As Introduced

131st General Assembly
Regular Session 2015-2016

Representative Amstutz

A BILL

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

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

Section 101.01. That sections 3301.0714, 3701.07, 3701.61, 4723.071, 5123.02, 5123.1610, 5123.41, 5123.42, 5123.421, 5123.422, 5123.43, 5123.441, 5123.45, 5123.46, 5123.47, 5124.10, 5124.101, 5124.45, and 5126.36 be amended and sections 5123.024, 5123.0421, 5123.0422, 5123.0423, 5123.377, 5123.452, and 5124.39
of the Revised Code be enacted to read as follows:

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

1. Standards identifying and defining the types of data in the system in accordance with divisions (B) and (C) of this section;
2. Procedures for annually collecting and reporting the data to the state board in accordance with division (D) of this section;
3. Procedures for annually compiling the data in accordance with division (G) of this section;
4. Procedures for annually reporting the data to the public in accordance with division (H) of this section;
5. Standards to provide strict safeguards to protect the confidentiality of personally identifiable student data.

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

1. Student participation and performance data, for each grade in each school district as a whole and for each grade in each school building in each school district, that includes:
   a. The numbers of students receiving each category of instructional service offered by the school district, such as regular education instruction, vocational education instruction, specialized instruction programs or enrichment instruction that is
part of the educational curriculum, instruction for gifted students, instruction for students with disabilities, and remedial instruction. The guidelines shall require instructional services under this division to be divided into discrete categories if an instructional service is limited to a specific subject, a specific type of student, or both, such as regular instructional services in mathematics, remedial reading instructional services, instructional services specifically for students gifted in mathematics or some other subject area, or instructional services for students with a specific type of disability. The categories of instructional services required by the guidelines under this division shall be the same as the categories of instructional services used in determining cost units pursuant to division (C)(3) of this section.

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

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

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

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

(f) The numbers of students reported to the state board pursuant to division (C)(2) of section 3301.0711 of the Revised Code;
(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.

(h) Expulsion rates;

(i) Suspension rates;

(j) Dropout rates;

(k) Rates of retention in grade;

(l) For pupils in grades nine through twelve, the average number of carnegie units, as calculated in accordance with state board of education rules;

(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;

(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.

(2) Personnel and classroom enrollment data for each school district, including:

(a) The total numbers of licensed employees and nonlicensed employees and the numbers of full-time equivalent licensed
employees and nonlicensed employees providing each category of
instructional service, instructional support service, and
administrative support service used pursuant to division (C)(3) of
this section. The guidelines adopted under this section shall
require these categories of data to be maintained for the school
district as a whole and, wherever applicable, for each grade in
the school district as a whole, for each school building as a
whole, and for each grade in each school building.

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

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

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

(3)(a) Student demographic data for each school district,
including information regarding the gender ratio of the school
district's pupils, the racial make-up of the school district's
pupils, the number of limited English proficient students in the
district, and an appropriate measure of the number of the school
district's pupils who reside in economically disadvantaged households. The demographic data shall be collected in a manner to allow correlation with data collected under division (B)(1) of this section. Categories for data collected pursuant to division (B)(3) of this section shall conform, where appropriate, to standard practices of agencies of the federal government.

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

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

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

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

(2) Administrative costs for each school building in the school district. The guidelines shall require the cost units under this division (C)(2) to be designed so that each of them may be...
compiled and reported in terms of average expenditure per
full-time equivalent pupil receiving instructional or support
services in each building.

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

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

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

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

(4) Support or extracurricular services costs for each
category of service directly provided to students and required by
guidelines adopted pursuant to division (B)(1)(b) of this section.
The guidelines shall require the cost units under division (C)(4)
of this section to be designed so that each of them may be
compiled and reported in terms of average expenditure per pupil receiving the service in the school district as a whole and average expenditure per pupil receiving the service in each building in the school district and in terms of a total cost for each category of service and, as a breakdown of the total cost, a cost for each of the following components:

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

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

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

(D)(1) The guidelines adopted under this section shall require school districts to collect information about individual students, staff members, or both in connection with any data required by division (B) or (C) of this section or other reporting requirements established in the Revised Code. The guidelines may also require school districts to report information about individual staff members in connection with any data required by division (B) or (C) of this section or other reporting requirements established in the Revised Code. The guidelines shall not authorize school districts to request social security numbers of individual students. The guidelines shall prohibit the reporting under this section of a student's name, address, and
social security number to the state board of education or the department of education. The guidelines shall also prohibit the reporting under this section of any personally identifiable information about any student, except for the purpose of assigning the data verification code required by division (D)(2) of this section, to any other person unless such person is employed by the school district or the information technology center operated under section 3301.075 of the Revised Code and is authorized by the district or technology center to have access to such information or is employed by an entity with which the department contracts for the scoring or the development of state assessments. The guidelines may require school districts to provide the social security numbers of individual staff members and the county of residence for a student. Nothing in this section prohibits the state board of education or department of education from providing a student's county of residence to the department of taxation to facilitate the distribution of tax revenue.

