

**As Introduced**

**131st General Assembly  
Regular Session  
2015-2016**

**H. B. No. 483**

**Representative Amstutz**

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**A BILL**

To amend sections 3301.0714, 3701.07, 3701.61, 1  
4723.071, 5123.02, 5123.1610, 5123.41, 5123.42, 2  
5123.421, 5123.422, 5123.43, 5123.441, 5123.45, 3  
5123.46, 5123.47, 5124.10, 5124.101, 5124.45, and 4  
5126.36, to enact sections 5123.024, 5123.0421, 5  
5123.0422, 5123.0423, 5123.377, 5123.452, and 6  
5124.39, and to repeal sections 3701.611 and 7  
3701.62 of the Revised Code; to amend Sections 8  
259.110 and 289.10 of Am. Sub. H.B. 64 of the 9  
131st General Assembly; to amend Section 259.10 of 10  
Am. Sub. H.B. 64 of the 131st General Assembly, as 11  
subsequently amended; and to amend Section 4 of 12  
Sub. S.B. 171 of the 129th General Assembly, as 13  
subsequently amended, to modify programs 14  
administered by the Department of Developmental 15  
Disabilities and to make an appropriation. 16

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 101.01.** That sections 3301.0714, 3701.07, 3701.61, 17  
4723.071, 5123.02, 5123.1610, 5123.41, 5123.42, 5123.421, 18  
5123.422, 5123.43, 5123.441, 5123.45, 5123.46, 5123.47, 5124.10, 19  
5124.101, 5124.45, and 5126.36 be amended and sections 5123.024, 20  
5123.0421, 5123.0422, 5123.0423, 5123.377, 5123.452, and 5124.39 21

of the Revised Code be enacted to read as follows: 22

**Sec. 3301.0714.** (A) The state board of education shall adopt 23  
rules for a statewide education management information system. The 24  
rules shall require the state board to establish guidelines for 25  
the establishment and maintenance of the system in accordance with 26  
this section and the rules adopted under this section. The 27  
guidelines shall include: 28

(1) Standards identifying and defining the types of data in 29  
the system in accordance with divisions (B) and (C) of this 30  
section; 31

(2) Procedures for annually collecting and reporting the data 32  
to the state board in accordance with division (D) of this 33  
section; 34

(3) Procedures for annually compiling the data in accordance 35  
with division (G) of this section; 36

(4) Procedures for annually reporting the data to the public 37  
in accordance with division (H) of this section; 38

(5) Standards to provide strict safeguards to protect the 39  
confidentiality of personally identifiable student data. 40

(B) The guidelines adopted under this section shall require 41  
the data maintained in the education management information system 42  
to include at least the following: 43

(1) Student participation and performance data, for each 44  
grade in each school district as a whole and for each grade in 45  
each school building in each school district, that includes: 46

(a) The numbers of students receiving each category of 47  
instructional service offered by the school district, such as 48  
regular education instruction, vocational education instruction, 49  
specialized instruction programs or enrichment instruction that is 50

part of the educational curriculum, instruction for gifted 51  
students, instruction for students with disabilities, and remedial 52  
instruction. The guidelines shall require instructional services 53  
under this division to be divided into discrete categories if an 54  
instructional service is limited to a specific subject, a specific 55  
type of student, or both, such as regular instructional services 56  
in mathematics, remedial reading instructional services, 57  
instructional services specifically for students gifted in 58  
mathematics or some other subject area, or instructional services 59  
for students with a specific type of disability. The categories of 60  
instructional services required by the guidelines under this 61  
division shall be the same as the categories of instructional 62  
services used in determining cost units pursuant to division 63  
(C)(3) of this section. 64

(b) The numbers of students receiving support or 65  
extracurricular services for each of the support services or 66  
extracurricular programs offered by the school district, such as 67  
counseling services, health services, and extracurricular sports 68  
and fine arts programs. The categories of services required by the 69  
guidelines under this division shall be the same as the categories 70  
of services used in determining cost units pursuant to division 71  
(C)(4)(a) of this section. 72

(c) Average student grades in each subject in grades nine 73  
through twelve; 74

(d) Academic achievement levels as assessed under sections 75  
3301.0710, 3301.0711, and 3301.0712 of the Revised Code; 76

(e) The number of students designated as having a disabling 77  
condition pursuant to division (C)(1) of section 3301.0711 of the 78  
Revised Code; 79

(f) The numbers of students reported to the state board 80  
pursuant to division (C)(2) of section 3301.0711 of the Revised 81

Code;	82
(g) Attendance rates and the average daily attendance for the year. For purposes of this division, a student shall be counted as present for any field trip that is approved by the school administration.	83 84 85 86
(h) Expulsion rates;	87
(i) Suspension rates;	88
(j) Dropout rates;	89
(k) Rates of retention in grade;	90
(l) For pupils in grades nine through twelve, the average number of carnegie units, as calculated in accordance with state board of education rules;	91 92 93
(m) Graduation rates, to be calculated in a manner specified by the department of education that reflects the rate at which students who were in the ninth grade three years prior to the current year complete school and that is consistent with nationally accepted reporting requirements;	94 95 96 97 98
(n) Results of diagnostic assessments administered to kindergarten students as required under section 3301.0715 of the Revised Code to permit a comparison of the academic readiness of kindergarten students. However, no district shall be required to report to the department the results of any diagnostic assessment administered to a kindergarten student, except for the language and reading assessment described in division (A)(2) of section 3301.0715 of the Revised Code, if the parent of that student requests the district not to report those results.	99 100 101 102 103 104 105 106 107
(2) Personnel and classroom enrollment data for each school district, including:	108 109
(a) The total numbers of licensed employees and nonlicensed employees and the numbers of full-time equivalent licensed	110 111

employees and nonlicensed employees providing each category of 112  
instructional service, instructional support service, and 113  
administrative support service used pursuant to division (C)(3) of 114  
this section. The guidelines adopted under this section shall 115  
require these categories of data to be maintained for the school 116  
district as a whole and, wherever applicable, for each grade in 117  
the school district as a whole, for each school building as a 118  
whole, and for each grade in each school building. 119

(b) The total number of employees and the number of full-time 120  
equivalent employees providing each category of service used 121  
pursuant to divisions (C)(4)(a) and (b) of this section, and the 122  
total numbers of licensed employees and nonlicensed employees and 123  
the numbers of full-time equivalent licensed employees and 124  
nonlicensed employees providing each category used pursuant to 125  
division (C)(4)(c) of this section. The guidelines adopted under 126  
this section shall require these categories of data to be 127  
maintained for the school district as a whole and, wherever 128  
applicable, for each grade in the school district as a whole, for 129  
each school building as a whole, and for each grade in each school 130  
building. 131

(c) The total number of regular classroom teachers teaching 132  
classes of regular education and the average number of pupils 133  
enrolled in each such class, in each of grades kindergarten 134  
through five in the district as a whole and in each school 135  
building in the school district. 136

(d) The number of lead teachers employed by each school 137  
district and each school building. 138

(3)(a) Student demographic data for each school district, 139  
including information regarding the gender ratio of the school 140  
district's pupils, the racial make-up of the school district's 141  
pupils, the number of limited English proficient students in the 142  
district, and an appropriate measure of the number of the school 143

district's pupils who reside in economically disadvantaged 144  
households. The demographic data shall be collected in a manner to 145  
allow correlation with data collected under division (B)(1) of 146  
this section. Categories for data collected pursuant to division 147  
(B)(3) of this section shall conform, where appropriate, to 148  
standard practices of agencies of the federal government. 149

(b) With respect to each student entering kindergarten, 150  
whether the student previously participated in a public preschool 151  
program, a private preschool program, or a head start program, and 152  
the number of years the student participated in each of these 153  
programs. 154

(4) Any data required to be collected pursuant to federal 155  
law. 156

(C) The education management information system shall include 157  
cost accounting data for each district as a whole and for each 158  
school building in each school district. The guidelines adopted 159  
under this section shall require the cost data for each school 160  
district to be maintained in a system of mutually exclusive cost 161  
units and shall require all of the costs of each school district 162  
to be divided among the cost units. The guidelines shall require 163  
the system of mutually exclusive cost units to include at least 164  
the following: 165

(1) Administrative costs for the school district as a whole. 166  
The guidelines shall require the cost units under this division 167  
(C)(1) to be designed so that each of them may be compiled and 168  
reported in terms of average expenditure per pupil in formula ADM 169  
in the school district, as determined pursuant to section 3317.03 170  
of the Revised Code. 171

(2) Administrative costs for each school building in the 172  
school district. The guidelines shall require the cost units under 173  
this division (C)(2) to be designed so that each of them may be 174

compiled and reported in terms of average expenditure per 175  
full-time equivalent pupil receiving instructional or support 176  
services in each building. 177

(3) Instructional services costs for each category of 178  
instructional service provided directly to students and required 179  
by guidelines adopted pursuant to division (B)(1)(a) of this 180  
section. The guidelines shall require the cost units under 181  
division (C)(3) of this section to be designed so that each of 182  
them may be compiled and reported in terms of average expenditure 183  
per pupil receiving the service in the school district as a whole 184  
and average expenditure per pupil receiving the service in each 185  
building in the school district and in terms of a total cost for 186  
each category of service and, as a breakdown of the total cost, a 187  
cost for each of the following components: 188

(a) The cost of each instructional services category required 189  
by guidelines adopted under division (B)(1)(a) of this section 190  
that is provided directly to students by a classroom teacher; 191

(b) The cost of the instructional support services, such as 192  
services provided by a speech-language pathologist, classroom 193  
aide, multimedia aide, or librarian, provided directly to students 194  
in conjunction with each instructional services category; 195

(c) The cost of the administrative support services related 196  
to each instructional services category, such as the cost of 197  
personnel that develop the curriculum for the instructional 198  
services category and the cost of personnel supervising or 199  
coordinating the delivery of the instructional services category. 200

(4) Support or extracurricular services costs for each 201  
category of service directly provided to students and required by 202  
guidelines adopted pursuant to division (B)(1)(b) of this section. 203  
The guidelines shall require the cost units under division (C)(4) 204  
of this section to be designed so that each of them may be 205

compiled and reported in terms of average expenditure per pupil 206  
receiving the service in the school district as a whole and 207  
average expenditure per pupil receiving the service in each 208  
building in the school district and in terms of a total cost for 209  
each category of service and, as a breakdown of the total cost, a 210  
cost for each of the following components: 211

(a) The cost of each support or extracurricular services 212  
category required by guidelines adopted under division (B)(1)(b) 213  
of this section that is provided directly to students by a 214  
licensed employee, such as services provided by a guidance 215  
counselor or any services provided by a licensed employee under a 216  
supplemental contract; 217

(b) The cost of each such services category provided directly 218  
to students by a nonlicensed employee, such as janitorial 219  
services, cafeteria services, or services of a sports trainer; 220

(c) The cost of the administrative services related to each 221  
services category in division (C)(4)(a) or (b) of this section, 222  
such as the cost of any licensed or nonlicensed employees that 223  
develop, supervise, coordinate, or otherwise are involved in 224  
administering or aiding the delivery of each services category. 225

(D)(1) The guidelines adopted under this section shall 226  
require school districts to collect information about individual 227  
students, staff members, or both in connection with any data 228  
required by division (B) or (C) of this section or other reporting 229  
requirements established in the Revised Code. The guidelines may 230  
also require school districts to report information about 231  
individual staff members in connection with any data required by 232  
division (B) or (C) of this section or other reporting 233  
requirements established in the Revised Code. The guidelines shall 234  
not authorize school districts to request social security numbers 235  
of individual students. The guidelines shall prohibit the 236  
reporting under this section of a student's name, address, and 237

social security number to the state board of education or the 238  
department of education. The guidelines shall also prohibit the 239  
reporting under this section of any personally identifiable 240  
information about any student, except for the purpose of assigning 241  
the data verification code required by division (D)(2) of this 242  
section, to any other person unless such person is employed by the 243  
school district or the information technology center operated 244  
under section 3301.075 of the Revised Code and is authorized by 245  
the district or technology center to have access to such 246  
information or is employed by an entity with which the department 247  
contracts for the scoring or the development of state assessments. 248  
The guidelines may require school districts to provide the social 249  
security numbers of individual staff members and the county of 250  
residence for a student. Nothing in this section prohibits the 251  
state board of education or department of education from providing 252  
a student's county of residence to the department of taxation to 253  
facilitate the distribution of tax revenue. 254

(2)(a) The guidelines shall provide for each school district 255  
or community school to assign a data verification code that is 256  
unique on a statewide basis over time to each student whose 257  
initial Ohio enrollment is in that district or school and to 258  
report all required individual student data for that student 259  
utilizing such code. The guidelines shall also provide for 260  
assigning data verification codes to all students enrolled in 261  
districts or community schools on the effective date of the 262  
guidelines established under this section. The assignment of data 263  
verification codes for other entities, as described in division 264  
(D)(2)(c) of this section, the use of those codes, and the 265  
reporting and use of associated individual student data shall be 266  
coordinated by the department in accordance with state and federal 267  
law. 268

School districts shall report individual student data to the 269

department through the information technology centers utilizing 270  
the code. The entities described in division (D)(2)(c) of this 271  
section shall report individual student data to the department in 272  
the manner prescribed by the department. 273

Except as provided in sections 3301.941, 3310.11, 3310.42, 274  
3310.63, 3313.978, and 3317.20 of the Revised Code, at no time 275  
shall the state board or the department have access to information 276  
that would enable any data verification code to be matched to 277  
personally identifiable student data. 278

(b) Each school district and community school shall ensure 279  
that the data verification code is included in the student's 280  
records reported to any subsequent school district, community 281  
school, or state institution of higher education, as defined in 282  
section 3345.011 of the Revised Code, in which the student 283  
enrolls. Any such subsequent district or school shall utilize the 284  
same identifier in its reporting of data under this section. 285

(c) The director of any state agency that administers a 286  
publicly funded program providing services to children who are 287  
younger than compulsory school age, as defined in section 3321.01 288  
of the Revised Code, including the directors of health, job and 289  
family services, mental health and addiction services, and 290  
developmental disabilities, shall request and receive, pursuant to 291  
sections 3301.0723 and ~~3701.62~~ 5123.0423 of the Revised Code, a 292  
data verification code for a child who is receiving those 293  
services. 294

(E) The guidelines adopted under this section may require 295  
school districts to collect and report data, information, or 296  
reports other than that described in divisions (A), (B), and (C) 297  
of this section for the purpose of complying with other reporting 298  
requirements established in the Revised Code. The other data, 299  
information, or reports may be maintained in the education 300  
management information system but are not required to be compiled 301

as part of the profile formats required under division (G) of this 302  
section or the annual statewide report required under division (H) 303  
of this section. 304

(F) Beginning with the school year that begins July 1, 1991, 305  
the board of education of each school district shall annually 306  
collect and report to the state board, in accordance with the 307  
guidelines established by the board, the data required pursuant to 308  
this section. A school district may collect and report these data 309  
notwithstanding section 2151.357 or 3319.321 of the Revised Code. 310

(G) The state board shall, in accordance with the procedures 311  
it adopts, annually compile the data reported by each school 312  
district pursuant to division (D) of this section. The state board 313  
shall design formats for profiling each school district as a whole 314  
and each school building within each district and shall compile 315  
the data in accordance with these formats. These profile formats 316  
shall: 317

