

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

Hearing Date: 11/17/2023

Today's Date: 12/5/2023

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-27-03, 5160-59-03.3

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. Nick Stavros, Community Medical Services
2. Teresa Lampl, The Ohio Council of Behavioral Health & Family Services Providers
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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).

5160-27-03: Comments expressed support, appreciation, and gratitude for the proposed increase in reimbursement rates for medication administration and behavioral health services.

5160-59-03.3: Comment expressed appreciation for the proposed increase in reimbursement rate for the service.

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.

As the comments received were one of appreciation, no incorporation into the rule or rule revision is necessary.