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

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

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

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

(c) The director of any state agency that administers a
publicly funded program providing services to children who are
younger than compulsory school age, as defined in section 3321.01
of the Revised Code, including the directors of health, job and
family services, mental health and addiction services, and
developmental disabilities, shall request and receive, pursuant to
sections 3301.0723 and 3301.62 5123.0423 of the Revised Code, a
data verification code for a child who is receiving those
services.

(E) The guidelines adopted under this section may require
school districts to collect and report data, information, or
reports other than that described in divisions (A), (B), and (C)
of this section for the purpose of complying with other reporting
requirements established in the Revised Code. The other data,
information, or reports may be maintained in the education
management information system but are not required to be compiled
as part of the profile formats required under division (G) of this section or the annual statewide report required under division (H) of this section.

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

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

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

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

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

(2) The state board shall, in accordance with the procedures it adopts, annually prepare an individual report for each school district and the general public that includes the profiles of each
of the school buildings in that school district developed pursuant to division (G) of this section. Copies of the report shall be sent to the superintendent of the district and to each member of the district board of education.

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

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

(J) As used in this section:

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

(2) "Cost" means any expenditure for operating expenses made by a school district excluding any expenditures for debt retirement except for payments made to any commercial lending institution for any loan approved pursuant to section 3313.483 of the Revised Code.
(K) Any person who removes data from the information system established under this section for the purpose of releasing it to any person not entitled under law to have access to such information is subject to section 2913.42 of the Revised Code prohibiting tampering with data.

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

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

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

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

(c) Withhold an additional amount of up to twenty per cent of the total amount of state funds due to the district for the
current fiscal year;

(d) Direct department staff or an outside entity to investigate the district's data reporting practices and make recommendations for subsequent actions. The recommendations may include one or more of the following actions:

(i) Arrange for an audit of the district's data reporting practices by department staff or an outside entity;

(ii) Conduct a site visit and evaluation of the district;

(iii) Withhold an additional amount of up to thirty per cent of the total amount of state funds due to the district for the current fiscal year;

(iv) Continue monitoring the district's data reporting;

(v) Assign department staff to supervise the district's data management system;

(vi) Conduct an investigation to determine whether to suspend or revoke the license of any district employee in accordance with division (N) of this section;

(vii) If the district is issued a report card under section 3302.03 of the Revised Code, indicate on the report card that the district has been sanctioned for failing to report data as required by this section;

(viii) If the district is issued a report card under section 3302.03 of the Revised Code and incomplete or inaccurate data submitted by the district likely caused the district to receive a higher performance rating than it deserved under that section, issue a revised report card for the district;

(ix) Any other action designed to correct the district's data reporting problems.

(3) Any time the department takes an action against a school district under division (L)(2) of this section, the department
shall make a report of the circumstances that prompted the action. The department shall send a copy of the report to the district superintendent or chief administrator and maintain a copy of the report in its files.

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

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

(6) Prior to issuing a revised report card for a school district under division (L)(2)(d)(viii) of this section, the department may hold a hearing to provide the district with an opportunity to demonstrate that it made a good faith effort to report data as required by this section. The hearing shall be
conducted by a referee appointed by the department. Based on the information provided in the hearing, the referee shall recommend whether the department should issue a revised report card for the district. If the referee affirms the department's contention that the district did not make a good faith effort to report data as required by this section, the district shall bear the full cost of conducting the hearing and of issuing any revised report card.

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

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

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

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

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

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

(3) The number of beds listed by category of care provided;

(4) The number of licensed or certified professional employees by classification;

(5) The number of births that occurred at the institution the previous calendar year;

(6) Any other information that the director considers relevant to the safety of patients served by the institution.

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.

(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.

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.

Sec. 3701.61. (A) The department of health shall establish the help me grow program to encourage early prenatal and well-baby care, as well as provide parenting education to promote the comprehensive health and development of children, and provide early intervention services in accordance with part C of the
"Individuals with Disabilities Education Act," 118 Stat. 2744 (2004), 20 U.S.C. 1431 et seq. The program shall include the following services:

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

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

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

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

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

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

The director shall prepare an annual report on the data received from the providers.
Pursuant to Chapter 119. of the Revised Code, the director shall adopt rules that are necessary and proper to implement this section. The rules shall specify all of the following:

1. Eligibility requirements for home visiting services and part C early intervention services;

2. Eligibility requirements for providers of home visiting services and providers of part C early intervention services;

3. Standards and procedures for the provision of program services, including data collection, program monitoring, and program evaluation;

4. Procedures for appealing the denial of an application for program services or the termination of services;

5. Procedures for appealing the denial of an application to become a provider of program services or the termination of the department's approval of a provider;

6. Procedures for addressing complaints;

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

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

9. Criteria for payment of approved providers of program services;

10. Any other rules necessary to implement the program.

A family enrolled in the help me grow at risk program on the effective date of this amendment shall be eligible for at risk
services until December 31, 2013, or until the eligible child reaches three years of age, whichever occurs first.

Section 4723.071. (A) As used in this section, "health-related activities," "MR/DD personnel," "prescribed medication," and "tube feeding" have the same meanings as in section 5123.41 of the Revised Code.