(1) Include all of the data gathered under this section in a 318  
manner that facilitates comparison among school districts and 319  
among school buildings within each school district; 320

(2) Present the data on academic achievement levels as 321  
assessed by the testing of student achievement maintained pursuant 322  
to division (B)(1)(d) of this section. 323

(H)(1) The state board shall, in accordance with the 324  
procedures it adopts, annually prepare a statewide report for all 325  
school districts and the general public that includes the profile 326  
of each of the school districts developed pursuant to division (G) 327  
of this section. Copies of the report shall be sent to each school 328  
district. 329

(2) The state board shall, in accordance with the procedures 330  
it adopts, annually prepare an individual report for each school 331  
district and the general public that includes the profiles of each 332

of the school buildings in that school district developed pursuant 333  
to division (G) of this section. Copies of the report shall be 334  
sent to the superintendent of the district and to each member of 335  
the district board of education. 336

(3) Copies of the reports received from the state board under 337  
divisions (H)(1) and (2) of this section shall be made available 338  
to the general public at each school district's offices. Each 339  
district board of education shall make copies of each report 340  
available to any person upon request and payment of a reasonable 341  
fee for the cost of reproducing the report. The board shall 342  
annually publish in a newspaper of general circulation in the 343  
school district, at least twice during the two weeks prior to the 344  
week in which the reports will first be available, a notice 345  
containing the address where the reports are available and the 346  
date on which the reports will be available. 347

(I) Any data that is collected or maintained pursuant to this 348  
section and that identifies an individual pupil is not a public 349  
record for the purposes of section 149.43 of the Revised Code. 350

(J) As used in this section: 351

(1) "School district" means any city, local, exempted 352  
village, or joint vocational school district and, in accordance 353  
with section 3314.17 of the Revised Code, any community school. As 354  
used in division (L) of this section, "school district" also 355  
includes any educational service center or other educational 356  
entity required to submit data using the system established under 357  
this section. 358

(2) "Cost" means any expenditure for operating expenses made 359  
by a school district excluding any expenditures for debt 360  
retirement except for payments made to any commercial lending 361  
institution for any loan approved pursuant to section 3313.483 of 362  
the Revised Code. 363

(K) Any person who removes data from the information system 364  
established under this section for the purpose of releasing it to 365  
any person not entitled under law to have access to such 366  
information is subject to section 2913.42 of the Revised Code 367  
prohibiting tampering with data. 368

(L)(1) In accordance with division (L)(2) of this section and 369  
the rules adopted under division (L)(10) of this section, the 370  
department of education may sanction any school district that 371  
reports incomplete or inaccurate data, reports data that does not 372  
conform to data requirements and descriptions published by the 373  
department, fails to report data in a timely manner, or otherwise 374  
does not make a good faith effort to report data as required by 375  
this section. 376

(2) If the department decides to sanction a school district 377  
under this division, the department shall take the following 378  
sequential actions: 379

(a) Notify the district in writing that the department has 380  
determined that data has not been reported as required under this 381  
section and require the district to review its data submission and 382  
submit corrected data by a deadline established by the department. 383  
The department also may require the district to develop a 384  
corrective action plan, which shall include provisions for the 385  
district to provide mandatory staff training on data reporting 386  
procedures. 387

(b) Withhold up to ten per cent of the total amount of state 388  
funds due to the district for the current fiscal year and, if not 389  
previously required under division (L)(2)(a) of this section, 390  
require the district to develop a corrective action plan in 391  
accordance with that division; 392

(c) Withhold an additional amount of up to twenty per cent of 393  
the total amount of state funds due to the district for the 394

current fiscal year;	395
(d) Direct department staff or an outside entity to	396
investigate the district's data reporting practices and make	397
recommendations for subsequent actions. The recommendations may	398
include one or more of the following actions:	399
(i) Arrange for an audit of the district's data reporting	400
practices by department staff or an outside entity;	401
(ii) Conduct a site visit and evaluation of the district;	402
(iii) Withhold an additional amount of up to thirty per cent	403
of the total amount of state funds due to the district for the	404
current fiscal year;	405
(iv) Continue monitoring the district's data reporting;	406
(v) Assign department staff to supervise the district's data	407
management system;	408
(vi) Conduct an investigation to determine whether to suspend	409
or revoke the license of any district employee in accordance with	410
division (N) of this section;	411
(vii) If the district is issued a report card under section	412
3302.03 of the Revised Code, indicate on the report card that the	413
district has been sanctioned for failing to report data as	414
required by this section;	415
(viii) If the district is issued a report card under section	416
3302.03 of the Revised Code and incomplete or inaccurate data	417
submitted by the district likely caused the district to receive a	418
higher performance rating than it deserved under that section,	419
issue a revised report card for the district;	420
(ix) Any other action designed to correct the district's data	421
reporting problems.	422
(3) Any time the department takes an action against a school	423
district under division (L)(2) of this section, the department	424

shall make a report of the circumstances that prompted the action. 425  
The department shall send a copy of the report to the district 426  
superintendent or chief administrator and maintain a copy of the 427  
report in its files. 428

(4) If any action taken under division (L)(2) of this section 429  
resolves a school district's data reporting problems to the 430  
department's satisfaction, the department shall not take any 431  
further actions described by that division. If the department 432  
withheld funds from the district under that division, the 433  
department may release those funds to the district, except that if 434  
the department withheld funding under division (L)(2)(c) of this 435  
section, the department shall not release the funds withheld under 436  
division (L)(2)(b) of this section and, if the department withheld 437  
funding under division (L)(2)(d) of this section, the department 438  
shall not release the funds withheld under division (L)(2)(b) or 439  
(c) of this section. 440

(5) Notwithstanding anything in this section to the contrary, 441  
the department may use its own staff or an outside entity to 442  
conduct an audit of a school district's data reporting practices 443  
any time the department has reason to believe the district has not 444  
made a good faith effort to report data as required by this 445  
section. If any audit conducted by an outside entity under 446  
division (L)(2)(d)(i) or (5) of this section confirms that a 447  
district has not made a good faith effort to report data as 448  
required by this section, the district shall reimburse the 449  
department for the full cost of the audit. The department may 450  
withhold state funds due to the district for this purpose. 451

(6) Prior to issuing a revised report card for a school 452  
district under division (L)(2)(d)(viii) of this section, the 453  
department may hold a hearing to provide the district with an 454  
opportunity to demonstrate that it made a good faith effort to 455  
report data as required by this section. The hearing shall be 456

conducted by a referee appointed by the department. Based on the 457  
information provided in the hearing, the referee shall recommend 458  
whether the department should issue a revised report card for the 459  
district. If the referee affirms the department's contention that 460  
the district did not make a good faith effort to report data as 461  
required by this section, the district shall bear the full cost of 462  
conducting the hearing and of issuing any revised report card. 463

(7) If the department determines that any inaccurate data 464  
reported under this section caused a school district to receive 465  
excess state funds in any fiscal year, the district shall 466  
reimburse the department an amount equal to the excess funds, in 467  
accordance with a payment schedule determined by the department. 468  
The department may withhold state funds due to the district for 469  
this purpose. 470

(8) Any school district that has funds withheld under 471  
division (L)(2) of this section may appeal the withholding in 472  
accordance with Chapter 119. of the Revised Code. 473

(9) In all cases of a disagreement between the department and 474  
a school district regarding the appropriateness of an action taken 475  
under division (L)(2) of this section, the burden of proof shall 476  
be on the district to demonstrate that it made a good faith effort 477  
to report data as required by this section. 478

(10) The state board of education shall adopt rules under 479  
Chapter 119. of the Revised Code to implement division (L) of this 480  
section. 481

(M) No information technology center or school district shall 482  
acquire, change, or update its student administration software 483  
package to manage and report data required to be reported to the 484  
department unless it converts to a student software package that 485  
is certified by the department. 486

(N) The state board of education, in accordance with sections 487

3319.31 and 3319.311 of the Revised Code, may suspend or revoke a license as defined under division (A) of section 3319.31 of the Revised Code that has been issued to any school district employee found to have willfully reported erroneous, inaccurate, or incomplete data to the education management information system.

(O) No person shall release or maintain any information about any student in violation of this section. Whoever violates this division is guilty of a misdemeanor of the fourth degree.

(P) The department shall disaggregate the data collected under division (B)(1)(n) of this section according to the race and socioeconomic status of the students assessed.

(Q) If the department cannot compile any of the information required by division (H) of section 3302.03 of the Revised Code based upon the data collected under this section, the department shall develop a plan and a reasonable timeline for the collection of any data necessary to comply with that division.

**Sec. 3701.07.** (A) The director of health shall adopt rules in accordance with Chapter 119. of the Revised Code defining and classifying hospitals and dispensaries and providing for the reporting of information by hospitals and dispensaries. Except as otherwise provided in the Revised Code, the rules providing for the reporting of information shall not require inclusion of any confidential patient data or any information concerning the financial condition, income, expenses, or net worth of the facilities ~~other than that financial information already contained in those portions of the medicare or medicaid cost report that is necessary for the department of health to certify the per diem cost under section 3701.62 of the Revised Code.~~ The rules may require the reporting of information in the following categories:

(1) Information needed to identify and classify the institution;

(2) Information on facilities and type and volume of services provided by the institution;	519 520
(3) The number of beds listed by category of care provided;	521
(4) The number of licensed or certified professional employees by classification;	522 523
(5) The number of births that occurred at the institution the previous calendar year;	524 525
(6) Any other information that the director considers relevant to the safety of patients served by the institution.	526 527
Every hospital and dispensary, public or private, annually shall register with and report to the department of health. Reports shall be submitted in the manner prescribed in rules adopted under this division.	528 529 530 531
(B) Every governmental entity or private nonprofit corporation or association whose employees or representatives are defined as residents' rights advocates under divisions (E)(1) and (2) of section 3721.10 of the Revised Code shall register with the department of health on forms furnished by the director of health and shall provide such reasonable identifying information as the director may prescribe.	532 533 534 535 536 537 538
The department shall compile a list of the governmental entities, corporations, or associations registering under this division and shall update the list annually. Copies of the list shall be made available to nursing home administrators as defined in division (C) of section 3721.10 of the Revised Code.	539 540 541 542 543
<b>Sec. 3701.61.</b> (A) The department of health shall establish the help me grow program to encourage early prenatal and well-baby care, <u>as well as</u> provide parenting education to promote the comprehensive health and development of children, <del>and provide early intervention services in accordance with part C of the</del>	544 545 546 547 548

~~"Individuals with Disabilities Education Act," 118 Stat. 2744~~ 549  
~~(2004), 20 U.S.C. 1431 et seq. The program shall include the~~ 550  
~~following services:~~ 551

~~(1) Home also provide home~~ visiting services to families with 552  
a pregnant woman or an infant or toddler under three years of age 553  
who meet the eligibility requirements established in rules adopted 554  
under this section: 555

~~(2) Part C early intervention services to infants and~~ 556  
~~toddlers under three years of age who meet the eligibility~~ 557  
~~requirements established in rules adopted under this section.~~ 558

(B) The director of health may enter into an interagency 559  
agreement with one or more state agencies to implement the help me 560  
grow program and ensure coordination of early childhood programs. 561

(C) The director may distribute help me grow program funds 562  
through contracts, grants, or subsidies to entities providing 563  
services under the program. 564

~~(D) To the extent funds are available, the department shall~~ 565  
~~establish a system of payment to providers of home visiting and~~ 566  
~~part C early intervention services.~~ 567

~~(E)~~ As a condition of receiving payments for home visiting 568  
services, providers shall report to the director data on the 569  
program performance indicators that are used to assess progress 570  
toward achieving the goals of the program. The report shall 571  
include data on the performance indicator of birth outcomes, 572  
including risk indicators of low birth weight and preterm births, 573  
and data on all other performance indicators specified in rules 574  
adopted under this section. The providers shall report the data in 575  
the format and within the time frames specified in the rules. 576

The director shall prepare an annual report on the data 577  
received from the providers. 578

~~(F)~~(E) Pursuant to Chapter 119. of the Revised Code, the 579  
director shall adopt rules that are necessary and proper to 580  
implement this section. The rules shall specify all of the 581  
following: 582

(1) Eligibility requirements for home visiting services ~~and~~ 583  
~~part C early intervention services;~~ 584

(2) Eligibility requirements for providers of home visiting 585  
services ~~and providers of part C early intervention services;~~ 586

(3) Standards and procedures for the provision of program 587  
services, including data collection, program monitoring, and 588  
program evaluation; 589

(4) Procedures for appealing the denial of an application for 590  
program services or the termination of services; 591

(5) Procedures for appealing the denial of an application to 592  
become a provider of program services or the termination of the 593  
department's approval of a provider; 594

(6) Procedures for addressing complaints; 595

(7) The program performance indicators on which data must be 596  
reported by providers of home visiting services under division 597  
~~(E)~~(D) of this section, which, to the extent possible, shall be 598  
consistent with federal reporting requirements for federally 599  
funded home visiting services; 600

(8) The format in which reports must be submitted under 601  
division ~~(E)~~(D) of this section and the time frames within which 602  
the reports must be submitted; 603

(9) Criteria for payment of approved providers of program 604  
services; 605

(10) Any other rules necessary to implement the program. 606

~~(G) A family enrolled in the help me grow at risk program on 607  
the effective date of this amendment shall be eligible for at risk 608~~

~~services until December 31, 2013, or until the eligible child reaches three years of age, whichever occurs first.~~ 609  
610

**Sec. 4723.071.** (A) As used in this section, "health-related activities," and "MR/DD personnel," ~~"prescribed medication," and "tube feeding"~~ have the same meanings as in section 5123.41 of the Revised Code. 611  
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(B) The board of nursing shall adopt rules as it considers necessary to govern nursing delegation as it applies to MR/DD personnel who administer ~~prescribed medications,~~ and perform health-related activities, ~~and perform tube feedings~~ pursuant to the authority granted under section 5123.42 of the Revised Code. The board shall not establish in the rules any requirement that is inconsistent with the authority of MR/DD personnel granted under that section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. 615  
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(C) The board ~~of nursing~~ may accept complaints from any person or government entity regarding the performance or qualifications of MR/DD personnel who administer ~~prescribed medications,~~ and perform health-related activities, ~~and perform tube feedings~~ pursuant to the authority granted under section 5123.42 of the Revised Code. The board shall refer all complaints received to the department of developmental disabilities. The board may participate in an investigation of a complaint being conducted by the department under section 5123.421 of the Revised Code. 624  
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**Sec. 5123.02.** The department of developmental disabilities shall do the following: 634  
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(A) Promote comprehensive statewide programs and services for persons with ~~mental retardation or a developmental disability~~ disabilities and their families wherever they reside in the state. 636  
637  
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These programs shall include public ~~education~~ awareness, 639  
prevention, ~~diagnosis~~ assessment, treatment, training, and care. 640

(B) Provide administrative leadership for statewide services 641  
~~which include residential facilities, evaluation centers, and~~ 642  
~~community classes which are wholly or in part financed by the~~ 643  
~~department of developmental disabilities as provided by section~~ 644  
~~5123.26 of the Revised Code;~~ 645

