SUBMITTED: 05/20/2024 10:51 AM

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Hearing Date: 05/20/2024 Today's Date: 05/20/2024

Agency: Ohio Department of Aging

Rule Number(s): 173-50-04 and 173-50-05

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

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

## **In-Person Comments:**

Individual(s)/Organization(s)	Rule	Comments

## **Written Comments:**

Individual(s)/Organization(s)	Rule	Comments

## **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).

## **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.

<b>Comment Received</b>	Rule	How Incorporated

HSR p(202094) d: (850401) print date: 07/03/2025 8:56 AM