

(2) The board denies available service on the basis of race, color, religion, ancestry, military status, sex, age, national origin, disability as defined in section 4112.01 of the Revised Code, or developmental disability.

(B) The director shall withhold funds, in whole or in part, that otherwise are to be allocated to a board under section 5119.23 of the Revised Code if either of the following circumstances apply:

(1) The director, under division (G) of section 5119.22 of the Revised Code, disapproves all or part of the board's proposed community addiction and mental health plan, budget, or list of addiction services, mental health services, and recovery supports;

(2) The board's use of state and federal funds fails to comply with the board's approved budget, including approved amendments to the budget.

(C) The director shall issue a notice identifying the areas of noncompliance and the action necessary to achieve compliance. The director may offer technical assistance to the board to achieve compliance. The board shall have thirty days from receipt of the notice of noncompliance to present its position that it is in compliance or to submit to the director evidence of corrective action the board took to achieve compliance. Before withholding funds, the director or the director's designee shall hold a hearing within thirty days of receipt of the board's position or evidence to determine if there are continuing violations and that either assistance is rejected or the board is unable, or has failed, to achieve compliance. The director may appoint a representative from another board of alcohol, drug addiction, and mental health services to serve as a mentor for the board in developing and executing a plan of corrective action to achieve compliance. Any such representative shall be from a board that is in compliance with Chapter 340. of the Revised Code, this chapter, and the department's rules. Subsequent to the hearing process, if it is determined that compliance has not been achieved, the director may allocate all or part of the withheld funds to one or more community mental health services providers or community addiction services providers to provide the mental health service, addiction service, or recovery support for which the board is not in compliance until the time that there is compliance.

(D) The director shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section.

Sec. 5119.27. (A) As used in this section:

(1) "Community control sanction" has the same meaning as in section 2929.01 of the Revised Code.

(2) "Federally assisted," "program," and "substance use disorder" have the same meanings as in 42 C.F.R. 2.11 and as further described in 42 C.F.R. 2.12(b).

(3) "Post-release control sanction" has the same meaning as in section 2967.01 of the Revised Code.

(B) In accordance with 42 U.S.C. 290dd-2, records or information created or maintained by a federally assisted program for the treatment of substance use disorders shall be kept confidential and may be disclosed only for the purposes and under the circumstances expressly authorized under

42 C.F.R. Part 2.

(C) When the person, with respect to whom any record or information referred to in division (B) of this section is maintained, gives consent in the form of a written release signed by the person, the content of the record or information may be disclosed if the written release conforms to all of the requirements set forth in 42 C.F.R. 2.31.

(D) In accordance with 42 C.F.R. 2.35, a person who is subject to a community control sanction, a post-release control sanction, is on parole, or is ordered to intervention in lieu of conviction, and who has agreed to participate in a federally assisted program for the treatment of substance use disorders as a condition of the community control sanction, post-release control sanction, parole, or intervention order, shall consent to the release of records and information relating to the progress of treatment, frequency of treatment, adherence to treatment requirements, and probable outcome of treatment. Release of information and records under this division shall be limited to the court or governmental personnel having the responsibility for supervising the person's community control sanction, post-release control sanction, parole, or intervention order. A person, described in this division, who refuses to allow disclosure may be considered in violation of the conditions of the person's community control sanction, post-release control sanction, parole, or intervention order.

(E) In accordance with 42 C.F.R. 2.52 and 2.53, disclosure of a person's record may be made without the person's consent to qualified personnel for the purpose of conducting scientific research, management, financial audits, or program evaluation, but these personnel may not identify, directly or indirectly, any particular person in any report of the research, audit, or evaluation, or otherwise disclose a person's identity in any manner.

(F) In accordance with 42 C.F.R. 2.66, upon the request of a prosecuting attorney or the director of ~~mental-behavioral health-and-addiction services~~, a court of competent jurisdiction may order the disclosure of records or information referred to in division (B) of this section if the court has reason to believe that a federally assisted program for the treatment of substance use disorders is being operated or used in a manner contrary to law. The use of any information or record so disclosed shall be limited to the prosecution of persons who are or may be charged with any offense related to the illegal operation or use of the program, or to the decision to withdraw the authority of a the program to continue operation. For purposes of this division the court shall do all of the following:

(1) Limit disclosure to those parts of the person's record considered essential to fulfill the objective for which the order was granted;

(2) Require, where appropriate, that all information be disclosed in chambers;

(3) Include any other appropriate measures to keep disclosure to a minimum, consistent with the protection of the persons seeking or receiving services, the provider-client relationship, and the administration of the program.

Sec. 5119.28. (A) All records, and reports, other than court journal entries or court docket

entries, identifying a person and pertaining to the person's mental health condition, assessment, provision of care, treatment, or recovery supports, or payment for assessment, care, treatment, or recovery supports that are maintained in connection with any services certified by the department of ~~mental-behavioral health and addiction services~~, any recovery supports paid for with funds administered by the department or a board of alcohol, drug addiction, and mental health services, or any hospitals or facilities licensed or operated by the department, shall be kept confidential and shall not be disclosed by any person except:

(1) If the person identified, or the person's legal guardian, if any, or if the person is a minor, the person's parent or legal guardian, consents;

(2) When disclosure is provided for in this chapter or Chapter 340. or 5122. of the Revised Code or in accordance with other provisions of state or federal law authorizing such disclosure;

(3) That hospitals, boards of alcohol, drug addiction, and mental health services, licensed facilities, and community mental health services providers may release necessary information to insurers and other third-party payers, including government entities responsible for processing and authorizing payment, to obtain payment for goods and services furnished to the person;

(4) Pursuant to a court order signed by a judge;

(5) That a person shall be granted access to the person's own psychiatric and medical records, unless access specifically is restricted in a person's treatment plan for clear treatment reasons;

(6) That the department of ~~mental-behavioral health and addiction services~~ may exchange psychiatric records and other pertinent information with community mental health services providers and boards of alcohol, drug addiction, and mental health services relating to the person's care or services. Records and information that may be exchanged pursuant to this division shall be limited to medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and a discharge summary, if any.

(7) That the department of ~~mental-behavioral health and addiction services~~, hospitals and community providers operated by the department, hospitals licensed by the department under section 5119.33 of the Revised Code, and community mental health services providers may exchange psychiatric records and other pertinent information with payers and other providers of treatment and health services if the purpose of the exchange is to facilitate continuity of care for the person or for the emergency treatment of the person;

(8) That the department of ~~mental-behavioral health and addiction services~~ and community mental health services providers may exchange psychiatric records and other pertinent information with boards of alcohol, drug addiction, and mental health services for purposes of any board function set forth in Chapter 340. of the Revised Code. Boards of alcohol, drug addiction, and mental health services shall not access any personal information from the department or providers except as required or permitted by this section, or Chapter 340. or 5122. of the Revised Code for purposes related to payment, care coordination, health care operations, program and service

evaluation, reporting activities, research, system administration, oversight, or other authorized purposes.

(9) That a person's family member who is involved in the provision, planning, and monitoring of services to the person may receive medication information, a summary of the person's diagnosis and prognosis, and a list of the services and personnel available to assist the person and the person's family, if the person's treatment provider determines that the disclosure would be in the best interests of the person. No such disclosure shall be made unless the person is notified first and receives the information and does not object to the disclosure.

(10) That community mental health services providers may exchange psychiatric records and certain other information with the board of alcohol, drug addiction, and mental health services and other providers in order to provide services to a person involuntarily committed to a board. Release of records under this division shall be limited to medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and discharge summary, if any.

(11) That information may be disclosed to the executor or the administrator of an estate of a deceased person when the information is necessary to administer the estate;

(12) That information may be disclosed to staff members of the appropriate board or to staff members designated by the director of ~~mental-behavioral health and addiction services~~ for the purpose of evaluating the quality, effectiveness, and efficiency of mental health services and recovery supports and determining if the services and supports meet minimum standards. Information obtained during such evaluations shall not be retained with the name of any person.

(13) That records pertaining to the person's diagnosis, course of treatment, treatment needs, and prognosis shall be disclosed and released to the appropriate prosecuting attorney if the person was committed pursuant to section 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, or to the attorney designated by the board for proceedings pursuant to involuntary commitment under Chapter 5122. of the Revised Code;

(14) That the department of ~~mental-behavioral health and addiction services~~ may exchange psychiatric hospitalization records, other mental health treatment records, and other pertinent information with the department of rehabilitation and correction and with the department of youth services to ensure continuity of care for inmates and offenders who are receiving mental health services in an institution of the department of rehabilitation and correction or the department of youth services and may exchange psychiatric hospitalization records, other mental health treatment records, and other pertinent information with boards of alcohol, drug addiction, and mental health services and community mental health services providers to ensure continuity of care for inmates or offenders who are receiving mental health services in an institution and are scheduled for release within six months. The release of records under this division is limited to records regarding an inmate's or offender's medication history, physical health status and history, summary of course of treatment, summary of treatment needs, and a discharge summary, if any.

(15) That a community mental health services provider that ceases to operate may transfer to either a community mental health services provider that assumes its caseload or to the board of alcohol, drug addiction, and mental health services of the service district in which the person resided at the time mental health services or recovery supports were most recently provided any records concerning the services or supports that have not been transferred elsewhere at the person's request;

(16) That records and reports relating to a person who has been deceased for fifty years or more are no longer considered confidential.

(B) Before records are disclosed pursuant to divisions (A)(3), (6), and (10) of this section, the custodian of the records shall attempt to obtain the person's consent for the disclosure.

(C) No person shall reveal the content of a medical record of a person that is confidential pursuant to this section, except as authorized by law.

Sec. 5119.29. The department of ~~mental-behavioral health and addiction services~~, in conjunction with boards of alcohol, drug addiction, and mental health services and community mental health boards, shall develop a coordinated system for tracking and monitoring persons found not guilty by reason of insanity and committed pursuant to section 2945.40 of the Revised Code who have been granted a conditional release and persons found incompetent to stand trial and committed pursuant to section 2945.39 of the Revised Code who have been granted a conditional release. The system shall do all of the following:

(A) Centralize responsibility for the tracking of those persons;

(B) Develop uniformity in monitoring those persons;

(C) Develop a mechanism to allow prompt rehospitalization, reinstitutionalization, or detention when a violation of the conditional release or decompensation occurs.

Sec. 5119.30. The department of ~~mental-behavioral health and addiction services~~ promptly shall develop and maintain a program that continually provides the courts of this state with relevant information pertaining to addiction services and programs available both within their jurisdictions and statewide in order to facilitate the ability of the courts to utilize treatment and rehabilitation alternatives in addition to or in lieu of imposing sentences of imprisonment upon appropriate offenders.

