

**As Reported by the House Judiciary Committee**

**130th General Assembly**

**Regular Session**

**2013-2014**

**Sub. H. B. No. 49**

**Representatives Dovilla, Retherford**

**Cosponsors: Representatives Derickson, Thompson, Reece, Boyce,  
Stebelton, Pillich, Anielski, Ashford, Sprague, Antonio**

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**A B I L L**

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

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

**Section 1.** That sections 173.501, 173.521, 173.542, 2317.54, 16  
4715.36, 5101.60, 5101.61, 5101.611, 5101.62, 5101.63, 5101.64, 17  
5101.66, 5101.67, 5101.68, 5101.69, 5101.70, 5101.71, 5101.99, 18  
5123.61, and 5126.31 be amended; sections 5101.61 (5101.63), 19

5101.611 (5101.64), 5101.62 (5101.65), 5101.63 (5101.651), 5101.64 20  
(5101.66), 5101.65 (5101.68), 5101.66 (5101.681), 5101.67 21  
(5101.682), 5101.68 (5101.69), 5101.69 (5101.70), 5101.70 22  
(5101.71), 5101.71 (5101.61), and 5101.72 (5101.611) be amended 23  
for the purpose of adopting new section numbers as indicated in 24  
parentheses; and new section 5101.62 and sections 5101.631, 25  
5101.632, 5101.701, 5101.702, 5101.74, and 5101.741 of the Revised 26  
Code be enacted to read as follows: 27

**Sec. 173.501.** (A) As used in this section: 28

"Nursing facility" has the same meaning as in section 5165.01 29  
of the Revised Code. 30

"PACE provider" has the same meaning as in the "Social 31  
Security Act," section 1934(a)(3), 42 U.S.C. 1396u-4(a)(3). 32

(B) The department of aging shall establish a home first 33  
component of the PACE program under which eligible individuals may 34  
be enrolled in the PACE program in accordance with this section. 35  
An individual is eligible for the PACE program's home first 36  
component if both of the following apply: 37

(1) The individual has been determined to be eligible for the 38  
PACE program. 39

(2) At least one of the following applies: 40

(a) The individual has been admitted to a nursing facility. 41

(b) A physician has determined and documented in writing that 42  
the individual has a medical condition that, unless the individual 43  
is enrolled in home and community-based services such as the PACE 44  
program, will require the individual to be admitted to a nursing 45  
facility within thirty days of the physician's determination. 46

(c) The individual has been hospitalized and a physician has 47  
determined and documented in writing that, unless the individual 48

is enrolled in home and community-based services such as the PACE 49  
program, the individual is to be transported directly from the 50  
hospital to a nursing facility and admitted. 51

(d) Both of the following apply: 52

(i) The individual is the subject of a report made under 53  
section ~~5101.61~~ 5101.63 of the Revised Code regarding abuse, 54  
neglect, or exploitation or such a report referred to a county 55  
department of job and family services under section 5126.31 of the 56  
Revised Code or has made a request to a county department for 57  
protective services as defined in section 5101.60 of the Revised 58  
Code. 59

(ii) A county department of job and family services and an 60  
area agency on aging have jointly documented in writing that, 61  
unless the individual is enrolled in home and community-based 62  
services such as the PACE program, the individual should be 63  
admitted to a nursing facility. 64

(C) Each month, the department of aging shall identify 65  
individuals who are eligible for the home first component of the 66  
PACE program. When the department identifies such an individual, 67  
the department shall notify the PACE provider serving the area in 68  
which the individual resides. The PACE provider shall determine 69  
whether the PACE program is appropriate for the individual and 70  
whether the individual would rather participate in the PACE 71  
program than continue or begin to reside in a nursing facility. If 72  
the PACE provider determines that the PACE program is appropriate 73  
for the individual and the individual would rather participate in 74  
the PACE program than continue or begin to reside in a nursing 75  
facility, the PACE provider shall so notify the department of 76  
aging. On receipt of the notice from the PACE provider, the 77  
department of aging shall approve the individual's enrollment in 78  
the PACE program in accordance with priorities established in 79  
rules adopted under section 173.50 of the Revised Code. 80

**Sec. 173.521.** (A) Unless the medicaid-funded component of the PASSPORT program is terminated pursuant to division (C) of section 173.52 of the Revised Code, the department shall establish a home first component of the PASSPORT program under which eligible individuals may be enrolled in the medicaid-funded component of the PASSPORT program in accordance with this section. An individual is eligible for the PASSPORT program's home first component if both of the following apply:

(1) The individual has been determined to be eligible for the medicaid-funded component of the PASSPORT program.

(2) At least one of the following applies:

(a) The individual has been admitted to a nursing facility.

(b) A physician has determined and documented in writing that the individual has a medical condition that, unless the individual is enrolled in home and community-based services such as the PASSPORT program, will require the individual to be admitted to a nursing facility within thirty days of the physician's determination.

(c) The individual has been hospitalized and a physician has determined and documented in writing that, unless the individual is enrolled in home and community-based services such as the PASSPORT program, the individual is to be transported directly from the hospital to a nursing facility and admitted.

(d) Both of the following apply:

(i) The individual is the subject of a report made under section ~~5101.61~~ 5101.63 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to a county department of job and family services under section 5126.31 of the Revised Code or has made a request to a county department for protective services as defined in section 5101.60 of the Revised

Code. 111

(ii) A county department of job and family services and an 112  
area agency on aging have jointly documented in writing that, 113  
unless the individual is enrolled in home and community-based 114  
services such as the PASSPORT program, the individual should be 115  
admitted to a nursing facility. 116

(B) Each month, each area agency on aging shall identify 117  
individuals residing in the area that the agency serves who are 118  
eligible for the home first component of the PASSPORT program. 119  
When an area agency on aging identifies such an individual, the 120  
agency shall notify the long-term care consultation program 121  
administrator serving the area in which the individual resides. 122  
The administrator shall determine whether the PASSPORT program is 123  
appropriate for the individual and whether the individual would 124  
rather participate in the PASSPORT program than continue or begin 125  
to reside in a nursing facility. If the administrator determines 126  
that the PASSPORT program is appropriate for the individual and 127  
the individual would rather participate in the PASSPORT program 128  
than continue or begin to reside in a nursing facility, the 129  
administrator shall so notify the department of aging. On receipt 130  
of the notice from the administrator, the department shall approve 131  
the individual's enrollment in the medicaid-funded component of 132  
the PASSPORT program regardless of the unified waiting list 133  
established under section 173.55 of the Revised Code, unless the 134  
enrollment would cause the component to exceed any limit on the 135  
number of individuals who may be enrolled in the component as set 136  
by the United States secretary of health and human services in the 137  
PASSPORT waiver. 138

**Sec. 173.542.** (A) Unless the medicaid-funded component of the 139  
assisted living program is terminated pursuant to division (C) of 140  
section 173.54 of the Revised Code, the department of aging shall 141

establish a home first component of the assisted living program 142  
under which eligible individuals may be enrolled in the 143  
medicaid-funded component of the assisted living program in 144  
accordance with this section. An individual is eligible for the 145  
assisted living program's home first component if both of the 146  
following apply: 147

(1) The individual has been determined to be eligible for the 148  
medicaid-funded component of the assisted living program. 149

(2) At least one of the following applies: 150

(a) The individual has been admitted to a nursing facility. 151

(b) A physician has determined and documented in writing that 152  
the individual has a medical condition that, unless the individual 153  
is enrolled in home and community-based services such as the 154  
assisted living program, will require the individual to be 155  
admitted to a nursing facility within thirty days of the 156  
physician's determination. 157

(c) The individual has been hospitalized and a physician has 158  
determined and documented in writing that, unless the individual 159  
is enrolled in home and community-based services such as the 160  
assisted living program, the individual is to be transported 161  
directly from the hospital to a nursing facility and admitted. 162

(d) Both of the following apply: 163

(i) The individual is the subject of a report made under 164  
section ~~5101.61~~ 5101.63 of the Revised Code regarding abuse, 165  
neglect, or exploitation or such a report referred to a county 166  
department of job and family services under section 5126.31 of the 167  
Revised Code or has made a request to a county department for 168  
protective services as defined in section 5101.60 of the Revised 169  
Code. 170

(ii) A county department of job and family services and an 171

area agency on aging have jointly documented in writing that, 172  
unless the individual is enrolled in home and community-based 173  
services such as the assisted living program, the individual 174  
should be admitted to a nursing facility. 175

(B) Each month, each area agency on aging shall identify 176  
individuals residing in the area that the area agency on aging 177  
serves who are eligible for the home first component of the 178  
assisted living program. When an area agency on aging identifies 179  
such an individual and determines that there is a vacancy in a 180  
residential care facility participating in the medicaid-funded 181  
component of the assisted living program that is acceptable to the 182  
individual, the agency shall notify the long-term care 183  
consultation program administrator serving the area in which the 184  
individual resides. The administrator shall determine whether the 185  
assisted living program is appropriate for the individual and 186  
whether the individual would rather participate in the assisted 187  
living program than continue or begin to reside in a nursing 188  
facility. If the administrator determines that the assisted living 189  
program is appropriate for the individual and the individual would 190  
rather participate in the assisted living program than continue or 191  
begin to reside in a nursing facility, the administrator shall so 192  
notify the department of aging. On receipt of the notice from the 193  
administrator, the department shall approve the individual's 194  
enrollment in the medicaid-funded component of the assisted living 195  
program regardless of the unified waiting list established under 196  
section 173.55 of the Revised Code, unless the enrollment would 197  
cause the component to exceed any limit on the number of 198  
individuals who may participate in the component as set by the 199  
United States secretary of health and human services in the 200  
assisted living waiver. 201