(C) Develop and maintain, to the extent feasible, data on all 646  
services and programs ~~for persons with mental retardation or a~~ 647  
~~developmental disability,~~ that are ~~provided by~~ governmental and 648  
private agencies provide for persons with developmental 649  
disabilities; 650

(D) ~~Make periodic determinations of the number of persons~~ 651  
~~with mental retardation or a developmental disability requiring~~ 652  
~~services in the state;~~ 653

~~(E)~~ Provide leadership to local authorities in planning and 654  
developing community-wide services for persons with ~~mental~~ 655  
~~retardation or a developmental disability~~ disabilities and their 656  
families; 657

~~(F)~~(E) Promote programs of professional training and research 658  
in cooperation with other state departments, agencies, and 659  
institutions of higher learning; 660

(F) Serve as the "lead agency," as described by 20 U.S.C. 661  
1435(a)(10), to implement the state's part C early intervention 662  
services program, through which early intervention services are 663  
provided to eligible infants and toddlers in accordance with part 664  
C of the "Individuals with Disabilities Education Act," 20 U.S.C. 665  
1431 et seq., and regulations implementing that part in 34 C.F.R. 666  
part 303. 667

Sec. 5123.024. The department of developmental disabilities 668

may do any of the following as the lead agency to implement the 669  
state's part C early intervention services program, as described 670  
in section 5123.02 of the Revised Code: 671

(A) Enter into an interagency agreement with one or more 672  
other state agencies to implement the program and ensure 673  
coordination of early childhood programs; 674

(B) Distribute program funds through contracts, grants, or 675  
subsidies to entities that are program service providers; 676

(C) Establish a system of payment to program service 677  
providers. 678

Sec. 5123.0421. The director of developmental disabilities 679  
shall adopt rules in accordance with Chapter 119. of the Revised 680  
Code that are necessary to implement the state's part C early 681  
intervention services program, including rules that specify all of 682  
the following: 683

(A) Eligibility requirements to receive program services; 684

(B) Eligibility requirements to be a program service 685  
provider; 686

(C) Operating standards and procedures for program service 687  
providers, including standards and procedures governing data 688  
collection, program monitoring, and program evaluation; 689

(D) Procedures to appeal the denial of an application to 690  
receive program services or the termination of program services; 691

(E) Procedures to appeal a decision by the department of 692  
developmental disabilities to deny an application to be a program 693  
service provider or to terminate a provider's status; 694

(F) Procedures for addressing complaints by persons who 695  
receive program services; 696

(G) Criteria for the payment of program service providers; 697

(H) The metrics or indicators used to measure program service 698  
provider performance. 699

**Sec. 5123.0422.** The governor shall establish the early 700  
intervention services advisory council, which shall serve as the 701  
state interagency coordinating council, as described in 20 U.S.C. 702  
1441. In establishing the council, the governor shall comply with 703  
the requirements of 20 U.S.C. 1441, including the requirement to 704  
ensure that the membership of the council reasonably represents 705  
the population of the state. 706

The governor shall appoint one of the council members to 707  
serve as chairperson of the council, or the governor may delegate 708  
appointment of the chairperson to the council. No member of the 709  
council representing the department of health or the department of 710  
developmental disabilities shall serve as chairperson. 711

The council is not subject to sections 101.82 to 101.87 of 712  
the Revised Code. 713

**Sec. 5123.0423.** As used in this section, "school district of 714  
residence" has the same meaning as in section 3323.01 of the 715  
Revised Code. 716

The director of developmental disabilities shall request a 717  
student data verification code from the independent contractor 718  
engaged by the department of education to create and maintain such 719  
codes for school districts and community schools under division 720  
(D)(2) of section 3301.0714 of the Revised Code for each child who 721  
is receiving services from the state's part C early intervention 722  
services program. The director shall request from the parent, 723  
guardian, or custodian of the child, or from any other person who 724  
is authorized by law to make decisions regarding the child's 725  
education, the name and address of the child's school district of 726

residence. The director shall submit the data verification code 727  
for that child to the child's school district of residence at the 728  
time the child ceases to receive services from the part C early 729  
intervention services program. 730

The director and each school district that receives a data 731  
verification code under this section shall not release that code 732  
to any person except as provided by law. Any document that the 733  
director holds in the director's files that contains both a 734  
child's name or other personally identifiable information and the 735  
child's data verification code is not a public record under 736  
section 149.43 of the Revised Code. 737

**Sec. 5123.1610.** (A) ~~Both~~ All of the following apply if the 738  
department of medicaid, pursuant to section 5164.38 of the Revised 739  
Code, refuses to enter into, terminates, or refuses to revalidate 740  
a provider agreement that authorizes a person or government entity 741  
to provide supported living under the medicaid program: 742

(1) In the case of a refusal to enter into a provider 743  
agreement, the person or government entity's application to 744  
provide medicaid-funded supported living under a supported living 745  
certificate is automatically denied on the date the department of 746  
medicaid refuses to enter into the provider agreement. 747

(2) In the case of a terminated provider agreement, the 748  
person or government entity's authority to provide medicaid-funded 749  
supported living under a supported living certificate is 750  
automatically revoked on the date that the provider agreement is 751  
terminated. 752

~~(2)~~(3) In the case of a provider agreement that expires 753  
because the department of medicaid refuses to revalidate it, the 754  
person or government entity's authority to provide medicaid-funded 755  
supported living under a supported living certificate is 756  
automatically revoked on the date that the provider agreement 757

expires, unless the expiration date of the provider agreement is 758  
the same as the expiration date of the supported living 759  
certificate, in which case the director of developmental 760  
disabilities shall refuse to renew the person or government 761  
entity's authority to provide medicaid-funded supported living 762  
under the certificate. 763

(B) The director of developmental disabilities is not 764  
required to issue an adjudication order in accordance with Chapter 765  
119. of the Revised Code to do ~~either~~ any of the following 766  
pursuant to this section: 767

(1) Deny a person or government entity's application to 768  
provide medicaid-funded supported living; 769

(2) Revoke a person or government entity's authority to 770  
provide medicaid-funded supported living; 771

~~(2)~~(3) Refuse to renew a person or government entity's 772  
authority to provide medicaid-funded supported living. 773

(C) This section does not affect a person or government 774  
entity's opportunity or authority to ~~provide~~ do either of the 775  
following: 776

(1) Apply to provide nonmedicaid-funded supported living 777  
under a supported living certificate; 778

(2) Provide nonmedicaid-funded supported living under a 779  
supported living certificate. 780

**Sec. 5123.377.** (A) As used in this section: 781

(1) "Adult services" has the same meaning as in section 782  
5126.01 of the Revised Code. 783

(2) "Community adult facility" means a facility in which 784  
adult services are provided. 785

(B) The director of developmental disabilities may change the 786

terms of an agreement entered into with a county board of 787  
developmental disabilities or a board of county commissioners 788  
pursuant to section 5123.36 of the Revised Code or other statutory 789  
authority in effect before July 1, 1980, regarding the 790  
construction, acquisition, or renovation of a community adult 791  
facility if all of the following apply: 792

(1) The agreement was entered into during the period 793  
beginning January 1, 1976, and ending December 31, 1999. 794

(2) The agreement requires the county board or board of 795  
county commissioners to use the community adult facility for at 796  
least forty years. 797

(3) The county board or board of county commissioners submits 798  
to the director an application for a change in the agreement's 799  
terms that includes the following information: 800

(a) A statement of intent to close the facility and the 801  
anticipated date of closure; 802

(b) The number of individuals with developmental disabilities 803  
served in the facility at the time of application; 804

(c) Identification of alternative providers of services to be 805  
offered to those individuals; 806

(d) A commitment and demonstration that those individuals 807  
will receive services from the alternative providers; 808

(e) A resolution from the county board or board of county 809  
commissioners authorizing the application, including a commitment 810  
that if the facility is sold, the county board or board of county 811  
commissioners will do either of the following: 812

(i) Reimburse the department of developmental disabilities 813  
the proceeds of the sale up to the outstanding balance owed under 814  
the agreement; 815

(ii) Use the proceeds of the sale for the acquisition of 816

housing for individuals with developmental disabilities that 817  
complies with the requirements established by the director. 818

(C) Agreement terms that may be changed pursuant to division 819  
(B) of this section include terms regarding the length of time the 820  
facility must be used as a community adult facility. 821

**Sec. 5123.41.** As used in this section and sections 5123.42 to 822  
5123.47 of the Revised Code: 823

(A) "Adult services" has the same meaning as in section 824  
5126.01 of the Revised Code. 825

(B) "Certified supported living provider" means a person or 826  
government entity certified under section 5123.161 of the Revised 827  
Code. 828

(C) "Drug" has the same meaning as in section 4729.01 of the 829  
Revised Code. 830

(D) "Family support services" has the same meaning as in 831  
section 5126.01 of the Revised Code. 832

(E) "Health-related activities" means the following: 833

(1) Taking vital signs; 834

(2) Application of clean dressings that do not require health 835  
assessment; 836

(3) Basic measurement of bodily intake and output; 837

(4) Oral suctioning; 838

(5) Use of glucometers; 839

(6) External urinary catheter ~~care~~ cleaning; 840

(7) Emptying and replacing ~~colostomy~~ ostomy bags; 841

(8) Collection of specimens by noninvasive means; 842

(9) Pulse oximetry reading; 843

<u>(10) Use of continuous positive airway pressure machines;</u>	844
<u>(11) Application of percussion vests;</u>	845
<u>(12) Use of cough assist devices and insufflators;</u>	846
<u>(13) Application of prescribed compression hosiery.</u>	847
(F) "Licensed health professional authorized to prescribe drugs" has the same meaning as in section 4729.01 of the Revised Code.	848 849 850
(G) <u>"Metered dose inhaled medication" means a premeasured medication administered by inhalation using a hand-held dispenser or aerosol nebulizer.</u>	851 852 853
(H) "MR/DD personnel" means the employees and the workers under contract who provide specialized services to individuals with mental retardation and developmental disabilities. "MR/DD personnel" includes those who provide the services as follows:	854 855 856 857
(1) Through direct employment with the department of developmental disabilities or a county board of developmental disabilities;	858 859 860
(2) Through an entity under contract with the department of developmental disabilities or a county board of developmental disabilities;	861 862 863
(3) Through direct employment or by being under contract with private entities, including private entities that operate residential facilities.	864 865 866
<del>(H)</del> (I) "Nursing delegation" means the process established in rules adopted by the board of nursing pursuant to Chapter 4723. of the Revised Code under which a registered nurse or licensed practical nurse acting at the direction of a registered nurse transfers the performance of a particular nursing activity or task to another person who is not otherwise authorized to perform the activity or task.	867 868 869 870 871 872 873

~~(I)~~(J) "Over-the-counter medication" means a drug that may be 874  
sold and purchased without a prescription. 875

(K) "Prescribed medication" means a drug that is to be 876  
administered according to the instructions of a licensed health 877  
professional authorized to prescribe drugs. 878

~~(J)~~(L) "Residential facility" means a facility licensed under 879  
section 5123.19 of the Revised Code. 880

~~(K)~~(M) "Specialized services" has the same meaning as in 881  
section 5123.50 of the Revised Code. 882

~~(L)~~ "~~Tube feeding~~" ~~means the provision of nutrition to an~~ 883  
~~individual through a gastrostomy tube or a jejunostomy tube.~~ 884

(N) "Topical over-the-counter musculoskeletal medication" 885  
means an over-the-counter medication that is applied topically or 886  
passes through the skin to provide relief from discomfort in the 887  
muscles, joints, or bones. 888

**Sec. 5123.42.** (A) ~~Beginning nine months after March 31, 2003,~~ 889  
MR/DD personnel who are not specifically authorized by other 890  
provisions of the Revised Code to administer ~~prescribed~~ 891  
~~medications,~~ or perform health-related activities, ~~or perform tube~~ 892  
~~feedings~~ may do so pursuant to this section as part of the 893  
specialized services the MR/DD personnel provide to individuals 894  
with mental retardation and developmental disabilities in the 895  
following categories: 896

(1) Recipients of early intervention, preschool, and 897  
school-age services offered or provided pursuant to this chapter 898  
or Chapter 5126. of the Revised Code; 899

(2) Recipients of adult services, if the services are 900  
received in a setting where seventeen or more individuals receive 901  
the services and the services are offered or provided pursuant to 902  
this chapter or Chapter 5126. of the Revised Code; 903

(3) Recipients of adult services, if the services are received in a setting where not more than sixteen individuals receive the services and the services are offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code; 904  
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(4) Recipients of family support services offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code; 908  
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~~(4)~~(5) Recipients of services from certified supported living providers, if the services are offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code; 910  
911  
912

~~(5)~~(6) Recipients of residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes not more than four individuals with mental retardation and developmental disabilities and the services are offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code; 913  
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~~(6)~~(7) Recipients of services not included in divisions (A)(1) to ~~(5)~~(6) of this section that are offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code; 920  
921  
922

~~(7)~~(8) Residents of a residential facility with not more than five ~~or fewer~~ resident beds; 923  
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~~(8)~~(9) Residents of a residential facility with at least six but not more than sixteen resident beds; 925  
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~~(9)~~(10) Residents of a residential facility with seventeen or more resident beds who are on a field trip from the facility, if all of the following are the case: 927  
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(a) The field trip is sponsored by the facility for purposes of complying with federal medicaid statutes and regulations, state medicaid statutes and rules, or other federal or state statutes, regulations, or rules that require the facility to provide 930  
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habilitation, community integration, or normalization services to 934  
its residents. 935

(b) Not more than ten field trip participants are residents 936  
who have health needs requiring the administration of prescribed 937  
medications, excluding participants who self-administer prescribed 938  
medications or receive assistance with self-administration of 939  
prescribed medications. 940

(c) The facility staffs the field trip with MR/DD personnel 941  
in such a manner that one person will administer prescribed 942  
medications, ~~or perform health-related activities, or perform tube~~ 943  
~~feedings~~ for not more than four participants if one or more of 944  
those participants have health needs requiring the person to 945  
administer prescribed medications through a gastrostomy or 946  
jejunostomy tube. 947

(d) According to the instructions of a health care 948  
professional acting within the scope of the professional's 949  
practice, the health needs of the participants who require 950  
administration of prescribed medications by MR/DD personnel are 951  
such that the participants must receive the medications during the 952  
field trip to avoid jeopardizing their health and safety. 953

(B)(1) In the case of individuals described in divisions 954  
(A)(1) to (10) of this section, MR/DD personnel may do all of the 955  
following without nursing delegation and without a certificate 956  
issued under section 5123.45 of the Revised Code: 957

(a) Activate a vagal nerve stimulator; 958

(b) Use an epinephrine autoinjector to treat anaphylaxis; 959

(c) Administer topical over-the-counter medications for the 960  
purpose of cleaning, protecting, or comforting the skin, hair, 961  
nails, teeth, or oral surfaces, but not for the purpose of 962  
treating an open wound or a condition that requires a medical 963  
diagnosis, including a fungal infection. 964