Sec. 5119.31. The department of administrative services shall purchase all supplies needed for the proper support and maintenance of the institutions under the control of the department of ~~mental-behavioral health and addiction services~~ in accordance with the competitive selection procedures of Chapter 125. of the Revised Code and such rules as the department of administrative services adopts. All bids shall be publicly opened on the day and hour and at the place specified in the advertisement.

Preference shall be given to bidders in localities wherein the institution is located, if the price is fair and reasonable and not greater than the usual price; but bids not meeting the specifications shall be rejected.

The department of administrative services may require such security as it considers proper to

accompany the bids and shall fix the security to be given by the contractor.

The department of administrative services may reject any or all bids and secure new bids, if for any reason it is deemed for the best interest of the state to do so, and it may authorize the managing officer of any institution to purchase perishable goods and supplies for use in cases of emergency, in which cases such managing officer shall certify such fact in writing and the department of administrative services shall record the reasons for such purchase.

Sec. 5119.311. The department of ~~mental-behavioral health and addiction services~~ may examine into, with or without expert assistance, the question of the mental and physical condition of any person committed to or involuntarily confined in any hospital for persons with mental illnesses, or restrained of liberty at any place within this state by reason of alleged mental illness and may order and compel the discharge of any such person who is not a person with a mental illness subject to court order as defined in division (B) of section 5122.01 of the Revised Code and direct what disposition shall be made of the person. The order of discharge shall be signed by the director of ~~mental-behavioral health and addiction services~~. Upon receipt of such order by the superintendent or other person in charge of the building in which the person named in such order is confined, such person shall forthwith be discharged or otherwise disposed of according to the terms of said order, and any further or other detention of such person is unlawful. No such order shall be made in favor of any person committed and held for trial on a criminal charge, in confinement by an order of a judge or court made in a criminal proceeding, or in any case unless notice is given to the superintendent or other person having charge of the building in which the alleged person with a mental illness is detained, and a reasonable opportunity is allowed the person in charge to justify further detention of the person confined.

Sec. 5119.32. The department of ~~mental-behavioral health and addiction services~~ is hereby designated as the state administrative agency for the substance abuse prevention treatment block grant and the community mental health services block grant authorized by the "Public Health Services Act," 95 Stat. 357, 543, 42 U.S.C. 300x, as amended, and similar alcohol, drug abuse, or mental health programs that are specified in an appropriations act.

Sec. 5119.33. ~~(A)(1)-(A)~~ The department of ~~mental-behavioral health and addiction services~~ shall inspect and license all hospitals that receive persons with mental illnesses, except those hospitals managed by the department. No hospital may receive for care or treatment, either at public or private expense, any person who is or appears to have a mental illness, whether or not so adjudicated, unless the hospital has received a license from the department authorizing it to receive for care or treatment persons with mental illnesses or the hospital is managed by the department.

~~(2) No such license shall be granted to a hospital for the treatment of persons with mental illnesses unless both of the following are the case:-~~

~~(a) The department is satisfied, after investigation, that the hospital is managed and operated by qualified persons, is adequately staffed and equipped to operate, and has on its staff one or more qualified physicians responsible for the medical care of the patients confined there. At least one such~~

physician shall be a psychiatrist.

~~(b) The department has not been notified under section 5119.334 of the Revised Code or is not otherwise aware that the hospital, or any owner, sponsor, medical director, administrator, or principal of the hospital, has been the subject of an adverse action, as defined in that section, taken during the three-year period immediately preceding the date of application.~~

(B) The department shall adopt rules under Chapter 119. of the Revised Code prescribing minimum standards for the operation of hospitals for the care and treatment of persons with mental illnesses and establishing standards and procedures for the issuance, renewal, or revocation of full, probationary, and interim licenses. No license shall be granted to any hospital established or used for the care of persons with mental illnesses unless such hospital is operating in accordance with this section and rules adopted pursuant to this section. A full license shall expire one year after the date of issuance, a probationary license shall expire at the time prescribed by rule adopted pursuant to Chapter 119. of the Revised Code by the director of mental behavioral health and addiction services, and an interim license shall expire ninety days after the date of issuance. A full, probationary, or interim license may be renewed, except that an interim license may be renewed only twice. The department may fix reasonable fees for licenses and for license renewals. Such hospitals are subject to inspection and on-site review by the department.

(C) Except as otherwise provided in Chapter 5122. of the Revised Code, neither the director of mental behavioral health and addiction services; an employee of the department; a board of alcohol, drug addiction, and mental health services or employee of a community mental health services provider; nor any other public official shall hospitalize any person with a mental illness for care or treatment in any hospital that is not licensed in accordance with this section.

(D)(1) The department may issue an order suspending the admission of patients with mental illnesses to a hospital for care or treatment if it finds either of the following:

(a) The hospital is not in compliance with rules adopted by the director pursuant to this section.

(b) The hospital has been cited for more than one violation of statutes or rules during any previous period of time during which the hospital is licensed pursuant to this section.

(2)(a) Except as provided in division (D)(2)(b) of this section, proceedings initiated to suspend the admission of patients are governed by Chapter 119. of the Revised Code.

(b) If a suspension of admissions is proposed because the director has determined that the licensee has demonstrated a pattern of serious noncompliance or that a violation creates a substantial risk to the health and safety of patients, the director may issue an order imposing the suspension of admissions before providing an opportunity for an adjudication under Chapter 119. of the Revised Code. The director shall lift the order for the suspension of admissions if the director determines that the violation that formed the basis for the order has been corrected.

(3) Appeals from proceedings initiated to order the suspension of admissions shall be conducted in accordance with Chapter 119. of the Revised Code, unless the order was issued before

providing an opportunity for an adjudication, in which case all of the following apply:

(a) The licensee may request a hearing not later than ten days after being served in accordance with sections 119.05 and 119.07 of the Revised Code.

(b) If a timely request for a hearing that includes the licensee's current address is made, the hearing shall commence not later than thirty days after the department receives the request.

(c) After commencing, the hearing shall continue uninterrupted, except for Saturdays, Sundays, and legal holidays, unless other interruptions are agreed to by the licensee and the director.

(d) If the hearing is conducted by a hearing examiner, the hearing examiner shall file a report and recommendations with the department not later than ten days after the last of the following:

(i) The close of the hearing;

(ii) If a transcript of the proceedings is ordered, the hearing examiner receives the transcript;

(iii) If post-hearing briefs are timely filed, the hearing examiner receives the briefs.

(e) The hearing examiner shall send a written copy of the report and recommendations, by certified mail, to the licensee, or the licensee's attorney, if applicable, not later than five days after the report is filed with the department.

(f) Not later than five days after receiving the report and recommendations, the licensee may file objections with the department.

(g) Not later than fifteen days after the hearing examiner files the report and recommendations, the department shall issue an order approving, modifying, or disapproving the report and recommendations.

(h) Notwithstanding the pendency of the hearing, the department shall lift the order for the suspension of admissions if the department determines the violation that formed the basis for the order has been corrected.

~~(E)(1) Any license issued by the department under this section may be revoked or not renewed by the department. The department may deny, refuse to renew, or revoke a license for any of the following reasons:~~

~~(a) The hospital is no longer not a suitable place for the care or treatment of persons with mental illnesses.~~

~~(b) The hospital refuses to be subject to inspection or on-site review by the department.~~

~~(c) The hospital has failed-fails to furnish humane, kind, and adequate treatment and care.~~

~~(d) The hospital fails to comply with the licensure rules of the department.~~

~~(e) The department finds that the hospital is not managed and operated by qualified persons, is not adequately staffed and equipped to operate, or does not have on its staff one or more qualified physicians, including at least one psychiatrist, who is responsible for the care of the patients in the hospital.~~

~~(f) The department has been notified under section 5119.334 of the Revised Code or otherwise becomes aware that the hospital, any owner, sponsor, medical director, administrator, or principal of the hospital, or any subsidiary of the hospital, owner, or sponsor has been the subject of~~

an adverse action, as defined in that section, taken during the three-year period immediately preceding the date of notification or date of becoming aware of the adverse action.

(2) Proceedings initiated to deny applications for full or probationary licenses, to refuse to renew full or probationary licenses, or to revoke full or probationary licenses are governed by Chapter 119. of the Revised Code. If an order has been issued suspending the admission of patients, the order remains in effect during the pendency of those proceedings.

(F)(1) In a proceeding initiated to suspend the admission of patients, to deny an application for a full or probationary license, to refuse to renew a full or probationary license, or to revoke a full or probationary license, the department may order the suspension, denial, refusal, or revocation regardless of whether some or all of the deficiencies that prompted the proceedings have been corrected at the time of the hearing.

(2) When the department issues an order suspending the admission of patients, denies an application for a full or probationary license, refuses to renew a full or probationary license, or revokes a full or probationary license, the department shall not grant an opportunity for submitting a plan of correction.

(G) The department may inspect, conduct an on-site review, and review the records of any hospital that the department has reason to believe is operating without a license.

Sec. 5119.331. If the department of ~~mental-behavioral health and-addiction services~~ determines that a hospital not licensed by the department is receiving for care or treatment any person who is or appears to have a mental illness, the department may request in writing that the attorney general petition the court of common pleas in the county where the hospital is located to enjoin the hospital from continued operation in violation of section 5119.33 of the Revised Code.

Sec. 5119.332. No third-party payer shall directly or indirectly reimburse, nor shall any person be obligated to pay any hospital for psychiatric services for which a license is required under section 5119.33 of the Revised Code unless the hospital is licensed by the department of ~~mental-behavioral health-and-addiction services~~.

As used in this section, "third-party payer" means a health insuring corporation licensed under Chapter 1751. of the Revised Code, an insurance company that issues sickness and accident insurance in conformity with Chapter 3923. of the Revised Code, a state-financed health insurance program under Chapter 3701., 4123., or 5101. of the Revised Code, or any self-insurance plan.

Sec. 5119.333. No person shall keep or maintain a hospital for the care or treatment of persons with mental illnesses unless it is licensed by the department of ~~mental-behavioral health-and-addiction services~~, as provided by section 5119.33 of the Revised Code.

Sec. 5119.334. (A) As used in this section, "adverse action" means an action by a state, provincial, federal, or other licensing or regulatory authority other than the department of behavioral health to deny, revoke, suspend, place on probation, or otherwise restrict a license, certificate, or other approval to operate a hospital or practice a health care profession.