**Sec. 2317.54.** No hospital, home health agency, ambulatory 202  
surgical facility, or provider of a hospice care program or 203

pediatric respite care program shall be held liable for a 204  
physician's failure to obtain an informed consent from the 205  
physician's patient prior to a surgical or medical procedure or 206  
course of procedures, unless the physician is an employee of the 207  
hospital, home health agency, ambulatory surgical facility, or 208  
provider of a hospice care program or pediatric respite care 209  
program. 210

Written consent to a surgical or medical procedure or course 211  
of procedures shall, to the extent that it fulfills all the 212  
requirements in divisions (A), (B), and (C) of this section, be 213  
presumed to be valid and effective, in the absence of proof by a 214  
preponderance of the evidence that the person who sought such 215  
consent was not acting in good faith, or that the execution of the 216  
consent was induced by fraudulent misrepresentation of material 217  
facts, or that the person executing the consent was not able to 218  
communicate effectively in spoken and written English or any other 219  
language in which the consent is written. Except as herein 220  
provided, no evidence shall be admissible to impeach, modify, or 221  
limit the authorization for performance of the procedure or 222  
procedures set forth in such written consent. 223

(A) The consent sets forth in general terms the nature and 224  
purpose of the procedure or procedures, and what the procedures 225  
are expected to accomplish, together with the reasonably known 226  
risks, and, except in emergency situations, sets forth the names 227  
of the physicians who shall perform the intended surgical 228  
procedures. 229

(B) The person making the consent acknowledges that such 230  
disclosure of information has been made and that all questions 231  
asked about the procedure or procedures have been answered in a 232  
satisfactory manner. 233

(C) The consent is signed by the patient for whom the 234  
procedure is to be performed, or, if the patient for any reason 235



including, but not limited to, competence, minority, or the fact 236  
that, at the latest time that the consent is needed, the patient 237  
is under the influence of alcohol, hallucinogens, or drugs, lacks 238  
legal capacity to consent, by a person who has legal authority to 239  
consent on behalf of such patient in such circumstances, including 240  
either of the following: 241

(1) The parent, whether the parent is an adult or a minor, of 242  
the parent's minor child; 243

(2) An adult whom the parent of the minor child has given 244  
written authorization to consent to a surgical or medical 245  
procedure or course of procedures for the parent's minor child. 246

Any use of a consent form that fulfills the requirements 247  
stated in divisions (A), (B), and (C) of this section has no 248  
effect on the common law rights and liabilities, including the 249  
right of a physician to obtain the oral or implied consent of a 250  
patient to a medical procedure, that may exist as between 251  
physicians and patients on July 28, 1975. 252

As used in this section the term "hospital" has the same 253  
meaning as in section 2305.113 of the Revised Code; "home health 254  
agency" has the same meaning as in section ~~5101.61~~ 3701.881 of the 255  
Revised Code; "ambulatory surgical facility" has the meaning as in 256  
division (A) of section 3702.30 of the Revised Code; and "hospice 257  
care program" and "pediatric respite care program" have the same 258  
meanings as in section 3712.01 of the Revised Code. The provisions 259  
of this division apply to hospitals, doctors of medicine, doctors 260  
of osteopathic medicine, and doctors of podiatric medicine. 261

**Sec. 4715.36.** As used in this section and sections 4715.361 262  
to 4715.374 of the Revised Code: 263

(A) "Accredited dental hygiene school" means a dental hygiene 264  
school accredited by the American dental association commission on 265

dental accreditation or a dental hygiene school whose educational standards are recognized by the American dental association commission on dental accreditation and approved by the state dental board.

(B) "Authorizing dentist" means a dentist who authorizes a dental hygienist to perform dental hygiene services under section 4715.365 of the Revised Code.

(C) "Clinical evaluation" means a diagnosis and treatment plan formulated for an individual patient by a dentist.

(D) "Dentist" means an individual licensed under this chapter to practice dentistry.

(E) "Dental hygienist" means an individual licensed under this chapter to practice as a dental hygienist.

(F) "Dental hygiene services" means the prophylactic, preventive, and other procedures that dentists are authorized by this chapter and rules of the state dental board to assign to dental hygienists, except for procedures while a patient is anesthetized, definitive root planing, definitive subgingival curettage, the administration of local anesthesia, and the procedures specified in rules adopted by the board as described in division (C)(4) of section 4715.22 of the Revised Code.

(G) "Facility" means any of the following:

(1) A health care facility, as defined in section 4715.22 of the Revised Code;

(2) A state correctional institution, as defined in section 2967.01 of the Revised Code;

(3) A comprehensive child development program that receives funds distributed under the "Head Start Act," 95 Stat. 499 (1981), 42 U.S.C. 9831, as amended, and is licensed as a child day-care center;

(4) A residential facility licensed under section 5123.19 of the Revised Code;	296 297
(5) A public school, as defined in section 3701.93 of the Revised Code, located in an area designated as a dental health resource shortage area pursuant to section 3702.87 of the Revised Code;	298 299 300 301
(6) A nonpublic school, as defined in section 3701.93 of the Revised Code, located in an area designated as a dental health resource shortage area pursuant to section 3702.87 of the Revised Code;	302 303 304 305
(7) A federally qualified health center or federally qualified health center look-alike, as defined in section 3701.047 of the Revised Code;	306 307 308
(8) A shelter for victims of domestic violence, as defined in section 3113.33 of the Revised Code;	309 310
(9) A facility operated by the department of youth services under Chapter 5139. of the Revised Code;	311 312
(10) A foster home, as defined in section 5103.02 of the Revised Code;	313 314
(11) A nonprofit clinic, as defined in section 3715.87 of the Revised Code;	315 316
(12) The residence of one or more individuals receiving services provided by a home health agency, as defined in section <del>5101.61</del> <u>3701.881</u> of the Revised Code;	317 318 319
(13) A dispensary;	320
(14) A health care facility, such as a clinic or hospital, of the United States department of veterans affairs;	321 322
(15) The residence of one or more individuals enrolled in a home and community-based services medicaid waiver component, as defined in section 5166.01 of the Revised Code;	323 324 325

(16) A facility operated by the board of health of a city or 326  
general health district or the authority having the duties of a 327  
board of health under section 3709.05 of the Revised Code; 328

(17) A women, infants, and children clinic; 329

(18) A mobile dental unit located at any location listed in 330  
divisions (G)(1) to (17) of this section; 331

(19) Any other location, as specified by the state dental 332  
board in rules adopted under section 4715.372 of the Revised Code, 333  
that is in an area designated as a dental health resource shortage 334  
area pursuant to section 3702.87 of the Revised Code and provides 335  
health care services to individuals who are medicaid recipients 336  
and to indigent and uninsured persons, as defined in section 337  
2305.234 of the Revised Code. 338

**Sec. 5101.60.** As used in sections 5101.60 to 5101.71 of the 339  
Revised Code: 340

(A) "Abandonment" means desertion of an adult by a caretaker 341  
without having made provision for transfer of the adult's care. 342

(B) "Abuse" means the infliction upon an adult by self or 343  
others of injury, unreasonable confinement, intimidation, or cruel 344  
punishment with resulting physical harm, pain, or mental anguish. 345

~~(B)(C) "Adult" means any person sixty years of age or older 346  
within this state who is handicapped by the infirmities of aging 347  
or who has a physical or mental impairment which prevents the 348  
person from providing for the person's own care or protection, and 349  
who resides in an independent living arrangement. An "independent 350  
living arrangement" is a domicile of a person's own choosing, 351  
including, but not limited to, a private home, apartment, trailer, 352  
or rooming house. An "independent living arrangement" includes a 353  
residential facility licensed under section 5119.34 of the Revised 354  
Code that provides accommodations, supervision, and personal care 355~~

~~services for three to sixteen unrelated adults, but does not~~ 356  
~~include other institutions or facilities licensed by the state or~~ 357  
~~facilities in which a person resides as a result of voluntary,~~ 358  
~~civil, or criminal commitment.~~ 359

~~(C)~~ (D) "Area agency on aging" means a public or private 360  
nonprofit entity designated under section 173.011 of the Revised 361  
Code to administer programs on behalf of the department of aging. 362

(E) "Caretaker" means the person assuming the primary 363  
responsibility for the care of an adult ~~on~~ by any of the following 364  
means: 365

(1) On a voluntary basis, ~~by~~ i 366

(2) By contract, ~~through~~ i 367

(3) Through receipt of payment for care, ~~as~~ i 368

(4) As a result of a family relationship, ~~or by~~ i 369

(5) By order of a court of competent jurisdiction. 370

~~(D)~~ (F) "Community mental health agency" means any agency, 371  
program, or facility with which a board of alcohol, drug 372  
addiction, and mental health services contracts to provide the 373  
mental health services listed in section 340.09 of the Revised 374  
Code. 375

(G) "Court" means the probate court in the county where an 376  
adult resides. 377

~~(E)~~ (H) "Emergency" means that the adult is living in 378  
conditions which present a substantial risk of immediate and 379  
irreparable physical harm or death to self or any other person. 380

~~(F)~~ (I) "Emergency services" means protective services 381  
furnished to an adult in an emergency. 382

~~(G)~~ (J) "Exploitation" means the unlawful or improper act of a 383  
caretaker person that has a relationship with an adult using, in 384

one or more transactions, an adult or an adult's resources for 385  
monetary or personal benefit, profit, or gain. 386

