

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

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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.

1. Kam Yuricich/OAMES, all rules

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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).

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.