(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.

(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.

Section 5123.02. The department of developmental disabilities shall do the following:

(A) Promote comprehensive statewide programs and services for persons with mental retardation or a developmental disability and their families wherever they reside in the state.
These programs shall include public education awareness, prevention, diagnosis assessment, treatment, training, and care.

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

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

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

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

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

(F) Serve as the "lead agency," as described by 20 U.S.C. 1435(a)(10), to implement the state's part C early intervention services program, through which early intervention services are provided to eligible infants and toddlers 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.

Sec. 5123.024. The department of developmental disabilities
may do any of the following as the lead agency to implement the
state's part C early intervention services program, as described
in section 5123.02 of the Revised Code:

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

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

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

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

(A) Eligibility requirements to receive program services;

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

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

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

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

(F) Procedures for addressing complaints by persons who
receive program services;
(G) Criteria for the payment of program service providers;

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

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

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

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

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

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

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

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

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

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

(3) In the case of a provider agreement that expires because the department of medicaid refuses to revalidate it, the person or government entity's authority to provide medicaid-funded supported living under a supported living certificate is automatically revoked on the date that the provider agreement expires.
expires, unless the expiration date of the provider agreement is
the same as the expiration date of the supported living
certificate, in which case the director of developmental
disabilities shall refuse to renew the person or government
entity's authority to provide medicaid-funded supported living
under the certificate.

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

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

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

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

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

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

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

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

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

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

(B) The director of developmental disabilities may change the
terms of an agreement entered into with a county board of
developmental disabilities or a board of county commissioners
pursuant to section 5123.36 of the Revised Code or other statutory
authority in effect before July 1, 1980, regarding the
construction, acquisition, or renovation of a community adult
facility if all of the following apply:

(1) The agreement was entered into during the period

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

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

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

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

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

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

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

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

(ii) Use the proceeds of the sale for the acquisition of
housing for individuals with developmental disabilities that complies with the requirements established by the director.

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

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

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

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

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

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

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

(1) Taking vital signs;

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

(3) Basic measurement of bodily intake and output;

(4) Oral suctioning;

(5) Use of glucometers;

(6) External urinary catheter care cleaning;

(7) Emptying and replacing enterostomy ostomy bags;

(8) Collection of specimens by noninvasive means;

(9) Pulse oximetry reading;
(10) Use of continuous positive airway pressure machines;  844

(11) Application of percussion vests;  845

(12) Use of cough assist devices and insufflators;  846

(13) Application of prescribed compression hosiery.  847

(F) "Licensed health professional authorized to prescribe drugs" has the same meaning as in section 4729.01 of the Revised Code.  848

(G) "Metered dose inhaled medication" means a premeasured medication administered by inhalation using a hand-held dispenser or aerosol nebulizer.  851

(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

(1) Through direct employment with the department of developmental disabilities or a county board of developmental disabilities;  858

(2) Through an entity under contract with the department of developmental disabilities or a county board of developmental disabilities;  861

(3) Through direct employment or by being under contract with private entities, including private entities that operate residential facilities.  864

(H)(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
"Over-the-counter medication" means a drug that may be sold and purchased without a prescription.

"Prescribed medication" means a drug that is to be administered according to the instructions of a licensed health professional authorized to prescribe drugs.

"Residential facility" means a facility licensed under section 5123.19 of the Revised Code.

"Specialized services" has the same meaning as in section 5123.50 of the Revised Code.

"Tube feeding" means the provision of nutrition to an individual through a gastrostomy tube or a jejunostomy tube.

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

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

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

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

(4) Recipients of family support services offered or provided pursuant to this chapter or Chapter 5126. of the Revised Code;

(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;

(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;

(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;

(7)(8) Residents of a residential facility with not more than five or fewer resident beds;

(8)(9) Residents of a residential facility with at least six but not more than sixteen resident beds;

(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:

(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
habilitation, community integration, or normalization services to its residents.

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

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

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

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

(a) Activate a vagal nerve stimulator;

(b) Use an epinephrine autoinjector to treat anaphylaxis;

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

(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.

(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.

(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.

(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.

(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:

(a) With nursing delegation, MR/DD personnel may perform health-related activities.
(b) With nursing delegation, MR/DD personnel may administer oral and topical prescribed medications and topical over-the-counter musculoskeletal medications.

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

(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.

(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 pumps.

(2) In the case of recipients of adult services, as specified individuals described in division divisions (A)(2), (7), and (9) of this section, all of the following apply:

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

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

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

(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.

(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.
pumps.

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

(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:

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

(b) Without nursing delegation, MR/DD personnel may administer oral and topical prescribed medications and topical over-the-counter musculoskeletal medications.

(c) Without nursing delegation, MR/DD personnel may administer oxygen and metered dose inhaled medications.

(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.

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

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

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

(4) 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:

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

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

(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.

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

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

(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:

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

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

(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.

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

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

(6) In the case of recipients of services not included in
divisions (A)(1) to (5) of this section, as specified in division (A)(6) of this section, all of the following apply:

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

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

(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.

