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Hearing Date: 7/15/2024

Today's Date: 7/25/2024

Agency: Ohio Department of Medicaid

Rule Number(s): 5160-27-14, 5160-43-01, 5160-43-03, 5160-43-5, 5160-43-8, 5160-43-9

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).

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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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