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Hearing Date: 8/23/2021

Today's Date: 9/15/2021

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-43-01, 5160-43-02, 5160-43-03, 5160-43-04, 5160-43-05, 5160-43-07, 5160-43-08, 5160-43-09,

If no comments at the hearing, please check the box. ☒

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

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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