### As Reported by the House Judiciary Committee

## 131st General Assembly

# Regular Session 2015-2016

Am. H. B. No. 24

Representatives Dovilla, Retherford
Cosponsors: Representatives Anielski, Antonio, Derickson, Dever, Duffey, Fedor,
Kraus, Maag, Manning, Sprague, Thompson

### A BILL

То	amend sections 173.501, 173.521, 173.542,	1
	2317.54, 4715.36, 5101.60, 5101.61, 5101.611,	2
	5101.62 to 5101.64, 5101.66 to 5101.71, 5101.99,	3
	5123.61, and 5126.31; to amend, for the purpose	4
	of adopting new section numbers as indicated in	5
	parentheses, sections 5101.61 (5101.63),	6
	5101.611 (5101.64), 5101.62 (5101.65), 5101.63	7
	(5101.651), 5101.64 (5101.66), 5101.65	8
	(5101.68), 5101.66 (5101.681), 5101.67	9
	(5101.682), 5101.68 (5101.69), 5101.69	10
	(5101.70), 5101.70 (5101.71), 5101.71 (5101.61),	11
	and 5101.72 (5101.611); and to enact new section	12
	5101.62 and sections 5101.631, 5101.632,	13
	5101.701, 5101.702, 5101.74, and 5101.741 of the	14
	Revised Code to revise the laws governing the	15
	provision of adult protective services.	16

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

	Sect	ion 1	. That	sections	173.50	1, 173.521	L, 173.542	2,	17
2317	54.	4715.3	36. 510	)1 60. 51	01 61. 5	5101 611.	5101 62	5101 63.	1.8

5101.64, 5101.66, 5101.67, 5101.68, 5101.69, 5101.70, 5101.71,	19
5101.99, 5123.61, and 5126.31 be amended; sections 5101.61	20
(5101.63), 5101.611 (5101.64), 5101.62 (5101.65), 5101.63	21
(5101.651), 5101.64 (5101.66), 5101.65 (5101.68), 5101.66	22
(5101.681), 5101.67 (5101.682), 5101.68 (5101.69), 5101.69	23
(5101.70), $5101.70$ $(5101.71)$ , $5101.71$ $(5101.61)$ , and $5101.72$	24
(5101.611) be amended for the purpose of adopting new section	25
numbers as indicated in parentheses; and new section 5101.62 and	26
sections 5101.631, 5101.632, 5101.701, 5101.702, 5101.74, and	27
5101.741 of the Revised Code be enacted to read as follows:	28
Sec. 173.501. (A) As used in this section:	29
"Nursing facility" has the same meaning as in section	30
5165.01 of the Revised Code.	31
"PACE provider" has the same meaning as in the "Social	32
Security Act," section 1934(a)(3), 42 U.S.C. 1396u-4(a)(3).	33
(B) The department of aging shall establish a home first	34
component of the PACE program under which eligible individuals	35
may be enrolled in the PACE program in accordance with this	36
section. An individual is eligible for the PACE program's home	37
first component if both of the following apply:	38
(1) The individual has been determined to be eligible for	39
the PACE program.	40
(2) At least one of the following applies:	41
(a) The individual has been admitted to a nursing	42
facility.	43
(b) A physician has determined and documented in writing	44
that the individual has a medical condition that, unless the	45
individual is enrolled in home and community-based services such	46

as the PACE program, will require the individual to be admitted	47
to a nursing facility within thirty days of the physician's	48
determination.	49
(c) The individual has been hospitalized and a physician	50
has determined and documented in writing that, unless the	51
individual is enrolled in home and community-based services such	52
as the PACE program, the individual is to be transported	53
directly from the hospital to a nursing facility and admitted.	54
(d) Both of the following apply:	55
(i) The individual is the subject of a report made under	56
section 5101.61 5101.63 of the Revised Code regarding abuse,	57
neglect, or exploitation or such a report referred to a county	58
department of job and family services under section 5126.31 of	59
the Revised Code or has made a request to a county department	60
for protective services as defined in section 5101.60 of the	61
Revised Code.	62
(ii) A county department of job and family services and an	63
area agency on aging have jointly documented in writing that,	64
unless the individual is enrolled in home and community-based	65
services such as the PACE program, the individual should be	66
admitted to a nursing facility.	67
(C) Each month, the department of aging shall identify	68
individuals who are eligible for the home first component of the	69
PACE program. When the department identifies such an individual,	70
the department shall notify the PACE provider serving the area	71
in which the individual resides. The PACE provider shall	72
determine whether the PACE program is appropriate for the	73
individual and whether the individual would rather participate	74
in the PACE program than continue or begin to reside in a	75

nursing facility. If the PACE provider determines that the PACE	76
program is appropriate for the individual and the individual	77
would rather participate in the PACE program than continue or	78
begin to reside in a nursing facility, the PACE provider shall	79
so notify the department of aging. On receipt of the notice from	80
the PACE provider, the department of aging shall approve the	81
individual's enrollment in the PACE program in accordance with	82
priorities established in rules adopted under section 173.50 of	83
the Revised Code.	84
Sec. 173.521. (A) Unless the medicaid-funded component of	85
the PASSPORT program is terminated pursuant to division (C) of	86
section 173.52 of the Revised Code, the department shall	87
establish a home first component of the PASSPORT program under	88
which eligible individuals may be enrolled in the medicaid-	89
funded component of the PASSPORT program in accordance with this	90
section. An individual is eligible for the PASSPORT program's	91
home first component if both of the following apply:	92
(1) The individual has been determined to be eligible for	93
the medicaid-funded component of the PASSPORT program.	94
(2) At least one of the following applies:	95
(a) The individual has been admitted to a nursing	96
facility.	97
(b) A physician has determined and documented in writing	98
that the individual has a medical condition that, unless the	99
individual is enrolled in home and community-based services such	100
as the PASSPORT program, will require the individual to be	101
admitted to a nursing facility within thirty days of the	102
physician's determination.	103

(c) The individual has been hospitalized and a physician

has determined and documented in writing that, unless the	105
individual is enrolled in home and community-based services such	106
as the PASSPORT program, the individual is to be transported	107
directly from the hospital to a nursing facility and admitted.	108
(d) Both of the following apply:	109
(i) The individual is the subject of a report made under	110
section $\frac{5101.61}{5101.63}$ of the Revised Code regarding abuse,	111
neglect, or exploitation or such a report referred to a county	112
department of job and family services under section 5126.31 of	113
the Revised Code or has made a request to a county department	114
for protective services as defined in section 5101.60 of the	115
Revised Code.	116
(ii) A county department of job and family services and an	117
area agency on aging have jointly documented in writing that,	118
unless the individual is enrolled in home and community-based	119
services such as the PASSPORT program, the individual should be	120
admitted to a nursing facility.	121
(B) Each month, each area agency on aging shall identify	122
individuals residing in the area that the agency serves who are	123
eligible for the home first component of the PASSPORT program.	124
When an area agency on aging identifies such an individual, the	125
agency shall notify the long-term care consultation program	126
administrator serving the area in which the individual resides.	127
The administrator shall determine whether the PASSPORT program	128
is appropriate for the individual and whether the individual	129
would rather participate in the PASSPORT program than continue	130
or begin to reside in a nursing facility. If the administrator	131
determines that the PASSPORT program is appropriate for the	132
individual and the individual would rather participate in the	133

PASSPORT program than continue or begin to reside in a nursing

facility, the administrator shall so notify the department of	135
aging. On receipt of the notice from the administrator, the	136
department shall approve the individual's enrollment in the	137
medicaid-funded component of the PASSPORT program regardless of	138
the unified waiting list established under section 173.55 of the	139
Revised Code, unless the enrollment would cause the component to	140
exceed any limit on the number of individuals who may be	141
enrolled in the component as set by the United States secretary	142
of health and human services in the PASSPORT waiver.	143

- Sec. 173.542. (A) Unless the medicaid-funded component of the assisted living program is terminated pursuant to division (C) of section 173.54 of the Revised Code, the department of aging shall establish a home first component of the assisted living program under which eligible individuals may be enrolled in the medicaid-funded component of the assisted living program in accordance with this section. An individual is eligible for the assisted living program's home first component if both of the following apply:
- (1) The individual has been determined to be eligible for the medicaid-funded component of the assisted living program.
  - (2) At least one of the following applies:
- (a) The individual has been admitted to a nursing facility.
- (b) A physician has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services such as the assisted living program, will require the individual to be admitted to a nursing facility within thirty days of the physician's determination.