(B)(1) When submitting an application for initial or renewed licensure of a hospital under

section 5119.33 of the Revised Code, the applicant shall notify the department of ~~mental-behavioral health and addiction services~~ of any adverse action taken against any of the following during the three-year period immediately preceding the date of application:

(a) ~~The hospital or the hospital's;~~

(b) ~~Any owner, sponsor, medical director, administrator, or any of its principals within principal of the three-year period immediately preceding the date of application~~hospital;

(c) ~~Any subsidiary of the hospital, owner, or sponsor.~~

(2) Not later than seven days after receiving a notice of adverse action ~~from a licensing or regulatory authority that is other than the department of mental health and addiction services~~, the holder of a hospital license issued under section 5119.33 of the Revised Code shall notify the department of the action.

(C) To notify the department as required by this section, a copy of the notice of adverse action shall be provided to the department.

Sec. 5119.34. (A) As used in this section and sections 5119.341 to ~~5119.343~~ 5119.344 of the Revised Code:

(1) "Accommodations" means housing, daily meal preparation, laundry, housekeeping, arranging for transportation, social and recreational activities, maintenance, security, and other services that do not constitute personal care services or skilled nursing care.

(2) "ADAMHS board" means a board of alcohol, drug addiction, and mental health services.

(3) "Adult" means a person who is eighteen years of age or older, other than a person described in division (A)(4) of this section who is between eighteen and twenty-one years of age.

(4) "Child" means a person who is under eighteen years of age or a person with a mental disability who is under twenty-one years of age.

(5) ~~"Community mental health services provider" means a community mental health services provider as defined in section 5119.01 of the Revised Code.~~

(6) ~~"Community mental health services" means any mental health services certified by the department pursuant to section 5119.36 of the Revised Code.~~

(7) "Operator" means the person or persons, firm, partnership, agency, governing body, association, corporation, or other entity that is responsible for the administration and management of a residential facility and that is the applicant for a residential facility license.

~~(8)~~(6) "Personal care services" means services including, but not limited to, the following:

(a) Assisting residents with activities of daily living;

(b) Assisting residents with self-administration of medication in accordance with rules adopted under this section;

(c) Preparing special diets, other than complex therapeutic diets, for residents pursuant to the instructions of a physician or a licensed dietitian, in accordance with rules adopted under this section.

"Personal care services" does not include "skilled nursing care" as defined in section 3721.01

of the Revised Code. A facility need not provide more than one of the services listed in division ~~(A)~~ ~~(8)(A)(6)~~ of this section to be considered to be providing personal care services.

~~(9)(7)~~ "Room and board" means the provision of sleeping and living space, meals or meal preparation, laundry services, housekeeping services, or any combination thereof.

~~(10)(8)~~ "Residential state supplement program" means the program established under section 5119.41 of the Revised Code.

~~(11)(9)~~ "Supervision" means any of the following:

(a) Observing a resident to ensure the resident's health, safety, and welfare while the resident engages in activities of daily living or other activities;

(b) Reminding a resident to perform or complete an activity, such as reminding a resident to engage in personal hygiene or other self-care activities;

(c) Assisting a resident in making or keeping an appointment.

~~(12)(10)~~ "Unrelated" means that a resident is not related to the owner or operator of a residential facility or to the owner's or operator's spouse as a parent, grandparent, child, stepchild, grandchild, brother, sister, niece, nephew, aunt, or uncle, or as the child of an aunt or uncle.

(B)(1) A "residential facility" is a publicly or privately operated home or facility that falls into one of the following categories:

(a) Class one facilities provide accommodations, supervision, personal care services, and mental health services for one or more unrelated adults with mental illness or one or more unrelated children or adolescents with severe emotional disturbances;

(b) Class two facilities provide accommodations, supervision, and personal care services to any of the following:

(i) One or two unrelated persons with mental illness;

(ii) One or two unrelated adults who are receiving payments under the residential state supplement program;

(iii) Three to sixteen unrelated adults.

(c) Class three facilities provide room and board for five or more unrelated adults with mental illness.

(2) "Residential facility" does not include any of the following:

(a) A hospital subject to licensure under section 5119.33 of the Revised Code or an institution maintained, operated, managed, and governed by the department of ~~mental-behavioral health and addiction services~~ for the hospitalization of persons with mental illnesses pursuant to section 5119.14 of the Revised Code;

(b) A residential facility licensed under section 5123.19 of the Revised Code or otherwise regulated by the department of developmental disabilities;

(c) An institution or association subject to certification under section 5103.03 of the Revised Code;

(d) A facility operated by a hospice care program licensed under section 3712.04 of the

Revised Code that is used exclusively for care of hospice patients;

(e) A nursing home, residential care facility, or home for the aging as defined in section 3721.02 of the Revised Code;

(f) A facility licensed under section 5119.37 of the Revised Code to operate an opioid treatment program;

(g) Any facility that receives funding for operating costs from the department of development under any program established to provide emergency shelter housing or transitional housing for the homeless;

(h) A terminal care facility for the homeless that has entered into an agreement with a hospice care program under section 3712.07 of the Revised Code;

(i) A facility approved by the veterans administration under section 104(a) of the "Veterans Health Care Amendments of 1983," 97 Stat. 993, 38 U.S.C. 630, as amended, and used exclusively for the placement and care of veterans;

(j) The residence of a relative or guardian of a person with mental illness.

(C) Nothing in division (B) of this section shall be construed to permit personal care services to be imposed on a resident who is capable of performing the activity in question without assistance.

(D) Except in the case of a residential facility described in division (B)(1)(a) of this section, members of the staff of a residential facility shall not administer medication to the facility's residents, but may do any of the following:

(1) Remind a resident when to take medication and watch to ensure that the resident follows the directions on the container;

(2) Assist a resident in the self-administration of medication by taking the medication from the locked area where it is stored, in accordance with rules adopted pursuant to this section, and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.

(3) Assist a resident who is physically impaired but mentally alert, such as a resident with arthritis, cerebral palsy, or Parkinson's disease, in removing oral or topical medication from containers and in consuming or applying the medication, upon request by or with the consent of the resident. If a resident is physically unable to place a dose of medicine to the resident's mouth without spilling it, a staff member may place the dose in a container and place the container to the mouth of the resident.

(E) A person operating or seeking to operate a residential facility shall apply for licensure of the facility to the department of ~~mental-behavioral health and addiction services~~. The application shall be submitted by the operator. When applying for the license, the applicant shall pay to the department the application fee specified in rules adopted under division (N) of this section. The fee is nonrefundable.

The department shall send a copy of an application to the ADAMHS board serving the county in which the person operates or seeks to operate the facility. The ADAMHS board shall

review the application and provide to the department any information about the applicant or the facility that the board would like the department to consider in reviewing the application.

(F) The department of ~~mental-behavioral health and addiction services~~ shall inspect and license the operation of residential facilities. ~~The department may issue a license to operate a residential facility only if all of the following are the case:~~

~~(1) The department is satisfied, after investigation, that the facility is managed and operated by qualified persons and is adequately staffed and equipped to operate.~~

~~(2) The department has not been notified under section 5119.343 of the Revised Code or is not otherwise aware that the residential facility or any owner, operator, or manager of the residential facility has been the subject of an adverse action, as defined in that section, taken during the three-year period immediately preceding the date of application.~~

~~(3) The department has not been notified or is not otherwise aware that the residential facility or any owner, operator, or manager of the facility has been the subject of an adverse action, as defined in that section, taken at any time based on an act or omission that violated the right of a residential facility resident to be free from abuse, neglect, or exploitation.~~

The department may issue full, probationary, and interim licenses. A full license shall expire up to three years after the date of issuance, a probationary license shall expire in a shorter period of time as specified in rules adopted by the director of ~~mental-behavioral health and addiction services~~ under division (N) of this section, and an interim license shall expire ninety days after the date of issuance. A license may be renewed in accordance with rules adopted by the director under division (N) of this section. The renewal application shall be submitted by the operator. When applying for renewal of a license, the applicant shall pay to the department the renewal fee specified in rules adopted under division (N) of this section. The fee is nonrefundable.

(G)(1) If the department finds any of the following with respect to a residential facility, the department may issue an order suspending the admission of residents to the facility, refuse to issue or renew a license for the facility, or revoke the facility's license:

(a) The facility is not in compliance with rules adopted by the director pursuant to division (N) of this section;

(b) Any facility operated by the applicant or licensee has been cited for a pattern of serious noncompliance or repeated violations of statutes or rules during the period of current or previous licenses;

(c) The applicant or licensee submits false or misleading information as part of a license application, renewal, or investigation.

(d) The facility is not managed and operated by qualified persons or adequately staffed and equipped to operate.

(e) The department has been notified under section 5119.343 of the Revised Code or otherwise becomes aware that the facility, any owner, operator, or manager of the facility, or any subsidiary of the facility, owner, or operator has been the subject of an adverse action, as defined in

that section, taken during the three-year period immediately preceding the date of notification or date of becoming aware of the adverse action.

(f) The department has been notified under section 5119.343 of the Revised Code or otherwise becomes aware that the facility, any owner, operator, or manager of the facility, or any subsidiary of the facility, owner, or operator has been the subject of an adverse action, as defined in that section, taken at any time based on an act or omission that violated the right of a residential facility resident to be free from abuse, neglect, or exploitation.

(2) Proceedings initiated to deny applications for full or probationary licenses, to refuse to renew full or probationary licenses, or to revoke full or probationary licenses are governed by Chapter 119. of the Revised Code. If an order has been issued suspending the admission of residents to the facility, the order remains in effect during the pendency of those proceedings.

Proceedings initiated to suspend the admission of residents to a facility are governed by Chapter 119. of the Revised Code, except as provided in division (H) of this section.

(3) In a proceeding initiated to suspend the admission of residents to a facility, to deny an application for a full or probationary license, to refuse to renew a full or probationary license, or to revoke a full or probationary license, the department may order the suspension, denial, refusal, or revocation regardless of whether some or all of the deficiencies that prompted the proceedings have been corrected at the time of the hearing.

(4) When the department issues an order suspending the admission of residents to a facility, denies an application for a full or probationary license, refuses to renew a full or probationary license, or revokes a full or probationary license, the department shall not grant an opportunity for submitting a plan of correction.

(H)(1) If a suspension of admissions of residents to a facility is proposed because the director has determined that the licensee has demonstrated a pattern of serious noncompliance or that a violation creates a substantial risk to the health and safety of residents, the director may issue an order imposing the suspension of admissions before providing an opportunity for an adjudication under Chapter 119. of the Revised Code. The director shall lift the order for the suspension of admissions if the director determines that the violation that formed the basis for the order has been corrected.

