

out-of-service order;	51736
(3) Whether the applicant is afflicted with or suffering from any physical or mental disability or disease that prevents the applicant from exercising reasonable and ordinary control over a motor vehicle while operating it upon a highway or is or has been subject to any condition resulting in episodic impairment of consciousness or loss of muscular control and, if so, the nature and extent of the disability, disease, or condition, and the names and addresses of the physicians attending the applicant;	51737 51738 51739 51740 51741 51742 51743 51744
(4) Whether the applicant has obtained a medical examiner's certificate as required by this chapter;	51745 51746
(5) Whether the applicant has pending a citation for violation of any motor vehicle law or ordinance except a parking violation and, if so, a description of the citation, the court having jurisdiction of the offense, and the date when the offense occurred;	51747 51748 51749 51750 51751
(6) Whether the applicant wishes to certify willingness to make an anatomical donation under section 2108.04 of the Revised Code, which shall be given no consideration in the issuance of a license;	51752 51753 51754 51755
(7) On and after May 1, 1993, whether the applicant has executed a valid durable power of attorney for health care pursuant to sections 1337.11 to 1337.17 of the Revised Code or has executed a declaration governing the use or continuation, or the withholding or withdrawal, of life-sustaining treatment pursuant to sections 2133.01 to 2133.15 of the Revised Code and, if the applicant has executed either type of instrument, whether the applicant wishes the license issued to indicate that the applicant has executed the instrument.	51756 51757 51758 51759 51760 51761 51762 51763 51764
(B) Every applicant shall certify, on a form approved and furnished by the registrar, all of the following:	51765 51766

(1) That the motor vehicle in which the applicant intends to take the driving skills test is representative of the type of motor vehicle that the applicant expects to operate as a driver;

(2) That the applicant is not subject to any disqualification or out-of-service order, or license suspension, revocation, or cancellation, under the laws of this state, of another state, or of a foreign jurisdiction and does not have more than one driver's license issued by this or another state or a foreign jurisdiction;

(3) Any additional information, certification, or evidence that the registrar requires by rule in order to ensure that the issuance of a commercial driver's license to the applicant is in compliance with the law of this state and with federal law.

(C) Every applicant shall execute a form, approved and furnished by the registrar, under which the applicant consents to the release by the registrar of information from the applicant's driving record.

(D) The registrar or a deputy registrar, in accordance with section 3503.11 of the Revised Code, shall register as an elector any applicant for a commercial driver's license or for a renewal or duplicate of such a license under this chapter, if the applicant is eligible and wishes to be registered as an elector. The decision of an applicant whether to register as an elector shall be given no consideration in the decision of whether to issue the applicant a license or a renewal or duplicate.

(E) The registrar or a deputy registrar, in accordance with section 3503.11 of the Revised Code, shall offer the opportunity of completing a notice of change of residence or change of name to any applicant for a commercial driver's license or for a renewal or duplicate of such a license who is a resident of this state, if the applicant is a registered elector who has changed the applicant's residence or name and has not filed such a notice.

(F) In considering any application submitted pursuant to this section, the bureau of motor vehicles may conduct any inquiries necessary to ensure that issuance or renewal of a commercial driver's license would not violate any provision of the Revised Code or federal law. 51798  
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Sec. 4506.101. Notwithstanding any provision of the Revised Code, the bureau of motor vehicles shall not issue or renew a commercial driver's license if issuance or renewal of the license would violate federal law. 51803  
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Sec. 4506.161. No court shall issue an order granting limited driving privileges for operation of a commercial motor vehicle to any person whose driver's license or commercial driver's license has been suspended or who has been disqualified from operating a commercial motor vehicle. 51807  
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Sec. 4511.191. (A)(1) "Physical control" has the same meaning as in section 4511.194 of the Revised Code. 51812  
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(2) Any person who operates a vehicle, streetcar, or trackless trolley upon a highway or any public or private property used by the public for vehicular travel or parking within this state or who is in physical control of a vehicle, streetcar, or trackless trolley shall be deemed to have given consent to a chemical test or tests of the person's whole blood, blood serum or plasma, breath, or urine to determine the alcohol, drug, or alcohol and drug content of the person's whole blood, blood serum or plasma, breath, or urine if arrested for a violation of division (A) or (B) of section 4511.19 of the Revised Code, section 4511.194 of the Revised Code or a substantially equivalent municipal ordinance, or a municipal OVI ordinance. 51814  
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(3) The chemical test or tests under division (A)(2) of this 51826

section shall be administered at the request of a law enforcement officer having reasonable grounds to believe the person was operating or in physical control of a vehicle, streetcar, or trackless trolley in violation of a division, section, or ordinance identified in division (A)(2) of this section. The law enforcement agency by which the officer is employed shall designate which of the tests shall be administered.

(4) Any person who is dead or unconscious, or who otherwise is in a condition rendering the person incapable of refusal, shall be deemed to have consented as provided in division (A)(2) of this section, and the test or tests may be administered, subject to sections 313.12 to 313.16 of the Revised Code.

(B)(1) Upon receipt of the sworn report of a law enforcement officer who arrested a person for a violation of division (A) or (B) of section 4511.19 of the Revised Code, section 4511.194 of the Revised Code or a substantially equivalent municipal ordinance, or a municipal OVI ordinance that was completed and sent to the registrar and a court pursuant to section 4511.192 of the Revised Code in regard to a person who refused to take the designated chemical test, the registrar shall enter into the registrar's records the fact that the person's driver's or commercial driver's license or permit or nonresident operating privilege was suspended by the arresting officer under this division and that section and the period of the suspension, as determined under this section. The suspension shall be subject to appeal as provided in section 4511.197 of the Revised Code. The suspension shall be for whichever of the following periods applies:

(a) Except when division (B)(1)(b), (c), or (d) of this section applies and specifies a different class or length of suspension, the suspension shall be a class C suspension for the period of time specified in division (B)(3) of section 4510.02 of

the Revised Code. 51859

(b) If the arrested person, within six years of the date on 51860  
which the person refused the request to consent to the chemical 51861  
test, had refused one previous request to consent to a chemical 51862  
test, the suspension shall be a class B suspension imposed for the 51863  
period of time specified in division (B)(2) of section 4510.02 of 51864  
the Revised Code. 51865

(c) If the arrested person, within six years of the date on 51866  
which the person refused the request to consent to the chemical 51867  
test, had refused two previous requests to consent to a chemical 51868  
test, the suspension shall be a class A suspension imposed for the 51869  
period of time specified in division (B)(1) of section 4510.02 of 51870  
the Revised Code. 51871

(d) If the arrested person, within six years of the date on 51872  
which the person refused the request to consent to the chemical 51873  
test, had refused three or more previous requests to consent to a 51874  
chemical test, the suspension shall be for five years. 51875

(2) The registrar shall terminate a suspension of the 51876  
driver's or commercial driver's license or permit of a resident or 51877  
of the operating privilege of a nonresident, or a denial of a 51878  
driver's or commercial driver's license or permit, imposed 51879  
pursuant to division (B)(1) of this section upon receipt of notice 51880  
that the person has entered a plea of guilty to, or that the 51881  
person has been convicted after entering a plea of no contest to, 51882  
operating a vehicle in violation of section 4511.19 of the Revised 51883  
Code or in violation of a municipal OVI ordinance, if the offense 51884  
for which the conviction is had or the plea is entered arose from 51885  
the same incident that led to the suspension or denial. 51886

The registrar shall credit against any judicial suspension of 51887  
a person's driver's or commercial driver's license or permit or 51888  
nonresident operating privilege imposed pursuant to section 51889

4511.19 of the Revised Code, or pursuant to section 4510.07 of the Revised Code for a violation of a municipal OVI ordinance, any time during which the person serves a related suspension imposed pursuant to division (B)(1) of this section. 51890  
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(C)(1) Upon receipt of the sworn report of the law enforcement officer who arrested a person for a violation of division (A) or (B) of section 4511.19 of the Revised Code or a municipal OVI ordinance that was completed and sent to the registrar and a court pursuant to section 4511.192 of the Revised Code in regard to a person whose test results indicate that the person's whole blood, blood serum or plasma, breath, or urine contained at least the concentration of alcohol specified in division (A)(1)(b), (c), (d), or (e) of section 4511.19 of the Revised Code, the registrar shall enter into the registrar's records the fact that the person's driver's or commercial driver's license or permit or nonresident operating privilege was suspended by the arresting officer under this division and section 4511.192 of the Revised Code and the period of the suspension, as determined under divisions (F)(1) to (4) of this section. The suspension shall be subject to appeal as provided in section 4511.197 of the Revised Code. The suspension described in this division does not apply to, and shall not be imposed upon, a person arrested for a violation of section 4511.194 of the Revised Code or a substantially equivalent municipal ordinance who submits to a designated chemical test. The suspension shall be for whichever of the following periods applies: 51894  
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(a) Except when division (C)(1)(b), (c), or (d) of this section applies and specifies a different period, the suspension shall be a class E suspension imposed for the period of time specified in division (B)(5) of section 4510.02 of the Revised Code. 51916  
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(b) The suspension shall be a class C suspension for the 51921

period of time specified in division (B)(3) of section 4510.02 of  
the Revised Code if the person has been convicted of or pleaded  
guilty to, within six years of the date the test was conducted,  
one violation of division (A) or (B) of section 4511.19 of the  
Revised Code or one other equivalent offense.

(c) If, within six years of the date the test was conducted,  
the person has been convicted of or pleaded guilty to two  
violations of a statute or ordinance described in division  
(C)(1)(b) of this section, the suspension shall be a class B  
suspension imposed for the period of time specified in division  
(B)(2) of section 4510.02 of the Revised Code.

(d) If, within six years of the date the test was conducted,  
the person has been convicted of or pleaded guilty to more than  
two violations of a statute or ordinance described in division  
(C)(1)(b) of this section, the suspension shall be a class A  
suspension imposed for the period of time specified in division  
(B)(1) of section 4510.02 of the Revised Code.

(2) The registrar shall terminate a suspension of the  
driver's or commercial driver's license or permit of a resident or  
of the operating privilege of a nonresident, or a denial of a  
driver's or commercial driver's license or permit, imposed  
pursuant to division (C)(1) of this section upon receipt of notice  
that the person has entered a plea of guilty to, or that the  
person has been convicted after entering a plea of no contest to,  
operating a vehicle in violation of section 4511.19 of the Revised  
Code or in violation of a municipal OVI ordinance, if the offense  
for which the conviction is had or the plea is entered arose from  
the same incident that led to the suspension or denial.

The registrar shall credit against any judicial suspension of  
a person's driver's or commercial driver's license or permit or  
nonresident operating privilege imposed pursuant to section

4511.19 of the Revised Code, or pursuant to section 4510.07 of the Revised Code for a violation of a municipal OVI ordinance, any time during which the person serves a related suspension imposed pursuant to division (C)(1) of this section.

(D)(1) A suspension of a person's driver's or commercial driver's license or permit or nonresident operating privilege under this section for the time described in division (B) or (C) of this section is effective immediately from the time at which the arresting officer serves the notice of suspension upon the arrested person. Any subsequent finding that the person is not guilty of the charge that resulted in the person being requested to take the chemical test or tests under division (A) of this section does not affect the suspension.

(2) If a person is arrested for operating a vehicle, streetcar, or trackless trolley in violation of division (A) or (B) of section 4511.19 of the Revised Code or a municipal OVI ordinance, or for being in physical control of a vehicle, streetcar, or trackless trolley in violation of section 4511.194 of the Revised Code or a substantially equivalent municipal ordinance, regardless of whether the person's driver's or commercial driver's license or permit or nonresident operating privilege is or is not suspended under division (B) or (C) of this section or Chapter 4510. of the Revised Code, the person's initial appearance on the charge resulting from the arrest shall be held within five days of the person's arrest or the issuance of the citation to the person, subject to any continuance granted by the court pursuant to section 4511.197 of the Revised Code regarding the issues specified in that division.

(E) When it finally has been determined under the procedures of this section and sections 4511.192 ~~through~~ to 4511.197 of the Revised Code that a nonresident's privilege to operate a vehicle within this state has been suspended, the registrar shall give



information in writing of the action taken to the motor vehicle 51985  
administrator of the state of the person's residence and of any 51986  
state in which the person has a license. 51987

(F) At the end of a suspension period under this section, 51988  
under section 4511.194, section 4511.196, or division (G) of 51989  
section 4511.19 of the Revised Code, or under section 4510.07 of 51990  
the Revised Code for a violation of a municipal OVI ordinance and 51991  
upon the request of the person whose driver's or commercial 51992  
driver's license or permit was suspended and who is not otherwise 51993  
subject to suspension, cancellation, or disqualification, the 51994  
registrar shall return the driver's or commercial driver's license 51995  
or permit to the person upon the occurrence of all of the 51996  
conditions specified in divisions (F)(1) and (2) of this section: 51997

(1) A showing that the person has proof of financial 51998  
responsibility, a policy of liability insurance in effect that 51999  
meets the minimum standards set forth in section 4509.51 of the 52000  
Revised Code, or proof, to the satisfaction of the registrar, that 52001  
the person is able to respond in damages in an amount at least 52002  
equal to the minimum amounts specified in section 4509.51 of the 52003  
Revised Code. 52004

(2) Subject to the limitation contained in division (F)(3) of 52005  
this section, payment by the person to the bureau of motor 52006  
vehicles of a license reinstatement fee of four hundred 52007  
twenty-five dollars, which fee shall be deposited in the state 52008  
treasury and credited as follows: 52009

(a) One hundred twelve dollars and fifty cents shall be 52010  
credited to the statewide treatment and prevention fund created by 52011  
section 4301.30 of the Revised Code. The fund shall be used to pay 52012  
the costs of driver treatment and intervention programs operated 52013  
pursuant to sections 3793.02 and 3793.10 of the Revised Code. The 52014  
director of alcohol and drug addiction services shall determine 52015  
the share of the fund that is to be allocated to alcohol and drug 52016

addiction programs authorized by section 3793.02 of the Revised Code, and the share of the fund that is to be allocated to drivers' intervention programs authorized by section 3793.10 of the Revised Code.

(b) Seventy-five dollars shall be credited to the reparations fund created by section 2743.191 of the Revised Code.

(c) Thirty-seven dollars and fifty cents shall be credited to the indigent drivers alcohol treatment fund, which is hereby established. Except as otherwise provided in division (F)(2)(c) of this section, moneys in the fund shall be distributed by the department of alcohol and drug addiction services to the county indigent drivers alcohol treatment funds, the county juvenile indigent drivers alcohol treatment funds, and the municipal indigent drivers alcohol treatment funds that are required to be established by counties and municipal corporations pursuant to this section, and shall be used only to pay the cost of an alcohol and drug addiction treatment program attended by an offender or juvenile traffic offender who is ordered to attend an alcohol and drug addiction treatment program by a county, juvenile, or municipal court judge and who is determined by the county, juvenile, or municipal court judge not to have the means to pay for the person's attendance at the program or to pay the costs specified in division (H)(4) of this section in accordance with that division. In addition, a county, juvenile, or municipal court judge may use moneys in the county indigent drivers alcohol treatment fund, county juvenile indigent drivers alcohol treatment fund, or municipal indigent drivers alcohol treatment fund to pay for the cost of the continued use of an electronic continuous alcohol monitoring device as described in divisions (H)(3) and (4) of this section. Moneys in the fund that are not distributed to a county indigent drivers alcohol treatment fund, a county juvenile indigent drivers alcohol treatment fund, or a municipal indigent

drivers alcohol treatment fund under division (H) of this section 52049  
because the director of alcohol and drug addiction services does 52050  
not have the information necessary to identify the county or 52051  
municipal corporation where the offender or juvenile offender was 52052  
arrested may be transferred by the director of budget and 52053  
management to the statewide treatment and prevention fund created 52054  
by section 4301.30 of the Revised Code, upon certification of the 52055  
amount by the director of alcohol and drug addiction services. 52056

(d) Seventy-five dollars shall be credited to the Ohio 52057  
rehabilitation services commission established by section 3304.12 52058  
of the Revised Code, to the services for rehabilitation fund, 52059  
which is hereby established. The fund shall be used to match 52060  
available federal matching funds where appropriate, and for any 52061  
other purpose or program of the commission to rehabilitate people 52062  
with disabilities to help them become employed and independent. 52063

(e) Seventy-five dollars shall be deposited into the state 52064  
treasury and credited to the drug abuse resistance education 52065  
programs fund, which is hereby established, to be used by the 52066  
attorney general for the purposes specified in division ~~(L)~~(F)(4) 52067  
of this section. 52068

(f) Thirty dollars shall be credited to the state bureau of 52069  
motor vehicles fund created by section 4501.25 of the Revised 52070  
Code. 52071

(g) Twenty dollars shall be credited to the trauma and 52072  
emergency medical services grants fund created by section 4513.263 52073  
of the Revised Code. 52074

(3) If a person's driver's or commercial driver's license or 52075  
permit is suspended under this section, under section 4511.196 or 52076  
division (G) of section 4511.19 of the Revised Code, under section 52077  
4510.07 of the Revised Code for a violation of a municipal OVI 52078  
ordinance or under any combination of the suspensions described in 52079

division (F)(3) of this section, and if the suspensions arise from 52080  
a single incident or a single set of facts and circumstances, the 52081  
person is liable for payment of, and shall be required to pay to 52082  
the bureau, only one reinstatement fee of four hundred twenty-five 52083  
dollars. The reinstatement fee shall be distributed by the bureau 52084  
in accordance with division (F)(2) of this section. 52085

(4) The attorney general shall use amounts in the drug abuse 52086  
resistance education programs fund to award grants to law 52087  
enforcement agencies to establish and implement drug abuse 52088  
resistance education programs in public schools. Grants awarded to 52089  
a law enforcement agency under this section shall be used by the 52090  
agency to pay for not more than fifty per cent of the amount of 52091  
the salaries of law enforcement officers who conduct drug abuse 52092  
resistance education programs in public schools. The attorney 52093  
general shall not use more than six per cent of the amounts the 52094  
attorney general's office receives under division (F)(2)(e) of 52095  
this section to pay the costs it incurs in administering the grant 52096  
program established by division (F)(2)(e) of this section and in 52097  
providing training and materials relating to drug abuse resistance 52098  
education programs. 52099

The attorney general shall report to the governor and the 52100  
general assembly each fiscal year on the progress made in 52101  
establishing and implementing drug abuse resistance education 52102  
programs. These reports shall include an evaluation of the 52103  
effectiveness of these programs. 52104

(G) Suspension of a commercial driver's license under 52105  
division (B) or (C) of this section shall be concurrent with any 52106  
period of disqualification under section 3123.611 or 4506.16 of 52107  
the Revised Code or any period of suspension under section 3123.58 52108  
of the Revised Code. No person who is disqualified for life from 52109  
holding a commercial driver's license under section 4506.16 of the 52110  
Revised Code shall be issued a driver's license under Chapter 52111

4507. of the Revised Code during the period for which the  
commercial driver's license was suspended under division (B) or  
(C) of this section. No person whose commercial driver's license  
is suspended under division (B) or (C) of this section shall be  
issued a driver's license under Chapter 4507. of the Revised Code  
during the period of the suspension.

(H)(1) Each county shall establish an indigent drivers  
alcohol treatment fund, each county shall establish a juvenile  
indigent drivers alcohol treatment fund, and each municipal  
corporation in which there is a municipal court shall establish an  
indigent drivers alcohol treatment fund. All revenue that the  
general assembly appropriates to the indigent drivers alcohol  
treatment fund for transfer to a county indigent drivers alcohol  
treatment fund, a county juvenile indigent drivers alcohol  
treatment fund, or a municipal indigent drivers alcohol treatment  
fund, all portions of fees that are paid under division ~~(L)~~(F) of  
this section and that are credited under that division to the  
indigent drivers alcohol treatment fund in the state treasury for  
a county indigent drivers alcohol treatment fund, a county  
juvenile indigent drivers alcohol treatment fund, or a municipal  
indigent drivers alcohol treatment fund, and all portions of fines  
that are specified for deposit into a county or municipal indigent  
drivers alcohol treatment fund by section 4511.193 of the Revised  
Code shall be deposited into that county indigent drivers alcohol  
treatment fund, county juvenile indigent drivers alcohol treatment  
fund, or municipal indigent drivers alcohol treatment fund in  
accordance with division (H)(2) of this section. Additionally, all  
portions of fines that are paid for a violation of section 4511.19  
of the Revised Code or of any prohibition contained in Chapter  
4510. of the Revised Code, and that are required under section  
4511.19 or any provision of Chapter 4510. of the Revised Code to  
be deposited into a county indigent drivers alcohol treatment fund

or municipal indigent drivers alcohol treatment fund shall be 52144  
deposited into the appropriate fund in accordance with the 52145  
applicable division. 52146

(2) That portion of the license reinstatement fee that is 52147  
paid under division (F) of this section and that is credited under 52148  
that division to the indigent drivers alcohol treatment fund shall 52149  
be deposited into a county indigent drivers alcohol treatment 52150  
fund, a county juvenile indigent drivers alcohol treatment fund, 52151  
or a municipal indigent drivers alcohol treatment fund as follows: 52152

(a) If the suspension in question was imposed under this 52153  
section, that portion of the fee shall be deposited as follows: 52154

(i) If the fee is paid by a person who was charged in a 52155  
county court with the violation that resulted in the suspension, 52156  
the portion shall be deposited into the county indigent drivers 52157  
alcohol treatment fund under the control of that court; 52158

(ii) If the fee is paid by a person who was charged in a 52159  
juvenile court with the violation that resulted in the suspension, 52160  
the portion shall be deposited into the county juvenile indigent 52161  
drivers alcohol treatment fund established in the county served by 52162  
the court; 52163

(iii) If the fee is paid by a person who was charged in a 52164  
municipal court with the violation that resulted in the 52165  
suspension, the portion shall be deposited into the municipal 52166  
indigent drivers alcohol treatment fund under the control of that 52167  
court. 52168

(b) If the suspension in question was imposed under section 52169  
4511.19 of the Revised Code or under section 4510.07 of the 52170  
Revised Code for a violation of a municipal OVI ordinance, that 52171  
portion of the fee shall be deposited as follows: 52172

(i) If the fee is paid by a person whose license or permit 52173  
was suspended by a county court, the portion shall be deposited 52174

into the county indigent drivers alcohol treatment fund under the control of that court; 52175  
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(ii) If the fee is paid by a person whose license or permit was suspended by a municipal court, the portion shall be deposited into the municipal indigent drivers alcohol treatment fund under the control of that court. 52177  
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(3) Expenditures from a county indigent drivers alcohol treatment fund, a county juvenile indigent drivers alcohol treatment fund, or a municipal indigent drivers alcohol treatment fund shall be made only upon the order of a county, juvenile, or municipal court judge and only for payment of the cost of the attendance at an alcohol and drug addiction treatment program of a person who is convicted of, or found to be a juvenile traffic offender by reason of, a violation of division (A) of section 4511.19 of the Revised Code or a substantially similar municipal ordinance, who is ordered by the court to attend the alcohol and drug addiction treatment program, and who is determined by the court to be unable to pay the cost of attendance at the treatment program or for payment of the costs specified in division (H)(4) of this section in accordance with that division. The alcohol and drug addiction services board or the board of alcohol, drug addiction, and mental health services established pursuant to section 340.02 or 340.021 of the Revised Code and serving the alcohol, drug addiction, and mental health service district in which the court is located shall administer the indigent drivers alcohol treatment program of the court. When a court orders an offender or juvenile traffic offender to attend an alcohol and drug addiction treatment program, the board shall determine which program is suitable to meet the needs of the offender or juvenile traffic offender, and when a suitable program is located and space is available at the program, the offender or juvenile traffic offender shall attend the program designated by the board. A 52181  
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reasonable amount not to exceed five per cent of the amounts 52207  
credited to and deposited into the county indigent drivers alcohol 52208  
treatment fund, the county juvenile indigent drivers alcohol 52209  
treatment fund, or the municipal indigent drivers alcohol 52210  
treatment fund serving every court whose program is administered 52211  
by that board shall be paid to the board to cover the costs it 52212  
incurs in administering those indigent drivers alcohol treatment 52213  
programs. 52214

In addition, a county, juvenile, or municipal court judge may 52215  
use moneys in the county indigent drivers alcohol treatment fund, 52216  
county juvenile indigent drivers alcohol treatment fund, or 52217  
municipal indigent drivers alcohol treatment fund to pay for the 52218  
continued use of an electronic continuous alcohol monitoring 52219  
device by an offender or juvenile traffic offender, in conjunction 52220  
with a treatment program approved by the department of alcohol and 52221  
drug addiction services, when such use is determined clinically 52222  
necessary by the treatment program and when the court determines 52223  
that the offender or juvenile traffic offender is unable to pay 52224  
all or part of the daily monitoring of the device. 52225

(4) If a county, juvenile, or municipal court determines, in 52226  
consultation with the alcohol and drug addiction services board or 52227  
the board of alcohol, drug addiction, and mental health services 52228  
established pursuant to section 340.02 or 340.021 of the Revised 52229  
Code and serving the alcohol, drug addiction, and mental health 52230  
district in which the court is located, that the funds in the 52231  
county indigent drivers alcohol treatment fund, the county 52232  
juvenile indigent drivers alcohol treatment fund, or the municipal 52233  
indigent drivers alcohol treatment fund under the control of the 52234  
court are more than sufficient to satisfy the purpose for which 52235  
the fund was established, as specified in divisions (H)(1) to (3) 52236  
of this section, the court may declare a surplus in the fund. If 52237  
the court declares a surplus in the fund, the court may expend the 52238



amount of the surplus in the fund for <del>alcohol</del> :	52239
<u>(a) Alcohol</u> and drug abuse assessment and treatment of	52240
persons who are charged in the court with committing a criminal	52241
offense or with being a delinquent child or juvenile traffic	52242
offender and in relation to whom both of the following apply:	52243
<del>(a)</del> <u>(i)</u> The court determines that substance abuse was a	52244
contributing factor leading to the criminal or delinquent activity	52245
or the juvenile traffic offense with which the person is charged.	52246
<del>(b)</del> <u>(ii)</u> The court determines that the person is unable to pay	52247
the cost of the alcohol and drug abuse assessment and treatment	52248
for which the surplus money will be used.	52249
<u>(b) All or part of the cost of purchasing electronic</u>	52250
<u>continuous alcohol monitoring devices to be used in conjunction</u>	52251
<u>with division (H)(3) of this section.</u>	52252
<b>Sec. 4511.75.</b> (A) The driver of a vehicle, streetcar, or	52253
trackless trolley upon meeting or overtaking from either direction	52254
any school bus stopped for the purpose of receiving or discharging	52255
any school child, person attending programs offered by community	52256
boards of mental health and county boards of mental retardation	52257
and developmental disabilities, or child attending a program	52258
offered by a head start agency, shall stop at least ten feet from	52259
the front or rear of the school bus and shall not proceed until	52260
such school bus resumes motion, or until signaled by the school	52261
bus driver to proceed.	52262
It is no defense to a charge under this division that the	52263
school bus involved failed to display or be equipped with an	52264
automatically extended stop warning sign as required by division	52265
(B) of this section.	52266
(B) Every school bus shall be equipped with amber and red	52267
visual signals meeting the requirements of section 4511.771 of the	52268

Revised Code, and an automatically extended stop warning sign of a 52269  
type approved by the state board of education, which shall be 52270  
actuated by the driver of the bus whenever but only whenever the 52271  
bus is stopped or stopping on the roadway for the purpose of 52272  
receiving or discharging school children, persons attending 52273  
programs offered by community boards of mental health and county 52274  
boards of mental retardation and developmental disabilities, or 52275  
children attending programs offered by head start agencies. A 52276  
school bus driver shall not actuate the visual signals or the stop 52277  
warning sign in designated school bus loading areas where the bus 52278  
is entirely off the roadway or at school buildings when children 52279  
or persons attending programs offered by community boards of 52280  
mental health and county boards of mental retardation and 52281  
developmental disabilities are loading or unloading at curbside or 52282  
at buildings when children attending programs offered by head 52283  
start agencies are loading or unloading at curbside. The visual 52284  
signals and stop warning sign shall be synchronized or otherwise 52285  
operated as required by rule of the board. 52286

(C) Where a highway has been divided into four or more 52287  
traffic lanes, a driver of a vehicle, streetcar, or trackless 52288  
trolley need not stop for a school bus approaching from the 52289  
opposite direction which has stopped for the purpose of receiving 52290  
or discharging any school child, persons attending programs 52291  
offered by community boards of mental health and county boards of 52292  
mental retardation and developmental disabilities, or children 52293  
attending programs offered by head start agencies. The driver of 52294  
any vehicle, streetcar, or trackless trolley overtaking the school 52295  
bus shall comply with division (A) of this section. 52296

(D) School buses operating on divided highways or on highways 52297  
with four or more traffic lanes shall receive and discharge all 52298  
school children, persons attending programs offered by community 52299  
boards of mental health and county boards of mental retardation 52300

and developmental disabilities, and children attending programs 52301  
offered by head start agencies on their residence side of the 52302  
highway. 52303

(E) No school bus driver shall start the driver's bus until 52304  
after any child, person attending programs offered by community 52305  
boards of mental health and county boards of mental retardation 52306  
and developmental disabilities, or child attending a program 52307  
offered by a head start agency who may have alighted therefrom has 52308  
reached a place of safety on the child's or person's residence 52309  
side of the road. 52310

(F)(1) Whoever violates division (A) of this section may be 52311  
fined an amount not to exceed five hundred dollars. A person who 52312  
is issued a citation for a violation of division (A) of this 52313  
section is not permitted to enter a written plea of guilty and 52314  
waive the person's right to contest the citation in a trial but 52315  
instead must appear in person in the proper court to answer the 52316  
charge. 52317

(2) In addition to and independent of any other penalty 52318  
provided by law, the court or mayor may impose upon an offender 52319  
who violates this section a class seven suspension of the 52320  
offender's driver's license, commercial driver's license, 52321  
temporary instruction permit, probationary license, or nonresident 52322  
operating privilege from the range specified in division (A)(7) of 52323  
section 4510.02 of the Revised Code. When a license is suspended 52324  
under this section, the court or mayor shall cause the offender to 52325  
deliver the license to the court, and the court or clerk of the 52326  
court immediately shall forward the license to the registrar of 52327  
motor vehicles, together with notice of the court's action. 52328

(G) As used in this section: 52329

(1) "Head start agency" has the same meaning as in section 52330  
~~3301.31~~ 3301.32 of the Revised Code. 52331

(2) "School bus," as used in relation to children who attend a program offered by a head start agency, means a bus that is owned and operated by a head start agency, is equipped with an automatically extended stop warning sign of a type approved by the state board of education, is painted the color and displays the markings described in section 4511.77 of the Revised Code, and is equipped with amber and red visual signals meeting the requirements of section 4511.771 of the Revised Code, irrespective of whether or not the bus has fifteen or more children aboard at any time. "School bus" does not include a van owned and operated by a head start agency, irrespective of its color, lights, or markings.

**Sec. 4517.01.** As used in sections 4517.01 to 4517.65 of the Revised Code:

(A) "Persons" includes individuals, firms, partnerships, associations, joint stock companies, corporations, and any combinations of individuals.

(B) "Motor vehicle" means motor vehicle as defined in section 4501.01 of the Revised Code and also includes "all-purpose vehicle" and "off-highway motorcycle" as those terms are defined in section 4519.01 of the Revised Code and manufactured and mobile homes. "Motor vehicle" does not include a snowmobile as defined in section 4519.01 of the Revised Code.

(C) "New motor vehicle" means a motor vehicle, the legal title to which has never been transferred by a manufacturer, remanufacturer, distributor, or dealer to an ultimate purchaser.

(D) "Ultimate purchaser" means, with respect to any new motor vehicle, the first person, other than a dealer purchasing in the capacity of a dealer, who in good faith purchases such new motor vehicle for purposes other than resale.

(E) "Business" includes any activities engaged in by any person for the object of gain, benefit, or advantage either direct or indirect.

(F) "Engaging in business" means commencing, conducting, or continuing in business, or liquidating a business when the liquidator thereof holds self out to be conducting such business; making a casual sale or otherwise making transfers in the ordinary course of business when the transfers are made in connection with the disposition of all or substantially all of the transferor's assets is not engaging in business.

(G) "Retail sale" or "sale at retail" means the act or attempted act of selling, bartering, exchanging, or otherwise disposing of a motor vehicle to an ultimate purchaser for use as a consumer.

(H) "Retail installment contract" includes any contract in the form of a note, chattel mortgage, conditional sales contract, lease, agreement, or other instrument payable in one or more installments over a period of time and arising out of the retail sale of a motor vehicle.

(I) "Farm machinery" means all machines and tools used in the production, harvesting, and care of farm products.

(J) "Dealer" or "motor vehicle dealer" means any new motor vehicle dealer, any motor vehicle leasing dealer, and any used motor vehicle dealer.

(K) "New motor vehicle dealer" means any person engaged in the business of selling at retail, displaying, offering for sale, or dealing in new motor vehicles pursuant to a contract or agreement entered into with the manufacturer, remanufacturer, or distributor of the motor vehicles.

(L) "Used motor vehicle dealer" means any person engaged in

the business of selling, displaying, offering for sale, or dealing 52392  
in used motor vehicles, at retail or wholesale, but does not mean 52393  
any new motor vehicle dealer selling, displaying, offering for 52394  
sale, or dealing in used motor vehicles incidentally to engaging 52395  
in the business of selling, displaying, offering for sale, or 52396  
dealing in new motor vehicles, any person engaged in the business 52397  
of dismantling, salvaging, or rebuilding motor vehicles by means 52398  
of using used parts, or any public officer performing official 52399  
duties. 52400

(M) "Motor vehicle leasing dealer" means any person engaged 52401  
in the business of regularly making available, offering to make 52402  
available, or arranging for another person to use a motor vehicle 52403  
pursuant to a bailment, lease, sublease, or other contractual 52404  
arrangement under which a charge is made for its use at a periodic 52405  
rate for a term of thirty days or more, and title to the motor 52406  
vehicle is in and remains in the motor vehicle leasing dealer who 52407  
originally leases it, irrespective of whether or not the motor 52408  
vehicle is the subject of a later sublease, and not in the user, 52409  
but does not mean a manufacturer or its affiliate leasing to its 52410  
employees or to dealers. 52411

(N) "Salesperson" means any person employed by a dealer or 52412  
manufactured home broker to sell, display, and offer for sale, or 52413  
deal in motor vehicles for a commission, compensation, or other 52414  
valuable consideration, but does not mean any public officer 52415  
performing official duties. 52416

(O) "Casual sale" means any transfer of a motor vehicle by a 52417  
person other than a new motor vehicle dealer, used motor vehicle 52418  
dealer, motor vehicle salvage dealer, as defined in division (A) 52419  
of section 4738.01 of the Revised Code, salesperson, motor vehicle 52420  
auction owner, manufacturer, or distributor acting in the capacity 52421  
of a dealer, salesperson, auction owner, manufacturer, or 52422  
distributor, to a person who purchases the motor vehicle for use 52423

as a consumer. 52424

(P) "Motor vehicle show" means a display of current models of 52425  
motor vehicles whereby the primary purpose is the exhibition of 52426  
competitive makes and models in order to provide the general 52427  
public the opportunity to review and inspect various makes and 52428  
models of motor vehicles at a single location. 52429

(Q) "Motor vehicle auction owner" means any person who is 52430  
engaged wholly or in part in the business of auctioning motor 52431  
vehicles. 52432

(R) "Manufacturer" means a person who manufactures, 52433  
assembles, or imports motor vehicles, including motor homes, but 52434  
does not mean a person who only assembles or installs a body, 52435  
special equipment unit, finishing trim, or accessories on a motor 52436  
vehicle chassis supplied by a manufacturer or distributor. 52437

(S) "Tent-type fold-out camping trailer" means any vehicle 52438  
intended to be used, when stationary, as a temporary shelter with 52439  
living and sleeping facilities, and that is subject to the 52440  
following properties and limitations: 52441

(1) A minimum of twenty-five per cent of the fold-out portion 52442  
of the top and sidewalls combined must be constructed of canvas, 52443  
vinyl, or other fabric, and form an integral part of the shelter. 52444

(2) When folded, the unit must not exceed: 52445

(a) Fifteen feet in length, exclusive of bumper and tongue; 52446

(b) Sixty inches in height from the point of contact with the 52447  
ground; 52448

(c) Eight feet in width; 52449

(d) One ton gross weight at time of sale. 52450

(T) "Distributor" means any person authorized by a motor 52451  
vehicle manufacturer to distribute new motor vehicles to licensed 52452

new motor vehicle dealers, but does not mean a person who only  
assembles or installs a body, special equipment unit, finishing  
trim, or accessories on a motor vehicle chassis supplied by a  
manufacturer or distributor.

(U) "Flea market" means a market place, other than a dealer's  
location licensed under this chapter, where a space or location is  
provided for a fee or compensation to a seller to exhibit and  
offer for sale or trade, motor vehicles to the general public.

(V) "Franchise" means any written agreement, contract, or  
understanding between any motor vehicle manufacturer or  
remanufacturer engaged in commerce and any motor vehicle dealer  
that purports to fix the legal rights and liabilities of the  
parties to such agreement, contract, or understanding.

(W) "Franchisee" means a person who receives new motor  
vehicles from the franchisor under a franchise agreement and who  
offers, sells, and provides service for such new motor vehicles to  
the general public.

(X) "Franchisor" means a new motor vehicle manufacturer,  
remanufacturer, or distributor who supplies new motor vehicles  
under a franchise agreement to a franchisee.

(Y) "Dealer organization" means a state or local trade  
association the membership of which is comprised predominantly of  
new motor vehicle dealers.

(Z) "Factory representative" means a representative employed  
by a manufacturer, remanufacturer, or by a factory branch  
primarily for the purpose of promoting the sale of its motor  
vehicles, parts, or accessories to dealers or for supervising or  
contacting its dealers or prospective dealers.

(AA) "Administrative or executive management" means those  
individuals who are not subject to federal wage and hour laws.



(BB) "Good faith" means honesty in the conduct or transaction 52483  
concerned and the observance of reasonable commercial standards of 52484  
fair dealing in the trade as is defined in division (S) of section 52485  
1301.01 of the Revised Code, including, but not limited to, the 52486  
duty to act in a fair and equitable manner so as to guarantee 52487  
freedom from coercion, intimidation, or threats of coercion or 52488  
intimidation; provided however, that recommendation, endorsement, 52489  
exposition, persuasion, urging, or argument shall not be 52490  
considered to constitute a lack of good faith. 52491

(CC) "Coerce" means to compel or attempt to compel by failing 52492  
to act in good faith or by threat of economic harm, breach of 52493  
contract, or other adverse consequences. Coerce does not mean to 52494  
argue, urge, recommend, or persuade. 52495

(DD) "Relevant market area" means any area within a radius of 52496  
ten miles from the site of a potential new dealership, except that 52497  
for manufactured home or recreational vehicle dealerships the 52498  
radius shall be twenty-five miles. The ten-mile radius shall be 52499  
measured from the dealer's established place of business that is 52500  
used exclusively for the purpose of selling, displaying, offering 52501  
for sale, or dealing in motor vehicles. 52502

(EE) "Wholesale" or "at wholesale" means the act or attempted 52503  
act of selling, bartering, exchanging, or otherwise disposing of a 52504  
motor vehicle to a transferee for the purpose of resale and not 52505  
for ultimate consumption by that transferee. 52506

(FF) "Motor vehicle wholesaler" means any person licensed as 52507  
a dealer under the laws of another state and engaged in the 52508  
business of selling, displaying, or offering for sale used motor 52509  
vehicles, at wholesale, but does not mean any motor vehicle dealer 52510  
as defined in this section. 52511

(GG)(1) "Remanufacturer" means a person who assembles or 52512  
installs passenger seating, walls, a roof elevation, or a body 52513

extension on a conversion van with the motor vehicle chassis 52514  
supplied by a manufacturer or distributor, a person who modifies a 52515  
truck chassis supplied by a manufacturer or distributor for use as 52516  
a public safety or public service vehicle, a person who modifies a 52517  
motor vehicle chassis supplied by a manufacturer or distributor 52518  
for use as a limousine or hearse, or a person who modifies an 52519  
incomplete motor vehicle cab and chassis supplied by a new motor 52520  
vehicle dealer or distributor for use as a tow truck, but does not 52521  
mean either of the following: 52522

(a) A person who assembles or installs passenger seating, 52523  
walls, a roof elevation, or a body extension on a manufactured 52524  
home as defined in division (C)(4) of section 3781.06 of the 52525  
Revised Code, a mobile home as defined in division (O) and 52526  
referred to in division (B) of section 4501.01 of the Revised 52527  
Code, or a recreational vehicle as defined in division (Q) and 52528  
referred to in division (B) of section 4501.01 of the Revised 52529  
Code; 52530

(b) A person who assembles or installs special equipment or 52531  
accessories for handicapped persons, as defined in section 4503.44 52532  
of the Revised Code, upon a motor vehicle chassis supplied by a 52533  
manufacturer or distributor. 52534

(2) For the purposes of division (GG)(1) of this section, 52535  
"public safety vehicle or public service vehicle" means a fire 52536  
truck, ambulance, school bus, street sweeper, garbage packing 52537  
truck, or cement mixer, or a mobile self-contained facility 52538  
vehicle. 52539

(3) For the purposes of division (GG)(1) of this section, 52540  
"limousine" means a motor vehicle, designed only for the purpose 52541  
of carrying nine or fewer passengers, that a person modifies by 52542  
cutting the original chassis, lengthening the wheelbase by forty 52543  
inches or more, and reinforcing the chassis in such a way that all 52544

modifications comply with all applicable federal motor vehicle 52545  
safety standards. No person shall qualify as or be deemed to be a 52546  
remanufacturer who produces limousines unless the person has a 52547  
written agreement with the manufacturer of the chassis the person 52548  
utilizes to produce the limousines to complete properly the 52549  
remanufacture of the chassis into limousines. 52550

(4) For the purposes of division (GG)(1) of this section, 52551  
"hearse" means a motor vehicle, designed only for the purpose of 52552  
transporting a single casket, that is equipped with a compartment 52553  
designed specifically to carry a single casket that a person 52554  
modifies by cutting the original chassis, lengthening the 52555  
wheelbase by ten inches or more, and reinforcing the chassis in 52556  
such a way that all modifications comply with all applicable 52557  
federal motor vehicle safety standards. No person shall qualify as 52558  
or be deemed to be a remanufacturer who produces hearses unless 52559  
the person has a written agreement with the manufacturer of the 52560  
chassis the person utilizes to produce the hearses to complete 52561  
properly the remanufacture of the chassis into hearses. 52562

(5) For the purposes of division (GG)(1) of this section, 52563  
"mobile self-contained facility vehicle" means a mobile classroom 52564  
vehicle, mobile laboratory vehicle, bookmobile, bloodmobile, 52565  
testing laboratory, and mobile display vehicle, each of which is 52566  
designed for purposes other than for passenger transportation and 52567  
other than the transportation or displacement of cargo, freight, 52568  
materials, or merchandise. A vehicle is remanufactured into a 52569  
mobile self-contained facility vehicle in part by the addition of 52570  
insulation to the body shell, and installation of all of the 52571  
following: a generator, electrical wiring, plumbing, holding 52572  
tanks, doors, windows, cabinets, shelving, and heating, 52573  
ventilating, and air conditioning systems. 52574

(6) For the purposes of division (GG)(1) of this section, 52575  
"tow truck" means both of the following: 52576

(a) An incomplete cab and chassis that are purchased by a 52577  
remanufacturer from a new motor vehicle dealer or distributor of 52578  
the cab and chassis and on which the remanufacturer then installs 52579  
in a permanent manner a wrecker body it purchases from a 52580  
manufacturer or distributor of wrecker bodies, installs an 52581  
emergency flashing light pylon and emergency lights upon the mast 52582  
of the wrecker body or rooftop, and installs such other related 52583  
accessories and equipment, including push bumpers, front grille 52584  
guards with pads and other custom-ordered items such as painting, 52585  
special lettering, and safety striping so as to create a complete 52586  
motor vehicle capable of lifting and towing another motor vehicle. 52587

(b) An incomplete cab and chassis that are purchased by a 52588  
remanufacturer from a new motor vehicle dealer or distributor of 52589  
the cab and chassis and on which the remanufacturer then installs 52590  
in a permanent manner a car carrier body it purchases from a 52591  
manufacturer or distributor of car carrier bodies, installs an 52592  
emergency flashing light pylon and emergency lights upon the 52593  
rooftop, and installs such other related accessories and 52594  
equipment, including push bumpers, front grille guards with pads 52595  
and other custom-ordered items such as painting, special 52596  
lettering, and safety striping. 52597

As used in division (GG)(6)(b) of this section, "car carrier 52598  
body" means a mechanical or hydraulic apparatus capable of lifting 52599  
and holding a motor vehicle on a flat level surface so that one or 52600  
more motor vehicles can be transported, once the car carrier is 52601  
permanently installed upon an incomplete cab and chassis. 52602