- (c) The individual has been hospitalized and a physician

  164
  has determined and documented in writing that, unless the
  165
  individual is enrolled in home and community-based services such
  166
  as the assisted living program, the individual is to be
  167
  transported directly from the hospital to a nursing facility and
  168
  admitted.
  - (d) Both of the following apply:
- (i) The individual is the subject of a report made under section 5101.61 5101.63 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised Code.
- (ii) A county department of job and family services and an 178 area agency on aging have jointly documented in writing that, 179 unless the individual is enrolled in home and community-based 180 services such as the assisted living program, the individual 181 should be admitted to a nursing facility. 182
- (B) Each month, each area agency on aging shall identify individuals residing in the area that the area agency on aging serves who are eligible for the home first component of the assisted living program. When an area agency on aging identifies such an individual and determines that there is a vacancy in a residential care facility participating in the medicaid-funded component of the assisted living program that is acceptable to the individual, the agency shall notify the long-term care consultation program administrator serving the area in which the individual resides. The administrator shall determine whether the assisted living program is appropriate for the individual

220

221

222

223

224

and whether the individual would rather participate in the	194
assisted living program than continue or begin to reside in a	195
nursing facility. If the administrator determines that the	196
assisted living program is appropriate for the individual and	197
the individual would rather participate in the assisted living	198
program than continue or begin to reside in a nursing facility,	199
the administrator shall so notify the department of aging. On	200
receipt of the notice from the administrator, the department	201
shall approve the individual's enrollment in the medicaid-funded	202
component of the assisted living program regardless of the	203
unified waiting list established under section 173.55 of the	204
Revised Code, unless the enrollment would cause the component to	205
exceed any limit on the number of individuals who may	206
participate in the component as set by the United States	207
secretary of health and human services in the assisted living	208
waiver.	209

Sec. 2317.54. No hospital, home health agency, ambulatory 210 surgical facility, or provider of a hospice care program or 211 pediatric respite care program shall be held liable for a 212 physician's failure to obtain an informed consent from the 213 physician's patient prior to a surgical or medical procedure or 214 course of procedures, unless the physician is an employee of the 215 hospital, home health agency, ambulatory surgical facility, or 216 provider of a hospice care program or pediatric respite care 217 program. 218

Written consent to a surgical or medical procedure or course of procedures shall, to the extent that it fulfills all the requirements in divisions (A), (B), and (C) of this section, be presumed to be valid and effective, in the absence of proof by a preponderance of the evidence that the person who sought such consent was not acting in good faith, or that the execution

of the parent's minor child;

250

251

252

253

of the consent was induced by fraudulent misrepresentation of	225
material facts, or that the person executing the consent was not	226
able to communicate effectively in spoken and written English or	227
any other language in which the consent is written. Except as	228
herein provided, no evidence shall be admissible to impeach,	229
modify, or limit the authorization for performance of the	230
procedure or procedures set forth in such written consent.	231
(A) The consent sets forth in general terms the nature and	232
purpose of the procedure or procedures, and what the procedures	233
are expected to accomplish, together with the reasonably known	234
risks, and, except in emergency situations, sets forth the names	235
of the physicians who shall perform the intended surgical	236
procedures.	237
(B) The person making the consent acknowledges that such	238
(B) The person making the consent acknowledges that such disclosure of information has been made and that all questions	238 239
disclosure of information has been made and that all questions	239
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a	239 240
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.	239 240 241
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the	239 240 241 242
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason	239 240 241 242 243
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason including, but not limited to, competence, minority, or the fact	239 240 241 242 243 244
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason including, but not limited to, competence, minority, or the fact that, at the latest time that the consent is needed, the patient	239 240 241 242 243 244 245
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason including, but not limited to, competence, minority, or the fact that, at the latest time that the consent is needed, the patient is under the influence of alcohol, hallucinogens, or drugs,	239 240 241 242 243 244 245 246
disclosure of information has been made and that all questions asked about the procedure or procedures have been answered in a satisfactory manner.  (C) The consent is signed by the patient for whom the procedure is to be performed, or, if the patient for any reason including, but not limited to, competence, minority, or the fact that, at the latest time that the consent is needed, the patient is under the influence of alcohol, hallucinogens, or drugs, lacks legal capacity to consent, by a person who has legal	239 240 241 242 243 244 245 246 247

(1) The parent, whether the parent is an adult or a minor,

(2) An adult whom the parent of the minor child has given

written authorization to consent to a surgical or medical

procedure or course of procedures for the parent's minor child.	254
Any use of a consent form that fulfills the requirements	255
stated in divisions (A), (B), and (C) of this section has no	256
effect on the common law rights and liabilities, including the	257
right of a physician to obtain the oral or implied consent of a	258
patient to a medical procedure, that may exist as between	259
physicians and patients on July 28, 1975.	260
As used in this section the term "hospital" has the same	261
meaning as in section 2305.113 of the Revised Code; "home health	262
agency" has the same meaning as in section $\frac{5101.61}{3701.881}$ of	263
the Revised Code; "ambulatory surgical facility" has the meaning	264
as in division (A) of section 3702.30 of the Revised Code; and	265
"hospice care program" and "pediatric respite care program" have	266
the same meanings as in section 3712.01 of the Revised Code. The	267
provisions of this division apply to hospitals, doctors of	268
medicine, doctors of osteopathic medicine, and doctors of	269
podiatric medicine.	270
Sec. 4715.36. As used in this section and sections	271
4715.361 to 4715.374 of the Revised Code:	272
(A) "Accredited dental hygiene school" means a dental	273
hygiene school accredited by the American dental association	274
commission on dental accreditation or a dental hygiene school	275
whose educational standards are recognized by the American	276
dental association commission on dental accreditation and	277
approved by the state dental board.	278
(B) "Authorizing dentist" means a dentist who authorizes a	279
dental hygienist to perform dental hygiene services under	280
section 4715.365 of the Revised Code.	281

(C) "Clinical evaluation" means a diagnosis and treatment

Page 11

plan formulated for an individual patient by a dentist.	283
(D) "Dentist" means an individual licensed under this	284
chapter to practice dentistry.	285
(E) "Dental hygienist" means an individual licensed under	286
this chapter to practice as a dental hygienist.	287
(F) "Dental hygiene services" means the prophylactic,	288
preventive, and other procedures that dentists are authorized by	289
this chapter and rules of the state dental board to assign to	290
dental hygienists, except for procedures while a patient is	291
anesthetized, definitive root planing, definitive subgingival	292
curettage, the administration of local anesthesia, and the	293
procedures specified in rules adopted by the board as described	294
in division (C)(4) of section 4715.22 of the Revised Code.	295
(G) "Facility" means any of the following:	296
(1) A health care facility, as defined in section 4715.22	297
of the Revised Code;	298
(2) A state correctional institution, as defined in	299
section 2967.01 of the Revised Code;	300
(3) A comprehensive child development program that	301
receives funds distributed under the "Head Start Act," 95 Stat.	302
499 (1981), 42 U.S.C. 9831, as amended, and is licensed as a	303
child day-care center;	304
(4) A residential facility licensed under section 5123.19	305
of the Revised Code;	306
(5) A public school, as defined in section 3701.93 of the	307
Revised Code, located in an area designated as a dental health	308
resource shortage area pursuant to section 3702.87 of the	309
Revised Code;	310

(6) A nonpublic school, as defined in section 3701.93 of	311
the Revised Code, located in an area designated as a dental	312
health resource shortage area pursuant to section 3702.87 of the	313
Revised Code;	314
Nevised Code,	31-
(7) A federally qualified health center or federally	315
qualified health center look-alike, as defined in section	316
3701.047 of the Revised Code;	317
(8) A shelter for victims of domestic violence, as defined	318
in section 3113.33 of the Revised Code;	319
(9) A facility operated by the department of youth	320
services under Chapter 5139. of the Revised Code;	321
(10) A foster home, as defined in section 5103.02 of the	322
Revised Code;	323
(11) A nonprofit clinic, as defined in section 3715.87 of	324
the Revised Code;	325
(12) The residence of one or more individuals receiving	326
services provided by a home health agency, as defined in section	327
5101.61 3701.881 of the Revised Code;	328
(13) A dispensary;	329
(14) A health care facility, such as a clinic or hospital,	330
of the United States department of veterans affairs;	331
(15) The residence of one or more individuals enrolled in	332
a home and community-based services medicaid waiver component,	333
as defined in section 5166.01 of the Revised Code;	334
(16) A facility operated by the board of health of a city	335
or general health district or the authority having the duties of	336
a board of health under section 3709.05 of the Revised Code;	337

