Hearing Summary Report Hearing Report and Summary

Hearing Date: 10/26/2020 Today's Date: 11/10/2020

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-44-11, 5160-44-12, 5160-44-13, 5160-44-16, 5160-44-17, 5160-44-26,

5160-44-27, 5160-44-31, 5160-45-04, 5160-45-05, 5160-46-04

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.
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Hearing Report and Summary

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary paragraph or	f the
comments and indicate the rule number(s).	

Click here to enter text.			

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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.

Click here to enter text.			