

Hearing Date: 5/10/2019

Today's Date: 5/30/2019

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-1-06.1, 5160-1-06.5, 5160-31-05, 5160-31-07, 5160-33-07

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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.