Hearing Summary Report

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

Hearing Date: 9/17/2021 Today's Date: 10/5/2021

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-1-06.2, 5160-1-06.5, 5160-46-06, 5160-46-06.1

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.

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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.

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.