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

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

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

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

(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.

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

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

(8) In the case of residents of a residential facility with at least six but not more than sixteen resident beds, as specified
in division (A)(8) of this section, all of the following apply:

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

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

(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.

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

(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:

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

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

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

(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.

(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
With nursing delegation, MR/DD personnel may administer prescribed medications for the treatment of metabolic glycemic disorders through subcutaneous injections.

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

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

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

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

(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 regarding 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 section 5123.42 of the Revised Code. The department shall conduct investigations of complaints as it considers appropriate. The department shall adopt rules in accordance with section 5123.46 of the Revised Code establishing procedures for accepting complaints and conducting investigations under this section.

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

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

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

Sec. 5123.43. (A) The department of developmental disabilities shall develop courses for the training of MR/DD personnel in the administration of prescribed medications, and performance of health-related activities, and performance of tube feedings pursuant to the authority granted under section 5123.42 of the Revised Code. The department may develop separate or combined training courses for the administration of prescribed medications, administration of over-the-counter medications, and performance of health-related activities, and performance of tube feedings.
feedings. Training in the administration of prescribed medications through gastrostomy and jejunostomy tubes may be included in a course providing training in tube feedings. Training in the administration of insulin, the administration of medications for the treatment of metabolic glycemic disorders, the activation of a vagal nerve stimulator, and the administration of epinephrine through an autoinjector may be developed as a separate course or included in a course providing training in the administration of other prescribed medications.

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

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

(a) Infection control and universal precautions;

(b) Correct and safe practices, procedures, and techniques for administering prescribed medications;

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

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

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

(f) Information regarding the proper storage and care of medications;
(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 successfully complete the training required by the department through the courses it develops under section 5123.44 of the Revised Code. The registered nurse shall provide only the training courses authorized by the training the registered nurse completes.

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

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

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

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

(2) The department shall include provisions in the program for issuing certificates to MR/DD personnel and registered nurses who were required to be included in the certificate program.
pursuant to division (B)(2) of this section as that division existed immediately before the effective date of this amendment. MR/DD personnel who receive a certificate under division (B)(2) of this section shall not administer insulin until they have been trained by a registered nurse who has received a certificate under this section that allows the registered nurse to provide training courses to MR/DD personnel in the administration of insulin. A registered nurse who receives a certificate under division (B)(2) of this section shall not provide training courses to MR/DD personnel in the administration of insulin unless the registered nurse completes a course developed under section 5123.44 of the Revised Code that enables the registered nurse to receive a certificate to provide training courses to MR/DD personnel in the administration of insulin.

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

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

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

(1) Requirements that MR/DD personnel and registered nurses must meet to be eligible to take a training course, including having sufficient written and oral English skills to communicate
effectively and reliably with patients, their families, and other medical professionals;

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

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

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

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

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

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

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

(1) Refusal to issue or renew a certificate;

(2) Revocation of a certificate;

(3) Suspension of a certificate;

(B) The following constitute good cause for taking action
under division (A) of this section against a certificate holder:

(1) The certificate holder violates sections 5123.41 to
5123.45 of the Revised Code or rules adopted under those sections;
(2) Confirmed abuse or neglect;
(3) The certificate holder has been convicted of or pleaded
guilty to a disqualifying offense, as defined in section 5123.081
of the Revised Code;
(4) Misfeasance;
(5) Malfeasance;
(6) Nonfeasance;
(7) In the case of a certificate holder who is a registered
nurse, the board of nursing has taken disciplinary action against
the certificate holder under Chapter 4723, of the Revised Code;
(8) Other conduct the director determines is or would be
injurious to individuals.

(C) The director shall issue an adjudication order under
division (A) of this section in accordance with Chapter 119, of
the Revised Code.

Sec. 5123.46. All rules adopted under sections 5123.41 to
5123.45 and section 5123.452 of the Revised Code shall be adopted
in consultation with the board of nursing and the Ohio nurses
association. The rules shall be adopted in accordance with Chapter
119. of the Revised Code.

Sec. 5123.47. (A) As used in this section:

(1) "In-home care" means the supportive services provided
within the home of an individual with mental retardation or a
developmental disability who receives funding for the services
through a county board of developmental disabilities, including
any recipient of residential services funded as home and community-based services, family support services provided under section 5126.11 of the Revised Code, or supported living provided in accordance with sections 5126.41 to 5126.47 of the Revised Code. "In-home care" includes care that is provided outside an individual's home in places incidental to the home, and while traveling to places incidental to the home, except that "in-home care" does not include care provided in the facilities of a county board of developmental disabilities or care provided in schools.

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

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

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

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

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

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

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

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

(e) A person who holds a valid certificate issued under
Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited brand of medicine;

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

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

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

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

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

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

(2) The unlicensed in-home care worker has been selected by the family member or the individual receiving care and is under
the direct supervision of the family member.

