SUBMITTED: 06/08/2018 1:45 PM

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. $\Box$			
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.			

HSR p(128478) d: (711765) print date: 11/30/2025 5:26 AM

## **Hearing Report and Summary**

Consolidated	Summary	of Comments	Received
Consonuateu	Julilliai y	or comments	received

Please review all comments received and complete a consolidated summary paragraph of	f the
comments and indicate the rule number(s).	

Testimony provided support for all rules.	

## **Hearing Report and Summary**

Incorporated	<b>Comments</b>	into	Rule	(s)
iiicoi poi atca				

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.				