(2) Appeals from proceedings initiated to order the suspension of admissions to a facility shall be conducted in accordance with Chapter 119. of the Revised Code, unless the order was issued before providing an opportunity for an adjudication, in which case all of the following apply:

(a) The licensee may request a hearing not later than ten days after being served in accordance with sections 119.05 and 119.07 of the Revised Code.

(b) If a timely request for a hearing that includes the licensee's current address is made, the hearing shall commence not later than thirty days after the department receives the request.

(c) After commencing, the hearing shall continue uninterrupted, except for Saturdays, Sundays, and legal holidays, unless other interruptions are agreed to by the licensee and the director.

(d) If the hearing is conducted by a hearing examiner, the hearing examiner shall file a report and recommendations with the department not later than ten days after the last of the following:

- (i) The close of the hearing;
- (ii) If a transcript of the proceedings is ordered, the hearing examiner receives the transcript;
- (iii) If post-hearing briefs are timely filed, the hearing examiner receives the briefs.

(e) The hearing examiner shall send a written copy of the report and recommendations, by certified mail, to the licensee, or the licensee's attorney, if applicable, not later than five days after the report is filed with the department.

(f) Not later than five days after receiving the report and recommendations, the licensee may file objections with the department.

(g) Not later than fifteen days after the hearing examiner files the report and recommendations, the department shall issue an order approving, modifying, or disapproving the report and recommendations.

(h) Notwithstanding the pendency of the hearing, the department shall lift the order for the suspension of admissions if the department determines the violation that formed the basis for the order has been corrected.

(I) The department may issue an interim license to operate a residential facility if both of the following conditions are met:

(1) The department determines that the closing of or the need to remove residents from another residential facility has created an emergency situation requiring immediate removal of residents and an insufficient number of licensed beds are available.

(2) The residential facility applying for an interim license meets standards established for interim licenses in rules adopted by the director under division (N) of this section.

An interim license shall be valid for ninety days and may be renewed by the director no more than twice. Proceedings initiated to deny applications for or to revoke interim licenses under this division are not subject to Chapter 119. of the Revised Code.

(J)(1) The department of ~~mental-behavioral health and addiction services~~ may conduct an inspection of a residential facility as follows:

- (a) Prior to issuance of a license for the facility;
- (b) Prior to renewal of the license;

(c) To determine whether the facility has completed a plan of correction required pursuant to division (J)(2) of this section and corrected deficiencies to the satisfaction of the department and in compliance with this section and rules adopted pursuant to it;

(d) Upon complaint by any individual or agency;

(e) At any time the director considers an inspection to be necessary in order to determine whether the facility is in compliance with this section and rules adopted pursuant to this section.

(2) In conducting inspections the department may conduct an on-site examination and evaluation of the residential facility and its personnel, activities, and services. The department shall

have access to examine and copy all records, accounts, and any other documents relating to the operation of the residential facility, including records pertaining to residents, and shall have access to the facility in order to conduct interviews with the operator, staff, and residents. Following each inspection and review, the department shall complete a report listing any deficiencies, and including, when appropriate, a time table within which the operator shall correct the deficiencies. The department may require the operator to submit a plan of correction describing how the deficiencies will be corrected.

(K) No person shall do any of the following:

- (1) Operate a residential facility unless the facility holds a valid license;
- (2) Violate any of the conditions of licensure after having been granted a license;
- (3) Interfere with a state or local official's inspection or investigation of a residential facility;
- (4) Violate any of the provisions of this section or any rules adopted pursuant to this section.

(L) The following may enter a residential facility at any time:

- (1) Employees designated by the director of ~~mental-behavioral health and addiction services~~;
- (2) Employees of an ADAMHS board under either of the following circumstances:
 - (a) When a resident of the facility is receiving services from a community mental health services provider under contract with that ADAMHS board or another ADAMHS board;
 - (b) When authorized by section 340.05 of the Revised Code.
- (3) Employees of a community mental health services provider under either of the following circumstances:
 - (a) When the provider has a person receiving services residing in the facility;
 - (b) When the provider is acting as an agent of an ADAMHS board other than the board with which it is under contract.

(4) Representatives of the state long-term care ombudsman program when the facility provides accommodations, supervision, and personal care services for three to sixteen unrelated adults or to one or two unrelated adults who are receiving payments under the residential state supplement program.

The persons specified in division (L) of this section shall be afforded access to examine and copy all records, accounts, and any other documents relating to the operation of the residential facility, including records pertaining to residents.

(M) Employees of the department of ~~mental-behavioral health and addiction services~~ may enter, for the purpose of investigation, any institution, residence, facility, or other structure which has been reported to the department as, or that the department has reasonable cause to believe is, operating as a residential facility without a valid license.

(N) The director of behavioral health shall adopt and may amend and rescind rules pursuant to Chapter 119. of the Revised Code governing the licensing and operation of residential facilities. The rules shall establish all of the following:

- (1) Minimum standards for the health, safety, adequacy, and cultural competency of

treatment of and services for persons in residential facilities;

(2) Procedures for the issuance, renewal, or revocation of the licenses of residential facilities;

(3) Procedures for conducting background investigations for prospective or current operators, employees, volunteers, and other non-resident occupants who may have direct access to facility residents;

(4) The fee to be paid when applying for a new residential facility license or renewing the license;

(5) Procedures for the operator of a residential facility to follow when notifying the ADAMHS board serving the county in which the facility is located when the facility is serving residents with mental illness or severe mental disability, including the circumstances under which the operator is required to make such a notification;

(6) Procedures for the issuance and termination of orders of suspension of admission of residents to a residential facility;

(7) Measures to be taken by residential facilities relative to residents' medication;

(8) Requirements relating to preparation of special diets;

(9) The maximum number of residents who may be served in a residential facility;

(10) The rights of residents of residential facilities and procedures to protect such rights;

(11) Standards and procedures under which the director may waive the requirements of any of the rules adopted.

(O)(1) The department of behavioral health may withhold the source of any complaint reported as a violation of this section when the department determines that disclosure could be detrimental to the department's purposes or could jeopardize the investigation. The department may disclose the source of any complaint if the complainant agrees in writing to such disclosure and shall disclose the source upon order by a court of competent jurisdiction.

(2) Any person who makes a complaint under division (O)(1) of this section, or any person who participates in an administrative or judicial proceeding resulting from such a complaint, is immune from civil liability and is not subject to criminal prosecution, other than for perjury, unless the person has acted in bad faith or with malicious purpose.

(P)(1) The director of ~~mental-behavioral health and addiction services~~ may petition the court of common pleas of the county in which a residential facility is located for an order enjoining any person from operating a residential facility without a license or from operating a licensed facility when, in the director's judgment, there is a present danger to the health or safety of any of the occupants of the facility. The court shall have jurisdiction to grant such injunctive relief upon a showing that the respondent named in the petition is operating a facility without a license or there is a present danger to the health or safety of any residents of the facility.

(2) When the court grants injunctive relief in the case of a facility operating without a license, the court shall issue, at a minimum, an order enjoining the facility from admitting new residents to the facility and an order requiring the facility to assist with the safe and orderly

relocation of the facility's residents.

(3) If injunctive relief is granted against a facility for operating without a license and the facility continues to operate without a license, the director shall refer the case to the attorney general for further action.

(Q) The director of behavioral health may fine a person for violating division (K) of this section. The fine shall be five hundred dollars for a first offense; for each subsequent offense, the fine shall be one thousand dollars. The director's actions in imposing a fine shall be taken in accordance with Chapter 119. of the Revised Code.

Sec. 5119.342. (A) Upon petition by the director of ~~mental-behavioral health-and-addiction services~~, the court of common pleas or the probate court may appoint a receiver to take possession of and operate a residential facility licensed pursuant to section 5119.34 of the Revised Code, when conditions existing at the residential facility present a substantial risk of physical or mental harm to residents and no other remedies at law are adequate to protect the health, safety, and welfare of the residents.

Petitions filed pursuant to this section shall include:

(1) A description of the specific conditions existing at the residential facility which present a substantial risk of physical or mental harm to residents;

(2) A statement of the absence of other adequate remedies at law;

(3) The number of individuals residing at the facility;

(4) A statement that the facts have been brought to the attention of the owner or licensee and that conditions have not been remedied within a reasonable period of time or that the conditions, though remedied periodically, habitually exist at the residential facility as a pattern or practice; and

(5) The name and address of the person holding the license for the residential facility.

(B) A court in which a petition is filed pursuant to this section shall notify the person holding the license for the facility of the filing. The department shall send notice of the filing to the following, as appropriate: the Ohio protection and advocacy system as defined in section 5123.60 of the Revised Code; facility owner; facility operator; board of alcohol, drug addiction, and mental health services; board of health; department of developmental disabilities; department of job and family services; facility residents; and residents' families and guardians. The court shall provide a hearing on the petition within five court days of the time it was filed, except that the court may appoint a receiver prior to that time if it determines that the circumstances necessitate such action.

Following a hearing on the petition, and upon a determination that the appointment of a receiver is warranted, the court shall appoint a receiver and notify the department of ~~mental behavioral health and addiction services~~ and appropriate persons of this action.

In setting forth the powers of the receiver, the court may generally authorize the receiver to do all that is prudent and necessary to safely and efficiently operate the residential facility within the requirements of state and federal law, but shall require the receiver to obtain court approval prior to making any single expenditure of more than five thousand dollars to correct deficiencies in the

structure or furnishings of a facility. The court shall closely review the conduct of the receiver and shall require regular and detailed reports.

(C) A receivership established pursuant to this section shall be terminated, following notification of the appropriate parties and a hearing, if the court determines either of the following:

(1) The residential facility has been closed and the former residents have been relocated to an appropriate facility;

(2) Circumstances no longer exist at the residential facility which present a substantial risk of physical or mental harm to residents, and there is no deficiency in the residential facility that is likely to create a future risk of harm.

Notwithstanding division (C)(2) of this section, the court shall not terminate a receivership for a residential facility that has previously operated under another receivership unless the responsibility for the operation of the facility is transferred to an operator approved by the court and the department of ~~mental-behavioral health and addiction services~~.

(D) Except for the department of ~~mental-behavioral health and addiction services~~ or appropriate board of alcohol, drug addiction, and mental health services, no party or person interested in an action shall be appointed a receiver pursuant to this section.

To assist the court in identifying persons qualified to be named as receivers, the director of ~~mental-behavioral health and addiction services~~ shall maintain a list of the names of such persons. The department of ~~mental-behavioral health and addiction services~~, the department of job and family services, and the department of health shall provide technical assistance to any receiver appointed pursuant to this section.

Before entering upon the duties of receiver, the receiver must be sworn to perform the duties faithfully, and, with surety approved by the court, judge, or clerk, execute a bond to such person, and in such sum as the court or judge directs, to the effect that such receiver will faithfully discharge the duties of receiver in the action, and obey the orders of the court therein.