(2) The authority of MR/DD personnel to activate a vagal nerve stimulator, use an epinephrine autoinjector, and administer topical over-the-counter medications is subject to all of the following: 965  
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(a) To activate a vagal nerve stimulator or use an epinephrine autoinjector, MR/DD personnel shall successfully complete the training course or courses developed under section 5123.43 of the Revised Code for MR/DD personnel. MR/DD personnel shall activate a vagal nerve stimulator or use an epinephrine autoinjector only as authorized by the training completed. 969  
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(b) The employer of MR/DD personnel shall ensure that MR/DD personnel have been trained specifically with respect to each individual for whom they activate a vagal nerve stimulator or use an epinephrine autoinjector. MR/DD personnel shall not activate a vagal nerve stimulator or use an epinephrine autoinjector for any individual for whom they have not been specifically trained. 975  
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(c) If the employer of MR/DD personnel believes that MR/DD personnel have not or will not safely activate a vagal nerve stimulator or use an epinephrine autoinjector, the employer shall prohibit the MR/DD personnel from continuing or commencing to do so. MR/DD personnel shall not engage in the action or actions subject to an employer's prohibition. 981  
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(d) MR/DD personnel shall activate a vagal nerve stimulator, use an epinephrine autoinjector, or administer topical over-the-counter medications in accordance with the manufacturer's instructions. 987  
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(C)(1) In the case of recipients of early intervention, preschool, and school-age services, as specified in division (A)(1) of this section, all of the following apply: 991  
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993

(a) With nursing delegation, MR/DD personnel may perform health-related activities. 994  
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(b) With nursing delegation, MR/DD personnel may administer oral and topical prescribed medications <u>and topical over-the-counter musculoskeletal medications.</u>	996 997 998
(c) <u>With nursing delegation, MR/DD personnel may administer oxygen and metered dose inhaled medications.</u>	999 1000
(d) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.	1001 1002 1003
<del>(d)</del> (e) With nursing delegation, MR/DD personnel may <del>perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled</del> <u>administer routine doses of insulin through subcutaneous injections, inhalation, and insulin pumps.</u>	1004 1005 1006 1007 1008
(2) In the case of <del>recipients of adult services, as specified individuals described in <del>division</del> divisions (A)(2), (7), and (9)</del> of this section, all of the following apply:	1009 1010 1011
(a) With nursing delegation, MR/DD personnel may perform health-related activities.	1012 1013
(b) With nursing delegation, MR/DD personnel may administer oral and topical prescribed medications <u>and topical over-the-counter musculoskeletal medications.</u>	1014 1015 1016
(c) <u>With nursing delegation, MR/DD personnel may administer oxygen and metered dose inhaled medications.</u>	1017 1018
(d) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.	1019 1020 1021
<del>(d)</del> (e) With nursing delegation, MR/DD personnel may <del>perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled</del> <u>administer routine doses of insulin through subcutaneous injections, inhalation, and insulin</u>	1022 1023 1024 1025

<u>pumps.</u>	1026
<u>(f) With nursing delegation, MR/DD personnel may administer prescribed medications for the treatment of metabolic glyceimic disorders through subcutaneous injections.</u>	1027 1028 1029
<del>(3) In the case of recipients of family support services, as specified individuals described in division divisions (A)(3), (4), (5), (6), and (8) of this section, all of the following apply:</del>	1030 1031 1032
<del>(a) Without nursing delegation, MR/DD personnel may perform health-related activities.</del>	1033 1034
<del>(b) Without nursing delegation, MR/DD personnel may administer oral and topical prescribed medications <u>and topical over-the-counter musculoskeletal medications.</u></del>	1035 1036 1037
<del>(c) <u>Without nursing delegation, MR/DD personnel may administer oxygen and metered dose inhaled medications.</u></del>	1038 1039
<del>(d) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1040 1041 1042
<del>(d) <del>With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del></del>	1043 1044 1045
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections, <u>inhalation,</u> and insulin pumps.</del>	1046 1047 1048
<del>(f) <u>With nursing delegation, MR/DD personnel may administer prescribed medications for the treatment of metabolic glyceimic disorders through subcutaneous injections.</u></del>	1049 1050 1051
<del>(4) <del>In the case of recipients of services from certified supported living providers, as specified in division (A)(4) of this section, all of the following apply:</del></del>	1052 1053 1054
<del>(a) <del>Without nursing delegation, MR/DD personnel may perform</del></del>	1055

<del>health related activities.</del>	1056
<del>(b) Without nursing delegation, MR/DD personnel may administer oral and topical prescribed medications.</del>	1057
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1058
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1059
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1060
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1061
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1062
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1063
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1064
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1065
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1066
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1067
<del>(5) In the case of recipients of residential support services from certified home and community based services providers, as specified in division (A)(5) of this section, all of the following apply:</del>	1068
<del>(5) In the case of recipients of residential support services from certified home and community based services providers, as specified in division (A)(5) of this section, all of the following apply:</del>	1069
<del>(5) In the case of recipients of residential support services from certified home and community based services providers, as specified in division (A)(5) of this section, all of the following apply:</del>	1070
<del>(5) In the case of recipients of residential support services from certified home and community based services providers, as specified in division (A)(5) of this section, all of the following apply:</del>	1071
<del>(a) Without nursing delegation, MR/DD personnel may perform health related activities.</del>	1072
<del>(a) Without nursing delegation, MR/DD personnel may perform health related activities.</del>	1073
<del>(b) Without nursing delegation, MR/DD personnel may administer oral and topical prescribed medications.</del>	1074
<del>(b) Without nursing delegation, MR/DD personnel may administer oral and topical prescribed medications.</del>	1075
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1076
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1077
<del>(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.</del>	1078
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1079
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1080
<del>(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.</del>	1081
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1082
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1083
<del>(e) With nursing delegation, MR/DD personnel may administer routine doses of insulin through subcutaneous injections and insulin pumps.</del>	1084
<del>(6) In the case of recipients of services not included in</del>	1085

~~divisions (A)(1) to (5) of this section, as specified in division 1086  
(A)(6) of this section, all of the following apply: 1087~~

~~(a) With nursing delegation, MR/DD personnel may perform 1088  
health-related activities. 1089~~

~~(b) With nursing delegation, MR/DD personnel may administer 1090  
oral and topical prescribed medications. 1091~~

~~(c) With nursing delegation, MR/DD personnel may administer 1092  
prescribed medications through gastrostomy and jejunostomy tubes, 1093  
if the tubes being used are stable and labeled. 1094~~

~~(d) With nursing delegation, MR/DD personnel may perform 1095  
routine tube feedings, if the gastrostomy and jejunostomy tubes 1096  
being used are stable and labeled. 1097~~

~~(7) In the case of residents of a residential facility with 1098  
five or fewer beds, as specified in division (A)(7) of this 1099  
section, all of the following apply: 1100~~

~~(a) Without nursing delegation, MR/DD personnel may perform 1101  
health-related activities. 1102~~

~~(b) Without nursing delegation, MR/DD personnel may 1103  
administer oral and topical prescribed medications. 1104~~

~~(c) With nursing delegation, MR/DD personnel may administer 1105  
prescribed medications through gastrostomy and jejunostomy tubes, 1106  
if the tubes being used are stable and labeled. 1107~~

~~(d) With nursing delegation, MR/DD personnel may perform 1108  
routine tube feedings, if the gastrostomy and jejunostomy tubes 1109  
being used are stable and labeled. 1110~~

~~(e) With nursing delegation, MR/DD personnel may administer 1111  
routine doses of insulin through subcutaneous injections and 1112  
insulin pumps. 1113~~

~~(8) In the case of residents of a residential facility with 1114  
at least six but not more than sixteen resident beds, as specified 1115~~

~~in division (A)(8) of this section, all of the following apply:~~ 1116

~~(a) With nursing delegation, MR/DD personnel may perform health-related activities.~~ 1117  
1118

~~(b) With nursing delegation, MR/DD personnel may administer oral and topical prescribed medications.~~ 1119  
1120

~~(c) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.~~ 1121  
1122  
1123

~~(d) With nursing delegation, MR/DD personnel may perform routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled.~~ 1124  
1125  
1126

~~(9) In the case of residents of a residential facility with seventeen or more resident beds who are on a field trip from the facility, all of the following apply during the field trip, subject to the limitations specified in division (A)(9)(10) of this section:~~ 1127  
1128  
1129  
1130  
1131

~~(a) With nursing delegation, MR/DD personnel may perform health-related activities.~~ 1132  
1133

~~(b) With nursing delegation, MR/DD personnel may administer oral and topical prescribed medications and topical over-the-counter musculoskeletal medications.~~ 1134  
1135  
1136

~~(c) With nursing delegation, MR/DD personnel may administer oxygen and metered dose inhaled medications.~~ 1137  
1138

~~(d) With nursing delegation, MR/DD personnel may administer prescribed medications through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled.~~ 1139  
1140  
1141

~~(d)(e) With nursing delegation, MR/DD personnel may ~~perform~~ routine tube feedings, if the gastrostomy and jejunostomy tubes being used are stable and labeled administer routine doses of insulin through subcutaneous injections, inhalation, and insulin~~ 1142  
1143  
1144  
1145

pumps. 1146

(f) With nursing delegation, MR/DD personnel may administer 1147  
prescribed medications for the treatment of metabolic glyceimic 1148  
disorders through subcutaneous injections. 1149

~~(C)(D)~~ The authority of MR/DD personnel to administer 1150  
~~prescribed medications,~~ and perform health-related activities,~~and~~ 1151  
~~perform tube feedings~~ pursuant to division (C) of this section is 1152  
subject to all of the following: 1153

(1) To administer ~~prescribed~~ medications, or perform 1154  
health-related activities,~~or perform tube feedings~~ for 1155  
individuals in the categories specified under divisions (A)(1) to 1156  
~~(8)(9)~~ of this section, MR/DD personnel shall obtain the 1157  
certificate or certificates required by the department of 1158  
developmental disabilities and issued under section 5123.45 of the 1159  
Revised Code. MR/DD personnel shall administer ~~prescribed~~ 1160  
~~medication,~~ medications and perform health-related activities,~~and~~ 1161  
~~perform tube feedings~~ only as authorized by the certificate or 1162  
certificates held. 1163

(2) To administer ~~prescribed~~ medications, or perform 1164  
health-related activities,~~or perform tube feedings~~ for 1165  
individuals in the category specified under division (A)~~(9)(10)~~ of 1166  
this section, MR/DD personnel shall successfully complete the 1167  
training course or courses developed under section 5123.43 of the 1168  
Revised Code for the MR/DD personnel. MR/DD personnel shall 1169  
administer ~~prescribed medication,~~ medications and perform 1170  
health-related activities,~~and perform tube feedings~~ only as 1171  
authorized by the training completed. 1172

(3) If nursing delegation is required under division ~~(B)(C)~~ 1173  
of this section, MR/DD personnel shall not act without nursing 1174  
delegation or in a manner that is inconsistent with the 1175  
delegation. 1176

(4) The employer of MR/DD personnel shall ensure that MR/DD personnel have been trained specifically with respect to each individual for whom they administer ~~prescribed~~ medications, or perform health-related activities, ~~or perform tube feedings~~. MR/DD personnel shall not administer ~~prescribed~~ medications, or perform health-related activities, ~~or perform tube feedings~~ for any individual for whom they have not been specifically trained.

(5) If the employer of MR/DD personnel believes that MR/DD personnel have not or will not safely administer ~~prescribed~~ medications, or perform health-related activities, ~~or perform tube feedings~~, the employer shall prohibit the ~~action~~ MR/DD personnel from continuing or commencing to do so. MR/DD personnel shall not engage in the action or actions subject to an employer's prohibition.

~~(D)~~(E) In accordance with section 5123.46 of the Revised Code, the department of developmental disabilities shall adopt rules governing its implementation of this section. The rules shall include the following:

(1) Requirements for documentation of the administration of ~~prescribed~~ medications, and performance of health-related activities, ~~and performance of tube feedings~~ by MR/DD personnel pursuant to the authority granted under this section;

(2) Procedures for reporting errors that occur in the administration of ~~prescribed~~ medications, and performance of health-related activities, ~~and performance of tube feedings~~ by MR/DD personnel pursuant to the authority granted under this section;

(3) Other standards and procedures the department considers necessary for implementation of this section.

**Sec. 5123.421.** The department of developmental disabilities

shall accept complaints from any person or government entity 1207  
regarding the administration of ~~prescribed~~ medications, and 1208  
performance of health-related activities, ~~and performance of tube~~ 1209  
~~feedings~~ by MR/DD personnel pursuant to the authority granted 1210  
under section 5123.42 of the Revised Code. The department shall 1211  
conduct investigations of complaints as it considers appropriate. 1212  
~~The department shall adopt rules in accordance with section~~ 1213  
~~5123.46 of the Revised Code establishing procedures for accepting~~ 1214  
~~complaints and conducting investigations under this section.~~ 1215

**Sec. 5123.422.** MR/DD personnel who administer ~~prescribed~~ 1216  
medications, or perform health-related activities, ~~or perform tube~~ 1217  
~~feedings~~ pursuant to the authority granted under section 5123.42 1218  
of the Revised Code are not liable for any injury caused by 1219  
administering the medications, or performing the health-related 1220  
activities, ~~or performing the tube feedings~~, if both of the 1221  
following apply: 1222

(A) The MR/DD personnel acted in accordance with the methods 1223  
taught in training completed in compliance with section 5123.42 of 1224  
the Revised Code. 1225

(B) The MR/DD personnel did not act in a manner that 1226  
constitutes willful or wanton ~~or reckless~~ misconduct. 1227

**Sec. 5123.43.** (A) The department of developmental 1228  
disabilities shall develop courses for the training of MR/DD 1229  
personnel in the administration of ~~prescribed~~ medications, and 1230  
performance of health-related activities, ~~and performance of tube~~ 1231  
~~feedings~~ pursuant to the authority granted under section 5123.42 1232  
of the Revised Code. The department may develop separate or 1233  
combined training courses for the administration of prescribed 1234  
medications, administration of over-the-counter medications, and 1235  
performance of health-related activities, ~~and performance of tube~~ 1236

~~feedings~~. Training in the administration of prescribed medications 1237  
through gastrostomy and jejunostomy tubes ~~may be included in a~~ 1238  
~~course providing training in tube feedings. Training in,~~ the 1239  
administration of insulin, the administration of medications for 1240  
the treatment of metabolic glycemc disorders, the activation of a 1241  
vagal nerve stimulator, and the administration of epinephrine 1242  
through an autoinjector may be developed as a separate ~~course~~ 1243  
~~courses~~ or included in a course providing training in the 1244  
administration of other prescribed medications. 1245

(B)(1) The department shall adopt rules in accordance with 1246  
section 5123.46 of the Revised Code that specify the content and 1247  
length of the training courses developed under this section. The 1248  
rules may include any other standards the department considers 1249  
necessary for the training courses. 1250

(2) In adopting rules that specify the content of a training 1251  
course or part of a training course that trains MR/DD personnel in 1252  
the administration of prescribed medications, the department shall 1253  
ensure that the content includes all of the following: 1254

(a) Infection control and universal precautions; 1255

(b) Correct and safe practices, procedures, and techniques 1256  
for administering prescribed ~~medication~~ medications; 1257

(c) Assessment of drug reaction, including known side 1258  
effects, interactions, and the proper course of action if a side 1259  
effect occurs; 1260

(d) The requirements for documentation of medications 1261  
administered to each individual; 1262

(e) The requirements for documentation and notification of 1263  
medication errors; 1264

(f) Information regarding the proper storage and care of 1265  
medications; 1266

(g) Information about proper receipt of prescriptions and transcription of prescriptions into an individual's medication administration record, except when the MR/DD personnel being trained will administer prescribed medications only to residents of a residential facility with seventeen or more resident beds who are participating in a field trip, as specified in division (A)~~(9)~~(10) of section 5123.42 of the Revised Code;

(h) Course completion standards that require successful demonstration of proficiency in administering prescribed medications;

(i) Any other material or course completion standards that the department considers relevant to the administration of prescribed medications by MR/DD personnel.