~~(H)~~(K) "Financial harm" means impairing an adult's financial 387  
assets by unlawfully obtaining or exerting control over the 388  
adult's real or personal property in any of the following ways: 389

(1) Without the adult's consent or the person authorized to 390  
give consent on the adult's behalf; 391

(2) Beyond the scope of the express or implied consent of the 392  
adult or the person authorized to give consent on the adult's 393  
behalf; 394

(3) By deception; 395

(4) By threat; 396

(5) By intimidation. 397

(L) "In need of protective services" means an adult known or 398  
suspected to be suffering from abuse, neglect, or exploitation to 399  
an extent that either life is endangered or physical harm, mental 400  
anguish, or mental illness results or is likely to result. 401

~~(I)~~(M) "Incapacitated person" means a person who is impaired 402  
for any reason to the extent that the person lacks sufficient 403  
understanding or capacity to make and carry out reasonable 404  
decisions concerning the person's self or resources, with or 405  
without the assistance of a caretaker. Refusal to consent to the 406  
provision of services shall not be the sole determinative that the 407  
person is incapacitated. ~~"Reasonable decisions" are decisions made 408~~  
~~in daily living which facilitate the provision of food, shelter, 409~~  
~~clothing, and health care necessary for life support. 410~~

~~(J)~~(N) "Independent living arrangement" means a domicile of a 411  
person's own choosing, including, but not limited to, a private 412  
home, apartment, trailer, or rooming house. "Independent living 413  
arrangement" includes a residential facility licensed under 414

section 5119.22 of the Revised Code that provides accommodations, 415  
supervision, and personal care services for three to sixteen 416  
unrelated adults, but does not include any other institution or 417  
facility licensed by the state or a facility in which a person 418  
resides as a result of voluntary, civil, or criminal commitment. 419

(O) "Mental illness" means a substantial disorder of thought, 420  
mood, perception, orientation, or memory that grossly impairs 421  
judgment, behavior, capacity to recognize reality, or ability to 422  
meet the ordinary demands of life. 423

~~(K)~~(P) "Neglect" means any of the failure following: 424

(1) Failure of an adult to provide for self the goods or 425  
services necessary to avoid physical harm, mental anguish, or 426  
mental illness ~~or the failure;~~ 427

(2) Failure of a caretaker to provide such goods or services; 428

(3) Abandonment. 429

~~(L)~~(O) "Outpatient health facility" means a facility where 430  
medical care and preventive, diagnostic, therapeutic, 431  
rehabilitative, or palliative items or services are provided to 432  
outpatients by or under the direction of a physician or dentist. 433

(R) "Peace officer" means a peace officer as defined in 434  
section 2935.01 of the Revised Code. 435

~~(M)~~(S) "Physical harm" means bodily pain, injury, impairment, 436  
or disease suffered by an adult. 437

~~(N)~~(T) "Protective services" means services provided by the 438  
county department of job and family services or its designated 439  
agency to an adult who has been determined by evaluation to 440  
require such services for the prevention, correction, or 441  
discontinuance of an act of as well as conditions resulting from 442  
abuse, neglect, or exploitation. Protective services may include, 443  
but are not limited to, case work services, medical care, mental 444

health services, legal services, fiscal management, home health care, homemaker services, housing-related services, guardianship services, and placement services as well as the provision of such commodities as food, clothing, and shelter.

~~(U)~~ (U) "Reasonable decisions" means decisions made in daily living that facilitate the provision of food, shelter, clothing, and health care necessary for life support.

(V) "Senior service provider" means a person who provides care or specialized services to an adult, except that it does not include the state long-term care ombudsperson or a regional long-term care ombudsperson.

(W) "Working day" means Monday, Tuesday, Wednesday, Thursday, and Friday, except when such day is a holiday as defined in section 1.14 of the Revised Code.

**Sec. ~~5101.71~~ 5101.61.** (A) The county departments of job and family services shall implement sections 5101.60 to 5101.71 of the Revised Code. ~~The department of job and family services may provide a program of ongoing, comprehensive, formal training to county departments and other agencies authorized to implement sections 5101.60 to 5101.71 of the Revised Code. Training shall not be limited to the procedures for implementing section 5101.62 of the Revised Code.~~

(B) The director of job and family services may adopt rules in accordance with section 111.15 of the Revised Code governing the county departments' implementation of sections 5101.60 to 5101.71 of the Revised Code. The rules adopted pursuant to this division may include a requirement that the county departments provide on forms prescribed by the rules a plan of proposed expenditures, and a report of actual expenditures, of funds necessary to implement sections 5101.60 to 5101.71 of the Revised Code.



**Sec. 5101.72 5101.611.** The department of job and family services, to the extent of available funds, may reimburse county departments of job and family services for all or part of the costs they incur in implementing sections 5101.60 to 5101.71 of the Revised Code. The director of job and family services shall adopt internal management rules in accordance with section 111.15 of the Revised Code that provide for reimbursement of county departments of job and family services under this section.

The director shall adopt internal management rules in accordance with section 111.15 of the Revised Code that do both of the following:

(A) Implement sections 5101.60 to 5101.71 of the Revised Code;

(B) Require the county departments to collect and submit to the department, or ensure that a designated agency collects and submits to the department, data concerning the implementation of sections 5101.60 to 5101.71 of the Revised Code.

**Sec. 5101.62.** The department of job and family services shall do all of the following:

(A) Provide a program of ongoing, comprehensive, formal training on the implementation of sections 5101.60 to 5101.71 of the Revised Code and require all protective services caseworkers and their supervisors to undergo the training;

(B) Develop and make available educational materials for individuals who are required under section 5101.63 of the Revised Code to make reports of abuse, neglect, and exploitation;

(C) Facilitate ongoing cooperation among state agencies on issues pertaining to the abuse, neglect, or exploitation of adults.

<del>Sec. 5101.61</del> <u>5101.63</u> . (A) As used in this section:	505
<del>(1) "Senior service provider" means any person who provides</del>	506
<del>care or services to a person who is an adult as defined in</del>	507
<del>division (B) of section 5101.60 of the Revised Code.</del>	508
<del>(2) "Ambulatory health facility" means a nonprofit, public or</del>	509
<del>proprietary freestanding organization or a unit of such an agency</del>	510
<del>or organization that:</del>	511
<del>(a) Provides preventive, diagnostic, therapeutic,</del>	512
<del>rehabilitative, or palliative items or services furnished to an</del>	513
<del>outpatient or ambulatory patient, by or under the direction of a</del>	514
<del>physician or dentist in a facility which is not a part of a</del>	515
<del>hospital, but which is organized and operated to provide medical</del>	516
<del>care to outpatients;</del>	517
<del>(b) Has health and medical care policies which are developed</del>	518
<del>with the advice of, and with the provision of review of such</del>	519
<del>policies, an advisory committee of professional personnel,</del>	520
<del>including one or more physicians, one or more dentists, if dental</del>	521
<del>care is provided, and one or more registered nurses;</del>	522
<del>(c) Has a medical director, a dental director, if dental care</del>	523
<del>is provided, and a nursing director responsible for the execution</del>	524
<del>of such policies, and has physicians, dentists, nursing, and</del>	525
<del>ancillary staff appropriate to the scope of services provided;</del>	526
<del>(d) Requires that the health care and medical care of every</del>	527
<del>patient be under the supervision of a physician, provides for</del>	528
<del>medical care in a case of emergency, has in effect a written</del>	529
<del>agreement with one or more hospitals and other centers or clinics,</del>	530
<del>and has an established patient referral system to other resources,</del>	531
<del>and a utilization review plan and program;</del>	532
<del>(e) Maintains clinical records on all patients;</del>	533
<del>(f) Provides nursing services and other therapeutic services</del>	534

~~in accordance with programs and policies, with such services 535  
supervised by a registered professional nurse, and has a 536  
registered professional nurse on duty at all times of clinical 537  
operations; 538~~

~~(g) Provides approved methods and procedures for the 539  
dispensing and administration of drugs and biologicals; 540~~

~~(h) Has established an accounting and record keeping system 541  
to determine reasonable and allowable costs; 542~~

~~(i) "Ambulatory health facilities" also includes an 543  
alcoholism treatment facility approved by the joint commission on 544  
accreditation of healthcare organizations as an alcoholism 545  
treatment facility or certified by the department of mental health 546  
and addiction services, and such facility shall comply with other 547  
provisions of this division not inconsistent with such 548  
accreditation or certification. 549~~

~~(3) "Community mental health facility" means a facility which 550  
provides community mental health services and is included in the 551  
comprehensive mental health plan for the alcohol, drug addiction, 552  
and mental health service district in which it is located. 553~~

~~(4) "Community mental health service" means services, other 554  
than inpatient services, provided by a community mental health 555  
facility. 556~~

~~(5) "Home health agency" means an institution or a distinct 557  
part of an institution operated in this state which: 558~~

~~(a) Is primarily engaged in providing home health services; 559~~

~~(b) Has home health policies which are established by a group 560  
of professional personnel, including one or more duly licensed 561  
doctors of medicine or osteopathy and one or more registered 562  
professional nurses, to govern the home health services it 563  
provides and which includes a requirement that every patient must 564~~

~~be under the care of a duly licensed doctor of medicine or  
osteopathy;~~ 565  
566

~~(c) Is under the supervision of a duly licensed doctor of  
medicine or doctor of osteopathy or a registered professional  
nurse who is responsible for the execution of such home health  
policies;~~ 567  
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~~(d) Maintains comprehensive records on all patients;~~ 571