(HH) "Operating as a new motor vehicle dealership" means 52603  
engaging in activities such as displaying, offering for sale, and 52604  
selling new motor vehicles at retail, operating a service facility 52605  
to perform repairs and maintenance on motor vehicles, offering for 52606  
sale and selling motor vehicle parts at retail, and conducting all 52607  
other acts that are usual and customary to the operation of a new 52608

motor vehicle dealership. For the purposes of this chapter only, 52609  
possession of either a valid new motor vehicle dealer franchise 52610  
agreement or a new motor vehicle dealers license, or both of these 52611  
items, is not evidence that a person is operating as a new motor 52612  
vehicle dealership. 52613

(II) "Manufactured home broker" means any person acting as a 52614  
selling agent on behalf of an owner of a manufactured or mobile 52615  
home that is subject to taxation under section 4503.06 of the 52616  
Revised Code. 52617

(JJ) "Outdoor power equipment" means garden and small utility 52618  
tractors, walk-behind and riding mowers, chainsaws, and tillers. 52619

(KK) "Remote service facility" means premises that are 52620  
separate from a licensed new motor vehicle dealer's sales facility 52621  
by not more than one mile and that are used by the dealer to 52622  
perform repairs, warranty work, recall work, and maintenance on 52623  
motor vehicles pursuant to a franchise agreement entered into with 52624  
a manufacturer of motor vehicles. A remote service facility shall 52625  
be deemed to be part of the franchise agreement and is subject to 52626  
all the rights, duties, obligations, and requirements of Chapter 52627  
4517. of the Revised Code that relate to the performance of motor 52628  
vehicle repairs, warranty work, recall work, and maintenance work 52629  
by new motor vehicle dealers. 52630

**Sec. 4519.01.** As used in this chapter: 52631

(A) "Snowmobile" means any self-propelled vehicle designed 52632  
primarily for use on snow or ice, and steered by skis, runners, or 52633  
caterpillar treads. 52634

(B) "All-purpose vehicle" means any self-propelled vehicle 52635  
designed primarily for cross-country travel on land and water, or 52636  
on more than one type of terrain, and steered by wheels or 52637  
caterpillar treads, or any combination thereof, including vehicles 52638

that operate on a cushion of air, vehicles commonly known as 52639  
all-terrain vehicles, all-season vehicles, mini-bikes, and trail 52640  
bikes, ~~but excluding any self-propelled vehicle not principally~~ 52641  
~~used for purposes of personal transportation.~~ "All-purpose 52642  
vehicle" does not include a utility vehicle as defined in section 52643  
4501.01 of the Revised Code or any vehicle principally used in 52644  
playing golf, any motor vehicle or aircraft required to be 52645  
registered under Chapter 4503. or 4561. of the Revised Code, and 52646  
any vehicle excepted from definition as a motor vehicle by 52647  
division (B) of section 4501.01 of the Revised Code. 52648

(C) "Owner" means any person or firm, other than a lienholder 52649  
or dealer, having title to a snowmobile, off-highway motorcycle, 52650  
or all-purpose vehicle, or other right to the possession thereof. 52651

(D) "Operator" means any person who operates or is in actual 52652  
physical control of a snowmobile, off-highway motorcycle, or 52653  
all-purpose vehicle. 52654

(E) "Dealer" means any person or firm engaged in the business 52655  
of manufacturing or selling snowmobiles, off-highway motorcycles, 52656  
or all-purpose vehicles at wholesale or retail, or who rents, 52657  
leases, or otherwise furnishes snowmobiles, off-highway 52658  
motorcycles, or all-purpose vehicles for hire. 52659

(F) "Street or highway" has the same meaning as in section 52660  
4511.01 of the Revised Code. 52661

(G) "Limited access highway" and "freeway" have the same 52662  
meanings as in section 5511.02 of the Revised Code. 52663

(H) "Interstate highway" means any part of the interstate 52664  
system of highways as defined in subsection (e), 90 Stat. 431 52665  
(1976), 23 U.S.C.A. 103, as amended. 52666

(I) "Off-highway motorcycle" means every motorcycle, as 52667  
defined in section 4511.01 of the Revised Code, that is designed 52668

to be operated primarily on lands other than a street or highway. 52669

(J) "Electronic" and "electronic record" have the same 52670  
meanings as in section 4501.01 of the Revised Code. 52671

(K) "Electronic dealer" means a dealer whom the registrar of 52672  
motor vehicles designates under section 4519.511 of the Revised 52673  
Code. 52674

**Sec. 4519.02.** (A) Except as provided in divisions (B), (C), 52675  
and (D) of this section, no person shall operate any snowmobile, 52676  
off-highway motorcycle, or all-purpose vehicle within this state 52677  
unless the snowmobile, off-highway motorcycle, or all-purpose 52678  
vehicle is registered and numbered in accordance with sections 52679  
4519.03 and 4519.04 of the Revised Code. 52680

(B) No registration is required for a snowmobile, off-highway 52681  
motorcycle, or all-purpose vehicle that is operated exclusively 52682  
upon lands owned by the owner of the snowmobile, off-highway 52683  
motorcycle, or all-purpose vehicle, or on lands to which the owner 52684  
has a contractual right. 52685

(C) ~~No registration is required for a snowmobile, off highway 52686  
motorcycle, or all purpose vehicle owned and used in this state by 52687  
a resident of another state whenever that state has in effect a 52688  
registration law similar to this chapter and the snowmobile, 52689  
off highway motorcycle, or all purpose vehicle is properly 52690  
registered thereunder.~~ Any snowmobile, off-highway motorcycle, or 52691  
all-purpose vehicle owned and used in this state by a person who 52692  
is not a resident of ~~another~~ this state ~~not having such a~~ 52693  
~~registration requirement~~ shall comply with section 4519.09 of the 52694  
Revised Code. 52695

(D) No registration is required for a snowmobile, off-highway 52696  
motorcycle, or all-purpose vehicle owned and used in this state by 52697  
the United States, another state, or a political subdivision 52698

thereof, but the snowmobile, off-highway motorcycle, or 52699  
all-purpose vehicle shall display the name of the owner thereon. 52700

(E) The owner or operator of any all-purpose vehicle operated 52701  
or used upon the waters in this state shall comply with Chapters 52702  
1547. and 1548. of the Revised Code relative to the operation of 52703  
watercraft. 52704

(F) Except as otherwise provided in this division, whoever 52705  
violates division (A) of this section shall be fined not more than 52706  
twenty-five dollars. If the offender previously has been convicted 52707  
of or pleaded guilty to a violation of division (A) of this 52708  
section, whoever violates division (A) of this section shall be 52709  
fined not less than twenty-five nor more than fifty dollars. 52710

**Sec. 4519.09.** Every owner or operator of a snowmobile, 52711  
off-highway motorcycle, or all-purpose vehicle who is not a 52712  
resident of a this state ~~not having a registration law similar to~~ 52713  
~~this chapter,~~ and who expects to use the snowmobile, off-highway 52714  
motorcycle, or all-purpose vehicle in Ohio, shall apply to the 52715  
registrar of motor vehicles or a deputy registrar for a temporary 52716  
operating permit. The temporary operating permit shall be issued 52717  
for a period not to exceed fifteen days from the date of issuance, 52718  
shall be in such form as the registrar determines, shall include 52719  
the name and address of the owner and operator of the snowmobile, 52720  
off-highway motorcycle, or all-purpose vehicle, and any other 52721  
information as the registrar considers necessary, and shall be 52722  
issued upon payment of a fee of five dollars. Every owner or 52723  
operator receiving a temporary operating permit shall display it 52724  
upon the reasonable request of any law enforcement officer or 52725  
other person as authorized by sections 4519.42 and 4519.43 of the 52726  
Revised Code. 52727

**Sec. 4561.17.** For the purpose of providing revenue for paying 52728



the expenses of administering sections 4561.17 to 4561.22 of the Revised Code relative to the registration of aircraft, for the surveying of and the establishment, checking, maintenance, and repair of aviation air marking and of air navigation facilities, for airport capital improvements, for the acquiring, maintaining, and repairing of equipment necessary therefor, and for the cost of the creation and distribution of Ohio aeronautical charts and Ohio airport and landing field directories, an annual license tax is hereby levied upon all aircraft based in this state for which an aircraft worthiness certificate issued by the federal aviation administration is in effect except the following:

(A) Aircraft owned by the United States or any territory thereof;

(B) Aircraft owned by any foreign government;

(C) Aircraft owned by any state or any political subdivision thereof;

(D) Aircraft operated under a certificate of convenience and necessity issued by the civil aeronautics board or any successor thereto;

(E) Aircraft owned by any nonresident of this state whether such owner is an individual, partnership, or corporation, provided such owner has complied with all the laws in regard to the licensing of aircraft in the state of ~~his~~ the owner's residence;

(F) Aircraft owned by aircraft manufacturers or aircraft engine manufacturers and operated only for purposes of testing, delivery, or demonstration;

(G) Aircraft operated for hire over regularly scheduled routes within the state.

Such license tax shall be at the rates specified in section 4561.18 of the Revised Code, and shall be paid to and collected by

the director of transportation at the time of making application 52759  
as provided in such section. 52760

**Sec. 4561.18.** Applications for the licensing and registration 52761  
of aircraft shall be made and signed by the owner thereof upon 52762  
forms prepared by the department of transportation and shall 52763  
contain a description of the aircraft, including its federal 52764  
registration number, and such other information as is required by 52765  
the department. 52766

Applications shall be filed with the director of 52767  
transportation during the month of January annually and shall be 52768  
renewed according to the standard renewal procedure of sections 52769  
4745.01 to 4745.03 of the Revised Code. Application for 52770  
registration of any aircraft not previously registered in this 52771  
state, if such aircraft is acquired or becomes subject to such 52772  
license tax subsequent to the last day of January in any year, 52773  
shall be made for the balance of the year in which the same is 52774  
acquired, within forty-eight hours after such acquisition or after 52775  
becoming subject to such license tax. Each such application shall 52776  
be accompanied by the proper license tax, which, for all aircraft 52777  
other than gliders and balloons, shall be at the annual rate of 52778  
one hundred fifteen dollars per aircraft seat, based on the 52779  
manufacturer's maximum listed seating capacity. The license tax 52780  
for gliders and balloons shall be ~~three~~ fifteen dollars annually. 52781

Such taxes are in lieu of all other taxes on or with respect 52782  
to ownership of such aircraft. 52783

**Sec. 4561.21.** (A) The director of transportation shall 52784  
deposit all aircraft transfer fees in the state treasury to the 52785  
credit of the general fund. 52786

(B) The director shall deposit all aircraft license taxes in 52787  
the state treasury to the credit of the ~~county~~ airport ~~maintenance~~ 52788

assistance fund, which is hereby created. Money in the fund shall 52789  
be used ~~to assist counties in maintaining the~~ for maintenance and 52790  
capital improvements to publicly owned airports ~~they own~~, and the 52791  
director shall distribute the money to ~~counties~~ eligible 52792  
recipients in accordance with such procedures, guidelines, and 52793  
criteria as the director shall establish. 52794

**Sec. 4703.15.** (A) The state board of examiners of architects 52795  
may by three concurring votes deny renewal of, revoke, or suspend 52796  
any certificate of qualification to practice architecture, issued 52797  
or renewed under sections 4703.10, 4703.13, and 4703.14 of the 52798  
Revised Code, or any certificate of authorization, issued or 52799  
renewed under sections 4703.13 and 4703.18 of the Revised Code, if 52800  
proof satisfactory to the board is presented in any of the 52801  
following cases: 52802

~~(A)~~(1) In case it is shown that the certificate was obtained 52803  
by fraud; 52804

~~(B)~~(2) In case the holder of the certificate has been found 52805  
guilty by the board or by a court of justice of any fraud or 52806  
deceit in ~~his~~ the holder's professional practice, or has been 52807  
convicted of a felony by a court of justice; 52808

~~(C)~~(3) In case the holder has been found guilty by the board 52809  
of gross negligence, incompetency, or misconduct in the 52810  
performance of ~~his~~ the holder's services as an architect or in the 52811  
practice of architecture; 52812

~~(D)~~(4) In case the holder of the certificate has been found 52813  
guilty by the board of signing plans for the construction of a 52814  
building as a "registered architect" where ~~he~~ the holder is not 52815  
the actual architect of such building and where ~~he~~ the holder is 52816  
without prior written consent of the architect originating the 52817  
design or other documents used in the plans; 52818

~~(E)~~(5) In case the holder of the certificate has been found 52819  
guilty by the board of aiding and abetting another person or 52820  
persons not properly registered as required by sections 4703.01 to 52821  
4703.19 of the Revised Code, in the performance of activities that 52822  
in any manner or extent constitute the practice of architecture. 52823

At any time after the expiration of six months from the date 52824  
of the revocation or suspension of a certificate, the individual, 52825  
firm, partnership, association, or corporation may apply for 52826  
reinstatement of the certificate. Upon showing that all loss 52827  
caused by the individual, firm, partnership, association, or 52828  
corporation whose certificate has been revoked or suspended has 52829  
been fully satisfied and that all conditions imposed by the 52830  
revocation or suspension decision have been complied with, and 52831  
upon the payment of all costs incurred by the board as a result of 52832  
the case at issue, the board, at its discretion and upon evidence 52833  
that in its opinion would so warrant, may restore the certificate. 52834

(B) In addition to disciplinary action the board may take 52835  
against a certificate holder under division (A) of this section or 52836  
section 4703.151 of the Revised Code, the board may impose a fine 52837  
against a certificate holder who obtained a certificate by fraud 52838  
or who is found guilty of any act specified in divisions (A)(2) to 52839  
(A)(5) of this section or who violates any rule governing the 52840  
standards of service, conduct, and practice adopted pursuant to 52841  
section 4703.02 of the Revised Code. The fine imposed shall be not 52842  
more than one thousand dollars for each offense but shall not 52843  
exceed five thousand dollars regardless of the number of offenses 52844  
the certificate holder has committed between the time the fine is 52845  
imposed and the time any previous fine was imposed. 52846

**Sec. 4705.09.** (A)(1) Any person admitted to the practice of 52847  
law in this state by order of the supreme court in accordance with 52848  
its prescribed and published rules, or any law firm or legal 52849

professional association, may establish and maintain an 52850  
interest-bearing trust account, for purposes of depositing client 52851  
funds held by the attorney, firm, or association that are nominal 52852  
in amount or are to be held by the attorney, firm, or association 52853  
for a short period of time, with any bank or savings and loan 52854  
association that is authorized to do business in this state and is 52855  
insured by the federal deposit insurance corporation or the 52856  
successor to that corporation, or any credit union insured by the 52857  
national credit union administration operating under the "Federal 52858  
Credit Union Act," 84 Stat. 994 (1970), 12 U.S.C.A. 1751. Each 52859  
account established under this division shall be in the name of 52860  
the attorney, firm, or association that established and is 52861  
maintaining it and shall be identified as an IOLTA or an interest 52862  
on lawyer's trust account. The name of the account may contain 52863  
additional identifying features to distinguish it from other trust 52864  
accounts established and maintained by the attorney, firm, or 52865  
association. 52866

(2) Each attorney who receives funds belonging to a client 52867  
shall do one of the following: 52868

(a) Establish and maintain one or more interest-bearing trust 52869  
accounts in accordance with division (A)(1) of this section or 52870  
maintain one or more interest-bearing trust accounts previously 52871  
established in accordance with that division, and deposit all 52872  
client funds held that are nominal in amount or are to be held by 52873  
the attorney for a short period of time in the account or 52874  
accounts; 52875

(b) If the attorney is affiliated with a law firm or legal 52876  
professional association, comply with division (A)(2)(a) of this 52877  
section or deposit all client funds held that are nominal in 52878  
amount or are to be held by the attorney for a short period of 52879  
time in one or more interest-bearing trust accounts established 52880  
and maintained by the firm or association in accordance with 52881

division (A)(1) of this section. 52882

(3) No funds belonging to any attorney, firm, or legal professional association shall be deposited in any interest-bearing ~~IOTA~~ IOLTA account established under division (A)(1) or (2) of this section, except that funds sufficient to pay or enable a waiver of depository institution service charges on the account shall be deposited in the account and other funds belonging to the attorney, firm, or association may be deposited as authorized by the Code of Professional Responsibility adopted by the supreme court. The determinations of whether funds held are nominal or more than nominal in amount and of whether funds are to be held for a short period or longer than a short period of time rests in the sound judgment of the particular attorney. No imputation of professional misconduct shall arise from the attorney's exercise of judgment in these matters.

(B) All interest earned on funds deposited in an interest-bearing trust account established under division (A)(1) or (2) of this section shall be transmitted to the treasurer of state for deposit in the legal aid fund established under section 120.52 of the Revised Code. No part of the interest earned on funds deposited in an interest-bearing trust account established under division (A)(1) or (2) of this section shall be paid to, or inure to the benefit of, the attorney, the attorney's law firm or legal professional association, the client or other person who owns or has a beneficial ownership of the funds deposited, or any other person other than in accordance with this section, section 4705.10, and sections 120.51 to 120.55 of the Revised Code.

(C) No liability arising out of any act or omission by any attorney, law firm, or legal professional association with respect to any interest-bearing trust account established under division (A)(1) or (2) of this section shall be imputed to the depository institution.

(D) The supreme court may adopt and enforce rules of professional conduct that pertain to the use, by attorneys, law firms, or legal professional associations, of interest-bearing trust accounts established under division (A)(1) or (2) of this section, and that pertain to the enforcement of division (A)(2) of this section. Any rules adopted by the supreme court under this authority shall conform to the provisions of this section, section 4705.10, and sections 120.51 to 120.55 of the Revised Code.

**Sec. 4709.05.** In addition to any other duty imposed on the barber board under this chapter, the board shall do all of the following:

(A) Organize by electing a chairperson from its members to serve a one-year term;

(B) Hold regular meetings, at the times and places as it determines for the purpose of conducting the examinations required under this chapter, and hold additional meetings for the transaction of necessary business;

(C) Provide for suitable quarters, in the city of Columbus, for the conduct of its business and the maintenance of its records;

(D) Adopt a common seal for the authentication of its orders, communications, and records;

(E) Maintain a record of its proceedings and a register of persons licensed as barbers. The register shall include each licensee's name, place of business, residence, and licensure date and number, and a record of all licenses issued, refused, renewed, suspended, or revoked. The records are open to public inspection at all reasonable times.

(F) Annually, on or before the first day of January, make a report to the governor of all its official acts during the

preceding year, its receipts and disbursements, recommendations it  
determines appropriate, and an evaluation of board activities  
intended to aid or protect consumers of barber services;

(G) Employ an executive director who shall do all things  
requested by the board for the administration and enforcement of  
this chapter. The executive director shall employ inspectors,  
clerks, and other assistants as ~~he~~ the executive director  
determines necessary.

(H) Ensure that the practice of barbering is conducted only  
in a licensed barber shop, except when the practice of barbering  
is performed on a person whose physical or mental disability  
prevents that person from going to a licensed barber shop;

(I) Conduct or have conducted the examination for applicants  
to practice as licensed barbers at least four times per year at  
the times and places the board determines;

(J) Adopt rules, in accordance with Chapter 119. of the  
Revised Code, to administer and enforce this chapter and which  
cover all of the following:

(1) Sanitary standards for the operation of barber shops and  
barber schools that conform to guidelines established by the  
department of health;

(2) The content of the examination required of an applicant  
for a barber license. The examination shall include a practical  
demonstration and a written test, shall relate only to the  
practice of barbering, and shall require the applicant to  
demonstrate that the applicant has a thorough knowledge of and  
competence in the proper techniques in the safe use of chemicals  
used in the practice of barbering.

(3) Continuing education requirements for persons licensed  
pursuant to this chapter. The board may impose continuing

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education requirements upon a licensee for a violation of this chapter or the rules adopted pursuant thereto or if the board determines that the requirements are necessary to preserve the health, safety, or welfare of the public. 52974  
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(4) Requirements for the licensure of barber schools, barber teachers, and assistant barber teachers; 52978  
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(5) Requirements for students of barber schools; 52980

(6) Any other area the board determines appropriate to administer or enforce this chapter. 52981  
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(K) Annually review the rules adopted pursuant to division (J) of this section in order to compare those rules with the rules adopted by the state board of cosmetology pursuant to section 4713.08 of the Revised Code. If the barber board determines that the rules adopted by the state board of cosmetology, including, but not limited to, rules concerning using career technical schools, would be beneficial to the barbering profession, the barber board shall adopt rules similar to those it determines would be beneficial for barbers. 52983  
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(L) Prior to adopting any rule under this chapter, indicate at a formal hearing the reasons why the rule is necessary as a protection of the persons who use barber services or as an improvement of the professional standing of barbers in this state; 52992  
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~~(L)~~(M) Furnish each owner or manager of a barber shop and barber school with a copy of all sanitary rules adopted pursuant to division (J) of this section; 52996  
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~~(M)~~(N) Conduct such investigations and inspections of persons and establishments licensed or unlicensed pursuant to this chapter and for that purpose, any member of the board or any of its authorized agents may enter and inspect any place of business of a licensee or a person suspected of violating this chapter or the 52999  
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rules adopted pursuant thereto, during normal business hours;	53004
<del>(N)</del> (O) Upon the written request of an applicant and the	53005
payment of the appropriate fee, provide to the applicant licensure	53006
information concerning the applicant;	53007
<del>(O)</del> (P) Do all things necessary for the proper administration	53008
and enforcement of this chapter.	53009
<b>Sec. 4713.02.</b> (A) There is hereby created the state board of	53010
cosmetology, consisting of all of the following members appointed	53011
by the governor, with the advice and consent of the senate:	53012
(1) One person holding a current, valid cosmetologist,	53013
managing cosmetologist, or cosmetology instructor license at the	53014
time of appointment;	53015
(2) Two persons holding current, valid managing cosmetologist	53016
licenses and actively engaged in managing beauty salons at the	53017
time of appointment;	53018
(3) One person who holds a current, valid independent	53019
contractor license at the time of appointment or the owner or	53020
manager of a licensed salon in which at least one person holding a	53021
current, valid independent contractor license practices a branch	53022
of cosmetology;	53023
(4) One person who represents individuals who teach the	53024
theory and practice of a branch of cosmetology at a vocational	53025
school;	53026
(5) One owner of a licensed school of cosmetology;	53027
(6) One owner of at least five licensed salons;	53028
(7) One person who is either a certified nurse practitioner	53029
or clinical nurse specialist holding a certificate of authority	53030
issued under Chapter 4723. of the Revised Code, or a physician	53031
authorized under Chapter 4731. of the Revised Code to practice	53032

medicine and surgery or osteopathic medicine and surgery; 53033

(8) One person representing the general public. 53034

(B) The superintendent of public instruction shall nominate 53035  
three persons for the governor to choose from when making an 53036  
appointment under division (A)(4) of this section. 53037

(C) All members shall be at least twenty-five years of age, 53038  
residents of the state, and citizens of the United States. No more 53039  
than two members, at any time, shall be graduates of the same 53040  
school of cosmetology. 53041

Except for the initial members appointed under divisions 53042  
(A)(3) and (4) of this section, terms of office are for five 53043  
years. The term of the initial member appointed under division 53044  
(A)(3) of this section shall be three years. The term of the 53045  
initial member appointed under division (A)(4) of this section 53046  
shall be four years. Terms shall commence on the first day of 53047  
November and end on the thirty-first day of October. Each member 53048  
shall hold office from the date of appointment until the end of 53049  
the term for which appointed. In case of a vacancy occurring on 53050  
the board, the governor shall, in the same manner prescribed for 53051  
the regular appointment to the board, fill the vacancy by 53052  
appointing a member. Any member appointed to fill a vacancy 53053  
occurring prior to the expiration of the term for which the 53054  
member's predecessor was appointed shall hold office for the 53055  
remainder of such term. Any member shall continue in office 53056  
subsequent to the expiration date of the member's term until the 53057  
member's successor takes office, or until a period of sixty days 53058  
has elapsed, whichever occurs first. Before entering upon the 53059  
discharge of the duties of the office of member, each member shall 53060  
take, and file with the secretary of state, the oath of office 53061  
required by Section 7 of Article XV, Ohio Constitution. 53062

The members of the board shall receive an amount fixed 53063

pursuant to Chapter 124. of the Revised Code per diem for every 53064  
meeting of the board which they attend, together with their 53065  
necessary expenses, and mileage for each mile necessarily 53066  
traveled. 53067

The members of the board shall annually elect, from among 53068  
their number, a chairperson. 53069

The board shall prescribe the duties of its officers and 53070  
establish an office at ~~Columbus, Ohio~~ within Franklin County. The 53071  
board shall keep all records and files at the office and have the 53072  
records and files at all reasonable hours open to public 53073  
inspection. The board also shall adopt a seal. 53074

**Sec. 4717.05.** (A) Any person who desires to be licensed as an 53075  
embalmer shall apply to the board of embalmers and funeral 53076  
directors on a form provided by the board. The applicant shall 53077  
include with the application an initial license fee as set forth 53078  
in section 4717.07 of the Revised Code and evidence, verified by 53079  
oath and satisfactory to the board, that the applicant meets all 53080  
of the following requirements: 53081

(1) The applicant is at least eighteen years of age and of 53082  
good moral character. 53083

(2) If the applicant has pleaded guilty to, has been found by 53084  
a judge or jury to be guilty of, or has had a judicial finding of 53085  
eligibility for treatment in lieu of conviction entered against 53086  
the applicant in this state for aggravated murder, murder, 53087  
voluntary manslaughter, felonious assault, kidnapping, rape, 53088  
sexual battery, gross sexual imposition, aggravated arson, 53089  
aggravated robbery, or aggravated burglary, or has pleaded guilty 53090  
to, has been found by a judge or jury to be guilty of, or has had 53091  
a judicial finding of eligibility for treatment in lieu of 53092  
conviction entered against the applicant in another jurisdiction 53093

for a substantially equivalent offense, at least five years has  
elapsed since the applicant was released from incarceration, a  
community control sanction, a post-release control sanction,  
parole, or treatment in connection with the offense.

(3) The applicant holds at least a bachelor's degree from a  
college or university authorized to confer degrees by the Ohio  
board of regents or the comparable legal agency of another state  
in which the college or university is located and submits an  
official transcript from that college or university with the  
application.

(4) The applicant has satisfactorily completed at least  
twelve months of instruction in a prescribed course in mortuary  
science as approved by the board and has presented to the board a  
certificate showing successful completion of the course. The  
course of mortuary science college training may be completed  
either before or after the completion of the educational standard  
set forth in division (A)(3) of this section.

(5) The applicant has registered with the board prior to  
beginning an embalmer apprenticeship.

(6) The applicant has satisfactorily completed at least one  
year of apprenticeship under an embalmer licensed in this state  
and has assisted that person in embalming at least twenty-five  
dead human bodies.

(7) The applicant, upon meeting the educational standards  
provided for in divisions (A)(3) and (4) of this section and  
completing the apprenticeship required in division (A)(6) of this  
section, has completed the examination for an embalmer's license  
required by the board.

(B) Upon receiving satisfactory evidence verified by oath  
that the applicant meets all the requirements of division (A) of  
this section, the board shall issue the applicant an embalmer's

license. 53125

(C) Any person who desires to be licensed as a funeral 53126  
director shall apply to the board on a form provided by the board. 53127  
The application shall include an initial license fee as set forth 53128  
in section 4717.07 of the Revised Code and evidence, verified by 53129  
oath and satisfactory to the board, that the applicant meets all 53130  
of the following requirements: 53131

(1) Except as otherwise provided in division (D) of this 53132  
section, the applicant has satisfactorily met all the requirements 53133  
for an embalmer's license as described in divisions (A)(1) to (4) 53134  
of this section. 53135

(2) The applicant has registered with the board prior to 53136  
beginning a funeral director apprenticeship. 53137

(3) The applicant, following mortuary science college 53138  
training described in division (A)(4) of this section, has ~~served~~ 53139  
satisfactorily completed a one-year apprenticeship under a 53140  
licensed funeral director in this state and has assisted that 53141  
person in directing at least twenty-five funerals. 53142

(4) The applicant has satisfactorily completed the 53143  
examination for a funeral director's license as required by the 53144  
board. 53145

(D) In lieu of mortuary science college training required for 53146  
a funeral director's license under division (C)(1) of this 53147  
section, the applicant may substitute a satisfactorily completed 53148  
two-year apprenticeship under a licensed funeral director in this 53149  
state assisting that person in directing at least fifty funerals. 53150

(E) Upon receiving satisfactory evidence that the applicant 53151  
meets all the requirements of division (C) of this section, the 53152  
board shall issue to the applicant a funeral director's license. 53153

(F) As used in this section: 53154

(1) "Community control sanction" has the same meaning as in section 2929.01 of the Revised Code. 53155  
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(2) "Post-release control sanction" has the same meaning as in section 2967.01 of the Revised Code. 53157  
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**Sec. 4723.32.** This chapter does not prohibit any of the following: 53159  
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(A) The practice of nursing by a student currently enrolled in and actively pursuing completion of a prelicensure nursing education program approved by the board of nursing, if the student's practice is under the auspices of the program and the student acts under the supervision of a registered nurse serving for the program as a faculty member, teaching assistant, or preceptor; 53161  
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(B) The rendering of medical assistance to a licensed physician, licensed dentist, or licensed podiatrist by a person under the direction, supervision, and control of such licensed physician, dentist, or podiatrist; 53168  
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(C) The activities of persons employed as nursing aides, attendants, orderlies, or other auxiliary workers in patient homes, nurseries, nursing homes, hospitals, home health agencies, or other similar institutions; 53172  
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(D) The provision of nursing services to family members or in emergency situations; 53176  
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(E) The care of the sick when done in connection with the practice of religious tenets of any church and by or for its members; 53178  
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(F) The practice of nursing as a certified registered nurse anesthetist, clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner by a student currently enrolled in and actively pursuing completion of a program of study leading to 53181  
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initial authorization by the board to practice nursing in the 53185  
specialty, if both of the following are the case: 53186

(1) The program qualifies the student to sit for the 53187  
examination of a national certifying organization listed in 53188  
division (A)(3) of section 4723.41 of the Revised Code or approved 53189  
by the board under section 4723.46 of the Revised Code or the 53190  
program prepares the student to receive a master's degree in 53191  
accordance with division (A)(2) of section 4723.41 of the Revised 53192  
Code; 53193

(2) The student's practice is under the auspices of the 53194  
program and the student acts under the supervision of a registered 53195  
nurse serving for the program as a faculty member, teaching 53196  
assistant, or preceptor. 53197

(G) The activities of an individual who currently holds a 53198  
license to practice nursing in another jurisdiction, if the 53199  
individual's license has not been revoked, the individual is not 53200  
currently under suspension or on probation, the individual does 53201  
not represent the individual as being licensed under this chapter, 53202  
and one of the following is the case: 53203

(1) The individual is engaging in the practice of nursing by 53204  
discharging official duties while employed by or under contract 53205  
with the United States government or any agency thereof; 53206

(2) The individual is engaging in the practice of nursing as 53207  
an employee of an individual, agency, or corporation located in 53208  
the other jurisdiction in a position with employment 53209  
responsibilities that include transporting patients into, out of, 53210  
or through this state, as long as each trip in this state does not 53211  
exceed seventy-two hours; 53212

(3) The individual is consulting with an individual licensed 53213  
in this state to practice any health-related profession; 53214



(4) The individual is engaging in activities associated with 53215  
teaching in this state as a guest lecturer at or for a nursing 53216  
education program, continuing nursing education program, or 53217  
in-service presentation; 53218

(5) The individual is conducting evaluations of nursing care 53219  
that are undertaken on behalf of an accrediting organization, 53220  
including the national league for nursing accrediting committee, 53221  
the joint commission on accreditation of healthcare organizations, 53222  
or any other nationally recognized accrediting organization; 53223

(6) The individual is providing nursing care to an individual 53224  
who is in this state on a temporary basis, not to exceed six 53225  
months in any one calendar year, if the nurse is directly employed 53226  
by or under contract with the individual or a guardian or other 53227  
person acting on the individual's behalf; 53228

(7) The individual is providing nursing care during any 53229  
disaster, natural or otherwise, that has been officially declared 53230  
to be a disaster by a public announcement issued by an appropriate 53231  
federal, state, county, or municipal official. 53232

(H) The administration of medication by an individual who 53233  
holds a valid medication aide certificate issued under this 53234  
chapter, if the medication is administered to a resident of a 53235  
nursing home or residential care facility authorized by section 53236  
4723.63 or 4723.64 of the Revised Code to use a certified 53237  
medication aide and the medication is administered in accordance 53238  
with section 4723.67 of the Revised Code. 53239

**Sec. 4723.33.** A registered nurse, licensed practical nurse, 53240  
~~or~~ dialysis technician, community health worker, or medication 53241  
aide who in good faith makes a report under this chapter or any 53242  
other provision of the Revised Code regarding a violation of this 53243  
chapter or any other provision of the Revised Code, or 53244

participates in any investigation, administrative proceeding, or 53245  
judicial proceeding resulting from the report, has the full 53246  
protection against retaliatory action provided by sections 4113.51 53247  
to 4113.53 of the Revised Code. 53248

**Sec. 4723.34.** (A) Reports to the board of nursing shall be 53249  
made as follows: 53250

(1) Every employer of registered nurses, licensed practical 53251  
nurses, or dialysis technicians shall report to the board of 53252  
nursing the name of any current or former employee who holds a 53253  
nursing license or dialysis technician certificate issued under 53254  
this chapter who has engaged in conduct that would be grounds for 53255  
disciplinary action by the board under section 4723.28 of the 53256  
Revised Code. ~~Every~~ 53257

Every employer of certified community health workers shall 53258  
report to the board the name of any current or former employee who 53259  
holds a community health worker certificate issued under this 53260  
chapter who has engaged in conduct that would be grounds for 53261  
disciplinary action by the board under section 4723.86 of the 53262  
Revised Code. 53263

Every employer of medication aides shall report to the board 53264  
the name of any current or former employee who holds a medication 53265  
aide certificate issued under this chapter who has engaged in 53266  
conduct that would be grounds for disciplinary action by the board 53267  
under section 4723.652 of the Revised Code. 53268

(2) Nursing associations shall report to the board the name 53269  
of any registered nurse or licensed practical nurse and dialysis 53270  
technician associations shall report to the board the name of any 53271  
dialysis technician who has been investigated and found to 53272  
constitute a danger to the public health, safety, and welfare 53273  
because of conduct that would be grounds for disciplinary action 53274

by the board under section 4723.28 of the Revised Code, except 53275  
that an association is not required to report the individual's 53276  
name if the individual is maintaining satisfactory participation 53277  
in a peer support program approved by the board under rules 53278  
adopted under section 4723.07 of the Revised Code. ~~Community~~ 53279

Community health worker associations shall report to the 53280  
board the name of any certified community health worker who has 53281  
been investigated and found to constitute a danger to the public 53282  
health, safety, and welfare because of conduct that would be 53283  
grounds for disciplinary action by the board under section 4723.86 53284  
of the Revised Code, except that an association is not required to 53285  
report the individual's name if the individual is maintaining 53286  
satisfactory participation in a peer support program approved by 53287  
the board under rules adopted under section 4723.07 of the Revised 53288  
Code. 53289

Medication aide associations shall report to the board the 53290  
name of any medication aide who has been investigated and found to 53291  
constitute a danger to the public health, safety, and welfare 53292  
because of conduct that would be grounds for disciplinary action 53293  
by the board under section 4723.652 of the Revised Code, except 53294  
that an association is not required to report the individual's 53295  
name if the individual is maintaining satisfactory participation 53296  
in a peer support program approved by the board under rules 53297  
adopted under section 4723.69 of the Revised Code. 53298

(3) If the prosecutor in a case described in divisions (B)(3) 53299  
to (5) of section 4723.28 of the Revised Code, or in a case where 53300  
the trial court issued an order of dismissal upon technical or 53301  
procedural grounds of a charge of a misdemeanor committed in the 53302  
course of practice, a felony charge, or a charge of gross 53303  
immorality or moral turpitude, knows or has reason to believe that 53304  
the person charged is licensed under this chapter to practice 53305  
nursing as a registered nurse or as a licensed practical nurse or 53306

holds a certificate issued under this chapter to practice as a  
dialysis technician, the prosecutor shall notify the board of  
nursing. With regard to certified community health workers and  
medication aides, if the prosecutor in a case involving a charge  
of a misdemeanor committed in the course of employment, a felony  
charge, or a charge of gross immorality or moral turpitude,  
including a case dismissed on technical or procedural grounds,  
knows or has reason to believe that the person charged holds a  
community health worker or medication aide certificate issued  
under this chapter, the prosecutor shall notify the board.

Each notification required by this division shall be made on  
forms prescribed and provided by the board. The report shall  
include the name and address of the license or certificate holder,  
the charge, and the certified court documents recording the  
action.

(B) If any person fails to provide a report required by this  
section, the board may seek an order from a court of competent  
jurisdiction compelling submission of the report.

**Sec. 4723.341.** (A) As used in this section, "person" has the  
same meaning as in section 1.59 of the Revised Code and also  
includes the board of nursing and its members and employees;  
health care facilities, associations, and societies; insurers; and  
individuals.

(B) In the absence of fraud or bad faith, no person reporting  
to the board of nursing or testifying in an adjudication conducted  
under Chapter 119. of the Revised Code with regard to alleged  
incidents of negligence or malpractice or matters subject to this  
chapter or sections 3123.41 to 3123.50 of the Revised Code and any  
applicable rules adopted under section 3123.63 ~~of the Revised Code~~  
~~or section~~ of the Revised Code shall be subject to either of the  
following based on making the report or testifying:

(1) Liability in damages in a civil action for injury, death, 53338  
or loss to person or property; 53339

(2) Discipline or dismissal by an employer. 53340

(C) An individual who is disciplined or dismissed in 53341  
violation of division (B)(2) of this section has the same rights 53342  
and duties accorded an employee under sections 4113.52 and 4113.53 53343  
of the Revised Code. 53344

(D) In the absence of fraud or bad faith, no professional 53345  
association of registered nurses, licensed practical nurses, ~~or~~ 53346  
dialysis technicians, community health workers, or medication 53347  
aides that sponsors a committee or program to provide peer 53348  
assistance to individuals with substance abuse problems, no 53349  
representative or agent of such a committee or program, and no 53350  
member of the board of nursing shall be liable to any person for 53351  
damages in a civil action by reason of actions taken to refer a 53352  
nurse ~~or~~, dialysis technician, community health worker, or 53353  
medication aide to a treatment provider or actions or omissions of 53354  
the provider in treating a nurse ~~or~~, dialysis technician, 53355  
community health worker, or medication aide. 53356

**Sec. 4723.61.** As used in this section and in sections 4723.62 53357  
to 4723.69 of the Revised Code: 53358

(A) "Medication" means a drug, as defined in section 4729.01 53359  
of the Revised Code. 53360

(B) "Medication error" means a failure to follow the 53361  
prescriber's instructions when administering a prescription 53362  
medication. 53363

(C) "Nursing home" and "residential care facility" have the 53364  
same meanings as in section 3721.01 of the Revised Code. 53365

(D) "Prescription medication" means a medication that may be 53366  
dispensed only pursuant to a prescription. 53367

(E) "Prescriber" and "prescription" have the same meanings as 53368  
in section 4729.01 of the Revised Code. 53369

Sec. 4723.62. (A) There is hereby created the medication aide 53370  
advisory council. The council shall consist of the following 53371  
members: 53372

(1) A registered nurse working in long-term care, appointed 53373  
by the governing body of the Ohio nurses association; 53374

(2) A licensed practical nurse working in long-term care, 53375  
appointed by the governing body of the licensed practical nurse 53376  
association of Ohio; 53377

(3) A registered nurse with experience in researching 53378  
gerontology issues, appointed by the governing body of the Ohio 53379  
nurses association; 53380

(4) An advanced practice nurse with experience in 53381  
gerontology, appointed by the governing body of the Ohio 53382  
association of advanced practice nurses; 53383

(5) A representative of the Ohio health care association, 53384  
appointed by the governing body of the association; 53385

(6) A representative of the association of Ohio philanthropic 53386  
homes, housing, and services for the aging, appointed by the 53387  
governing body of the association; 53388

(7) A representative of the Ohio academy of nursing homes, 53389  
appointed by the governing body of the academy; 53390

(8) A representative of the Ohio assisted living association, 53391  
appointed by the governing body of the association; 53392

(9) A representative of the Ohio association of long-term 53393  
care ombudsmen, appointed by the governing body of the 53394  
association; 53395

(10) A representative of the American association of retired 53396

<u>persons, appointed by the governing body of the association;</u>	53397
<u>(11) A representative of facility residents and families of facility residents, appointed by the board of nursing;</u>	53398
<u>(12) A representative of the senior care pharmacy alliance, appointed by the governing body of the alliance;</u>	53399
<u>(13) A representative of nurse aides, as defined in section 3721.21 of the Revised Code, appointed by the director of health;</u>	53400
<u>(14) A representative of the department of health with expertise in competency evaluation programs, as defined in section 3721.21 of the Revised Code, appointed by the director of health;</u>	53401
<u>(15) A representative of the office of the state long-term care ombudsperson program, appointed by the state long-term care ombudsperson;</u>	53402
<u>(16) A representative of the department of job and family services, appointed by the director of job and family services.</u>	53403
<u>(B) Members of the council shall serve at the pleasure of their appointing authorities. Vacancies shall be filled in the manner provided for original appointments.</u>	53404
<u>(C) Members shall receive no compensation for their service on the council, except to the extent that serving on the council is part of their regular duties of employment.</u>	53405
<u>(D) The board of nursing shall appoint one of its members or a representative of the board to serve as the council's chairperson.</u>	53406
<u>Sec. 4723.621. The medication aide advisory council created under section 4723.62 of the Revised Code shall make recommendations to the board of nursing with respect to all of the following:</u>	53407
<u>(A) The design and operation of the medication aide pilot</u>	53408
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program conducted under section 4723.63 of the Revised Code, 53426  
including a method of collecting data through reports submitted by 53427  
participating nursing homes and residential care facilities; 53428

(B) The content of the course of instruction required to 53429  
obtain certification as a medication aide, including the 53430  
examination to be used to evaluate the ability to administer 53431  
prescription medications safely and the score that must be 53432  
attained to pass the examination; 53433

(C) Whether medication aides may administer prescription 53434  
medications through a gastrostomy or jejunostomy tube and the 53435  
amount and type of training a medication aide needs to be 53436  
adequately prepared to administer prescription medications through 53437  
a gastrostomy or jejunostomy tube; 53438

(D) Protection of the health and welfare of the residents of 53439  
nursing homes and residential care facilities participating in the 53440  
pilot program and using medication aides pursuant to section 53441  
4723.64 of the Revised Code on or after July 1, 2007; 53442

(E) The board's adoption of rules under section 4723.69 of 53443  
the Revised Code; 53444

(F) Any other issue the council considers relevant to the use 53445  
of medication aides in nursing homes and residential care 53446  
facilities. 53447

**Sec. 4723.63.** (A) In consultation with the medication aide 53448  
advisory council established under section 4723.62 of the Revised 53449  
Code, the board of nursing shall conduct a pilot program for the 53450  
use of medication aides in nursing homes and residential care 53451  
facilities. The board shall conduct the pilot program in a manner 53452  
consistent with human protection and other ethical concerns 53453  
typically associated with research studies involving live 53454  
subjects. The pilot program shall be commenced not later than May 53455



1, 2006, and shall be conducted until July 1, 2007.

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During the period the pilot program is conducted, a nursing home or residential care facility participating in the pilot program may use one or more medication aides to administer prescription medications to its residents, subject to both of the following conditions:

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(1) Each individual used as a medication aide must hold a current, valid medication aide certificate issued by the board of nursing under this chapter.

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(2) The nursing home or residential care facility shall ensure that the requirements of section 4723.67 of the Revised Code are met.

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(B) The board, in consultation with the medication aide advisory council, shall do all of the following not later than February 1, 2006:

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(1) Design the pilot program;

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(2) Establish standards to govern medication aides and the nursing homes and residential care facilities participating in the pilot program, including standards for the training of medication aides and the staff of participating nursing homes and residential care facilities;

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(3) Establish standards to protect the health and safety of the residents of the nursing homes and residential care facilities participating in the program;

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(4) Implement a process for selecting the nursing homes and residential care facilities to participate in the program.