(1) Under the control of the appointing court, a receiver may do the following:

(a) Bring and defend actions in the appointee's name as receiver;

(b) Take and keep possession of property.

(2) The court shall authorize the receiver to do the following:

(a) Collect payment for all goods and services provided to the residents or others during the period of the receivership at the same rate as was charged by the licensee at the time the petition for receivership was filed, unless a different rate is set by the court;

(b) Honor all leases, mortgages, and secured transactions governing all buildings, goods, and fixtures of which the receiver has taken possession, but, in the case of a rental agreement only to the extent of payments that are for the use of the property during the period of the receivership, or, in the case of a purchase agreement, only to the extent that payments come due during the period of the receivership;

(c) If transfer of residents is necessary, provide for the orderly transfer of residents by:

(i) Cooperating with all appropriate state and local agencies in carrying out the transfer of residents to alternative community placements;

(ii) Providing for the transportation of residents' belongings and records;

(iii) Helping to locate alternative placements and develop plans for transfer;

(iv) Encouraging residents or guardians to participate in transfer planning except when an emergency exists and immediate transfer is necessary.

(d) Make periodic reports on the status of the residential facility to the court; the appropriate state agencies; and the board of alcohol, drug addiction, and mental health services. Each report shall be made available to residents, their guardians, and families.

(e) Compromise demands or claims; and

(f) Generally do such acts respecting the residential facility as the court authorizes.

Notwithstanding any other provision of law, contracts which are necessary to carry out the powers and duties of the receiver need not be competitively bid.

Sec. 5119.343. (A) As used in this section, "adverse action" means an action by a state, provincial, federal, or other licensing or regulatory authority other than the department of behavioral health to deny, revoke, suspend, place on probation, or otherwise restrict a license, certificate, or other approval to operate a residential facility or practice a health care profession.

(B)(1) When submitting an application for initial or renewed licensure of a residential facility under section 5119.34 of the Revised Code, the applicant shall notify the department of ~~mental-behavioral health and addiction services~~ of any adverse action taken against any of the following during the three-year period immediately preceding the date of application:

(a) The residential facility-or the facility's;

(b) Any owner, operator, or manager within-of the three-year period immediately preceding the date of application facility;

(c) Any subsidiary of the facility, owner, or operator.

(2) Not later than seven days after receiving a notice of adverse action ~~from a licensing or regulatory authority that is other than the department of mental health and addiction services~~, the holder of a residential facility license issued under section 5119.34 of the Revised Code shall notify the department of the action.

(3) To notify the department as required by this section, a copy of the notice of adverse action shall be provided to the department.

Sec. 5119.344. (A) As used in this section, "principal" means an owner, operator, or manager of a class one residential facility.

(B) The department of mental health and addiction services may suspend, without a prior hearing, the license of a class one residential facility that serves children if any of the following occurs:

(1) A child suffers a serious injury or dies while residing in the residential facility.

(2) The department, a public children services agency, or a county department of job and

family services determines that a principal, employee, volunteer, or nonresident occupant of the residential facility created a serious risk to the health or safety of a child residing in the facility that resulted in or could have resulted in a child's death or injury.

(3) A principal, employee, resident, volunteer, or nonresident occupant of the facility was charged by an indictment, information, or complaint with an offense relating to the death, injury, or sexual assault of another person that occurred on the premises of the facility.

(4) A principal, employee, volunteer, or nonresident occupant of the facility was charged by an indictment, information, or complaint with an offense relating to the death, injury, or sexual assault of a child residing in the facility.

(5) A public children services agency receives a report pursuant to section 2151.421 of the Revised Code, and the person alleged to have inflicted abuse or neglect on the child, who is the subject of the report, is either of the following:

(a) A principal of the residential facility;

(b) An employee of the residential facility who has not been immediately placed on administrative leave or released from employment.

(6) The residential facility is not in compliance with the rule, adopted under section 5119.34 of the Revised Code, pertaining to background investigations for owners, operators, employees, and other specified individuals.

(C) In suspending a license under division (B) of this section, the department shall comply with section 119.07 of the Revised Code. The owner of a class one residential facility may request an adjudicatory hearing before the department pursuant to sections 119.06 and 119.12 of the Revised Code. If a hearing is requested and the department does not issue its final adjudication order within one hundred twenty days after the suspension, the suspension is void on the one hundred twenty-first day after the suspension, unless the hearing on the suspension is continued on agreement by the parties or for good cause.

(D) Any summary suspension imposed under this section shall remain in effect until any of the following occurs:

(1) The public children services agency completes its investigation of the report pursuant to section 2151.421 of the Revised Code and determines that all of the allegations are unsubstantiated.

(2) All criminal charges are disposed of through dismissal or a finding of not guilty.

(3) The department issues, pursuant to Chapter 119. of the Revised Code, a final order terminating the suspension.

(E) A class one residential facility serving children shall not have children placed in the facility while a summary suspension remains in effect. Upon the issuance of the order of suspension, the department shall place a hold on the license or indicate that the license is suspended in Ohio's statewide automated child welfare information system.

(F) The director of mental health and addiction services may adopt rules in accordance with Chapter 119. of the Revised Code establishing standards and procedures for the summary suspension

of licenses.

(G) This section does not limit the authority of the department to take other action, such as issuing an order suspending the admission of residents to a residential facility, refusing to issue or renew a license for a facility, or revoking a facility's license under section 5119.34 of the Revised Code.

Sec. 5119.345. The department of behavioral health shall publish a directory of all residential facilities licensed under section 5119.34 of the Revised Code on the department's web site. For each facility, the directory shall include all of the following:

(A) The name of the facility;

(B) The facility's full address;

(C) The facility's categorization as a class one, class two, or class three facility;

(D) The services offered at the facility.

Sec. 5119.35. (A) Except as provided in division (B) of this section, if a mental health service or alcohol and drug addiction service has been specified in rules adopted under this section as a service that is required to be certified, no person or government entity shall provide that service unless it has been certified under section 5119.36 of the Revised Code.

(B) Division (A) of this section does not apply to either of the following:

(1) An individual who holds a valid license, certificate, or registration issued by this state authorizing the practice of a health care profession that includes the performance of any service that is required to be certified as described in this section, regardless of whether the service is performed as part of a sole proprietorship, partnership, or group practice;

(2) An individual who provides any service that is required to be certified as described in this section as part of an employment or contractual relationship with a hospital outpatient clinic that is accredited by an accreditation agency or organization approved by the director of ~~mental behavioral health and addiction services~~.

(C)(1) If the director of ~~mental behavioral health and addiction services~~ determines that a person or government entity is violating division (A) of this section, the director may request, in writing, that the attorney general petition the court of common pleas in the county where the person or government entity is located or providing the services to enjoin the person or government entity from engaging in the conduct that violates division (A) of this section.

(2) No person or government entity that is subject to this section is eligible to receive, for a service that is subject to this section, any federal funds, state funds, or funds administered by a board of alcohol, drug addiction, and mental health services, unless that service has been certified under section 5119.36 of the Revised Code. This limitation is in addition to the injunction that may be sought under division (C)(1) of this section for a violation of division (A) of this section.

(D) The director may adopt rules in accordance with Chapter 119. of the Revised Code to specify mental health services and alcohol and drug addiction services that are required to be certified under section 5119.36 of the Revised Code.

Sec. 5119.36. (A) A person or government entity that seeks initial certification of one or more certifiable services and supports, or that seeks to renew certification of one or more certifiable services and supports, shall submit an application to the director of ~~mental-behavioral health-and-addiction services~~. On receipt of the application, the director shall determine whether the standards established by ~~divisions~~ division (B) ~~and (C)~~ of this section and any rules adopted under this section are satisfied or continue to be satisfied by the applicant. As part of the determination the director may conduct an on-site review of the applicant. In doing so, the director may conduct the review in cooperation with a board of alcohol, drug addiction, and mental health services that seeks to contract or has a contract with the applicant under section 340.036 of the Revised Code.

Not later than fourteen days after receipt of an ~~initial or renewal~~ application for initial or renewed certification, the director shall inform the board of alcohol, drug addiction, and mental health services serving the alcohol, drug addiction, and mental health service district in which the applicant's certifiable services and supports will be provided of the receipt of the application. On the board's request, the director shall provide the board with a copy of the application.

Not later than thirty days after a provider's certification ceases to be valid for any reason, including the provider's failure to renew the certification prior to expiration, the director's acceptance of the provider's surrender of the certification, or the issuance of a final order for disciplinary action under division ~~(G)~~(F) or ~~(M)~~(L) of this section, the director shall provide notice to the applicable board of alcohol, drug addiction, and mental health services of the reason the certification ceased to be valid and the date it became invalid.

(B)(1) Except as provided in division (B)(4) of this section, beginning on ~~the effective date of this amendment~~ October 3, 2023, an applicant seeking initial certification of certifiable services and supports shall be accredited by one or more national accrediting organizations specified in division (B)(3) of this section for certifiable services and supports for which national accreditation exists for such services and supports or equivalent services and supports.

(2) Except as provided in division (B)(4) of this section, beginning October 1, 2025, an applicant seeking to renew certification of certifiable services and supports shall be accredited by one or more national accrediting organizations specified in division (B)(3) of this section for certifiable services and supports for which national accreditation exists for such services and supports or equivalent services and supports.

(3) For purposes of divisions (B)(1) and (2) of this section, the director shall accept appropriate accreditation of an applicant's certifiable services and supports from any of the following national accrediting organizations:

- (a) The joint commission;
 - (b) The commission on accreditation of rehabilitation facilities;
 - (c) The council on accreditation;
 - (d) Any other national accrediting organization the director considers appropriate.
- (4) The accreditation requirements of divisions (B)(1) and (2) of this section do not apply to

an applicant seeking an initial or renewed certification to provide prevention services, as that term is defined in rules adopted under this section. For such applicants, accreditation is optional.

~~(C) In addition to meeting the accreditation standard set forth in division (B) of this section, an applicant seeking initial or renewed certification of one or more certifiable services and supports is eligible to receive the certification only if both of the following are the case, as determined by the director:-~~

~~(1) The applicant has adequate staff and equipment to provide the certifiable services and supports;-~~

~~(2) The department has not been notified under section 5119.367 of the Revised Code or is not otherwise aware that the applicant, or any owner or principal of the applicant, has been the subject of an adverse action, as defined in that section, taken during the three-year period immediately preceding the date of application.-~~

~~(D)(1)(C)(1)~~ Except as provided in division ~~(D)(2)(C)(2)~~ of this section, if the director determines that an applicant has paid any required certification fee, that the applicant's accreditation of certifiable services and supports is current and appropriate for the services and supports for which the applicant is seeking initial or renewed certification, ~~that the applicant meets the requirements of division (C) of this section,~~ and that the applicant meets any other requirements established by this section or rules adopted under it, the director shall certify the services and supports or renew the certification of the services and supports, as applicable. Except as provided in division ~~(J)(I)~~ of this section, the director shall issue or renew the certification without further evaluation of the services and supports.

