

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

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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.

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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)**

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.