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(C)(1) A nursing home or residential care facility may volunteer to participate in the pilot program by submitting an application to the board on a form prescribed and provided by the

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board. From among the applicants, the board shall select eighty 53485  
nursing homes and forty residential care facilities to participate 53486  
in the pilot program. 53487

(2) To be eligible to participate, a nursing home or 53488  
residential care facility shall agree to observe the standards 53489  
established by the board for the use of medication aides. A 53490  
nursing home is eligible to participate only if the department of 53491  
health has found in the two most recent surveys or inspections of 53492  
the home that the home is free from deficiencies related to the 53493  
administration of medication. A residential care facility is 53494  
eligible to participate only if the department has found that the 53495  
facility is free from deficiencies related to the provision of 53496  
skilled nursing care or the administration of medication. 53497

(D) As a condition of participation in the pilot program, a 53498  
nursing home and residential care facility selected by the board 53499  
shall pay the participation fee established in rules adopted under 53500  
section 4723.69 of the Revised Code. The participation fee is not 53501  
reimbursable under the medicaid program established under Chapter 53502  
5111. of the Revised Code. 53503

(E) On receipt of evidence found credible by the board that 53504  
continued participation by a nursing home or residential care 53505  
facility poses an imminent danger, risk of serious harm, or 53506  
jeopardy to a resident of the home or facility, the board may 53507  
terminate the authority of the home or facility to participate in 53508  
the pilot program. 53509

(F)(1) With the assistance of the medication aide advisory 53510  
council, the board shall conduct an evaluation of the pilot 53511  
program. In conducting the evaluation, the board shall do all of 53512  
the following: 53513

(a) Assess whether medication aides are able to administer 53514  
prescription medications safely to nursing home and residential 53515

care facility residents; 53516

(b) Determine the financial implications of using medication aides in nursing homes and residential care facilities; 53517

(c) Consider any other issue the board or council considers relevant to the evaluation. 53519

(2) Not later than March 1, 2007, the board shall prepare a report of its findings and recommendations derived from the evaluation of the pilot program. The board shall submit the report to the governor, president and minority leader of the senate, speaker and minority leader of the house of representatives, and director of health. 53520

Sec. 4723.64. On and after July 1, 2007, any nursing home or residential care facility may use one or more medication aides to administer prescription medications to its residents, subject to both of the following conditions: 53521

(A) Each individual used as a medication aide must hold a current, valid medication aide certificate issued by the board of nursing under this chapter. 53522

(B) The nursing home or residential care facility shall ensure that the requirements of section 4723.67 of the Revised Code are met. 53523

Sec. 4723.65. (A) An individual seeking certification as a medication aide shall apply to the board of nursing on a form prescribed and provided by the board. If the application is submitted on or after July 1, 2007, the application shall be accompanied by the certification fee established in rules adopted under section 4723.69 of the Revised Code. 53524

(B)(1) Except as provided in division (B)(2) of this section, an applicant for a medication aide certificate shall submit a 53525

request to the bureau of criminal identification and investigation 53545  
for a criminal records check. The request shall be on the form 53546  
prescribed pursuant to division (C)(1) of section 109.572 of the 53547  
Revised Code and shall be accompanied by a standard impression 53548  
sheet to obtain fingerprints prescribed pursuant to division 53549  
(C)(2) of that section. The request shall also be accompanied by 53550  
the fee prescribed pursuant to division (C)(3) of section 109.572 53551  
of the Revised Code. On receipt of the completed form, the 53552  
completed impression sheet, and the fee, the bureau shall conduct 53553  
a criminal records check of the applicant. On completion of the 53554  
criminal records check, the bureau shall send the results of the 53555  
check to the board. An applicant requesting a criminal records 53556  
check under this division shall ask the superintendent of the 53557  
bureau of criminal identification and investigation to also 53558  
request that the federal bureau of investigation provide the 53559  
superintendent with any information it has with respect to the 53560  
applicant. 53561

(2) If a criminal records check of an applicant was completed 53562  
pursuant to section 3721.121 of the Revised Code not more than 53563  
five years prior to the date the application is submitted, the 53564  
applicant may include a certified copy of the criminal records 53565  
check completed pursuant to that section and is not required to 53566  
comply with division (B)(1) of this section. 53567

(3) A criminal records check provided to the board in 53568  
accordance with division (B)(1) or (B)(2) of this section shall 53569  
not be made available to any person or for any purpose other than 53570  
the following: 53571

(a) The results may be made available to any person for use 53572  
in determining whether the individual who is the subject of the 53573  
check should be issued a medication aide certificate. 53574

(b) The results may be made available to the person who is 53575

the subject of the check or a representative of that person. 53576

Sec. 4723.651. (A) To be eligible to receive a medication 53577  
aide certificate, an applicant shall meet all of the following 53578  
conditions: 53579

(1) Be at least eighteen years of age; 53580

(2) Have a high school diploma or a high school equivalence 53581  
diploma as defined in section 5107.40 of the Revised Code; 53582

(3) If the applicant is to practice as a medication aide in a 53583  
nursing home, be a nurse aide who satisfies the requirements of 53584  
division (A)(1), (2), (3), (4), (5), (6), or (8) of section 53585  
3721.32 of the Revised Code; 53586

(4) If the applicant is to practice as a medication aide in a 53587  
residential care facility, be a nurse aide who satisfies the 53588  
requirements of division (A)(1), (2), (3), (4), (5), (6), or (8) 53589  
of section 3721.32 of the Revised Code or an individual who has at 53590  
least one year of direct care experience in a residential care 53591  
facility; 53592

(5) Successfully complete the course of instruction provided 53593  
by a training program approved by the board under section 4723.66 53594  
of the Revised Code; 53595

(6) Have results on the criminal records check provided to 53596  
the board under division (B)(1) or (2) of section 4723.65 of the 53597  
Revised Code indicating that the applicant has not been convicted 53598  
of, has not pleaded guilty to, and has not had a judicial finding 53599  
of guilt for violating section 2903.01, 2903.02, 2903.03, 2903.11, 53600  
2905.01, 2907.02, 2907.03, 2907.05, 2909.02, 2911.01, or 2911.11 53601  
of the Revised Code or a substantially similar law of another 53602  
state, the United States, or another country; 53603

(7) Meet all other requirements for a medication aide 53604  
certificate established in rules adopted under section 4723.69 of 53605

the Revised Code. 53606

(B) If an applicant meets the requirement specified in 53607  
division (A) of this section, the board shall issue a medication 53608  
aide certificate to the applicant. If a medication aide 53609  
certificate is issued to an individual on the basis of having at 53610  
least one year of direct care experience working in a residential 53611  
care facility, as provided in division (A)(4) of this section, the 53612  
certificate is valid for use only in a residential care facility. 53613  
The board shall state the limitation on the certificate issued to 53614  
the individual. 53615

(C) A medication aide certificate is valid for two years, 53616  
unless earlier suspended or revoked. The certificate may be 53617  
renewed in accordance with procedures specified by the board in 53618  
rules adopted under section 4723.69 of the Revised Code. To be 53619  
eligible for renewal, an applicant shall pay the renewal fee 53620  
established in the rules and meet all renewal qualifications 53621  
specified in the rules. 53622

**Sec. 4723.652.** (A) The board of nursing, by vote of a quorum, 53623  
may impose one or more of the following sanctions against any 53624  
individual who applies for, or holds, a medication aide 53625  
certificate: deny, revoke, suspend, or place restrictions on the 53626  
certificate; reprimand or otherwise discipline the holder of a 53627  
medication aide certificate; or impose a fine of not more than 53628  
five hundred dollars per violation. The sanctions may be imposed 53629  
for any of the reasons specified in division (B) of section 53630  
4723.28 of the Revised Code, to the extent that those reasons are 53631  
applicable to medication aides as specified in rules adopted under 53632  
section 4723.69 of the Revised Code. 53633

(B) Disciplinary actions taken by the board under this 53634  
section shall be taken pursuant to an adjudication conducted under 53635  
Chapter 119. of the Revised Code, except that in lieu of a 53636

hearing, the board may enter into a consent agreement with an individual to resolve an allegation of a violation of this chapter or any rule adopted under it. A consent agreement, when ratified by vote of a quorum, shall constitute the findings and order of the board with respect to the matter addressed in the agreement. If the board refuses to ratify a consent agreement, the admissions and findings contained in the agreement shall be of no effect.

(C) In taking actions under this section, the board has the same powers and duties that it has when taking actions under section 4723.28 of the Revised Code. In addition, the board may issue an order to summarily suspend or automatically suspend a medication aide certificate in the same manner that the board is authorized to take those actions under section 4723.281 of the Revised Code.

**Sec. 4723.66.** (A) A person or government entity seeking approval to provide a medication aide training program shall apply to the board of nursing on a form prescribed and provided by the board. If the application is submitted on or after July 1, 2007, the application shall be accompanied by the fee established in rules adopted under section 4723.69 of the Revised Code.

(B) The board shall approve the applicant to provide a medication aide training program if the content of the course of instruction to be provided by the program meets the standards specified by the board in rules adopted under section 4723.69 of the Revised Code and includes all of the following:

(1) At least seventy clock-hours of instruction, including both classroom instruction on medication administration and at least twenty clock-hours of supervised clinical practice in medication administration;

(2) A mechanism for evaluating whether an individual's

reading, writing, and mathematical skills are sufficient for the 53667  
individual to be able to administer prescription medications 53668  
safely; 53669

(3) An examination that tests the ability to administer 53670  
prescription medications safely and that meets the requirements 53671  
established by the board in rules adopted under section 4723.69 of 53672  
the Revised Code. 53673

(C) The board may deny, suspend, or revoke the approval 53674  
granted to the provider of a medication aide training program for 53675  
reasons specified in rules adopted under section 4723.69 of the 53676  
Revised Code. All actions taken by the board to deny, suspend, or 53677  
revoke the approval of a training program shall be taken in 53678  
accordance with Chapter 119. of the Revised Code. 53679

**Sec. 4723.67.** (A) Except for the prescription medications 53680  
specified in division (C) of this section and the methods of 53681  
medication administration specified in division (D) of this 53682  
section, a medication aide who holds a current, valid medication 53683  
aide certificate issued under this chapter may administer 53684  
prescription medications to the residents of nursing homes and 53685  
residential care facilities that use medication aides pursuant to 53686  
section 4723.63 or 4723.64 of the Revised Code. A medication aide 53687  
shall administer prescription medications only pursuant to the 53688  
delegation of a registered nurse or a licensed practical nurse 53689  
acting at the direction of a registered nurse. 53690

Delegation of medication administration to a medication aide 53691  
shall be carried out in accordance with the rules for nursing 53692  
delegation adopted under this chapter by the board of nursing. A 53693  
nurse who has delegated to a medication aide responsibility for 53694  
the administration of prescription medications to the residents of 53695  
a nursing home or residential care facility shall not withdraw the 53696  
delegation on an arbitrary basis or for any purpose other than 53697



<u>patient safety.</u>	53698
<u>(B) In exercising the authority to administer prescription medications pursuant to nursing delegation, a medication aide may administer prescription medications in any of the following categories:</u>	53699
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<u>(1) Oral medications;</u>	53703
<u>(2) Topical medications;</u>	53704
<u>(3) Medications administered as drops to the eye, ear, or nose;</u>	53705
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<u>(4) Rectal and vaginal medications;</u>	53707
<u>(5) Medications prescribed with a designation authorizing or requiring administration on an as-needed basis, but only if a nursing assessment of the patient is completed before the medication is administered.</u>	53708
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<u>(C) A medication aide shall not administer prescription medications in either of the following categories:</u>	53712
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<u>(1) Medications containing a schedule II controlled substance, as defined in section 3719.01 of the Revised Code;</u>	53714
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<u>(2) Medications requiring dosage calculations.</u>	53716
<u>(D) A medication aide shall not administer prescription medications by any of the following methods:</u>	53717
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<u>(1) Injection;</u>	53719
<u>(2) Intravenous therapy procedures;</u>	53720
<u>(3) Splitting pills for purposes of changing the dose being given.</u>	53721
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<u>(E) A nursing home or residential care facility that uses medication aides shall ensure that medication aides do not have access to any schedule II controlled substances within the home or</u>	53723
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facility for use by its residents.

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**Sec. 4723.68.** (A) A registered nurse, or licensed practical nurse acting at the direction of a registered nurse, who delegates medication administration to a medication aide who holds a current, valid medication aide certificate issued under this chapter is not liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly arises from an action or omission of the medication aide in performing the medication administration, if the delegating nurse delegates the medication administration in accordance with this chapter and the rules adopted under this chapter.

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(B) A person employed by a nursing home or residential care facility that uses medication aides pursuant to section 4723.63 or 4723.64 of the Revised Code who reports in good faith a medication error at the nursing home or residential care facility is not subject to disciplinary action by the board of nursing or any other government entity regulating that person's professional practice and is not liable in damages to any person or government entity in a civil action for injury, death, or loss to person or property that allegedly results from reporting the medication error.

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**Sec. 4723.69.** (A) In consultation with the medication aide advisory council created under section 4723.62 of the Revised Code, the board of nursing shall adopt rules to implement sections 4723.61 to 4723.68 of the Revised Code. Initial rules shall be adopted not later than February 1, 2006. All rules adopted under this section shall be adopted in accordance with Chapter 119. of the Revised Code.

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(B) The rules adopted under this section shall establish or

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<u>specify all of the following:</u>	53756
<u>(1) Fees, in an amount sufficient to cover the costs the board incurs in implementing sections 4723.61 to 4723.68 of the Revised Code, for participation in the medication aide pilot program, certification as a medication aide, and approval of a medication aide training program;</u>	53757 53758 53759 53760 53761
<u>(2) Requirements to obtain a medication aide certificate that are not otherwise specified in section 4723.651 of the Revised Code;</u>	53762 53763 53764
<u>(3) Procedures for renewal of medication aide certificates;</u>	53765
<u>(4) The extent to which the board determines that the reasons for taking disciplinary actions under section 4723.28 of the Revised Code are applicable reasons for taking disciplinary actions under section 4723.652 of the Revised Code against an applicant for or holder of a medication aide certificate;</u>	53766 53767 53768 53769 53770
<u>(5) Standards for approval of peer support programs for the holders of medication aide certificates;</u>	53771 53772
<u>(6) Standards for medication aide training programs, including the examination to be administered by the training program to test an individual's ability to administer prescription medications safely;</u>	53773 53774 53775 53776
<u>(7) Reasons for denying, revoking, or suspending approval of a medication aide training program;</u>	53777 53778
<u>(8) Other standards and procedures the board considers necessary to implement sections 4723.61 to 4723.68 of the Revised Code.</u>	53779 53780 53781
<b>Sec. <del>4723.63</del> 4723.91.</b> On receipt of a notice pursuant to section 3123.43 of the Revised Code, the board of nursing shall comply with sections 3123.41 to 3123.50 of the Revised Code and	53782 53783 53784

any applicable rules adopted under section 3123.63 of the Revised Code with respect to a nursing license, medication aide certificate, dialysis technician certificate, or community health worker certificate issued pursuant to this chapter.

**Sec. 4731.65.** As used in sections 4731.65 to 4731.71 of the Revised Code:

(A)(1) "Clinical laboratory services" means either of the following:

(a) Any examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of any disease or impairment or for the assessment of health;

(b) Procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.

(2) "Clinical laboratory services" does not include the mere collection or preparation of specimens.

(B) "Designated health services" means any of the following:

(1) Clinical laboratory services;

(2) Home health care services;

(3) Outpatient prescription drugs.

(C) "Fair market value" means the value in arms-length transactions, consistent with general market value and:

(1) With respect to rentals or leases, the value of rental property for general commercial purposes, not taking into account its intended use;

(2) With respect to a lease of space, not adjusted to reflect the additional value the prospective lessee or lessor would

attribute to the proximity or convenience to the lessor if the 53813  
lessor is a potential source of referrals to the lessee. 53814

(D) "Governmental health care program" means any program 53815  
providing health care benefits that is administered by the federal 53816  
government, this state, or a political subdivision of this state, 53817  
including the medicare program established under Title XVIII of 53818  
the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, 53819  
as amended, health care coverage for public employees, health care 53820  
benefits administered by the bureau of workers' compensation, or 53821  
the medical assistance program established under Chapter 5111. of 53822  
the Revised Code, ~~and the disability medical assistance program~~ 53823  
~~established under Chapter 5115. of the Revised Code.~~ 53824

(E)(1) "Group practice" means a group of two or more holders 53825  
of certificates under this chapter legally organized as a 53826  
partnership, professional corporation or association, limited 53827  
liability company, foundation, nonprofit corporation, faculty 53828  
practice plan, or similar group practice entity, including an 53829  
organization comprised of a nonprofit medical clinic that 53830  
contracts with a professional corporation or association of 53831  
physicians to provide medical services exclusively to patients of 53832  
the clinic in order to comply with section 1701.03 of the Revised 53833  
Code and including a corporation, limited liability company, 53834  
partnership, or professional association described in division (B) 53835  
of section 4731.226 of the Revised Code formed for the purpose of 53836  
providing a combination of the professional services of 53837  
optometrists who are licensed, certificated, or otherwise legally 53838  
authorized to practice optometry under Chapter 4725. of the 53839  
Revised Code, chiropractors who are licensed, certificated, or 53840  
otherwise legally authorized to practice chiropractic under 53841  
Chapter 4734. of the Revised Code, psychologists who are licensed, 53842  
certificated, or otherwise legally authorized to practice 53843  
psychology under Chapter 4732. of the Revised Code, registered or 53844

licensed practical nurses who are licensed, certificated, or 53845  
otherwise legally authorized to practice nursing under Chapter 53846  
4723. of the Revised Code, pharmacists who are licensed, 53847  
certificated, or otherwise legally authorized to practice pharmacy 53848  
under Chapter 4729. of the Revised Code, physical therapists who 53849  
are licensed, certificated, or otherwise legally authorized to 53850  
practice physical therapy under sections 4755.40 to 4755.53 of the 53851  
Revised Code, mechanotherapists who are licensed, certificated, or 53852  
otherwise legally authorized to practice mechanotherapy under 53853  
section 4731.151 of the Revised Code, and doctors of medicine and 53854  
surgery, osteopathic medicine and surgery, or podiatric medicine 53855  
and surgery who are licensed, certificated, or otherwise legally 53856  
authorized for their respective practices under this chapter, to 53857  
which all of the following apply: 53858

(a) Each physician who is a member of the group practice 53859  
provides substantially the full range of services that the 53860  
physician routinely provides, including medical care, 53861  
consultation, diagnosis, or treatment, through the joint use of 53862  
shared office space, facilities, equipment, and personnel. 53863

(b) Substantially all of the services of the members of the 53864  
group are provided through the group and are billed in the name of 53865  
the group and amounts so received are treated as receipts of the 53866  
group. 53867

(c) The overhead expenses of and the income from the practice 53868  
are distributed in accordance with methods previously determined 53869  
by members of the group. 53870

(d) The group practice meets any other requirements that the 53871  
state medical board applies in rules adopted under section 4731.70 53872  
of the Revised Code. 53873

(2) In the case of a faculty practice plan associated with a 53874  
hospital with a medical residency training program in which 53875

physician members may provide a variety of specialty services and  
provide professional services both within and outside the group,  
as well as perform other tasks such as research, the criteria in  
division (E)(1) of this section apply only with respect to  
services rendered within the faculty practice plan.

(F) "Home health care services" and "immediate family" have  
the same meanings as in the rules adopted under section 4731.70 of  
the Revised Code.

(G) "Hospital" has the same meaning as in section 3727.01 of  
the Revised Code.

(H) A "referral" includes both of the following:

(1) A request by a holder of a certificate under this chapter  
for an item or service, including a request for a consultation  
with another physician and any test or procedure ordered by or to  
be performed by or under the supervision of the other physician;

(2) A request for or establishment of a plan of care by a  
certificate holder that includes the provision of designated  
health services.

(I) "Third-party payer" has the same meaning as in section  
3901.38 of the Revised Code.

**Sec. 4731.71.** The auditor of state may implement procedures  
to detect violations of section 4731.66 or 4731.69 of the Revised  
Code within governmental health care programs administered by the  
state. The auditor of state shall report any violation of either  
section to the state medical board and shall certify to the  
attorney general in accordance with section 131.02 of the Revised  
Code the amount of any refund owed to a state-administered  
governmental health care program under section 4731.69 of the  
Revised Code as a result of a violation. If a refund is owed to  
the medical assistance program established under Chapter 5111. of

the Revised Code ~~or the disability medical assistance program~~ 53906  
~~established under Chapter 5115. of the Revised Code,~~ the auditor 53907  
of state also shall report the amount to the department of 53908  
commerce. 53909

The state medical board also may implement procedures to 53910  
detect violations of section 4731.66 or 4731.69 of the Revised 53911  
Code. 53912

**Sec. 4736.11.** The state board of sanitarian registration 53913  
shall issue a certificate of registration to any applicant whom it 53914  
registers as a sanitarian or a sanitarian-in-training. Such 53915  
certificate shall bear: 53916

(A) The name of the person; 53917

(B) The date of issue; 53918

(C) A serial number, designated by the board; 53919

(D) The seal of the board and signature of the ~~chairman~~ 53920  
chairperson of the board; 53921

(E) The designation "registered sanitarian" or 53922  
"sanitarian-in-training." 53923

Certificates of registration shall expire annually on the 53924  
date fixed by the board and become invalid on that date unless 53925  
renewed pursuant to this section. All registered sanitarians shall 53926  
be required annually to complete a continuing education program in 53927  
subjects relating to practices of the profession as a sanitarian 53928  
to the end that the utilization and application of new techniques, 53929  
scientific advancements, and research findings will assure 53930  
comprehensive service to the public. The board shall prescribe by 53931  
rule a continuing education program for registered sanitarians to 53932  
meet this requirement. The length of study for this program shall 53933  
be determined by the board but shall be not less than six nor more 53934  
than twenty-five hours during the calendar year. At least once 53935



annually the board shall ~~mail~~ provide to each registered 53936  
sanitarian a list of courses approved by the board as satisfying 53937  
the program prescribed by rule. Upon the request of a registered 53938  
sanitarian, the secretary shall supply a list of ~~any additional~~ 53939  
applicable courses that the board has approved ~~since the most~~ 53940  
~~recent mailing~~. A certificate may be renewed for a period of one 53941  
year at any time prior to the date of expiration upon payment of 53942  
the renewal fee prescribed by section 4736.12 of the Revised Code 53943  
and upon showing proof of having complied with the continuing 53944  
education requirements of this section. The state board of 53945  
sanitarian registration may waive the continuing education 53946  
requirement in cases of certified illness or disability which 53947  
prevents the attendance at any qualified educational seminars 53948  
during the twelve months immediately preceding the annual 53949  
certificate of registration renewal date. Certificates which 53950  
expire may be reinstated under rules adopted by the board. 53951

**Sec. 4736.12.** (A) The state board of sanitarian registration 53952  
shall charge the following fees: 53953

(1) To apply as a sanitarian-in-training, ~~seventy five~~ eighty 53954  
dollars; 53955

(2) For sanitarians-in-training to apply for registration as 53956  
sanitarians, ~~seventy five~~ eighty dollars. The applicant shall pay 53957  
this fee only once regardless of the number of times the applicant 53958  
takes an examination required under section 4736.08 of the Revised 53959  
Code. 53960

(3) For persons other than sanitarians-in-training to apply 53961  
for registration as sanitarians, including persons meeting the 53962  
requirements of section 4736.16 of the Revised Code, one hundred 53963  
~~fifty~~ sixty dollars. The applicant shall pay this fee only once 53964  
regardless of the number of times the applicant takes an 53965  
examination required under section 4736.08 of the Revised Code. 53966

(4) The renewal fee for registered sanitarians shall be 53967  
~~sixty-nine~~ seventy-four dollars. 53968

(5) The renewal fee for sanitarians-in-training shall be 53969  
~~sixty-nine~~ seventy-four dollars. 53970

(6) For late application for renewal, ~~twenty-five~~ 53971  
twenty-seven dollars. 53972

The board of sanitarian registration, with the approval of 53973  
the controlling board, may establish fees in excess of the amounts 53974  
provided in this section, provided that such fees do not exceed 53975  
the amounts permitted by this section by more than fifty per cent. 53976

(B) The board of sanitarian registration shall charge 53977  
separate fees for examinations as required by section 4736.08 of 53978  
the Revised Code, provided that the fees are not in excess of the 53979  
actual cost to the board of conducting the examinations. 53980

(C) The board of sanitarian registration may adopt rules 53981  
establishing fees for all of the following: 53982

(1) Application for the registration of a training agency 53983  
approved under rules adopted by the board pursuant to section 53984  
4736.11 of the Revised Code and for the annual registration 53985  
renewal of an approved training agency. 53986

(2) Application for the review of continuing education hours 53987  
submitted for the board's approval by approved training agencies 53988  
or by registered sanitarians or sanitarians-in-training. 53989

**Sec. 4740.14.** (A) There is hereby created within the 53990  
department of commerce the residential construction advisory 53991  
committee consisting of ~~eight~~ nine persons the director of 53992  
commerce appoints. Of the advisory committee's members, three 53993  
shall be general contractors who have recognized ability and 53994  
experience in the construction of residential buildings, two shall 53995  
be building officials who have experience administering and 53996

enforcing a residential building code, one, chosen from a list of 53997  
three names the Ohio fire chief's association submits, shall be 53998  
from the fire service certified as a fire safety inspector who has 53999  
at least ten years of experience enforcing fire or building codes, 54000  
one shall be a residential contractor who has recognized ability 54001  
and experience in the remodeling and construction of residential 54002  
buildings, ~~and~~ one shall be an architect registered pursuant to 54003  
Chapter 4703. of the Revised Code, with recognized ability and 54004  
experience in the architecture of residential buildings, and one, 54005  
chosen from a list of three names the Ohio municipal league 54006  
submits to the director, shall be a mayor of a municipal 54007  
corporation in which the Ohio residential building code is being 54008  
enforced in the municipal corporation by a certified building 54009  
department. 54010

(B) The director shall make appointments to the advisory 54011  
committee within ninety days after ~~the effective date of this~~ 54012  
~~section~~ May 27, 2005. Terms of office shall be for three years, 54013  
with each term ending on the date three years after the date of 54014  
appointment. Each member shall hold office from the date of 54015  
appointment until the end of the term for which the member was 54016  
appointed. The director shall fill a vacancy in the manner 54017  
provided for initial appointments. Any member appointed to fill a 54018  
vacancy in an unexpired term shall hold office for the remainder 54019  
of that term. 54020

(C) The advisory committee shall do all of the following: 54021

(1) Recommend to the board of building standards a building 54022  
code for residential buildings. The committee shall recommend a 54023  
code that it models on a residential building code a national 54024  
model code organization issues, with adaptations necessary to 54025  
implement the code in this state. If the board of building 54026  
standards decides not to adopt a code the committee recommends, 54027

the committee shall revise the code and resubmit it until the  
board adopts a code the committee recommends as the state  
residential building code;

(2) Advise the board regarding the establishment of standards  
for certification of building officials who enforce the state  
residential building code;

(3) Assist the board in providing information and guidance to  
residential contractors and building officials who enforce the  
state residential building code;

(4) Advise the board regarding the interpretation of the  
state residential building code;

(5) Provide other assistance the committee considers  
necessary.

(D) In making its recommendation to the board pursuant to  
division (C)(1) of this section, the advisory committee shall  
consider all of the following:

(1) The impact that the state residential building code may  
have upon the health, safety, and welfare of the public;

(2) The economic reasonableness of the residential building  
code;

(3) The technical feasibility of the residential building  
code;

(4) The financial impact that the residential building code  
may have on the public's ability to purchase affordable housing.

(E) Members of the advisory committee shall receive no salary  
for the performance of their duties as members, but shall receive  
their actual and necessary expenses incurred in the performance of  
their duties as members of the advisory committee and shall  
receive a per diem for each day in attendance at an official  
meeting of the committee, to be paid from the industrial

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compliance operating fund in the state treasury, using fees 54058  
collected in connection with residential buildings pursuant to 54059  
division (F)(2) of section 3781.102 of the Revised Code and 54060  
deposited in that fund. 54061

(F) The advisory committee is not subject to divisions (A) 54062  
and (B) of section 101.84 of the Revised Code. 54063

**Sec. 4753.03.** There is hereby created the board of 54064  
speech-language pathology and audiology consisting of eight 54065  
residents of this state to be appointed by the governor with the 54066  
advice and consent of the senate. Three members of the board shall 54067  
be licensed speech-language pathologists, and three members shall 54068  
be licensed audiologists, who have been licensed and engaged in 54069  
the practice, teaching, administration, or research in the area of 54070  
appointment for at least five years prior to the dates of their 54071  
appointment. Beginning with the first appointment of an 54072  
audiologist to the board after ~~the effective date of this~~ 54073  
~~amendment~~ November 5, 1992, at all times one of the audiologists 54074  
serving on the board must be an audiologist engaged in the 54075  
practice of fitting and dispensing hearing aids. At all times, two 54076  
members shall be representatives of the general public, and 54077  
neither shall be a speech-language pathologist or audiologist or a 54078  
person licensed under this chapter. At least one of the members 54079  
representing the general public shall be at least sixty years of 54080  
age. ~~Any speech language pathologists and audiologists among the~~ 54081  
~~initial appointees shall have at least a bachelor's degree in~~ 54082  
~~speech language pathology or audiology and shall meet the~~ 54083  
~~standards for licensure, other than examination, established by~~ 54084  
~~section 4753.06 or 4753.08 of the Revised Code. Any~~ 54085  
~~speech language pathologist or audiologist appointed to the board~~ 54086  
~~after the effective date of this amendment, must hold a master's~~ 54087  
~~or doctorate degree.~~ 54088

Terms of office shall be for three years, each term 54089  
commencing on the twenty-seventh day of September and ending on 54090  
the twenty-sixth day of September. Each member shall hold office 54091  
from the date of ~~his~~ appointment until the end of the term for 54092  
which ~~he was~~ appointed. Any member appointed to fill a vacancy 54093  
occurring prior to the expiration of the term for which ~~his~~ the 54094  
member's predecessor was appointed shall hold office for the 54095  
remainder of such term. Any member shall continue in office 54096  
subsequent to the expiration date of ~~his~~ the member's term until 54097  
~~his~~ the member's successor takes office, or until a period of 54098  
sixty days has elapsed, whichever occurs first. No person shall be 54099  
appointed to serve consecutively more than two full terms. The 54100  
executive council of the Ohio speech and hearing association may 54101  
recommend, within forty-five days after any vacancy or expiration 54102  
of a member's term occurs, no more than three persons to fill each 54103  
position or vacancy on the board, and the governor may make ~~his~~ 54104  
the appointment from the persons so recommended. If the council 54105  
fails to make recommendations within the required time, the 54106  
governor shall make the appointment without its recommendations. 54107

The terms of all speech-language pathology members shall not 54108  
end in the same year; the terms of all audiology members shall not 54109  
end in the same year. Upon the first appointment following ~~the~~ 54110  
~~effective date of this amendment~~ November 5, 1992, the governor 54111  
shall appoint speech-language pathology members and audiology 54112  
members to one-, two-, or three-year terms to prevent the terms of 54113  
all speech-language pathology members or all audiology members 54114  
from ending in the same year. Thereafter, all terms shall be for 54115  
three years. 54116

**Sec. 4753.06.** No person is eligible for licensure as a 54117  
speech-language pathologist or audiologist unless: 54118

(A) ~~He~~ The person has obtained a broad general education to 54119

serve as a background for ~~his~~ the person's specialized academic 54120  
training and preparatory professional experience. Such background 54121  
may include study from among the areas of human psychology, 54122  
sociology, psychological and physical development, the physical 54123  
sciences, especially those that pertain to acoustic and biological 54124  
phenomena, and human anatomy and physiology, including 54125  
neuroanatomy and neurophysiology. 54126

(B) ~~He~~ If the person seeks licensure as a speech-language 54127  
pathologist, the person submits to the board of speech-language 54128  
pathology and audiology an official transcript demonstrating that 54129  
~~he~~ the person has at least a master's degree in ~~the area in which~~ 54130  
~~licensure is sought~~ speech-language pathology or the equivalent as 54131  
determined by the board. ~~His~~ The person's academic credit must 54132  
include course work accumulated in the completion of a 54133  
well-integrated course of study approved by the board and 54134  
delineated by rule dealing with the normal aspects of human 54135  
communication, development and disorders thereof, and clinical 54136  
techniques for the evaluation and the improvement or eradication 54137  
of such disorders. The course work must have been completed at 54138  
colleges or universities accredited by regional or national 54139  
accrediting organizations recognized by the board. 54140

(C) ~~He~~ If the person seeks licensure as an audiologist, the 54141  
person submits to the board an official transcript demonstrating 54142  
that the person has at least a doctor of audiology degree or the 54143  
equivalent as determined by the board. The person's academic 54144  
credit must include course work accumulated in the completion of a 54145  
well-integrated course of study approved by the board and 54146  
delineated by rules dealing with the normal aspects of human 54147  
hearing, balance, and related development and clinical evaluation, 54148  
audiologic diagnosis, and treatment of disorders of human hearing, 54149  
balance, and related development. The course work must have been 54150  
completed in an audiology program that is accredited by an 54151

organization recognized by the United States department of 54152  
education and operated by a college or university accredited by a 54153  
regional or national accrediting organization recognized by the 54154  
board. 54155

(D) The person submits to the board evidence of the 54156  
completion of appropriate, supervised clinical experience in the 54157  
professional area, speech-language pathology or audiology, for 54158  
which licensure is requested, dealing with a variety of 54159  
communication disorders. The appropriateness of the experience 54160  
shall be determined under rules of the board. This experience 54161  
shall have been obtained in an accredited college or university, 54162  
in a cooperating program of an accredited college or university, 54163  
or in another program approved by the board. 54164

~~(D) He~~ (E) The person submits to the board evidence that the 54165  
person has passed the examination for licensure to practice 54166  
speech-language pathology or audiology pursuant to division (B) of 54167  
section 4753.05 of the Revised Code. 54168

(F) If the person submits to the board an application for 54169  
licensure as an audiologist before January 1, 2006, and meets the 54170  
requirements of division (B) of this section regarding a master's 54171  
degree in audiology as that division existed on December 31, 2005, 54172  
but not the requirements of division (C) of this section regarding 54173  
a doctor of audiology degree or if the person seeks licensure as a 54174  
speech-language pathologist, the person presents to the board 54175  
written evidence that ~~he~~ the person has obtained professional 54176  
experience. The professional experience shall be appropriately 54177  
supervised as determined by board rule. The amount of professional 54178  
experience shall be determined by board rule and shall be bona 54179  
fide clinical work that has been accomplished in the major 54180  
professional area, speech-language pathology or audiology, in 54181  
which licensure is being sought. ~~This~~ If the person seeks 54182  
licensure as a speech-language pathologist, this experience shall 54183



not begin until the requirements of divisions (B) and ~~(C), (D),~~ 54184  
and (E) of this section have been completed unless approved by the 54185  
board. If the person seeks licensure as an audiologist, this 54186  
experience shall not begin until the requirements of division (B) 54187  
of this section, as that division existed on December 31, 2005, 54188  
and divisions (D) and (E) of this section have been completed 54189  
unless approved by the board. Before beginning the supervised 54190  
professional experience pursuant to this section, ~~any~~ the 54191  
applicant for licensure to practice speech-language pathology or 54192  
audiology shall ~~meet the requirements for~~ obtain a conditional 54193  
license pursuant to section 4753.071 of the Revised Code. 54194

~~(E) He submits to the board evidence that he has passed the~~ 54195  
~~examination for licensure to practice speech language pathology or~~ 54196  
~~audiology pursuant to division (B) of section 4753.05 of the~~ 54197  
~~Revised Code.~~ 54198

**Sec. 4753.071.** A person who is required to meet the 54199  
supervised professional experience requirement of division (F) of 54200  
section 4753.06 of the Revised Code shall submit to the board of 54201  
speech-language pathology and audiology an application for a 54202  
conditional license. The application shall include a plan for the 54203  
content of the supervised professional experience on a form the 54204  
board shall prescribe. The board ~~of speech language pathology and~~ 54205  
~~audiology~~ shall issue a the conditional license to ~~an~~ the 54206  
applicant ~~who, except for the supervised professional experience:~~ 54207

~~(A) Meets~~ if the applicant meets the academic, ~~practicum, and~~ 54208  
~~examination~~ requirements of divisions (B), (C), and (E) of section 54209  
4753.06 of the Revised Code. 54210

~~(B) Submits an application to the board, including a plan for~~ 54211  
~~the content of the supervised professional experience on a form~~ 54212  
~~prescribed by the board,~~ other than the requirement to have 54213  
obtained the supervised professional experience, and pays to the 54214

board the appropriate fee for a conditional license. An applicant 54215  
may not begin employment until the conditional license has been 54216  
~~approved~~ issued. 54217

A conditional license authorizes an individual to practice 54218  
speech-language pathology or audiology while completing the 54219  
supervised professional experience as required by division ~~(D)~~(F) 54220  
of section 4753.06 of the Revised Code. A person holding a 54221  
conditional license may practice speech-language pathology or 54222  
audiology while working under the supervision of a person fully 54223  
licensed in accordance with this chapter. A conditional license is 54224  
valid for eighteen months unless suspended or revoked pursuant to 54225  
section 3123.47 or 4753.10 of the Revised Code. 54226

A person holding a conditional license may perform services 54227  
for which reimbursement will be sought under the medicare program 54228  
established under Title XVIII of the "Social Security Act," ~~49~~ 79 54229  
Stat. ~~620~~ 286 (~~1935~~ 1965), 42 U.S.C. ~~301~~ 1395, as amended, or the 54230  
~~medical assistance~~ medicaid program established under Chapter 54231  
5111. of the Revised Code ~~and Title XIX of the "Social Security~~ 54232  
~~Act"~~ but all requests for reimbursement for such services shall be 54233  
made by the person who supervises the person performing the 54234  
services. 54235

**Sec. 4753.08.** The board of speech-language pathology and 54236  
audiology shall waive the examination, educational, and 54237  
professional experience requirements for any applicant who meets 54238  
any of the following requirements: 54239

(A) On September 26, 1975, has at least a bachelor's degree 54240  
with a major in speech-language pathology or audiology from an 54241  
accredited college or university, or who has been employed as a 54242  
speech-language pathologist or audiologist for at least nine 54243  
months at any time within the three years prior to September 26, 54244  
1975, if an application providing bona fide proof of such degree 54245

or employment is filed with the board within one year after 54246  
September 26, 1975, and is accompanied by the application fee as 54247  
prescribed in division (A) of section 4753.11 of the Revised Code; 54248

(B) Presents proof of current certification or licensure in 54249  
good standing in the area in which licensure is sought in a state 54250  
~~which that~~ has standards at least equal to those the standards for 54251  
licensure that are in effect in this state at the time the 54252  
applicant applies for the license; 54253

(C) Presents proof of both of the following: 54254

(1) Having current certification or licensure in good 54255  
standing in audiology in a state that has standards at least equal 54256  
to the standards for licensure as an audiologist that were in 54257  
effect in this state on December 31, 2005; 54258

(2) Having first obtained that certification or licensure not 54259  
later than December 31, 2007. 54260

(D) Presents proof of a current certificate of clinical 54261  
competence in speech-language pathology or audiology that is in 54262  
good standing and received from the American 54263  
speech-language-hearing association in the area in which licensure 54264  
is sought. 54265

**Sec. 4753.09.** Except as provided in this section and in 54266  
section 4753.10 of the Revised Code, a license issued by the board 54267  
of speech-language pathology and audiology shall be renewed 54268  
biennially in accordance with the standard renewal procedure 54269  
contained in Chapter 4745. of the Revised Code. If the application 54270  
for renewal is made ~~after~~ one year or longer after the renewal 54271  
application is due, the person shall apply for licensure as 54272  
provided in section 4753.06 or division (B) ~~or,~~ (C), or (D) of 54273  
section 4753.08 of the Revised Code. The board shall not renew a 54274  
conditional license; however, the board may grant an applicant a 54275

second conditional license. 54276

The board shall establish by rule adopted pursuant to Chapter 54277  
119. of the Revised Code the qualifications for license renewal. 54278  
Applicants shall demonstrate continued competence, which may 54279  
include continuing education, examination, self-evaluation, peer 54280  
review, performance appraisal, or practical simulation. The board 54281  
may establish other requirements as a condition for license 54282  
renewal as considered appropriate by the board. 54283

The board may renew a license which expires while the license 54284  
is suspended, but the renewal shall not affect the suspension. The 54285  
board shall not renew a license which has been revoked. If a 54286  
revoked license is reinstated under section 4753.10 of the Revised 54287  
Code after it has expired, the licensee, as a condition of 54288  
reinstatement, shall pay a reinstatement fee in the amount equal 54289  
to the renewal fee in effect on the last preceding regular renewal 54290  
date on which it is reinstated, plus any delinquent fees accrued 54291  
from the time of the revocation, if such a fee is prescribed by 54292  
the board by rule. ~~A license shall not be renewed six years after~~ 54293  
~~the initial date on which the license was granted for a person~~ 54294  
~~initially licensed by exemption until that person presents to the~~ 54295  
~~board proof of completion of the following requirements:~~ 54296

~~(A) Upon presentation of proof of a bachelor's degree with a~~ 54297  
~~major in the area of licensure or successful completion of at~~ 54298  
~~least eighteen semester hours of academic credit, or its~~ 54299  
~~equivalent as determined by the board by rule for colleges and~~ 54300  
~~universities not using semesters, accumulated from accredited~~ 54301  
~~colleges and universities. These eighteen semester hours shall be~~ 54302  
~~in a variety of courses that provide instruction related to the~~ 54303  
~~nature of communication disorders and present information~~ 54304  
~~pertaining to and training in the evaluation and management of~~ 54305  
~~speech, language, and hearing disorders and shall be in the~~ 54306  
~~professional area, speech language pathology or audiology, for~~ 54307

~~which licensure is requested.~~ 54308

~~(B) Successful completion of at least one hundred fifty clock 54309  
hours of appropriately supervised, as determined by board rule, 54310  
clinical experience in the professional area, speech language 54311  
pathology or audiology, for which licensure is requested, with 54312  
individuals who present a variety of communication disorders, and 54313  
the experience shall have been obtained under the supervision of a 54314  
licensed speech language pathologist or audiologist, or within 54315  
another program approved by the board. 54316~~

**Sec. 4755.03.** There is hereby created the Ohio occupational 54317  
therapy, physical therapy, and athletic trainers board consisting 54318  
of sixteen residents of this state, who shall be appointed by the 54319  
governor with the advice and consent of the senate. The board 54320  
shall be composed of a physical therapy section, an occupational 54321  
therapy section, and an athletic trainers section. 54322

Five members of the board shall be physical therapists who 54323  
are licensed to practice physical therapy and who have been 54324  
engaged in or actively associated with the practice of physical 54325  
therapy in this state for at least five years immediately 54326  
preceding appointment. Such members of the board shall sit on the 54327  
physical therapy section. The physical therapy section also shall 54328  
consist of four additional members, appointed by the governor with 54329  
the advice and consent of the senate, who satisfy the same 54330  
qualifications as the members of the board sitting on the physical 54331  
therapy section, but who are not members of the board. Such 54332  
additional members of the physical therapy section are vested with 54333  
only such powers and shall perform only such duties as relate to 54334  
the affairs of that section, shall serve for the same terms as do 54335  
members of the board sitting on the physical therapy section, and 54336  
shall subscribe to and file with the secretary of state the 54337  
constitutional oath of office. 54338

~~Five~~ Four members of the board shall be occupational 54339  
therapists ~~who~~ and one member shall be a licensed occupational 54340  
therapy assistant, all of whom have been engaged in or actively 54341  
associated with the practice of occupational therapy or practice 54342  
as an occupational therapy assistant in this state for at least 54343  
five years immediately preceding appointment. Such members of the 54344  
board shall sit on the occupational therapy section. 54345

Four members of the board shall be athletic trainers who have 54346  
been engaged in the practice of athletic training in Ohio for at 54347  
least five years immediately preceding appointment. One member of 54348  
the board shall be a physician licensed to practice medicine and 54349  
surgery in this state. Such members of the board shall sit on the 54350  
athletic trainers section. 54351

One member of the board shall represent the public and shall 54352  
be at least sixty years of age. This member shall sit on the 54353  
board. 54354

Terms of office are for three years, each term commencing on 54355  
the twenty-eighth day of August and ending on the twenty-seventh 54356  
day of August. Each member shall serve subsequent to the 54357  
expiration of ~~his~~ the member's term until ~~his~~ the member's 54358  
successor is appointed and qualifies, or until a period of sixty 54359  
days has elapsed, whichever occurs first. Each member, before 54360  
entering upon ~~the~~ official duties ~~of his office~~, shall subscribe 54361  
to and file with the secretary of state the constitutional oath of 54362  
office. All vacancies shall be filled in the manner prescribed for 54363  
the regular appointments to the board and are limited to the 54364  
unexpired terms. 54365

Annually, upon the qualification of the member or members 54366  
appointed in that year, the board shall organize by selecting from 54367  
its members a president and secretary. Each section of the board 54368  
shall organize by selecting from its members a ~~chairman~~ 54369

chairperson and secretary. 54370

The majority of the members of the board constitutes a quorum 54371  
to transact and vote on the business of the board. A majority of 54372  
the members of each section constitutes a quorum to transact and 54373  
vote on the affairs of that section. 54374

Each member of the board and each additional member of the 54375  
physical therapy section shall receive an amount fixed pursuant to 54376  
division (J) of section 124.15 of the Revised Code for each day 54377  
employed in the discharge of ~~his~~ official duties. In addition, 54378  
each member of the board and each additional member of the 54379  
physical therapy section shall receive ~~his~~ the member's actual and 54380  
necessary expenses incurred in the performance of ~~his~~ official 54381  
duties. 54382

The board of trustees of the Ohio occupational therapy 54383  
association, inc., may recommend, after any term expires or 54384  
vacancy occurs in an occupational therapy position, at least three 54385  
persons to fill each such position or vacancy on the board, and 54386  
the governor may make ~~his~~ the appointment from the persons so 54387  
recommended. The executive board of the Ohio chapter, inc., of the 54388  
American physical therapy association may recommend, after any 54389  
term expires or vacancy occurs in a physical therapy position, at 54390  
least three persons to fill each such vacancy on the board, and 54391  
the governor may make ~~his~~ appointments from the persons so 54392  
recommended. The Ohio athletic trainers association shall 54393  
recommend to the governor at least three persons for each of the 54394  
initial appointments to an athletic trainer's position. The Ohio 54395  
athletic trainers association shall also recommend to the governor 54396  
at least three persons when any term expires or any vacancy occurs 54397  
in such a position. The governor may select one of the 54398  
association's recommendations in making such an appointment. 54399

The board shall meet as a whole to determine all 54400  
administrative, personnel, and budgetary matters. The executive 54401

director of the board appointed by the board shall not be a  
physical therapist, an occupational therapist, or an athletic  
trainer who has been licensed to practice physical therapy,  
occupational therapy, or as an athletic trainer in this state  
within three years immediately preceding appointment. The  
executive director shall serve at the pleasure of the board.

