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Hearing Date: 2/14/2025

Today's Date: 2/25/2025

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-03-05, 5160-03-06, 5150-03-06, 5160-3-15

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. Janemarie Sowers, Advocate, OAC 5160-3-05, 5160-3-08, 5160-3-14
2. Jules Patalita, The Ability Center, 5160-3-05, 5160-3-06, 5160-3-08, 5160-3-14
3. Joy Long, CareSource, 5160-3-08, 5160-3-14
4. Marilyn Curtis, Independent Provider, 5160-3-05, 5160-3-14
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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).

5160-3-05

Two comments were received noting the definition for “Sponsor” was not commonly associated with a guardian or someone who has responsibility for another individual’s welfare and that this term may be confusing for the average person. Another comment applauded the language changes throughout the rule to remove insensitive language and replace with updated terms as well as the use of language that was more acceptable amongst the community of individuals with disabilities.

5160-3-06

One comment provided support of the removal of the term “requires” throughout the rule and advised the removal of the term promotes a mindset of individuals with disabilities being independent people.

5160-3-08

One comment provided support that the language updated throughout the rule was more respectful and that the added option to access a nursing facility based level of care determination would allow individuals to best meet their needs and improve health outcomes. Two comments expressed concern that the changes added to paragraph (A)(3) could possibly lead to individuals being transferred out of the DODD waiver system and into a different waiver system and subsequently could potentially cause a decrease in DODD services. One comment questioned if there was a time period within individuals needed to receive a skilled nursing service or skilled rehabilitation service.

5160-3-14

Two comments were received regarding the flexibility added to the rule that a LOC assessment may occur by video conference or telephone when the individual requests and the commentors expressed that LOC determinations should only be conducted in person to ensure accuracy. One comment expressed support of the flexibility advising that it expanded access and prevent barriers to meeting eligibility requirements. One comment advised of a typo of a missing space in paragraph (D)(1). One comment expressed support for the clarifying language added through the rule to make the rule easier to understand for individuals. One comment included questions regarding the processes assessors should follow when an individual admits to a nursing facility under a valid hospital exemption and how the Preadmission Screening and Resident Review (PASRR) requirements are impacted. One comment expressed welcome support of the provision added to clarify the process of not requiring a LOC determination under a valid hospital exemption nursing facility admission, stating this addition allowed for more focus on receiving care instead of healthcare coverage.

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.

The comments received led to the fixing of a typographical error in 5160-3-14 (D)(1) and a space was added between the words “will” and “notify”.

No additional changes were made to the rules.

ODM collaborated with the Department of Disabilities to construct the proposed amendments and the amendments are expected to allow increased access for medically needy individuals with indications of a developmental disability to potentially access the nursing facility-based level of care waivers and programs when certain medical needs criteria are met.

The expectation remains that individuals will continue to be assessed based on their individual needs and will retain the right to apply for any program and, if determined eligible, choose the program most appropriate for their needs.

The Ohio Department of Medicaid (ODM) appreciates all of the comments and feedback received on the proposed rules amendments.