**Sec. 5123.441.** (A) Each MR/DD personnel training course developed under section 5123.43 of the Revised Code shall be provided by a registered nurse.

(B)(1) Except as provided in division (B)(2) of this section, to provide a training course or courses to MR/DD personnel, a registered nurse shall obtain the certificate or certificates required by the department of developmental disabilities and issued under section 5123.45 of the Revised Code. The registered nurse shall provide only the training course or courses authorized by the certificate or certificates the registered nurse holds.

(2) A registered nurse is not required to obtain a certificate to provide a training course to MR/DD personnel if the only MR/DD personnel to whom the course or courses are provided are those who administer prescribed medications, or perform health-related activities, ~~or perform tube feedings~~ for residents of a residential facility with seventeen or more resident beds who are on a field trip from the facility, as specified in division (A)~~(9)~~(10) of section 5123.42 of the Revised Code. To provide the

training course or courses, the registered nurse shall 1298  
successfully complete the training required by the department 1299  
through the courses it develops under section 5123.44 of the 1300  
Revised Code. The registered nurse shall provide only the training 1301  
courses authorized by the training the registered nurse completes. 1302

**Sec. 5123.45.** (A) The department of developmental 1303  
disabilities shall establish a program under which the department 1304  
issues certificates to the following: 1305

(1) MR/DD personnel, for purposes of meeting the requirement 1306  
of division ~~(C)~~(D)(1) of section 5123.42 of the Revised Code to 1307  
obtain a certificate or certificates to administer ~~prescribed~~ 1308  
medications, and perform health-related activities, ~~and perform~~ 1309  
~~tube feedings~~ pursuant to the authority granted under division (C) 1310  
of that section; 1311

(2) Registered nurses, for purposes of meeting the 1312  
requirement of division (B)(1) of section 5123.441 of the Revised 1313  
Code to obtain a certificate or certificates to provide the MR/DD 1314  
personnel training courses developed under section 5123.43 of the 1315  
Revised Code. 1316

~~(B)(1) Except as provided in division (B)(2) of this section,~~ 1317  
~~to~~ To receive a certificate issued under this section, MR/DD 1318  
personnel and registered nurses shall successfully complete the 1319  
applicable training course or courses and meet all other 1320  
applicable requirements established in rules adopted pursuant to 1321  
this section. The department shall issue the appropriate 1322  
certificate or certificates to MR/DD personnel and registered 1323  
nurses who meet the requirements for the certificate or 1324  
certificates. 1325

~~(2) The department shall include provisions in the program 1326  
for issuing certificates to MR/DD personnel and registered nurses 1327  
who were required to be included in the certificate program 1328~~

~~pursuant to division (B)(2) of this section as that division 1329  
existed immediately before the effective date of this amendment. 1330  
MR/DD personnel who receive a certificate under division (B)(2) of 1331  
this section shall not administer insulin until they have been 1332  
trained by a registered nurse who has received a certificate under 1333  
this section that allows the registered nurse to provide training 1334  
courses to MR/DD personnel in the administration of insulin. A 1335  
registered nurse who receives a certificate under division (B)(2) 1336  
of this section shall not provide training courses to MR/DD 1337  
personnel in the administration of insulin unless the registered 1338  
nurse completes a course developed under section 5123.44 of the 1339  
Revised Code that enables the registered nurse to receive a 1340  
certificate to provide training courses to MR/DD personnel in the 1341  
administration of insulin. 1342~~

(C) Certificates issued to MR/DD personnel are valid for one 1343  
year and may be renewed. Certificates issued to registered nurses 1344  
are valid for two years and may be renewed. 1345

To be eligible for renewal, MR/DD personnel and registered 1346  
nurses shall meet the applicable continued competency requirements 1347  
and continuing education requirements specified in rules adopted 1348  
under division (D) of this section. In the case of registered 1349  
nurses, continuing nursing education completed in compliance with 1350  
the license renewal requirements established under Chapter 4723. 1351  
of the Revised Code may be counted toward meeting the continuing 1352  
education requirements established in the rules adopted under 1353  
division (D) of this section. 1354

(D) In accordance with section 5123.46 of the Revised Code, 1355  
the department shall adopt rules that establish all of the 1356  
following: 1357

(1) Requirements that MR/DD personnel and registered nurses 1358  
must meet to be eligible to take a training course, including 1359  
having sufficient written and oral English skills to communicate 1360

effectively and reliably with patients, their families, and other 1361  
medical professionals; 1362

(2) Standards that must be met to receive a certificate, 1363  
including requirements pertaining to an applicant's criminal 1364  
background; 1365

(3) Procedures to be followed in applying for a certificate 1366  
and issuing a certificate; 1367

(4) Standards and procedures for renewing a certificate, 1368  
including requirements for continuing education and, in the case 1369  
of MR/DD personnel who administer prescribed medications, 1370  
standards that require successful demonstration of proficiency in 1371  
administering prescribed medications; 1372

~~(5) Standards and procedures for suspending or revoking a~~ 1373  
~~certificate;~~ 1374

~~(6) Standards and procedures for suspending a certificate~~ 1375  
~~without a hearing pending the outcome of an investigation;~~ 1376

~~(7) Any other standards or procedures the department~~ 1377  
considers necessary to administer the certification program. 1378

**Sec. 5123.452.** (A) If good cause exists as specified in 1379  
division (B) of this section and determined in accordance with 1380  
procedures established in rules adopted under section 5123.46 of 1381  
the Revised Code, the director of developmental disabilities may 1382  
issue an adjudication order requiring that one of the following 1383  
actions be taken against a person seeking or holding a certificate 1384  
issued under section 5123.45 of the Revised Code: 1385

(1) Refusal to issue or renew a certificate; 1386

(2) Revocation of a certificate; 1387

(3) Suspension of a certificate. 1388

(B) The following constitute good cause for taking action 1389

<u>under division (A) of this section against a certificate holder:</u>	1390
<u>(1) The certificate holder violates sections 5123.41 to</u>	1391
<u>5123.45 of the Revised Code or rules adopted under those sections;</u>	1392
<u>(2) Confirmed abuse or neglect;</u>	1393
<u>(3) The certificate holder has been convicted of or pleaded</u>	1394
<u>guilty to a disqualifying offense, as defined in section 5123.081</u>	1395
<u>of the Revised Code;</u>	1396
<u>(4) Misfeasance;</u>	1397
<u>(5) Malfeasance;</u>	1398
<u>(6) Nonfeasance;</u>	1399
<u>(7) In the case of a certificate holder who is a registered</u>	1400
<u>nurse, the board of nursing has taken disciplinary action against</u>	1401
<u>the certificate holder under Chapter 4723. of the Revised Code;</u>	1402
<u>(8) Other conduct the director determines is or would be</u>	1403
<u>injurious to individuals.</u>	1404
<u>(C) The director shall issue an adjudication order under</u>	1405
<u>division (A) of this section in accordance with Chapter 119. of</u>	1406
<u>the Revised Code.</u>	1407
<b>Sec. 5123.46.</b> All rules adopted under sections 5123.41 to	1408
5123.45 <u>and section 5123.452</u> of the Revised Code shall be adopted	1409
in consultation with the board of nursing and the Ohio nurses	1410
association. The rules shall be adopted in accordance with Chapter	1411
119. of the Revised Code.	1412
<b>Sec. 5123.47.</b> (A) As used in this section:	1413
(1) "In-home care" means the supportive services provided	1414
within the home of an individual with mental retardation or a	1415
developmental disability who receives funding for the services	1416
through a county board of developmental disabilities, including	1417

any recipient of residential services funded as home and 1418  
community-based services, family support services provided under 1419  
section 5126.11 of the Revised Code, or supported living provided 1420  
in accordance with sections 5126.41 to 5126.47 of the Revised 1421  
Code. "In-home care" includes care that is provided outside an 1422  
individual's home in places incidental to the home, and while 1423  
traveling to places incidental to the home, except that "in-home 1424  
care" does not include care provided in the facilities of a county 1425  
board of developmental disabilities or care provided in schools. 1426

(2) "Parent" means either parent of a child, including an 1427  
adoptive parent but not a foster parent. 1428

(3) "Unlicensed in-home care worker" means an individual who 1429  
provides in-home care but is not a health care professional. 1430

(4) "Family member" means a parent, sibling, spouse, son, 1431  
daughter, grandparent, aunt, uncle, cousin, or guardian of the 1432  
individual with mental retardation or a developmental disability 1433  
if the individual with mental retardation or developmental 1434  
disabilities lives with the person and is dependent on the person 1435  
to the extent that, if the supports were withdrawn, another living 1436  
arrangement would have to be found. 1437

(5) "Health care professional" means any of the following: 1438

(a) A dentist who holds a valid license issued under Chapter 1439  
4715. of the Revised Code; 1440

(b) A registered or licensed practical nurse who holds a 1441  
valid license issued under Chapter 4723. of the Revised Code; 1442

(c) An optometrist who holds a valid license issued under 1443  
Chapter 4725. of the Revised Code; 1444

(d) A pharmacist who holds a valid license issued under 1445  
Chapter 4729. of the Revised Code; 1446

(e) A person who holds a valid certificate issued under 1447

Chapter 4731. of the Revised Code to practice medicine and 1448  
surgery, osteopathic medicine and surgery, podiatric medicine and 1449  
surgery, or a limited brand of medicine; 1450

(f) A physician assistant who holds a valid license issued 1451  
under Chapter 4730. of the Revised Code; 1452

(g) An occupational therapist or occupational therapy 1453  
assistant or a physical therapist or physical therapist assistant 1454  
who holds a valid license issued under Chapter 4755. of the 1455  
Revised Code; 1456

(h) A respiratory care professional who holds a valid license 1457  
issued under Chapter 4761. of the Revised Code. 1458

(6) "Health care task" means a task that is prescribed, 1459  
ordered, delegated, or otherwise directed by a health care 1460  
professional acting within the scope of the professional's 1461  
practice. "Health care task" includes the administration of oral 1462  
and topical prescribed medications; administration of nutrition 1463  
and medications through gastrostomy and jejunostomy tubes that are 1464  
stable and labeled; administration of oxygen and metered dose 1465  
inhaled medications; administration of insulin through 1466  
subcutaneous injections, inhalation, and insulin pumps; and 1467  
administration of prescribed medications for the treatment of 1468  
metabolic glyceimic disorders through subcutaneous injections. 1469

(B) Except as provided in division (E) of this section, a 1470  
family member of an individual with mental retardation or a 1471  
developmental disability may authorize an unlicensed in-home care 1472  
worker to ~~administer oral and topical prescribed medications or~~ 1473  
perform ~~other~~ health care tasks as part of the in-home care the 1474  
worker provides to the individual, if all of the following apply: 1475

(1) The family member is the primary supervisor of the care. 1476

(2) The unlicensed in-home care worker has been selected by 1477  
the family member or the individual receiving care and is under 1478

the direct supervision of the family member. 1479

(3) The unlicensed in-home care worker is providing the care 1480  
through an employment or other arrangement entered into directly 1481  
with the family member and is not otherwise employed by or under 1482  
contract with a person or government entity to provide services to 1483  
individuals with mental retardation and developmental 1484  
disabilities. 1485

(4) The health care task is completed in accordance with 1486  
standard, written instructions. 1487

(5) Performance of the health care task requires no judgment 1488  
based on specialized health care knowledge or expertise. 1489

(6) The outcome of the health care task is reasonably 1490  
predictable. 1491

(7) Performance of the health care task requires no complex 1492  
observation of the individual receiving the care. 1493

(8) Improper performance of the health care task will result 1494  
in only minimal complications that are not life-threatening. 1495

(C) A family member shall obtain a prescription, if 1496  
applicable, and written instructions from a health care 1497  
professional for the care to be provided to the individual. The 1498  
family member shall authorize the unlicensed in-home care worker 1499  
to provide the care by preparing a written document granting the 1500  
authority. The family member shall provide the unlicensed in-home 1501  
care worker with appropriate training and written instructions in 1502  
accordance with the instructions obtained from the health care 1503  
professional. The family member or a health care professional 1504  
shall be available to communicate with the unlicensed in-home care 1505  
worker either in person or by telecommunication while the in-home 1506  
care worker performs a health care task. 1507

(D) A family member who authorizes an unlicensed in-home care 1508

worker to administer oral and topical prescribed medications or 1509  
perform other health care tasks retains full responsibility for 1510  
the health and safety of the individual receiving the care and for 1511  
ensuring that the worker provides the care appropriately and 1512  
safely. No entity that funds or monitors the provision of in-home 1513  
care may be held liable for the results of the care provided under 1514  
this section by an unlicensed in-home care worker, including such 1515  
entities as the county board of developmental disabilities and the 1516  
department of developmental disabilities. 1517

An unlicensed in-home care worker who is authorized under 1518  
this section by a family member to provide care to an individual 1519  
may not be held liable for any injury caused in providing the 1520  
care, unless the worker provides the care in a manner that is not 1521  
in accordance with the training and instructions received or the 1522  
worker acts in a manner that constitutes willful or wanton ~~or~~ 1523  
~~reckless~~ misconduct. 1524

(E) A county board of developmental disabilities may evaluate 1525  
the authority granted by a family member under this section to an 1526  
unlicensed in-home care worker at any time it considers necessary 1527  
and shall evaluate the authority on receipt of a complaint. If the 1528  
board determines that a family member has acted in a manner that 1529  
is inappropriate for the health and safety of the individual 1530  
receiving the care, the authorization granted by the family member 1531  
to an unlicensed in-home care worker is void, and the family 1532  
member may not authorize other unlicensed in-home care workers to 1533  
provide the care. In making such a determination, the board shall 1534  
use appropriately licensed health care professionals and shall 1535  
provide the family member an opportunity to file a complaint under 1536  
section 5126.06 of the Revised Code. 1537

**Sec. 5124.10.** (A) Except as provided in division (D) of this 1538  
section ~~and division (E)(2) of section 5124.101 of the Revised~~ 1539

Code, each ICF/IID provider shall file with the department of 1540  
developmental disabilities an annual cost report for each of the 1541  
provider's ICFs/IID for which the provider has a valid provider 1542  
agreement. The cost report for a year shall cover the calendar 1543  
year or portion of the calendar year during which the ICF/IID 1544  
participated in the medicaid program. Except as provided in 1545  
division (E) of this section, the cost report is due not later 1546  
than ninety days after the end of the calendar year, or portion of 1547  
the calendar year, that the cost report covers. 1548

(B)(1) If an ICF/IID undergoes a change of provider that the 1549  
department determines, in accordance with rules adopted under 1550  
section 5124.03 of the Revised Code, is not an arms length 1551  
transaction, the new provider shall file the ICF/IID's cost report 1552  
in accordance with division (A) of this section and the cost 1553  
report shall cover the portion of the calendar year during which 1554  
the new provider operated the ICF/IID and the portion of the 1555  
calendar year during which the previous provider operated the 1556  
ICF/IID. 1557

(2) If an ICF/IID undergoes a change of provider that the 1558  
department determines, in accordance with rules adopted under 1559  
section 5124.03 of the Revised Code, is an arms length 1560  
transaction, the new provider shall file with the department a 1561  
cost report for the ICF/IID not later than, except as provided in 1562  
division (E) of this section, ninety days after the end of the 1563  
ICF/IID's first three full calendar months of operation under the 1564  
new provider. The cost report shall cover the period that begins 1565  
with the ICF/IID's first day of operation under the new provider 1566  
and ends on the first day of the month immediately following the 1567  
first three full months of operation under the new provider. 1568

(C) If the medicaid payment rate for a new ICF/IID was most 1569  
recently determined in accordance with section 5124.151 of the 1570

Revised Code, the provider shall file with the department a cost report for the new ICF/IID not later than, except as provided in division (E) of this section, ninety days after the end of the new ICF/IID's first three full calendar months of operation. The cost report shall cover the period that begins with the ICF/IID's first day of operation and ends on the first day of the month immediately following the first three full months of operation.