The occupational therapy section of the board shall have the  
full authority to act on behalf of the board on all matters  
concerning the practice of occupational therapy and, in  
particular, the examination, licensure, and suspension or  
revocation of licensure of applicants, occupational therapists,  
and occupational therapy assistants. The physical therapy section  
of the board shall have the full authority to act on behalf of the  
board on all matters concerning the practice of physical therapy  
and, in particular, the examination, licensure, and suspension or  
revocation of licensure of applicants, physical therapists, and  
physical therapist assistants. The athletic trainers section of  
the board shall have the full authority to act on behalf of the  
board on all matters concerning the practice of athletic training  
and, in particular, the examination, licensure, and suspension or  
revocation of licensure of applicants and athletic trainers. All  
actions taken by any section of the board under this paragraph  
shall be in accordance with Chapter 119. of the Revised Code.

**Sec. 4755.48.** (A) No person shall employ fraud or deception  
in applying for or securing a license to practice physical therapy  
or to be a physical therapist assistant.

(B) No person shall practice or in any way claim to the  
public to be able to practice physical therapy, including practice  
as a physical therapist assistant, unless the person holds a valid  
license under sections 4755.40 to 4755.56 of the Revised Code or  
except as provided in section 4755.56 of the Revised Code.



(C) No person shall use the words or letters, physical 54433  
therapist, physical therapy, physiotherapist, licensed physical 54434  
therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., D.P.T., 54435  
M.S.P.T., P.T.A., physical therapy assistant, physical therapist 54436  
assistant, physical therapy technician, licensed physical 54437  
therapist assistant, L.P.T.A., R.P.T.A., or any other letters, 54438  
words, abbreviations, or insignia, indicating or implying that the 54439  
person is a physical therapist or physical therapist assistant 54440  
without a valid license under sections 4755.40 to 4755.56 of the 54441  
Revised Code. 54442

(D) No person who practices physical therapy or assists in 54443  
the provision of physical therapy treatments under the supervision 54444  
of a physical therapist shall fail to display the person's current 54445  
license granted under sections 4755.40 to 4755.56 of the Revised 54446  
Code in a conspicuous location in the place where the person 54447  
spends the major part of the person's time so engaged. 54448

(E) Nothing in sections 4755.40 to 4755.56 of the Revised 54449  
Code shall affect or interfere with the performance of the duties 54450  
of any physical therapist or physical therapist assistant in 54451  
active service in the army, navy, coast guard, marine corps, air 54452  
force, public health service, or marine hospital service of the 54453  
United States, while so serving. 54454

(F) No person shall practice physical therapy other than on 54455  
the prescription of, or the referral of a patient by, a person who 54456  
is licensed in this or another state to practice medicine and 54457  
surgery, chiropractic, dentistry, osteopathic medicine and 54458  
surgery, podiatric medicine and surgery, or to practice nursing as 54459  
a certified registered nurse anesthetist, clinical nurse 54460  
specialist, certified nurse-midwife, or certified nurse 54461  
practitioner, within the scope of such practices, and whose 54462  
license is in good standing, unless either of the following 54463  
conditions is met: 54464

(1) The person holds a master's or doctorate degree from a professional physical therapy program that is accredited by a national accreditation agency recognized by the United States department of education and by the Ohio occupational therapy, physical therapy, and athletic trainers board.

(2) On or before December 31, ~~2003~~ 2004, the person has completed at least two years of practical experience as a licensed physical therapist.

(G) In the prosecution of any person for violation of division (B) or (C) of this section, it is not necessary to allege or prove want of a valid license to practice physical therapy or to practice as a physical therapist assistant, but such matters shall be a matter of defense to be established by the accused.

**Sec. 4766.09.** (A) This chapter does not apply to any of the following:

~~(A)~~(1) A person rendering services with an ambulance in the event of a disaster situation when licensees' vehicles based in the locality of the disaster situation are incapacitated or insufficient in number to render the services needed;

~~(B)~~(2) Any person operating an ambulance, ambulette, rotorcraft air ambulance, or fixed wing air ambulance outside this state unless receiving a person within this state for transport to a location within this state;

~~(C)~~(3) A publicly owned or operated emergency medical service organization and the vehicles it owns or leases and operates, except as provided in section 307.051, division (G) of section 307.055, division (F) of section 505.37, division (B) of section 505.375, and division (B)(3) of section 505.72 of the Revised Code;

~~(D)~~(4) An ambulance, ambulette, rotorcraft air ambulance,

fixed wing air ambulance, or nontransport vehicle owned or leased	54495
and operated by the federal government;	54496
<del>(E)</del> (5) A publicly owned and operated fire department vehicle;	54497
<del>(F)</del> (6) Emergency vehicles owned by a corporation and	54498
operating only on the corporation's premises, for the sole use by	54499
that corporation;	54500
<del>(G)</del> (7) An ambulance, nontransport vehicle, or other emergency	54501
medical service organization vehicle owned and operated by a	54502
municipal corporation;	54503
<del>(H)</del> (8) A motor vehicle titled in the name of a volunteer	54504
rescue service organization, as defined in section 4503.172 of the	54505
Revised Code;	54506
<del>(I)</del> (9) A public emergency medical service organization;	54507
<del>(J)</del> (10) A fire department, rescue squad, or life squad	54508
comprised of volunteers who provide services without expectation	54509
of remuneration and do not receive payment for services other than	54510
reimbursement for expenses;	54511
<del>(K)</del> (11) A private, nonprofit emergency medical service	54512
organization when fifty per cent or more of its personnel are	54513
volunteers, as defined in section 4765.01 of the Revised Code;	54514
<del>(L)</del> (12) Emergency medical service personnel who are regulated	54515
by the state board of emergency medical services under Chapter	54516
4765. of the Revised Code;	54517
<del>(M)</del> (13) A public nonemergency medical service organization.	54518
<u>(B) Except for the requirements specified in section 4766.14</u>	54519
<u>of the Revised Code, this chapter does not apply to an ambulette</u>	54520
<u>service provider operating under standards adopted by rule by the</u>	54521
<u>department of aging, but only during the period of time on any day</u>	54522
<u>that the provider is solely serving the department or the</u>	54523
<u>department's designee. This chapter applies to an ambulette</u>	54524

service provider at any time that the ambulette service provider 54525  
is not solely serving the department or the department's designee. 54526

Sec. 4766.14. (A) An ambulette service provider described in 54527  
division (B) of section 4766.09 of the Revised Code shall do all 54528  
of the following: 54529

(1) Make available to all its ambulette drivers while 54530  
operating ambulette vehicles a means of two-way communication 54531  
using either ambulette vehicle radios or cellular telephones; 54532

(2) Equip every ambulette vehicle with one isolation and 54533  
biohazard disposal kit that is permanently installed or secured in 54534  
the vehicle's cabin; 54535

(3) Before hiring an applicant for employment as an ambulette 54536  
driver, obtain all of the following: 54537

(a) A valid copy of a signed statement from a licensed 54538  
physician acting within the scope of the physician's practice 54539  
declaring that the applicant does not have a medical condition or 54540  
physical condition, including vision impairment that cannot be 54541  
corrected, that could interfere with safe driving, passenger 54542  
assistance, and emergency treatment activity or could jeopardize 54543  
the health and welfare of a client or the general public; 54544

(b) All of the certificates and results required under 54545  
divisions (A)(2), (3), and (4) of section 4766.15 of the Revised 54546  
Code. 54547

(B) No ambulette service provider described in division (B) 54548  
of section 4766.09 of the Revised Code shall employ an applicant 54549  
as an ambulette driver if the applicant has six or more points on 54550  
the applicant's driving record pursuant to section 4510.036 of the 54551  
Revised Code. 54552

(C) The department of aging shall administer and enforce this 54553  
section. 54554

Sec. 4905.10. (A) For the sole purpose of maintaining and 54555  
administering the public utilities commission and exercising its 54556  
supervision and jurisdiction over the railroads and public 54557  
utilities of this state, an amount equivalent to the appropriation 54558  
from the public utilities fund created under division (B) of this 54559  
section to the public utilities commission for railroad and public 54560  
utilities regulation in each fiscal year shall be apportioned 54561  
among and assessed against each railroad and public utility within 54562  
this state by the commission by first computing an assessment as 54563  
though it were to be made in proportion to the intrastate gross 54564  
earnings or receipts, excluding earnings or receipts from sales to 54565  
other public utilities for resale, of the railroad or public 54566  
utility for the calendar year next preceding that in which the 54567  
assessment is made. The commission may include in that first 54568  
computation any amount of a railroad's or public utility's 54569  
intrastate gross earnings or receipts that were underreported in a 54570  
prior year. In addition to whatever penalties apply under the 54571  
Revised Code to such underreporting, the commission shall assess 54572  
the railroad or public utility interest at the rate stated in 54573  
division (A) of section 1343.01 of the Revised Code. The 54574  
commission shall deposit any interest so collected into the public 54575  
utilities fund. The commission may exclude from that first 54576  
computation any such amounts that were overreported in a prior 54577  
year. 54578

The final computation of the assessment shall consist of 54579  
imposing upon each railroad and public utility whose assessment 54580  
under the first computation would have been ~~fifty~~ one hundred 54581  
dollars or less an assessment of ~~fifty~~ one hundred dollars and 54582  
recomputing the assessments of the remaining railroads and public 54583  
utilities by apportioning an amount equal to the appropriation to 54584  
the public utilities commission for administration of the 54585  
utilities division in each fiscal year less the total amount to be 54586

recovered from those paying the minimum assessment, in proportion 54587  
to the intrastate gross earnings or receipts of the remaining 54588  
railroads and public utilities for the calendar year next 54589  
preceding that in which the assessments are made. 54590

In the case of an assessment based on intrastate gross 54591  
receipts under this section against a public utility that is an 54592  
electric utility as defined in section 4928.01 of the Revised 54593  
Code, or an electric services company, electric cooperative, or 54594  
governmental aggregator subject to certification under section 54595  
4928.08 of the Revised Code, such receipts shall be those 54596  
specified in the utility's, company's, cooperative's, or 54597  
aggregator's most recent report of intrastate gross receipts and 54598  
sales of kilowatt hours of electricity, filed with the commission 54599  
pursuant to division (F) of section 4928.06 of the Revised Code, 54600  
and verified by the commission. 54601

In the case of an assessment based on intrastate gross 54602  
receipts under this section against a retail natural gas supplier 54603  
or governmental aggregator subject to certification under section 54604  
4929.20 of the Revised Code, such receipts shall be those 54605  
specified in the supplier's or aggregator's most recent report of 54606  
intrastate gross receipts and sales of hundred cubic feet of 54607  
natural gas, filed with the commission pursuant to division (B) of 54608  
section 4929.23 of the Revised Code, and verified by the 54609  
commission. However, no such retail natural gas supplier or such 54610  
governmental aggregator serving or proposing to serve customers of 54611  
a particular natural gas company, as defined in section 4929.01 of 54612  
the Revised Code, shall be assessed under this section until after 54613  
the commission, pursuant to section 4905.26 or 4909.18 of the 54614  
Revised Code, has removed from the base rates of the natural gas 54615  
company the amount of assessment under this section that is 54616  
attributable to the value of commodity sales service, as defined 54617  
in section 4929.01 of the Revised Code, in the base rates paid by 54618

those customers of the company that do not purchase that service 54619  
from the natural gas company. 54620

(B) ~~On~~ Through calendar year 2005, on or before the first day 54621  
of October in each year, the commission shall notify each such 54622  
railroad and public utility of the sum assessed against it, 54623  
whereupon payment shall be made to the commission, which shall 54624  
deposit it into the state treasury to the credit of the public 54625  
utilities fund, which is hereby created. Beginning in calendar 54626  
year 2006, on or before the fifteenth day of May in each year, the 54627  
commission shall notify each railroad and public utility that had 54628  
a sum assessed against it for the current fiscal year of more than 54629  
one thousand dollars that fifty per cent of that amount shall be 54630  
paid to the commission by the twentieth day of June of that year 54631  
as an initial payment of the assessment against the company for 54632  
the next fiscal year. On or before the first day of October in 54633  
each year, the commission shall make a final determination of the 54634  
sum of the assessment against each railroad and public utility and 54635  
shall notify each railroad and public utility of the sum assessed 54636  
against it. The commission shall deduct from the assessment for 54637  
each railroad or public utility any initial payment received. 54638  
Payment of the assessment shall be made to the commission by the 54639  
first day of November of that year. The commission shall deposit 54640  
the payments received into the state treasury to the credit of the 54641  
public utilities fund. Any such amounts paid into the fund but not 54642  
expended by the commission shall be credited ratably, after first 54643  
deducting any deficits accumulated from prior years, by the 54644  
commission to railroads and public utilities that pay more than 54645  
the minimum assessment, according to the respective portions of 54646  
such sum assessable against them for the ensuing ~~calendar~~ fiscal 54647  
year. The assessments for such ~~calendar~~ fiscal year shall be 54648  
reduced correspondingly. 54649

(C) Within five days after the beginning of each fiscal year 54650

through fiscal year 2006, the director of budget and management 54651  
shall transfer from the general revenue fund to the public 54652  
utilities fund an amount sufficient for maintaining and 54653  
administering the public utilities commission and exercising its 54654  
supervision and jurisdiction over the railroads and public 54655  
utilities of the state during the first four months of the fiscal 54656  
year. The director shall transfer the same amount back to the 54657  
general revenue fund from the public utilities fund at such time 54658  
as the director determines that the balance of the public 54659  
utilities fund is sufficient to support the appropriations from 54660  
the fund for the fiscal year. The director may transfer less than 54661  
that amount if the director determines that the revenues of the 54662  
public utilities fund during the fiscal year will be insufficient 54663  
to support the appropriations from the fund for the fiscal year, 54664  
in which case the amount not paid back to the general revenue fund 54665  
shall be payable to the general revenue fund in future fiscal 54666  
years. 54667

(D) For the purpose of this section only, "public utility" 54668  
includes: 54669

(1) In addition to an electric utility as defined in section 54670  
4928.01 of the Revised Code, an electric services company, an 54671  
electric cooperative, or a governmental aggregator subject to 54672  
certification under section 4928.08 of the Revised Code, to the 54673  
extent of the company's, cooperative's, or aggregator's engagement 54674  
in the business of supplying or arranging for the supply in this 54675  
state of any retail electric service for which it must be so 54676  
certified; 54677

(2) In addition to a natural gas company as defined in 54678  
section 4929.01 of the Revised Code, a retail natural gas supplier 54679  
or governmental aggregator subject to certification under section 54680  
4929.20 of the Revised Code, to the extent of the supplier's or 54681  
aggregator's engagement in the business of supplying or arranging 54682



for the supply in this state of any competitive retail natural gas 54683  
service for which it must be certified. 54684

(E) Each public utilities commissioner shall receive a salary 54685  
fixed at the level set by pay range 49 under schedule E-2 of 54686  
section 124.152 of the Revised Code. 54687

Sec. 4905.261. The public utilities commission shall operate 54688  
a telephone call center for consumer complaints, to receive 54689  
complaints by any person, firm, or corporation against any public 54690  
utility. The commission shall expeditiously provide the consumers' 54691  
counsel with all information concerning residential consumer 54692  
complaints received by the commission in the operation of the 54693  
telephone call center and with any materials produced in the 54694  
operation of the telephone call center by the commission 54695  
concerning residential consumer complaints. If technology is 54696  
reasonably available, the commission shall provide the consumers' 54697  
counsel with real-time access to the commission's residential 54698  
consumer complaint information. 54699

**Sec. 4905.54.** Every public utility or railroad and every 54700  
officer of a public utility or railroad shall comply with every 54701  
order, direction, and requirement of the public utilities 54702  
commission made under authority of this chapter and Chapters 54703  
4901., 4903., 4907., 4909., 4921., and 4923. of the Revised Code, 54704  
so long as they remain in force. Except as otherwise specifically 54705  
provided in sections 4905.83, 4905.95, 4919.99, 4921.99, and 54706  
4923.99 of the Revised Code, the public utilities commission may 54707  
assess a forfeiture of not more than ten thousand dollars for each 54708  
violation or failure against a public utility or railroad that 54709  
violates a provision of those chapters or that after due notice 54710  
fails to comply with an order, direction, or requirement of the 54711  
commission that was officially promulgated ~~shall forfeit to the~~ 54712

~~state not more than one thousand dollars for each such violation~~ 54713  
~~or failure.~~ Each day's continuance of the violation or failure is 54714  
a separate offense. All forfeitures collected under this section 54715  
shall be credited to the general revenue fund. 54716

**Sec. 4905.95.** (A) Except as otherwise provided in division 54717  
(C) of this section: 54718

(1) The public utilities commission, regarding any proceeding 54719  
under this section, shall provide reasonable notice and the 54720  
opportunity for a hearing in accordance with rules adopted under 54721  
section 4901.13 of the Revised Code. 54722

(2) Sections 4903.02 to 4903.082, 4903.09 to 4903.16, and 54723  
4903.20 to 4903.23 of the Revised Code apply to all proceedings 54724  
and orders of the commission under this section and to all 54725  
operators subject to those proceedings and orders. 54726

(B) If, pursuant to a proceeding it specially initiates or to 54727  
any other proceeding and after the hearing provided for under 54728  
division (A) of this section, the commission finds that: 54729

(1) An operator has violated or failed to comply with, or is 54730  
violating or failing to comply with, sections 4905.90 to 4905.96 54731  
of the Revised Code or the pipe-line safety code, the commission 54732  
by order: 54733

(a) Shall require the operator to comply and to undertake 54734  
corrective action necessary to protect the public safety; 54735

(b) May assess upon the operator forfeitures of not more than 54736  
~~ten~~ one hundred thousand dollars for each day of each violation or 54737  
noncompliance, except that the aggregate of such forfeitures shall 54738  
not exceed five hundred thousand dollars for any related series of 54739  
violations or noncompliances. In determining the amount of any 54740  
such forfeiture, the commission shall consider all of the 54741  
following: 54742

(i) The gravity of the violation or noncompliance;	54743
(ii) The operator's history of prior violations or noncompliances;	54744 54745
(iii) The operator's good faith efforts to comply and undertake corrective action;	54746 54747
(iv) The operator's ability to pay the forfeiture;	54748
(v) The effect of the forfeiture on the operator's ability to continue as an operator;	54749 54750
(vi) Such other matters as justice may require.	54751
All forfeitures collected under this division or section 4905.96 of the Revised Code shall be deposited in the state treasury to the credit of the general revenue fund.	54752 54753 54754
(c) May direct the attorney general to seek the remedies provided in section 4905.96 of the Revised Code.	54755 54756
(2) An intrastate pipe-line transportation facility is hazardous to life or property, the commission by order:	54757 54758
(a) Shall require the operator of the facility to take corrective action to remove the hazard. Such corrective action may include suspended or restricted use of the facility, physical inspection, testing, repair, replacement, or other action.	54759 54760 54761 54762
(b) May direct the attorney general to seek the remedies provided in section 4905.96 of the Revised Code.	54763 54764
(C) If, pursuant to a proceeding it specially initiates or to any other proceeding, the commission finds that an emergency exists due to a condition on an intrastate pipe-line transportation facility posing a clear and immediate danger to life or health or threatening a significant loss of property and requiring immediate corrective action to protect the public safety, the commission may issue, without notice or prior hearing,	54765 54766 54767 54768 54769 54770 54771

an order reciting its finding and may direct the attorney general 54772  
to seek the remedies provided in section 4905.96 of the Revised 54773  
Code. The order shall remain in effect for not more than forty 54774  
days after the date of its issuance. The order shall provide for a 54775  
hearing as soon as possible, but not later than thirty days after 54776  
the date of its issuance. After the hearing the commission shall 54777  
continue, revoke, or modify the order and may make findings under 54778  
and seek appropriate remedies as provided in division (B) of this 54779  
section. 54780

Sec. 4911.021. The consumers' counsel shall not operate a 54781  
telephone call center for consumer complaints. Any calls received 54782  
by the consumers' counsel concerning consumer complaints shall be 54783  
forwarded to the public utilities commission's call center. 54784

**Sec. 4911.18.** (A) For the sole purpose of maintaining and 54785  
administering the office of the consumers' counsel and exercising 54786  
the powers of the consumers' counsel under this chapter, an amount 54787  
equal to the appropriation to the office of the consumers' counsel 54788  
in each fiscal year shall be apportioned among and assessed 54789  
against each public utility within this state, as defined in 54790  
section 4911.01 of the Revised Code, by first computing an 54791  
assessment as though it were to be made in proportion to the 54792  
intrastate gross earnings or receipts of the public utility for 54793  
the calendar year next preceding that in which the assessment is 54794  
made, excluding earnings or receipts from sales to other public 54795  
utilities for resale. The office may include in that first 54796  
computation any amount of a public utility's intrastate gross 54797  
earnings or receipts underreported in a prior year. In addition to 54798  
whatever penalties apply under the Revised Code to such 54799  
underreporting, the office shall assess the public utility 54800  
interest at the rate stated in division (A) of section 1343.01 of 54801  
the Revised Code. The office shall deposit any interest so 54802

collected into the consumers' counsel operating fund. The office 54803  
may exclude from that first computation any such amounts that were 54804  
over-reported in a prior year. 54805

The final computation of the assessment shall consist of 54806  
imposing upon each public utility whose assessment under the first 54807  
computation would have been ~~fifty~~ one hundred dollars or less an 54808  
assessment of ~~fifty~~ one hundred dollars and recomputing the 54809  
assessment of the remaining companies by apportioning an amount 54810  
equal to the appropriation to the office of consumers' counsel in 54811  
each fiscal year less the total amount to be recovered from those 54812  
paying the minimum assessment, in proportion to the intrastate 54813  
gross earnings or receipts of the remaining companies for the 54814  
calendar year next preceding that in which the assessments are 54815  
made, excluding earnings or receipts from sales to other public 54816  
utilities for resale. 54817

In the case of an assessment based on intrastate gross 54818  
receipts under this section against a public utility that is an 54819  
electric utility as defined in section 4928.01 of the Revised 54820  
Code, or an electric services company, electric cooperative, or 54821  
governmental aggregator subject to certification under section 54822  
4928.08 of the Revised Code, such receipts shall be those 54823  
specified in the utility's, company's, cooperative's, or 54824  
aggregator's most recent report of intrastate gross receipts and 54825  
sales of kilowatt hours of electricity, filed with the public 54826  
utilities commission pursuant to division (F) of section 4928.06 54827  
of the Revised Code, and verified by the commission. 54828

In the case of an assessment based on intrastate gross 54829  
receipts under this section against a retail natural gas supplier 54830  
or governmental aggregator subject to certification under section 54831  
4929.20 of the Revised Code, such receipts shall be those 54832  
specified in the supplier's or aggregator's most recent report of 54833  
intrastate gross receipts and sales of hundred cubic feet of 54834

natural gas, filed with the commission pursuant to division (B) of 54835  
section 4929.23 of the Revised Code, and verified by the 54836  
commission. However, no such retail natural gas supplier or such 54837  
governmental aggregator serving or proposing to serve customers of 54838  
a particular natural gas company, as defined in section 4929.01 of 54839  
the Revised Code, shall be assessed under this section until after 54840  
the commission, pursuant to section 4905.26 or 4909.18 of the 54841  
Revised Code, has removed from the base rates of the natural gas 54842  
company the amount of assessment under this section that is 54843  
attributable to the value of commodity sales service, as defined 54844  
in section 4929.01 of the Revised Code, in the base rates paid by 54845  
those customers of the company that do not purchase that service 54846  
from the natural gas company. 54847

(B) ~~On~~ Through calendar year 2005, on or before the first day 54848  
of October in each year, the office of consumers' counsel shall 54849  
notify each public utility of the sum assessed against it, 54850  
whereupon payment shall be made to the counsel, who shall deposit 54851  
it into the state treasury to the credit of the consumers' counsel 54852  
operating fund, which is hereby created. Beginning in calendar 54853  
year 2006, on or before the fifteenth day of May in each year, the 54854  
consumers' counsel shall notify each public utility that had a sum 54855  
assessed against it for the current fiscal year of more than one 54856  
thousand dollars that fifty per cent of that amount shall be paid 54857  
to the consumers' counsel by the twentieth day of June of that 54858  
year as an initial payment of the assessment against the company 54859  
for the next fiscal year. On or before the first day of October in 54860  
each year, the consumers' counsel shall make a final determination 54861  
of the sum of the assessment against each public utility and shall 54862  
notify each public utility of the sum assessed against it. The 54863  
consumers' counsel shall deduct from the assessment for each 54864  
public utility any initial payment received. Payment of the 54865  
assessment shall be made to the consumers' counsel by the first 54866

day of November of that year. The consumers' counsel shall deposit 54867  
the payments received into the state treasury to the credit of the 54868  
consumers' counsel operating fund. Any such amounts paid into the 54869  
fund but not expended by the office shall be credited ratably by 54870  
the office to the public utilities that pay more than the minimum 54871  
assessment, according to the respective portions of such sum 54872  
assessable against them for the ensuing ~~calendar~~ fiscal year, 54873  
after first deducting any deficits accumulated from prior years. 54874  
The assessments for such ~~calendar~~ fiscal year shall be reduced 54875  
correspondingly. 54876

(C) Within five days after the beginning of each fiscal year 54877  
through fiscal year 2006, the director of budget and management 54878  
shall transfer from the general revenue fund to the consumers' 54879  
counsel operating fund an amount sufficient for maintaining and 54880  
administering the office of the consumers' counsel and exercising 54881  
the powers of the consumers' counsel under this chapter during the 54882  
first four months of the fiscal year. Not later than the 54883  
thirty-first day of December of the fiscal year, the same amount 54884  
shall be transferred back to the general revenue fund from the 54885  
consumers' counsel operating fund. 54886

(D) As used in this section, "public utility" includes: 54887

(1) In addition to an electric utility as defined in section 54888  
4928.01 of the Revised Code, an electric services company, an 54889  
electric cooperative, or a governmental aggregator subject to 54890  
certification under section 4928.08 of the Revised Code, to the 54891  
extent of the company's, cooperative's, or aggregator's engagement 54892  
in the business of supplying or arranging for the supply in this 54893  
state of any retail electric service for which it must be so 54894  
certified; 54895

(2) In addition to a natural gas company as defined in 54896  
section 4929.01 of the Revised Code, a retail natural gas supplier 54897  
or governmental aggregator subject to certification under section 54898

4929.20 of the Revised Code, to the extent of the supplier's or 54899  
aggregator's engagement in the business of supplying or arranging 54900  
for the supply in this state of any competitive retail natural gas 54901  
service for which it must be certified. 54902

**Sec. 4973.171.** (A) As used in this section, "felony" has the 54903  
same meaning as in section 109.511 of the Revised Code. 54904

(B)(1) The ~~governor~~ secretary of state shall not appoint or 54905  
commission a person as a police officer for a railroad company 54906  
under division (B) of section 4973.17 of the Revised Code and 54907  
shall not appoint or commission a person as a police officer for a 54908  
hospital under division (D) of section 4973.17 of the Revised Code 54909  
on a permanent basis, on a temporary basis, for a probationary 54910  
term, or on other than a permanent basis if the person previously 54911  
has been convicted of or has pleaded guilty to a felony. 54912

(2)(a) The ~~governor~~ secretary of state shall revoke the 54913  
appointment or commission of a person appointed or commissioned as 54914  
a police officer for a railroad company or as a police officer for 54915  
a hospital under division (B) or (D) of section 4973.17 of the 54916  
Revised Code if that person does either of the following: 54917

(i) Pleads guilty to a felony; 54918

(ii) Pleads guilty to a misdemeanor pursuant to a negotiated 54919  
plea agreement as provided in division (D) of section 2929.43 of 54920  
the Revised Code in which the person agrees to surrender the 54921  
certificate awarded to that person under section 109.77 of the 54922  
Revised Code. 54923

(b) The ~~governor~~ secretary of state shall suspend the 54924  
appointment or commission of a person appointed or commissioned as 54925  
a police officer for a railroad company or as a police officer for 54926  
a hospital under division (B) or (D) of section 4973.17 of the 54927  
Revised Code if that person is convicted, after trial, of a 54928



felony. If the person files an appeal from that conviction and the 54929  
conviction is upheld by the highest court to which the appeal is 54930  
taken or if the person does not file a timely appeal, the ~~governor~~ 54931  
secretary of state shall revoke the appointment or commission of 54932  
that person as a police officer for a railroad company or as a 54933  
police officer for a hospital. If the person files an appeal that 54934  
results in that person's acquittal of the felony or conviction of 54935  
a misdemeanor, or in the dismissal of the felony charge against 54936  
that person, the ~~governor~~ secretary of state shall reinstate the 54937  
appointment or commission of that person as a police officer for a 54938  
railroad company or as a police officer for a hospital. A person 54939  
whose appointment or commission is reinstated under division 54940  
(B)(2)(b) of this section shall not receive any back pay unless 54941  
that person's conviction of the felony was reversed on appeal, or 54942  
the felony charge was dismissed, because the court found 54943  
insufficient evidence to convict the person of the felony. 54944

(3) Division (B) of this section does not apply regarding an 54945  
offense that was committed prior to January 1, 1997. 54946

(4) The suspension or revocation of the appointment or 54947  
commission of a person as a police officer for a railroad company 54948  
or as a police officer for a hospital under division (B)(2) of 54949  
this section shall be in accordance with Chapter 119. of the 54950  
Revised Code. 54951

(C)(1) A judge of a municipal court or county court that has 54952  
territorial jurisdiction over an amusement park shall not appoint 54953  
or commission a person as a police officer for the amusement park 54954  
under division (E) of section 4973.17 of the Revised Code on a 54955  
permanent basis, on a temporary basis, for a probationary term, or 54956  
on other than a permanent basis if the person previously has been 54957  
convicted of or has pleaded guilty to a felony. 54958

(2) The judge shall revoke the appointment or commission of a 54959  
person appointed or commissioned as a police officer for an 54960

amusement park under division (E) of section 4973.17 of the  
Revised Code if that person does either of the following:

(a) Pleads guilty to a felony;

(b) Pleads guilty to a misdemeanor pursuant to a negotiated plea agreement as provided in division (D) of section 2929.43 of the Revised Code in which the person agrees to surrender the certificate awarded to that person under section 109.77 of the Revised Code.

(3) The judge shall suspend the appointment or commission of a person appointed or commissioned as a police officer for an amusement park under division (E) of section 4973.17 of the Revised Code if that person is convicted, after trial, of a felony. If the person files an appeal from that conviction and that conviction is upheld by the highest court to which the appeal is taken or if the person does not file a timely appeal, the judge shall revoke the appointment or commission of that person as a police officer for an amusement park. If the person files an appeal that results in that person's acquittal of the felony or conviction of a misdemeanor or in the dismissal of the felony charge against that person, the judge shall reinstate the appointment or commission of that person as a police officer for an amusement park. A person whose appointment or commission is reinstated under division (C)(3) of this section shall not receive any back pay unless that person's conviction of the felony was reversed on appeal, or the felony charge was dismissed, because the court found insufficient evidence to convict the person of a felony.

(4) Division (C) of this section does not apply regarding an offense that was committed prior to January 1, 1997.

(5) The suspension or revocation of the appointment or commission of a person as a police officer for an amusement park

under division (C)(2) of this section shall be in accordance with 54992  
Chapter 119. of the Revised Code. 54993

Sec. 5101.07. There is hereby created in the state treasury 54994  
the support services federal operating fund. The fund shall 54995  
consist of federal funds the department of job and family services 54996  
receives and that the director of job and family services 54997  
determines are appropriate for deposit into the fund. Money in the 54998  
fund shall be used to pay the federal share of both of the 54999  
following: 55000

(A) The department's costs for computer projects; 55001

(B) The operating costs of the parts of the department that 55002  
provide general support services for the department's work units 55003  
established under section 5101.06 of the Revised Code. 55004

Sec. 5101.071. There is hereby created in the state treasury 55005  
the support services state operating fund. The fund shall consist 55006  
of payments made to the fund from other appropriation items by 55007  
intrastate transfer voucher. Money in the fund shall be used to 55008  
pay for both of the following: 55009

(A) The department of job and family services' costs for 55010  
computer projects; 55011

(B) The operating costs of the parts of the department that 55012  
provide general support services for the department's work units 55013  
established under section 5101.06 of the Revised Code. 55014

Sec. 5101.16. (A) As used in this section and sections 55015  
5101.161 and 5101.162 of the Revised Code: 55016

(1) "Disability financial assistance" means the financial 55017  
assistance program established under Chapter 5115. of the Revised 55018  
Code. 55019

(2) "Disability medical assistance" means the medical assistance program established under Chapter 5115. of the Revised Code.	55020 55021 55022
(3) "Food stamps" means the program administered by the department of job and family services pursuant to section 5101.54 of the Revised Code.	55023 55024 55025
(4) "Medicaid" means the medical assistance program established by Chapter 5111. of the Revised Code, excluding transportation services provided under that chapter.	55026 55027 55028
(5) "Ohio works first" means the program established by Chapter 5107. of the Revised Code.	55029 55030
(6) "Prevention, retention, and contingency" means the program established by Chapter 5108. of the Revised Code.	55031 55032
(7) "Public assistance expenditures" means expenditures for all of the following:	55033 55034
(a) Ohio works first;	55035
(b) County administration of Ohio works first;	55036
(c) Prevention, retention, and contingency;	55037
(d) County administration of prevention, retention, and contingency;	55038 55039
(e) Disability financial assistance;	55040
(f) Disability medical assistance;	55041
(g) County administration of disability financial assistance;	55042
(h) County administration of disability medical assistance;	55043
(i) County administration of food stamps;	55044
(j) County administration of medicaid.	55045
(8) "Title IV-A program" has the same meaning as in section 5101.80 of the Revised Code.	55046 55047

(B) Each board of county commissioners shall pay the county share of public assistance expenditures in accordance with section 5101.161 of the Revised Code. Except as provided in division (C) of this section, a county's share of public assistance expenditures is the sum of all of the following for state fiscal year 1998 and each state fiscal year thereafter:

(1) The amount that is twenty-five per cent of the county's total expenditures for disability financial assistance and disability medical assistance and county administration of those programs during the state fiscal year ending in the previous calendar year that the department of job and family services determines are allowable.

(2) The amount that is ten per cent, or other percentage determined under division (D) of this section, of the county's total expenditures for county administration of food stamps and medicaid during the state fiscal year ending in the previous calendar year that the department determines are allowable, less the amount of federal reimbursement credited to the county under division (E) of this section for the state fiscal year ending in the previous calendar year;

(3) A percentage of the actual amount of the county share of program and administrative expenditures during federal fiscal year 1994 for assistance and services, other than child care, provided under Titles IV-A and IV-F of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as those titles existed prior to the enactment of the "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," 110 Stat. 2105. The department of job and family services shall determine the actual amount of the county share from expenditure reports submitted to the United States department of health and human services. The percentage shall be the percentage established in rules adopted under division (F) of this section.

(C)(1) If a county's share of public assistance expenditures 55080  
determined under division (B) of this section for a state fiscal 55081  
year exceeds one hundred ten per cent of the county's share for 55082  
those expenditures for the immediately preceding state fiscal 55083  
year, the department of job and family services shall reduce the 55084  
county's share for expenditures under divisions (B)(1) and (2) of 55085  
this section so that the total of the county's share for 55086  
expenditures under division (B) of this section equals one hundred 55087  
ten per cent of the county's share of those expenditures for the 55088  
immediately preceding state fiscal year. 55089

(2) A county's share of public assistance expenditures 55090  
determined under division (B) of this section may be increased 55091  
pursuant to section 5101.163 of the Revised Code and a sanction 55092  
under section 5101.24 of the Revised Code. An increase made 55093  
pursuant to section 5101.163 of the Revised Code may cause the 55094  
county's share to exceed the limit established by division (C)(1) 55095  
of this section. 55096

(D)(1) If the per capita tax duplicate of a county is less 55097  
than the per capita tax duplicate of the state as a whole and 55098  
division (D)(2) of this section does not apply to the county, the 55099  
percentage to be used for the purpose of division (B)(2) of this 55100  
section is the product of ten multiplied by a fraction of which 55101  
the numerator is the per capita tax duplicate of the county and 55102  
the denominator is the per capita tax duplicate of the state as a 55103  
whole. The department of job and family services shall compute the 55104  
per capita tax duplicate for the state and for each county by 55105  
dividing the tax duplicate for the most recent available year by 55106  
the current estimate of population prepared by the department of 55107  
development. 55108

(2) If the percentage of families in a county with an annual 55109  
income of less than three thousand dollars is greater than the 55110  
percentage of such families in the state and division (D)(1) of 55111

this section does not apply to the county, the percentage to be  
used for the purpose of division (B)(2) of this section is the  
product of ten multiplied by a fraction of which the numerator is  
the percentage of families in the state with an annual income of  
less than three thousand dollars a year and the denominator is the  
percentage of such families in the county. The department of job  
and family services shall compute the percentage of families with  
an annual income of less than three thousand dollars for the state  
and for each county by multiplying the most recent estimate of  
such families published by the department of development, by a  
fraction, the numerator of which is the estimate of average annual  
personal income published by the bureau of economic analysis of  
the United States department of commerce for the year on which the  
census estimate is based and the denominator of which is the most  
recent such estimate published by the bureau.

(3) If the per capita tax duplicate of a county is less than  
the per capita tax duplicate of the state as a whole and the  
percentage of families in the county with an annual income of less  
than three thousand dollars is greater than the percentage of such  
families in the state, the percentage to be used for the purpose  
of division (B)(2) of this section shall be determined as follows:

(a) Multiply ten by the fraction determined under division  
(D)(1) of this section;

(b) Multiply the product determined under division (D)(3)(a)  
of this section by the fraction determined under division (D)(2)  
of this section.

(4) The department of job and family services shall  
determine, for each county, the percentage to be used for the  
purpose of division (B)(2) of this section not later than the  
first day of July of the year preceding the state fiscal year for  
which the percentage is used.

(E) The department of job and family services shall credit to 55143  
a county the amount of federal reimbursement the department 55144  
receives from the United States departments of agriculture and 55145  
health and human services for the county's expenditures for 55146  
administration of food stamps and medicaid that the department 55147  
determines are allowable administrative expenditures. 55148

(F)(1) The director of job and family services shall adopt 55149  
rules in accordance with section 111.15 of the Revised Code to 55150  
establish all of the following: 55151

(a) The method the department is to use to change a county's 55152  
share of public assistance expenditures determined under division 55153  
(B) of this section as provided in division (C) of this section; 55154

(b) The allocation methodology and formula the department 55155  
will use to determine the amount of funds to credit to a county 55156  
under this section; 55157

(c) The method the department will use to change the payment 55158  
of the county share of public assistance expenditures from a 55159  
calendar-year basis to a state fiscal year basis; 55160

(d) The percentage to be used for the purpose of division 55161  
(B)(3) of this section, which shall, except as provided in section 55162  
5101.163 of the Revised Code, meet both of the following 55163  
requirements: 55164

(i) The percentage shall not be less than seventy-five per 55165  
cent nor more than eighty-two per cent; 55166

(ii) The percentage shall not exceed the percentage that the 55167  
state's qualified state expenditures is of the state's historic 55168  
state expenditures as those terms are defined in 42 U.S.C. 55169  
609(a)(7). 55170

(e) Other procedures and requirements necessary to implement 55171  
this section. 55172



(2) The director of job and family services may amend the 55173  
rule adopted under division (F)(1)(d) of this section to modify 55174  
the percentage on determination that the amount the general 55175  
assembly appropriates for Title IV-A programs makes the 55176  
modification necessary. The rule shall be adopted and amended as 55177  
if an internal management rule and in consultation with the 55178  
director of budget and management. 55179

Sec. 5101.163. As used in this section, "maintenance of 55180  
effort" means qualified state expenditures as defined in 42 U.S.C. 55181  
609(a)(7)(B)(i). 55182

The department of job and family services may increase a 55183  
county's share of public assistance expenditures determined under 55184  
division (B) of section 5101.16 of the Revised Code if the United 55185  
States secretary of health and human services requires an increase 55186  
in the state's maintenance of effort because of one or more 55187  
failures, resulting from the actions or inactions of one or more 55188  
county family services agencies, to meet a requirement under Title 55189  
IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 55190  
U.S.C. 601, as amended. The department may so increase a county's 55191  
share of public assistance expenditures only to the amount the 55192  
county's county family services agencies are responsible for the 55193  
increase in the state's maintenance of effort as determined 55194  
pursuant to rules the director of job and family services shall 55195  
adopt under section 111.15 of the Revised Code. The department is 55196  
not required to make the increase in accordance with section 55197  
5101.24 of the Revised Code. 55198

Sec. 5101.181. (A) As used in this section and section 55199  
5101.182 of the Revised Code, "public assistance" includes, in 55200  
addition to Ohio works first, all of the following: 55201

(1) Prevention, retention, and contingency; 55202

(2) Medicaid;	55203
(3) Disability financial assistance;	55204
(4) Disability medical assistance <u>provided before October 1, 2005, under former Chapter 5115. of the Revised Code;</u>	55205 55206
(5) General assistance provided prior to July 17, 1995, under former Chapter 5113. of the Revised Code.	55207 55208
(B) As part of the procedure for the determination of overpayment to a recipient of public assistance under Chapter 5107., 5108., 5111., or 5115. of the Revised Code, the director of job and family services shall furnish quarterly the name and social security number of each individual who receives public assistance to the director of administrative services, the administrator of the bureau of workers' compensation, and each of the state's retirement boards. Within fourteen days after receiving the name and social security number of an individual who receives public assistance, the director of administrative services, administrator, or board shall inform the auditor of state as to whether such individual is receiving wages or benefits, the amount of any wages or benefits being received, the social security number, and the address of the individual. The director of administrative services, administrator, boards, and any agent or employee of those officials and boards shall comply with the rules of the director of job and family services restricting the disclosure of information regarding recipients of public assistance. Any person who violates this provision shall thereafter be disqualified from acting as an agent or employee or in any other capacity under appointment or employment of any state board, commission, or agency.	55209 55210 55211 55212 55213 55214 55215 55216 55217 55218 55219 55220 55221 55222 55223 55224 55225 55226 55227 55228 55229 55230
(C) The auditor of state may enter into a reciprocal agreement with the director of job and family services or comparable officer of any other state for the exchange of names,	55231 55232 55233

current or most recent addresses, or social security numbers of 55234  
persons receiving public assistance under Title IV-A or under 55235  
Title XIX of the "Social Security Act," 49 Stat. 620 (1935), 42 55236  
U.S.C. 301, as amended. 55237

(D)(1) The auditor of state shall retain, for not less than 55238  
two years, at least one copy of all information received under 55239  
this section and sections 145.27, 742.41, 3307.20, 3309.22, 55240  
4123.27, 5101.182, and 5505.04 of the Revised Code. The auditor 55241  
shall review the information to determine whether overpayments 55242  
were made to recipients of public assistance under Chapters 5107., 55243  
5108., 5111., and 5115. of the Revised Code. The auditor of state 55244  
shall initiate action leading to prosecution, where warranted, of 55245  
recipients who received overpayments by forwarding the name of 55246  
each recipient who received overpayment, together with other 55247  
pertinent information, to the director of job and family services 55248  
and the attorney general, to the district director of job and 55249  
family services of the district through which public assistance 55250  
was received, and to the county director of job and family 55251  
services and county prosecutor of the county through which public 55252  
assistance was received. 55253

(2) The auditor of state and the attorney general or their 55254  
designees may examine any records, whether in computer or printed 55255  
format, in the possession of the director of job and family 55256  
services or any county director of job and family services. They 55257  
shall provide safeguards which restrict access to such records to 55258  
purposes directly connected with an audit or investigation, 55259  
prosecution, or criminal or civil proceeding conducted in 55260  
connection with the administration of the programs and shall 55261  
comply with the rules of the director of job and family services 55262  
restricting the disclosure of information regarding recipients of 55263  
public assistance. Any person who violates this provision shall 55264  
thereafter be disqualified from acting as an agent or employee or 55265

in any other capacity under appointment or employment of any state board, commission, or agency. 55266  
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(3) Costs incurred by the auditor of state in carrying out the auditor of state's duties under this division shall be borne by the auditor of state. 55268  
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**Sec. 5101.184.** (A) The director of job and family services shall work with the tax commissioner to collect overpayments of assistance under Chapter 5107., 5111., or 5115., former Chapter 5113., or section 5101.54 of the Revised Code from refunds of state income taxes for taxable year 1992 and thereafter that are payable to the recipients of such overpayments. 55271  
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Any overpayment of assistance, whether obtained by fraud or misrepresentation, as the result of an error by the recipient or by the agency making the payment, or in any other manner, may be collected under this section. Any reduction under section 5747.12 or 5747.121 of the Revised Code to an income tax refund shall be made before a reduction under this section. No reduction shall be made under this section if the amount of the refund is less than twenty-five dollars after any reduction under section 5747.12 of the Revised Code. A reduction under this section shall be made before any part of the refund is contributed under section 5747.113 of the Revised Code ~~to the natural areas and preserves fund or the nongame and endangered wildlife fund~~, or is credited under section 5747.12 of the Revised Code against tax due in any subsequent year. 55277  
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The director and the tax commissioner, by rules adopted in accordance with Chapter 119. of the Revised Code, shall establish procedures to implement this division. The procedures shall provide for notice to a recipient of assistance and an opportunity for the recipient to be heard before the recipient's income tax refund is reduced. 55291  
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(B) The director of job and family services may enter into 55297  
agreements with the federal government to collect overpayments of 55298  
assistance from refunds of federal income taxes that are payable 55299  
to recipients of the overpayments. 55300

**Sec. 5101.21.** (A) As used in this section, "county signer" 55301  
means all of the following: 55302

(1) A board of county commissioners; 55303

(2) A county children services board appointed under section 55304  
5153.03 of the Revised Code if required by division (B) of this 55305  
section to enter into a fiscal agreement; 55306

(3) A county elected official that is a child support 55307  
enforcement agency if required by division (B) of this section to 55308  
enter into a fiscal agreement. 55309

(B) The director of job and family services may enter into 55310  
one or more written fiscal agreements with boards of county 55311  
commissioners under which financial assistance is awarded for 55312  
family services duties included in the agreements. Boards of 55313  
county commissioners shall select which family services duties to 55314  
include in a fiscal agreement. If a board of county commissioners 55315  
elects to include family services duties of a public children 55316  
services agency and a county children services board appointed 55317  
under section 5153.03 of the Revised Code serves as the county's 55318  
public children services agency, the board of county commissioners 55319  
and county children services board shall jointly enter into the 55320  
fiscal agreement with the director. If a board of county 55321  
commissioners elects to include family services duties of a child 55322  
support enforcement agency and the entity designated under former 55323  
section 2301.35 of the Revised Code prior to October 1, 1997, or 55324  
designated under section 307.981 of the Revised Code as the 55325  
county's child support enforcement agency is an elected official 55326

of the county, the board of county commissioners and county  
elected official shall jointly enter into the fiscal agreement  
with the director. A fiscal agreement shall do all of the  
following:

(1) Specify the family services duties included in the  
agreement and the private and government entities designated under  
section 307.981 of the Revised Code to serve as the county family  
services agencies performing the family services duties;

(2) Provide for the department of job and family services to  
award financial assistance for the family services duties included  
in the agreement in accordance with a methodology for determining  
the amount of the award established by rules adopted under  
division (D) of this section;

(3) Specify the form of the award of financial assistance  
which may be an allocation, cash draw, reimbursement, property,  
or, to the extent authorized by an appropriation made by the  
general assembly and to the extent practicable and not in conflict  
with a federal or state law, a consolidated funding allocation for  
two or more family services duties included in the agreement;

(4) Provide that the award of financial assistance is subject  
to the availability of federal funds and appropriations made by  
the general assembly;

(5) Specify annual financial, administrative, or other  
incentive awards, if any, to be provided in accordance with  
section 5101.23 of the Revised Code;

(6) Include the assurance of each county signer that the  
county signer will do all of the following:

(a) Ensure that the financial assistance awarded under the  
agreement is used, and the family services duties included in the  
agreement are performed, in accordance with requirements for the

duties established by the department, a federal or state law, or  
any of the following that concern the family services duties  
included in the fiscal agreement and are published under section  
5101.212 of the Revised Code: state plans for receipt of federal  
financial participation, grant agreements between the department  
and a federal agency, and executive orders issued by the governor;

(b) Ensure that the board and county family services agencies  
utilize a financial management system and other accountability  
mechanisms for the financial assistance awarded under the  
agreement that meet requirements the department establishes;

(c) Require the county family services agencies to do both of  
the following:

(i) Monitor all private and government entities that receive  
a payment from financial assistance awarded under the agreement to  
ensure that each entity uses the payment in accordance with  
requirements for the family services duties included in the  
agreement;

(ii) Take action to recover payments that are not used in  
accordance with the requirements for the family services duties  
included in the agreement.