(17) A women, infants, and children clinic;	338
(18) A mobile dental unit located at any location listed	339
in divisions (G)(1) to (17) of this section;	340
(19) Any other location, as specified by the state dental	341
board in rules adopted under section 4715.372 of the Revised	342
Code, that is in an area designated as a dental health resource	343
shortage area pursuant to section 3702.87 of the Revised Code	344
and provides health care services to individuals who are	345
medicaid recipients and to indigent and uninsured persons, as	346
defined in section 2305.234 of the Revised Code.	347
Sec. 5101.60. As used in sections 5101.60 to 5101.71 of	348
the Revised Code:	349
(A) "Abandonment" means desertion of an adult by a	350
caretaker without having made provision for transfer of the	351
adult's care.	352
(B) "Abuse" means the infliction upon an adult by self or	353
others of injury, unreasonable confinement, intimidation, or	354
cruel punishment with resulting physical harm, pain, or mental	355
anguish.	356
(B) (C) "Adult" means any person sixty years of age or	357
older within this state who is handicapped by the infirmities of	358
aging or who has a physical or mental impairment which prevents	359
the person from providing for the person's own care or	360
protection, and who resides in an independent living	361
arrangement. An "independent living arrangement" is a domicile-	362
of a person's own choosing, including, but not limited to, a	363
private home, apartment, trailer, or rooming house. An-	364
"independent living arrangement" includes a residential facility	365
licensed under section 5119.34 of the Revised Code that provides	366

accommodations, supervision, and personal care services for	367
three to sixteen unrelated adults, but does not include other-	368
institutions or facilities licensed by the state or facilities	369
in which a person resides as a result of voluntary, civil, or	370
criminal commitment.	371
(C) (D) "Area agency on aging" means a public or private	372
nonprofit entity designated under section 173.011 of the Revised	373
Code to administer programs on behalf of the department of	374
aging.	375
(E) "Caretaker" means the person assuming the primary	376
responsibility for the care of an adult on by any of the	377
<pre>following means:</pre>	378
(1) On a voluntary basis, by;	379
(2) By contract, through ;	380
(3) Through receipt of payment for care, as;	381
(4) As a result of a family relationship, or by;	382
(5) By order of a court of competent jurisdiction.	383
(D) (F) "Community mental health agency" means any agency,	384
program, or facility with which a board of alcohol, drug	385
addiction, and mental health services contracts to provide the	386
mental health services listed in section 340.09 of the Revised	387
Code.	388
(G) "Court" means the probate court in the county where an	389
adult resides.	390
$\frac{(E)-(H)}{(H)}$ "Emergency" means that the adult is living in	391
conditions which present a substantial risk of immediate and	392
irreparable physical harm or death to self or any other person.	393

Page 15

Am. H. B. No. 24

(L) (Q) "Outpatient health facility" means a facility

rehabilitative, or palliative items or services are provided to

where medical care and preventive, diagnostic, therapeutic,

447

448

449 450

(3) Abandonment.

outpatients by or under the direction of a physician or dentist.	451
(R) "Peace officer" means a peace officer as defined in	452
section 2935.01 of the Revised Code.	453
(M) (S) "Physical harm" means bodily pain, injury,	454
impairment, or disease suffered by an adult.	455
(N) (T) "Protective services" means services provided by	456
the county department of job and family services or its	457
designated agency to an adult who has been determined by	458
evaluation to require such services for the prevention,	459
correction, or discontinuance of an act of as well as conditions	460
resulting from abuse, neglect, or exploitation. Protective	461
services may include, but are not limited to, case work	462
services, medical care, mental health services, legal services,	463
fiscal management, home health care, homemaker services,	464
housing-related services, guardianship services, and placement	465
services as well as the provision of such commodities as food,	466
clothing, and shelter.	467
(O) (U) "Reasonable decisions" means decisions made in	468
daily living that facilitate the provision of food, shelter,	469
clothing, and health care necessary for life support.	470
(V) "Senior service provider" means a person who provides	471
care or specialized services to an adult, except that it does	472
not include the state long-term care ombudsperson or a regional	473
<pre>long-term care ombudsperson.</pre>	474
(W) "Working day" means Monday, Tuesday, Wednesday,	475
Thursday, and Friday, except when such day is a holiday as	476
defined in section 1.14 of the Revised Code.	477
<b>Sec.</b> 5101.71 5101.61. (A) The county departments of job	478
and family services shall implement sections 5101 60 to 5101 71	479

Code;

of the Revised Code. The department of job and family services	480
may provide a program of ongoing, comprehensive, formal training	481
to county departments and other agencies authorized to implement	482
sections 5101.60 to 5101.71 of the Revised Code. Training shall-	483
not be limited to the procedures for implementing section	484
5101.62 of the Revised Code.	485
(B) The director of job and family services may adopt	486
rules in accordance with section 111.15 of the Revised Code	487
governing the county departments' implementation of sections	488
5101.60 to 5101.71 of the Revised Code. The rules adopted	489
pursuant to this division may include a requirement that the	490
county departments provide on forms prescribed by the rules a	491
plan of proposed expenditures, and a report of actual	492
expenditures, of funds necessary to implement sections 5101.60	493
to 5101.71 of the Revised Code.	494
Sec. 5101.72 5101.611. The department of job and family	495
services, to the extent of available funds, may reimburse county	496
departments of job and family services for all or part of the	497
costs they incur in implementing sections 5101.60 to 5101.71 of	498
the Revised Code. The director of job and family services shall	499
adopt internal management rules in accordance with section	500
111.15 of the Revised Code that provide for reimbursement of	501
county departments of job and family services under this	502
section.	503
The director shall adopt internal management rules in	504
accordance with section 111.15 of the Revised Code that do both	505
of the following:	506
(A) Implement sections 5101.60 to 5101.71 of the Revised	507

(B) Require the county departments to collect and submit	509
to the department, or ensure that a designated agency collects	510
and submits to the department, data concerning the	511
implementation of sections 5101.60 to 5101.71 of the Revised	512
Code.	513
Sec. 5101.62. The department of job and family services	514
shall do all of the following:	515
(A) Provide a program of ongoing, comprehensive, formal	516
training on the implementation of sections 5101.60 to 5101.71 of	517
the Revised Code and require all protective services caseworkers	518
and their supervisors to undergo the training;	519
(B) Develop and make available educational materials for	520
individuals who are required under section 5101.63 of the	521
Revised Code to make reports of abuse, neglect, and	522
<pre>exploitation;</pre>	523
(C) Facilitate ongoing cooperation among state agencies on	524
issues pertaining to the abuse, neglect, or exploitation of	525
adults.	526
Sec. 5101.61 5101.63. (A) As used in this section:	527
(1) "Senior service provider" means any person who	528
provides care or services to a person who is an adult as defined	529
in division (B) of section 5101.60 of the Revised Code.	530
(2) "Ambulatory health facility" means a nonprofit, public	531
or proprietary freestanding organization or a unit of such an-	532
agency or organization that:	533
(a) Provides preventive, diagnostic, therapeutic,	534
rehabilitative, or palliative items or services furnished to an-	535
outpatient or ambulatory patient, by or under the direction of a	536

physician or dentist in a facility which is not a part of a	537
hospital, but which is organized and operated to provide medical	538
care to outpatients;	539
(b) Has health and medical care policies which are	540
developed with the advice of, and with the provision of review-	541
of such policies, an advisory committee of professional-	542
personnel, including one or more physicians, one or more	543
dentists, if dental care is provided, and one or more registered	544
nurses;	545
(c) Has a medical director, a dental director, if dental	546
care is provided, and a nursing director responsible for the	547
execution of such policies, and has physicians, dentists,	548
nursing, and ancillary staff appropriate to the scope of	549
services provided;	550
(d) Requires that the health care and medical care of	551
every patient be under the supervision of a physician, provides	552
for medical care in a case of emergency, has in effect a written-	553
agreement with one or more hospitals and other centers or	554
clinics, and has an established patient referral system to other-	555
resources, and a utilization review plan and program;	556
(e) Maintains clinical records on all patients;	557
(f) Provides nursing services and other therapeutic	558
services in accordance with programs and policies, with such	559
services supervised by a registered professional nurse, and has-	560
a registered professional nurse on duty at all times of clinical	561
operations;	562
(g) Provides approved methods and procedures for the	563
dispensing and administration of drugs and biologicals;	564
(h) Has established an accounting and record keeping	565

system to determine reasonable and allowable costs;	566
(i) "Ambulatory health facilities" also includes an	567
alcoholism treatment facility approved by the joint commission	568
on accreditation of healthcare organizations as an alcoholism-	569
treatment facility or certified by the department of mental	570
health and addiction services, and such facility shall comply-	571
with other provisions of this division not inconsistent with-	572
such accreditation or certification.	573
(3) "Community mental health facility" means a facility	574
which provides community mental health services and is included	575
in the comprehensive mental health plan for the alcohol, drug-	576
addiction, and mental health service district in which it is-	577
<del>located.</del>	578
(4) "Community mental health service" means services,	579
other than inpatient services, provided by a community mental	580
health facility.	581
(5) "Home health agency" means an institution or a	582
distinct part of an institution operated in this state which:	583
(a) Is primarily engaged in providing home health-	584
services;	585
(b) Has home health policies which are established by a	586
group of professional personnel, including one or more duly	587
licensed doctors of medicine or osteopathy and one or more	588
registered professional nurses, to govern the home health	589
services it provides and which includes a requirement that every-	590
patient must be under the care of a duly licensed doctor of	591
medicine or osteopathy;	592
(c) Is under the supervision of a duly licensed doctor of	593
modicing or dector of esteemathy or a registered professional	50/

