

Hearing Date: 5/29/2018

Today's Date: 6/8/2018

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-10-04, 5160-10-10, 5160-10-15, 5160-10-17, 5160-10-25, 5160-10-27, 5160-10-28, 5160-10-29

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. Kam Yuricich/OAMES, all rules

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.

8. Click here to enter text.

9. Click here to enter text.

10. Click here to enter text.

11. Click here to enter text.

12.

13.

14.

15.

16.

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).

Testimony provided support for all rules.

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.

No changes were necessary in response to the comments.