(d) Require county family services agencies to promptly  
reimburse the department the amount that represents the amount an  
agency is responsible for, pursuant to action the department takes  
under division (C) of section 5101.24 of the Revised Code, of  
funds the department pays to any entity because of an adverse  
audit finding, adverse quality control finding, final disallowance  
of federal financial participation, or other sanction or penalty;

(e) Require county family services agencies to take prompt  
corrective action, including paying amounts resulting from an  
adverse finding, sanction, or penalty, if the department, auditor  
of state, federal agency, or other entity authorized by federal or

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state law to determine compliance with requirements for a family 55388  
services duty included in the agreement determines compliance has 55389  
not been achieved; 55390

~~(f) If the department establishes a consolidated funding 55391  
allocation for two or more family services duties included in the 55392  
agreement, require the county family services agencies to use 55393  
funds available in the consolidated funding allocation only for 55394  
the purpose for which the funds are appropriated. 55395~~

(7) Provide for the department taking action pursuant to 55396  
division (C) of section 5101.24 of the Revised Code if authorized 55397  
by division (B)(1), (2), (3), or (4) of that section; 55398

(8) Provide for timely audits required by federal and state 55399  
law and require prompt release of audit findings and prompt action 55400  
to correct problems identified in an audit; 55401

(9) Comply with all of the requirements for the family 55402  
services duties that are included in the agreement and have been 55403  
established by the department, federal or state law, or any of the 55404  
following that concern the family services duties included in the 55405  
fiscal agreement and are published under section 5101.212 of the 55406  
Revised Code: state plans for receipt of federal financial 55407  
participation, grant agreements between the department and a 55408  
federal agency, and executive orders issued by the governor; 55409

(10) Provide for dispute resolution procedures in accordance 55410  
with section 5101.24 of the Revised Code; 55411

(11) Establish the method of amending or terminating the 55412  
agreement and an expedited process for correcting terms or 55413  
conditions of the agreement that the director and each county 55414  
signer agree are erroneous; 55415

(12) Except as provided in rules adopted under division (D) 55416  
of this section, begin on the first day of July of an odd-numbered 55417



year and end on the last day of June of the next odd-numbered 55418  
year. 55419

(C) The department shall make payments authorized by a fiscal 55420  
agreement on vouchers it prepares and may include any funds 55421  
appropriated or allocated to it for carrying out family services 55422  
duties included in the agreement, including funds for personal 55423  
services and maintenance. 55424

(D)(1) The director shall adopt rules in accordance with 55425  
section 111.15 of the Revised Code governing fiscal agreements. 55426  
The director shall adopt the rules as if they were internal 55427  
management rules. Before adopting the rules, the director shall 55428  
give the public an opportunity to review and comment on the 55429  
proposed rules. The rules shall establish methodologies to be used 55430  
to determine the amount of financial assistance to be awarded 55431  
under the agreements. The rules also shall establish terms and 55432  
conditions under which an agreement may be entered into after the 55433  
first day of July of an odd-numbered year. The rules may do any or 55434  
all of the following: 55435

~~(a) Govern the establishment of consolidated funding 55436  
allocations and specify the time period for which a consolidated 55437  
funding allocation is to be provided if the effective date of the 55438  
agreement is after the first day of July of an odd-numbered year, 55439  
which may include a time period before the effective date of the 55440  
agreement;~~ 55441

~~(b)~~ Govern the establishment of ~~other~~ allocations; 55442

~~(e)~~(b) Specify allowable uses of financial assistance awarded 55443  
under the agreements; 55444

~~(d)~~(c) Establish reporting, cash management, audit, and other 55445  
requirements the director determines are necessary to provide 55446  
accountability for the use of financial assistance awarded under 55447  
the agreements and determine compliance with requirements 55448

established by the department, a federal or state law, or any of 55449  
the following that concern the family services duties included in 55450  
the agreements and are published under section 5101.212 of the 55451  
Revised Code: state plans for receipt of federal financial 55452  
participation, grant agreements between the department and a 55453  
federal entity, and executive orders issued by the governor. 55454

(2) A requirement of a fiscal agreement established by a rule 55455  
adopted under this division is applicable to a fiscal agreement 55456  
without having to be restated in the fiscal agreement. 55457

**Sec. 5101.241.** (A) As used in this section: 55458

(1) "Local area" and "chief elected official" have the same 55459  
meaning as in section 5101.20 of the Revised Code. 55460

(2) "Responsible entity" means the chief elected officials of 55461  
a local area. 55462

(B) The department of job and family services may take action 55463  
under division (C) of this section against the responsible entity, 55464  
regardless of who performs the workforce development activity, if 55465  
the department determines any of the following are the case: 55466

(1) A requirement of a grant agreement entered into under 55467  
section 5101.20 of the Revised Code that includes the workforce 55468  
development activity, including a requirement for grant agreements 55469  
established by rules adopted under that section, is not complied 55470  
with; 55471

(2) A performance standard for the workforce development 55472  
activity established by the federal government or the department 55473  
is not met; 55474

(3) A requirement for the workforce development activity 55475  
established by the department or any of the following is not 55476  
complied with: a federal or state law, state plan for receipt of 55477  
federal financial participation, grant agreement between the 55478

department and a federal agency, or executive order; 55479

(4) The responsible entity is solely or partially 55480  
responsible, as determined by the director of job and family 55481  
services, for an adverse audit finding, adverse quality control 55482  
finding, final disallowance of federal financial participation, or 55483  
other sanction or penalty regarding the workforce development 55484  
activity. 55485

(C) The department may take one or more of the following 55486  
actions against the responsible entity when authorized by division 55487  
(B)(1), (2), (3), or (4) of this section: 55488

(1) Require the responsible entity to submit to and comply 55489  
with a corrective action plan, established or approved by the 55490  
department, pursuant to a time schedule specified by the 55491  
department; 55492

(2) Require the responsible entity to do one of the 55493  
following: 55494

(a) Share with the department a final disallowance of federal 55495  
financial participation or other sanction or penalty; 55496

(b) Reimburse the department the amount the department pays 55497  
to the federal government or another entity that represents the 55498  
amount the responsible entity is responsible for of an adverse 55499  
audit finding, adverse quality control finding, final disallowance 55500  
of federal financial participation, or other sanction or penalty 55501  
issued by the federal government, auditor of state, or other 55502  
entity; 55503

(c) Pay the federal government or another entity the amount 55504  
that represents the amount the responsible entity is responsible 55505  
for of an adverse audit finding, adverse quality control finding, 55506  
final disallowance of federal financial participation, or other 55507  
sanction or penalty issued by the federal government, auditor of 55508

state, or other entity; 55509

(d) Pay the department the amount that represents the amount 55510  
the responsible entity is responsible for of an adverse audit 55511  
finding, adverse quality control finding, or other sanction or 55512  
penalty issued by the department. 55513

(3) Impose a financial or administrative sanction or adverse 55514  
audit finding issued by the department against the responsible 55515  
entity, which may be increased with each subsequent action taken 55516  
against the responsible entity-; 55517

(4) Perform or contract with a government or private entity 55518  
for the entity to perform the workforce development activity until 55519  
the department is satisfied that the responsible entity ensures 55520  
that the activity will be performed to the department's 55521  
satisfaction. If the department performs or contracts with an 55522  
entity to perform the workforce development activity under 55523  
division (C)(4) of this section, the department may withhold funds 55524  
allocated to or reimbursements due to the responsible entity for 55525  
the activity and use those funds to implement division (C)(4) of 55526  
this section. 55527

(5) Request the attorney general to bring mandamus 55528  
proceedings to compel the responsible entity to take or cease the 55529  
actions listed in division (B) of this section. The attorney 55530  
general shall bring any mandamus proceedings in the Franklin 55531  
county court of appeals at the department's request. 55532

(6) If the department takes action under this division 55533  
because of division (B)(3) of this section, withhold funds 55534  
allocated or reimbursement due to the responsible entity until the 55535  
department determines that the responsible entity is in compliance 55536  
with the requirement. The department shall release the funds when 55537  
the department determines that compliance has been achieved. 55538

(7) Issue a notice of intent to revoke approval of all or 55539

part of the local plan effected that conflicts with state or 55540  
federal law and effectuate the revocation. 55541

(D) The department shall notify the responsible entity and 55542  
the appropriate county auditor when the department proposes to 55543  
take action under division (C) of this section. The notice shall 55544  
be in writing and specify the action the department proposes to 55545  
take. The department shall send the notice by regular United 55546  
States mail. Except as provided in division (E) of this section, 55547  
the responsible entity may request an administrative review of a 55548  
proposed action in accordance with administrative review 55549  
procedures the department shall establish. The administrative 55550  
review procedures shall comply with all of the following: 55551

(1) A request for an administrative review shall state 55552  
specifically all of the following: 55553

(a) The proposed action specified in the notice from the 55554  
department for which the review is requested; 55555

(b) The reason why the responsible entity believes the 55556  
proposed action is inappropriate; 55557

(c) All facts and legal arguments that the responsible entity 55558  
wants the department to consider; 55559

(d) The name of the person who will serve as the responsible 55560  
entity's representative in the review. 55561

(2) If the department's notice specifies more than one 55562  
proposed action and the responsible entity does not specify all of 55563  
the proposed actions in its request pursuant to division (D)(1)(a) 55564  
of this section, the proposed actions not specified in the request 55565  
shall not be subject to administrative review and the parts of the 55566  
notice regarding those proposed actions shall be final and binding 55567  
on the responsible entity. 55568

~~(3) In the case of a proposed action under division (C)(1) of~~ 55569

~~this section, the~~ The responsible entity shall have fifteen 55570  
calendar days after the department mails the notice to the 55571  
responsible entity to send a written request to the department for 55572  
an administrative review. ~~If it receives such a request within the~~ 55573  
~~required time, the department shall postpone taking action under~~ 55574  
~~division (C)(1) of this section for fifteen calendar days~~ 55575  
~~following the day it receives the request to allow a~~ 55576  
~~representative of the department and a representative of the~~ 55577  
~~responsible entity an informal opportunity to resolve any dispute~~ 55578  
~~during that fifteen day period. The responsible entity and the~~ 55579  
department shall attempt to resolve informally any dispute and may 55580  
develop a written resolution to the dispute at any time prior to 55581  
submitting the written report described in division (D)(7) of this 55582  
section to the director. 55583

~~(4) In the case of a proposed action under division (C)(2),~~ 55584  
~~(3), or (4) of this section, the responsible entity shall have~~ 55585  
~~thirty calendar days after the department mails the notice to the~~ 55586  
~~responsible entity to send a written request to the department for~~ 55587  
~~an administrative review. If it receives such a request within the~~ 55588  
~~required time, the department shall postpone taking action under~~ 55589  
~~division (C)(2), (3), or (4) of this section for thirty calendar~~ 55590  
~~days following the day it receives the request to allow a~~ 55591  
~~representative of the department and a representative of the~~ 55592  
~~responsible entity an informal opportunity to resolve any dispute~~ 55593  
~~during that thirty day period.~~ 55594

~~(5)~~ In the case of a proposed action under division (C)(2) of 55595  
this section, the responsible entity may not include in its 55596  
request disputes over a finding, final disallowance of federal 55597  
financial participation, or other sanction or penalty issued by 55598  
the federal government, auditor of state, or other entity other 55599  
than the department. 55600

~~(6)~~(5) If the responsible entity fails to request an 55601

administrative review within the required time, the responsible 55602  
entity loses the right to request an administrative review of the 55603  
proposed actions specified in the notice and the notice becomes 55604  
final and binding on the responsible entity. 55605

~~(7) If the informal opportunity provided in division (D)(3)~~ 55606  
~~or (4) of this section does not result in a written resolution to~~ 55607  
~~the dispute, the~~ (6) The director of job and family services shall 55608  
appoint an administrative review panel to conduct the 55609  
administrative review. The review panel shall consist of 55610  
department employees who are not involved in the department's 55611  
proposal to take action against the responsible entity. The review 55612  
panel shall review the responsible entity's request. The review 55613  
panel may require that the department or responsible entity submit 55614  
additional information and schedule and conduct an informal 55615  
hearing to obtain testimony or additional evidence. A review of a 55616  
proposal to take action under division (C)(2) of this section 55617  
shall be limited solely to the issue of the amount the responsible 55618  
entity shall share with the department, reimburse the department, 55619  
or pay to the federal government, department, or other entity 55620  
under division (C)(2) of this section. The review panel is not 55621  
required to make a stenographic record of its hearing or other 55622  
proceedings. 55623

~~(8)(7)~~ (7) After finishing an administrative review, an 55624  
administrative review panel appointed under division (D)~~(7)~~(6) of 55625  
this section shall submit a written report to the director setting 55626  
forth its findings of fact, conclusions of law, and 55627  
recommendations for action. The director may approve, modify, or 55628  
disapprove the recommendations. ~~If the director modifies or~~ 55629  
~~disapproves the recommendations, the director shall state the~~ 55630  
~~reasons for the modification or disapproval and the actions to be~~ 55631  
~~taken against the responsible entity.~~ 55632

~~(9)~~(8) The director's approval, modification, or disapproval 55633

under division (D)~~(8)~~(7) of this section shall be final and 55634  
binding on the responsible entity and shall not be subject to 55635  
further ~~departmental~~ review. 55636

(E) The responsible entity is not entitled to an 55637  
administrative review under division (D) of this section for any 55638  
of the following: 55639

(1) An action taken under division (C)(5) or (6) of this 55640  
section; 55641

(2) An action taken under section 5101.242 of the Revised 55642  
Code; 55643

(3) An action taken under division (C)(2) of this section if 55644  
the federal government, auditor of state, or entity other than the 55645  
department has identified the responsible entity as being solely 55646  
or partially responsible for an adverse audit finding, adverse 55647  
quality control finding, final disallowance of federal financial 55648  
participation, or other sanction or penalty; 55649

(4) An adjustment to an allocation, cash draw, advance, or 55650  
reimbursement to the responsible entity's local area that the 55651  
department determines necessary for budgetary reasons; 55652

(5) Withholding of a cash draw or reimbursement due to 55653  
noncompliance with a reporting requirement established in rules 55654  
adopted under section 5101.243 of the Revised Code. 55655

(F) This section does not apply to other actions the 55656  
department takes against the responsible entity pursuant to 55657  
authority granted by another state law unless the other state law 55658  
requires the department to take the action in accordance with this 55659  
section. 55660

(G) The director of job and family services may adopt rules 55661  
in accordance with Chapter 119. of the Revised Code as necessary 55662  
to implement this section. 55663



(H) The governor may decertify a local workforce development board for any of the following reasons in accordance with subsection (e) of section 117 of the "Workforce Investment Act of 1998" 112 Stat. 936, 29 U.S.C. 2801, as amended: 55664  
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(1) Fraud or abuse; 55668

(2) Failure to carry out the requirements of the federal "Workforce Investment Act," 112 Stat. 936, 29 U.S.C. 2801, as amended, including failure to meet performance standards established by the federal government for two consecutive years. 55669  
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If the governor finds that access to basic "Workforce Investment Act" services is not being provided in a local area, the governor may declare an emergency and, in consultation with the chief elected officials of the local area affected, arrange for provision of these services through an alternative entity during the time period in which resolution of the problem preventing service delivery in the local area is pending. An action taken by the governor pursuant to this section is not subject to appeal under this section. 55673  
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**Sec. 5101.244.** If a county family services agency submits an expenditure report to the department of job and family services and the department subsequently determines that an allocation, advance, or reimbursement the department makes to the agency, or a cash draw the agency makes, for an expenditure exceeds the allowable amount for the expenditure, the department may adjust, offset, withhold, or reduce an allocation, cash draw, advance, reimbursement, or other financial assistance to the agency as necessary to recover the amount of the excess allocation, advance, reimbursement, or cash draw. The department is not required to make the adjustment, offset, withholding, or reduction in accordance with section 5101.24 of the Revised Code. 55682  
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The director of job and family services may adopt rules under section 111.15 of the Revised Code as necessary to implement this section. The director shall adopt the rules as if they were internal management rules.

**Sec. 5101.26.** As used in this section and in sections 5101.27 to 5101.30 of the Revised Code:

(A) "County agency" means a county department of job and family services or a public children services agency.

(B) "Fugitive felon" means an individual who is fleeing to avoid prosecution, or custody or confinement after conviction, under the laws of the place from which the individual is fleeing, for a crime or an attempt to commit a crime that is a felony under the laws of the place from which the individual is fleeing or, in the case of New Jersey, a high misdemeanor, regardless of whether the individual has departed from the individual's usual place of residence.

(C) "Information" means records as defined in section 149.011 of the Revised Code, any other documents in any format, and data derived from records and documents that are generated, acquired, or maintained by the department of job and family services, a county agency, or an entity performing duties on behalf of the department or a county agency.

(D) "Law enforcement agency" means the state highway patrol, an agency that employs peace officers as defined in section 109.71 of the Revised Code, the adult parole authority, a county department of probation, a prosecuting attorney, the attorney general, similar agencies of other states, federal law enforcement agencies, and postal inspectors. "Law enforcement agency" includes the peace officers and other law enforcement officers employed by the agency.

(E) "Medical assistance provided under a public assistance program" means medical assistance provided under the programs established under sections 5101.49, 5101.50 to 5101.503, and 5101.51 to 5101.5110, ~~Chapters~~ Chapter 5111. ~~and 5115.~~, or any other provision of the Revised Code.

(F) "Public assistance" means financial assistance, medical assistance, or social services provided under a program administered by the department of job and family services or a county agency pursuant to Chapter 329., 5101., 5104., 5107., 5108., 5111., or 5115. of the Revised Code or an executive order issued under section 107.17 of the Revised Code.

(G) "Public assistance recipient" means an applicant for or recipient or former recipient of public assistance.

**Sec. 5101.31.** Any record, data, pricing information, or other information regarding a drug rebate agreement or a supplemental drug rebate agreement for the medicaid program established under Chapter 5111. of the Revised Code ~~or the disability medical assistance program established under section 5115.10 of the Revised Code~~ that the department of job and family services receives from a pharmaceutical manufacturer or creates pursuant to negotiation of the agreement is not a public record under section 149.43 of the Revised Code and shall be treated by the department as confidential information.

**Sec. 5101.35.** (A) As used in this section:

(1) "Agency" means the following entities that administer a family services program:

(a) The department of job and family services;

(b) A county department of job and family services;

(c) A public children services agency;

(d) A private or government entity administering, in whole or 55753  
in part, a family services program for or on behalf of the 55754  
department of job and family services or a county department of 55755  
job and family services or public children services agency. 55756

(2) "Appellant" means an applicant, participant, former 55757  
participant, recipient, or former recipient of a family services 55758  
program who is entitled by federal or state law to a hearing 55759  
regarding a decision or order of the agency that administers the 55760  
program. 55761

(3) "Family services program" means assistance provided under 55762  
a Title IV-A program as defined in section 5101.80 of the Revised 55763  
Code or under Chapter 5104., 5111., or 5115. or section 173.35, 55764  
5101.141, 5101.46, 5101.461, 5101.54, 5153.163, or 5153.165 of the 55765  
Revised Code, other than assistance provided under section 5101.46 55766  
of the Revised Code by the department of mental health, the 55767  
department of mental retardation and developmental disabilities, a 55768  
board of alcohol, drug addiction, and mental health services, or a 55769  
county board of mental retardation and developmental disabilities. 55770

(B) Except as provided by ~~division~~divisions (G) and (H) of 55771  
this section, an appellant who appeals under federal or state law 55772  
a decision or order of an agency administering a family services 55773  
program shall, at the appellant's request, be granted a state 55774  
hearing by the department of job and family services. This state 55775  
hearing shall be conducted in accordance with rules adopted under 55776  
this section. The state hearing shall be tape-recorded, but 55777  
neither the recording nor a transcript of the recording shall be 55778  
part of the official record of the proceeding. A state hearing 55779  
decision is binding upon the agency and department, unless it is 55780  
reversed or modified on appeal to the director of job and family 55781  
services or a court of common pleas. 55782

(C) Except as provided by division (G) of this section, an 55783

appellant who disagrees with a state hearing decision may make an  
administrative appeal to the director of job and family services  
in accordance with rules adopted under this section. This  
administrative appeal does not require a hearing, but the director  
or the director's designee shall review the state hearing decision  
and previous administrative action and may affirm, modify, remand,  
or reverse the state hearing decision. Any person designated to  
make an administrative appeal decision on behalf of the director  
shall have been admitted to the practice of law in this state. An  
administrative appeal decision is the final decision of the  
department and is binding upon the department and agency, unless  
it is reversed or modified on appeal to the court of common pleas.

(D) An agency shall comply with a decision issued pursuant to  
division (B) or (C) of this section within the time limits  
established by rules adopted under this section. If a county  
department of job and family services or a public children  
services agency fails to comply within these time limits, the  
department may take action pursuant to section 5101.24 of the  
Revised Code. If another agency fails to comply within the time  
limits, the department may force compliance by withholding funds  
due the agency or imposing another sanction established by rules  
adopted under this section.

(E) An appellant who disagrees with an administrative appeal  
decision of the director of job and family services or the  
director's designee issued under division (C) of this section may  
appeal from the decision to the court of common pleas pursuant to  
section 119.12 of the Revised Code. The appeal shall be governed  
by section 119.12 of the Revised Code except that:

(1) The person may appeal to the court of common pleas of the  
county in which the person resides, or to the court of common  
pleas of Franklin county if the person does not reside in this  
state.

(2) The person may apply to the court for designation as an indigent and, if the court grants this application, the appellant shall not be required to furnish the costs of the appeal.

(3) The appellant shall mail the notice of appeal to the department of job and family services and file notice of appeal with the court within thirty days after the department mails the administrative appeal decision to the appellant. For good cause shown, the court may extend the time for mailing and filing notice of appeal, but such time shall not exceed six months from the date the department mails the administrative appeal decision. Filing notice of appeal with the court shall be the only act necessary to vest jurisdiction in the court.

(4) The department shall be required to file a transcript of the testimony of the state hearing with the court only if the court orders the department to file the transcript. The court shall make such an order only if it finds that the department and the appellant are unable to stipulate to the facts of the case and that the transcript is essential to a determination of the appeal. The department shall file the transcript not later than thirty days after the day such an order is issued.

(F) The department of job and family services shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section, including rules governing the following:

(1) State hearings under division (B) of this section. The rules shall include provisions regarding notice of eligibility termination and the opportunity of an appellant appealing a decision or order of a county department of job and family services to request a county conference with the county department before the state hearing is held.

(2) Administrative appeals under division (C) of this section;

(3) Time limits for complying with a decision issued under  
division (B) or (C) of this section; 55847  
55848

(4) Sanctions that may be applied against an agency under  
division (D) of this section. 55849  
55850

(G) The department of job and family services may adopt rules 55851  
in accordance with Chapter 119. of the Revised Code establishing 55852  
an appeals process for an appellant who appeals a decision or 55853  
order regarding a Title IV-A program identified under division 55854  
(A)~~(3)~~(4)(c) ~~or~~, (d), (e), or (f) of section 5101.80 of the 55855  
Revised Code that is different from the appeals process 55856  
established by this section. The different appeals process may 55857  
include having a state agency that administers the Title IV-A 55858  
program pursuant to an interagency agreement entered into under 55859  
section 5101.801 of the Revised Code administer the appeals 55860  
process. 55861

(H) If an appellant receiving medicaid through a health 55862  
insuring corporation that holds a certificate of authority under 55863  
Chapter 1751. of the Revised Code is appealing a denial of 55864  
medicaid services based on lack of medical necessity or other 55865  
clinical issues regarding coverage by the health insuring 55866  
corporation, the person hearing the appeal may order an 55867  
independent medical review if that person determines that a review 55868  
is necessary. The review shall be performed by a health care 55869  
professional with appropriate clinical expertise in treating the 55870  
recipient's condition or disease. The department shall pay the 55871  
costs associated with the review. 55872

A review ordered under this division shall be part of the 55873  
record of the hearing and shall be given appropriate evidentiary 55874  
consideration by the person hearing the appeal. 55875

(I) The requirements of Chapter 119. of the Revised Code 55876  
apply to a state hearing or administrative appeal under this 55877

section only to the extent, if any, specifically provided by rules 55878  
adopted under this section. 55879

**Sec. 5101.36.** Any application for public assistance gives a 55880  
right of subrogation to the department of job and family services 55881  
for any workers' compensation benefits payable to a person who is 55882  
subject to a support order, as defined in section 3119.01 of the 55883  
Revised Code, on behalf of the applicant, to the extent of any 55884  
public assistance payments made on the applicant's behalf. If the 55885  
director of job and family services, in consultation with a child 55886  
support enforcement agency and the administrator of the bureau of 55887  
workers' compensation, determines that a person responsible for 55888  
support payments to a recipient of public assistance is receiving 55889  
workers' compensation, the director shall notify the administrator 55890  
of the amount of the benefit to be paid to the department of job 55891  
and family services. 55892

For purposes of this section, "public assistance" means 55893  
medical assistance provided through the medical assistance program 55894  
established under section 5111.01 of the Revised Code; Ohio works 55895  
first provided under Chapter 5107. of the Revised Code; 55896  
prevention, retention, and contingency benefits and services 55897  
provided under Chapter 5108. of the Revised Code; disability 55898  
financial assistance provided under Chapter 5115. of the Revised 55899  
Code; or disability medical assistance provided under former 55900  
Chapter 5115. of the Revised Code. 55901

**Sec. 5101.46.** (A) As used in this section: 55902

(1) "Title XX" means Title XX of the "Social Security Act," 55903  
88 Stat. 2337 (1974), 42 U.S.C.A. 1397, as amended. 55904

(2) "Respective local agency" means, with respect to the 55905  
department of job and family services, a county department of job 55906  
and family services; with respect to the department of mental 55907



health, a board of alcohol, drug addiction, and mental health 55908  
services; and with respect to the department of mental retardation 55909  
and developmental disabilities, a county board of mental 55910  
retardation and developmental disabilities. 55911

(3) "Federal poverty guidelines" means the poverty guidelines 55912  
as revised annually by the United States department of health and 55913  
human services in accordance with section 673(2) of the "Omnibus 55914  
Budget Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C.A. 55915  
9902, as amended, for a family size equal to the size of the 55916  
family of the person whose income is being determined. 55917

(B) The departments of job and family services, mental 55918  
health, and mental retardation and developmental disabilities, 55919  
with their respective local agencies, shall administer the 55920  
provision of social services funded through grants made under 55921  
Title XX. The social services furnished with Title XX funds shall 55922  
be directed at the following goals: 55923

(1) Achieving or maintaining economic self-support to 55924  
prevent, reduce, or eliminate dependency; 55925

(2) Achieving or maintaining self-sufficiency, including 55926  
reduction or prevention of dependency; 55927

(3) Preventing or remedying neglect, abuse, or exploitation 55928  
of children and adults unable to protect their own interests, or 55929  
preserving, rehabilitating, or reuniting families; 55930

(4) Preventing or reducing inappropriate institutional care 55931  
by providing for community-based care, home-based care, or other 55932  
forms of less intensive care; 55933

(5) Securing referral or admission for institutional care 55934  
when other forms of care are not appropriate, or providing 55935  
services to individuals in institutions. 55936

(C)(1) All federal funds received under Title XX shall be 55937

appropriated as follows: 55938

(a) Seventy-two and one-half per cent to the department of 55939  
job and family services; 55940

(b) Twelve and ninety-three one-hundredths per cent to the 55941  
department of mental health; 55942

(c) Fourteen and fifty-seven one-hundredths per cent to the 55943  
department of mental retardation and developmental disabilities. 55944

(2) Each state department shall, subject to the approval of 55945  
the controlling board, develop formulas for the distribution of 55946  
their Title XX appropriations to their respective local agencies. 55947  
The formulas shall take into account the total population of the 55948  
area that is served by the agency, the percentage of the 55949  
population in the area that falls below the federal poverty 55950  
guidelines, and the agency's history of and ability to utilize 55951  
Title XX funds. 55952

(3) Each of the state departments shall expend no more than 55953  
three per cent of its Title XX appropriation for state 55954  
administrative costs. Each of the department's respective local 55955  
agencies shall expend no more than fourteen per cent of its Title 55956  
XX appropriation for local administrative costs. 55957

(4) The department of job and family services shall expend no 55958  
more than two per cent of its Title XX appropriation for the 55959  
training of the following: 55960

(a) Employees of county departments of job and family 55961  
services; 55962

(b) Providers of services under contract with the state 55963  
departments' respective local agencies; 55964

(c) Employees of a public children services agency directly 55965  
engaged in providing Title XX services. 55966

(D) The department of job and family services shall prepare a 55967

biennial comprehensive Title XX social services plan on the 55968  
intended use of Title XX funds. The department shall develop a 55969  
method for obtaining public comment during the development of the 55970  
plan and following its completion. 55971

For each state fiscal year, the department of job and family 55972  
services shall prepare a report on the actual use of Title XX 55973  
funds. The department shall make the annual report available for 55974  
public inspection. 55975

The departments of mental health and mental retardation and 55976  
developmental disabilities shall prepare and submit to the 55977  
department of job and family services the portions of each 55978  
biennial plan and annual report that apply to services for mental 55979  
health and mental retardation and developmental disabilities. Each 55980  
respective local agency of the three state departments shall 55981  
submit information as necessary for the preparation of biennial 55982  
plans and annual reports. 55983

(E) Each county department shall adopt a county profile for 55984  
the administration and provision of Title XX social services in 55985  
the county. In developing its county profile, the county 55986  
department shall take into consideration the comments and 55987  
recommendations received from the public by the county family 55988  
services planning committee pursuant to section 329.06 of the 55989  
Revised Code. As part of its preparation of the county profile, 55990  
the county department may prepare a local needs report analyzing 55991  
the need for Title XX social services. 55992

The county department shall submit the county profile to the 55993  
board of county commissioners for its review. Once the county 55994  
profile has been approved by the board, the county department 55995  
shall file a copy of the county profile with the department of job 55996  
and family services. The department shall approve the county 55997  
profile if the department determines the profile provides for the 55998

Title XX social services to meet the goals specified in division 55999  
(B) of this section. 56000

~~(F) Not less often than every two years, the departments of 56001  
job and family services, mental health, and mental retardation and 56002  
developmental disabilities each shall commission an entity 56003  
independent of itself to conduct an audit of its Title XX 56004  
expenditures in accordance with generally accepted auditing 56005  
principles. Within thirty days following the completion of its 56006  
audit, each department shall submit a copy of the audit to the 56007  
general assembly and to the United States secretary of health and 56008  
human services. 56009~~

~~(G) Any of the three state departments and their respective 56010  
local agencies may require that an entity under contract to 56011  
provide social services with Title XX funds submit to an audit on 56012  
the basis of alleged misuse or improper accounting of funds. The 56013  
If an audit is required, the social services provider shall 56014  
reimburse the state department or local agency for the cost it 56015  
incurred in conducting the audit or having the audit conducted. 56016~~

~~If an audit demonstrates that a social services provider is 56017  
responsible for one or more adverse findings, the provider shall 56018  
reimburse the appropriate state department or its respective local 56019  
agency the amount of the adverse findings. The amount shall not be 56020  
reimbursed with Title XX funds received under this section. The 56021  
three state departments and their respective local agencies may 56022  
terminate or refuse to enter into a Title XX contract with a 56023  
provider of social services provider if there are adverse findings 56024  
in an audit that are the responsibility of the provider. The 56025  
amount of any adverse findings shall not be reimbursed with Title 56026  
XX funds. The cost of conducting an audit shall be reimbursed 56027  
under a subsequent or amended Title XX contract with the provider. 56028~~

~~(H) If federal funds received by the department of job and 56029~~

~~family services for use under Chapters 5107. and 5108. of the Revised Code are transferred by the controlling board for use in providing social services under this section, the distribution and use of the funds are not subject to the provisions of division (C) of this section. The department may do one or both of the following with the funds:~~

~~(1) Distribute the funds to the county departments of job and family services;~~

~~(2) Use the funds for services that benefit individuals eligible for services consistent with the principles of Title IV A of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as amended.~~

~~(I) Except for the authority to adopt rules under division (J) of this section as necessary to carry out this division, this section does not apply to any distribution by the department of job and family services of funds for reimbursement of allowable Title XX expenditures when the funds for the reimbursement are received from a federal funding source other than Title XX.~~

~~(J)(G) The department of job and family services may adopt rules necessary to implement and carry out the purposes of this section. Rules adopted under this division shall be adopted in accordance with Chapter 119. of the Revised Code, unless they are internal management rules governing fiscal and administrative matters. Internal governing financial and operational matters of the department or matters between the department and county departments of job and family services shall be adopted as internal management rules may be adopted in accordance with section 111.15 of the Revised Code. Rules governing eligibility for services, program participation, and other matters pertaining to applicants and participants shall be adopted in accordance with Chapter 119. of the Revised Code.~~

Sec. 5101.461. (A) As used in this section: 56061

(1) "Title IV-A" means Title IV-A of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as amended. 56062  
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(2) "Title XX" has the same meaning as in section 5101.46 of the Revised Code. 56064  
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(B) To the extent authorized by federal law, the department of job and family services may use funds received through the Title IV-A temporary assistance for needy families block grant for purposes of providing Title XX social services. The amount used under this section shall not exceed the maximum amount permitted by federal law. The funds and provision of Title XX social services with the funds are not subject to section 5101.46 of the Revised Code. 56066  
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(C) The department and any county department of job and family services may require an entity under contract to provide Title XX social services with funds used under this section to submit to an audit on the basis of alleged misuse or improper accounting of funds. If an audit is required, the social services provider shall reimburse the state department or county department for the cost it incurred in conducting the audit or having the audit conducted. 56074  
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If an audit demonstrates that a social services provider is responsible for one or more adverse findings, the provider shall reimburse the state department or county department the amount of the adverse findings. The amount shall not be reimbursed with funds received under this section. The state department and county departments may terminate or refuse to enter into a contract with a social services provider to provide services with funds available pursuant to this section if there are adverse findings in an audit that are the responsibility of the provider. 56082  
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(D) The state department of job and family services may adopt 56091  
rules to implement and carry out the purposes of this section. 56092  
Rules governing financial and operational matters of the 56093  
department or matters between the department and county 56094  
departments of job and family services shall be adopted as 56095  
internal management rules in accordance with section 111.15 of the 56096  
Revised Code. Rules governing eligibility for services, program 56097  
participation, and other matters pertaining to applicants and 56098  
participants shall be adopted in accordance with Chapter 119. of 56099  
the Revised Code. 56100

**Sec. 5101.47.** (A) The Except as provided in division (B) of 56101  
this section, the director of job and family services may accept 56102  
applications, determine eligibility, redetermine eligibility, and 56103  
perform related administrative activities for one or more of the 56104  
following: 56105

(1) The medicaid program established by Chapter 5111. of the 56106  
Revised Code; 56107

(2) The children's health insurance program parts I and II 56108  
provided for under sections 5101.50 and 5101.51 of the Revised 56109  
Code; 56110

(3) Publicly funded child care provided under Chapter 5104. 56111  
of the Revised Code; 56112

(4) The food stamp program administered by the department of 56113  
job and family services pursuant to section 5101.54 of the Revised 56114  
Code; 56115

(5) Other programs the director determines are supportive of 56116  
children, adults, or families with at least one employed member; 56117

(6) Other programs regarding which the director determines 56118  
administrative cost savings and efficiency may be achieved through 56119  
the department accepting applications, determining eligibility, 56120

redetermining eligibility, or performing related administrative activities. 56121  
56122

(B) If federal law requires a face-to-face interview to complete an eligibility determination for a program specified in or pursuant to division (A) of this section, the face-to-face interview shall not be conducted by the department of job and family services. 56123  
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(C) Subject to division (B) of this section, if the director elects to accept applications, determine eligibility, redetermine eligibility, and perform related administrative activities for a program specified in or pursuant to division (A) of this section, both of the following apply: 56128  
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(1) An individual seeking services under the program may apply for the program to the director or to the entity that state law governing the program authorizes to accept applications for the program. 56133  
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(2) The director is subject to federal statutes and regulations and state ~~law~~ statutes and rules that require, permit, or prohibit an action regarding accepting applications, determining or redetermining eligibility, and performing related administrative activities for the program. 56137  
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~~(C)~~(D) The director may adopt rules as necessary to implement this section. 56142  
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**Sec. 5101.80.** (A) As used in this section and in section 5101.801 of the Revised Code: 56144  
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(1) "County family services agency" has the same meaning as in section 307.981 of the Revised Code. 56146  
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(2) "State agency" has the same meaning as in section 9.82 of the Revised Code. 56148  
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(3) <u>"Title IV-A administrative agency" means both of the</u>	56150
<u>following:</u>	56151
<u>(a) A county family services agency or state agency</u>	56152
<u>administering a Title IV-A program under the supervision of the</u>	56153
<u>department of job and family services;</u>	56154
<u>(b) A government agency or private, not-for-profit entity</u>	56155
<u>administering a project funded in whole or in part with funds</u>	56156
<u>provided under the Title IV-A demonstration program created under</u>	56157
<u>section 5101.803 of the Revised Code.</u>	56158
<u>(4) "Title IV-A program" means all of the following that are</u>	56159
<u>funded in part with funds provided under the temporary assistance</u>	56160
<u>for needy families block grant established by Title IV-A of the</u>	56161
<u>"Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as</u>	56162
<u>amended:</u>	56163
<u>(a) The Ohio works first program established under Chapter</u>	56164
<u>5107. of the Revised Code;</u>	56165
<u>(b) The prevention, retention, and contingency program</u>	56166
<u>established under Chapter 5108. of the Revised Code;</u>	56167
<u>(c) A program established by the general assembly or an</u>	56168
<u>executive order issued by the governor that is administered or</u>	56169
<u>supervised by the department of job and family services pursuant</u>	56170
<u>to section 5101.801 of the Revised Code;</u>	56171
<u>(d) The kinship permanency incentive program created under</u>	56172
<u>section 5101.802 of the Revised Code;</u>	56173
<u>(e) The Title IV-A demonstration program created under</u>	56174
<u>section 5101.803 of the Revised Code;</u>	56175
<u>(f) A component of a Title IV-A program identified under</u>	56176
<u>divisions (A)<del>(3)</del>(4)(a) to <del>(e)</del>(e) of this section that the Title</u>	56177
<u>IV-A state plan prepared under division (C)(1) of this section</u>	56178
<u>identifies as a component.</u>	56179

(B) The department of job and family services shall act as the single state agency to administer and supervise the administration of Title IV-A programs. The Title IV-A state plan and amendments to the plan prepared under division (C) of this section are binding on ~~county family services agencies and state agencies that administer a~~ Title IV-A program administrative agencies. No ~~county family services agency or state agency administering a~~ Title IV-A program administrative agency may establish, by rule or otherwise, a policy governing ~~the~~ a Title IV-A program that is inconsistent with a Title IV-A program policy established, in rule or otherwise, by the director of job and family services.

