SUBMITTED: 05/22/2019 8:22 AM

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Hearing Date: 5/21/2019 Today's Date: 5/22/2019

Agency: Ohio Dept. of Aging Rule Number(s): 173-39-04

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If no comments at the hearing, please check the box.  $\square$ 

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 Summary Report**

**16.** Click here to enter text.

## **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).

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## **Hearing Summary Report**

## **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.

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