nurse who is responsible for the execution of such home health	595
policies;	596
(d) Maintains comprehensive records on all patients;	597
(e) Is operated by the state, a political subdivision, or	598
an agency of either, or is operated not for profit in this state-	599
and is licensed or registered, if required, pursuant to law by	600
the appropriate department of the state, county, or municipality	601
in which it furnishes services; or is operated for profit in	602
this state, meets all the requirements specified in divisions	603
(A) (5) (a) to (d) of this section, and is certified under Title	604
XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42	605
U.S.C. 301, as amended.	606
(6) "Home health service" means the following items and	607
services, provided, except as provided in division (A)(6)(g) of	608
this section, on a visiting basis in a place of residence used	609
as the patient's home:	610
(a) Nursing care provided by or under the supervision of a	611
registered professional nurse;	612
(b) Physical, occupational, or speech therapy ordered by	613
the patient's attending physician;	614
(c) Medical social services performed by or under the	615
supervision of a qualified medical or psychiatric social worker	616
and under the direction of the patient's attending physician;	617
(d) Personal health care of the patient performed by aides	618
in accordance with the orders of a doctor of medicine or	619
osteopathy and under the supervision of a registered	620
<pre>professional nurse;</pre>	621
(e) Medical supplies and the use of medical appliances;	622

(f) Medical services of interns and residents in training	623
under an approved teaching program of a nonprofit hospital and	624
under the direction and supervision of the patient's attending	625
physician;	626
(g) Any of the foregoing items and services which:	627
(i) Are provided on an outpatient basis under arrangements	628
made by the home health agency at a hospital or skilled nursing	629
<pre>facility;</pre>	630
(ii) Involve the use of equipment of such a nature that	631
the items and services cannot readily be made available to the	632
patient in the patient's place of residence, or which are	633
furnished at the hospital or skilled nursing facility while the	634
patient is there to receive any item or service involving the	635
use of such equipment.	636
Any attorney, physician, osteopath, podiatrist,	637
Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, any employee of a hospital	637
chiropractor, dentist, psychologist, any employee of a hospital	638
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse	638 639
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse-licensed under Chapter 4723. of the Revised Code, any employee	638 639 640
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse-licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health	638 639 640 641
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under	638 639 640 641
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides	638 639 640 641 642
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for	638 639 640 641 642 643
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, any employee of a nursing	638 639 640 641 642 643 644
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, any employee of a nursing home, residential care facility, or home for the aging, as	638 639 640 641 642 643 644 645
chiropractor, dentist, psychologist, any employee of a hospital—as defined in section 3701.01 of the Revised Code, any nurse—licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health—agency, any employee of a residential facility licensed under—section 5119.34 of the Revised Code that provides—accommodations, supervision, and personal care services for—three to sixteen unrelated adults, any employee of a nursing—home, residential care facility, or home for the aging, as—defined in section 3721.01 of the Revised Code, any senior—	638 639 640 641 642 643 644 645
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse- licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under- section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, any employee of a nursing home, residential care facility, or home for the aging, as defined in section 3721.01 of the Revised Code, any senior service provider, any peace officer, coroner, member of the	638 639 640 641 642 643 644 645 646
chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides—accommodations, supervision, and personal care services for three to sixteen unrelated adults, any employee of a nursing home, residential care facility, or home for the aging, as defined in section 3721.01 of the Revised Code, any senior service provider, any peace officer, coroner, member of the clergy, any employee of a community mental health facility, and	638 640 641 642 643 644 645 648

Page 24

believe that an adult is being abused, neglected, or exploited,	653
or is in a condition which is the result of abuse, neglect, or	654
exploitation shall immediately report such belief to the county	655
department of job and family services. This section does not	656
apply to employees of any hospital or public hospital as defined	657
in section 5122.01 of the Revised Code.	658
(2) All of the following are subject to division (A)(1) of	659
this section:	660
(a) An attorney admitted to the practice of law in this	661
state;	662
(b) An individual authorized under Chapter 4731. of the	663
Revised Code to practice medicine and surgery, osteopathic	664
medicine and surgery, or podiatric medicine and surgery;	665
(c) An individual licensed under Chapter 4734. of the	666
Revised Code as a chiropractor;	667
(d) An individual licensed under Chapter 4715. of the	668
Revised Code as a dentist;	669
(e) An individual licensed under Chapter 4723. of the	670
Revised Code as a registered nurse or licensed practical nurse;	671
(f) An individual licensed under Chapter 4732. of the	672
Revised Code as a psychologist;	673
(g) An individual licensed under Chapter 4757. of the	674
Revised Code as a social worker, independent social worker,	675
professional counselor, professional clinical counselor,	676
marriage and family therapist, or independent marriage and	677
<pre>family therapist;</pre>	678
(h) An individual licensed under Chapter 4729. of the	679
Revised Code as a pharmacist;	680

(t) An individual who is an ambulance driver for an

(ff) Any other individual who is a senior service

provider.

(B) Any person having reasonable cause to believe that an	735
adult has suffered abuse, neglect, or exploitation may report,	736
or cause <del>reports</del> a report to be made of such belief to the	737
county department of job and family services.	738
(C) The reports made under this section shall be made	739
orally or in writing except that oral reports shall be followed	740
by a written report if a written report is requested by the	741
department. Written reports shall include:	742
(1) The name, address, and approximate age of the adult	743
who is the subject of the report;	744
(2) The name and address of the individual responsible for	745
the adult's care, if any individual is, and if the individual is	746
known;	747
(3) The nature and extent of the alleged abuse, neglect,	748
or exploitation of the adult;	749
(4) The basis of the reporter's belief that the adult has	750
been abused, neglected, or exploited.	751
(D) Any person with reasonable cause to believe that an	752
adult is suffering abuse, neglect, or exploitation who makes a	753
report pursuant to this section or who testifies in any	754
administrative or judicial proceeding arising from such a	755
report, or any employee of the state or any of its subdivisions	756
who is discharging responsibilities under section 5101.62 of the	757
Revised Code shall be immune from civil or criminal liability on	758
account of such investigation, report, or testimony, except	759
liability for perjury, unless the person has acted in bad faith	760
or with malicious purpose.	761
(E) No employer or any other person with the authority to	762
do so shall discharge do any of the following as a result of an_	763

employee's having filed a report under this section:	764
(1) Discharge, demote, transfer, prepare a negative work	765
performance evaluation, or reduce ;	766
(2) Reduce benefits, pay, or work privileges, or take ;	767
(3) Take any other action detrimental to an the employee	768
or in any way retaliate against <del>an <u>the</u> employee <del>as a result of</del></del>	769
the employee's having filed a report under this section.	770
(F) Neither the written or oral report provided for in	771
this section nor the investigatory report provided for in	772
section 5101.62 5101.65 of the Revised Code shall be considered	773
a public record as defined in section 149.43 of the Revised	774
Code. Information On request, information contained in the	775
report shall <del>upon request</del> be made available to the adult who is	776
the subject of the report, to agencies authorized by the county	777
department of job and family services to receive information	778
contained in the report, and to legal counsel for the adult. If	779
it determines that there is a risk of harm to a person who makes	780
a report under this section or to the adult who is the subject	781
of the report, the county department of job and family services	782
may redact the name and identifying information related to the	783
person who made the report.	784
Sec. 5101.631. (A) Not later than two years after the	785
effective date of this section, the department of job and family	786
services may establish a registry to maintain reports of abuse,	787
neglect, or exploitation of adults, whether investigated or not,	788
made to county departments of job and family services under	789
section 5101.63 of the Revised Code. The department shall	790
release information in the registry to county departments of job	791
and family services in accordance with division (B) of section	792