(C) The department of job and family services shall do all of the following:

(1) Prepare and submit to the United States secretary of health and human services a Title IV-A state plan for Title IV-A programs;

(2) Prepare and submit to the United States secretary of health and human services amendments to the Title IV-A state plan that the department determines necessary, including amendments necessary to implement Title IV-A programs identified in ~~division~~ divisions (A)~~(3)~~(4)(c) ~~and (d)~~ to (f) of this section;

(3) Prescribe forms for applications, certificates, reports, records, and accounts of ~~county family services agencies and state agencies administering a~~ Title IV-A program administrative agencies, and other matters related to Title IV-A programs;

(4) Make such reports, in such form and containing such information as the department may find necessary to assure the correctness and verification of such reports, regarding Title IV-A programs;

(5) Require reports and information from each ~~county family~~

~~services agency and state agency administering a~~ Title IV-A 56211  
~~program~~ administrative agency as may be necessary or advisable 56212  
regarding ~~the~~ a Title IV-A program; 56213

(6) Afford a fair hearing in accordance with section 5101.35 56214  
of the Revised Code to any applicant for, or participant or former 56215  
participant of, a Title IV-A program aggrieved by a decision 56216  
regarding the program; 56217

(7) Administer and expend, pursuant to Chapters 5104., 5107., 56218  
and 5108. of the Revised Code and ~~section~~ sections 5101.801, 56219  
5101.802, and 5101.803 of the Revised Code, any sums appropriated 56220  
by the general assembly for the purpose of those chapters and 56221  
~~section~~ sections and all sums paid to the state by the secretary 56222  
of the treasury of the United States as authorized by Title IV-A 56223  
of the "Social Security Act," 110 Stat. 2113 (1996), 42 U.S.C. 56224  
601, as amended; 56225

(8) Conduct investigations and audits as are necessary 56226  
regarding Title IV-A programs; 56227

(9) Enter into reciprocal agreements with other states 56228  
relative to the provision of Ohio works first and prevention, 56229  
retention, and contingency to residents and nonresidents; 56230

(10) Contract with a private entity to conduct an independent 56231  
on-going evaluation of the Ohio works first program and the 56232  
prevention, retention, and contingency program. The contract must 56233  
require the private entity to do all of the following: 56234

(a) Examine issues of process, practice, impact, and 56235  
outcomes; 56236

(b) Study former participants of Ohio works first who have 56237  
not participated in Ohio works first for at least one year to 56238  
determine whether they are employed, the type of employment in 56239  
which they are engaged, the amount of compensation they are 56240  
receiving, whether their employer provides health insurance, 56241

whether and how often they have received benefits or services 56242  
under the prevention, retention, and contingency program, and 56243  
whether they are successfully self sufficient; 56244

(c) Provide the department with reports at times the 56245  
department specifies. 56246

(11) Not later than January 1, 2001, and the first day of 56247  
each January and July thereafter, prepare a report containing 56248  
information on the following: 56249

(a) Individuals exhausting the time limits for participation 56250  
in Ohio works first set forth in section 5107.18 of the Revised 56251  
Code. 56252

(b) Individuals who have been exempted from the time limits 56253  
set forth in section 5107.18 of the Revised Code and the reasons 56254  
for the exemption. 56255

~~(12) Not later than January 1, 2001, and on a quarterly basis 56256  
thereafter until December 1, 2003, prepare, to the extent the 56257  
necessary data is available to the department, a report based on 56258  
information determined under section 5107.80 of the Revised Code 56259  
that states how many former Ohio works first participants entered 56260  
the workforce during the most recent previous quarter for which 56261  
the information is known and includes information regarding the 56262  
earnings of those former participants. The report shall include a 56263  
county by county breakdown and shall not contain the names or 56264  
social security numbers of former participants. 56265~~

~~(13) To the extent authorized by section 5101.801 of the 56266  
Revised Code, enter into interagency agreements with state 56267  
agencies for the administration of Title IV A programs identified 56268  
under division (A)(3)(c) and (d) of this section. 56269~~

(D) The department shall provide copies of the reports it 56270  
receives under division (C)(10) of this section and prepares under 56271

~~divisions~~ division (C)(11) and ~~(12)~~ of this section to the 56272  
governor, the president and minority leader of the senate, and the 56273  
speaker and minority leader of the house of representatives. The 56274  
department shall provide copies of the reports to any private or 56275  
government entity on request. 56276

(E) An authorized representative of the department or a 56277  
county family services agency or state agency administering a 56278  
Title IV-A program shall have access to all records and 56279  
information bearing thereon for the purposes of investigations 56280  
conducted pursuant to this section. An authorized representative 56281  
of a government entity or private, not-for-profit entity 56282  
administering a project funded in whole or in part with funds 56283  
provided under the Title IV-A demonstration program shall have 56284  
access to all records and information bearing on the project for 56285  
the purpose of investigations conducted pursuant to this section. 56286

**Sec. 5101.801.** (A) Except as otherwise provided by the law 56287  
enacted by the general assembly or executive order issued by the 56288  
governor establishing the Title IV-A program, a Title IV-A program 56289  
identified under division (A)~~(3)~~(4)(c) ~~or~~, (d), (e), or (f) of 56290  
section 5101.80 of the Revised Code shall provide benefits and 56291  
services that are not "assistance" as defined in 45 C.F.R. 56292  
260.31(a) and are benefits and services that 45 C.F.R. 260.31(b) 56293  
excludes from the definition of assistance. 56294

(B)(1) Except as otherwise provided by the law enacted by the 56295  
general assembly or executive order issued by the governor 56296  
establishing the Title IV-A program, the department of job and 56297  
family services shall do either of the following regarding a Title 56298  
IV-A program identified under division (A)~~(3)~~(4)(c) ~~or~~, (d), (e), 56299  
or (f) of section 5101.80 of the Revised Code: 56300

~~(1)~~(a) Administer the program or supervise a county family 56301  
services agency's administration of the program; 56302

~~(2)(b)~~ Enter into an interagency agreement with a state agency for the state agency to administer the program under the department's supervision. 56303  
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(2) The department may enter into an agreement with a government entity and, to the extent permitted by federal law, a private, not-for-profit entity for the entity to receive funding for a project under the Title IV-A demonstration program. 56306  
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~~(C) If the department administers or supervises the administration of a Title IV-A program identified under division (A)(3)(c) or (d) of section 5101.80 of the Revised Code pursuant to division (B)(1) of this section, the~~ The department may adopt rules governing ~~the program~~ Title IV-A programs identified under divisions (A)(4)(c), (d), (e), and (f) of section 5101.80 of the Revised Code. Rules governing financial and operational matters of the department or between the department and ~~the~~ county family services ~~agency~~ agencies shall be adopted as internal management rules adopted in accordance with section 111.15 of the Revised Code. All other rules shall be adopted in accordance with Chapter 119. of the Revised Code. 56310  
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(D) If the department enters into an ~~interagency~~ agreement regarding a Title IV-A program identified under division ~~(A)(3)(4)(c) or (d), (e), or (f)~~ (e), or (f) of section 5101.80 of the Revised Code pursuant to division ~~(B)(1)(b) or~~ (1)(b) or (2) of this section, the agreement shall include at least all of the following: 56322  
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(1) A requirement that the state agency or entity comply with the requirements for the program or project, including all of the following requirements established by federal statutes and regulations, state statutes and rules, the United States office of management and budget, and the Title IV-A state plan prepared under section 5101.80 of the Revised Code: 56327  
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(a) Eligibility; 56333

(b) Reports;	56334
(c) Benefits and services;	56335
(d) Use of funds;	56336
(e) Appeals for applicants for, and recipients and former recipients of, the benefits and services;	56337 56338
(f) Audits.	56339
(2) A complete description of all of the following:	56340
(a) The benefits and services that the program <u>or project</u> is to provide;	56341 56342
(b) The methods of program <u>or project</u> administration;	56343
(c) The appeals process under section 5101.35 of the Revised Code for applicants for, and recipients and former recipients of, the <del>program's</del> <u>program or project's</u> benefits and services;	56344 56345 56346
(d) Other <del>program and administrative</del> requirements that the department requires be included.	56347 56348
(3) Procedures for the department to approve a policy, established by rule or otherwise, that the state agency <u>or entity</u> establishes for the program <u>or project</u> before the policy is established;	56349 56350 56351 56352
(4) Provisions regarding how the department is to reimburse the state agency <u>or entity</u> for allowable expenditures under the program <u>or project</u> that the department approves, including all of the following:	56353 56354 56355 56356
(a) Limitations on administrative costs;	56357
(b) The department, at its discretion, <del>withholding</del> <u>doing either of the following:</u>	56358 56359
(i) <u>Withholding</u> no more than five per cent of the funds that the department would otherwise provide to the state agency <u>or</u>	56360 56361

entity for the program or ~~charging~~ project; 56362

(ii) Charging the state agency or entity for the costs to the 56363  
department of performing, or contracting for the performance of, 56364  
audits and other administrative functions associated with the 56365  
program or project. 56366

(5) If the state agency or entity arranges by contract, 56367  
grant, or other agreement for another entity to perform a function 56368  
the state agency or entity would otherwise perform regarding the 56369  
program or project, the state ~~agency's~~ agency or entity's 56370  
responsibilities for both of the following: 56371

(a) Ensuring that the other entity complies with the 56372  
~~interagency~~ agreement between the state agency or entity and 56373  
department and federal statutes and regulations and state statutes 56374  
and rules governing the use of funds for the program or project; 56375

(b) Auditing the other entity in accordance with requirements 56376  
established by the United States office of management and budget. 56377

(6) The state ~~agency's~~ agency or entity's responsibilities 56378  
regarding the prompt payment, including any interest assessed, of 56379  
any adverse audit finding, final disallowance of federal funds, or 56380  
other sanction or penalty imposed by the federal government, 56381  
auditor of state, department, a court, or other entity regarding 56382  
funds for the program or project; 56383

(7) Provisions for the department to terminate the 56384  
~~interagency~~ agreement or withhold reimbursement from the state 56385  
agency or entity if either of the following occur: 56386

(a) The federal government disapproves the program or project 56387  
or reduces federal funds for the program or project; 56388

(b) The state agency or entity fails to comply with the terms 56389  
of the ~~interagency~~ agreement. 56390

(8) Provisions for both of the following: 56391



(a) The department and state agency or entity determining the performance outcomes expected for the program or project; 56392  
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(b) An evaluation of the program or project to determine its success in achieving the performance outcomes determined under division (D)(8)(a) of this section. 56394  
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(E) To the extent consistent with the law enacted by the 56397  
general assembly or executive order issued by the governor 56398  
establishing the Title IV-A program and subject to the approval of 56399  
the director of budget and management, the director of job and 56400  
family services may terminate a Title IV-A program identified 56401  
under division (A)~~(3)(4)~~(c) ~~or~~, (d), (e), or (f) of section 56402  
5101.80 of the Revised Code or reduce funding for the program if 56403  
the director of job and family services determines that federal or 56404  
state funds are insufficient to fund the program. If the director 56405  
of budget and management approves the termination or reduction in 56406  
funding for such a program, the director of job and family 56407  
services shall issue instructions for the termination or funding 56408  
reduction. If a ~~county family services agency or state~~ Title IV-A 56409  
administrative agency is administering the program, the ~~county~~ 56410  
~~family services agency or state~~ agency is bound by the termination 56411  
or funding reduction and shall comply with the director's 56412  
instructions. 56413

(F) The director of job and family services may adopt 56414  
internal management rules in accordance with section 111.15 of the 56415  
Revised Code as necessary to implement this section. The rules are 56416  
binding on each ~~county family services agency and state agency~~ 56417  
~~administering, pursuant to this section, a Title IV-A program~~ 56418  
~~identified in division (A)(3)(c) or (d) of section 5101.80 of the~~ 56419  
~~Revised Code~~ administrative agency. 56420

Sec. 5101.802. (A) As used in this section: 56421

(1) "Custodian," "guardian," and "minor child" have the same meanings as in section 5107.02 of the Revised Code. 56422  
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(2) "Federal poverty guidelines" has the same meaning as in section 5101.46 of the Revised Code. 56424  
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(3) "Kinship caregiver" has the same meaning as in section 5101.85 of the Revised Code. 56426  
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(B) Subject to division (E) of section 5101.801 of the Revised Code, there is hereby created the kinship permanency incentive program to promote permanency for a minor child in the legal and physical custody of a kinship caregiver. The program shall provide an initial one-time incentive payment to the kinship caregiver to defray the costs of initial placement of the minor child in the kinship caregiver's home. The program may provide additional permanency incentive payments for the minor child at six month intervals for a total period not to exceed thirty-six months. 56428  
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(C) A kinship caregiver may participate in the program if all of the following requirements are met: 56438  
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(1) The kinship caregiver applies to a public children services agency in accordance with the application process established in rules authorized by division (E) of this section; 56440  
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(2) The minor child the kinship caregiver is caring for is a child with special needs as that term is defined in rules adopted under section 5153.163 of the Revised Code; 56443  
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(3) A juvenile court has adjudicated the minor child to be an abused, neglected, dependent, or unruly child and determined that it is in the child's best interest to be in the legal custody of the kinship caregiver or the probate court has determined that it is in the child's best interest to be in the guardianship of the kinship caregiver; 56446  
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<u>(4) The kinship caregiver is either the minor child's</u>	56452
<u>custodian or guardian;</u>	56453
<u>(5) The minor child resides with the kinship caregiver</u>	56454
<u>pursuant to a placement approval process established in rules</u>	56455
<u>authorized by division (E) of this section;</u>	56456
<u>(6) The gross income of the kinship caregiver's family,</u>	56457
<u>including the minor child, does not exceed two hundred per cent of</u>	56458
<u>the federal poverty guidelines.</u>	56459
<u>(D) Public children services agencies shall make initial and</u>	56460
<u>ongoing eligibility determinations for the kinship permanency</u>	56461
<u>incentive program in accordance with rules authorized by division</u>	56462
<u>(E) of this section. The director of job and family services shall</u>	56463
<u>supervise public children services agencies' duties under this</u>	56464
<u>section.</u>	56465
<u>(E) The director of job and family services shall adopt rules</u>	56466
<u>under division (C) of section 5101.801 of the Revised Code as</u>	56467
<u>necessary to implement the kinship permanency incentive program.</u>	56468
<u>The rules shall establish all of the following:</u>	56469
<u>(1) The application process for the program;</u>	56470
<u>(2) The placement approval process through which a minor</u>	56471
<u>child is placed with a kinship caregiver for the kinship caregiver</u>	56472
<u>to be eligible for the program;</u>	56473
<u>(3) The initial and ongoing eligibility determination process</u>	56474
<u>for the program;</u>	56475
<u>(4) The amount of the incentive payments provided under the</u>	56476
<u>program;</u>	56477
<u>(5) The method by which the incentive payments are provided</u>	56478
<u>to a kinship caregiver;</u>	56479
<u>(6) Anything else the director considers necessary to</u>	56480
<u>implement the program.</u>	56481

(F) The director shall begin implementation of the kinship permanency incentive program no later than January 1, 2006. 56482  
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Sec. 5101.803. (A) Subject to division (E) of section 5101.801 of the Revised Code, there is hereby created the Title IV-A demonstration program to provide funding for innovative and promising prevention and intervention projects that meet one or more of the four purposes of the temporary assistance for needy families block grant as specified in 42 U.S.C. 601 and are for individuals with specific and multiple barriers to achieving or maintaining self-sufficiency and personal responsibility. The department of job and family services may provide funding for such projects to government entities and, to the extent permitted by federal law, private, not-for-profit entities with which the department enters into agreements under division (B)(2) of section 5101.801 of the Revised Code. 56484  
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In accordance with criteria the department develops, the department may solicit proposals for entities seeking to enter into an agreement with the department under division (B)(2) of section 5101.801 of the Revised Code. The department may enter into such agreements with entities that do both of the following: 56497  
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(1) Meet the proposals' criteria; 56502

(2) If the entity's proposed project does not potentially affect persons in each county of the state, provides the department evidence that the entity has notified, in writing, the county department of job and family services of each county where persons may be affected by the implementation of the project. 56503  
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(B) In developing the criteria, soliciting the proposals, and entering in the agreements, the department shall comply with all applicable federal and state laws, the Title IV-A state plan submitted to the United States secretary of health and human 56508  
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services under section 5101.80 of the Revised Code, amendments to 56512  
the Title IV-A state plan submitted to the United States secretary 56513  
under that section, and federal waivers the United States 56514  
secretary grants. 56515

(C) The department shall begin implementation of the Title 56516  
IV-A demonstration program no later than January 1, 2006. 56517

**Sec. 5101.821.** Except as otherwise approved by the director 56518  
of budget and management, the department of job and family 56519  
services shall deposit federal funds received under Title IV-A of 56520  
the "Social Security Act," 42 U.S.C.A. 601, 110 Stat. 2113 (1996), 56521  
into the temporary assistance for needy families (TANF) federal 56522  
fund, which is hereby created in the state treasury. The 56523  
department shall use money in the fund for the Ohio works first 56524  
program established under Chapter 5107. of the Revised Code; the 56525  
prevention, retention, and contingency program established under 56526  
Chapter 5108. of the Revised Code; social services provided 56527  
pursuant to section 5101.461 of the Revised Code; and any other 56528  
purposes consistent with Title IV-A, federal regulations, federal 56529  
waivers granted by the United States secretary of health and human 56530  
services, state law, the Title IV-A state plan and amendments 56531  
submitted to the United States secretary of health and human 56532  
services under section 5101.80 of the Revised Code, and rules 56533  
adopted by the department under section 5107.05 of the Revised 56534  
Code. 56535

**Sec. 5101.93.** (A) The director of job and family services 56536  
shall determine whether a waiver of federal medicaid requirements 56537  
is necessary to fulfill the requirements of section 3901.3814 of 56538  
the Revised Code. If the director determines a waiver is 56539  
necessary, the department of job and family services shall apply 56540  
to the United States secretary of health and human services for 56541

the waiver. 56542

(B)(1) If the director determines that section 3901.3814 of 56543  
the Revised Code can be implemented without a waiver or a waiver 56544  
is granted, the department shall notify the department of 56545  
insurance that the section can be implemented. Implementation of 56546  
the section shall be effective eighteen months after the notice is 56547  
sent. 56548

(2) At the time the notice is given under division (B)(1) of 56549  
this section, the department shall also give notice to each health 56550  
insuring corporation that provides coverage to medicaid 56551  
recipients. The notice shall inform the corporation that sections 56552  
3901.38 and 3901.381 to 3901.3814 of the Revised Code apply to 56553  
claims for services rendered to recipients on the date determined 56554  
under division (B)(1) of this section. That date shall be 56555  
specified in the notice. 56556

**Sec. 5101.98.** (A) There is hereby created in the state 56557  
treasury the military injury relief fund, which shall consist of 56558  
money contributed to it under section 5747.113 of the Revised Code 56559  
and of contributions made directly to it. Any person may 56560  
contribute directly to the fund in addition to or independently of 56561  
the income tax refund contribution system established in section 56562  
5747.113 of the Revised Code. 56563

(B) Upon application, the director of job and family services 56564  
shall grant money in the fund to individuals injured while in 56565  
active service as a member of the armed forces of the United 56566  
States and while serving under operation Iraqi freedom or 56567  
operation enduring freedom. 56568

(C) An individual who receives a grant under this section is 56569  
not precluded from receiving one or more additional grants under 56570  
this section and is not precluded from being considered for or 56571

<u>receiving other assistance offered by the department of job and family services.</u>	56572 56573
<u>(D) The director shall adopt rules under Chapter 119. of the Revised Code establishing:</u>	56574 56575
<u>(1) Forms and procedures by which individuals may apply for a grant under this section;</u>	56576 56577
<u>(2) Criteria for reviewing, evaluating, and ranking grant applications;</u>	56578 56579
<u>(3) Criteria for determining the amount of grants awarded under this section; and</u>	56580 56581
<u>(4) Any other rules necessary to administer the grant program established in this section.</u>	56582 56583
<b>Sec. 5104.01.</b> As used in this chapter:	56584
(A) "Administrator" means the person responsible for the daily operation of a center or type A home. The administrator and the owner may be the same person.	56585 56586 56587
(B) "Approved child day camp" means a child day camp approved pursuant to section 5104.22 of the Revised Code.	56588 56589
(C) "Authorized provider" means a person authorized by a county director of job and family services to operate a certified type B family day-care home.	56590 56591 56592
(D) "Border state child care provider" means a child care provider that is located in a state bordering Ohio and that is licensed, certified, or otherwise approved by that state to provide child care.	56593 56594 56595 56596
(E) "Caretaker parent" means the father or mother of a child whose presence in the home is needed as the caretaker of the child, a person who has legal custody of a child and whose presence in the home is needed as the caretaker of the child, a	56597 56598 56599 56600

guardian of a child whose presence in the home is needed as the  
caretaker of the child, and any other person who stands in loco  
parentis with respect to the child and whose presence in the home  
is needed as the caretaker of the child.

(F) "Certified type B family day-care home" and "certified  
type B home" mean a type B family day-care home that is certified  
by the director of the county department of job and family  
services pursuant to section 5104.11 of the Revised Code to  
receive public funds for providing child care pursuant to this  
chapter and any rules adopted under it.

(G) "Chartered nonpublic school" means a school that meets  
standards for nonpublic schools prescribed by the state board of  
education for nonpublic schools pursuant to section 3301.07 of the  
Revised Code.

(H) "Child" includes an infant, toddler, preschool child, or  
school child.

(I) "Child care block grant act" means the "Child Care and  
Development Block Grant Act of 1990," established in section 5082  
of the "Omnibus Budget Reconciliation Act of 1990," 104 Stat.  
1388-236 (1990), 42 U.S.C. 9858, as amended.

(J) "Child day camp" means a program in which only school  
children attend or participate, that operates for no more than  
seven hours per day, that operates only during one or more public  
school district's regular vacation periods or for no more than  
fifteen weeks during the summer, and that operates outdoor  
activities for each child who attends or participates in the  
program for a minimum of fifty per cent of each day that children  
attend or participate in the program, except for any day when  
hazardous weather conditions prevent the program from operating  
outdoor activities for a minimum of fifty per cent of that day.  
For purposes of this division, the maximum seven hours of



operation time does not include transportation time from a child's 56632  
home to a child day camp and from a child day camp to a child's 56633  
home. 56634

(K) "Child care" means administering to the needs of infants, 56635  
toddlers, preschool children, and school children outside of 56636  
school hours by persons other than their parents or guardians, 56637  
custodians, or relatives by blood, marriage, or adoption for any 56638  
part of the twenty-four-hour day in a place or residence other 56639  
than a child's own home. 56640

(L) "Child day-care center" and "center" mean any place in 56641  
which child care or publicly funded child care is provided for 56642  
thirteen or more children at one time or any place that is not the 56643  
permanent residence of the licensee or administrator in which 56644  
child care or publicly funded child care is provided for seven to 56645  
twelve children at one time. In counting children for the purposes 56646  
of this division, any children under six years of age who are 56647  
related to a licensee, administrator, or employee and who are on 56648  
the premises of the center shall be counted. "Child day-care 56649  
center" and "center" do not include any of the following: 56650

(1) A place located in and operated by a hospital, as defined 56651  
in section 3727.01 of the Revised Code, in which the needs of 56652  
children are administered to, if all the children whose needs are 56653  
being administered to are monitored under the on-site supervision 56654  
of a physician licensed under Chapter 4731. of the Revised Code or 56655  
a registered nurse licensed under Chapter 4723. of the Revised 56656  
Code, and the services are provided only for children who, in the 56657  
opinion of the child's parent, guardian, or custodian, are 56658  
exhibiting symptoms of a communicable disease or other illness or 56659  
are injured; 56660

(2) A child day camp; 56661

(3) A place that provides child care, but not publicly funded 56662

child care, if all of the following apply:	56663
(a) An organized religious body provides the child care;	56664
(b) A parent, custodian, or guardian of at least one child receiving child care is on the premises and readily accessible at all times;	56665 56666 56667
(c) The child care is not provided for more than thirty days a year;	56668 56669
(d) The child care is provided only for preschool and school children.	56670 56671
(M) "Child care resource and referral service organization" means a community-based nonprofit organization that provides child care resource and referral services but not child care.	56672 56673 56674
(N) "Child care resource and referral services" means all of the following services:	56675 56676
(1) Maintenance of a uniform data base of all child care providers in the community that are in compliance with this chapter, including current occupancy and vacancy data;	56677 56678 56679
(2) Provision of individualized consumer education to families seeking child care;	56680 56681
(3) Provision of timely referrals of available child care providers to families seeking child care;	56682 56683
(4) Recruitment of child care providers;	56684
(5) Assistance in the development, conduct, and dissemination of training for child care providers and provision of technical assistance to current and potential child care providers, employers, and the community;	56685 56686 56687 56688
(6) Collection and analysis of data on the supply of and demand for child care in the community;	56689 56690
(7) Technical assistance concerning locally, state, and	56691

federally funded child care and early childhood education	56692
programs;	56693
(8) Stimulation of employer involvement in making child care	56694
more affordable, more available, safer, and of higher quality for	56695
their employees and for the community;	56696
(9) Provision of written educational materials to caretaker	56697
parents and informational resources to child care providers;	56698
(10) Coordination of services among child care resource and	56699
referral service organizations to assist in developing and	56700
maintaining a statewide system of child care resource and referral	56701
services if required by the department of job and family services;	56702
(11) Cooperation with the county department of job and family	56703
services in encouraging the establishment of parent cooperative	56704
child care centers and parent cooperative type A family day-care	56705
homes.	56706
(O) "Child-care staff member" means an employee of a child	56707
day-care center or type A family day-care home who is primarily	56708
responsible for the care and supervision of children. The	56709
administrator may be a part-time child-care staff member when not	56710
involved in other duties.	56711
(P) "Drop-in child day-care center," "drop-in center,"	56712
"drop-in type A family day-care home," and "drop-in type A home"	56713
mean a center or type A home that provides child care or publicly	56714
funded child care for children on a temporary, irregular basis.	56715
(Q) "Employee" means a person who either:	56716
(1) Receives compensation for duties performed in a child	56717
day-care center or type A family day-care home;	56718
(2) Is assigned specific working hours or duties in a child	56719
day-care center or type A family day-care home.	56720
(R) "Employer" means a person, firm, institution,	56721

organization, or agency that operates a child day-care center or 56722  
type A family day-care home subject to licensure under this 56723  
chapter. 56724

(S) "Federal poverty line" means the official poverty 56725  
guideline as revised annually in accordance with section 673(2) of 56726  
the "Omnibus Budget Reconciliation Act of 1981," 95 Stat. 511, 42 56727  
U.S.C. 9902, as amended, for a family size equal to the size of 56728  
the family of the person whose income is being determined. 56729

(T) "Head start program" means a comprehensive child 56730  
development program that receives funds distributed under the 56731  
"Head Start Act," 95 Stat. 499 (1981), 42 U.S.C.A. 9831, as 56732  
amended, ~~or under sections 3301.31 to 3301.37 of the Revised Code~~ 56733  
and is licensed as a child day-care center. 56734

(U) "Income" means gross income, as defined in section 56735  
5107.10 of the Revised Code, less any amounts required by federal 56736  
statutes or regulations to be disregarded. 56737

(V) "Indicator checklist" means an inspection tool, used in 56738  
conjunction with an instrument-based program monitoring 56739  
information system, that contains selected licensing requirements 56740  
that are statistically reliable indicators or predictors of a 56741  
child day-care center or type A family day-care home's compliance 56742  
with licensing requirements. 56743

(W) "Infant" means a child who is less than eighteen months 56744  
of age. 56745

(X) "In-home aide" means a person certified by a county 56746  
director of job and family services pursuant to section 5104.12 of 56747  
the Revised Code to provide publicly funded child care to a child 56748  
in a child's own home pursuant to this chapter and any rules 56749  
adopted under it. 56750

(Y) "Instrument-based program monitoring information system" 56751

means a method to assess compliance with licensing requirements 56752  
for child day-care centers and type A family day-care homes in 56753  
which each licensing requirement is assigned a weight indicative 56754  
of the relative importance of the requirement to the health, 56755  
growth, and safety of the children that is used to develop an 56756  
indicator checklist. 56757

(Z) "License capacity" means the maximum number in each age 56758  
category of children who may be cared for in a child day-care 56759  
center or type A family day-care home at one time as determined by 56760  
the director of job and family services considering building 56761  
occupancy limits established by the department of commerce, number 56762  
of available child-care staff members, amount of available indoor 56763  
floor space and outdoor play space, and amount of available play 56764  
equipment, materials, and supplies. 56765

(AA) "Licensed preschool program" or "licensed school child 56766  
program" means a preschool program or school child program, as 56767  
defined in section 3301.52 of the Revised Code, that is licensed 56768  
by the department of education pursuant to sections 3301.52 to 56769  
3301.59 of the Revised Code. 56770

(BB) "Licensee" means the owner of a child day-care center or 56771  
type A family day-care home that is licensed pursuant to this 56772  
chapter and who is responsible for ensuring its compliance with 56773  
this chapter and rules adopted pursuant to this chapter. 56774

(CC) "Operate a child day camp" means to operate, establish, 56775  
manage, conduct, or maintain a child day camp. 56776

(DD) "Owner" includes a person, as defined in section 1.59 of 56777  
the Revised Code, or government entity. 56778

(EE) "Parent cooperative child day-care center," "parent 56779  
cooperative center," "parent cooperative type A family day-care 56780  
home," and "parent cooperative type A home" mean a corporation or 56781  
association organized for providing educational services to the 56782

children of members of the corporation or association, without  
gain to the corporation or association as an entity, in which the  
services of the corporation or association are provided only to  
children of the members of the corporation or association,  
ownership and control of the corporation or association rests  
solely with the members of the corporation or association, and at  
least one parent-member of the corporation or association is on  
the premises of the center or type A home during its hours of  
operation.

(FF) "Part-time child day-care center," "part-time center,"  
"part-time type A family day-care home," and "part-time type A  
home" mean a center or type A home that provides child care or  
publicly funded child care for no more than four hours a day for  
any child.

(GG) "Place of worship" means a building where activities of  
an organized religious group are conducted and includes the  
grounds and any other buildings on the grounds used for such  
activities.

(HH) "Preschool child" means a child who is three years old  
or older but is not a school child.

(II) "Protective child care" means publicly funded child care  
for the direct care and protection of a child to whom either of  
the following applies:

(1) A case plan prepared and maintained for the child  
pursuant to section 2151.412 of the Revised Code indicates a need  
for protective care and the child resides with a parent,  
stepparent, guardian, or another person who stands in loco  
parentis as defined in rules adopted under section 5104.38 of the  
Revised Code;

(2) The child and the child's caretaker either temporarily  
reside in a facility providing emergency shelter for homeless

families or are determined by the county department of job and family services to be homeless, and are otherwise ineligible for publicly funded child care.

(JJ) "Publicly funded child care" means administering to the needs of infants, toddlers, preschool children, and school children under age thirteen during any part of the twenty-four-hour day by persons other than their caretaker parents for remuneration wholly or in part with federal or state funds, including funds available under the child care block grant act, Title IV-A, and Title XX, distributed by the department of job and family services.

(KK) "Religious activities" means any of the following: worship or other religious services; religious instruction; Sunday school classes or other religious classes conducted during or prior to worship or other religious services; youth or adult fellowship activities; choir or other musical group practices or programs; meals; festivals; or meetings conducted by an organized religious group.

(LL) "School child" means a child who is enrolled in or is eligible to be enrolled in a grade of kindergarten or above but is less than fifteen years old.

(MM) "School child day-care center," "school child center," "school child type A family day-care home," and "school child type A family home" mean a center or type A home that provides child care for school children only and that does either or both of the following:

(1) Operates only during that part of the day that immediately precedes or follows the public school day of the school district in which the center or type A home is located;

(2) Operates only when the public schools in the school district in which the center or type A home is located are not

open for instruction with pupils in attendance. 56845

(NN) "State median income" means the state median income 56846  
calculated by the department of development pursuant to division 56847  
(A)(1)(g) of section 5709.61 of the Revised Code. 56848

(OO) "Title IV-A" means Title IV-A of the "Social Security 56849  
Act," 110 Stat. 2113 (1996), 42 U.S.C. 601, as amended. 56850

(PP) "Title XX" means Title XX of the "Social Security Act," 56851  
88 Stat. 2337 (1974), 42 U.S.C. 1397, as amended. 56852

(QQ) "Toddler" means a child who is at least eighteen months 56853  
of age but less than three years of age. 56854

(RR) "Type A family day-care home" and "type A home" mean a 56855  
permanent residence of the administrator in which child care or 56856  
publicly funded child care is provided for seven to twelve 56857  
children at one time or a permanent residence of the administrator 56858  
in which child care is provided for four to twelve children at one 56859  
time if four or more children at one time are under two years of 56860  
age. In counting children for the purposes of this division, any 56861  
children under six years of age who are related to a licensee, 56862  
administrator, or employee and who are on the premises of the type 56863  
A home shall be counted. "Type A family day-care home" does not 56864  
include a residence in which the needs of children are 56865  
administered to, if all of the children whose needs are being 56866  
administered to are siblings of the same immediate family and the 56867  
residence is the home of the siblings. "Type A family day-care 56868  
home" and "type A home" do not include any child day camp. 56869

(SS) "Type B family day-care home" and "type B home" mean a 56870  
permanent residence of the provider in which child care is 56871  
provided for one to six children at one time and in which no more 56872  
than three children are under two years of age at one time. In 56873  
counting children for the purposes of this division, any children 56874  
under six years of age who are related to the provider and who are 56875



on the premises of the type B home shall be counted. "Type B  
family day-care home" does not include a residence in which the  
needs of children are administered to, if all of the children  
whose needs are being administered to are siblings of the same  
immediate family and the residence is the home of the siblings.  
"Type B family day-care home" and "type B home" do not include any  
child day camp.

**Sec. 5104.02.** (A) The director of job and family services is  
responsible for the licensing of child day-care centers and type A  
family day-care homes, ~~and. Each entity operating a head start~~  
program shall meet the criteria for, and be licensed as, a child  
day-care center. The director is responsible for the enforcement  
of this chapter and of rules promulgated pursuant to this chapter.  
~~No~~

No person, firm, organization, institution, or agency shall  
operate, establish, manage, conduct, or maintain a child day-care  
center or type A family day-care home without a license issued  
under section 5104.03 of the Revised Code. The current license  
shall be posted in a conspicuous place in the center or type A  
home that is accessible to parents, custodians, or guardians and  
employees of the center or type A home at all times when the  
center or type A home is in operation.

(B) A person, firm, institution, organization, or agency  
operating any of the following programs is exempt from the  
requirements of this chapter:

(1) A program of child care that operates for two or less  
consecutive weeks;

(2) Child care in places of worship during religious  
activities during which children are cared for while at least one  
parent, guardian, or custodian of each child is participating in

such activities and is readily available;	56906
(3) Religious activities which do not provide child care;	56907
(4) Supervised training, instruction, or activities of children in specific areas, including, but not limited to: art; drama; dance; music; gymnastics, swimming, or another athletic skill or sport; computers; or an educational subject conducted on an organized or periodic basis no more than one day a week and for no more than six hours duration;	56908 56909 56910 56911 56912 56913
(5) Programs in which the director determines that at least one parent, custodian, or guardian of each child is on the premises of the facility offering child care and is readily accessible at all times, except that child care provided on the premises at which a parent, custodian, or guardian is employed more than two and one-half hours a day shall be licensed in accordance with division (A) of this section;	56914 56915 56916 56917 56918 56919 56920
(6)(a) Programs that provide child care funded and regulated or operated and regulated by state departments other than the department of job and family services or the state board of education when the director of job and family services has determined that the rules governing the program are equivalent to or exceed the rules promulgated pursuant to this chapter.	56921 56922 56923 56924 56925 56926
Notwithstanding any exemption from regulation under this chapter, each state department shall submit to the director of job and family services a copy of the rules that govern programs that provide child care and are regulated or operated and regulated by the department. Annually, each state department shall submit to the director a report for each such program it regulates or operates and regulates that includes the following information:	56927 56928 56929 56930 56931 56932 56933
(i) The site location of the program;	56934
(ii) The maximum number of infants, toddlers, preschool	56935

children, or school children served by the program at one time;	56936
(iii) The number of adults providing child care for the	56937
number of infants, toddlers, preschool children, or school	56938
children;	56939
(iv) Any changes in the rules made subsequent to the time	56940
when the rules were initially submitted to the director.	56941
The director shall maintain a record of the child care	56942
information submitted by other state departments and shall provide	56943
this information upon request to the general assembly or the	56944
public.	56945
(b) Child care programs conducted by boards of education or	56946
by chartered nonpublic schools that are conducted in school	56947
buildings and that provide child care to school children only	56948
shall be exempt from meeting or exceeding rules promulgated	56949
pursuant to this chapter.	56950
(7) Any preschool program or school child program, except a	56951
head start program, that is subject to licensure by the department	56952
of education under sections 3301.52 to 3301.59 of the Revised	56953
Code.	56954
(8) Any program providing child care that meets all of the	56955
following requirements and, on October 20, 1987, was being	56956
operated by a nonpublic school that holds a charter issued by the	56957
state board of education for kindergarten only:	56958
(a) The nonpublic school has given the notice to the state	56959
board and the director of job and family services required by	56960
Section 4 of Substitute House Bill No. 253 of the 117th general	56961
assembly;	56962
(b) The nonpublic school continues to be chartered by the	56963
state board for kindergarten, or receives and continues to hold a	56964
charter from the state board for kindergarten through grade five;	56965

(c) The program is conducted in a school building;	56966
(d) The program is operated in accordance with rules promulgated by the state board under sections 3301.52 to 3301.57 of the Revised Code.	56967 56968 56969
(9) A youth development program operated outside of school hours by a community-based center to which all of the following apply:	56970 56971 56972
(a) The children enrolled in the program are under nineteen years of age and enrolled in or eligible to be enrolled in a grade of kindergarten or above.	56973 56974 56975
(b) The program provides informal child care and at least two of the following supervised activities: educational, recreational, culturally enriching, social, and personal development activities.	56976 56977 56978
(c) The state board of education has approved the program's participation in the child and adult care food program as an outside-school-hours care center pursuant to standards established under section 3313.813 of the Revised Code.	56979 56980 56981 56982
(d) The community-based center operating the program is exempt from federal income taxation pursuant to 26 U.S.C. 501(a) and (c)(3).	56983 56984 56985
<b>Sec. 5104.32.</b> (A) Except as provided in division (C) of this section, all purchases of publicly funded child care shall be made under a contract entered into by a licensed child day-care center, licensed type A family day-care home, certified type B family day-care home, certified in-home aide, approved child day camp, licensed preschool program, licensed school child program, or border state child care provider and the county department of job and family services. A county department of job and family services may enter into a contract with a provider for publicly funded child care for a specified period of time or upon a	56986 56987 56988 56989 56990 56991 56992 56993 56994 56995

continuous basis for an unspecified period of time. All contracts 56996  
for publicly funded child care shall be contingent upon the 56997  
availability of state and federal funds. The department of job and 56998  
family services shall prescribe a standard form to be used for all 56999  
contracts for the purchase of publicly funded child care, 57000  
regardless of the source of public funds used to purchase the 57001  
child care. To the extent permitted by federal law and 57002  
notwithstanding any other provision of the Revised Code that 57003  
regulates state or county contracts or contracts involving the 57004  
expenditure of state, county, or federal funds, all contracts for 57005  
publicly funded child care shall be entered into in accordance 57006  
with the provisions of this chapter and are exempt from any other 57007  
provision of the Revised Code that regulates state or county 57008  
contracts or contracts involving the expenditure of state, county, 57009  
or federal funds. 57010

(B) Each contract for publicly funded child care shall 57011  
specify at least the following: 57012

(1) That the provider of publicly funded child care agrees to 57013  
be paid for rendering services at the lowest of the rate 57014  
customarily charged by the provider for children enrolled for 57015  
child care, the reimbursement ceiling or rate of payment 57016  
established pursuant to section 5104.30 of the Revised Code, or a 57017  
rate the county department negotiates with the provider; 57018

(2) That, if a provider provides child care to an individual 57019  
potentially eligible for publicly funded child care who is 57020  
subsequently determined to be eligible, the county department 57021  
agrees to pay for all child care provided between the date the 57022  
county department receives the individual's completed application 57023  
and the date the individual's eligibility is determined; 57024

(3) Whether the county department of job and family services, 57025  
the provider, or a child care resource and referral service 57026  
organization will make eligibility determinations, whether the 57027

provider or a child care resource and referral service 57028  
organization will be required to collect information to be used by 57029  
the county department to make eligibility determinations, and the 57030  
time period within which the provider or child care resource and 57031  
referral service organization is required to complete required 57032  
eligibility determinations or to transmit to the county department 57033  
any information collected for the purpose of making eligibility 57034  
determinations; 57035

(4) That the provider, other than a border state child care 57036  
~~provider or except as provided in division (B) of section 3301.37~~ 57037  
~~of the Revised Code~~, shall continue to be licensed, approved, or 57038  
certified pursuant to this chapter and shall comply with all 57039  
standards and other requirements in this chapter and in rules 57040  
adopted pursuant to this chapter for maintaining the provider's 57041  
license, approval, or certification; 57042

(5) That, in the case of a border state child care provider, 57043  
the provider shall continue to be licensed, certified, or 57044  
otherwise approved by the state in which the provider is located 57045  
and shall comply with all standards and other requirements 57046  
established by that state for maintaining the provider's license, 57047  
certificate, or other approval; 57048

(6) Whether the provider will be paid by the county 57049  
department of job and family services or the state department of 57050  
job and family services; 57051

(7) That the contract is subject to the availability of state 57052  
and federal funds. 57053

(C) Unless specifically prohibited by federal law, the county 57054  
department of job and family services shall give individuals 57055  
eligible for publicly funded child care the option of obtaining 57056  
certificates for payment that the individual may use to purchase 57057  
services from any provider qualified to provide publicly funded 57058

child care under section 5104.31 of the Revised Code. Providers of 57059  
publicly funded child care may present these certificates for 57060  
payment for reimbursement in accordance with rules that the 57061  
director of job and family services shall adopt. Only providers 57062  
may receive reimbursement for certificates for payment. The value 57063  
of the certificate for payment shall be based on the lowest of the 57064  
rate customarily charged by the provider, the reimbursement 57065  
ceiling or rate of payment established pursuant to section 5104.30 57066  
of the Revised Code, or a rate the county department negotiates 57067  
with the provider. The county department may provide the 57068  
certificates for payment to the individuals or may contract with 57069  
child care providers or child care resource and referral service 57070  
organizations that make determinations of eligibility for publicly 57071  
funded child care pursuant to contracts entered into under section 57072  
5104.34 of the Revised Code for the providers or resource and 57073  
referral service organizations to provide the certificates for 57074  
payment to individuals whom they determine are eligible for 57075  
publicly funded child care. 57076

For each six-month period a provider of publicly funded child 57077  
care provides publicly funded child day-care to the child of an 57078  
individual given certificates for payment, the individual shall 57079  
provide the provider certificates for days the provider would have 57080  
provided publicly funded child care to the child had the child 57081  
been present. County departments shall specify the maximum number 57082  
of days providers will be provided certificates of payment for 57083  
days the provider would have provided publicly funded child care 57084  
had the child been present. The maximum number of days shall not 57085  
exceed ten days in a six-month period during which publicly funded 57086  
child care is provided to the child regardless of the number of 57087  
providers that provide publicly funded child care to the child 57088  
during that period. 57089

Sec. 5107.05. The director of job and family services shall 57090  
adopt rules to implement this chapter. The rules shall be 57091  
consistent with Title IV-A, Title IV-D, federal regulations, state 57092  
law, the Title IV-A state plan submitted to the United States 57093  
secretary of health and human services under section 5101.80 of 57094  
the Revised Code, amendments to the plan, and waivers granted by 57095  
the United States secretary. Rules governing eligibility, program 57096  
participation, and other applicant and participant requirements 57097  
shall be adopted in accordance with Chapter 119. of the Revised 57098  
Code. Rules governing financial and other administrative 57099  
requirements applicable to the department of job and family 57100  
services and county departments of job and family services shall 57101  
be adopted in accordance with section 111.15 of the Revised Code. 57102

(A) The rules shall specify, establish, or govern all of the 57103  
following: 57104

(1) A payment standard for Ohio works first based on federal 57105  
and state appropriations; 57106

(2) The method of determining the amount of cash assistance 57107  
an assistance group receives under Ohio works first; 57108

(3) Requirements for initial and continued eligibility for 57109  
Ohio works first, including requirements regarding income, 57110  
citizenship, age, residence, and assistance group composition. The 57111  
rules regarding income shall specify what is countable income, 57112  
gross earned income, and gross unearned income for the purpose of 57113  
section 5107.10 of the Revised Code. 57114

(4) For the purpose of section 5107.12 of the Revised Code, 57115  
application and verification procedures, including the minimum 57116  
information an application must contain; 57117

(5) The extent to which a participant of Ohio works first 57118  
must notify, pursuant to section 5107.12 of the Revised Code, a 57119  
county department of job and family services of additional income 57120



not previously reported to the county department; 57121

(6) The department of job and family services providing 57122  
written notice of a sanction under section 5107.161 of the Revised 57123  
Code; 57124

(7) Requirements for the collection and distribution of 57125  
support payments owed participants of Ohio works first pursuant to 57126  
section 5107.20 of the Revised Code; 57127

(8) For the purpose of section 5107.22 of the Revised Code, 57128  
what constitutes cooperating in establishing a minor child's 57129  
paternity or establishing, modifying, or enforcing a child support 57130  
order and good cause for failure or refusal to cooperate. The rule 57131  
shall be consistent with 42 U.S.C.A. 654(29). 57132

(9) The ~~administration of requirements governing~~ the LEAP 57133  
program provided for under section 5107.30 of the Revised Code, 57134  
including the definitions of "equivalent of a high school diploma" 57135  
and "good cause," and the incentives provided under the LEAP 57136  
program; 57137