(D) An ICF/IID provider is not required to file a cost report for an ICF/IID for a calendar year in accordance with division (A) of this section if the provider files a cost report for the ICF/IID under division (B)(2) or (C) of this section and that cost report covers a period that begins after the first day of October of that calendar year. The provider shall file a cost report for the ICF/IID in accordance with division (A) of this section for the immediately following calendar year.

(E) The department may grant to a provider a fourteen-day extension to file a cost report under this section or section 5124.101 of the Revised Code if the provider provides the department a written request for the extension and the department determines that there is good cause for the extension.

**Sec. 5124.101.** (A) The provider of an ICF/IID in peer group 1 or peer group 2 that becomes a downsized ICF/IID or partially converted ICF/IID on or after July 1, 2013, or becomes a new ICF/IID on or after that date, may file with the department of developmental disabilities a cost report covering the period specified in division (B) of this section if the following applies to the ICF/IID:

(1) In the case of an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID, the ICF/IID has either of the following on the day it becomes a downsized ICF/IID or partially converted ICF/IID:

(a) A medicaid-certified capacity that is at least ten per cent less than its medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID;

(b) At least five fewer beds certified as ICF/IID beds than it has on the day immediately preceding the day it becomes a downsized ICF/IID or partially converted ICF/IID.

(2) In the case of a new ICF/IID, the ICF/IID's beds are from a downsized ICF/IID and the downsized ICF/IID has either of the following on the day it becomes a downsized ICF/IID:

(a) A medicaid-certified capacity that is at least ten per cent less than its medicaid-certified capacity on the day immediately preceding the day it becomes a downsized ICF/IID;

(b) At least five fewer beds certified as ICF/IID beds than it has on the day immediately preceding the day it becomes a downsized ICF/IID.

(B) A cost report filed under division (A) of this section shall cover the period that begins and ends as follows:

(1) In the case of an ICF/IID that becomes a downsized ICF/IID or partially converted ICF/IID:

(a) The period begins with the day that the ICF/IID becomes a downsized ICF/IID or partially converted ICF/IID.

(b) The period ends on the last day of the last month of the first three full months of operation as a downsized ICF/IID or partially converted ICF/IID.

(2) In the case of a new ICF/IID:

(a) The period begins with the day that the provider agreement for the ICF/IID takes effect.

(b) The period ends on the last day of the last month of the first three full months that the provider agreement is in effect.

(C) The department shall refuse to accept a cost report filed 1632  
under division (A) of this section if either of the following 1633  
apply: 1634

(1) Except as provided in division (E) of section 5124.10 of 1635  
the Revised Code, the provider fails to file the cost report with 1636  
the department not later than ninety days after the last day of 1637  
the period the cost report covers; 1638

(2) The cost report is incomplete or inadequate. 1639

(D) If the department accepts a cost report filed under 1640  
division (A) of this section, the department shall use that cost 1641  
report, rather than the cost report that otherwise would be used 1642  
pursuant to section 5124.17, 5124.19, 5124.21, or 5124.23 of the 1643  
Revised Code, to determine the ICF/IID's medicaid payment rate in 1644  
accordance with this chapter for ICF/IID services the ICF/IID 1645  
provides during the period that begins and ends as follows: 1646

(1) The period begins on the following: 1647

(a) In the case of an ICF/IID that becomes a downsized 1648  
ICF/IID or partially converted ICF/IID: 1649

(i) The day that the ICF/IID becomes a downsized ICF/IID or 1650  
partially converted ICF/IID if that day is the first day of a 1651  
month; 1652

(ii) The first day of the month immediately following the 1653  
month that the ICF/IID becomes a downsized ICF/IID or partially 1654  
converted ICF/IID if division (D)(1)(a)(i) of this section does 1655  
not apply. 1656

(b) In the case of a new ICF/IID, the day that the ICF/IID's 1657  
provider agreement takes effect. 1658

(2) The period ends on the last day of the fiscal year that 1659  
immediately precedes the fiscal year for which the ICF/IID begins 1660  
to be paid a rate determined using a cost report ~~that division (E)~~ 1661

~~of this section requires be filed in accordance with division (A) 1662  
of section 5124.10 of the Revised Code. 1663~~

~~(E)(1) If the department accepts a cost report filed under 1664  
division (A) of this section for an ICF/IID that becomes a 1665  
downsized ICF/IID or partially converted ICF/IID on or before the 1666  
first day of October of a calendar year, or for a new ICF/IID that 1667  
has a provider agreement that takes effect on or before that date, 1668  
the provider also shall file a cost report for the ICF/IID in 1669  
accordance with division (A) of section 5124.10 of the Revised 1670  
Code for the portion of that calendar year that the ICF/IID 1671  
operated as a downsized ICF/IID or partially converted ICF/IID or, 1672  
in the case of a new ICF/IID, for the portion that the provider 1673  
agreement was in effect. 1674~~

~~(2) If the department accepts a cost report filed under 1675  
division (A) of this section for an ICF/IID that becomes a 1676  
downsized ICF/IID or partially converted ICF/IID after the first 1677  
day of October of a calendar year, or for a new ICF/IID that has a 1678  
provider agreement that takes effect after that date, the provider 1679  
is not required to file a cost report for that calendar year in 1680  
accordance with division (A) of section 5124.10 of the Revised 1681  
Code. The provider shall file a cost report for the ICF/IID in 1682  
accordance with division (A) of section 5124.10 of the Revised 1683  
Code for the immediately following calendar year. 1684~~

~~(F) If the department accepts a cost report filed under 1685  
division (A) of this section, the following modifications shall be 1686  
made for the purpose of determining the medicaid payment rate for 1687  
ICF/IID services the ICF/IID provides during the period specified 1688  
in division (D) of this section: 1689~~

~~(1) In place of the annual average case mix score otherwise 1690  
used in determining the ICF/IID's per medicaid day payment rate 1691  
for direct care costs under division (A) of section 5124.19 of the 1692  
Revised Code, the ICF/IID's case mix score in effect on the last 1693~~

day of the calendar quarter that ends during the period the cost 1694  
report covers (or, if more than one calendar quarter ends during 1695  
that period, the last of those calendar quarters) shall be used to 1696  
determine the ICF/IID's per medicaid day payment rate for direct 1697  
care costs. 1698

(2) If the ICF/IID becomes a downsized ICF/IID or partially 1699  
converted ICF/IID: 1700

(a) The ICF/IID shall not be subject to the limit on the 1701  
costs of ownership per diem payment rate specified in divisions 1702  
(B) and (C) of section 5124.17 of the Revised Code. 1703

(b) The ICF/IID shall not be subject to the limit on the 1704  
payment rate for per diem capitalized costs of nonextensive 1705  
renovations specified in division (E)(1) of section 5124.17 of the 1706  
Revised Code. 1707

(c) The ICF/IID shall be subject to the limit on the total 1708  
payment rate for costs of ownership, capitalized costs of 1709  
nonextensive renovations, and the efficiency incentive specified 1710  
in division (H) of section 5124.17 of the Revised Code regardless 1711  
of whether the ICF/IID is in peer group 1 or peer group 2. 1712

(F) The department's acceptance of an ICF/IID provider's cost 1713  
report filed under division (A) of this section does not negate 1714  
the requirement that the provider also file a cost report for the 1715  
ICF/IID in accordance with division (A) of section 5124.10 of the 1716  
Revised Code. 1717

Sec. 5124.39. (A) Except as provided in division (B) of this 1718  
section, if the provider of an ICF/IID in peer group 1 obtained 1719  
approval from the department of developmental disabilities to 1720  
become a downsized ICF/IID not later than July 1, 2018, and the 1721  
ICF/IID does not become a downsized ICF/IID by that date, the 1722  
department shall recoup from the provider an amount equal to the 1723

<u>sum of the following:</u>	1724
<u>(1) The difference between the amount of the efficiency</u>	1725
<u>incentive payments the ICF/IID earned under sections 5124.17 and</u>	1726
<u>5124.21 of the Revised Code because the provider obtained such</u>	1727
<u>approval and the amount of the efficiency incentive payments the</u>	1728
<u>ICF/IID would have earned under those sections had the provider</u>	1729
<u>not obtained such approval;</u>	1730
<u>(2) An amount of interest on the difference determined under</u>	1731
<u>division (A)(1) of this section.</u>	1732
<u>(B) The department shall exempt an ICF/IID provider from a</u>	1733
<u>recoupment otherwise required by this section if the provider</u>	1734
<u>voluntarily repays the department the difference determined under</u>	1735
<u>division (A)(1) of this section. No interest shall be charged on</u>	1736
<u>the amount voluntarily repaid.</u>	1737
<u>(C) An ICF/IID provider subject to a recoupment under</u>	1738
<u>division (A) of this section or voluntarily making a repayment</u>	1739
<u>under division (B) of this section shall choose one of the</u>	1740
<u>following methods by which the recoupment or voluntary repayment</u>	1741
<u>shall be made:</u>	1742
<u>(1) In a lump sum payment;</u>	1743
<u>(2) Subject to the department's approval, in installment</u>	1744
<u>payments;</u>	1745
<u>(3) In a single deduction from the next available medicaid</u>	1746
<u>payment made to the provider if that payment at least equals the</u>	1747
<u>total amount of the recoupment or voluntary repayment;</u>	1748
<u>(4) Subject to the department's approval, in installment</u>	1749
<u>deductions from medicaid payments made to the provider.</u>	1750
<u>(D) An ICF/IID provider may request that the director of</u>	1751
<u>developmental disabilities reconsider either or both of the</u>	1752
<u>following:</u>	1753

(1) A decision that the provider is subject to a recoupment 1754  
under this section; 1755

(2) A determination under this section of the amount to be 1756  
recouped from the provider. 1757

(E) The director shall adopt rules under section 5124.03 of 1758  
the Revised Code as necessary to implement this section, including 1759  
rules specifying how the amount of interest charged under division 1760  
(A)(2) of this section is to be determined. 1761

**Sec. 5124.45.** The department of developmental disabilities 1762  
shall transmit to the treasurer of state for deposit in the 1763  
general revenue fund amounts collected from the following: 1764

(A) Recoupments and voluntary repayments made under section 1765  
5124.39 of the Revised Code; 1766

(B) Refunds required by, and interest charged under, section 1767  
5124.41 of the Revised Code; 1768

~~(B) Amounts collected from penalties~~ (C) Penalties imposed 1769  
under section 5124.42 of the Revised Code. 1770

**Sec. 5126.36.** (A) As used in this section, "health-related 1771  
activities," and "prescribed medication," ~~and "tube feeding"~~ have 1772  
the same meanings as in section 5123.41 of the Revised Code. 1773

(B) In accordance with sections 5123.42 and 5123.651 of the 1774  
Revised Code, an employee of a county board of developmental 1775  
disabilities or an entity under contract with the board who is not 1776  
specifically authorized by other provisions of the Revised Code to 1777  
administer ~~prescribed~~ medications, perform health-related 1778  
activities, ~~perform tube feedings,~~ or provide assistance in the 1779  
self-administration of prescribed medications may do so pursuant 1780  
to the authority granted under those sections. 1781

**Section 101.02.** That existing sections 3301.0714, 3701.07, 1782  
3701.61, 4723.071, 5123.02, 5123.1610, 5123.41, 5123.42, 5123.421, 1783  
5123.422, 5123.43, 5123.441, 5123.45, 5123.46, 5123.47, 5124.10, 1784  
5124.101, 5124.45, and 5126.36 and sections 3701.611 and 3701.62 1785  
of the Revised Code are hereby repealed. 1786

**Section 610.10.** That Sections 259.110 and 289.10 of Am. Sub. 1787  
H.B. 64 of the 131st General Assembly be amended to read as 1788  
follows: 1789

**Sec. 259.110.** TARGETED CASE MANAGEMENT SERVICES 1790

County boards of developmental disabilities shall pay the 1791  
nonfederal portion of targeted case management costs to the 1792  
Department of Developmental Disabilities. 1793

The Director of Developmental Disabilities and the Medicaid 1794  
Director may enter into an interagency agreement under which the 1795  
Department of Developmental Disabilities shall transfer cash from 1796  
the Targeted Case Management Fund (Fund 5DJ0) to the Health 1797  
Care/Medicaid Support and Recoveries Fund (Fund 5DL0) used by the 1798  
Department of Medicaid in an amount equal to the nonfederal 1799  
portion of the cost of targeted case management services paid by 1800  
county boards. Under the agreement, the Department of Medicaid 1801  
shall pay the total cost of targeted case management claims. The 1802  
transfer shall be made using an intrastate transfer voucher. 1803

TRANSFER TO MEDICAID WAIVER FUND 1804

On July 1, 2016, or as soon as possible thereafter, the 1805  
Director of Budget and Management shall transfer the cash balance 1806  
in the Targeted Case Management Fund (Fund 5DJ0) to the Medicaid 1807  
Waiver Fund (Fund 3G60), both used by the Department of 1808  
Developmental Disabilities. Upon completion of the transfer, Fund 1809  
5DJ0 is hereby abolished. The Director of Budget and Management 1810

shall cancel any existing encumbrances against appropriation item 1811  
653626, Targeted Case Management Services, and appropriation item 1812  
322625, Targeted Case Management Match, and reestablish them 1813  
against appropriation item 653639, Medicaid Waiver Services. The 1814  
reestablished encumbrance amounts are hereby appropriated. 1815