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

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

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

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

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

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

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

(D) A family member who authorizes an unlicensed in-home care
worker to administer oral and topical prescribed medications or perform other health care tasks retains full responsibility for the health and safety of the individual receiving the care and for ensuring that the worker provides the care appropriately and safely. No entity that funds or monitors the provision of in-home care may be held liable for the results of the care provided under this section by an unlicensed in-home care worker, including such entities as the county board of developmental disabilities and the department of developmental disabilities.

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

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

Sec. 5124.10. (A) Except as provided in division (D) of this section and division (E)(2) of section 5124.101 of the Revised Code
Code, each ICF/IID provider shall file with the department of developmental disabilities an annual cost report for each of the provider's ICFs/IID for which the provider has a valid provider agreement. The cost report for a year shall cover the calendar year or portion of the calendar year during which the ICF/IID participated in the medicaid program. Except as provided in division (E) of this section, the cost report is due not later than ninety days after the end of the calendar year, or portion of the calendar year, that the cost report covers.

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

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

(C) If the medicaid payment rate for a new ICF/IID was most recently determined in accordance with section 5124.151 of the
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 under division (A) of this section if either of the following apply:

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

(2) The cost report is incomplete or inadequate.

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

(1) The period begins on the following:

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

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

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

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

(2) The period ends on the last day of the fiscal year that immediately precedes the fiscal year for which the ICF/IID begins to be paid a rate determined using a cost report that division (E)
of this section requires be filed in accordance with division (A) of section 5124.10 of the Revised Code.

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

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

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

(1) In place of the annual average case mix score otherwise used in determining the ICF/IID's per medicaid day payment rate for direct care costs under division (A) of section 5124.19 of the Revised Code, the ICF/IID's case mix score in effect on the last
day of the calendar quarter that ends during the period the cost report covers (or, if more than one calendar quarter ends during that period, the last of those calendar quarters) shall be used to determine the ICF/IID's per medicaid day payment rate for direct care costs.

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

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

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

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

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

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

(1) The difference between the amount of the efficiency incentive payments the ICF/IID earned under sections 5124.17 and 5124.21 of the Revised Code because the provider obtained such approval and the amount of the efficiency incentive payments the ICF/IID would have earned under those sections had the provider not obtained such approval;

(2) An amount of interest on the difference determined under division (A)(1) of this section.

(B) The department shall exempt an ICF/IID provider from a recoupment otherwise required by this section if the provider voluntarily repays the department the difference determined under division (A)(1) of this section. No interest shall be charged on the amount voluntarily repaid.

(C) An ICF/IID provider subject to a recoupment under division (A) of this section or voluntarily making a repayment under division (B) of this section shall choose one of the following methods by which the recoupment or voluntary repayment shall be made:

(1) In a lump sum payment;

(2) Subject to the department's approval, in installment payments;

(3) In a single deduction from the next available medicaid payment made to the provider if that payment at least equals the total amount of the recoupment or voluntary repayment;

(4) Subject to the department's approval, in installment deductions from medicaid payments made to the provider.

(D) An ICF/IID provider may request that the director of developmental disabilities reconsider either or both of the following:
(1) A decision that the provider is subject to a recoupment under this section;

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

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

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

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

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

(C) Penalties imposed under section 5124.42 of the Revised Code.

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

(B) In accordance with sections 5123.42 and 5123.651 of the Revised Code, an employee of a county board of developmental disabilities or an entity under contract with the board who is not specifically authorized by other provisions of the Revised Code to administer prescribed medications, perform health-related activities, perform tube feedings, or provide assistance in the self-administration of prescribed medications may do so pursuant to the authority granted under those sections.
Section 101.02. That existing sections 3301.0714, 3701.07, 3701.61, 4723.071, 5123.02, 5123.1610, 5123.41, 5123.42, 5123.421, 5123.422, 5123.43, 5123.441, 5123.45, 5123.46, 5123.47, 5124.10, 5124.101, 5124.45, and 5126.36 and sections 3701.611 and 3701.62 of the Revised Code are hereby repealed.

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

Sec. 259.110. TARGETED CASE MANAGEMENT SERVICES

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

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

TRANSFER TO MEDICAID WAIVER FUND

On July 1, 2016, or as soon as possible thereafter, the Director of Budget and Management shall transfer the cash balance in the Targeted Case Management Fund (Fund 5DJ0) to the Medicaid Waiver Fund (Fund 3G60), both used by the Department of Developmental Disabilities. Upon completion of the transfer, Fund 5DJ0 is hereby abolished. The Director of Budget and Management...
shall cancel any existing encumbrances against appropriation item 653626, Targeted Case Management Services, and appropriation item 322625, Targeted Case Management Match, and reestablish them against appropriation item 653639, Medicaid Waiver Services. The reestablished encumbrance amounts are hereby appropriated.