~~(e) Is operated by the state, a political subdivision, or an  
agency of either, or is operated not for profit in this state and  
is licensed or registered, if required, pursuant to law by the  
appropriate department of the state, county, or municipality in  
which it furnishes services; or is operated for profit in this  
state, meets all the requirements specified in divisions (A)(5)(a)  
to (d) of this section, and is certified under Title XVIII of the  
"Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as  
amended.~~ 572  
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~~(6) "Home health service" means the following items and  
services, provided, except as provided in division (A)(6)(g) of  
this section, on a visiting basis in a place of residence used as  
the patient's home:~~ 581  
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~~(a) Nursing care provided by or under the supervision of a  
registered professional nurse;~~ 585  
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~~(b) Physical, occupational, or speech therapy ordered by the  
patient's attending physician;~~ 587  
588

~~(c) Medical social services performed by or under the  
supervision of a qualified medical or psychiatric social worker  
and under the direction of the patient's attending physician;~~ 589  
590  
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~~(d) Personal health care of the patient performed by aides in  
accordance with the orders of a doctor of medicine or osteopathy  
and under the supervision of a registered professional nurse;~~ 592  
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<del>(e) Medical supplies and the use of medical appliances;</del>	595
<del>(f) Medical services of interns and residents in training under an approved teaching program of a nonprofit hospital and under the direction and supervision of the patient's attending physician;</del>	596 597 598 599
<del>(g) Any of the foregoing items and services which:</del>	600
<del>(i) Are provided on an outpatient basis under arrangements made by the home health agency at a hospital or skilled nursing facility;</del>	601 602 603
<del>(ii) Involve the use of equipment of such a nature that the items and services cannot readily be made available to the patient in the patient's place of residence, or which are furnished at the hospital or skilled nursing facility while the patient is there to receive any item or service involving the use of such equipment.</del>	604 605 606 607 608
<del>Any attorney, physician, osteopath, podiatrist, chiropractor, dentist, psychologist, any employee of a hospital as defined in section 3701.01 of the Revised Code, any nurse licensed under Chapter 4723. of the Revised Code, any employee of an ambulatory health facility, any employee of a home health agency, any employee of a residential facility licensed under section 5119.34 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults, any employee of a nursing home, residential care facility, or home for the aging, as defined in section 3721.01 of the Revised Code, any senior service provider, any peace officer, coroner, member of the clergy, any employee of a community mental health facility, and any person engaged in social work or counseling</del>	609 610 611 612 613 614 615 616 617 618 619
<del>(1) Any individual listed in division (A)(2) of this section having reasonable cause to believe that an adult is being abused, neglected, or exploited, or is in a condition which is the result of abuse, neglect, or exploitation shall immediately report such belief to the county</del>	620 621 622 623 624 625

~~department of job and family services. This section does not apply 626  
to employees of any hospital or public hospital as defined in 627  
section 5122.01 of the Revised Code. 628~~

(2) All of the following are subject to division (A)(1) of 629  
this section: 630

(a) An attorney admitted to the practice of law in this 631  
state; 632

(b) An individual authorized under Chapter 4731. of the 633  
Revised Code to practice medicine and surgery, osteopathic 634  
medicine and surgery, or podiatric medicine and surgery; 635

(c) An individual licensed under Chapter 4734. of the Revised 636  
Code as a chiropractor; 637

(d) An individual licensed under Chapter 4715. of the Revised 638  
Code as a dentist; 639

(e) An individual licensed under Chapter 4723. of the Revised 640  
Code as a registered nurse or licensed practical nurse; 641

(f) An individual licensed under Chapter 4732. of the Revised 642  
Code as a psychologist; 643

(g) An individual licensed under Chapter 4757. of the Revised 644  
Code as a social worker, independent social worker, professional 645  
counselor, professional clinical counselor, marriage and family 646  
therapist, or independent marriage and family therapist; 647

(h) An individual licensed under Chapter 4729. of the Revised 648  
Code as a pharmacist; 649

(i) An individual holding a certificate to practice as a 650  
dialysis technician issued under Chapter 4723. of the Revised 651  
Code; 652

(j) An employee of a home health agency, as defined in 653  
section 3701.881 of the Revised Code; 654

<u>(k) An employee of an outpatient health facility;</u>	655
<u>(l) An employee of a hospital, as defined in section 3727.01 of the Revised Code;</u>	656 657
<u>(m) An employee of a hospital or public hospital, as defined in section 5122.01 of the Revised Code;</u>	658 659
<u>(n) An employee of a nursing home or residential care facility, as defined in section 3721.01 of the Revised Code;</u>	660 661
<u>(o) An employee of a residential facility licensed under section 5119.22 of the Revised Code that provides accommodations, supervision, and personal care services for three to sixteen unrelated adults;</u>	662 663 664 665
<u>(p) An employee of a health department operated by the board of health of a city or general health district or the authority having the duties of a board of health under section 3709.05 of the Revised Code;</u>	666 667 668 669
<u>(q) An employee of a community mental health agency, as defined in section 5122.01 of the Revised Code;</u>	670 671
<u>(r) An agent of a county humane society organized under section 1717.05 of the Revised Code;</u>	672 673
<u>(s) An individual who is a firefighter for a lawfully constituted fire department;</u>	674 675
<u>(t) An individual who is an ambulance driver for an emergency medical service organization, as defined in section 4765.01 of the Revised Code;</u>	676 677 678
<u>(u) A first responder, emergency medical technician-basic, emergency medical technician-intermediate, or paramedic, as those terms are defined in section 4765.01 of the Revised Code;</u>	679 680 681
<u>(v) An official employed by a local building department to conduct inspections of houses and other residential buildings;</u>	682 683

<u>(w) A peace officer;</u>	684
<u>(x) A coroner;</u>	685
<u>(y) A member of the clergy;</u>	686
<u>(z) An individual who holds a certificate issued under Chapter 4701. of the Revised Code as a certified public accountant or is registered under that chapter as a public accountant;</u>	687 688 689
<u>(aa) An individual licensed under Chapter 4735. of the Revised Code as a real estate broker or real estate salesperson;</u>	690 691
<u>(bb) An individual appointed and commissioned under section 147.01 of the Revised Code as a notary public;</u>	692 693
<u>(cc) An employee of a bank, savings bank, savings and loan association, or credit union organized under the laws of this state, another state, or the United States;</u>	694 695 696
<u>(dd) An investment advisor, as defined in section 1707.01 of the Revised Code;</u>	697 698
<u>(ee) A financial planner accredited by a national accreditation agency;</u>	699 700
<u>(ff) Any other individual who is a senior service provider.</u>	701
(B) Any person having reasonable cause to believe that an adult has suffered abuse, neglect, or exploitation may report, or cause <del>reports</del> <u>a report</u> to be made of such belief to the <u>county department of job and family services.</u>	702 703 704 705
(C) The reports made under this section shall be made orally or in writing except that oral reports shall be followed by a written report if a written report is requested by the department. Written reports shall include:	706 707 708 709
(1) The name, address, and approximate age of the adult who is the subject of the report;	710 711
(2) The name and address of the individual responsible for	712



the adult's care, if any individual is, and if the individual is known; 713  
714

(3) The nature and extent of the alleged abuse, neglect, or exploitation of the adult; 715  
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(4) The basis of the reporter's belief that the adult has been abused, neglected, or exploited. 717  
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(D) Any person with reasonable cause to believe that an adult is suffering abuse, neglect, or exploitation who makes a report pursuant to this section or who testifies in any administrative or judicial proceeding arising from such a report, or any employee of the state or any of its subdivisions who is discharging responsibilities under section 5101.62 of the Revised Code shall be immune from civil or criminal liability on account of such investigation, report, or testimony, except liability for perjury, unless the person has acted in bad faith or with malicious purpose. 719  
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(E) No employer or any other person with the authority to do so shall discharge do any of the following as a result of an employee's having filed a report under this section: 729  
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(1) Discharge, demote, transfer, or prepare a negative work performance evaluation, ~~or reduce;~~ 732  
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(2) Reduce benefits, pay, or work privileges, ~~or take;~~ 734

(3) Take any other action detrimental to ~~an~~ the employee or in any way retaliate against ~~an~~ the employee ~~as a result of the employee's having filed a report under this section.~~ 735  
736  
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(F) Neither the written or oral report provided for in this section nor the investigatory report provided for in section ~~5101.62~~ 5101.65 of the Revised Code shall be considered a public record as defined in section 149.43 of the Revised Code. 738  
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~~Information~~ On request, information contained in the report shall 742

~~upon request~~ be made available to the adult who is the subject of 743  
the report, to agencies authorized by the county department of job 744  
and family services to receive information contained in the 745  
report, and to legal counsel for the adult. If it determines that 746  
there is a risk of harm to a person who makes a report under this 747  
section or to the adult who is the subject of the report, the 748  
county department of job and family services may redact the name 749  
and identifying information related to the person who made the 750  
report. 751

Sec. 5101.631. (A) Not later than two years after the 752  
effective date of this section, the department of job and family 753  
services may establish a registry to maintain reports of abuse, 754  
neglect, or exploitation of adults, whether investigated or not, 755  
made to county departments of job and family services under 756  
section 5101.63 of the Revised Code. The department shall release 757  
information in the registry to county departments of job and 758  
family services in accordance with division (B) of section 5101.65 759  
of the Revised Code and may release information in the registry to 760  
law enforcement agencies through the Ohio law enforcement gateway 761  
established under section 109.57 of the Revised Code. 762

(B) Not later than six months after the effective date of 763  
this section, the department shall submit to the president of the 764  
senate, the speaker of the house of representatives, the minority 765  
leader of the senate, the minority leader of the house of 766  
representatives, and the elder abuse commission created under 767  
section 5101.74 of the Revised Code a report outlining a process 768  
for implementation of a registry under division (A) of this 769  
section. The report shall include an estimate of the cost to the 770  
department and county departments of implementing the registry. 771