5101.65 of the Revised Code and may release information in the	793
registry to law enforcement agencies through the Ohio law	794
enforcement gateway established under section 109.57 of the	795
Revised Code.	796
(B) Not later than six months after the effective date of	797
this section, the department shall submit to the president of	798
the senate, the speaker of the house of representatives, the	799
minority leader of the senate, the minority leader of the house	800
of representatives, and the elder abuse commission created under	801
section 5101.74 of the Revised Code a report outlining a process	802
for implementation of a registry under division (A) of this	803
section. The report shall include an estimate of the cost to the	804
department and county departments of implementing the registry.	805
Sec. 5101.632. Each entity that employs or is responsible	806
for licensing or regulating the individuals required under	807
section 5101.63 of the Revised Code to make reports of abuse,	808
neglect, or exploitation of adults shall ensure that the	809
individuals have access to the educational materials developed	810
under division (D) of section 5101.62 of the Revised Code.	811
Sec. 5101.611 5101.64. If a county department of job and	812
family services knows or has reasonable cause to believe that	813
the subject of a report made under section 5101.61 5101.63 of	814
the Revised Code or of an investigation conducted under sections	815
<del>5101.62 to 5101.64</del> <u>section 5101.65 of the Revised Code</u> or on the	816
initiative of the <u>county</u> department is mentally retarded or	817
developmentally disabled as defined in section 5126.01 of the	818
Revised Code, the <u>county</u> department shall refer the case to the	819
county board of developmental disabilities of that county for	820
review pursuant to section 5126.31 of the Revised Code.	821
If a county board of developmental disabilities refers a	822

842

843

844

845

846

847

848

849

850851

case to the county department of job and family services in accordance with section 5126.31, the <u>county</u> department shall	823
	824
proceed with the case in accordance with sections 5101.60 to	825
<del>5101.71</del> <u>5101.72</u> of the Revised Code.	826

Sec. 5101.62 5101.65. The county department of job and 827 family services shall be responsible for the investigation of 828 all reports provided for in section 5101.61 5101.63 and all 829 cases referred to it under section 5126.31 of the Revised Code 830 and for evaluating the need for and, to the extent of available 831 832 funds, providing or arranging for the provision of protective services. The department may designate another agency to perform 833 the department's duties under this section. 834

Investigation of the report provided for in section 835 5101.61 5101.63 or a case referred to the department under 836 section 5126.31 of the Revised Code shall be initiated within 837 twenty-four hours after the department receives the report or 838 case if any emergency exists; otherwise investigation shall be 839 initiated within three working days.

Investigation of the need for protective services shall include a face-to-face visit with the adult who is the subject of the report, preferably in the adult's residence, and consultation with the person who made the report, if feasible, and agencies or persons who have information about the adult's alleged abuse, neglect, or exploitation.

The department shall give written notice of the intent of the investigation and an explanation of the notice in language reasonably understandable to the adult who is the subject of the investigation, at the time of the initial interview with that person.

Upon completion of the investigation, the department shall	852
determine from its findings whether or not the adult who is the	853
subject of the report is in need of protective services. No	854
adult shall be determined to be abused, neglected, or in need of	855
protective services for the sole reason that, in lieu of medical	856
treatment, the adult relies on or is being furnished spiritual	857
treatment through prayer alone in accordance with the tenets and	858
practices of a church or religious denomination of which the	859
adult is a member or adherent. The department shall write a	860
report which confirms or denies the need for protective services	861
and states why it reached this conclusion.	862

Sec. 5101.63 5101.651. If, during the course of an 863 investigation conducted under section 5101.62 5101.65 of the 864 Revised Code, any person, including the adult who is the subject 865 of the investigation, denies or obstructs access to the 866 residence of the adult, the county department of job and family 867 services may file a petition in court for a temporary 868 restraining order to prevent the interference or obstruction. 869 The court shall issue a temporary restraining order to prevent 870 the interference or obstruction if it finds there is reasonable 871 cause to believe that the adult is being or has been abused, 872 neglected, or exploited and access to the person's residence has 873 been denied or obstructed. Such a finding is prima-facie 874 evidence that immediate and irreparable injury, loss, or damage 875 will result, so that notice is not required. After obtaining an 876 order restraining the obstruction of or interference with the 877 access of the protective services representative, the 878 representative may be accompanied to the residence by a peace 879 officer. 880

Sec. 5101.64 5101.66. Any person who requests or consents 881 to receive protective services shall receive such services only 882

after an investigation and determination of a need for
protective services, which. The investigation shall be
performed in the same manner as the investigation of a report
pursuant to sections 5101.62 and 5101.63 section 5101.65 of the
Revised Code. If the person withdraws consent, the protective
services shall be terminated.

883

884

**Sec.** 5101.65 5101.68. If the county department of job and 889 family services determines that an adult is in need of 890 protective services and is an incapacitated person, the 891 892 department may petition the court for an order authorizing the provision of protective services. The petition shall state the 893 specific facts alleging the abuse, neglect, or exploitation and 894 shall include a proposed protective service plan. Any plan for 895 protective services shall be specified in the petition. 896

Sec. 5101.66 5101.681. Notice of a petition for the 897 provision of court-ordered protective services as provided for 898 in section 5101.65 5101.68 of the Revised Code shall be 899 personally served upon the adult who is the subject of the 900 petition at least five working days prior to the date set for 901 the hearing as provided in section 5101.67 5101.682 of the 902 Revised Code. Notice shall be given orally and in writing in 903 language reasonably understandable to the adult. The notice 904 shall include the names of all petitioners, the basis of the 905 belief that protective services are needed, the rights of the 906 adult in the court proceedings, and the consequences of a court 907 order for protective services. The adult shall be informed of 908 his the right to counsel and his the right to appointed counsel 909 if he the adult is indigent and if appointed counsel is 910 requested. Written notice by certified mail shall also be given 911 to the adult's guardian, legal counsel, caretaker, and spouse, 912 if any, or if he the adult has none of these, to his the adult's 913 adult children or next of kin, if any, or to any other person as 914 the court may require. The adult who is the subject of the 915 petition may not waive notice as provided in this section. 916

- Sec. 5101.67-5101.682. (A) The court shall hold a hearing 917 on the petition as provided in section  $\frac{5101.65}{5101.68}$  of the 918 Revised Code within fourteen days after its filing. The adult 919 who is the subject of the petition shall have the right to be 920 present at the hearing, present evidence, and examine and cross-921 examine witnesses. The adult shall be represented by counsel 922 923 unless the right to counsel is knowingly waived. If the adult is indigent, the court shall appoint counsel to represent the 924 adult. If the court determines that the adult lacks the capacity 925 to waive the right to counsel, the court shall appoint counsel 926 to represent the adult's interests. 927
- (B) If the court finds, on the basis of clear and

  928
  convincing evidence, that the adult has been abused, neglected,
  929
  or exploited, is in need of protective services, and is
  930
  incapacitated, and no person authorized by law or by court order
  931
  is available to give consent, it shall issue an order requiring
  932
  the provision of protective services only if they are available
  933
  locally.
- (C) If the court orders placement under this section it 935 shall give consideration to the choice of residence of the 936 adult. The court may order placement in settings which have been 937 approved by the department of job and family services as meeting 938 at least minimum community standards for safety, security, and 939 the requirements of daily living. The court shall not order an 940 institutional placement unless it has made a specific finding 941 entered in the record that no less restrictive alternative can 942 be found to meet the needs of the individual. No individual may 943

971

972

be committed to a hospital or public hospital as defined in	944
section 5122.01 of the Revised Code pursuant to this section.	945
(D) The placement of an adult pursuant to court order as	946
provided in this section shall not be changed unless the court	947
authorized the transfer of placement after finding compelling	948
reasons to justify the transfer. Unless the court finds that an	949
	950
emergency exists, the court shall notify the adult of a transfer	
at least thirty days prior to the actual transfer.	951
(E) A court order provided for in this section shall	952
remain in effect for no longer than six months. Thereafter, the	953
county department of job and family services shall review the	954
adult's need for continued services and, if the department	955
determines that there is a continued need, it shall apply for a	956
renewal of the order for additional periods of no longer than	957
one year each. The adult who is the subject of the court-ordered	958
services may petition for modification of the order at any time.	959
Sec. 5101.68 5101.69. (A) If an adult has consented to the	960
provision of protective services but any other person refuses to	961
allow such provision, the county department of human job and	962
family services may petition the court for a temporary	963
restraining order to restrain the person from interfering with	964
the provision of protective services for the adult.	965
(B) The petition shall state specific facts sufficient to	966
demonstrate the need for protective services, the consent of the	967
adult, and the refusal of some other person to allow the	968
provision of these services.	969
(C) Notice of the petition shall be given in language	970

reasonably understandable to the person alleged to be

interfering with the provision of services;