Sec. 289.10. DOH DEPARTMENT OF HEALTH

General Revenue Fund

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<tr>
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<tr>
<td>6980</td>
<td>440634 Nurse Aide Training</td>
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<td></td>
<td>TOTAL DPF Dedicated Purpose Fund</td>
</tr>
<tr>
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<td>Group</td>
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<tr>
<td>1420</td>
<td>440646 Agency Health Services</td>
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<td>2110</td>
<td>440613 Central Support Indirect Costs</td>
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<td>TOTAL ISA Internal Service Activity Fund Group</td>
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<td>R014</td>
<td>440631 Vital Statistics</td>
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<tr>
<td>R048</td>
<td>440625 Refunds, Grants Reconciliation, and Audit Settlements</td>
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<td>TOTAL HLD Holding Account Fund Group</td>
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<td></td>
<td>Group</td>
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<tr>
<td>3200</td>
<td>440601 Maternal Child Health Block Grant</td>
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<tr>
<td>3870</td>
<td>440602 Preventive Health Block Grant</td>
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<tr>
<td>3890</td>
<td>440604 Women, Infants, and Children</td>
</tr>
<tr>
<td>3910</td>
<td>440606 Medicare Survey and Certification</td>
</tr>
<tr>
<td>3920</td>
<td>440618 Federal Public Health Programs</td>
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<tr>
<td>3GD0</td>
<td>654601 Medicaid Program Support</td>
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<tr>
<td>3GN0</td>
<td>440660 Public Health Emergency</td>
</tr>
</tbody>
</table>
Preparedness

TOTAL FED Federal Fund Group $ 445,532,680 $ 445,532,680 1887

TOTAL ALL BUDGET FUND GROUPS $ 659,443,141 $ 660,898,737 1888

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 Administration $ 164,750 $ 164,750 1898

GRF 320412 Protective Services $ 2,418,196 $ 2,418,196 1899

GRF 320415 Developmental Disabilities

Facilities Lease Rental Bond Payments

GRF 322420 Screening and Early Intervention $ 808,500 $ 808,500 1901

GRF 322421 Early Intervention $ 0 $ 11,109,909 1902

GRF 322451 Family Support Services $ 5,932,758 $ 5,932,758 1903

GRF 322501 County Boards Subsidies $ 44,149,280 $ 44,149,280 1904

GRF 322503 Tax Equity $ 14,000,000 $ 14,000,000 1905

GRF 322507 County Board Case Management $ 2,500,000 $ 2,500,000 1906
<table>
<thead>
<tr>
<th>Code</th>
<th>Account</th>
<th>Description</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRF 322508</td>
<td>Employment First Initiative</td>
<td>$5,800,000 $5,800,000</td>
<td>1907</td>
<td></td>
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<tr>
<td>GRF 322509</td>
<td>Community Supports &amp; Rental Assistance</td>
<td>$750,000 $750,000</td>
<td>1908</td>
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<tr>
<td>GRF 653321</td>
<td>Medicaid Program Support - State</td>
<td>$6,186,694 $6,186,694</td>
<td>1909</td>
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<tr>
<td>GRF 653407</td>
<td>Medicaid Services</td>
<td>$482,137,300 $543,467,830</td>
<td>1910</td>
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<tr>
<td>TOTAL GRF General Revenue Fund</td>
<td></td>
<td>$585,665,378 $646,080,208 $657,190,117</td>
<td>1911</td>
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Dedicated Purpose Fund Group 1912

<table>
<thead>
<tr>
<th>Code</th>
<th>Account</th>
<th>Description</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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</thead>
<tbody>
<tr>
<td>5GE0 320606</td>
<td>Operating and Services</td>
<td>$10,107,297 $10,107,297</td>
<td>1913</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5QM0 320607</td>
<td>System Transformation Supports</td>
<td>$4,500,000 $3,000,000</td>
<td>1914</td>
<td></td>
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<tr>
<td>2210 322620</td>
<td>Supplement Service Trust</td>
<td>$150,000 $150,000</td>
<td>1915</td>
<td></td>
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<tr>
<td>5DJ0 322625</td>
<td>Targeted Case Management Match</td>
<td>$38,000,000 $43,000,000</td>
<td>1916</td>
<td></td>
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<tr>
<td>5DK0 322629</td>
<td>Capital Replacement Facilities</td>
<td>$750,000 $750,000</td>
<td>1917</td>
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<tr>
<td>5H00 322619</td>
<td>Medicaid Repayment</td>
<td>$160,000 $160,000</td>
<td>1918</td>
<td></td>
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<tr>
<td>5JX0 322651</td>
<td>Interagency Workgroup - Autism</td>
<td>$25,000 $25,000</td>
<td>1919</td>
<td></td>
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<tr>
<td>4890 653632</td>
<td>DC Direct Care Services</td>
<td>$10,050,000 $10,050,000</td>
<td>1920</td>
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<tr>
<td>5CT0 653607</td>
<td>Intensive Behavioral Needs</td>
<td>$1,000,000 $1,000,000</td>
<td>1921</td>
<td></td>
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<tr>
<td>5DJ0 653626</td>
<td>Targeted Case Management Services</td>
<td>$101,000,000 $113,000,000</td>
<td>1922</td>
<td></td>
<td></td>
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<tr>
<td>5EV0 653627</td>
<td>Medicaid Program Support</td>
<td>$1,500,000 $1,500,000</td>
<td>1923</td>
<td></td>
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<tr>
<td>5GE0 653606</td>
<td>ICF/IID and Waiver Match</td>
<td>$37,682,901 $37,575,865</td>
<td>1924</td>
<td></td>
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</tr>
</tbody>
</table>
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 $ 655,557,381 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

