

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

Hearing Date: 9/2/2025

Today's Date: 9/10/2025

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-32-02 and 5160-32-03

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If no comments at the hearing, please check the box. ☐

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List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

1. DSP Care Solutions-Tom Donelan

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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).

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#### **Summary of Comments Received from Tom Donelon for Rule 5160-32-02:**

DSP Care Solutions believes billing agents should be able to create manual entries for Electronic Visit Verification (EVV) and to adjust manual entries on behalf of providers. According to Tom Donelon, "This delegation of authority is important because of the very important relationship between EVV data and Medicaid billing approval. It seems likely that a billing agent can provide a valuable service to providers by reconciling billing claims to EVV data and making EVV corrections PRIOR to submitting the claims for billing."

## 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.

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DSP Care Solutions comments have not been incorporated into the rule. Manual entries of EVV are not for the convenience of the provider, but for the person and shouldn't be routine [Rule 5160-32-02 - Ohio Administrative Code | Ohio Laws](#):

(3) Manual entry: Manual visit entry is only permissible in the event verification through a device with an application or telephony is not available or appropriate based on the immediate needs of the individual. It is not to be used for routine visit verification.

Furthermore, the addition of a billing agent would give another entity access to client data and potentially exposing Protected Health Information (PHI).