(D) The court shall hold a hearing on the petition within	973
fourteen days after its filing. If the court finds that the	974
protective services are necessary, that the adult has consented	975
to the provision of such services, and that the	976
person who is the subject of the petition has prevented such	977
provision, the court shall issue a temporary restraining order	978
to restrain the person from interfering with the provision of	979
protective services to the adult.	980
Sec. 5101.69 5101.70. (A) Upon petition by the county	981
department of <a href="https://human-job and family services">human-job and family services</a> , the court may issue	982
an order authorizing the provision of protective services on an	983
emergency basis to an adult. The petition for any emergency	984
order shall include all of the following:	985
(1) The name, age, and address of the adult in need of	986
protective services;	987
(2) The nature of the surrounding	0.00
(2) The nature of the emergency;	988
(3) The proposed protective services;	989
(4) The petitioner's reasonable belief, together with	990
facts supportive thereof, as to the existence of the	991
circumstances described in divisions (D)(1) to (3) of this	992
section;	993
(5) Facts showing the petitioner's attempts to obtain the	994
adult's consent to the protective services.	995
(B) Notice of the filing and contents of the petition	996
provided for in division (A) of this section, the rights of the	997
person in the hearing provided for in division (C) of this	998
section, and the possible consequences of a court order, shall	999
be given to the adult. Notice shall also be given to the spouse	1000
of the adult or, if he the adult has none, to his the adult's	1000
of the addition, if he the addition has holle, to his the addit b	T 0 0 T

adult children or next of kin, and $\frac{1}{2}$ the adult's guardian, if	1002
any, if his the guardian's whereabouts are known. The notice	1003
shall be given in language reasonably understandable to its	1004
recipients at least twenty-four hours prior to the hearing	1005
provided for in this section. The court may waive the twenty-	1006
four hour hours' notice requiement requirement upon a showing	1007
that both of the following are the case:	1008
(1) Immediate and irreparable physical harm or immediate	1009
and irreparable financial harm to the adult or others will	1010
result from the twenty-four hour delay; and	1011
(2) Reasonable attempts have been made to notify the	1012
adult, <u>his</u> the adult's spouse, or, if <u>he</u> the adult has none, <del>his</del>	1013
the adult's adult children or next of kin, if any, and his the	1014
<u>adult's</u> guardian, if any, if <u>his</u> the guardian's whereabouts are	1015
known.	1016
Notice of the court's determination shall be given to all	1017
persons receiving notice of the filing of the petition provided	1018
for in this division.	1019
(C) Upon receipt of a petition for an order for emergency	1020
services, the court shall hold a hearing no sooner than twenty-	1021
four and no later than seventy-two hours after the notice	1022
provided for in division (B) of this section has been given,	1023
unless the court has waived the notice. The adult who is the	1024
subject of the petition shall have the right to be present at	1025
the hearing, present, evidence, and examine and cross-examine	1026
witnesses.	1027
(D) The court shall issue an order authorizing the	1028
provision of protective services on an emergency basis if it	1029
finds, on the basis of clear and convincing evidence, that all	1030

of the following:	1031
(1) The adult is an incapacitated person;	1032
(2) An emergency exists;	1033
(3) No person authorized by law or court order to give	1034
consent for the adult is available or willing to consent to	1035
emergency services.	1036
(E) In issuing an emergency order, the court shall adhere	1037
to the following limitations:	1038
(1) The court shall order only such protective services as	1039
are necessary and available locally to remove the conditions	1040
creating the emergency, and the court shall specifically	1041
designate those protective services the adult shall receive;	1042
(2) The court shall not order any change of residence	1043
under this section unless the court specifically finds that a	1044
change of residence is necessary;	1045
(3) The court may order emergency services only	1046
for fourteen days. The department may petition the court for a	1047
renewal of the order for a fourteen-day period upon a showing	1048
that continuation of the order is necessary to remove the	1049
emergency.	1050
(4) In its order the court shall authorize the director of	1051
the <u>county</u> department or <u>his</u> the <u>director's</u> designee to give	1052
consent for the person for the approved emergency services until	1053
the expiration of the order;	1054
(5) The court shall not order a person to a hospital or	1055
public hospital as defined in section 5122.01 of the Revised	1056
Code.	1057

(F) If the county department determines that the adult	1058
continues to need protective services after the order provided	1059
for in division (D) of this section has expired, the department	1060
may petition the court for an order to continue protective	1061
services, pursuant to section $\frac{5101.65}{5101.68}$ of the Revised	1062
Code. After the filing of the petition, the department may	1063
continue to provide protective services pending a hearing by the	1064
court.	1065
Sec. 5101.701. (A) A court, through a probate judge or a	1066
magistrate under the direction of a probate judge, may issue by	1067
telephone an ex parte emergency order authorizing the provision	1068
of protective services, including the relief available under	1069
division (B) of section 5101.702 of the Revised Code, to an	1070
adult on an emergency basis if all of the following are the	1071
<pre>case:</pre>	1072
(1) The court receives notice from the county department	1073
of job and family services, or an authorized employee of the	1074
department, that the department or employee believes an	1075
emergency order is needed as described in this section.	1076
(2) There is reasonable cause to believe that the adult is	1077
incapacitated.	1078
(3) There is reasonable cause to believe that there is a	1079
substantial risk to the adult of immediate and irreparable	1080
physical harm, immediate and irreparable financial harm, or	1081
death.	1082
(B)(1) The judge or magistrate shall journalize any order	1083
issued under this section.	1084
(2) An order issued under this section shall be in effect	1085

following the day on which the order is issued is not a working	1087
day, the order shall remain in effect until the next working	1088
day.	1089
(C)(1) Except as provided in division (C)(2) of this	1090
section, not later than twenty-four hours after an order is	1091
issued under this section, a petition shall be filed with the	1092
court in accordance with division (A) of section 5101.70 of the	1093
Revised Code.	1094
(2) If the day following the day on which the order was	1095
issued is not a working day, the petition shall be filed with	1096
the court on the next working day.	1097
(3) Except as provided in section 5101.702 of the Revised	1098
Code, proceedings on the petition shall be conducted in	1099
accordance with section 5101.70 of the Revised Code.	1100
Sec. 5101.702. (A) If an order is issued pursuant to	1101
section 5101.701 of the Revised Code, the court shall hold a	1102
hearing not later than twenty-four hours after the issuance to	1103
determine whether there is probable cause for the order, except	1104
that if the day following the day on which the order is issued	1105
is not a working day, the court shall hold the hearing on the	1106
next working day.	1107
(B) At the hearing, the court:	1108
(1) Shall determine whether protective services are the	1109
<pre>least restrictive alternative available for meeting the adult's</pre>	1110
needs;	1111
(2) May issue temporary orders to protect the adult from	1112
immediate and irreparable physical harm or immediate and	1113
irreparable financial harm, including, but not limited to,	1114
temporary protection orders, evaluations, and orders requiring a	1115

Page 40

Am. H. B. No. 24

As Reported by the House Judiciary Committee

(k) One representative of the Ohio victim witness

association;

1169

1170

<pre>superintendent's designee;</pre>	1196
(j) The director of public safety or the director's	1197
designee;	1198
(k) The state long-term care ombudsman or the ombudsman's	1199
<pre>designee;</pre>	1200
(1) One member of the house of representatives, appointed	1201
by the speaker of the house of representatives;	1202
(m) One member of the senate, appointed by the president	1203
of the senate.	1204
(B) Members who are appointed shall serve at the pleasure	1205
of the appointing authority. Vacancies shall be filled in the	1206
same manner as original appointments.	1207
(C) All members of the commission shall serve as voting	1208
members. The attorney general shall select from among the	1209
appointed members a chairperson. The commission shall meet at	1210
the call of the chairperson, but not less than four times per	1211
year. Special meetings may be called by the chairperson and	1212
shall be called by the chairperson at the request of the	1213
attorney general. The commission may establish its own quorum	1214
requirements and procedures regarding the conduct of meetings	1215
and other affairs.	1216
(D) Members shall serve without compensation, but may be	1217
reimbursed for mileage and other actual and necessary expenses	1218
incurred in the performance of their official duties.	1219
(E) Sections 101.82 to 101.87 of the Revised Code do not	1220
apply to the elder abuse commission.	1221
Sec. 5101.741. (A) The elder abuse commission shall	1222
formulate and recommend strategies on all of the following:	1223

(1) Increasing awareness of and improving education on	1224
elder abuse;	1225
(2) Increasing research on elder abuse;	1226
(3) Improving policy, funding, and programming related to	1227
elder abuse;	1228
(4) Improving the judicial response to elder abuse	1229
victims;	1230
(5) Identifying ways to coordinate statewide efforts to	1231
address elder abuse.	1232
(B) The commission shall review current funding of adult	1233
protective services and shall report on the cost to the state	1234
and county departments of job and family services of	1235
implementing its recommendations.	1236
(C) The commission shall prepare and issue a biennial	1237
report on a plan of action that may be used by local communities	1238
to aid in the development of efforts to combat elder abuse. The	1239
report shall include the commission's findings and	1240
recommendations made under divisions (A) and (B) of this	1241
section.	1242
(D) The attorney general may adopt rules as necessary for	1243
the commission to carry out its duties. The rules shall be	1244
adopted in accordance with section 111.15 of the Revised Code.	1245
Sec. 5101.99. (A) Whoever violates division (A) or (B) of	1246
section 5101.61 5101.63 of the Revised Code shall be fined not	1247
more than five hundred dollars.	1248
(B) Whoever violates division (A) of section 5101.27 of	1249
the Revised Code is quilty of a misdemeanor of the first degree.	1250