Federal Fund Group 1931
3A50 320613 DD Council $ 3,324,187 $ 3,324,187 1932

3250 322612 Community Social Service Programs $ 10,604,896 $ 10,604,896 1933

3A40 653604 DC & ICF/IID Program Support $ 8,013,611 $ 8,013,611 1934

3A40 653605 DC and Residential Services and Support $ 118,423,968 $ 110,604,417 1935

3A40 653653 ICF/IID $ 357,362,616 $ 356,283,407 1936

3G60 653639 Medicaid Waiver Services $ 1,019,289,925 $ 1,180,039,348 1937

3G60 653640 Medicaid Waiver Program Support $ 46,525,638 $ 47,225,486 1938

3M70 653650 CAFS Medicaid $ 3,000,000 $ 3,000,000 1939

TOTAL FED Federal Fund Group $ 1,566,544,841 $ 1,719,095,352 1940

1,803,095,352

TOTAL ALL BUDGET FUND GROUPS $ 2,769,982,181 $ 3,041,732,941 1941

2,980,842,850

Section 610.21. That existing 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, is hereby repealed. 1942
**Section 610.30.** That 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, be amended to read as follows:

---

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

<table>
<thead>
<tr>
<th>AGENCY NAME</th>
<th>REVISED CODE OR UNCODIFIED SECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Distress Commission</td>
<td>3302.10</td>
</tr>
<tr>
<td>Advisory Board of Governor's Office of Faith-Based and Community Initiatives</td>
<td>107.12</td>
</tr>
<tr>
<td>Advisory Board to Assist and Advise in the Operation of the Ohio Center for Autism and Low Incidence</td>
<td>3323.33, 3323.34</td>
</tr>
<tr>
<td>Advisory Council on Amusement Ride Safety</td>
<td>1711.51, 1711.52</td>
</tr>
<tr>
<td>Office of Enterprise Development Advisory Board</td>
<td>5145.162</td>
</tr>
<tr>
<td>Advisory Council for Wild, Scenic, or Recreational River Area(s)</td>
<td>1547.84</td>
</tr>
<tr>
<td>Advisory Committee on Livestock Exhibitions</td>
<td>901.71</td>
</tr>
<tr>
<td>Agricultural Commodity Marketing Programs Operating Committees</td>
<td>924.07</td>
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<tr>
<td>Agricultural Commodity Marketing Programs Coordinating Committee</td>
<td>924.14</td>
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<tr>
<td>Alternative Energy Advisory Committee</td>
<td>4928.64(D)</td>
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<tr>
<td>AMBER Alert Advisory Committee</td>
<td>5502.521</td>
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<tr>
<td>Apprenticeship Council</td>
<td>Chapter 4139.</td>
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<tr>
<td>Armory Board of Control</td>
<td>5911.09, 5911.12</td>
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<tr>
<td>Automated Title Processing Board</td>
<td>4505.09(C)(1)</td>
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<tr>
<td>Backflow Advisory Board</td>
<td>3703.21</td>
</tr>
<tr>
<td>Banking Commission</td>
<td>1123.01</td>
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</tbody>
</table>

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

Financial Planning and Supervision Commission for a school district

Forestry Advisory Council

Governance Authority for a State University or College

Governor's Council on People with Disabilities

Governor's Policy Information Working Group

Governor's Residence Advisory Commission

Grain Marketing Program Operating Committee

Great Lakes Commission (Great Lakes Basin Compact)

Gubernatorial Transition Committee

Help Me Grow Advisory Council

Hemophilia Advisory Subcommittee of the Medically Handicapped Children's Medical Advisory Council

Homeland Security Advisory Council

Hospital Measures Advisory Council

Housing Trust Fund Advisory Committee

Industrial Commission Nominating Council

Industrial Technology and Enterprise Advisory Council

Infant Hearing Screening Subcommittee

Infection Control Group

Insurance Agent Education Advisory Council

Interstate Rail Passenger Advisory Council

Joint Select Committee on Volume Cap

Labor-Management Government Advisory Council

Legislative Programming Committee of the Ohio Government Telecommunications Service

