

NOTICE OF PRELIMINARY PUBLIC HEARING AND COMMENT PERIOD

Chapter DHS 10, 101, 105, 106, and 107

Statement of Scope Number SS 081-22

NOTICE IS HEREBY GIVEN that the Department of Health Services (“the Department”) will hold a public hearing on SS 081-22, which indicates the Department’s intent to engage in rulemaking to update DHS 10, 101, 105, 106, and 107, relating to Electronic Visit Verification requirements. In accordance with s. 227.136, Stats., the Department will hold a public a preliminary public hearing and receive public comments regarding the proposed rulemaking at the time and place shown below.

HEARING INFORMATION**Date and Time**Friday December 9th, 2022

8 A.M – 9 A.M.

Location

Join ZoomGov Meeting

<https://dhswi.zoomgov.com/j/1613841474?pwd=TStJbUIONTlIOFhRVjdmYkt5b2VyQT09>

Meeting ID: 161 384 1474

Passcode: 325554

One tap mobile

+16692545252,,1613841474# US (San Jose)

+16468287666,,1613841474# US (New York)

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

+1 551 285 1373 US

+1 669 216 1590 US (San Jose)

Meeting ID: 161 384 1474

Find your local number:

<https://dhswi.zoomgov.com/u/adqrIgXVOa>

STATEMENT OF SCOPE

The statement of scope was published in the Wisconsin Administrative Register on 10/10/22. A copy of the statement of scope may be accessed online at:

https://docs.legis.wisconsin.gov/code/register/2022/802a2/register/ss/ss_081_22/ss_081_22.

ACCESSIBILITY**English**

The Department of Health Services is an equal opportunity employer and service provider. If you need accommodations because of a disability or need an interpreter or translator, or if you need this material in another language or in an alternate format, you may request assistance to participate by contacting Bailey Dvorak at DHSAdminRules@dhs.wisconsin.gov. You must make your request at least 7 days before the activity.

Spanish

The Department of Health Services es una agencia que ofrece igualdad en las oportunidades de empleo y servicios. Si necesita algún tipo de acomodaciones debido a incapacidad o si necesita un interprete, traductor o esta información en su propio idioma o en un formato alterno, usted puede pedir asistencia para participar en los programas comunicándose con Bailey Dvorak al DHSAdminRules@dhs.wisconsin.gov. Debe someter su petición por lo menos 7 días de antes de la actividad.

Hmong

The Department of Health Services yog ib tus tswv hauj lwm thiab yog ib qhov chaw pab cuam uas muab vaj huam sib luag rau sawv daws. Yog koj xav tau kev pab vim muaj mob xiam oob qhab los yog xav tau ib tus neeg pab txhais lus los yog txhais ntaub ntawv, los yog koj xav tau cov ntaub ntawv no ua lwm hom lus los yog lwm hom ntawv, koj yuav tau thov kev pab uas yog hu rau Bailey Dvorak ntawm DHSDMSAdminRules@dhs.wisconsin.gov. Koj yuav tsum thov qhov kev pab yam tsawg kawg 7 hnuv ua ntej qhov hauj lwm ntawd.

PUBLIC COMMENTS AND DEADLINE FOR SUBMISSION

Comments may be provided at the hearing, or submitted to the Department until January 16, 2023 by:

1. Accessing the Department's Administrative Rules website: <https://www.dhs.wisconsin.gov/rules/active-rulemaking-projects.htm>
2. Submitting a comment through the Wisconsin State Legislature's website: https://docs.legis.wisconsin.gov/code/scope_statements/comment.
3. Mailing written comments to:
Bailey Dvorak
Division of Medicaid Services
P.O. Box 309
Madison, WI 53701-0309

AGENCY CONTACT PERSON

Bailey Dvorak
Division of Medicaid Services
608-267-5210
DHSDMSAdminRules@dhs.wisconsin.gov

APPROVAL

Approved on: _____

By: _____

Karen Timberlake, Secretary-designee