(C) Whoever violates section 5101.133 of the Revised Code	1251
is guilty of a misdemeanor of the fourth degree.	1252
Sec. 5123.61. (A) As used in this section:	1253
Sec. 3123.01. (A) As used in this section:	1233
(1) "Law enforcement agency" means the state highway	1254
patrol, the police department of a municipal corporation, or a	1255
county sheriff.	1256
(2) "Abuse" has the same meaning as in section 5123.50 of	1257
the Revised Code, except that it includes a misappropriation, as	1258
defined in that section.	1259
(3) "Neglect" has the same meaning as in section 5123.50	1260
of the Revised Code.	1261
	1060
(B) The department of developmental disabilities shall	1262 1263
establish a registry office for the purpose of maintaining	1263
reports of abuse, neglect, and other major unusual incidents made to the department under this section and reports received	1265
from county boards of developmental disabilities under section	1266
5126.31 of the Revised Code. The department shall establish	1267
committees to review reports of abuse, neglect, and other major	1268
unusual incidents.	1269
diadal incluencs.	1205
(C)(1) Any person listed in division (C)(2) of this	1270
section, having reason to believe that a person with mental	1271
retardation or a developmental disability has suffered or faces	1272
a substantial risk of suffering any wound, injury, disability,	1273
or condition of such a nature as to reasonably indicate abuse or	1274
neglect of that person, shall immediately report or cause	1275
reports to be made of such information to the entity specified	1276
in this division. Except as provided in section 5120.173 of the	1277
Revised Code or as otherwise provided in this division, the	1278
person making the report shall make it to a law enforcement	1279

agency or to the county board of developmental disabilities. If	1280
the report concerns a resident of a facility operated by the	1281
department of developmental disabilities the report shall be	1282
made either to a law enforcement agency or to the department. If	1283
the report concerns any act or omission of an employee of a	1284
county board of developmental disabilities, the report	1285
immediately shall be made to the department and to the county	1286
board.	1287
(2) All of the following persons are required to make a	1288
report under division (C)(1) of this section:	1289
(a) Any physician, including a hospital intern or	1290
resident, any dentist, podiatrist, chiropractor, practitioner of	1291
a limited branch of medicine as specified in section 4731.15 of	1292
the Revised Code, hospital administrator or employee of a	1293
hospital, nurse licensed under Chapter 4723. of the Revised	1294
Code, employee of an ambulatory outpatient health facility as	1295
defined in section $\frac{5101.61}{5101.60}$ of the Revised Code, employee	1296
of a home health agency, employee of a residential facility	1297
licensed under section 5119.34 of the Revised Code that provides	1298
accommodations, supervision, and person care services for three	1299
to sixteen unrelated adults, or employee of a community mental	1300
health facility;	1301
(b) Any school teacher or school authority, licensed	1302
professional clinical counselor, licensed professional	1303
counselor, independent social worker, social worker, independent	1304
marriage and family therapist, marriage and family therapist,	1305
psychologist, attorney, peace officer, coroner, or residents'	1306
rights advocate as defined in section 3721.10 of the Revised	1307
Code;	1308

(c) A superintendent, board member, or employee of a

county board of developmental disabilities; an administrator,	1310
board member, or employee of a residential facility licensed	1311
under section 5123.19 of the Revised Code; an administrator,	1312
board member, or employee of any other public or private	1313
provider of services to a person with mental retardation or a	1314
developmental disability, or any MR/DD employee, as defined in	1315
section 5123.50 of the Revised Code;	1316
(d) A member of a citizen's advisory council established	1317
at an institution or branch institution of the department of	1318
developmental disabilities under section 5123.092 of the Revised	1319
Code;	1320
(e) A member of the clergy who is employed in a position	1321
that includes providing specialized services to an individual	1322
with mental retardation or another developmental disability,	1323
while acting in an official or professional capacity in that	1324
position, or a person who is employed in a position that	1325
includes providing specialized services to an individual with	1326
mental retardation or another developmental disability and who,	1327
while acting in an official or professional capacity, renders	1328
spiritual treatment through prayer in accordance with the tenets	1329
of an organized religion.	1330
(3)(a) The reporting requirements of this division do not	1331
apply to employees of the Ohio protection and advocacy system.	1332
(b) An attorney or physician is not required to make a	1333
report pursuant to division (C)(1) of this section concerning	1334
any communication the attorney or physician receives from a	1335
client or patient in an attorney-client or physician-patient	1336
relationship, if, in accordance with division (A) or (B) of	1337
section 2317.02 of the Revised Code, the attorney or physician	1338

could not testify with respect to that communication in a civil

custodian, if known;

1368

or criminal proceeding, except that the client or patient is	1340
deemed to have waived any testimonial privilege under division	1341
(A) or (B) of section 2317.02 of the Revised Code with respect	1342
to that communication and the attorney or physician shall make a	1343
report pursuant to division (C)(1) of this section, if both of	1344
the following apply:	1345
(i) The client or patient, at the time of the	1346
communication, is a person with mental retardation or a	1347
developmental disability.	1348
(ii) The attorney or physician knows or suspects, as a	1349
result of the communication or any observations made during that	1350
communication, that the client or patient has suffered or faces	1351
a substantial risk of suffering any wound, injury, disability,	1352
or condition of a nature that reasonably indicates abuse or	1353
neglect of the client or patient.	1354
(4) Any person who fails to make a report required under	1355
division (C) of this section and who is an MR/DD employee, as	1356
defined in section 5123.50 of the Revised Code, shall be	1357
eligible to be included in the registry regarding	1358
misappropriation, abuse, neglect, or other specified misconduct	1359
by MR/DD employees established under section 5123.52 of the	1360
Revised Code.	1361
(D) The reports required under division (C) of this	1362
section shall be made forthwith by telephone or in person and	1363
shall be followed by a written report. The reports shall contain	1364
the following:	1365
(1) The names and addresses of the person with mental	1366
retardation or a developmental disability and the person's	1367

- (2) The age of the person with mental retardation or a 1369 developmental disability; 1370
- (3) Any other information that would assist in the 1371 investigation of the report.
- (E) When a physician performing services as a member of 1373 the staff of a hospital or similar institution has reason to 1374 believe that a person with mental retardation or a developmental 1375 disability has suffered injury, abuse, or physical neglect, the 1376 physician shall notify the person in charge of the institution 1377 or that person's designated delegate, who shall make the 1378 necessary reports.
- (F) Any person having reasonable cause to believe that a 1380 person with mental retardation or a developmental disability has 1381 suffered or faces a substantial risk of suffering abuse or 1382 neglect may report or cause a report to be made of that belief 1383 to the entity specified in this division. Except as provided in 1384 section 5120.173 of the Revised Code or as otherwise provided in 1385 this division, the person making the report shall make it to a 1386 law enforcement agency or the county board of developmental 1387 disabilities. If the person is a resident of a facility operated 1388 by the department of developmental disabilities, the report 1389 shall be made to a law enforcement agency or to the department. 1390 If the report concerns any act or omission of an employee of a 1391 county board of developmental disabilities, the report 1392 immediately shall be made to the department and to the county 1393 board. 1394
- (G) (1) Upon the receipt of a report concerning the 1395 possible abuse or neglect of a person with mental retardation or 1396 a developmental disability, the law enforcement agency shall 1397 inform the county board of developmental disabilities or, if the 1398

1422

1423

1424

1425

1426

1427

person is a resident of a facility operated by the department of 1399 developmental disabilities, the department. 1400 (2) On receipt of a report under this section that 1401 includes an allegation of action or inaction that may constitute 1402 a crime under federal law or the law of this state, the 1403 department of developmental disabilities shall notify the law 1404 enforcement agency. 1405 (3) When a county board of developmental disabilities 1406 receives a report under this section that includes an allegation 1407 of action or inaction that may constitute a crime under federal 1408 law or the law of this state, the superintendent of the board or 1409 an individual the superintendent designates under division (H) 1410 of this section shall notify the law enforcement agency. The 1411 superintendent or individual shall notify the department of 1412 developmental disabilities when it receives any report under 1413 this section. 1414 (4) When a county board of developmental disabilities 1415 receives a report under this section and believes that the 1416 degree of risk to the person is such that the report is an 1417 emergency, the superintendent of the board or an employee of the 1418 board the superintendent designates shall attempt a face-to-face 1419 contact with the person with mental retardation or a 1420

