SUBMITTED: 01/13/2022 2:58 PM

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Hearing Date: 1/11/2022 Today's Date: 1/13/2022

Agency: Ohio Department of Mental Health and Addiction Services

Rule Number(s): 5122-29-09

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(191470) d: (793914) print date: 05/02/2024 8:05 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 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.