(10) If the director implements section 5107.301 of the 57138  
Revised Code, the requirements governing the award provided under 57139  
that section, including the form that the award is to take and 57140  
requirements an individual must satisfy to receive the award; 57141

(11) Circumstances under which a county department of job and 57142  
family services may exempt a minor head of household or adult from 57143  
participating in a work activity or developmental activity for all 57144  
or some of the weekly hours otherwise required by section 5107.43 57145  
of the Revised Code. Circumstances shall include that a school or 57146  
place of work is closed due to a holiday or weather or other 57147  
emergency and that an employer grants the minor head of household 57148  
or adult leave for illness or earned vacation. 57149

~~(11)~~(12) The maximum amount of time the department will 57150

subsidize positions created by state agencies and political 57151  
subdivisions under division (C) of section 5107.52 of the Revised 57152  
Code. 57153

(B) The rules may provide that a county department of job and 57154  
family services is not required to take action under section 57155  
5107.76 of the Revised Code to recover an erroneous payment that 57156  
is below an amount the department specifies. 57157

**Sec. 5107.10.** (A) As used in this section: 57158

(1) "Countable income," "gross earned income," and "gross 57159  
unearned income" have the meanings established in rules adopted 57160  
under section 5107.05 of the Revised Code. 57161

(2) "Federal poverty guidelines" has the same meaning as in 57162  
section 5101.46 of the Revised Code, except that references to a 57163  
person's family in the definition shall be deemed to be references 57164  
to the person's assistance group. 57165

(3) "Gross income" means gross earned income and gross 57166  
unearned income. 57167

~~(3)~~(4) "Initial eligibility threshold" means the higher of 57168  
the following: 57169

(a) Fifty per cent of the federal poverty guidelines; 57170

(b) The gross income maximum for initial eligibility for Ohio 57171  
works first as that maximum was set by division (D)(1)(a) of this 57172  
section on the day before the effective date of this amendment. 57173

(5) "Strike" means continuous concerted action in failing to 57174  
report to duty; willful absence from one's position; or stoppage 57175  
of work in whole from the full, faithful, and proper performance 57176  
of the duties of employment, for the purpose of inducing, 57177  
influencing, or coercing a change in wages, hours, terms, and 57178  
other conditions of employment. "Strike" does not include a 57179  
stoppage of work by employees in good faith because of dangerous 57180

or unhealthful working conditions at the place of employment that 57181  
are abnormal to the place of employment. 57182

(B) Under the Ohio works first program, an assistance group 57183  
shall receive, except as otherwise provided by this chapter, 57184  
time-limited cash assistance. In the case of an assistance group 57185  
that includes a minor head of household or adult, assistance shall 57186  
be provided in accordance with the self-sufficiency contract 57187  
entered into under section 5107.14 of the Revised Code. 57188

(C) To be eligible to participate in Ohio works first, an 57189  
assistance group must meet all of the following requirements: 57190

(1) The assistance group, except as provided in division (E) 57191  
of this section, must include at least one of the following: 57192

(a) A minor child who, except as provided in section 5107.24 57193  
of the Revised Code, resides with a parent, or specified relative 57194  
caring for the child, or, to the extent permitted by Title IV-A 57195  
and federal regulations adopted until Title IV-A, resides with a 57196  
guardian or custodian caring for the child; 57197

(b) A parent residing with and caring for the parent's minor 57198  
child who receives supplemental security income under Title XVI of 57199  
the "Social Security Act," 86 Stat. 1475 (1972), 42 U.S.C.A. 1383, 57200  
as amended, or federal, state, or local adoption assistance; 57201

(c) A specified relative residing with and caring for a minor 57202  
child who is related to the specified relative in a manner that 57203  
makes the specified relative a specified relative and receives 57204  
supplemental security income or federal, state, or local foster 57205  
care or adoption assistance; 57206

(d) A woman at least six months pregnant. 57207

(2) The assistance group must meet the income requirements 57208  
established by division (D) of this section. 57209

(3) No member of the assistance group may be involved in a 57210

strike. 57211

(4) The assistance group must satisfy the requirements for 57212  
Ohio works first established by this chapter and sections 5101.58, 57213  
5101.59, and 5101.83 of the Revised Code. 57214

(5) The assistance group must meet requirements for Ohio 57215  
works first established by rules adopted under section 5107.05 of 57216  
the Revised Code. 57217

(D)(1) Except as provided in division (D)~~(3)~~(4) of this 57218  
section, to determine whether an assistance group is initially 57219  
eligible to participate in Ohio works first, a county department 57220  
of job and family services shall do the following: 57221

(a) Determine whether the assistance group's gross income 57222  
exceeds the following amount: 57223

<del>Size of Assistance Group</del>	<del>Gross Income</del>	57224
<del>1</del>	<del>\$423</del>	57225
<del>2</del>	<del>\$537</del>	57226
<del>3</del>	<del>\$630</del>	57227
<del>4</del>	<del>\$750</del>	57228
<del>5</del>	<del>\$858</del>	57229
<del>6</del>	<del>\$942</del>	57230
<del>7</del>	<del>\$1,038</del>	57231
<del>8</del>	<del>\$1,139</del>	57232
<del>9</del>	<del>\$1,241</del>	57233
<del>10</del>	<del>\$1,343</del>	57234
<del>11</del>	<del>\$1,440</del>	57235
<del>12</del>	<del>\$1,542</del>	57236
<del>13</del>	<del>\$1,643</del>	57237
<del>14</del>	<del>\$1,742</del>	57238
<del>15</del>	<del>\$1,844</del>	57239

~~For each person in the assistance group that brings the 57240  
assistance group to more than fifteen persons, add one hundred two 57241~~

dollars to the amount of gross income for an assistance group of 57242  
fifteen specified in division (D)(1)(a) of this section. 57243

~~In~~ initial eligibility threshold. In making this 57244  
determination, the county department shall disregard amounts that 57245  
federal statutes or regulations and sections 5101.17 and 5117.10 57246  
of the Revised Code require be disregarded. The assistance group 57247  
is ineligible to participate in Ohio works first if the assistance 57248  
group's gross income, less the amounts disregarded, exceeds the 57249  
~~amount specified in division (D)(1)(a) of this section~~ initial 57250  
eligibility threshold. 57251

(b) If the assistance group's gross income, less the amounts 57252  
disregarded pursuant to division (D)(1)(a) of this section, does 57253  
not exceed the ~~amount specified in that division~~ initial 57254  
eligibility threshold, determine whether the assistance group's 57255  
countable income is less than the payment standard. The assistance 57256  
group is ineligible to participate in Ohio works first if the 57257  
assistance group's countable income equals or exceeds the payment 57258  
standard. 57259

(2) For the purpose of determining whether an assistance 57260  
group meets the income requirement established by division 57261  
(D)(1)(a) of this section, the annual revision that the United 57262  
States department of health and human services makes to the 57263  
federal poverty guidelines shall go into effect on the first day 57264  
of July of the year for which the revision is made. 57265

(3) To determine whether an assistance group participating in 57266  
Ohio works first continues to be eligible to participate, a county 57267  
department of job and family services shall determine whether the 57268  
assistance group's countable income continues to be less than the 57269  
payment standard. In making this determination, the county 57270  
department shall disregard the first two hundred fifty dollars and 57271  
fifty per cent of the remainder of the assistance group's gross 57272

earned income. No amounts shall be disregarded from the assistance 57273  
group's gross unearned income. The assistance group ceases to be 57274  
eligible to participate in Ohio works first if its countable 57275  
income, less the amounts disregarded, equals or exceeds the 57276  
payment standard. 57277

~~(3)~~(4) If an assistance group reapplies to participate in 57278  
Ohio works first not more than four months after ceasing to 57279  
participate, a county department of job and family services shall 57280  
use the income requirement established by division (D)~~(2)~~(3) of 57281  
this section to determine eligibility for resumed participation 57282  
rather than the income requirement established by division (D)(1) 57283  
of this section. 57284

(E)(1) An assistance group may continue to participate in 57285  
Ohio works first even though a public children services agency 57286  
removes the assistance group's minor children from the assistance 57287  
group's home due to abuse, neglect, or dependency if the agency 57288  
does both of the following: 57289

(a) Notifies the county department of job and family services 57290  
at the time the agency removes the children that it believes the 57291  
children will be able to return to the assistance group within six 57292  
months; 57293

(b) Informs the county department at the end of each of the 57294  
first five months after the agency removes the children that the 57295  
parent, guardian, custodian, or specified relative of the children 57296  
is cooperating with the case plans prepared for the children under 57297  
section 2151.412 of the Revised Code and that the agency is making 57298  
reasonable efforts to return the children to the assistance group. 57299

(2) An assistance group may continue to participate in Ohio 57300  
works first pursuant to division (E)(1) of this section for not 57301  
more than six payment months. This division does not affect the 57302  
eligibility of an assistance group that includes a woman at least 57303

six months pregnant. 57304

**Sec. 5107.26.** (A) As used in this section: 57305

(1) "Transitional child care" means publicly funded child 57306  
care provided under division (A)(3) of section 5104.34 of the 57307  
Revised Code. 57308

(2) "Transitional medicaid" means the medical assistance 57309  
provided under section ~~5111.023~~ 5111.0115 of the Revised Code. 57310

(B) Except as provided in division (C) of this section, each 57311  
member of an assistance group participating in Ohio works first is 57312  
ineligible to participate in the program for six payment months if 57313  
a county department of job and family services determines that a 57314  
member of the assistance group terminated the member's employment 57315  
and each person who, on the day prior to the day a recipient 57316  
begins to receive transitional child care or transitional 57317  
medicaid, was a member of the recipient's assistance group is 57318  
ineligible to participate in Ohio works first for six payment 57319  
months if a county department determines that the recipient 57320  
terminated the recipient's employment. 57321

(C) No assistance group member shall lose or be denied 57322  
eligibility to participate in Ohio works first pursuant to 57323  
division (B) of this section if the termination of employment was 57324  
because an assistance group member or recipient of transitional 57325  
child care or transitional medicaid secured comparable or better 57326  
employment or the county department of job and family services 57327  
certifies that the member or recipient terminated the employment 57328  
with just cause. 57329

Just cause includes the following: 57330

(1) Discrimination by an employer based on age, race, sex, 57331  
color, handicap, religious beliefs, or national origin; 57332

(2) Work demands or conditions that render continued 57333

employment unreasonable, such as working without being paid on	57334
schedule;	57335
(3) Employment that has become unsuitable due to any of the	57336
following:	57337
(a) The wage is less than the federal minimum wage;	57338
(b) The work is at a site subject to a strike or lockout,	57339
unless the strike has been enjoined under section 208 of the	57340
"Labor-Management Relations Act," 61 Stat. 155 (1947), 29 U.S.C.A.	57341
178, as amended, an injunction has been issued under section 10 of	57342
the "Railway Labor Act," 44 Stat. 586 (1926), 45 U.S.C.A. 160, as	57343
amended, or an injunction has been issued under section 4117.16 of	57344
the Revised Code;	57345
(c) The documented degree of risk to the member or	57346
recipient's health and safety is unreasonable;	57347
(d) The member or recipient is physically or mentally unfit	57348
to perform the employment, as documented by medical evidence or by	57349
reliable information from other sources.	57350
(4) Documented illness of the member or recipient or of	57351
another assistance group member of the member or recipient	57352
requiring the presence of the member or recipient;	57353
(5) A documented household emergency;	57354
(6) Lack of adequate child care for children of the member or	57355
recipient who are under six years of age.	57356
<b>Sec. 5107.30.</b> (A) As used in this section:	57357
(1) <u>"Equivalent of a high school diploma" and "good cause"</u>	57358
<u>have the meanings established in rules adopted under section</u>	57359
<u>5107.05 of the Revised Code.</u>	57360
(2) "LEAP program" means the learning, earning, and parenting	57361
program.	57362



~~(2) "Teen"~~ (3) "Participating teen" means an individual to 57363  
whom all of the following apply: 57364

(a) The individual is a participant of Ohio works first ~~who;~~ 57365

(b) The individual is under age eighteen or is age eighteen 57366  
and in school and is a natural or adoptive parent or is pregnant; 57367

(c) The individual is subject to the LEAP program's 57368  
requirements. 57369

~~(3)~~(4) "School" means an educational program that is designed 57370  
to lead to the attainment of a high school diploma or the 57371  
equivalent of a high school diploma. 57372

(B) The director of job and family services may ~~adopt rules~~ 57373  
~~under section 5107.05 of the Revised Code, to the extent that such~~ 57374  
~~rules are consistent with federal law, to do all of the following:~~ 57375

~~(1) Define "good cause" and "the equivalent of a high school~~ 57376  
~~diploma" for the purposes of this section;~~ 57377

~~(2) Conduct~~ conduct a program titled the "LEAP program" ~~and~~ 57378  
~~establish requirements governing the program in accordance with~~ 57379  
rules adopted under section 5107.05 of the Revised Code. The 57380  
purpose of the LEAP program is to encourage teens to complete 57381  
school. 57382

~~(3) Require every~~ Every participating teen ~~who is subject to~~ 57383  
~~LEAP program requirements to~~ shall attend school in accordance 57384  
with the requirements governing the LEAP program unless the 57385  
participating teen shows good cause for not attending school. The 57386  
department shall provide, in addition to the cash assistance 57387  
payment provided under Ohio works first, an incentive payment, in 57388  
an amount determined by the department, to every participating 57389  
teen ~~who is participating in the LEAP program and~~ attends school 57390  
in accordance with the requirements governing the LEAP program. In 57391  
addition to the incentive payment, the department may provide 57392

other incentives to participating teens who attend school in 57393  
accordance with the LEAP program's requirements. The department 57394  
shall reduce the cash assistance payment, in an amount determined 57395  
by the department, under Ohio works first to every participating 57396  
teen ~~participating in the LEAP program~~ who fails or refuses, 57397  
without good cause, to meet the LEAP program's requirements 57398  
~~governing the program.~~ 57399

~~(4) Require every~~ Every participating teen who is subject to 57400  
~~LEAP program requirements to~~ shall enter into a written agreement 57401  
with the county department of job and family services that 57402  
~~provides~~ specifies all of the following: 57403

~~(a)(1)~~ The participating teen, to be eligible to receive the 57404  
incentive payment and other incentives, if any, under ~~division~~ 57405  
~~(B)(3)~~ of this section, must meet the requirements of the LEAP 57406  
program. 57407

~~(b)(2)~~ The ~~county department will provide the~~ incentive 57408  
payment ~~to the teen and~~ and other incentives, if any, will be provided 57409  
if the participating teen meets the requirements of the LEAP 57410  
program. 57411

~~(c)(3)~~ The ~~county department will reduce the~~ participating 57412  
teen's cash assistance payment under Ohio works first will be 57413  
reduced if the participating teen fails or refuses without good 57414  
cause to attend school in accordance with the requirements 57415  
governing the LEAP program. 57416

(C) A minor head of household who is participating in the 57417  
LEAP program shall be considered to be participating in a work 57418  
activity for the purpose of sections 5107.40 to 5107.69 of the 57419  
Revised Code. However, the minor head of household is not subject 57420  
to the requirements or sanctions of those sections. 57421

(D) Subject to the availability of funds, county departments 57422  
of job and family services shall provide for ~~LEAP participants~~ 57423

participating teens to receive support services the county 57424  
department determines to be necessary for LEAP participation. 57425  
Support services may include publicly funded child care under 57426  
Chapter 5104. of the Revised Code, transportation, and other 57427  
services. 57428

Sec. 5107.301. For the purpose of encouraging individuals who 57429  
have successfully completed the requirements of the LEAP program 57430  
to enroll in post-secondary education, the director of job and 57431  
family services may provide an award to such individuals who 57432  
enroll in post-secondary education. If provided, the award shall 57433  
be provided in accordance with rules adopted under section 5107.05 57434  
of the Revised Code. 57435

Sec. 5107.58. In accordance with a federal waiver granted by 57436  
the United States secretary of health and human services pursuant 57437  
to a request made under former section 5101.09 of the Revised 57438  
Code, county departments of job and family services may establish 57439  
and administer as a work activity for minor heads of households 57440  
and adults participating in Ohio works first an education program 57441  
under which the participant is enrolled full-time in 57442  
post-secondary education leading to vocation at a state 57443  
institution of higher education, as defined in section 3345.031 of 57444  
the Revised Code; a private nonprofit college or university that 57445  
possesses a certificate of authorization issued by the Ohio board 57446  
of regents pursuant to Chapter 1713. of the Revised Code, or is 57447  
exempted by division (E) of section 1713.02 of the Revised Code 57448  
from the requirement of a certificate; a school that holds a 57449  
certificate of registration and program authorization issued by 57450  
the state board of career colleges and schools under Chapter 3332. 57451  
of the Revised Code; a private institution exempt from regulation 57452  
under Chapter 3332. of the Revised Code as prescribed in section 57453  
3333.046 of the Revised Code; or a school that has entered into a 57454

contract with the county department of job and family services. 57455  
The participant shall make reasonable efforts, as determined by 57456  
the county department, to obtain a loan, scholarship, grant, or 57457  
other assistance to pay for the tuition, including a federal Pell 57458  
grant under 20 U.S.C.A. 1070a ~~and~~, an Ohio instructional grant 57459  
under section 3333.12 of the Revised Code, and an Ohio college 57460  
opportunity grant under section 3333.122 of the Revised Code. If 57461  
the participant has made reasonable efforts but is unable to 57462  
obtain sufficient assistance to pay the tuition the program may 57463  
pay the tuition. On or after October 1, 1998, the county 57464  
department may enter into a loan agreement with the participant to 57465  
pay the tuition. The total period for which tuition is paid and 57466  
loans made shall not exceed two years. If the participant, 57467  
pursuant to division (B)(3) of section 5107.43 of the Revised 57468  
Code, volunteers to participate in the education program for more 57469  
hours each week than the participant is assigned to the program, 57470  
the program may pay or the county department may loan the cost of 57471  
the tuition for the additional voluntary hours as well as the cost 57472  
of the tuition for the assigned number of hours. The participant 57473  
may receive, for not more than three years, support services, 57474  
including publicly funded child care under Chapter 5104. of the 57475  
Revised Code and transportation, that the participant needs to 57476  
participate in the program. To receive support services in the 57477  
third year, the participant must be, as determined by the 57478  
educational institution in which the participant is enrolled, in 57479  
good standing with the institution. 57480

A county department that provides loans under this section 57481  
shall establish procedures governing loan application for and 57482  
approval and administration of loans granted pursuant to this 57483  
section. 57484

**Sec. 5110.01.** As used in this chapter: 57485

(A) "Administrative fee" means the amount specified in rules 57486  
adopted under division (G) of section 5110.35 of the Revised Code. 57487

(B) "Children's health insurance program" means the 57488  
children's health insurance program part I and part II established 57489  
under sections 5101.50 to 5101.5110 of the Revised Code. 57490

~~(C) "Disability medical assistance program" means the program 57491  
established under section 5115.10 of the Revised Code. 57492~~

~~(D)~~ "Medicaid" means the medical assistance program 57493  
established under Chapter 5111. of the Revised Code. 57494

~~(E)~~(D) "National drug code number" means the number 57495  
registered for a drug pursuant to the listing system established 57496  
by the United States food and drug administration under the "Drug 57497  
Listing Act of 1972," 86 Stat. 559, 21 U.S.C. 360, as amended. 57498

~~(F)~~(E) "Ohio's best Rx program administrator" means the 57499  
entity, if any, the department of job and family services 57500  
contracts with pursuant to section 5110.10 of the Revised Code to 57501  
perform administrative functions of the Ohio's best Rx program and 57502  
to offer the mail order system through which Ohio's best Rx 57503  
program participants may obtain drugs by mail. 57504

~~(G)~~(F) "Ohio's best Rx program applicant" or "applicant" 57505  
means an individual who signs an application for the Ohio's best 57506  
Rx program and submits it to the department of job and family 57507  
services, or the Ohio's best Rx program administrator, for a 57508  
determination of eligibility for the program. 57509

~~(H)~~(G) "Ohio's best Rx program participant" or "participant" 57510  
means an individual determined eligible for the Ohio's best Rx 57511  
program and included under a valid Ohio's best Rx program 57512  
enrollment card. 57513

~~(I)~~(H) "Ohio's best Rx program price" means the price a 57514  
participating terminal distributor is to charge an Ohio's best Rx 57515

program participant for a drug included in the Ohio's best Rx 57516  
program as determined under section 5110.14 of the Revised Code. 57517  
"Ohio's best Rx program price" does not include either of the 57518  
following: 57519

(1) The amount of the professional fee, if any, the 57520  
participating terminal distributor adds to the Ohio's best Rx 57521  
program price pursuant to an agreement under section 5110.12 of 57522  
the Revised Code; 57523

(2) The amount of the administrative fee, if any, the 57524  
department of job and family services reports to the participating 57525  
terminal distributor under section 5110.29 of the Revised Code. 57526

~~(J)~~(I) "Participating manufacturer" means a drug manufacturer 57527  
participating in the Ohio's best Rx program pursuant to a rebate 57528  
agreement. 57529

~~(K)~~(J) "Participating terminal distributor" means a terminal 57530  
distributor of dangerous drugs participating in the Ohio's best Rx 57531  
program pursuant to an agreement entered into with the department 57532  
of job and family services under section 5110.12 of the Revised 57533  
Code. 57534

~~(L)~~(K) "Per unit price," with regard to a state health 57535  
benefit plan or state retirement system health benefit plan, means 57536  
the total amount paid to a terminal distributor of dangerous drugs 57537  
under a state health benefit plan or state retirement system 57538  
health benefit plan for one unit of a drug covered by the plan, 57539  
after the plan discounts or otherwise reduces the amount to be 57540  
paid to the terminal distributor. "Per unit price" includes both 57541  
of the following: 57542

(1) The amount that the state health benefit plan or state 57543  
retirement system health benefit plan, or other government entity 57544  
or person authorized to make the payment on behalf of the plan, 57545  
pays to the terminal distributor of dangerous drugs; 57546

(2) The amount that the beneficiary of the state health benefit plan or state retirement system health benefit plan pays to the terminal distributor of dangerous drugs in the form of a copayment, coinsurance, or other cost-sharing charge.

~~(M)~~(L) "Per unit rebate," with regard to a state health benefit plan or state retirement system health benefit plan, means all rebates, discounts, formulary fees, administrative fees, and other allowances a drug manufacturer pays to the plan, or other government entity or person authorized to receive all or part of such payments, for a drug during a calendar year, divided by the total number of units of that drug dispensed under the plan during the same calendar year.

~~(N)~~(M) "Rebate administration percentage" means the percentage specified in rules adopted under division (K) of section 5110.35 of the Revised Code.

~~(O)~~(N) "Rebate agreement" means an agreement under section 5110.21 of the Revised Code between the department of job and family services and a drug manufacturer.

~~(P)~~(O) "State health benefit plan" means a program of health care benefits offered through the Ohio med preferred provider organization, or a successor entity selected by the state, to which either of the following apply:

(1) It is provided by a collective bargaining agreement authorized by division (A)(4) of section 4117.03 of the Revised Code.

(2) It is offered by the department of administrative services to state employees in accordance with section 124.81 or 124.82 of the Revised Code.

~~(Q)~~(P) "State retirement system" means all of the following: the public employees retirement system, state teachers retirement

system, school employees retirement system, Ohio police and fire pension fund, and state highway patrol retirement system.

~~(R)~~(O) "State retirement system health benefit plan" means a plan of health care benefits offered by a state retirement system under section 145.58, 742.45, 3307.39, 3309.69, or 5505.28 of the Revised Code.

~~(S)~~(R) "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the Revised Code.

~~(T)~~(S) "Third-party payer" has the same meaning as in section 3901.38 of the Revised Code.

~~(U)~~(T) "Trade secret" has the same meaning as in section 1333.61 of the Revised Code.

~~(V)~~(U) "Usual and customary charge" means the amount a participating terminal distributor or the Ohio's best Rx program administrator charges for a drug included in the program to an individual who does not receive a discounted price for the drug pursuant to any drug discount program, including the Ohio's best Rx program, a prescription drug discount card program established under section 173.061 of the Revised Code, or a pharmacy assistance program established by any person or government entity, and for whom no third-party payer or program funded in whole or part with state or federal funds is responsible for all or part of the cost of the drug the distributor dispenses to the individual.

**Sec. 5110.05.** (A) To be eligible for the Ohio's best Rx program, an individual must meet all of the following requirements at the time of application or reapplication for the program:

(1) Be a resident of this state;

(2) Have family income, as determined under rules adopted pursuant to section 5110.35 of the Revised Code, that does not exceed two hundred fifty per cent of the federal poverty



guidelines, as revised annually by the United States department of 57607  
health and human services in accordance with section 673(2) of the 57608  
"Omnibus Budget Reconciliation Act of 1981," 95 Stat. 511, 42 57609  
U.S.C. 9902, as amended, or be sixty years of age or older; 57610

(3) Not have outpatient prescription drug coverage paid for 57611  
in whole or in part by any of the following: 57612

(a) A third-party payer; 57613

(b) The medicaid program; 57614

(c) The children's health insurance program; 57615

(d) ~~The disability medical assistance program;~~ 57616

~~(e)~~ Another health plan or pharmacy assistance program that 57617  
uses state or federal funds to pay part or all of the cost of the 57618  
individual's outpatient prescription drugs, other than a 57619  
prescription drug discount card program established under section 57620  
173.061 of the Revised Code. 57621

(4) Not have had outpatient prescription drug coverage 57622  
specified in division (A)(3) of this section during any of the 57623  
four months preceding the month in which the application or 57624  
reapplication for the Ohio's best Rx program is made, unless any 57625  
of the following applies: 57626

(a) The individual is sixty years of age or older. 57627

(b) The third-party payer that paid all or part of the 57628  
coverage filed for bankruptcy under federal bankruptcy laws. 57629

(c) The individual is no longer eligible for coverage 57630  
provided through a retirement plan subject to protection under the 57631  
"Employee Retirement Income Security Act of 1974," 88 Stat. 832, 57632  
29 U.S.C. 1001, as amended. 57633

(d) The individual is no longer eligible for the medicaid 57634  
program, or children's health insurance program, ~~or disability~~ 57635

~~medical assistance program.~~ 57636

(B) Application and annual reapplication for the Ohio's best 57637  
Rx program shall be made in accordance with rules adopted under 57638  
section 5110.35 of the Revised Code on a form prescribed in those 57639  
rules. An individual may apply or reapply on behalf of the 57640  
individual and the individual's spouse and children. The guardian 57641  
or custodian of an individual may apply or reapply on behalf of 57642  
the individual. 57643

**Sec. 5110.352.** As used in this section, "medicaid dispensing 57644  
fee" means the dispensing fee established under section ~~5111.08~~ 57645  
5111.071 of the Revised Code for the medicaid program. 57646

In adopting a rule under division (F) of section 5110.35 of 57647  
the Revised Code increasing the maximum amount of the professional 57648  
fee participating terminal distributors may charge Ohio's best Rx 57649  
program participants under section 5110.12 of the Revised Code and 57650  
the Ohio's best Rx program administrator may charge under a 57651  
contract entered into under section 5110.10 of the Revised Code, 57652  
the department of job and family services shall review the amount 57653  
of the professional fee once a year or, at the department's 57654  
discretion, at more frequent intervals and shall not increase the 57655  
professional fee to an amount exceeding the medicaid dispensing 57656  
fee. 57657

A participating terminal distributor and the Ohio's best Rx 57658  
program administrator may charge a maximum three dollar 57659  
professional fee regardless of whether the medicaid dispensing fee 57660  
for that drug is less than that amount. The department, however, 57661  
may not adopt a rule increasing the maximum professional fee for 57662  
that drug until the medicaid dispensing fee for that drug exceeds 57663  
that amount. 57664

**Sec. 5110.39.** Not later than ~~April 1, 2005~~ the first day of 57665

March of each year, the department of job and family services 57666  
shall do all of the following: 57667

(A) Create a list of the twenty-five drugs most often 57668  
dispensed to Ohio's best Rx program participants under the 57669  
program, using data from the most recent six-month period for 57670  
which the data is available; 57671

(B) Determine the average amount that participating terminal 57672  
distributors charge, on a date selected by the department, 57673  
participants for each drug included on the list created under 57674  
division (A) of this section; 57675

(C) Determine, for the date selected for division (B) of this 57676  
section, the average usual and customary charge of participating 57677  
terminal distributors for each drug included on the list created 57678  
under division (A) of this section; 57679

(D) By comparing the average charges determined under 57680  
divisions (B) and (C) of this section, determine the average 57681  
percentage savings in the amount participating terminal 57682  
distributors charge Ohio's best Rx program participants for each 57683  
drug included on the list created under division (A) of this 57684  
section. 57685

**Sec. 5111.011.** (A) As used in this section: 57686

(1) "Intermediate care facility for the mentally retarded" 57687  
has the same meaning as in section 5111.20 of the Revised Code. 57688

~~(2) "Nursing facility" means a facility defined as a nursing~~ 57689  
~~facility under Sec. 1919 of the "Social Security Act," 49 Stat.~~ 57690  
~~620 (1935), 42 U.S.C. 1396r, as amended~~ has the same meaning as in 57691  
section 5111.20 of the Revised Code. 57692

~~(2)~~(3) "Institutionalized individual" means an individual who 57693  
is a patient in a nursing facility or who receives home and 57694

community-based services under a federal waiver granted the 57695  
department of job and family services under 42 U.S.C. 57696  
1396a(10)(A)(ii)(VI). 57697

(B) Subject to this section, the director of job and family 57698  
services shall, pursuant to section 111.15 of the Revised Code, 57699  
adopt rules establishing eligibility requirements for the ~~medical~~ 57700  
~~assistance~~ medicaid program and defining, consistent with federal 57701  
law, the term "resources" as used in this section. 57702

(C) In determining eligibility for ~~medical assistance~~ the 57703  
medicaid program, the following shall apply with respect to real 57704  
property used by an aged, blind or disabled applicant or recipient 57705  
as a homestead or principal place of residence: 57706

(1) The value of ~~real~~ the property of ~~aged, blind, or~~ 57707  
~~disabled persons used as a homestead by such persons~~ shall be the 57708  
maximum allowed under Title XVI of the "Social Security Act-," 86 57709  
Stat. 1329 (1972), 42 U.S.C. 1381; 57710

(2) Except as provided in division (C)(3) of this section, 57711  
the department of job and family services may consider the 57712  
property to not be the homestead or principal place of residence 57713  
of the applicant or recipient if the applicant or recipient 57714  
resides in a nursing facility, intermediate care facility for the 57715  
mentally retarded, or other medical institution for thirteen 57716  
months or longer. 57717

(3) Division (C)(2) of this section does not apply if any of 57718  
the following individuals reside in the applicant's or recipient's 57719  
real property used as a homestead or principal place of residence: 57720

(a) The applicant's or recipient's spouse; 57721

(b) A son or daughter of the applicant or recipient, if the 57722  
son or daughter is under twenty-one years of age or blind or 57723  
disabled in accordance with rules adopted by the director of job 57724  
and family services; 57725

(c) A son or daughter of the applicant or recipient, if the son or daughter is financially dependent on the applicant or recipient for housing in accordance with rules adopted by the director of job and family services; 57726  
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(d) A sibling of the applicant or recipient, if the sibling has a verified equity and ownership interest in the real property and has resided in the real property for at least one year immediately before the date the applicant or recipient was admitted to the nursing facility, intermediate care facility for the mentally retarded, or other medical institution. 57730  
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(D) Except as provided in division (G) of this section, no person is eligible for ~~medical assistance~~ the medicaid program if on or prior to December 31, 1989, the person has transferred real or personal property for the purpose of securing ~~medical assistance under section 5111.01 of the Revised Code~~ medicaid eligibility and the transfer occurred during the two years preceding the person's application. In order to secure compliance with this division, the director of job and family services shall require all applicants for ~~assistance~~ medicaid to submit true and correct copies of any federal income or gift tax form or schedule filed, singly or jointly, by the applicant during the preceding five taxable years. Such copies, and the information disclosed thereon, shall be used solely for the purpose of determining the probability of whether the applicant has transferred assets in violation of this division. The director shall provide for the confidentiality and return of any copies of forms or schedules submitted under this division. Where such copies reveal the probability that an applicant has transferred assets in violation of this division, a presumption arises that the applicant has transferred assets in violation of this division, and the director shall deny the application until the applicant submits a true and accurate expenditure statement to the director that shows the 57736  
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applicant did not violate this division. The director of job and 57758  
family services shall adopt rules to implement this provision. 57759

(E)(1) Except as provided in ~~division~~ divisions (E)(2) and 57760  
(G) of this section, an institutionalized individual who is 57761  
otherwise eligible for ~~medical assistance~~ medicaid shall be 57762  
ineligible for nursing facility services or services provided 57763  
under a home and community-based waiver for a period specified in 57764  
rules adopted under division ~~(E)(2)~~ (3) of this section if the 57765  
institutionalized individual or individual's spouse, on or after 57766  
January 1, 1990, transfers resources for less than fair market 57767  
value at any time during or after ~~a period of time, as specified~~ 57768  
~~in rules adopted under division (E)(2) of this section, the~~ 57769  
five-year period immediately prior to either of the following: 57770

(a) The date the individual becomes an institutionalized 57771  
individual if the individual is eligible for ~~medical assistance~~ 57772  
medicaid on that date; 57773

(b) The date the individual applies for ~~medical assistance~~ 57774  
medicaid while an institutionalized individual. 57775

(2) The director shall apply to the United States secretary 57776  
of health and human services for a waiver of federal law governing 57777  
the medicaid program as necessary for the implementation of the 57778  
five-year look-back period provided for by division (E)(1) of this 57779  
section. If a waiver is not approved, the look-back period shall 57780  
be the period of time specified in 42 U.S.C. 1396p(c). 57781

(3) The director shall adopt rules specifying, for the 57782  
purpose of division (E)(1) of this section, the period of time 57783  
preceding institutionalization or application for medical 57784  
assistance during which transfers of assets for less than fair 57785  
market value are prohibited and the length of the resulting period 57786  
of ineligibility due to transfers of resources for less than fair 57787  
market value on or after the look-back date. The period of 57788

ineligibility shall begin with the month in which the resources 57789  
were transferred. The rules shall be consistent with Title XIX of 57790  
the "Social Security Act-," 79 Stat. 286 (1965), 42 U.S.C. 1396. 57791  
The department shall allow exceptions to the period of 57792  
ineligibility to the extent that exceptions are permitted by that 57793  
title. An exception based on undue hardship to the 57794  
institutionalized individual shall be allowed only so long as the 57795  
individual cooperates with the department or the county department 57796  
of job and family services in securing the return of transferred 57797  
resources. 57798

~~(3)~~(4) To secure compliance with this division, the 57799  
department may require applicants for and recipients of ~~medical~~ 57800  
~~assistance~~ medicaid, as a condition of eligibility, to provide 57801  
documentation of their income and resources up to five years prior 57802  
to the ~~time of application~~ date the individual becomes an 57803  
institutionalized individual if the individual is eligible for 57804  
medicaid on that date or the date the individual applies for 57805  
medicaid while an institutionalized individual. Documentation may 57806  
include, but is not limited to, tax returns, records from 57807  
financial institutions, and real property records. 57808

(F) The director shall, by rule adopted in accordance with 57809  
section 111.15 of the Revised Code, establish standards consistent 57810  
with federal law for allocating income and resources as income and 57811  
resources of the spouse, children, parents, or stepparents of a 57812  
recipient of or applicant for ~~medical assistance~~ medicaid. 57813  
Notwithstanding any provision of state law, including statutes, 57814  
administrative rules, common law, and court rules, regarding real 57815  
or personal property or domestic relations, the standards 57816  
established under this division shall be used to determine 57817  
eligibility for ~~medical assistance~~ medicaid. 57818

(G) The director may, by rule adopted in accordance with 57819  
section 111.15 of the Revised Code, exempt individuals who apply 57820

for or receive ~~any medical assistance~~ medicaid that may be 57821  
provided pursuant to division (C) of section 5111.01 of the 57822  
Revised Code from some or all of the requirements of this section. 57823

**Sec. 5111.019.** (A) The director of job and family services 57824  
shall submit to the United States secretary of health and human 57825  
services an amendment to the state medicaid plan to make an 57826  
individual who meets all of the following requirements eligible 57827  
for medicaid for the amount of time provided by division (B) of 57828  
this section: 57829

(1) The individual is the parent of a child under nineteen 57830  
years of age and resides with the child; 57831

(2) The individual's family income does not exceed ~~one~~ 57832  
~~hundred~~ ninety per cent of the federal poverty guidelines; 57833

(3) The individual is not otherwise eligible for medicaid; 57834

(4) The individual satisfies all relevant requirements 57835  
established by rules adopted under division (D) of section 5111.01 57836  
of the Revised Code. 57837

(B) An individual is eligible to receive medicaid under this 57838  
section for a period that does not exceed two years beginning on 57839  
the date on which eligibility is established. 57840

~~(C) If approved by the United States secretary of health and 57841  
human services and the director of job and family services, the 57842  
director shall implement the medicaid plan amendment submitted 57843  
under this section not sooner than July 1, 2000. If a federal 57844  
waiver is necessary for the United States secretary to approve the 57845  
amendment, the director of job and family services shall submit a 57846  
waiver request to the United States secretary not later than 57847  
ninety days after the effective date of this section. 57848~~

**Sec. 5111.0112.** The (A) Not later than July 1, 2006, the 57849



director of job and family services shall ~~examine instituting~~ 57850  
~~institute~~ a copayment program under medicaid. ~~As part of the~~ 57851  
~~examination, the director shall determine which groups of medicaid~~ 57852  
~~recipients may be subjected to a copayment requirement under~~ The 57853  
copayment program shall establish a copayment requirement for only 57854  
dental services, vision services, nonemergency emergency 57855  
department services, and prescription drugs, other than generic 57856  
drugs, to the extent permitted by federal statutes and 57857  
regulations. ~~If, on completion of the examination, the director~~ 57858  
~~determines that it is feasible to institute such a copayment~~ 57859  
~~program, the director may seek approval from the United States~~ 57860  
~~secretary of health and human services to institute the copayment~~ 57861  
~~program. If necessary, the director may seek approval by applying~~ 57862  
~~for a waiver of federal statutes and regulations. If such approval~~ 57863  
~~is obtained, the~~ The director shall adopt rules ~~in accordance with~~ 57864  
~~Chapter 119. under section 5111.02 of the Revised Code governing~~ 57865  
the copayment program. 57866

(B) The copayment program shall, to the extent permitted by 57867  
federal law, provide for all of the following with regard to any 57868  
providers participating in the medicaid program: 57869

(1) No provider shall refuse to provide a service to a 57870  
medicaid recipient who is unable to pay a required copayment for 57871  
the service. 57872

(2) Division (B)(1) of this section shall not be considered 57873  
to do either of the following with regard to a medicaid recipient 57874  
who is unable to pay a required copayment: 57875

(a) Relieve the medicaid recipient from the obligation to pay 57876  
a copayment; 57877

(b) Prohibit the provider from attempting to collect an 57878  
unpaid copayment. 57879

(3) No provider shall waive a medicaid recipient's obligation 57880

to pay the provider a copayment. 57881

(4) No provider or drug manufacturer, including the 57882  
manufacturer's representative, employee, independent contractor, 57883  
or agent, shall pay any copayment on behalf of a medicaid 57884  
recipient. 57885

(5) If it is the routine business practice of the provider to 57886  
refuse service to any individual who owes an outstanding debt to 57887  
the provider, the provider may consider an unpaid copayment 57888  
imposed by the copayment program as an outstanding debt and may 57889  
refuse service to a medicaid recipient who owes the provider an 57890  
outstanding debt. If the provider intends to refuse service to a 57891  
medicaid recipient who owes the provider an outstanding debt, the 57892  
provider shall notify the individual of the provider's intent to 57893  
refuse services. 57894

**Sec. 5111.0114.** (A) As used in this section, "dangerous drug" 57895  
and "manufacturer of dangerous drugs" have the same meaning as in 57896  
section 4729.01 of the Revised Code. 57897

(B) The director of job and family services may enter into or 57898  
administer an agreement or cooperative arrangement with other 57899  
states to create or join a multiple-state prescription drug 57900  
purchasing program for the purpose of negotiating with 57901  
manufacturers of dangerous drugs to receive discounts or rebates 57902  
for dangerous drugs dispensed under the medicaid program. 57903

**Sec. 5111.023 5111.0115.** (A) The department of job and family 57904  
services may provide medical assistance under ~~Title XIX of the~~ 57905  
"Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as 57906  
amended, in addition to such assistance provided under section 57907  
5111.01 of the Revised Code the medicaid program, as long as 57908  
federal funds are provided for such assistance, to each former 57909  
participant of the Ohio works first program established under 57910

Chapter 5107. of the Revised Code who meets all of the following requirements: 57911  
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(1) Is ineligible to participate in Ohio works first solely as a result of increased income due to employment; 57913  
57914

(2) Is not covered by, and does not have access to, medical insurance coverage through the employer with benefits comparable to those provided under this section, as determined in accordance with rules adopted by the director of job and family services under division (B) of this section; 57915  
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(3) Meets any other requirement established by rule adopted under division (B) of this section. 57920  
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(B) The director of job and family services shall adopt such rules under Chapter 119. of the Revised Code as are necessary to implement and administer the medical assistance program under this section. 57922  
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(C) A person seeking to participate in a program of medical assistance under this section shall apply to the county department of job and family services in the county in which the applicant resides. The application shall be made on a form prescribed by the department of job and family services and furnished by the county department. 57926  
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(D) If the county department of job and family services determines that a person is eligible to receive medical assistance under this section, the department shall provide assistance, to the same extent and in the same manner as medical assistance is provided to a person eligible for medical assistance pursuant to division (A)(1)(a) of section 5111.01 of the Revised Code, for no longer than twelve months, beginning the month after the date the participant's eligibility for Ohio works first is terminated. 57932  
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**Sec. 5111.02.** The director of job and family services shall 57940

adopt, and may amend or rescind, rules under Chapter 119. of the 57941  
Revised Code establishing the amount, duration, and scope of 57942  
medicaid services. The rules shall be consistent with federal and 57943  
state law. The rules may be different for different medicaid 57944  
services. The rules shall establish all of the following: 57945

(A) The conditions under which the medicaid program shall 57946  
cover and reimburse medicaid services; 57947

(B) The method of reimbursement applicable to each medicaid 57948  
service; 57949

(C) The amount of reimbursement or, in lieu of amounts, 57950  
methods by which amounts are to be determined for each medicaid 57951  
service; 57952

(D) Procedures for enforcing the rules adopted under this 57953  
section that provide due process protections, including procedures 57954  
for corrective action plans for, and imposing financial and 57955  
administrative sanctions on, persons and government entities that 57956  
violate the rules. 57957

**Sec. ~~5111.02~~ 5111.021.** ~~(A)~~ Under the ~~medical assistance~~ 57958  
~~medicaid~~ program: 57959

~~(1)~~(A) Except as otherwise permitted by federal statute or 57960  
regulation and at the department's discretion, reimbursement by 57961  
the department of job and family services to a medical provider 57962  
for any medical service rendered under the program shall not 57963  
exceed the authorized reimbursement level for the same service 57964  
under the medicare program established under Title XVIII of the 57965  
"Social Security Act," 49 79 Stat. ~~620~~ 286 (~~1935~~ 1965), 42 57966  
U.S.C.A. ~~301~~ 1395, as amended. 57967

~~(2)~~(B) Reimbursement for freestanding medical laboratory 57968  
charges shall not exceed the customary and usual fee for 57969

laboratory profiles. 57970

~~(3)(C)~~ The department may deduct from payments for services 57971  
rendered by a medicaid provider under the ~~medical assistance~~ 57972  
medicaid program any amounts the provider owes the state as the 57973  
result of incorrect ~~medical assistance~~ medicaid payments the 57974  
department has made to the provider. 57975

~~(4)(D)~~ The department may conduct final fiscal audits in 57976  
accordance with the applicable requirements set forth in federal 57977  
laws and regulations and determine any amounts the provider may 57978  
owe the state. When conducting final fiscal audits, the department 57979  
shall consider generally accepted auditing standards, which 57980  
include the use of statistical sampling. 57981

~~(5)(E)~~ The number of days of inpatient hospital care for 57982  
which reimbursement is made on behalf of a medicaid recipient ~~of~~ 57983  
~~medical assistance~~ to a hospital that is not paid under a 57984  
diagnostic-related-group prospective payment system shall not 57985  
exceed thirty days during a period beginning on the day of the 57986  
recipient's admission to the hospital and ending sixty days after 57987  
the termination of that hospital stay, except that the department 57988  
may make exceptions to this limitation. The limitation does not 57989  
apply to children participating in the program for medically 57990  
handicapped children established under section 3701.023 of the 57991  
Revised Code. 57992

~~(B)~~ ~~The director of job and family services may adopt, amend,~~ 57993  
~~or rescind rules under Chapter 119. of the Revised Code~~ 57994  
~~establishing the amount, duration, and scope of medical services~~ 57995  
~~to be included in the medical assistance program. Such rules shall~~ 57996  
~~establish the conditions under which services are covered and~~ 57997  
~~reimbursed, the method of reimbursement applicable to each covered~~ 57998  
~~service, and the amount of reimbursement or, in lieu of such~~ 57999  
~~amounts, methods by which such amounts are to be determined for~~ 58000  
~~each covered service. Any rules that pertain to nursing facilities~~ 58001

~~or intermediate care facilities for the mentally retarded shall be~~ 58002  
~~consistent with sections 5111.20 to 5111.33 of the Revised Code.~~ 58003

~~(C)~~(F) The division of any reimbursement between a 58004  
collaborating physician or podiatrist and a clinical nurse 58005  
specialist, certified nurse-midwife, or certified nurse 58006  
practitioner for services performed by the nurse shall be 58007  
determined and agreed on by the nurse and collaborating physician 58008  
or podiatrist. In no case shall reimbursement exceed the payment 58009  
that the physician or podiatrist would have received had the 58010  
physician or podiatrist provided the entire service. 58011

**Sec. ~~5111.021~~ 5111.022.** Under the ~~medical assistance~~ medicaid 58012  
program, any amount determined to be owed the state by a final 58013  
fiscal audit conducted pursuant to division ~~(A)(4)~~(D) of section 58014  
~~5111.02~~ 5111.021 of the Revised Code, upon the issuance of an 58015  
adjudication order pursuant to Chapter 119. of the Revised Code 58016  
that contains a finding that there is a preponderance of the 58017  
evidence that the provider will liquidate assets or file 58018  
bankruptcy in order to prevent payment of the amount determined to 58019  
be owed the state, becomes a lien upon the real and personal 58020  
property of the provider. Upon failure of the provider to pay the 58021  
amount to the state, the director of job and family services shall 58022  
file notice of the lien, for which there shall be no charge, in 58023  
the office of the county recorder of the county in which it is 58024  
ascertained that the provider owns real or personal property. The 58025  
director shall notify the provider by mail of the lien, but 58026  
absence of proof that the notice was sent does not affect the 58027  
validity of the lien. The lien is not valid as against the claim 58028  
of any mortgagee, pledgee, purchaser, judgment creditor, or other 58029  
lienholder of record at the time the notice is filed. 58030

If the provider acquires real or personal property after 58031  
notice of the lien is filed, the lien shall not be valid as 58032

against the claim of any mortgagee, pledgee, subsequent bona fide purchaser for value, judgment creditor, or other lienholder of record to such after-acquired property unless the notice of lien is refiled after the property is acquired by the provider and before the competing lien attaches to the after-acquired property or before the conveyance to the subsequent bona fide purchaser for value.