Sec. 5101.632. Each entity that employs or is responsible for 772  
licensing or regulating the individuals required under section 773

5101.63 of the Revised Code to make reports of abuse, neglect, or 774  
exploitation of adults shall ensure that the individuals have 775  
access to the educational materials developed under division (D) 776  
of section 5101.62 of the Revised Code. 777

**Sec. ~~5101.611~~ 5101.64.** If a county department of job and 778  
family services knows or has reasonable cause to believe that the 779  
subject of a report made under section ~~5101.61~~ 5101.63 of the 780  
Revised Code or of an investigation conducted under ~~sections~~ 781  
~~5101.62 to 5101.64~~ section 5101.65 of the Revised Code or on the 782  
initiative of the county department is mentally retarded or 783  
developmentally disabled, as defined in section 5126.01 of the 784  
Revised Code, the county department shall refer the case to the 785  
county board of developmental disabilities of that county for 786  
review pursuant to section 5126.31 of the Revised Code. 787

If a county board of developmental disabilities refers a case 788  
to the county department of job and family services in accordance 789  
with section 5126.31, the county department shall proceed with the 790  
case in accordance with sections 5101.60 to ~~5101.71~~ 5101.72 of the 791  
Revised Code. 792

**Sec. ~~5101.62~~ 5101.65.** The county department of job and family 793  
services shall be responsible for the investigation of all reports 794  
provided for in section ~~5101.61~~ 5101.63 and all cases referred to 795  
it under section 5126.31 of the Revised Code and for evaluating 796  
the need for and, to the extent of available funds, providing or 797  
arranging for the provision of protective services. The department 798  
may designate another agency to perform the department's duties 799  
under this section. 800

Investigation of the report provided for in section ~~5101.61~~ 801  
5101.63 or a case referred to the department under section 5126.31 802  
of the Revised Code shall be initiated within twenty-four hours 803

after the department receives the report or case if any emergency 804  
exists; otherwise investigation shall be initiated within three 805  
working days. 806

Investigation of the need for protective services shall 807  
include a face-to-face visit with the adult who is the subject of 808  
the report, preferably in the adult's residence, and consultation 809  
with the person who made the report, if feasible, and agencies or 810  
persons who have information about the adult's alleged abuse, 811  
neglect, or exploitation. 812

The department shall give written notice of the intent of the 813  
investigation and an explanation of the notice in language 814  
reasonably understandable to the adult who is the subject of the 815  
investigation, at the time of the initial interview with that 816  
person. 817

Upon completion of the investigation, the department shall 818  
determine from its findings whether or not the adult who is the 819  
subject of the report is in need of protective services. No adult 820  
shall be determined to be abused, neglected, or in need of 821  
protective services for the sole reason that, in lieu of medical 822  
treatment, the adult relies on or is being furnished spiritual 823  
treatment through prayer alone in accordance with the tenets and 824  
practices of a church or religious denomination of which the adult 825  
is a member or adherent. The department shall write a report which 826  
confirms or denies the need for protective services and states why 827  
it reached this conclusion. 828

**Sec. ~~5101.63~~ 5101.651.** If, during the course of an 829  
investigation conducted under section ~~5101.62~~ 5101.65 of the 830  
Revised Code, any person, including the adult who is the subject 831  
of the investigation, denies or obstructs access to the residence 832  
of the adult, the county department of job and family services may 833  
file a petition in court for a temporary restraining order to 834

prevent the interference or obstruction. The court shall issue a 835  
temporary restraining order to prevent the interference or 836  
obstruction if it finds there is reasonable cause to believe that 837  
the adult is being or has been abused, neglected, or exploited and 838  
access to the person's residence has been denied or obstructed. 839  
Such a finding is prima-facie evidence that immediate and 840  
irreparable injury, loss, or damage will result, so that notice is 841  
not required. After obtaining an order restraining the obstruction 842  
of or interference with the access of the protective services 843  
representative, the representative may be accompanied to the 844  
residence by a peace officer. 845

**Sec. ~~5101.64~~ 5101.66.** Any person who requests or consents to 846  
receive protective services shall receive such services only after 847  
an investigation and determination of a need for protective 848  
services, ~~which~~. The investigation shall be performed in the same 849  
manner as the investigation of a report pursuant to ~~sections~~ 850  
~~5101.62 and 5101.63~~ section 5101.65 of the Revised Code. If the 851  
person withdraws consent, the protective services shall be 852  
terminated. 853

**Sec. ~~5101.65~~ 5101.68.** If the county department of job and 854  
family services determines that an adult is in need of protective 855  
services and is an incapacitated person, the department may 856  
petition the court for an order authorizing the provision of 857  
protective services. The petition shall state the specific facts 858  
alleging the abuse, neglect, or exploitation and shall include a 859  
proposed protective service plan. Any plan for protective services 860  
shall be specified in the petition. 861

**Sec. ~~5101.66~~ 5101.681.** Notice of a petition for the provision 862  
of court-ordered protective services as provided for in section 863  
~~5101.65~~ 5101.68 of the Revised Code shall be personally served 864

upon the adult who is the subject of the petition at least five 865  
working days prior to the date set for the hearing as provided in 866  
section ~~5101.67~~ 5101.682 of the Revised Code. Notice shall be 867  
given orally and in writing in language reasonably understandable 868  
to the adult. The notice shall include the names of all 869  
petitioners, the basis of the belief that protective services are 870  
needed, the rights of the adult in the court proceedings, and the 871  
consequences of a court order for protective services. The adult 872  
shall be informed of ~~his~~ the right to counsel and ~~his~~ the right to 873  
appointed counsel if ~~he~~ the adult is indigent and if appointed 874  
counsel is requested. Written notice by certified mail shall also 875  
be given to the adult's guardian, legal counsel, caretaker, and 876  
spouse, if any, or if ~~he~~ the adult has none of these, to ~~his~~ the 877  
adult's adult children or next of kin, if any, or to any other 878  
person as the court may require. The adult who is the subject of 879  
the petition may not waive notice as provided in this section. 880

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**Sec. ~~5101.67~~ 5101.682.** (A) The court shall hold a hearing on 882  
the petition as provided in section ~~5101.65~~ 5101.68 of the Revised 883  
Code within fourteen days after its filing. The adult who is the 884  
subject of the petition shall have the right to be present at the 885  
hearing, present evidence, and examine and cross-examine 886  
witnesses. The adult shall be represented by counsel unless the 887  
right to counsel is knowingly waived. If the adult is indigent, 888  
the court shall appoint counsel to represent the adult. If the 889  
court determines that the adult lacks the capacity to waive the 890  
right to counsel, the court shall appoint counsel to represent the 891  
adult's interests. 892

(B) If the court finds, on the basis of clear and convincing 893  
evidence, that the adult has been abused, neglected, or exploited, 894  
is in need of protective services, and is incapacitated, and no 895  
person authorized by law or by court order is available to give 896

consent, it shall issue an order requiring the provision of 897  
protective services only if they are available locally. 898

(C) If the court orders placement under this section it shall 899  
give consideration to the choice of residence of the adult. The 900  
court may order placement in settings which have been approved by 901  
the department of job and family services as meeting at least 902  
minimum community standards for safety, security, and the 903  
requirements of daily living. The court shall not order an 904  
institutional placement unless it has made a specific finding 905  
entered in the record that no less restrictive alternative can be 906  
found to meet the needs of the individual. No individual may be 907  
committed to a hospital or public hospital as defined in section 908  
5122.01 of the Revised Code pursuant to this section. 909

(D) The placement of an adult pursuant to court order as 910  
provided in this section shall not be changed unless the court 911  
authorized the transfer of placement after finding compelling 912  
reasons to justify the transfer. Unless the court finds that an 913  
emergency exists, the court shall notify the adult of a transfer 914  
at least thirty days prior to the actual transfer. 915

(E) A court order provided for in this section shall remain 916  
in effect for no longer than six months. Thereafter, the county 917  
department of job and family services shall review the adult's 918  
need for continued services and, if the department determines that 919  
there is a continued need, it shall apply for a renewal of the 920  
order for additional periods of no longer than one year each. The 921  
adult who is the subject of the court-ordered services may 922  
petition for modification of the order at any time. 923

**Sec. ~~5101.68~~ 5101.69.** (A) If an adult has consented to the 924  
provision of protective services but any other person refuses to 925  
allow such provision, the county department of ~~human~~ job and 926  
family services may petition the court for a temporary restraining 927

order to restrain the person from interfering with the provision 928  
of protective services for the adult. 929

(B) The petition shall state specific facts sufficient to 930  
demonstrate the need for protective services, the consent of the 931  
adult, and the refusal of some other person to allow the provision 932  
of these services. 933

(C) Notice of the petition shall be given in language 934  
reasonably understandable to the person alleged to be interfering 935  
with the provision of services+. 936

(D) The court shall hold a hearing on the petition within 937  
fourteen days after its filing. If the court finds that the 938  
protective services are necessary, that the adult has consented to 939  
the ~~provisions~~ provision of such services, and that the person who 940  
is the subject of the petition has prevented such provision, the 941  
court shall issue a temporary restraining order to restrain the 942  
person from interfering with the provision of protective services 943  
to the adult. 944

**Sec. ~~5101.69~~ 5101.70.** (A) Upon petition by the county 945  
department of ~~human~~ job and family services, the court may issue 946  
an order authorizing the provision of protective services on an 947  
emergency basis to an adult. The petition for any emergency order 948  
shall include all of the following: 949