- (H) The superintendent of the board may designate an individual to be responsible for notifying the law enforcement agency and the department when the county board receives a report under this section.
  - (I) An adult with mental retardation or a developmental

developmental disability who allegedly is the victim within one

hour of the board's receipt of the report.

disability about whom a report is made may be removed from the	1428
adult's place of residence only by law enforcement officers who	1429
consider that the adult's immediate removal is essential to	1430
protect the adult from further injury or abuse or in accordance	1431
with the order of a court made pursuant to section 5126.33 of	1432
the Revised Code.	1433

(J) A law enforcement agency shall investigate each report 1434 of abuse or neglect it receives under this section. In addition, 1435 the department, in cooperation with law enforcement officials, 1436 shall investigate each report regarding a resident of a facility 1437 operated by the department to determine the circumstances 1438 surrounding the injury, the cause of the injury, and the person 1439 responsible. The investigation shall be in accordance with the 1440 memorandum of understanding prepared under section 5126.058 of 1441 the Revised Code. The department shall determine, with the 1442 registry office which shall be maintained by the department, 1443 whether prior reports have been made concerning an adult with 1444 mental retardation or a developmental disability or other 1445 principals in the case. If the department finds that the report 1446 involves action or inaction that may constitute a crime under 1447 federal law or the law of this state, it shall submit a report 1448 of its investigation, in writing, to the law enforcement agency. 1449 If the person with mental retardation or a developmental 1450 disability is an adult, with the consent of the adult, the 1451 department shall provide such protective services as are 1452 necessary to protect the adult. The law enforcement agency shall 1453 make a written report of its findings to the department. 1454

If the person is an adult and is not a resident of a 1455 facility operated by the department, the county board of 1456 developmental disabilities shall review the report of abuse or 1457 neglect in accordance with sections 5126.30 to 5126.33 of the 1458

Revised Code and the law enforcement agency shall make the	1459
written report of its findings to the county board.	1460

- (K) Any person or any hospital, institution, school, 1461 health department, or agency participating in the making of 1462 reports pursuant to this section, any person participating as a 1463 witness in an administrative or judicial proceeding resulting 1464 from the reports, or any person or governmental entity that 1465 discharges responsibilities under sections 5126.31 to 5126.33 of 1466 the Revised Code shall be immune from any civil or criminal 1467 liability that might otherwise be incurred or imposed as a 1468 result of such actions except liability for perjury, unless the 1469 person or governmental entity has acted in bad faith or with 1470 malicious purpose. 1471
- (L) No employer or any person with the authority to do so 1472 shall discharge, demote, transfer, prepare a negative work 1473 performance evaluation, reduce pay or benefits, terminate work 1474 privileges, or take any other action detrimental to an employee 1475 or retaliate against an employee as a result of the employee's 1476 having made a report under this section. This division does not 1477 preclude an employer or person with authority from taking action 1478 with regard to an employee who has made a report under this 1479 section if there is another reasonable basis for the action. 1480
- (M) Reports made under this section are not public records

  as defined in section 149.43 of the Revised Code. Information

  1482
  contained in the reports on request shall be made available to

  1483
  the person who is the subject of the report, to the person's

  1484
  legal counsel, and to agencies authorized to receive information

  1485
  in the report by the department or by a county board of

  1486
  developmental disabilities.
  - (N) Notwithstanding section 4731.22 of the Revised Code, 1488

the physician-patient privilege shall not be a ground for	1489
excluding evidence regarding the injuries or physical neglect of	1490
a person with mental retardation or a developmental disability	1491
or the cause thereof in any judicial proceeding resulting from a	1492
report submitted pursuant to this section.	1493

Sec. 5126.31. (A) A county board of developmental 1494 disabilities shall review reports of abuse and neglect made 1495 under section 5123.61 of the Revised Code and reports referred 1496 to it under section 5101.611 5101.64 of the Revised Code to 1497 determine whether the person who is the subject of the report is 1498 an adult with mental retardation or a developmental disability 1499 in need of services to deal with the abuse or neglect. The board 1500 shall give notice of each report to the registry office of the 1501 department of developmental disabilities established pursuant to 1502 section 5123.61 of the Revised Code on the first working day 1503 after receipt of the report. If the report alleges that there is 1504 a substantial risk to the adult of immediate physical harm or 1505 death, the board shall initiate review within twenty-four hours 1506 of its receipt of the report. If the board determines that the 1507 person is sixty years of age or older but does not have mental 1508 retardation or a developmental disability, it shall refer the 1509 case to the county department of job and family services. If the 1510 board determines that the person is an adult with mental 1511 retardation or a developmental disability, it shall continue its 1512 review of the case. 1513

- (B) For each review over which the board retains 1514 responsibility under division (A) of this section, it shall do 1515 all of the following: 1516
- (1) Give both written and oral notice of the purpose of 1517 the review to the adult and, if any, to the adult's legal 1518

counsel or caretaker, in simple and clear language;	1519
(2) Visit the adult, in the adult's residence if possible,	1520
and explain the notice given under division (B)(1) of this	1521
section;	1522
(3) Request from the registry office any prior reports	1523
concerning the adult or other principals in the case;	1524
(4) Consult, if feasible, with the person who made the	1525
report under section $\frac{5101.61}{5101.63}$ or 5123.61 of the Revised	1526
Code and with any agencies or persons who have information about	1527
the alleged abuse or neglect;	1528
(5) Cooperate fully with the law enforcement agency	1529
responsible for investigating the report and for filing any	1530
resulting criminal charges and, on request, turn over evidence	1531
to the agency;	1532
(6) Determine whether the adult needs services, and	1533
prepare a written report stating reasons for the determination.	1534
No adult shall be determined to be abused, neglected, or in need	1535
of services for the sole reason that, in lieu of medical	1536
treatment, the adult relies on or is being furnished spiritual	1537
treatment through prayer alone in accordance with the tenets and	1538
practices of a church or religious denomination of which the	1539
adult is a member or adherent.	1540
(C) The board shall arrange for the provision of services	1541
for the prevention, correction or discontinuance of abuse or	1542
neglect or of a condition resulting from abuse or neglect for	1543
any adult who has been determined to need the services and	1544
any adult who has been determined to need the services and consents to receive them. These services may include, but are	1544 1545
-	_

1570

1571

1572

legal, and residential services and the provision of temporary	1548
accommodations and necessities such as food and clothing. The	1549
services do not include acting as a guardian, trustee, or	1550
protector as defined in section 5123.55 of the Revised Code. If	1551
the provision of residential services would require expenditures	1552
by the department of developmental disabilities, the board shall	1553
obtain the approval of the department prior to arranging the	1554
residential services.	1555

To arrange services, the board shall:

- (1) Develop an individualized service plan identifying the 1557 types of services required for the adult, the goals for the 1558 services, and the persons or agencies that will provide them; 1559
- (2) In accordance with rules established by the director 1560 of developmental disabilities, obtain the consent of the adult 1561 or the adult's guardian to the provision of any of these 1562 services and obtain the signature of the adult or guardian on 1563 the individual service plan. An adult who has been found 1564 incompetent under Chapter 2111. of the Revised Code may consent 1565 to services. If the board is unable to obtain consent, it may 1566 seek, if the adult is incapacitated, a court order pursuant to 1567 section 5126.33 of the Revised Code authorizing the board to 1568 arrange these services. 1569
- (D) The board shall ensure that the adult receives the services arranged by the board from the provider and shall have the services terminated if the adult withdraws consent.
- (E) On completion of a review, the board shall submit a 1573 written report to the registry office established under section 1574 5123.61 of the Revised Code. If the report includes a finding 1575 that a person with mental retardation or a developmental 1576

as presented in this act.

1596

disability is a victim of action or inaction that may constitute	1577
a crime under federal law or the law of this state, the board	1578
shall submit the report to the law enforcement agency	1579
responsible for investigating the report. Reports prepared under	1580
this section are not public records as defined in section 149.43	1581
of the Revised Code.	1582
Section 2. That existing sections 173.501, 173.521,	1583
173.542, 2317.54, 4715.36, 5101.60, 5101.61, 5101.611, 5101.62,	1584
5101.63, 5101.64, 5101.66, 5101.67, 5101.68, 5101.69, 5101.70,	1585
5101.71, 5101.99, 5123.61, and 5126.31 of the Revised Code are	1586
hereby repealed.	1587
Section 3. Section 5123.61 of the Revised Code is	1588
presented in this act as a composite of the section as amended	1589
by both Sub. H.B. 232 and Am. Sub. H.B. 483 of the 130th General	1590
Assembly. The General Assembly, applying the principle stated in	1591
division (B) of section 1.52 of the Revised Code that amendments	1592
are to be harmonized if reasonably capable of simultaneous	1593
operation, finds that the composite is the resulting version of	1594
the section in effect prior to the effective date of the section	1595