(2) Prior to October 1, 2025, if an applicant that seeks to renew certification of certifiable services and supports is not accredited to provide those services and supports by one or more national accrediting organizations specified in division (B)(3) of this section, the director shall conduct an evaluation of the applicant to determine whether the applicant's certifiable services and supports satisfy the standards for certification. The evaluation is in addition to any on-site review conducted under division (A) of this section and shall be performed in cooperation with a board of alcohol, drug addiction, and mental health services that seeks to contract or has a contract with the applicant under section 340.036 of the Revised Code. If the director determines that an applicant has paid any required certification fee, that the applicant's certifiable services and supports satisfy the standards for renewed certification, ~~that the applicant meets the requirements of division (C) of this section,~~ and that the applicant meets any other requirements established by this section or the rules adopted under it, the director shall certify the certifiable services and supports.

~~(E)(D)~~ For purposes of the accreditation requirements of this section, both of the following apply:

(1) The director may review the accrediting organizations specified in division (B)(3) of this section to evaluate whether the accreditation standards and processes used by the organizations are consistent with service delivery models the director considers appropriate for mental health services,

alcohol and drug addiction services, or physical health services. The director may communicate to an accrediting organization any identified concerns, trends, needs, and recommendations.

(2) The director shall require a community mental health services provider and a community addiction services provider to notify the director not later than ten days after any change in the provider's accreditation status. The provider may notify the director by providing a copy of the relevant document the provider received from the accrediting organization.

~~(F)~~(E) The director may require a community mental health services provider or a community addiction services provider to submit to the director cost reports pertaining to the provider.

~~(G)~~(F) The director may refuse to certify certifiable services and supports, refuse to renew certification, or revoke certification if any of the following apply to an applicant for certification or the holder of the certification:

(1) The applicant or holder is not in compliance with rules adopted under this section.

(2) The applicant or holder has been cited for a pattern of serious noncompliance or repeated violations of statutes or rules during the current certification period or any previous certification period.

(3) The applicant or holder has been found to be in violation of section 5119.396 of the Revised Code;

(4) The applicant or holder submits false or misleading information as part of a certification application, renewal, or investigation.

(5) The applicant does not have adequate staff and equipment to provide the certifiable services and supports.

(6) The department has been notified under section 5119.367 of the Revised Code or is otherwise aware that the applicant, any owner or principal of the applicant, or any subsidiary of the applicant or owner has been the subject of an adverse action, as defined in that section, taken during the three-year period immediately preceding the date of notification or date of becoming aware of the adverse action.

~~(H)~~(G) Proceedings initiated to deny applications to certify certifiable services and supports, to refuse to renew certification, or to revoke certification are governed by Chapter 119. of the Revised Code. If an order has been issued suspending admissions to a community addiction services provider, as provided in division ~~(M)~~(L) of this section, the order remains in effect during the pendency of those proceedings.

~~(H)~~(H) The director may conduct an on-site review or otherwise evaluate a community mental health services provider or a community addiction services provider at any time based on cause, including complaints made by or on behalf of persons receiving mental health services or alcohol and drug addiction services and confirmed or alleged deficiencies brought to the attention of the director. This authority does not affect the director's duty to conduct the inspections required by section 5119.37 of the Revised Code.

In conducting an on-site review under this division, the director may do so in cooperation with a board of alcohol, drug addiction, and mental health services that seeks to contract or has a contract with the applicant under section 340.036 of the Revised Code. In conducting any other evaluation under this division, the director shall do so in cooperation with such a board.

~~(D)~~(I) If the director proposes to take action under division ~~(G)~~(F) of this section, the director shall notify the board of alcohol, drug addiction, and mental health services serving the alcohol, drug addiction, and mental health service district in which the certifiable services and supports will be or were provided, and provide the board opportunity to respond as specified in division (A) of this section with respect to initial or renewal applications.

When a final order is issued by the director under division ~~(G)~~(F) of this section, the director may request that the appropriate board of alcohol, drug addiction, and mental health services reallocate any funds for the certifiable services and supports the applicant was to provide to a community mental health services provider or community addiction services provider whose certifiable services and supports satisfy the standards. If the board does not reallocate such funds in a reasonable period of time, the director may withhold state and federal funds for the certifiable services and supports and allocate those funds directly to a community mental health services provider or community addiction services provider whose certifiable services and supports satisfy the standards.

~~(K)~~(J) Each applicant seeking initial or renewed certification of its certifiable services and supports shall pay a fee for the certification required by this section, unless the applicant is exempt under rules adopted under this section. Fees shall be paid into the state treasury to the credit of the sale of goods and services fund created pursuant to section 5119.45 of the Revised Code.

~~(L)~~(K) The director shall adopt rules in accordance with Chapter 119. of the Revised Code to implement this section. The rules shall do all of the following:

(1) Subject to section 340.034 of the Revised Code, specify the types of recovery supports that are required to be certified under this section;

(2) Establish certification standards for certifiable services and supports that are consistent with nationally recognized applicable standards and facilitate participation in federal assistance programs. The rules shall include as certification standards only requirements that improve the quality of certifiable services and supports or the health and safety of persons receiving certifiable services and supports. The standards shall address at a minimum all of the following:

(a) Reporting major unusual incidents to the director;

(b) Procedures for applicants for and persons receiving certifiable services and supports to file grievances and complaints;

(c) Seclusion;

(d) Restraint;

(e) Requirements regarding the physical facilities in which certifiable services and supports are provided;

(f) Requirements with regard to health, safety, adequacy, and cultural specificity and sensitivity;

(g) Standards for evaluating certifiable services and supports;

(h) Standards and procedures for granting full, probationary, and interim certification of the certifiable services and supports of an applicant;

(i) Standards and procedures for revoking the certification of a community mental health services provider's or community addiction services provider's certifiable services and supports that do not continue to meet the minimum standards established pursuant to this section;

(j) The limitations to be placed on a provider whose certifiable services and supports are granted probationary or interim certification;

(k) Development of written policies addressing the rights of persons receiving certifiable services and supports, including all of the following:

(i) The right to a copy of the written policies addressing the rights of persons receiving certifiable services and supports;

(ii) The right at all times to be treated with consideration and respect for the person's privacy and dignity;

(iii) The right to have access to the person's own psychiatric, medical, or other treatment records unless access is specifically restricted in the person's treatment plan for clear treatment reasons;

(iv) The right to have a client rights officer provided by the provider or board of alcohol, drug addiction, and mental health services advise the person of the person's rights, including the person's rights under Chapter 5122. of the Revised Code if the person is committed to the provider or board.

(l) Documentation that must be submitted as evidence of holding appropriate accreditation;

(m) A process by which the director may review the accreditation standards and process used by the national accrediting organizations specified in division (B)(3) of this section.

(3) Establish the process for certification of certifiable services and supports;

(4) Set the amount of initial and renewal certification fees and any reasons for which applicants may be exempt from the fees;

(5) Specify the type of notice and hearing to be provided prior to a decision on whether to reallocate funds;

(6) Establish a process by which the director, based on deficiencies identified as a result of conducting an on-site review or otherwise evaluating a community mental health services provider or community addiction services provider under division ~~(H)~~(H) of this section, may take any range of correction actions, including revocation of the provider's certification.

~~(M)(1)(L)(1)~~ The director may issue an order suspending admissions to a community addiction services provider that provides overnight accommodations if the director finds either of the following:

(a) The provider's certifiable services and supports are not in compliance with rules adopted under this section;

(b) The provider has been cited for more than one violation of statutes or rules during any previous certification period of the provider.

(2)(a) Except as provided in division ~~(M)(2)(b)~~ (L)(2)(b) of this section, proceedings initiated to suspend admissions to a community addiction services provider that provides overnight accommodations are governed by Chapter 119. of the Revised Code.

(b) If a suspension of admissions is proposed because the director has determined that the provider has demonstrated a pattern of serious noncompliance or that a violation creates a substantial risk to the health and safety of patients, the director may issue an order suspending admissions before providing an opportunity for an adjudication under Chapter 119. of the Revised Code. The director shall lift the order for the suspension of admissions if the director determines that the violation that formed the basis for the order has been corrected.

(3) Appeals from proceedings initiated to order the suspension of admissions shall be conducted in accordance with Chapter 119. of the Revised Code, unless the order was issued before providing an opportunity for an adjudication, in which case all of the following apply:

(a) The provider may request a hearing not later than ten days after being served in accordance with sections 119.05 and 119.07 of the Revised Code.

(b) If a timely request for a hearing that includes the provider's current address is made, the hearing shall commence not later than thirty days after the department receives the request.

(c) After commencing, the hearing shall continue uninterrupted, except for Saturdays, Sundays, and legal holidays, unless other interruptions are agreed to by the provider and the director.

(d) If the hearing is conducted by a hearing examiner, the hearing examiner shall file a report and recommendations with the department not later than ten days after the last of the following:

(i) The close of the hearing;

(ii) If a transcript of the proceedings is ordered, the hearing examiner receives the transcript;

(iii) If post-hearing briefs are timely filed, the hearing examiner receives the briefs.

(e) The hearing examiner shall send a written copy of the report and recommendations, by certified mail, to the provider, or the provider's attorney, if applicable, not later than five days after the report is filed with the department.

(f) Not later than five days after receiving the report and recommendations, the provider may file objections with the department.

(g) Not later than fifteen days after the hearing examiner files the report and recommendations, the department shall issue an order approving, modifying, or disapproving the report and recommendations.

(h) Notwithstanding the pendency of the hearing, the department shall lift the order for the suspension of admissions if the department determines the violation that formed the basis for the order has been corrected.

~~(N)(1)(M)(1)~~ In a proceeding initiated to suspend admissions to a community addiction services provider that provides overnight accommodations, to deny an application for certification of certifiable services and supports, to refuse to renew certification, or to revoke certification, the department may order the suspension, denial, refusal, or revocation regardless of whether some or all of the deficiencies that prompted the proceedings have been corrected at the time of the hearing.

(2) When the department issues an order suspending admissions to a community addiction services provider that provides overnight accommodations, denies an application for certification of certifiable services and supports, refuses to renew certification, or revokes a certification, the department shall not grant an opportunity for submitting a plan of correction.