(1) The name, age, and address of the adult in need of 950  
protective services; 951

(2) The nature of the emergency; 952

(3) The proposed protective services; 953

(4) The petitioner's reasonable belief, together with facts 954  
supportive thereof, as to the existence of the circumstances 955  
described in divisions (D)(1) to (3) of this section; 956

(5) Facts showing the petitioner's attempts to obtain the 957



adult's consent to the protective services. 958

(B) Notice of the filing and contents of the petition 959  
provided for in division (A) of this section, the rights of the 960  
person in the hearing provided for in division (C) of this 961  
section, and the possible consequences of a court order, shall be 962  
given to the adult. Notice shall also be given to the spouse of 963  
the adult or, if ~~he~~ the adult has none, to ~~his~~ the adult's adult 964  
children or next of kin, and ~~his~~ the adult's guardian, if any, if 965  
~~his~~ the guardian's whereabouts are known. The notice shall be 966  
given in language reasonably understandable to its recipients at 967  
least twenty-four hours prior to the hearing provided for in this 968  
section. The court may waive the twenty-four hour notice 969  
~~requiement~~ requirement upon a showing that both of the following 970  
are the case: 971

(1) Immediate and irreparable physical harm or immediate and 972  
irreparable financial harm to the adult or others will result from 973  
the twenty-four hour delay; ~~and~~ 974

(2) Reasonable attempts have been made to notify the adult, 975  
~~his~~ the adult's spouse, or, if ~~he~~ the adult has none, ~~his~~ the 976  
adult's adult children or next of kin, if any, and ~~his~~ the adult's 977  
guardian, if any, if ~~his~~ the guardian's whereabouts are known. 978

Notice of the court's determination shall be given to all 979  
persons receiving notice of the filing of the petition provided 980  
for in this division. 981

(C) Upon receipt of a petition for an order for emergency 982  
services, the court shall hold a hearing no sooner than 983  
twenty-four and no later than seventy-two hours after the notice 984  
provided for in division (B) of this section has been given, 985  
unless the court has waived the notice. The adult who is the 986  
subject of the petition shall have the right to be present at the 987  
hearing, present, evidence, and examine and cross-examine 988

witnesses. 989

(D) The court shall issue an order authorizing the provision 990  
of protective services on an emergency basis if it finds, on the 991  
basis of clear and convincing evidence, ~~that~~ all of the following: 992

(1) The adult is an incapacitated person; 993

(2) An emergency exists; 994

(3) No person authorized by law or court order to give 995  
consent for the adult is available or willing to consent to 996  
emergency services. 997

(E) In issuing an emergency order, the court shall adhere to 998  
the following limitations: 999

(1) The court shall order only such protective services as 1000  
are necessary and available locally to remove the conditions 1001  
creating the emergency, and the court shall specifically designate 1002  
those protective services the adult shall receive; 1003

(2) The court shall not order any change of residence under 1004  
this section unless the court specifically finds that a change of 1005  
residence is necessary; 1006

(3) The court may order emergency ~~services~~ services only for 1007  
fourteen days. The department may petition the court for a renewal 1008  
of the order for a fourteen-day period upon a showing that 1009  
continuation of the order is necessary to remove the emergency. 1010

(4) In its order the court shall authorize the director of 1011  
the county department or ~~his~~ the director's designee to give 1012  
consent for the person for the approved emergency services until 1013  
the expiration of the order; 1014

(5) The court shall not order a person to a hospital or 1015  
public hospital as defined in section 5122.01 of the Revised Code. 1016

(F) If the county department determines that the adult 1017  
continues to need protective services after the order provided for 1018

in division (D) of this section has expired, the department may  
petition the court for an order to continue protective services,  
pursuant to section ~~5101.65~~ 5101.68 of the Revised Code. After the  
filing of the petition, the department may continue to provide  
protective services pending a hearing by the court.

Sec. 5101.701. (A) A court, through a probate judge or a  
magistrate under the direction of a probate judge, may issue by  
telephone an ex parte emergency order authorizing the provision of  
protective services, including the relief available under division  
(B) of section 5101.702 of the Revised Code, to an adult on an  
emergency basis if all of the following are the case:

(1) The court receives notice from the county department of  
job and family services, or an authorized employee of the  
department, that the department or employee believes an emergency  
order is needed as described in this section.

(2) There is reasonable cause to believe that the adult is  
incapacitated.

(3) There is reasonable cause to believe that there is a  
substantial risk to the adult of immediate and irreparable  
physical harm, immediate and irreparable financial harm, or death.

(B)(1) The judge or magistrate shall journalize any order  
issued under this section.

(2) An order issued under this section shall be in effect for  
not longer than twenty-four hours, except that if the day  
following the day on which the order is issued is not a working  
day, the order shall remain in effect until the next working day.

(C)(1) Except as provided in division (C)(2) of this section,  
not later than twenty-four hours after an order is issued under  
this section, a petition shall be filed with the court in  
accordance with division (A) of section 5101.70 of the Revised

Code. 1049

(2) If the day following the day on which the order was issued is not a working day, the petition shall be filed with the court on the next working day. 1050  
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(3) Except as provided in section 5101.702 of the Revised Code, proceedings on the petition shall be conducted in accordance with section 5101.70 of the Revised Code. 1053  
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**Sec. 5101.702.** (A) If an order is issued pursuant to section 5101.701 of the Revised Code, the court shall hold a hearing not later than twenty-four hours after the issuance to determine whether there is probable cause for the order, except that if the day following the day on which the order is issued is not a working day, the court shall hold the hearing on the next working day. 1056  
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(B) At the hearing, the court: 1063

(1) Shall determine whether protective services are the least restrictive alternative available for meeting the adult's needs; 1064  
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(2) May issue temporary orders to protect the adult from immediate and irreparable physical harm or immediate and irreparable financial harm, including, but not limited to, temporary protection orders, evaluations, and orders requiring a party to vacate the adult's place of residence or legal settlement; 1066  
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1071

(3) May order emergency services; 1072

(4) May freeze the financial assets of the adult. 1073

(C) A temporary order issued pursuant to division (B)(2) of this section is effective for thirty days. The court may renew the order for an additional thirty-day period. 1074  
1075  
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Information contained in the order may be entered into the 1077

law enforcement automated data system. 1078

**Sec. ~~5101.70~~ 5101.71.** (A) If it appears that an adult in need 1079  
of protective services has the financial means sufficient to pay 1080  
for such services, the county department of job and family 1081  
services shall make an evaluation regarding such means. If the 1082  
evaluation establishes that the adult has such financial means, 1083  
the department shall initiate procedures for reimbursement 1084  
pursuant to rules ~~promulgated by the department~~ adopted under 1085  
section 5101.61 of the Revised Code. If the evaluation establishes 1086  
that the adult does not have such financial means, the services 1087  
shall be provided in accordance with the policies and procedures 1088  
established by the state department of job and family services for 1089  
the provision of welfare assistance. An adult shall not be 1090  
required to pay for court-ordered protective services unless the 1091  
court determines upon a showing by the county department of job 1092  
and family services that the adult is financially able to pay and 1093  
the court orders the adult to pay. 1094

(B) Whenever the county department of job and family services 1095  
has petitioned the court to authorize the provision of protective 1096  
services and the adult who is the subject of the petition is 1097  
indigent, the court shall appoint legal counsel. 1098

**Sec. 5101.74.** (A) There is hereby created the elder abuse 1099  
commission. The commission shall consist of the following members: 1100

(1) The following members, appointed by the attorney general: 1101

(a) One representative of the AARP; 1102

(b) One representative of the buckeye state sheriffs' 1103  
association; 1104

(c) One representative of the county commissioners' 1105  
association of Ohio; 1106

<u>(d) One representative of the Ohio association of area agencies on aging;</u>	1107 1108
<u>(e) One representative of the board of nursing;</u>	1109
<u>(f) One representative of the Ohio coalition for adult protective services;</u>	1110 1111
<u>(g) One person who represents the interests of elder abuse victims;</u>	1112 1113
<u>(h) One person who represents the interests of elderly persons;</u>	1114 1115
<u>(i) One representative of the Ohio domestic violence network;</u>	1116
<u>(j) One representative of the Ohio prosecuting attorneys association;</u>	1117 1118
<u>(k) One representative of the Ohio victim witness association;</u>	1119 1120
<u>(l) One representative of the Ohio association of chiefs of police;</u>	1121 1122
<u>(m) One representative of the Ohio association of probate judges;</u>	1123 1124
<u>(n) One representative of the Ohio job and family services directors' association;</u>	1125 1126
<u>(o) Two representatives of national organizations that focus on elder abuse or sexual violence.</u>	1127 1128
<u>(2) The following ex officio members:</u>	1129
<u>(a) The attorney general or the attorney general's designee;</u>	1130
<u>(b) The chief justice of the supreme court of Ohio or the chief justice's designee;</u>	1131 1132
<u>(c) The governor or the governor's designee;</u>	1133
<u>(d) The director of aging or the director's designee;</u>	1134