**Sec. 289.10. DOH DEPARTMENT OF HEALTH 1816**

General Revenue Fund 1817

GRF 440412	Cancer Incidence	\$	600,000	\$	600,000	1818
	Surveillance System					
GRF 440413	Local Health	\$	823,061	\$	823,061	1819
	Departments					
GRF 440416	Mothers and Children	\$	4,428,015	\$	4,428,015	1820
	Safety Net Services					
GRF 440418	Immunizations	\$	5,988,545	\$	5,988,545	1821
GRF 440431	Free Clinics Safety	\$	437,326	\$	437,326	1822
	Net Services					
GRF 440438	Breast and Cervical	\$	823,217	\$	823,217	1823
	Cancer Screening					
GRF 440444	AIDS Prevention and	\$	5,842,315	\$	5,842,315	1824
	Treatment					
GRF 440451	Public Health	\$	5,000,000	\$	5,000,000	1825
	Laboratory					
GRF 440452	Child and Family	\$	630,444	\$	630,444	1826
	Health Services Match					
GRF 440453	Health Care Quality	\$	5,000,000	\$	5,000,000	1827
	Assurance					
GRF 440454	Environmental Health	\$	1,209,430	\$	1,209,430	1828
GRF 440459	Help Me Grow	\$	31,708,080	\$	<del>31,708,080</del>	1829
					<u>20,598,171</u>	
GRF 440465	FQHC Primary Care	\$	2,686,688	\$	2,686,688	1830
	Workforce Initiative					

GRF 440467	Access to Dental Care	\$	540,484	\$	540,484	1831
GRF 440468	Chronic Disease and Injury Prevention	\$	2,466,127	\$	2,466,127	1832
GRF 440472	Alcohol Testing	\$	1,114,244	\$	1,114,244	1833
GRF 440473	Tobacco Prevention Cessation and Enforcement	\$	5,050,000	\$	7,050,000	1834
GRF 440474	Infant Vitality	\$	4,116,688	\$	4,116,688	1835
GRF 440477	Emergency Preparation and Response	\$	2,000,000	\$	2,000,000	1836
GRF 440481	Lupus Awareness	\$	250,000	\$	250,000	1837
GRF 440505	Medically Handicapped Children	\$	7,512,451	\$	7,512,451	1838
GRF 440507	Targeted Health Care Services Over 21	\$	1,090,414	\$	1,090,414	1839
GRF 654453	Medicaid - Health Care Quality Assurance	\$	3,300,000	\$	3,300,000	1840
TOTAL GRF General Revenue Fund		\$	92,617,529	\$	<del>94,617,529</del> <u>83,507,620</u>	1841
Highway Safety Fund Group						1842
4T40 440603	Child Highway Safety	\$	280,000	\$	280,000	1843
TOTAL HSF Highway Safety Fund Group		\$	280,000	\$	280,000	1844
Dedicated Purpose Fund Group						1845
4700 440647	Fee Supported Programs	\$	23,958,743	\$	24,183,552	1846
4710 440619	Certificate of Need	\$	878,433	\$	878,433	1847
4730 440622	Lab Operating Expenses	\$	5,250,000	\$	5,250,000	1848
4770 440627	Medically Handicapped Children Audit	\$	3,692,703	\$	3,692,703	1849
4D60 440608	Genetics Services	\$	3,311,039	\$	3,311,039	1850
4F90 440610	Sickle Cell Disease	\$	1,032,824	\$	1,032,824	1851

		Control				
4G00	440636	Heirloom Birth Certificate	\$	5,000	\$	5,000 1852
4G00	440637	Birth Certificate Surcharge	\$	5,000	\$	5,000 1853
4L30	440609	HIV Care and Miscellaneous Expenses	\$	15,000,000	\$	15,000,000 1854
4P40	440628	Ohio Physician Loan Repayment	\$	700,000	\$	700,000 1855
4V60	440641	Save Our Sight	\$	2,550,000	\$	2,550,000 1856
5B50	440616	Quality, Monitoring, and Inspection	\$	716,511	\$	736,194 1857
5BX0	440656	Tobacco Use Prevention	\$	6,350,000	\$	6,350,000 1858
5CN0	440645	Choose Life	\$	75,000	\$	75,000 1859
5D60	440620	Second Chance Trust	\$	1,500,000	\$	1,500,000 1860
5ED0	440651	Smoke Free Indoor Air	\$	400,000	\$	400,000 1861
5G40	440639	Adoption Services	\$	20,000	\$	20,000 1862
5PE0	440659	Breast and Cervical Cancer Services	\$	300,000	\$	300,000 1863
5QH0	440661	Dental Hygiene Resources Shortage Area	\$	5,000	\$	5,000 1864
5QJ0	440662	Dental Hygienist Loan Repayment	\$	80,000	\$	80,000 1865
5Z70	440624	Ohio Dentist Loan Repayment	\$	140,000	\$	200,000 1866
6100	440626	Radiation Emergency Response	\$	1,086,098	\$	1,086,098 1867
6660	440607	Medically Handicapped Children - County Assessments	\$	19,739,617	\$	19,739,617 1868

6980	440634	Nurse Aide Training	\$	120,000	\$	120,000	1869
TOTAL DPF Dedicated Purpose Fund			\$	87,615,968	\$	87,220,460	1870
Group							
Internal Service Activity Fund Group							1871
1420	440646	Agency Health	\$	3,279,509	\$	3,130,613	1872
		Services					
2110	440613	Central Support	\$	30,052,469	\$	30,052,469	1873
		Indirect Costs					
TOTAL ISA Internal Service Activity			\$	33,331,978	\$	33,183,082	1874
Fund Group							
Holding Account Fund Group							1875
R014	440631	Vital Statistics	\$	44,986	\$	44,986	1876
R048	440625	Refunds, Grants	\$	20,000	\$	20,000	1877
		Reconciliation, and					
		Audit Settlements					
TOTAL HLD Holding Account Fund			\$	64,986	\$	64,986	1878
Group							
Federal Fund Group							1879
3200	440601	Maternal Child Health	\$	22,000,000	\$	22,000,000	1880
		Block Grant					
3870	440602	Preventive Health	\$	8,000,000	\$	8,000,000	1881
		Block Grant					
3890	440604	Women, Infants, and	\$	240,000,000	\$	240,000,000	1882
		Children					
3910	440606	Medicare Survey and	\$	18,000,000	\$	18,000,000	1883
		Certification					
3920	440618	Federal Public Health	\$	107,198,791	\$	<del>107,198,791</del>	1884
		Programs			\$	<u>93,198,791</u>	
3GD0	654601	Medicaid Program	\$	22,392,094	\$	22,392,094	1885
		Support					
3GN0	440660	Public Health	\$	27,941,795	\$	27,941,795	1886
		Emergency					

Preparedness

TOTAL FED Federal Fund Group	\$	445,532,680	\$	<del>445,532,680</del>	1887
				<u>431,532,680</u>	
TOTAL ALL BUDGET FUND GROUPS	\$	659,443,141	\$	<del>660,898,737</del>	1888
				<u>635,788,828</u>	

**Section 610.11.** That existing Sections 259.110 and 289.10 of Am. Sub. H.B. 64 of the 131st General Assembly are hereby repealed.

**Section 610.20.** That Section 259.10 of Am. Sub. H.B. 64 of the 131st General Assembly, as amended by Sub. H.B. 340 of the 131st General Assembly, be amended to read as follows:

**Sec. 259.10.** DDD DEPARTMENT OF DEVELOPMENTAL DISABILITIES

General Revenue Fund					1897	
GRF 320321	Central	\$	164,750	\$	164,750	1898
	Administration					
GRF 320412	Protective Services	\$	2,418,196	\$	2,418,196	1899
GRF 320415	Developmental	\$	20,817,900	\$	19,902,200	1900
	Disabilities					
	Facilities Lease					
	Rental Bond Payments					
GRF 322420	Screening and Early	\$	808,500	\$	808,500	1901
	Intervention					
<u>GRF 322421</u>	<u>Early Intervention</u>	<u>\$</u>	<u>0</u>	<u>\$</u>	<u>11,109,909</u>	1902
GRF 322451	Family Support	\$	5,932,758	\$	5,932,758	1903
	Services					
GRF 322501	County Boards	\$	44,149,280	\$	44,149,280	1904
	Subsidies					
GRF 322503	Tax Equity	\$	14,000,000	\$	14,000,000	1905
GRF 322507	County Board Case	\$	2,500,000	\$	2,500,000	1906
	Management					

GRF	322508	Employment First Initiative	\$	5,800,000	\$	5,800,000	1907
GRF	322509	Community Supports & Rental Assistance	\$	750,000	\$	750,000	1908
GRF	653321	Medicaid Program Support - State	\$	6,186,694	\$	6,186,694	1909
GRF	653407	Medicaid Services	\$	482,137,300	\$	543,467,830	1910
TOTAL GRF	General Revenue Fund		\$	585,665,378	\$	<del>646,080,208</del> <u>657,190,117</u>	1911
Dedicated Purpose Fund Group							1912
5GE0	320606	Operating and Services	\$	10,107,297	\$	10,107,297	1913
5QM0	320607	System Transformation Supports	\$	4,500,000	\$	3,000,000	1914
2210	322620	Supplement Service Trust	\$	150,000	\$	150,000	1915
5DJ0	322625	Targeted Case Management Match	\$	38,000,000	\$	<del>43,000,000</del> <u>0</u>	1916
5DK0	322629	Capital Replacement Facilities	\$	750,000	\$	750,000	1917
5H00	322619	Medicaid Repayment	\$	160,000	\$	160,000	1918
5JX0	322651	Interagency Workgroup - Autism	\$	25,000		25,000	1919
4890	653632	DC Direct Care Services	\$	10,050,000	\$	10,050,000	1920
5CT0	653607	Intensive Behavioral Needs	\$	1,000,000	\$	1,000,000	1921
5DJ0	653626	Targeted Case Management Services	\$	101,000,000	\$	<del>113,000,000</del> <u>0</u>	1922
5EV0	653627	Medicaid Program Support	\$	1,500,000	\$	1,500,000	1923
5GE0	653606	ICF/IID and Waiver Match	\$	37,682,901	\$	37,575,865	1924

5S20	653622	Medicaid Admin and Oversight	\$	19,032,154	\$	19,032,154	1925
5Z10	653624	County Board Waiver Match	\$	382,814,610	\$	426,207,065	1926
TOTAL DPF Dedicated Purpose Fund Group			\$	606,771,962	\$	<del>665,557,381</del> <u>509,557,381</u>	1927
Internal Service Activity Fund Group							1928
1520	653609	DC and Residential Operating Services	\$	11,000,000	\$	11,000,000	1929
TOTAL ISA Internal Service Activity Fund Group			\$	11,000,000	\$	11,000,000	1930 1931
Federal Fund Group							1932
3A50	320613	DD Council	\$	3,324,187	\$	3,324,187	1933
3250	322612	Community Social Service Programs	\$	10,604,896	\$	<del>10,604,896</del> <u>24,604,896</u>	1934
3A40	653604	DC & ICF/IID Program Support	\$	8,013,611	\$	8,013,611	1935
3A40	653605	DC and Residential Services and Support	\$	118,423,968	\$	110,604,417	1936
3A40	653653	ICF/IID	\$	357,362,616	\$	356,283,407	1937
3G60	653639	Medicaid Waiver Services	\$	1,019,289,925	\$	<del>1,180,039,348</del> <u>1,250,039,348</u>	1938
3G60	653640	Medicaid Waiver Program Support	\$	46,525,638	\$	47,225,486	1939
3M70	653650	CAFS Medicaid	\$	3,000,000	\$	3,000,000	1940
TOTAL FED Federal Fund Group			\$	1,566,544,841	\$	<del>1,719,095,352</del> <u>1,803,095,352</u>	1941
TOTAL ALL BUDGET FUND GROUPS			\$	2,769,982,181	\$	<del>3,041,732,941</del> <u>2,980,842,850</u>	1942

**Section 610.21.** That existing Section 259.10 of Am. Sub. H.B. 1944  
64 of the 131st General Assembly, as amended by Sub. H.B. 340 of 1945  
the 131st General Assembly, is hereby repealed. 1946

**Section 610.30.** That Section 4 of Sub. S.B. 171 of the 129th 1947  
General Assembly, as most recently amended by Am. Sub. H.B. 64 of 1948  
the 131st General Assembly, be amended to read as follows: 1949

**Sec. 4.** The following agencies are retained under division 1950  
(D) of section 101.83 of the Revised Code and expire on December 1951  
31, 2016: 1952

AGENCY NAME	REVISED CODE OR UNCODIFIED SECTION	1953
Academic Distress Commission	3302.10	1954
Advisory Board of Governor's Office of Faith-Based and Community Initiatives	107.12	1955
Advisory Board to Assist and Advise in the Operation of the Ohio Center for Autism and Low Incidence	3323.33, 3323.34	1956
Advisory Council on Amusement Ride Safety	1711.51, 1711.52	1957
Office of Enterprise Development Advisory Board	5145.162	1958
Advisory Council for Wild, Scenic, or Recreational River Area(s)	1547.84	1959
Advisory Committee on Livestock Exhibitions	901.71	1960
Agricultural Commodity Marketing Programs Operating Committees	924.07	1961
Agricultural Commodity Marketing Programs Coordinating Committee	924.14	1962
Alternative Energy Advisory Committee	4928.64(D)	1963
AMBER Alert Advisory Committee	5502.521	1964
Apprenticeship Council	Chapter 4139.	1965
Armory Board of Control	5911.09, 5911.12	1966
Automated Title Processing Board	4505.09(C)(1)	1967
Backflow Advisory Board	3703.21	1968
Banking Commission	1123.01	1969

Board of Directors of the Great Lakes Protection Fund	1506.22 (6161.04)	1970
Board of Directors of the Medical Liability Underwriting Association Stabilization Fund	3929.631	1971
Board of Directors of the Ohio Appalachian Center for Higher Education	3333.58	1972
Board of Directors of the Ohio Health Reinsurance Program	3924.08 - 3924.11	1973
Board of Governors of the Commercial Insurance Joint Underwriting Association	3930.03	1974
Board of Governors of the Medical Liability Underwriting Association	3929.64	1975
Board of Voting Machines Examiners	3506.05	1976
Budget Planning and Management Commission	Section 509.10, H.B. 1, 128th G.A.	1977
Brain Injury Advisory Committee	3304.231	1978
Bureau of Workers' Compensation Board of Directors	4121.12	1979
Capitol Square Review and Advisory Board	105.41	1980
Child Care Advisory Council	5104.08	1981
Child Support Guideline Advisory Council	3119.024	1982
Children's Trust Fund Board	3109.15 - 3109.17	1983
Citizen's Advisory Council	5123.092, 5123.093	1984
Clean Ohio Trail Advisory Board	1519.06	1985
Coastal Resources Advisory Council	1506.12	1986
Commission on African-American Males	4112.12, 4112.13	1987
Commission on Hispanic-Latino Affairs	121.31	1988
Commission on Minority Health	3701.78	1989
Committee on Prescriptive Governance	4723.49 - 4723.492	1990