~~(O)(N)~~ The department of ~~mental-behavioral health and addiction services~~ shall maintain a current list of community addiction services providers and shall provide a copy of the list to a judge of a court of common pleas who requests a copy for the use of the judge under division (H) of section 2925.03 of the Revised Code. The list shall identify each provider by its name, its address, and the county in which it is located.

~~(P)(O)~~ No person shall represent in any manner that a community mental health services provider's or community addiction services provider's certifiable services and supports are certified by the director if the certifiable services and supports are not so certified at the time the representation is made.

~~(Q)(P)~~ If a board of alcohol, drug addiction, and mental health services requests the department of ~~mental-behavioral health and addiction services~~ to investigate a community mental health services provider or community addiction services provider pursuant to this section, the department shall initiate the investigation not later than ten business days after receipt of the request. If the department initiates an investigation of a community mental health services provider or community addiction services provider under this section for any other reason, the department shall notify the board of alcohol, drug addiction, and mental health services serving the applicable alcohol, drug addiction, and mental health service district of the investigation and the reason for the investigation not later than three business days after the investigation begins. On the board's request, the department shall provide the board with information specifying the status of the investigation and the final disposition of the investigation.

Sec. 5119.362. (A) In accordance with rules adopted under section 5119.363 of the Revised Code, each community addiction services provider shall do all of the following:

(1) Maintain a waiting list for the provider's included opioid and co-occurring drug addiction services and recovery supports;

(2) Notify an individual included on the provider's waiting list when the provider has a slot available for the individual and, if the individual does not contact the provider about the slot within a period of time specified in the rules, contact the individual to determine why the individual did not contact the provider and to assess whether the individual still needs the included opioid and co-occurring drug addiction services and recovery supports;

(3) Remove an individual from the waiting list if either of the following applies:

(a) The individual withdraws the individual's request for included opioid and co-occurring drug addiction services and recovery supports;

(b) When the provider notifies the individual about an available slot, the individual does not contact the provider about the slot within the period of time specified in the rules or otherwise vacates the slot before beginning to receive the services and supports.

(4) As part of the process of maintaining the waiting list, determine both of the following:

(a) For each individual who seeks from the provider included opioid and co-occurring drug addiction services and recovery supports, the number of days that starts with the day the individual first contacts the provider about accessing the services and supports and ends on the following day:

(i) If the individual is required to be assessed for the individual's clinical need for the services and supports, the day of the assessment;

(ii) If the individual is not required to be assessed for the individual's clinical need for the services and supports, the first day of the individual's access to the services and supports.

(b) For each such individual who is required to be assessed for the individual's clinical need for the services and supports, the number of days that starts with the day of the assessment and ends with the first day of the individual's access to the services and supports.

(5) Using information the provider acquires by maintaining the waiting list, determine whether included opioid and co-occurring drug addiction services and recovery supports are insufficient to meet the needs of individuals on the waiting list;

(6) Subject to division (B) of this section, report all of the following information not later than the last day of each month to the department of ~~mental-behavioral health and addiction services~~:

(a) An unduplicated count of all individuals who were included on the provider's waiting list during the immediately preceding month and each type of included opioid and co-occurring drug addiction services and recovery supports for which they were waiting;

(b) The total number of days each such individual had been on the provider's waiting list during the immediately preceding month;

(c) The last known type of residential setting in which each such individual resided during the immediately preceding month;

(d) The total number of individuals who did not contact the provider after receiving, during the immediately preceding month, the notices under division (A)(2) of this section about the provider having slots available for the individuals and, if known, the reasons the contacts were not made;

(e) The total number of such individuals who withdrew, in the immediately preceding month, their requests for included opioid and co-occurring drug addiction services and recovery supports, each type of service and support that those individuals had requested or been assessed as having a clinical need for, and, if known, the reasons those individuals withdrew their requests;

(f) An unduplicated count of all individuals who were referred to another community

addiction services provider because the referring provider does not provide the type of included opioid and co-occurring drug addiction services and recovery supports that those individuals had requested or been assessed as having a clinical need for and each type of service and support for which those individuals were referred;

(g) All other information specified in the rules.

(B) Each report that a community addiction services provider provides to the department under this section shall do both of the following:

(1) For the purposes of divisions (A)(6)(a) and (f) of this section, specify the counties of residence of the individuals in the unduplicated counts and include identifying information required by the rules adopted under section 5119.363 of the Revised Code so that the department is able to identify any individuals who are inadvertently duplicated in the counts;

(2) For the purpose of the information reported under division (A)(6)(c) of this section, identify the types of residential settings at least as either institutional or noninstitutional.

Sec. 5119.363. The director of ~~mental-behavioral health and addiction services~~ shall adopt rules governing the duties of community addiction services providers under section 5119.362 of the Revised Code. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

The director shall adopt rules under this section that authorize the department of ~~mental-behavioral health and addiction services~~ to determine an advanced practice registered nurse's, physician assistant's, or physician's compliance with section 3719.064 of the Revised Code if such practitioner works for a community addiction services provider.

Sec. 5119.364. (A) The department of ~~mental-behavioral health and addiction services~~ shall do both of the following with the reports it receives from community addiction services providers under section 5119.362 of the Revised Code:

(1) Subject to division (B) of this section, make the reports available on the department's internet web site;

(2) Make the reports available in an electronic format to boards of alcohol, drug addiction, and mental health services in a manner that provides the information about an individual contained in a report to the board that serves the individual's county.

(B) In making the reports available on the department's web site, the department shall present the information contained in the reports on both a statewide aggregate basis and county-level aggregate basis. The information on the web site shall be updated monthly after the community addiction services providers submit new reports to the department.

Sec. 5119.365. The director of ~~mental-behavioral health and addiction services~~ shall adopt rules in accordance with Chapter 119. of the Revised Code to do both of the following:

(A) Streamline the intake procedures used by a community addiction services provider accepting and beginning to serve a new individual, including procedures regarding intake forms and questionnaires;

(B) Enable a community addiction services provider to retain an individual as an active

patient even though the patient last received services from the provider more than thirty days before resumption of services so that the individual and provider do not have to repeat the intake procedures.

Sec. 5119.366. The director of ~~mental-behavioral health and addiction services~~ shall require that each board of alcohol, drug addiction, and mental health services ensure that each community mental health services provider and community addiction services provider with which it contracts under section 340.036 of the Revised Code to provide certifiable services and supports establish grievance procedures consistent with rules adopted under section 5119.36 of the Revised Code that are available to all persons seeking or receiving certifiable services and supports from a community mental health services provider or community addiction services provider.

Sec. 5119.367. (A) As used in this section, "adverse action" means an action by a state, provincial, federal, or other licensing or regulatory authority other than the department of behavioral health to deny, revoke, suspend, place on probation, or otherwise restrict a license, certification, or other approval to provide certifiable services and supports or an equivalent to certifiable services and supports.

(B)(1) When submitting an application for initial or renewed certification of one or more certifiable services and supports, the applicant shall notify the department of ~~mental-behavioral health and addiction services~~ of any adverse action taken against the following during the three-year period immediately preceding the date of application:

(a) The applicant or any;

(b) Any owner or principal of the applicant within;

(c) Any subsidiary of the three-year period immediately preceding the date of application applicant or owner.

(2) Not later than seven days after receiving a notice of adverse action ~~from a licensing or regulatory authority that is other than the department of mental health and addiction services~~, an ~~applicant for initial or renewed certification or~~ the holder of a certification issued under section 5119.36 of the Revised Code shall notify the department of the action.

(C) To notify the department as required by this section, a copy of the notice of adverse action shall be provided to the department.

Sec. 5119.368. (A) As used in this section, "telehealth services" has the same meaning as in section 4743.09 of the Revised Code.

(B) Each community mental health services provider and community addiction services provider shall establish written policies and procedures describing how the provider will ensure that staff persons assisting clients with receiving telehealth services or providing telehealth services are fully trained in using equipment necessary for providing the services.

(C) Prior to providing telehealth services to a client, a provider shall describe to the client the potential risks associated with receiving treatment through telehealth services and shall document that the client was provided with the risks and agreed to assume those risks. The risks communicated

to a client shall address the following:

- (1) Clinical aspects of receiving treatment through telehealth services;
- (2) Security considerations when receiving treatment through telehealth services;
- (3) Confidentiality for individual and group counseling.

(D) It is the responsibility of the provider, to the extent possible, to ensure contractually that any entity or individuals involved in the transmission of information through telehealth mechanisms guarantee that the confidentiality of the information is protected.

(E) Every provider shall have a contingency plan for providing telehealth services to clients in the event that technical problems occur during the provision of those services.

(F) Providers shall maintain, at a minimum, the following information pertaining to local resources:

(1) The local suicide prevention telephone hotline, if available, or the national suicide prevention telephone hotline.

(2) Contact information for the local police and fire departments.

The provider shall provide the client written information on how to access assistance in a crisis, including one caused by equipment malfunction or failure.

(G) It is the responsibility of the provider to ensure that equipment meets standards sufficient to do the following:

- (1) To the extent possible, ensure confidentiality of communication;
- (2) Provide for interactive communication between the provider and the client;
- (3) When providing telehealth services using synchronous technology, ensure that video or audio are sufficient to enable real-time interaction between the client and the provider and to ensure the quality of the service provided.

(H) A mental health facility or unit that is serving as a client site shall be maintained in such a manner that appropriate staff persons are on hand at the facility or unit in the event of a malfunction with the equipment used to provide telehealth services.

(I)(1) All telehealth services provided by interactive videoconferencing shall meet both of the following conditions:

- (a) Begin with the verification of the client through a name and password or personal identification number when treatment services are being provided;
- (b) Be provided in accordance with state and federal law.

(2) When providing telehealth services in accordance with this section, a provider shall comply with all requirements under state and federal law regarding the protection of patient information. Each provider shall ensure that any username or password information and any electronic communications between the provider and a client are securely transmitted and stored.

(J) The department of ~~mental-behavioral health and addiction services~~ may adopt rules as it considers necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code. Any such rules adopted by the department are not subject to the

requirements of division (F) of section 121.95 of the Revised Code.

Sec. 5119.37. (A)(1)(a) Except as provided in division (A)(1)(b) of this section, no person or government entity shall operate an opioid treatment program requiring certification, as certification is defined in 42 C.F.R. 8.2, unless the person or government entity is a community addiction services provider and the program is licensed under this section.

(b) Division (A)(1)(a) of this section does not apply to a program operated by the United States department of veterans affairs.

(2) No community addiction services provider licensed under this section shall operate an opioid treatment program in a manner inconsistent with this section and the rules adopted under it.