When the amount has been paid, the provider may record with the recorder notice of the payment. For recording such notice of payment, the recorder shall charge and receive from the provider a base fee of one dollar for services and a housing trust fund fee of one dollar pursuant to section 317.36 of the Revised Code.

In the event of a distribution of a provider's assets pursuant to an order of any court under the law of this state including any receivership, assignment for benefit of creditors, adjudicated insolvency, or similar proceedings, amounts then or thereafter due the state under this chapter have the same priority as provided by law for the payment of taxes due the state and shall be paid out of the receivership trust fund or other such trust fund in the same manner as provided for claims for unpaid taxes due the state.

If the attorney general finds after investigation that any amount due the state under this chapter is uncollectable, in whole or in part, the attorney general shall recommend to the director the cancellation of all or part of the claim. The director may thereupon effect the cancellation.

**Sec. ~~5111.022~~ 5111.023.** (A) As used in this section:

(1) "Community mental health facility" means a community mental health facility that has a quality assurance program accredited by the joint commission on accreditation of healthcare

organizations or is certified by the department of mental health 58063  
or department of job and family services. 58064

(2) "Mental health professional" means a person qualified to 58065  
work with mentally ill persons under the standards established by 58066  
the director of mental health pursuant to section 5119.611 of the 58067  
Revised Code. 58068

(B) The state medicaid plan shall include provision of the 58069  
following mental health services when provided by community mental 58070  
health facilities: 58071

(1) Outpatient mental health services, including, but not 58072  
limited to, preventive, diagnostic, therapeutic, rehabilitative, 58073  
and palliative interventions rendered to individuals in an 58074  
individual or group setting by a mental health professional in 58075  
accordance with a plan of treatment appropriately established, 58076  
monitored, and reviewed; 58077

(2) Partial-hospitalization mental health services of three 58078  
to fourteen hours per service day, rendered by persons directly 58079  
supervised by a mental health professional; 58080

(3) Unscheduled, emergency mental health services of a kind 58081  
ordinarily provided to persons in crisis when rendered by persons 58082  
supervised by a mental health professional; 58083

(4) Subject to receipt of federal approval, assertive 58084  
community treatment and intensive home-based mental health 58085  
services. 58086

(C) The comprehensive annual plan shall certify the 58087  
availability of sufficient unencumbered community mental health 58088  
state subsidy and local funds to match federal medicaid 58089  
reimbursement funds earned by community mental health facilities. 58090

(D) The department of job and family services shall enter 58091  
into a separate contract with the department of mental health 58092



under section 5111.91 of the Revised Code with regard to the 58093  
component of the medicaid program provided for by this section. 58094

(E) Not later than July 21, ~~2004~~ 2006, the department of job 58095  
and family services shall request federal approval to provide 58096  
assertive community treatment and intensive home-based mental 58097  
health services under medicaid pursuant to this section. 58098

(F) On receipt of federal approval sought under division (E) 58099  
of this section, the director of job and family services shall 58100  
adopt rules in accordance with Chapter 119. of the Revised Code 58101  
for assertive community treatment and intensive home-based mental 58102  
health services provided under medicaid pursuant to this section. 58103  
The director shall consult with the department of mental health in 58104  
adopting the rules. 58105

**Sec. 5111.025.** (A) In rules adopted under section 5111.02 of 58106  
the Revised Code, the director of job and family services shall 58107  
modify the manner or establish a new manner in which the following 58108  
are paid under medicaid: 58109

(1) Community mental health facilities for providing mental 58110  
health services included in the state medicaid plan pursuant to 58111  
section ~~5111.022~~ 5111.023 of the Revised Code; 58112

(2) Providers of alcohol and drug addiction services for 58113  
providing alcohol and drug addiction services included in the 58114  
medicaid program pursuant to rules adopted under section 5111.02 58115  
of the Revised Code. 58116

(B) The director's authority to modify the manner, or to 58117  
establish a new manner, for medicaid to pay for the services 58118  
specified in division (A) of this section is not limited by any 58119  
rules adopted under section 5111.02 or 5119.61 of the Revised Code 58120  
that are in effect on ~~the effective date of this section~~ June 26, 58121  
2003, and govern the way medicaid pays for those services. This is 58122

the case regardless of what state agency adopted the rules. 58123

Sec. 5111.027. If the medicaid program provides prescription 58124  
drug services to medicaid recipients, the program shall not 58125  
provide reimbursement for prescription drugs for treatment of 58126  
erectile dysfunction. 58127

**Sec. 5111.042.** The departments of mental retardation and 58128  
developmental disabilities and job and family services may 58129  
approve, reduce, deny, or terminate a service included in the 58130  
individualized service plan developed for a medicaid recipient 58131  
with mental retardation or other developmental disability who is 58132  
eligible for medicaid case management services. ~~The departments 58133~~  
~~shall consider the recommendations a county board of mental 58134~~  
~~retardation and developmental disabilities makes under division 58135~~  
~~(B)(1) of section 5126.055 of the Revised Code.~~ If either 58136  
department approves, reduces, denies, or terminates a service, 58137  
that department shall timely notify the medicaid recipient that 58138  
the recipient may request a hearing under section 5101.35 of the 58139  
Revised Code. 58140

**Sec. 5111.06.** (A)(1) As used in this section and in sections 58141  
5111.061 and 5111.062 of the Revised Code: 58142

(a) "Provider" means any person, institution, or entity that 58143  
furnishes medicaid services under a provider agreement with the 58144  
department of job and family services pursuant to Title XIX of the 58145  
"Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 301, as 58146  
amended. 58147

(b) "Party" has the same meaning as in division (G) of 58148  
section 119.01 of the Revised Code. 58149

(c) "Adjudication" has the same meaning as in division (D) of 58150  
section 119.01 of the Revised Code. 58151

(2) This section does not apply to any action taken by the department of job and family services under sections 5111.35 to 5111.62 of the Revised Code.

(B) Except as provided in division (D) of this section and section 5111.914 of the Revised Code, the department shall do either of the following by issuing an order pursuant to an adjudication conducted in accordance with Chapter 119. of the Revised Code:

(1) Enter into or refuse to enter into a provider agreement with a provider, or suspend, terminate, renew, or refuse to renew an existing provider agreement with a provider;

(2) Take any action based upon a final fiscal audit of a provider.

(C) Any party who is adversely affected by the issuance of an adjudication order under division (B) of this section may appeal to the court of common pleas of Franklin county in accordance with section 119.12 of the Revised Code.

(D) The department is not required to comply with division (B)(1) of this section whenever any of the following occur:

(1) The terms of a provider agreement require the provider to have a license, permit, or certificate issued by an official, board, commission, department, division, bureau, or other agency of state government other than the department of job and family services, and the license, permit, or certificate has been denied or revoked.

(2) The provider agreement is denied, terminated, or not renewed pursuant to division (C) or (E) of section 5111.03 of the Revised Code;

(3) The provider agreement is denied, terminated, or not renewed due to the provider's termination, suspension, or

exclusion from the medicare program established under Title XVIII  
of the "Social Security Act," and the termination, suspension, or  
exclusion is binding on the provider's participation in the  
medicaid program;

(4) The provider agreement is denied, terminated, or not  
renewed due to the provider's pleading guilty to or being  
convicted of a criminal activity materially related to either the  
medicare or medicaid program;

(5) The provider agreement is denied, terminated, or  
suspended as a result of action by the United States department of  
health and human services and that action is binding on the  
provider's participation in the medicaid program;

(6) The provider agreement is terminated or not renewed  
because the provider has not billed or otherwise submitted a  
medicaid claim to the department for two years or longer, and the  
department has determined that the provider has moved from the  
address on record with the department without leaving an active  
forwarding address with the department.

In the case of a provider described in division (D)(6) of  
this section, the department may terminate or not renew the  
provider agreement by sending a notice explaining the department's  
proposed action to the address on record with the department. The  
notice may be sent by regular mail.

(E) The department may withhold payments for services  
rendered by a medicaid provider under the medical assistance  
program during the pendency of proceedings initiated under  
division (B)(1) of this section. If the proceedings are initiated  
under division (B)(2) of this section, the department may withhold  
payments only to the extent that they equal amounts determined in  
a final fiscal audit as being due the state. This division does  
not apply if the department fails to comply with section 119.07 of

the Revised Code, requests a continuance of the hearing, or does  
not issue a decision within thirty days after the hearing is  
completed. This division does not apply to nursing facilities and  
intermediate care facilities for the mentally retarded as defined  
in section 5111.20 of the Revised Code.

Sec. 5111.061. (A) The department of job and family services  
may recover a medicaid payment or portion of a payment made to a  
provider to which the provider is not entitled. The recovery may  
occur at any time during the five-year period immediately  
following the end of the state fiscal year in which the  
overpayment was made.

(B) Among the overpayments that may be recovered under this  
section are the following:

(1) Payment for a service, or a day of service, not rendered;

(2) Payment for a day of service at a full per diem rate that  
should have been paid at a percentage of the full per diem rate;

(3) Payment for a service, or day of service, that was paid  
by, or partially paid by, a third-party, as defined in section  
5101.571 of the Revised Code, and the third-party's payment or  
partial payment was not offset against the amount paid by the  
medicaid program to reduce or eliminate the amount that was paid  
by the medicaid program;

(4) Payment when a medicaid recipient's responsibility for  
payment was understated and resulted in an overpayment to the  
provider.

(C) During the period specified in division (A) of this  
section, the department may recover an overpayment under this  
section prior to or after any of the following:

(1) Adjudication of a final fiscal audit that section 5111.06  
of the Revised Code requires to be conducted in accordance with

<u>Chapter 119. of the Revised Code;</u>	58243
<u>(2) Adjudication of a finding under any other provision of this chapter or the rules adopted under it;</u>	58244
	58245
<u>(3) Expiration of the time to issue a final fiscal audit that section 5111.06 of the Revised Code requires to be conducted in accordance with Chapter 119. of the Revised Code;</u>	58246
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<u>(4) Expiration of the time to issue a finding under any other provision of this chapter or the rules adopted under it.</u>	58249
	58250
<u>(D)(1) Subject to division (D)(2) of this section, the recovery of an overpayment under this section does not preclude the department from subsequently doing the following:</u>	58251
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	58253
<u>(a) Issuing a final fiscal audit in accordance with Chapter 119. of the Revised Code, as required under section 5111.06 of the Revised Code;</u>	58254
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	58256
<u>(b) Issuing a finding under any other provision of this chapter or the rules adopted under it.</u>	58257
	58258
<u>(2) A final fiscal audit or finding issued subsequent to the recovery of an overpayment under this section shall be reduced by the amount of the prior recovery, as appropriate.</u>	58259
	58260
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<u>(E) Nothing in this section limits the department's authority to recover overpayments pursuant to any other provision of the Revised Code.</u>	58262
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<u>Sec. 5111.062. In any action taken by the department of job and family services under section 5111.06 or 5111.061 of the Revised Code or any other provision of this chapter that requires the department to give notice of an opportunity for a hearing in accordance with Chapter 119. of the Revised Code, if the department gives notice of the opportunity for a hearing but the provider or other entity subject to the notice does not request a</u>	58265
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hearing or timely request a hearing in accordance with section 58272  
119.07 of the Revised Code, the department is not required to hold 58273  
a hearing. The director of job and family service may proceed by 58274  
issuing a final adjudication order in accordance with Chapter 119. 58275  
of the Revised Code. 58276

**Sec. 5111.082.** The director of job and family services, in 58277  
rules adopted under section 5111.02 of the Revised Code, may 58278  
establish and implement a supplemental drug rebate program under 58279  
which drug manufacturers may be required to provide the department 58280  
of job and family services a supplemental rebate as a condition of 58281  
having the drug manufacturers' drug products covered by the 58282  
medicaid program without prior approval. The department may 58283  
receive a supplemental rebate negotiated under the program for a 58284  
drug dispensed to a medicaid recipient pursuant to a prescription 58285  
or a drug purchased by a medicaid provider for administration to a 58286  
medicaid recipient in the provider's primary place of business. If 58287  
necessary, the director may apply to the United States secretary 58288  
of health and human services for a waiver of federal statutes and 58289  
regulations to establish the supplemental drug rebate program. 58290

If the director establishes a supplemental drug rebate 58291  
program, the director shall consult with drug manufacturers 58292  
regarding the establishment and implementation of the program. 58293

~~If the director establishes a supplemental drug rebate~~ 58294  
~~program, the director shall exempt from the program all of a drug~~ 58295  
~~manufacturer's drug products that have been approved by the United~~ 58296  
~~States food and drug administration for the treatment of either of~~ 58297  
~~the following:~~ 58298

~~(A) Mental illness, as defined in section 5122.01 of the~~ 58299  
~~Revised Code, including schizophrenia, major depressive disorder,~~ 58300  
~~and bipolar disorder;~~ 58301

~~(B) HIV or AIDS, both as defined in section 3701.24 of the Revised Code.~~ 58302  
58303

**Sec. 5111.083.** (A) As used in this section: 58304

(1) "State maximum allowable cost" means the per unit amount the department of job and family services reimburses a terminal distributor of dangerous drugs for a prescription drug included in the state maximum allowable cost program established under division (B) of this section. "State maximum allowable cost" excludes dispensing fees and copayments, coinsurance, or other cost-sharing charges, if any. 58305  
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(2) "Terminal distributor of dangerous drugs" has the same meaning as in section 4729.01 of the Revised Code. 58312  
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(B) The director of job and family services shall establish a state maximum allowable cost program for purposes of managing reimbursement to terminal distributors of dangerous drugs for prescription drugs identified by the director pursuant to this division. The director shall do all of the following with respect to the program: 58314  
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(1) Identify and create a list of prescription drugs to be included in the program. 58320  
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(2) Update the list of prescription drugs described in division (B)(1) of this section on a weekly basis. 58322  
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(3) Review the state maximum allowable cost for each drug included on the list described in division (B)(1) of this section on a weekly basis. 58324  
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(C) The director may adopt rules in accordance with Chapter 119. of the Revised Code to implement this section. 58327  
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**Sec. 5111.084.** (A) As used in this section, "licensed health professional authorized to prescribe drugs" has the same meaning 58329  
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as in section 4729.01 of the Revised Code. 58331

(B) The director of job and family services may establish an e-prescribing system for the medicaid program under which a medicaid provider who is a licensed health professional authorized to prescribe drugs shall use an electronic system to prescribe a drug for a medicaid recipient when required to do so by division (C) of this section. The e-prescribing system shall eliminate the need for such medicaid providers to make prescriptions for medicaid recipients by handwriting or telephone. The e-prescribing system also shall provide such medicaid providers with an up-to-date, clinically relevant drug information database and a system of electronically monitoring medicaid recipients' medical history, drug regimen compliance, and fraud and abuse. 58332  
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(C) If the director establishes an e-prescribing system under division (B) of this section, the director shall do all of the following: 58344  
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(1) Require that a medicaid provider who is a licensed health professional authorized to prescribe drugs use the e-prescribing system during a fiscal year if the medicaid provider was one of the ten medicaid providers who, during the calendar year that precedes that fiscal year, issued the most prescriptions for medicaid recipients receiving hospital services; 58347  
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(2) Before the beginning of each fiscal year, determine the ten medicaid providers that issued the most prescriptions for medicaid recipients receiving hospital services during the calendar year that precedes the upcoming fiscal year and notify those medicaid providers that they must use the e-prescribing system for the upcoming fiscal year; 58353  
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(3) Seek the most federal financial participation available for the development and implementation of the e-prescribing 58359  
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system. 58361

**Sec. ~~5111.81~~ 5111.085.** There is hereby established the 58362  
pharmacy and therapeutics committee of the department of job and 58363  
family services. The committee shall consist of ~~eight~~ nine members 58364  
and shall be appointed by the director of job and family services. 58365  
The membership of the committee shall include: ~~two~~ three 58366  
pharmacists licensed under Chapter 4729. of the Revised Code; two 58367  
doctors of medicine and two doctors of osteopathy licensed under 58368  
Chapter 4731. of the Revised Code; a registered nurse licensed 58369  
under Chapter 4723. of the Revised Code; and a pharmacologist who 58370  
has a doctoral degree. The committee shall elect one of its 58371  
members as chairperson. 58372

**Sec. 5111.10.** The director of job and family services may 58373  
conduct reviews of the medicaid program. The reviews may include 58374  
physical inspections of records and sites where medicaid-funded 58375  
services are provided and interviews of providers and recipients 58376  
of the services. If the director determines pursuant to a review 58377  
that a person or government entity has violated a rule governing 58378  
the medicaid program, the director may establish a corrective 58379  
action plan for the violator and impose fiscal, administrative, or 58380  
both types of sanctions on the violator in accordance with rules 58381  
governing the medicaid program. Such action to be taken against a 58382  
responsible entity, as defined in section 5101.24 of the Revised 58383  
Code, shall be taken in accordance with that section. 58384

**Sec. 5111.11.** (A) As used in this section, ~~"estate" means all~~ 58385  
and section 5111.111 of the Revised Code: 58386

(1) "Estate" includes both of the following: 58387

(a) All real and personal property and other assets to be 58388  
administered under Title XXI of the Revised Code and property that 58389

would be administered under that title if not for section 2113.03 58390  
or 2113.031 of the Revised Code; 58391

(b) Any other real and personal property and other assets in 58392  
which an individual had any legal title or interest at the time of 58393  
death (to the extent of the interest), including assets conveyed 58394  
to a survivor, heir, or assign of the individual through joint 58395  
tenancy, tenancy in common, survivorship, life estate, living 58396  
trust, or other arrangement. 58397

(2) "Institution" means a nursing facility, intermediate care 58398  
facility for the mentally retarded, or a medical institution. 58399

(3) "Intermediate care facility for the mentally retarded" 58400  
and "nursing facility" have the same meanings as in section 58401  
5111.20 of the Revised Code. 58402

(4) "Permanently institutionalized individual" means an 58403  
individual to whom all of the following apply: 58404

(a) Is an inpatient in an institution; 58405

(b) Is required, as a condition of the medicaid program 58406  
paying for the individual's services in the institution, to spend 58407  
for costs of medical or nursing care all of the individual's 58408  
income except for an amount for personal needs specified by the 58409  
department of job and family services; 58410

(c) Cannot reasonably be expected to be discharged from the 58411  
institution and return home as determined by the department of job 58412  
and family services. 58413

(5) "Time of death" shall not be construed to mean a time 58414  
after which a legal title or interest in real or personal property 58415  
or other asset may pass by survivorship or other operation of law 58416  
due to the death of the decedent or terminate by reason of the 58417  
decedent's death. 58418

(B) For the purpose of recovering the cost of services 58419

~~correctly paid under the medical assistance program to a recipient 58420  
age fifty five or older, the To the extent permitted by federal 58421  
law, the department of job and family services shall institute an 58422  
estate recovery program against the property and estates of 58423  
medical assistance recipients to recover medical assistance 58424  
correctly paid on their behalf to the extent that federal law and 58425  
regulations permit the implementation of a program of that nature. 58426  
The department shall seek to recover medical assistance correctly 58427  
paid only after the recipient and the recipient's surviving 58428  
spouse, if any, have died and only at a time when the recipient 58429  
has no surviving child who is under age twenty one or blind or 58430  
permanently and totally disabled. 58431~~

~~The department may enter into a contract with any person 58432  
under which the person administers the estate recovery program on 58433  
behalf of the department or performs any of the functions required 58434  
to carry out the program. The contract may provide for the person 58435  
to be compensated from the property recovered from the estates of 58436  
medical assistance recipients or may provide for another manner of 58437  
compensation agreed to by the person and the department. 58438  
Regardless of whether it is administered by the department or a 58439  
person under contract with the department, the program shall be 58440  
administered in accordance with applicable requirements of federal 58441  
law and regulations and state law and rules. 58442~~

~~(C) under which the department shall, except as provided in 58443  
divisions (C) and (D) of this section, do both of the following: 58444~~

~~(1) For the costs of medicaid services the medicaid program 58445  
correctly paid or will pay on behalf of a permanently 58446  
institutionalized individual of any age, seek adjustment or 58447  
recovery from the individual's estate or on the sale of property 58448  
of the individual or spouse that is subject to a lien imposed 58449  
under section 5111.111 of the Revised Code; 58450~~

~~(2) For the costs of medicaid services the medicaid program 58451~~

correctly paid or will pay on behalf of an individual fifty-five 58452  
years of age or older who is not a permanently institutionalized 58453  
individual, seek adjustment or recovery from the individual's 58454  
estate. 58455

(C)(1) No adjustment or recovery may be made under division 58456  
(B)(1) of this section from a permanently institutionalized 58457  
individual's estate or on the sale of property of a permanently 58458  
institutionalized individual that is subject to a lien imposed 58459  
under section 5111.111 of the Revised Code or under division 58460  
(B)(2) of this section from an individual's estate while either of 58461  
the following are alive: 58462

(a) The spouse of the permanently institutionalized 58463  
individual or individual; 58464

(b) The son or daughter of a permanently institutionalized 58465  
individual or individual if the son or daughter is under age 58466  
twenty-one or, under 42 U.S.C. 1382c, is considered blind or 58467  
disabled. 58468

(2) No adjustment or recovery may be made under division 58469  
(B)(1) of this section from a permanently institutionalized 58470  
individual's home that is subject to a lien imposed under section 58471  
5111.111 of the Revised Code while either of the following 58472  
lawfully reside in the home: 58473

(a) The permanently institutionalized individual's sibling 58474  
who resided in the home for at least one year immediately before 58475  
the date of the permanently institutionalized individual's 58476  
admission to the institution and on a continuous basis since that 58477  
time; 58478

(b) The permanently institutionalized individual's son or 58479  
daughter who provided care to the permanently institutionalized 58480  
individual that delayed the permanently institutionalized 58481  
individual's institutionalization and resided in the home for at 58482

least two years immediately before the date of the permanently 58483  
institutionalized individual's admission to the institution and on 58484  
a continuous basis since that time. 58485

(D) The department ~~may~~ shall waive seeking an adjustment or 58486  
recovery of ~~medical assistance correctly paid otherwise required~~ 58487  
by this section if the director of job and family services 58488  
determines that adjustment or recovery would work an undue 58489  
hardship. ~~The~~ The department may limit the duration of the waiver 58490  
to the period during which the undue hardship exists. 58491

The director, in accordance with Chapter 119. of the Revised 58492  
Code, shall adopt rules establishing regarding the estate recovery 58493  
program, including rules that establish procedures and criteria 58494  
for waiver of adjustment or recovery due to an undue hardship, 58495  
~~which.~~ These rules shall meet the standards specified by the 58496  
United States secretary of health and human services under 42 58497  
U.S.C. 1396p(b)(3), as amended. 58498

~~(D) Any action that may be taken by the department under~~ 58499  
~~section 5111.111 of the Revised Code may be taken by a person~~ 58500  
~~administering the program, or performing actions specified in that~~ 58501  
~~section, pursuant to a contract with the department.~~ 58502

(E) For the purpose of determining whether an individual 58503  
meets the definition of "permanently institutionalized individual" 58504  
established for this section, a rebuttable presumption exists that 58505  
the individual cannot reasonably be expected to be discharged from 58506  
an institution and return home if either of the following is the 58507  
case: 58508

(1) The individual declares that he or she does not intend to 58509  
return home. 58510

(2) The individual has been an inpatient in an institution 58511  
for at least six months. 58512

~~Sec. 5111.111. As used in this section, "home and community based services" means services provided pursuant to a waiver under section 1915 of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 1396n, as amended.~~ 58513  
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The (A) Except as provided in division (B) of this section and section 5111.12 of the Revised Code, no lien may be imposed against the property of an individual before the individual's death on account of medicaid services correctly paid or to be paid on the individual's behalf. 58517  
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(B) Except as provided in division (C) of this section, the department of job and family services may ~~place~~ impose a lien against the real property of a ~~medical assistance medicaid~~ recipient ~~or who is a permanently institutionalized individual and against the real property of the recipient's spouse, other than a recipient or spouse of a recipient of home and community based services, that the department may recover as part of the program instituted under section 5111.11 of the Revised Code including any real property that is jointly held by the recipient and spouse.~~ When medical assistance is paid on behalf of any person in circumstances under which federal law and regulations and this section permit the imposition of a lien, the The lien may be imposed on account of medicaid paid or to be paid on the recipient's behalf.

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(C) No lien may be imposed under division (B) of this section against the home of a medicaid recipient if any of the following lawfully resides in the home: 58536  
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(1) The recipient's spouse; 58539

(2) The recipient's son or daughter who is under twenty-one years of age or, under 42 U.S.C. 1382c, considered to be blind or disabled; 58540  
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(3) The recipient's sibling who has an equity interest in the home and resided in the home for at least one year immediately before the date of the recipient's admission to the institution. 58543  
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(D) The director of job and family services or a person designated by the director ~~may~~ shall sign a certificate to the effect ~~effectuate a lien required to be imposed under this section.~~ The county department of job and family services shall file for recording and indexing the certificate, or a certified copy, in the real estate mortgage records in the office of the county recorder in every county in which real property of the recipient or spouse is situated. From the time of filing the certificate in the office of the county recorder, the lien attaches to all real property of the recipient or spouse described ~~therein in the certificate~~ for all amounts ~~of aid which are paid or which thereafter are paid,~~ for which adjustment or recovery may be made under section 5111.11 of the Revised Code and, except as provided in division (E) of this section, shall remain a lien until satisfied. 58546  
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Upon filing the certificate in the office of the recorder, all persons are charged with notice of the lien and the rights of the department of job and family services thereunder. 58561  
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The county recorder shall keep a record of every certificate filed showing its date, the time of filing, the name and residence of the recipient or spouse, and any release, waivers, or satisfaction of the lien. 58564  
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The priority of the lien shall be established in accordance with state and federal law. 58568  
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The department may waive the priority of its lien to provide for the costs of the last illness as determined by the department, administration, attorney fees, administrator fees, a sum for the payment of the costs of burial, which shall be computed by 58570  
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deducting from five hundred dollars whatever amount is available 58574  
for the same purpose from all other sources, and a similar sum for 58575  
the spouse of the decedent. 58576

(E) A lien imposed with respect to a medicaid recipient under 58577  
this section shall dissolve on the recipient's discharge from the 58578  
institution and return home. 58579

Sec. 5111.112. The department of job and family services 58580  
shall certify amounts due under the estate recovery program 58581  
instituted under section 5111.11 of the Revised Code to the 58582  
attorney general pursuant to section 131.02 of the Revised Code. 58583  
The attorney general may enter into a contract with any person or 58584  
government entity to collect the amounts due on behalf of the 58585  
attorney general. 58586

The attorney general, in entering into a contract under this 58587  
section, shall comply with all of the requirements that must be 58588  
met for the state to receive federal financial participation for 58589  
the costs incurred in entering into the contract and carrying out 58590  
actions under the contract. The contract may provide for the 58591  
person or government entity with which the attorney general 58592  
contracts to be compensated from the property recovered under the 58593  
estate recovery program or may provide for another manner of 58594  
compensation agreed to by the parties to the contract. 58595

Regardless of whether the attorney general collects the 58596  
amounts due under the estate recovery program or contracts with a 58597  
person or government entity to collect the amounts due on behalf 58598  
of the attorney general, the amounts due shall be collected in 58599  
accordance with applicable requirements of federal statutes and 58600  
regulations and state statutes and rules. 58601

Sec. ~~5111.112~~ 5111.113. (A) As used in this section: 58602

(1) "Adult care facility" has the same meaning as in section 58603

3722.01 of the Revised Code. 58604

(2) "Commissioner" means a person appointed by a probate 58605  
court under division (B) of section 2113.03 of the Revised Code to 58606  
act as a commissioner. 58607

(3) "Home" has the same meaning as in section 3721.10 of the 58608  
Revised Code. 58609

(4) "Personal needs allowance account" means an account or 58610  
petty cash fund that holds the money of a resident of an adult 58611  
care facility or home and that the facility or home manages for 58612  
the resident. 58613

(B) Except as provided in divisions (C) and (D) of this 58614  
section, the owner or operator of an adult care facility or home 58615  
shall transfer to the department of job and family services the 58616  
money in the personal needs allowance account of a resident of the 58617  
facility or home who was a recipient of the medical assistance 58618  
program no earlier than sixty days but not later than ninety days 58619  
after the resident dies. The adult care facility or home shall 58620  
transfer the money even though the owner or operator of the 58621  
facility or home has not been issued letters testamentary or 58622  
letters of administration concerning the resident's estate. 58623

(C) If funeral or burial expenses for a resident of an adult 58624  
care facility or home who has died have not been paid and the only 58625  
resource the resident had that could be used to pay for the 58626  
expenses is the money in the resident's personal needs allowance 58627  
account, or all other resources of the resident are inadequate to 58628  
pay the full cost of the expenses, the money in the resident's 58629  
personal needs allowance account shall be used to pay for the 58630  
expenses rather than being transferred to the department of job 58631  
and family services pursuant to division (B) of this section. 58632

(D) If, not later than sixty days after a resident of an 58633  
adult care facility or home dies, letters testamentary or letters 58634

of administration are issued, or an application for release from 58635  
administration is filed under section 2113.03 of the Revised Code, 58636  
concerning the resident's estate, the owner or operator of the 58637  
facility or home shall transfer the money in the resident's 58638  
personal needs allowance account to the administrator, executor, 58639  
commissioner, or person who filed the application for release from 58640  
administration. 58641

(E) The transfer or use of money in a resident's personal 58642  
needs allowance account in accordance with division (B), (C), or 58643  
(D) of this section discharges and releases the adult care 58644  
facility or home, and the owner or operator of the facility or 58645  
home, from any claim for the money from any source. 58646

(F) If, sixty-one or more days after a resident of an adult 58647  
care facility or home dies, letters testamentary or letters of 58648  
administration are issued, or an application for release from 58649  
administration under section 2113.03 of the Revised Code is filed, 58650  
concerning the resident's estate, the department of job and family 58651  
services shall transfer the funds to the administrator, executor, 58652  
commissioner, or person who filed the application, unless the 58653  
department is entitled to recover the money under the estate 58654  
recovery program instituted under section 5111.11 of the Revised 58655  
Code. 58656

**Sec. ~~5111.113~~ 5111.114.** As used in this section, "nursing 58657  
facility" and "intermediate care facility for the ~~mental~~ mentally 58658  
retarded" have the same meanings as in section 5111.20 of the 58659  
Revised Code. 58660

In determining the amount of income that a recipient of 58661  
medical assistance must apply monthly toward payment of the cost 58662  
of care in a nursing facility or intermediate care facility for 58663  
the mentally retarded, the county department of job and family 58664  
services shall deduct from the recipient's monthly income a 58665

monthly personal needs allowance in accordance with section 1902 58666  
of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C.A. 58667  
1396a, as amended. 58668

For a resident of a nursing facility, the monthly personal 58669  
needs allowance shall be not less than forty dollars for an 58670  
individual resident and not less than eighty dollars for a married 58671  
couple if both spouses are residents of a nursing facility. 58672

For a resident of an intermediate care facility for the 58673  
mentally retarded, the monthly personal needs allowance shall be 58674  
forty dollars unless the resident has earned income, in which case 58675  
the monthly personal needs allowance shall be determined by the 58676  
state department of job and family services but shall not exceed 58677  
one hundred five dollars. 58678

**Sec. 5111.16.** (A) As part of the medicaid program, the 58679  
department of job and family services shall establish a care 58680  
management system. The department shall submit, if necessary, 58681  
applications to the United States department of health and human 58682  
services for waivers of federal medicaid requirements that would 58683  
otherwise be violated in the implementation of the system. 58684

(B) The department shall implement the care management system 58685  
in some or all counties and shall designate the medicaid 58686  
recipients who are required or permitted to participate in the 58687  
system. In the department's implementation of the system and 58688  
designation of participants, all of the following apply: 58689

(1) In the case of individuals who receive medicaid on the 58690  
basis of being included in the category identified by the 58691  
department as covered families and children, the department shall 58692  
implement the care management system in all counties. All 58693  
individuals included in the category shall be designated for 58694  
participation, except for individuals included in one or more of 58695

the medicaid recipient groups specified in 42 C.F.R. 438.50(d). 58696  
The department shall designate the participants not later than 58697  
January 1, 2006. Beginning not later than December 31, 2006, the 58698  
department shall ensure that all participants are enrolled in 58699  
health insuring corporations under contract with the department 58700  
pursuant to section 5111.17 of the Revised Code. 58701

(2) In the case of individuals who receive medicaid on the 58702  
basis of being aged, blind, or disabled, as specified in division 58703  
(A)(2) of section 5111.01 of the Revised Code, the department 58704  
shall implement the care management system in all counties. All 58705  
individuals included in the category shall be designated for 58706  
participation, except for the individuals specified in divisions 58707  
(B)(2)(a) to (e) of this section. Beginning not later than 58708  
December 31, 2006, the department shall ensure that all 58709  
participants are enrolled in health insuring corporations under 58710  
contract with the department pursuant to section 5111.17 of the 58711  
Revised Code. 58712

In designating participants who receive medicaid on the basis 58713  
of being aged, blind, or disabled, the department shall not 58714  
include any of the following: 58715

(a) Individuals who are under twenty-one years of age; 58716

(b) Individuals who are institutionalized; 58717

(c) Individuals who become eligible for medicaid by spending 58718  
down their income or resources to a level that meets the medicaid 58719  
program's financial eligibility requirements; 58720

(d) Individuals who are dually eligible under the medicaid 58721  
program and the medicare program established under Title XVIII of 58722  
the "Social Security Act," 79 Stat. 286 (1965), 42 U.S.C. 1395, as 58723  
amended; 58724

(e) Individuals to the extent that they are receiving 58725

medicaid services through a medicaid waiver component, as defined 58726  
in section 5111.85 of the Revised Code. 58727

(3) Alcohol, drug addiction, and mental health services 58728  
covered by medicaid shall not be included in any component of the 58729  
care management system when the nonfederal share of the cost of 58730  
those services is provided by a board of alcohol, drug adiction, 58731  
and mental health services or a state agency other than the 58732  
department of job and family services, but the recipients of those 58733  
services may otherwise be designated for participation in the 58734  
system. 58735

~~(B) Under the care management system~~ (C) Subject to division 58736  
(B) of this section, the department may do both of the following 58737  
under the care management system: 58738

(1) Require or permit participants in the system to obtain 58739  
health care services from providers designated by the department; 58740

(2) ~~require~~ Require or permit participants in the system to 58741  
obtain health care services through managed care organizations 58742  
under contract with the department pursuant to section 5111.17 of 58743  
the Revised Code. 58744

~~(C)~~(D)(1) The department shall prepare an annual report on 58745  
the care management system. The report shall address the 58746  
department's ability to implement the system, including all of the 58747  
following components: 58748

(a) The required designation of participants included in the 58749  
category identified by the department as covered families and 58750  
children; 58751

(b) The required designation of participants included in the 58752  
aged, blind, or disabled category of medicaid recipients; 58753

(c) The conduct of the pilot program for chronically ill 58754  
children established under section 5111.163 of the Revised Code; 58755

<u>(d) The use of any programs for enhanced care management.</u>	58756
<u>(2) The department shall submit each annual report to the general assembly. The first report shall be submitted not later than October 1, 2007.</u>	58757 58758 58759
<u>(E) The director of job and family services may adopt rules in accordance with Chapter 119. of the Revised Code to implement this section.</u>	58760 58761 58762
<u>Sec. 5111.161. (A) There is hereby created the medicaid care management working group, consisting of the following members:</u>	58763 58764
<u>(1) Three individuals representing medicaid health insuring corporations, as defined in section 5111.176 of the Revised Code, one appointed by the president of the senate, one appointed by the speaker of the house of representatives, and one appointed by the governor;</u>	58765 58766 58767 58768 58769
<u>(2) One individual representing programs that provide enhanced care management services, appointed by the governor;</u>	58770 58771
<u>(3) Four individuals representing health care professional and trade associations, appointed as follows:</u>	58772 58773
<u>(a) One representative of the American academy of pediatrics, appointed by the president of the senate;</u>	58774 58775
<u>(b) One representative of the American academy of family physicians, appointed by the speaker of the house of representatives;</u>	58776 58777 58778
<u>(c) One representative of the Ohio state medical association, appointed by the president of the senate;</u>	58779 58780
<u>(d) One representative of the Ohio hospital association, appointed by the speaker of the house of representatives.</u>	58781 58782
<u>(4) One individual representing behavioral health professional and trade associations, appointed by the speaker of</u>	58783 58784

<u>the house of representatives;</u>	58785
<u>(5) Two individuals representing consumer advocates, one appointed by the president of the senate and one appointed by the speaker of the house of representatives;</u>	58786
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<u>(6) One individual representing county departments of job and family services, appointed by the president of the senate;</u>	58789
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<u>(7) Three individuals representing the business community, one appointed by the president of the senate, one appointed by the speaker of the house of representatives, and one appointed by the governor;</u>	58791
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<u>(8) The director of job and family services or the director's designee;</u>	58795
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<u>(9) The director of health or the director's designee;</u>	58797
<u>(10) The director of aging or the director's designee.</u>	58798
<u>(B) The members of the working group shall serve at the pleasure of their appointing authorities. Vacancies shall be filled in the manner provided for original appointments.</u>	58799
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	58801
<u>(C) The working group shall develop guidelines that the department of job and family services may consider when entering into contracts under section 5111.17 of the Revised Code with managed care organizations for purposes of the care management system established under section 5111.16 of the Revised Code. The working group shall consult regularly with the departments of insurance, alcohol and drug addiction services, mental health, and mental retardation and developmental disabilities and the rehabilitation services commission.</u>	58802
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<u>In developing the guidelines, the working group shall do all of the following:</u>	58811
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<u>(1) Examine the best practice standards used in managed care programs and other health care and related systems to maximize</u>	58813
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<u>patient and provider satisfaction, maintain quality of care, and</u>	58815
<u>obtain cost-effectiveness;</u>	58816
<u>(2) Consider the most effective means of facilitating the</u>	58817
<u>expansion of the care management system and increasing consistency</u>	58818
<u>within the system;</u>	58819
<u>(3) Make recommendations for coordinating the regulatory</u>	58820
<u>relationships involved in the medicaid care management system;</u>	58821
<u>(4) Make recommendations for improving the resolution of</u>	58822
<u>contracting issues among the providers involved in the care</u>	58823
<u>management system;</u>	58824
<u>(5) Make recommendations that the department may consider</u>	58825
<u>when developing and implementing the financial incentive program</u>	58826
<u>under division (B) of section 5111.17 of the Revised Code to</u>	58827
<u>improve and reward positive health outcomes through managed care</u>	58828
<u>contracts. In making these recommendations, the working group</u>	58829
<u>shall include all of the following:</u>	58830
<u>(a) Standards and procedures by which care management</u>	58831
<u>contractors may receive financial incentives for positive health</u>	58832
<u>outcomes measured on an individual basis;</u>	58833
<u>(b) Specific measures of positive health outcomes,</u>	58834
<u>particularly among individuals with high-risk health conditions;</u>	58835
<u>(c) Criteria for determining what constitutes a completed</u>	58836
<u>health outcome;</u>	58837
<u>(d) Methods of funding the program without requiring an</u>	58838
<u>increase in appropriations.</u>	58839
<u>(D) The working group shall prepare an annual report on its</u>	58840
<u>activities and shall submit the report to the president of the</u>	58841
<u>senate, speaker of the house of representatives, and governor. The</u>	58842
<u>report shall include any findings and recommendations the working</u>	58843
<u>group considers relevant to its duties. The working group shall</u>	58844

complete an initial report not later than December 31, 2005. Each 58845  
year thereafter, the working group shall complete its annual 58846  
report by the last day of December. 58847

Sec. 5111.162. (A) As used in this section, "medicaid managed 58848  
care organization" means a managed care organization that has 58849  
entered into a contract with the department of job and family 58850  
services pursuant to section 5111.17 of the Revised Code. 58851

(B) Except as provided in division (C) of this section, when 58852  
a participant in the care management system established under 58853  
section 5111.16 of the Revised Code is enrolled in a medicaid 58854  
managed care organization and the organization refers the 58855  
participant to a hospital that participates in the medicaid 58856  
program but is not under contract with the organization, the 58857  
hospital shall provide the service for which the referral was made 58858  
and shall accept from the organization, as payment in full, the 58859  
amount derived from the reimbursement rate used by the department 58860  
to reimburse other hospitals of the same type for providing the 58861  
same service to a medicaid recipient who is not enrolled in a 58862  
medicaid managed care organization. 58863

(C) A hospital is not subject to division (B) of this section 58864  
if all of the following are the case: 58865

(1) The hospital is located in a county in which participants 58866  
in the care management system are required before January 1, 2006, 58867  
to be enrolled in a medicaid managed care organization that is a 58868  
health insuring corporation; 58869

(2) The hospital has entered into a contract before January 58870  
1, 2006, with at least one health insuring corporation serving the 58871  
participants specified in division (C)(1) of this section; 58872

(3) The hospital remains under contract with at least one 58873  
health insuring corporation serving participants in the care 58874

management system who are required to be enrolled in a health 58875  
insuring corporation. 58876

(D) The director of job and family services shall adopt rules 58877  
specifying the circumstances under which a medicaid managed care 58878  
organization is permitted to refer a participant in the care 58879  
management system to a hospital that is not under contract with 58880  
the organization. The director may adopt any other rules necessary 58881  
to implement this section. All rules adopted under this section 58882  
shall be adopted in accordance with Chapter 119. of the Revised 58883  
Code. 58884

Sec. 5111.163. (A) As used in this section, "chronically ill 58885  
child" means an individual who is not more than twenty-one years 58886  
of age and meets the conditions specified in division (A)(2) of 58887  
section 5111.01 of the Revised Code to be eligible for medicaid on 58888  
the basis of being blind or disabled. 58889

(B) Notwithstanding any conflicting provision of section 58890  
5111.16 of the Revised Code, the department of job and family 58891  
services shall develop a pilot program for the care management of 58892  
chronically ill children in accordance with this section. The 58893  
pilot program shall be implemented not later than October 1, 2006, 58894  
or, if by that date the department has not received any necessary 58895  
federal approval to implement the program, as soon as practicable 58896  
after receiving the approval. The department shall operate the 58897  
program until October 1, 2008, except that the department shall 58898  
cease operation of the program before that date if either of the 58899  
following is the case: 58900

(1) The department determines that requiring chronically ill 58901  
children to participate in the care management system is not a 58902  
cost-effective means of providing medicaid services. 58903

(2) The combined state and federal cost of the children's 58904