Commodity Advisory Commission	926.32	1991
Consumer Advisory Committee to the Opportunities for Ohioans with Disabilities Commission	3304.16 (3304.14), Section 803.40	1992
Continuing Education Committee	109.80(B)	1993
Council on Alcohol and Drug Addiction Services	3793.09	1994
Council on Unreclaimed Strip Mined Lands	1513.29	1995
County Sheriff's Standard Car Marking and Uniform Commission	311.25 - 311.27	1996
Credential Review Board	3319.65	1997
Credit Union Council	1733.329	1998
Criminal Sentencing Advisory Committee	181.22	1999
Data Collection and Analysis Group	3727.32	2000
Dentist Loan Repayment Advisory Board	3702.92	2001
Department Advisory Council(s)	107.18, 121.13	2002
Development Financing Advisory Council	122.40, 122.41	2003
Early Childhood Advisory Council	3301.90	2004
Education Commission of the States (Interstate Compact for Education)	3301.48, 3301.49	2005
Education Management Information System Advisory Board	3301.0713	2006
Educator Standards Board	3319.60	2007
Electrical Safety Inspector Advisory Committee	3783.08	2008
Emergency Response Commission	3750.02	2009
Engineering Experiment Station Advisory Committee	3335.27	2010
Environmental Education Council	3745.21	2011
Environmental Protection Agency Advisory Board(s)	121.13, 3704.03, 3745.01	2012
Broadcast Educational Media Commission	3353.02 - 3353.04	2013
Ex-Offender Reentry Coalition	5120.07	2014
Farmland Preservation Advisory Board	901.23	2015
Financial Planning and Supervision Commission(s)	118.05	2016

for Municipal Corporation, County, or Township Financial Planning and Supervision Commission for a school district	3316.05	2017
Forestry Advisory Council	1503.40	2018
Governance Authority for a State University or College	3345.75	2019
Governor's Council on People with Disabilities	3303.41	2020
Governor's Policy Information Working Group	Section 313, H.B. 420, 127th G.A.	2021
Governor's Residence Advisory Commission	107.40	2022
Grain Marketing Program Operating Committee	924.20 - 924.30	2023
Great Lakes Commission (Great Lakes Basin Compact)	6161.01	2024
Gubernatorial Transition Committee	107.29, 126.26	2025
<del>Help Me Grow Advisory Council</del>	<del>3701.611</del>	2026
Hemophilia Advisory Subcommittee of the Medically	3701.0210	2027
Handicapped Children's Medical Advisory Council		
Homeland Security Advisory Council	5502.011(E)	2028
Hospital Measures Advisory Council	3727.31	2029
Housing Trust Fund Advisory Committee	174.06	2030
Industrial Commission Nominating Council	4121.04	2031
Industrial Technology and Enterprise Advisory Council	122.29, 122.30	2032
Infant Hearing Screening Subcommittee	3701.507	2033
Infection Control Group	3727.312(D)	2034
Insurance Agent Education Advisory Council	3905.483	2035
Interstate Rail Passenger Advisory Council	4981.35	2036
Joint Select Committee on Volume Cap	133.021	2037
Labor-Management Government Advisory Council	4121.70	2038
Legislative Programming Committee of the Ohio Government Telecommunications Service	3353.07	2039
Legislative Task Force on Redistricting,	103.51	2040

Reapportionment, and Demographic Research		
Maternity and Newborn Advisory Council	3711.20, 3711.21	2041
Medically Handicapped Children's Medical Advisory Council	3701.025	2042
Midwest Interstate Passenger Rail Compact Commission	4981.361	2043
Milk Sanitation Board	917.03 - 917.032	2044
Mine Subsidence Insurance Governing Board	3929.51	2045
Minority Development Financing Advisory Board	122.72, 122.73	2046
Multi-Agency Radio Communications System (MARCS) Steering Committee	Section 15.02, H.B. 640, 123rd G.A.	2047
National Museum of Afro-American History and Culture Planning Committee	149.303	2048
New African Immigrants Commission	4112.31, 4112.32	2049
Ohio Accountability Task Force	3302.021(E)	2050
Ohio Advisory Council for the Aging	173.03	2051
Ohio Agriculture License Plate Scholarship Fund Board	901.90	2052
Ohio Arts Council	Chapter 3379.	2053
Ohio Business Gateway Steering Committee	5703.57	2054
Ohio Cemetery Dispute Resolution Commission	4767.05, 4767.06	2055
Ohio Civil Rights Commission Advisory Agencies and Conciliation Councils	4112.04(B)(4)	2056
Ohio Commercial Market Assistance Plan Executive Committee	3930.02	2057
Ohio Commission on Dispute Resolution and Conflict Management	179.02 - 179.04	2058
Ohio Commission on Fatherhood	5101.34	2059
Ohio Community Service Council	121.40 - 121.404	2060
Ohio Council for Interstate Adult Offender Supervision	5149.22	2061
Ohio Cultural Facilities Commission	Chapter 3383.	2062

Ohio Cystic Fibrosis Legislative Task Force	101.38	2063
Ohio Developmental Disabilities Council	5123.35	2064
Ohio Expositions Commission	991.02	2065
Ohio Family and Children First Cabinet Council	121.37	2066
Ohio Geographically Referenced Information Program Council	125.901, 125.902	2067
Ohio Geology Advisory Council	1501.11	2068
Ohio Grape Industries Committee	924.51 - 924.55	2069
Ohio Historic Site Preservation Advisory Board	149.301	2070
Ohio Historical Society Board of Trustees	149.30	2071
Ohio Judicial Conference	105.91 - 105.97	2072
Ohio Lake Erie Commission	1506.21	2073
Ohio Legislative Commission on the Education and Preservation of State History	Section 701.05, H.B. 1, 128th G.A.	2074
Ohio Medical Quality Foundation	3701.89	2075
Ohio Parks and Recreation Council	1541.40	2076
Ohio Peace Officer Training Commission	109.71, 109.72	2077
Ohio Private Investigation and Security Services Commission	4749.021, 4743.01	2078
Ohio Public Defender Commission	120.01 - 120.03	2079
Ohio Public Library Information Network Board of Trustees	3375.65, 3375.66	2080
Ohio Quarter Horse Development Commission	3769.086	2081
Ohio Small Government Capital Improvements Commission	164.02(C)(D)	2082
Ohio Soil and Water Conservation Commission	1515.02	2083
Ohio Standardbred Development Commission	3769.085	2084
Ohio Thoroughbred Racing Advisory Committee	3769.084	2085
Ohio Transportation Finance Commission	5531.12(B) to (D)	2086
Ohio Tuition Trust Authority	3334.03, 3334.08	2087
<del>Ohio University College of Osteopathic Medicine</del>	<del>3337.10, 3337.11</del>	2088

~~Advisory Committee~~

Ohio Vendors Representative Committee	3304.34, 20 USC 107	2089
Ohio War Orphans Scholarship Board	5910.02 - 5910.06	2090
Ohio Water Advisory Council	1521.031	2091
Ohio Water Resources Council Advisory Group	1521.19	2092
Ohio Water Resources Council	1521.19	2093
Oil and Gas Commission	1509.35	2094
Operating Committee of the Oil and Gas Marketing Program	1510.06, 1510.11	2095
Organized Crime Investigations Commission	177.01	2096
Pharmacy and Therapeutics Committee of the Department of Medicaid	5164.7510	2097
Physician Assistant Policy Committee of the State Medical Board	4730.05, 4730.06	2098
Physician Loan Repayment Advisory Board	3702.81	2099
Power Siting Board	4906.02	2100
Prequalification Review Board	5525.07	2101
Private Water Systems Advisory Council	3701.346	2102
Public Utilities Commission Nominating Council	4901.021	2103
Public Utility Property Tax Study Committee	5727.85(K)	2104
Radiation Advisory Council	3748.20	2105
Reclamation Commission	1513.05	2106
Reclamation Forfeiture Fund Advisory Board	1513.182	2107
Recreation and Resources Commission	1501.04	2108
Recycling and Litter Prevention Advisory Council	1502.04	2109
School and Ministerial Lands Divestiture Committee	501.041	2110
Savings and Loan Associations and Savings Banks Board	1181.16	2111
Second Chance Trust Fund Advisory Committee	2108.35	2112
Service Coordination Workgroup	Section 751.20,	2113

	H.B. 1, 128th G.A.	
Ski Tramway Board	4169.02	2114
Small Business Stationary Source Technical and Environmental Compliance Assistance Council	3704.19	2115
Solid Waste Management Advisory Council	3734.51	2116
Special Commission to Consider the Suspension of Local Government Officials	3.16	2117
Speed to Scale Task Force	Section 375.60.80, H.B. 119, 128th G.A.	2118
State Agency Coordinating Group	1521.19	2119
State Audit Committee	126.46	2120
State Council of Uniform State Laws	105.21 - 105.27	2121
State Criminal Sentencing Commission	181.22 - 181.26	2122
State Fire Council	3737.81	2123
State Library Board	3375.01	2124
State Victims Assistance Advisory Council	109.91(B) and (C)	2125
Statewide Consortium of County Law Library Resource Boards	3375.481	2126
STEM Committee	3326.02	2127
Student Tuition Recovery Authority	3332.081	2128
Sunset Review Committee	101.84 - 101.87	2129
Tax Credit Authority	122.17(M)	2130
Technical Advisory Committee to Assist Director of the Ohio Coal Development Office	1551.35	2131
Technical Advisory Council on Oil and Gas	1509.38	2132
Transportation Review Advisory Council	5512.07 - 5512.09	2133
Unemployment Compensation Advisory Council	4141.08	2134
Unemployment Compensation Review Commission	4141.06	2135
Veterans Advisory Committee	5902.02(K)	2136

Volunteer Fire Fighters' Dependents Fund Boards (private volunteer)	146.02 - 146.06	2137
Volunteer Fire Fighters' Dependents Fund Boards (public)	146.02 - 146.06	2138
Water and Sewer Commission	1525.11(C)	2139
Waterways Safety Council	1547.73	2140
Wildlife Council	1531.03 - 1531.05	2141
Workers' Compensation Board of Directors Nominating Committee	4121.123	2142

**Section 610.31.** That existing Section 4 of Sub. S.B. 171 of the 129th General Assembly, as most recently amended by Am. Sub. H.B. 64 of the 131st General Assembly, is hereby repealed.

**Section 751.10.** PART C EARLY INTERVENTION SERVICES PROGRAM

(A) On July 1, 2016, the responsibilities that the Department of Health had on June 30, 2016, with respect to implementing the Part C Early Intervention Services Program for eligible infants and toddlers in Ohio in accordance with Part C of the "Individuals with Disabilities Education Act," 20 U.S.C. 1431 et seq., and regulations implementing that part in 34 C.F.R. part 303, are transferred to the Department of Developmental Disabilities. Associated with the transfer, all of the following shall be the case:

(1) The Department of Developmental Disabilities becomes the lead agency responsible for the administration of funds provided for the Program, as described by 20 U.S.C. 1437(a)(1).

(2) The Department of Developmental Disabilities is the successor to, assumes the obligations and authority of, and otherwise continues Program implementation.

(3) No validation, cure, right, privilege, remedy,

obligation, or liability related to the Program is impaired or 2163  
lost by reason of the transfer and must be recognized, 2164  
administered, performed, or enforced by the Department of 2165  
Developmental Disabilities. 2166

(4) Business associated with the Program's implementation 2167  
that was commenced but not completed by the Department of Health 2168  
must be completed by the Department of Developmental Disabilities 2169  
in the same manner, and with the same effect, as if completed by 2170  
the Department of Health. 2171

(5) All of the Department of Health's rules, orders, and 2172  
determinations associated with the Program continue in effect as 2173  
rules, orders, and determinations of the Department of 2174  
Developmental Disabilities until modified or rescinded by the 2175  
Department of Developmental Disabilities. 2176

(6) A Department of Health employee who is assigned to the 2177  
Program on June 30, 2016, is transferred to the Department of 2178  
Developmental Disabilities and retains all rights under sections 2179  
124.321 to 124.328 of the Revised Code. The employee also retains 2180  
all benefits the employee had accrued on the effective date of the 2181  
transfer, including discipline status. The employee's employment 2182  
records and actions, including personnel actions, disciplinary 2183  
actions, performance improvement plans, and performance 2184  
evaluations, transfer with the employee. Absent authorization from 2185  
the employee, the Department of Health is not to transfer to the 2186  
Department of Developmental Disabilities any medical documentation 2187  
regarding the employee in its possession. 2188

(7) All equipment and assets relating to the Program, except 2189  
for those related to Early Track, are transferred from the 2190  
Department of Health to the Department of Developmental 2191  
Disabilities. 2192

(8) Individuals who are members of the Help Me Grow Advisory 2193

Council on June 30, 2016, shall, on July 1, 2016, become members 2194  
of the Early Intervention Services Advisory Council established 2195  
under section 5123.0422 of the Revised Code and shall remain 2196  
members until the completion of their terms in accordance with 2197  
that section. 2198

(9) Whenever the Help Me Grow Advisory Council, or the 2199  
Department of Health in relation to the Part C Early Intervention 2200  
Services Program, is referred to in statute, contract, or other 2201  
instrument, the reference is deemed to refer to the Early 2202  
Intervention Services Advisory Council or the Department of 2203  
Developmental Disabilities, whichever is appropriate in context. 2204

(B) On July 1, 2016, or as soon as possible thereafter, the 2205  
Director of Health shall certify to the Director of Budget and 2206  
Management the cash balance and the existing encumbrances relating 2207  
to Part C Early Intervention Services in the General Operations 2208  
Fund (Fund 3920) used by the Department of Health. The Director of 2209  
Budget and Management may transfer up to the amount of cash 2210  
certified to the Federal Grants Fund (Fund 3250) used by the 2211  
Department of Developmental Disabilities. The amount transferred 2212  
by the Director of Budget and Management is hereby appropriated. 2213

The Director of Budget and Management shall cancel any 2214  
existing encumbrances related to the Part C Early Intervention 2215  
Services against appropriation item 440618, Federal Public Health 2216  
Programs, and reestablish them against appropriation item 322612, 2217  
Community Social Service Programs. The reestablished amounts are 2218  
hereby appropriated. Any related business commenced but not 2219  
completed under appropriation item 440618 shall be completed under 2220  
appropriation item 322612 in the same manner and with the same 2221  
effect as if it were completed with regard to appropriation item 2222  
440618. 2223

On July 1, 2016, or as soon as possible thereafter, the 2224  
Director of Budget and Management shall cancel any existing 2225

encumbrances related to the Part C Early Intervention Program 2226  
against appropriation item 440459, Help Me Grow, and reestablish 2227  
them against appropriation item 322421, Early Intervention. The 2228  
reestablished amounts are hereby appropriated. Any related 2229  
business commenced but not completed under appropriation item 2230  
440459 shall be completed under appropriation item 322421 in the 2231  
same manner and with the same effect as if it were completed with 2232  
regard to appropriation item 440459. 2233

**Section 806.10.** The items of law contained in this act, and 2234  
their applications, are severable. If any item of law contained in 2235  
this act, or if any application of any item of law contained in 2236  
this act, is held invalid, the invalidity does not affect other 2237  
items of law contained in this act and their applications that can 2238  
be given effect without the invalid item of law or application. 2239

**Section 812.20.** The amendments made in sections of this act 2240  
prefixed with the number "610" are not subject to the referendum 2241  
under Ohio Constitution, article II, section 1d, and therefore 2242  
take effect immediately when this act becomes law. 2243

**Section 812.30.** Section 751.10 of this act is not subject to 2244  
the referendum under Ohio Constitution, article II, section 1d, 2245  
and therefore takes effect immediately when this act becomes law. 2246