SUBMITTED: 11/08/2019 8:19 AM

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Hearing Date: 11/5/2019 Today's Date: 11/8/2019

Agency: Department of Mental Health and Addiction Services

Rule Number(s): 5122-21-03

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. Click here to enter text.
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HSR p(187145) d: (748316) print date: 05/03/2024 12:58 AM

## **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.

Click here to enter text.