Legislative Task Force on Redistricting,
<table>
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<th>Reapportionment, and Demographic Research</th>
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<tr>
<td>Maternity and Newborn Advisory Council</td>
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<tr>
<td>Medically Handicapped Children's Medical Advisory Council</td>
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<tr>
<td>Midwest Interstate Passenger Rail Compact Commission</td>
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<tr>
<td>Milk Sanitation Board</td>
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<td>Mine Subsidence Insurance Governing Board</td>
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<tr>
<td>Minority Development Financing Advisory Board</td>
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<tr>
<td>Multi-Agency Radio Communications System (MARCS) Steering Committee</td>
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<tr>
<td>National Museum of Afro-American History and Culture Planning Committee</td>
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<td>New African Immigrants Commission</td>
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<td>Ohio Accountability Task Force</td>
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<tr>
<td>Ohio Advisory Council for the Aging</td>
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<tr>
<td>Ohio Agriculture License Plate Scholarship Fund Board</td>
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<td>Ohio Arts Council</td>
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<tr>
<td>Ohio Business Gateway Steering Committee</td>
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<tr>
<td>Ohio Cemetery Dispute Resolution Commission</td>
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<td>Ohio Civil Rights Commission Advisory Agencies and Conciliation Councils</td>
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<td>Ohio Commercial Market Assistance Plan Executive Committee</td>
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<td>Ohio Commission on Dispute Resolution and Conflict Management</td>
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<td>Ohio Commission on Fatherhood</td>
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<td>Ohio Community Service Council</td>
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<td>Ohio Council for Interstate Adult Offender Supervision</td>
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<td>Ohio Cultural Facilities Commission</td>
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<td>Agency Name</td>
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<tr>
<td>Ohio Cystic Fibrosis Legislative Task Force</td>
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<td>Ohio Developmental Disabilities Council</td>
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<tr>
<td>Ohio Expositions Commission</td>
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<tr>
<td>Ohio Family and Children First Cabinet Council</td>
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<tr>
<td>Ohio Geographically Referenced Information</td>
</tr>
<tr>
<td>Program Council</td>
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<tr>
<td>Ohio Geology Advisory Council</td>
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<tr>
<td>Ohio Grape Industries Committee</td>
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<td>Ohio Historic Site Preservation Advisory Board</td>
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<td>Ohio Historical Society Board of Trustees</td>
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<td>Ohio Judicial Conference</td>
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<tr>
<td>Ohio Lake Erie Commission</td>
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<tr>
<td>Ohio Legislative Commission on the Education and Preservation of State History</td>
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<tr>
<td>Ohio Medical Quality Foundation</td>
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<td>Ohio Parks and Recreation Council</td>
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<tr>
<td>Ohio Peace Officer Training Commission</td>
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<td>Ohio Private Investigation and Security Services Commission</td>
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<tr>
<td>Ohio Public Defender Commission</td>
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<tr>
<td>Ohio Public Library Information Network Board of Trustees</td>
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<tr>
<td>Ohio Quarter Horse Development Commission</td>
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<tr>
<td>Ohio Small Government Capital Improvements Commission</td>
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<td>Ohio Soil and Water Conservation Commission</td>
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<td>Ohio Standardbred Development Commission</td>
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<tr>
<td>Ohio Thoroughbred Racing Advisory Committee</td>
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<td>Ohio Transportation Finance Commission</td>
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<tr>
<td>Ohio Tuition Trust Authority</td>
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<tr>
<td>Ohio University College of Osteopathic Medicine</td>
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</tbody>
</table>
Advisory Committee

Ohio Vendors Representative Committee

Ohio War Orphans Scholarship Board

Ohio Water Advisory Council

Ohio Water Resources Council Advisory Group

Ohio Water Resources Council

Oil and Gas Commission

Operating Committee of the Oil and Gas Marketing Program

Organized Crime Investigations Commission

Pharmacy and Therapeutics Committee of the Department of Medicaid

Physician Assistant Policy Committee of the State Medical Board

Physician Loan Repayment Advisory Board

Power Siting Board

Prequalification Review Board

Private Water Systems Advisory Council

Public Utilities Commission Nominating Council

Public Utility Property Tax Study Committee

Radiation Advisory Council

Reclamation Commission

Reclamation Forfeiture Fund Advisory Board

Recreation and Resources Commission

Recycling and Litter Prevention Advisory Council

School and Ministerial Lands Divestiture Committee

Savings and Loan Associations and Savings Banks Board

Second Chance Trust Fund Advisory Committee

Service Coordination Workgroup
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 - 2133
5512.09
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 146.02 - 146.06 2137
(private volunteer)

Volunteer Fire Fighters' Dependents Fund Boards 146.02 - 146.06 2138
(public)

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 4121.123 2142

Nominating Committee

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. 2143

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. 2146

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). 2147

(2) The Department of Developmental Disabilities is the successor to, assumes the obligations and authority of, and otherwise continues Program implementation. 2148

(3) No validation, cure, right, privilege, remedy,
obligation, or liability related to the Program is impaired or lost by reason of the transfer and must be recognized, administered, performed, or enforced by the Department of Developmental Disabilities.

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

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

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

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

(8) Individuals who are members of the Help Me Grow Advisory
Council on June 30, 2016, shall, on July 1, 2016, become members of the Early Intervention Services Advisory Council established under section 5123.0422 of the Revised Code and shall remain members until the completion of their terms in accordance with that section.

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

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

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

On July 1, 2016, or as soon as possible thereafter, the Director of Budget and Management shall cancel any existing
encumbrances related to the Part C Early Intervention Program against appropriation item 440459, Help Me Grow, and reestablish them against appropriation item 322421, Early Intervention. The reestablished amounts are hereby appropriated. Any related business commenced but not completed under appropriation item 440459 shall be completed under appropriation item 322421 in the same manner and with the same effect as if it were completed with regard to appropriation item 440459.

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

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

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