Hearing Summary Report

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

Hearing Date: 5/20/2021 Today's Date: 6/3/2021

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-2-60

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.
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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.

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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.