<u>(e) The director of job and family services or the director's designee;</u>	1135 1136
<u>(f) The director of health or the director's designee;</u>	1137
<u>(g) The director of mental health or the director's designee;</u>	1138
<u>(h) The director of alcohol and drug addiction services or the director's designee;</u>	1139 1140
<u>(i) The director of developmental disabilities or the director's designee;</u>	1141 1142
<u>(j) The superintendent of insurance or the superintendent's designee;</u>	1143 1144
<u>(k) The director of public safety or the director's designee;</u>	1145
<u>(l) The state long-term care ombudsperson or the ombudsperson's designee;</u>	1146 1147
<u>(m) One member of the house of representatives, appointed by the speaker of the house of representatives;</u>	1148 1149
<u>(n) One member of the senate, appointed by the president of the senate.</u>	1150 1151
<u>(C) Members who are appointed shall serve at the pleasure of the attorney general. Vacancies shall be filled in the same manner as original appointments.</u>	1152 1153 1154
<u>(D) All members of the commission shall serve as voting members. The attorney general shall select from among the appointed members a chairperson. The commission shall meet at the call of the chairperson, but not less than four times per year. Special meetings may be called by the chairperson and shall be called by the chairperson at the request of the attorney general. The commission may establish its own quorum requirements and procedures regarding the conduct of meetings and other affairs.</u>	1155 1156 1157 1158 1159 1160 1161 1162
<u>(E) Members shall serve without compensation, but may be</u>	1163

reimbursed for mileage and other actual and necessary expenses 1164  
incurred in the performance of their official duties. 1165

(F) Sections 101.82 to 101.87 of the Revised Code do not 1166  
apply to the elder abuse commission. 1167

**Sec. 5101.741.** (A) The elder abuse commission shall formulate 1168  
and recommend strategies on all of the following: 1169

(1) Increasing awareness of and improving education on elder 1170  
abuse; 1171

(2) Increasing research on elder abuse; 1172

(3) Improving policy, funding, and programming related to 1173  
elder abuse; 1174

(4) Improving the judicial response to elder abuse victims; 1175

(5) Identifying ways to coordinate statewide efforts to 1176  
address elder abuse. 1177

(B) The commission shall review current funding of adult 1178  
protective services and shall report on the cost to the state and 1179  
county departments of job and family services of implementing its 1180  
recommendations. 1181

(C) The commission shall prepare and issue a biennial report 1182  
on a plan of action that may be used by local communities to aid 1183  
in the development of efforts to combat elder abuse. The report 1184  
shall include the commission's findings and recommendations made 1185  
under divisions (A) and (B) of this section. 1186

(D) The attorney general may adopt rules as necessary for the 1187  
commission to carry out its duties. The rules shall be adopted in 1188  
accordance with section 111.15 of the Revised Code. 1189

**Sec. 5101.99.** (A) Whoever violates division (A) ~~or (B)~~ of 1190  
section ~~5101.64~~ 5101.63 of the Revised Code shall be fined not 1191



more than five hundred dollars.	1192
(B) Whoever violates division (A) of section 5101.27 of the Revised Code is guilty of a misdemeanor of the first degree.	1193 1194
(C) Whoever violates section 5101.133 of the Revised Code is guilty of a misdemeanor of the fourth degree.	1195 1196
<b>Sec. 5123.61.</b> (A) As used in this section:	1197
(1) "Law enforcement agency" means the state highway patrol, the police department of a municipal corporation, or a county sheriff.	1198 1199 1200
(2) "Abuse" has the same meaning as in section 5123.50 of the Revised Code, except that it includes a misappropriation, as defined in that section.	1201 1202 1203
(3) "Neglect" has the same meaning as in section 5123.50 of the Revised Code.	1204 1205
(B) The department of developmental disabilities shall establish a registry office for the purpose of maintaining reports of abuse, neglect, and other major unusual incidents made to the department under this section and reports received from county boards of developmental disabilities under section 5126.31 of the Revised Code. The department shall establish committees to review reports of abuse, neglect, and other major unusual incidents.	1206 1207 1208 1209 1210 1211 1212
(C)(1) Any person listed in division (C)(2) of this section, having reason to believe that a person with mental retardation or a developmental disability has suffered or faces a substantial risk of suffering any wound, injury, disability, or condition of such a nature as to reasonably indicate abuse or neglect of that person, shall immediately report or cause reports to be made of such information to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as	1213 1214 1215 1216 1217 1218 1219 1220

otherwise provided in this division, the person making the report 1221  
shall make it to a law enforcement agency or to the county board 1222  
of developmental disabilities. If the report concerns a resident 1223  
of a facility operated by the department of developmental 1224  
disabilities the report shall be made either to a law enforcement 1225  
agency or to the department. If the report concerns any act or 1226  
omission of an employee of a county board of developmental 1227  
disabilities, the report immediately shall be made to the 1228  
department and to the county board. 1229

(2) All of the following persons are required to make a 1230  
report under division (C)(1) of this section: 1231

(a) Any physician, including a hospital intern or resident, 1232  
any dentist, podiatrist, chiropractor, practitioner of a limited 1233  
branch of medicine as specified in section 4731.15 of the Revised 1234  
Code, hospital administrator or employee of a hospital, nurse 1235  
licensed under Chapter 4723. of the Revised Code, employee of an 1236  
~~ambulatory~~ outpatient health facility as defined in section 1237  
~~5101.61~~ 5101.60 of the Revised Code, employee of a home health 1238  
agency, employee of a residential facility licensed under section 1239  
5119.34 of the Revised Code that provides accommodations, 1240  
supervision, and person care services for three to sixteen 1241  
unrelated adults, or employee of a community mental health 1242  
facility; 1243

(b) Any school teacher or school authority, social worker, 1244  
psychologist, attorney, peace officer, coroner, or residents' 1245  
rights advocate as defined in section 3721.10 of the Revised Code; 1246

(c) A superintendent, board member, or employee of a county 1247  
board of developmental disabilities; an administrator, board 1248  
member, or employee of a residential facility licensed under 1249  
section 5123.19 of the Revised Code; an administrator, board 1250  
member, or employee of any other public or private provider of 1251  
services to a person with mental retardation or a developmental 1252

disability, or any MR/DD employee, as defined in section 5123.50 1253  
of the Revised Code; 1254

(d) A member of a citizen's advisory council established at 1255  
an institution or branch institution of the department of 1256  
developmental disabilities under section 5123.092 of the Revised 1257  
Code; 1258

(e) A member of the clergy who is employed in a position that 1259  
includes providing specialized services to an individual with 1260  
mental retardation or another developmental disability, while 1261  
acting in an official or professional capacity in that position, 1262  
or a person who is employed in a position that includes providing 1263  
specialized services to an individual with mental retardation or 1264  
another developmental disability and who, while acting in an 1265  
official or professional capacity, renders spiritual treatment 1266  
through prayer in accordance with the tenets of an organized 1267  
religion. 1268

(3)(a) The reporting requirements of this division do not 1269  
apply to employees of the Ohio protection and advocacy system. 1270

(b) An attorney or physician is not required to make a report 1271  
pursuant to division (C)(1) of this section concerning any 1272  
communication the attorney or physician receives from a client or 1273  
patient in an attorney-client or physician-patient relationship, 1274  
if, in accordance with division (A) or (B) of section 2317.02 of 1275  
the Revised Code, the attorney or physician could not testify with 1276  
respect to that communication in a civil or criminal proceeding, 1277  
except that the client or patient is deemed to have waived any 1278  
testimonial privilege under division (A) or (B) of section 2317.02 1279  
of the Revised Code with respect to that communication and the 1280  
attorney or physician shall make a report pursuant to division 1281  
(C)(1) of this section, if both of the following apply: 1282

(i) The client or patient, at the time of the communication, 1283

is a person with mental retardation or a developmental disability. 1284

(ii) The attorney or physician knows or suspects, as a result 1285  
of the communication or any observations made during that 1286  
communication, that the client or patient has suffered or faces a 1287  
substantial risk of suffering any wound, injury, disability, or 1288  
condition of a nature that reasonably indicates abuse or neglect 1289  
of the client or patient. 1290

(4) Any person who fails to make a report required under 1291  
division (C) of this section and who is an MR/DD employee, as 1292  
defined in section 5123.50 of the Revised Code, shall be eligible 1293  
to be included in the registry regarding misappropriation, abuse, 1294  
neglect, or other specified misconduct by MR/DD employees 1295  
established under section 5123.52 of the Revised Code. 1296

(D) The reports required under division (C) of this section 1297  
shall be made forthwith by telephone or in person and shall be 1298  
followed by a written report. The reports shall contain the 1299  
following: 1300

(1) The names and addresses of the person with mental 1301  
retardation or a developmental disability and the person's 1302  
custodian, if known; 1303

(2) The age of the person with mental retardation or a 1304  
developmental disability; 1305

(3) Any other information that would assist in the 1306  
investigation of the report. 1307

(E) When a physician performing services as a member of the 1308  
staff of a hospital or similar institution has reason to believe 1309  
that a person with mental retardation or a developmental 1310  
disability has suffered injury, abuse, or physical neglect, the 1311  
physician shall notify the person in charge of the institution or 1312  
that person's designated delegate, who shall make the necessary 1313  
reports. 1314

(F) Any person having reasonable cause to believe that a person with mental retardation or a developmental disability has suffered or faces a substantial risk of suffering abuse or neglect may report or cause a report to be made of that belief to the entity specified in this division. Except as provided in section 5120.173 of the Revised Code or as otherwise provided in this division, the person making the report shall make it to a law enforcement agency or the county board of developmental disabilities. If the person is a resident of a facility operated by the department of developmental disabilities, the report shall be made to a law enforcement agency or to the department. If the report concerns any act or omission of an employee of a county board of developmental disabilities, the report immediately shall be made to the department and to the county board.

(G)(1) Upon the receipt of a report concerning the possible abuse or neglect of a person with mental retardation or a developmental disability, the law enforcement agency shall inform the county board of developmental disabilities or, if the person is a resident of a facility operated by the department of developmental disabilities, the director of the department or the director's designee.

