA-administered home and community-based services waivers and more generally, in the PASSPORT, Individual Options, SELF and Level One waivers services. They also expressed support for the use of telehealth instead of face-to-face visits in the waiver nursing service, when appropriate.

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.

No changes were necessary. Ohio Council for Home Care and Hospice was supportive of the included provisions being incorporated into the rules.