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Hearing Date: 5/21/2019 Today's Date: 5/22/2019 Agency: Ohio Dept. of Aging Rule Number(s): 173-39-03, 173-39-03.1, 173-39-03.2, 173-39-03.3, 173-39-03.4 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. 1. http://www.hannah.com/DesktopDefaultPublic.aspx?type=hns&id=pF3hU%2ff4Rrc%3d&u=VoK %2fIVMINSI%3d 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. Click here to enter text. 13. Click here to enter text.

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## **Hearing Summary Report**

## **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 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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