(2) On receipt of a report under this section that includes an allegation of action or inaction that may constitute a crime under federal law or the law of this state, the department of developmental disabilities shall notify the law enforcement agency.

(3) When a county board of developmental disabilities receives a report under this section that includes an allegation of action or inaction that may constitute a crime under federal law or the law of this state, the superintendent of the board or an individual the superintendent designates under division (H) of this section shall notify the law enforcement agency. The

superintendent or individual shall notify the department of 1347  
developmental disabilities when it receives any report under this 1348  
section. 1349

(4) When a county board of developmental disabilities 1350  
receives a report under this section and believes that the degree 1351  
of risk to the person is such that the report is an emergency, the 1352  
superintendent of the board or an employee of the board the 1353  
superintendent designates shall attempt a face-to-face contact 1354  
with the person with mental retardation or a developmental 1355  
disability who allegedly is the victim within one hour of the 1356  
board's receipt of the report. 1357

(H) The superintendent of the board may designate an 1358  
individual to be responsible for notifying the law enforcement 1359  
agency and the department when the county board receives a report 1360  
under this section. 1361

(I) An adult with mental retardation or a developmental 1362  
disability about whom a report is made may be removed from the 1363  
adult's place of residence only by law enforcement officers who 1364  
consider that the adult's immediate removal is essential to 1365  
protect the adult from further injury or abuse or in accordance 1366  
with the order of a court made pursuant to section 5126.33 of the 1367  
Revised Code. 1368

(J) A law enforcement agency shall investigate each report of 1369  
abuse or neglect it receives under this section. In addition, the 1370  
department, in cooperation with law enforcement officials, shall 1371  
investigate each report regarding a resident of a facility 1372  
operated by the department to determine the circumstances 1373  
surrounding the injury, the cause of the injury, and the person 1374  
responsible. The investigation shall be in accordance with the 1375  
memorandum of understanding prepared under section 5126.058 of the 1376  
Revised Code. The department shall determine, with the registry 1377  
office which shall be maintained by the department, whether prior 1378

reports have been made concerning an adult with mental retardation 1379  
or a developmental disability or other principals in the case. If 1380  
the department finds that the report involves action or inaction 1381  
that may constitute a crime under federal law or the law of this 1382  
state, it shall submit a report of its investigation, in writing, 1383  
to the law enforcement agency. If the person with mental 1384  
retardation or a developmental disability is an adult, with the 1385  
consent of the adult, the department shall provide such protective 1386  
services as are necessary to protect the adult. The law 1387  
enforcement agency shall make a written report of its findings to 1388  
the department. 1389

If the person is an adult and is not a resident of a facility 1390  
operated by the department, the county board of developmental 1391  
disabilities shall review the report of abuse or neglect in 1392  
accordance with sections 5126.30 to 5126.33 of the Revised Code 1393  
and the law enforcement agency shall make the written report of 1394  
its findings to the county board. 1395

(K) Any person or any hospital, institution, school, health 1396  
department, or agency participating in the making of reports 1397  
pursuant to this section, any person participating as a witness in 1398  
an administrative or judicial proceeding resulting from the 1399  
reports, or any person or governmental entity that discharges 1400  
responsibilities under sections 5126.31 to 5126.33 of the Revised 1401  
Code shall be immune from any civil or criminal liability that 1402  
might otherwise be incurred or imposed as a result of such actions 1403  
except liability for perjury, unless the person or governmental 1404  
entity has acted in bad faith or with malicious purpose. 1405

(L) No employer or any person with the authority to do so 1406  
shall discharge, demote, transfer, prepare a negative work 1407  
performance evaluation, reduce pay or benefits, terminate work 1408  
privileges, or take any other action detrimental to an employee or 1409  
retaliate against an employee as a result of the employee's having 1410

made a report under this section. This division does not preclude 1411  
an employer or person with authority from taking action with 1412  
regard to an employee who has made a report under this section if 1413  
there is another reasonable basis for the action. 1414

(M) Reports made under this section are not public records as 1415  
defined in section 149.43 of the Revised Code. Information 1416  
contained in the reports on request shall be made available to the 1417  
person who is the subject of the report, to the person's legal 1418  
counsel, and to agencies authorized to receive information in the 1419  
report by the department or by a county board of developmental 1420  
disabilities. 1421

(N) Notwithstanding section 4731.22 of the Revised Code, the 1422  
physician-patient privilege shall not be a ground for excluding 1423  
evidence regarding the injuries or physical neglect of a person 1424  
with mental retardation or a developmental disability or the cause 1425  
thereof in any judicial proceeding resulting from a report 1426  
submitted pursuant to this section. 1427

**Sec. 5126.31.** (A) A county board of developmental 1428  
disabilities shall review reports of abuse and neglect made under 1429  
section 5123.61 of the Revised Code and reports referred to it 1430  
under section ~~5101.61~~ 5101.64 of the Revised Code to determine 1431  
whether the person who is the subject of the report is an adult 1432  
with mental retardation or a developmental disability in need of 1433  
services to deal with the abuse or neglect. The board shall give 1434  
notice of each report to the registry office of the department of 1435  
developmental disabilities established pursuant to section 5123.61 1436  
of the Revised Code on the first working day after receipt of the 1437  
report. If the report alleges that there is a substantial risk to 1438  
the adult of immediate physical harm or death, the board shall 1439  
initiate review within twenty-four hours of its receipt of the 1440  
report. If the board determines that the person is sixty years of 1441



age or older but does not have mental retardation or a 1442  
developmental disability, it shall refer the case to the county 1443  
department of job and family services. If the board determines 1444  
that the person is an adult with mental retardation or a 1445  
developmental disability, it shall continue its review of the 1446  
case. 1447

(B) For each review over which the board retains 1448  
responsibility under division (A) of this section, it shall do all 1449  
of the following: 1450

(1) Give both written and oral notice of the purpose of the 1451  
review to the adult and, if any, to the adult's legal counsel or 1452  
caretaker, in simple and clear language; 1453

(2) Visit the adult, in the adult's residence if possible, 1454  
and explain the notice given under division (B)(1) of this 1455  
section; 1456

(3) Request from the registry office any prior reports 1457  
concerning the adult or other principals in the case; 1458

(4) Consult, if feasible, with the person who made the report 1459  
under section ~~5101.61~~ 5101.63 or 5123.61 of the Revised Code and 1460  
with any agencies or persons who have information about the 1461  
alleged abuse or neglect; 1462

(5) Cooperate fully with the law enforcement agency 1463  
responsible for investigating the report and for filing any 1464  
resulting criminal charges and, on request, turn over evidence to 1465  
the agency; 1466

(6) Determine whether the adult needs services, and prepare a 1467  
written report stating reasons for the determination. No adult 1468  
shall be determined to be abused, neglected, or in need of 1469  
services for the sole reason that, in lieu of medical treatment, 1470  
the adult relies on or is being furnished spiritual treatment 1471  
through prayer alone in accordance with the tenets and practices 1472

of a church or religious denomination of which the adult is a 1473  
member or adherent. 1474

(C) The board shall arrange for the provision of services for 1475  
the prevention, correction or discontinuance of abuse or neglect 1476  
or of a condition resulting from abuse or neglect for any adult 1477  
who has been determined to need the services and consents to 1478  
receive them. These services may include, but are not limited to, 1479  
service and support administration, fiscal management, medical, 1480  
mental health, home health care, homemaker, legal, and residential 1481  
services and the provision of temporary accommodations and 1482  
necessities such as food and clothing. The services do not include 1483  
acting as a guardian, trustee, or protector as defined in section 1484  
5123.55 of the Revised Code. If the provision of residential 1485  
services would require expenditures by the department of 1486  
developmental disabilities, the board shall obtain the approval of 1487  
the department prior to arranging the residential services. 1488

To arrange services, the board shall: 1489

(1) Develop an individualized service plan identifying the 1490  
types of services required for the adult, the goals for the 1491  
services, and the persons or agencies that will provide them; 1492

(2) In accordance with rules established by the director of 1493  
developmental disabilities, obtain the consent of the adult or the 1494  
adult's guardian to the provision of any of these services and 1495  
obtain the signature of the adult or guardian on the individual 1496  
service plan. An adult who has been found incompetent under 1497  
Chapter 2111. of the Revised Code may consent to services. If the 1498  
board is unable to obtain consent, it may seek, if the adult is 1499  
incapacitated, a court order pursuant to section 5126.33 of the 1500  
Revised Code authorizing the board to arrange these services. 1501

(D) The board shall ensure that the adult receives the 1502  
services arranged by the board from the provider and shall have 1503

the services terminated if the adult withdraws consent. 1504

(E) On completion of a review, the board shall submit a 1505  
written report to the registry office established under section 1506  
5123.61 of the Revised Code. If the report includes a finding that 1507  
a person with mental retardation or a developmental disability is 1508  
a victim of action or inaction that may constitute a crime under 1509  
federal law or the law of this state, the board shall submit the 1510  
report to the law enforcement agency responsible for investigating 1511  
the report. Reports prepared under this section are not public 1512  
records as defined in section 149.43 of the Revised Code. 1513

**Section 2.** That existing sections 173.501, 173.521, 173.542, 1514  
2317.54, 4715.36, 5101.60, 5101.61, 5101.611, 5101.62, 5101.63, 1515  
5101.64, 5101.66, 5101.67, 5101.68, 5101.69, 5101.70, 5101.71, 1516  
5101.99, 5123.61, and 5126.31 of the Revised Code are hereby 1517  
repealed. 1518