Hearing Date: 9/16/2019 Today's Date: 9/20/2019

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-1-13.1

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. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

4. Click here to enter text.

5. Click here to enter text.

6. Click here to enter text.

7. Click here to enter text.

9. Click here to enter text.

8. Click here to enter text.

10. Click here to enter text.

11. Click here to enter text.

12. Click here to enter text.

13. Click here to enter text.

14. Click here to enter text.

15. Click here to enter text.

16. Click here to enter text.

HSR p(184087) d: (744878) print date: 10/26/2025 5:14 AM

Hearing Report and Summary

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).	

Click here to enter text.			

Hearing Report and Summary

Incorporated	Comments	into Rule	(s)
micoi poi atca		IIIICO INGIC	

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Click here to enter text.			