

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

Hearing Date: 10/6/2025

Today's Date: 10/8/2025

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-35-05, 5160-35-07

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. Disability Rights Ohio

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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).

Disability Rights Ohio submitted comments for 5160-35-05 and 5160-35-07 in support of the changes to the Medicaid School Program. The organization expressed support making the program benefits available to more students, including those on 504 plans. The organization also expressed support for the updates to the behavioral health services available in the Medicaid School Program. The organization highlighted to need to communicate these changes to families, providers, and school districts. The organization's feedback included suggestions for communicating and implementing the changes in the rule, but did not include specific changes or comments on the rule language.

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 Ohio Department of Medicaid did not incorporate the comments into the rules because the comments did not include specific suggestions to the rule language. ODM will incorporate the suggestions of Disability Rights Ohio when communicating about and implementing the changes to the Medicaid School Program.