(B) A community addiction services provider seeking a license to operate an opioid treatment program shall apply to the department of ~~mental-behavioral health and addiction services~~. The department shall review all applications received.

(C) The department may issue a license to operate an opioid treatment program to a community addiction services provider only if all of the following apply:

(1) During the three-year period immediately preceding the date of application, the provider ~~or any owner, sponsor, medical director, administrator, or principal of the provider has and each of the following, as the case may be, have been in good standing to operate an opioid treatment program in all other locations where the provider or such other person has been operating a similar program, as: an owner, sponsor, medical director, administrator, or principal of the provider; a subsidiary of the provider; or a subsidiary of the provider's owner or sponsor. Good standing shall be evidenced by both of the following:~~

(a) Not having been denied a license, certificate, or similar approval to operate an opioid treatment program by this state or another jurisdiction;

(b) Not having been the subject of any of the following in this state or another jurisdiction:

(i) An action that resulted in the suspension or revocation of the license, certificate, or similar approval of the provider or other person;

(ii) A voluntary relinquishment, withdrawal, or other action taken by the provider or other person to avoid suspension or revocation of the license, certificate, or similar approval;

(iii) A disciplinary action that was based, in whole or in part, on the provider or other person engaging in the inappropriate prescribing, dispensing, administering, personally furnishing, diverting, storing, supplying, compounding, or selling of a controlled substance or other dangerous drug.

(2) It affirmatively appears to the department that the provider is adequately staffed and equipped to operate an opioid treatment program.

(3) It affirmatively appears to the department that the provider will operate an opioid treatment program in strict compliance with all laws relating to drug abuse and the rules adopted by the department.

(4) Except as provided in division (D) of this section and section 5119.371 of the Revised

Code, if the provider is seeking an initial license for a particular location, the proposed opioid treatment program is not located on a parcel of real estate that is within a radius of five hundred linear feet of the boundaries of a parcel of real estate having situated on it a public or private school, child care center licensed under Chapter 5104. of the Revised Code, or child-serving agency regulated by the department under this chapter.

(5) The provider meets any additional requirements established by the department in rules adopted under division (F) of this section.

(D) The department may waive the requirement of division (C)(4) of this section if it receives, from each public or private school, child care center, or child-serving agency that is within the five hundred linear feet radius described in that division, a letter of support for the location. The department shall determine whether a letter of support is satisfactory for purposes of waiving the requirement.

(E)(1) Except as provided in division (E)(2) of this section, a license to operate an opioid treatment program shall expire two years from the date of issuance. Licenses may be renewed.

(2) In circumstances in which the director of ~~mental-behavioral health and addiction services~~ has concerns regarding compliance of a community addiction services provider licensed as an opioid treatment program, the department shall notify the provider of those concerns and stipulate that the provider's license expires annually on a date determined by the department.

(F) The department shall establish procedures and adopt rules for licensing, inspection, and supervision of community addiction services providers that operate an opioid treatment program. The rules shall establish standards for the control, storage, furnishing, use, dispensing, and administering of medications used in medication-assisted treatment; prescribe minimum standards for the operation of the opioid treatment program component of the provider's operations; and comply with federal laws and regulations.

All rules adopted under this division shall be adopted in accordance with Chapter 119. of the Revised Code. All actions taken by the department regarding the licensing of providers to operate opioid treatment programs shall be conducted in accordance with Chapter 119. of the Revised Code, except as provided in division (L) of this section.

(G)(1) The department shall inspect all community addiction services providers licensed to operate an opioid treatment program. Inspections shall be conducted at least biennially and may be conducted more frequently.

In addition, the department may inspect any provider or other person that it reasonably believes to be operating an opioid treatment program without a license issued under this section.

(2) When conducting an inspection, the department may do both of the following:

(a) Examine and copy all records, accounts, and other documents relating to the provider's or other person's operations, including records pertaining to patients or clients;

(b) Conduct interviews with any individual employed by or contracted or otherwise associated with the provider or person, including an administrator, staff person, patient, or client.

(3) No person or government entity shall interfere with a state or local government official acting on behalf of the department while conducting an inspection.

(H) A community addiction services provider shall not administer or dispense methadone in a tablet, powder, or intravenous form. Methadone shall be administered or dispensed only in a liquid form intended for ingestion.

A community addiction services provider shall not administer or dispense a medication used in medication-assisted treatment for pain or other medical reasons.

(I) As used in this division, "program sponsor" means a person who assumes responsibility for the operation and employees of the opioid treatment program component of a community addiction services provider's operations.

A provider shall not permit an individual to act as a program sponsor, medical director, or director of the provider if the individual is receiving a medication used in medication-assisted treatment from any community addiction services provider.

(J) The department may issue orders to ensure compliance with all laws relating to drug abuse and the rules adopted under this section. Subject to section 5119.27 of the Revised Code, the department may hold hearings, require the production of relevant matter, compel testimony, issue subpoenas, and make adjudications. Upon failure of a person without lawful excuse to obey a subpoena or to produce relevant matter, the department may apply to a court of common pleas for an order compelling compliance.

(K) The department may refuse to issue, or may withdraw or revoke, a license to operate an opioid treatment program. A license may be refused if a community addiction services provider does not meet the requirements of division (C) of this section. A license may be withdrawn at any time the department determines that the provider no longer meets the requirements for receiving the license. A license may be revoked in accordance with division (L) of this section.

Once a license is issued under this section, the department shall not consider the requirement of division (C)(4) of this section in determining whether to renew, withdraw, or revoke the license or whether to reissue the license as a result of a change in ownership.

(L) If the department finds reasonable cause to believe that a community addiction services provider licensed under this section is in violation of any state or federal law or rule relating to drug abuse, the department may issue an order immediately revoking the license, subject to division (M) of this section. The department shall set a date not more than fifteen days later than the date of the order of revocation for a hearing on the continuation or cancellation of the revocation. For good cause, the department may continue the hearing on application of any interested party. In conducting hearings, the department has all the authority and power set forth in division (J) of this section. Following the hearing, the department shall either confirm or cancel the revocation. The hearing shall be conducted in accordance with Chapter 119. of the Revised Code, except that the provider shall not be permitted to operate an opioid treatment program pending the hearing or pending any appeal from an adjudication made as a result of the hearing. Notwithstanding any provision of

Chapter 119. of the Revised Code to the contrary, a court shall not stay or suspend any order of revocation issued by the department under this division pending judicial appeal.

(M) The department shall not revoke a license to operate an opioid treatment program unless all clients receiving medication used in medication-assisted treatment from the community addiction services provider are provided adequate substitute medication or treatment. For purposes of this division, the department may transfer the clients to other providers licensed to operate opioid treatment programs or replace any or all of the administrators and staff of the provider with representatives of the department who shall continue on a provisional basis the opioid treatment component of the provider's operations.

(N) Each time the department receives an application from a community addiction services provider for a license to operate an opioid treatment program, issues or refuses to issue a license, or withdraws or revokes a license, the department shall notify the board of alcohol, drug addiction, and mental health services of each alcohol, drug addiction, and mental health service district in which the provider operates.

(O) Whenever it appears to the department from files, upon complaint, or otherwise, that a community addiction services provider has engaged in any practice declared to be illegal or prohibited by section 3719.61 of the Revised Code, or any other state or federal laws or regulations relating to drug abuse, or when the department believes it to be in the best interest of the public and necessary for the protection of the citizens of the state, the department may request criminal proceedings by laying before the prosecuting attorney of the proper county any evidence of criminality which may come to its knowledge.

(P) The department shall maintain a current list of community addiction services providers licensed by the department under this section and shall provide a copy of the current list to a judge of a court of common pleas who requests a copy for the use of the judge under division (H) of section 2925.03 of the Revised Code and to a board of alcohol, drug addiction, and mental health services that requests a copy for purposes of division (I)(3) of section 340.08 of the Revised Code. The list of licensed community addiction services providers shall identify each licensed provider by its name, its address, and the county in which it is located.

Sec. 5119.371. (A) On application by a community addiction services provider that has purchased or leased real property to be used as the location of an opioid treatment program subject to licensure under section 5119.37 of the Revised Code, the department of ~~mental-behavioral health and addiction services~~ shall determine whether the location of the proposed program complies with the requirements of division (C)(4) of section 5119.37 of the Revised Code by not being located on a parcel of real estate that is within a radius of five hundred linear feet of the boundaries of a parcel of real estate having situated on it a public or private school, child care center licensed under Chapter 5104. of the Revised Code, or child-serving agency regulated by the department under this chapter.

If the department determines that the location is in compliance with division (C)(4) of section 5119.37 of the Revised Code, the department shall issue a declaration stating that the

location is in compliance. The declaration is valid for two years from the date of issuance.

The department shall provide to the provider either a copy of the declaration or a notice that the department has determined that the location is not in compliance with division (C)(4) of section 5119.37 of the Revised Code.

If, before expiration of the declaration, a community addiction services provider applies for a license to operate an opioid treatment program, the department shall not consider the requirement of division (C)(4) of section 5119.37 of the Revised Code in determining whether to issue the license.

(B) A community addiction services provider seeking to relocate an opioid treatment program licensed under section 5119.37 of the Revised Code may apply for and be granted a declaration under division (A) of this section. If, before expiration of the declaration, the provider applies for issuance of a license due to relocation, the department shall not consider the requirement of division (C)(4) of section 5119.37 of the Revised Code in determining whether to reissue the license due to relocation.

Sec. 5119.38. A drivers' intervention program may be used as an alternative to a term of imprisonment for an offender sentenced pursuant to division (G)(1)(a) of section 4511.19 of the Revised Code, if it is certified by the director of ~~mental-behavioral health and addiction services~~ pursuant to this section. No drivers' intervention program shall be used as an alternative to a term of imprisonment that is imposed pursuant to division (G)(1)(b), (c), (d), or (e) of section 4511.19 of the Revised Code.

To qualify for certification by the director and to receive funds from the statewide treatment and prevention fund created by section 4301.30 of the Revised Code in any amounts and at any times that the director determines are appropriate, a drivers' intervention program shall meet state minimum standards that the director shall establish by rule. The rules shall include, but are not limited to, standards governing program course hours and content, qualifications of program personnel, methods of identifying and testing participants to isolate participants with alcohol and drug abuse problems, referral of such persons to community addiction services providers, the prompt notification of courts by program operators of the completion of the programs by persons required by courts to attend them, and record keeping, including methods of tracking participants for a reasonable time after they have left the program.

The director shall issue a certificate to any qualified drivers' intervention program. The certificate is valid for three years.

Sec. 5119.39. (A) The department of ~~mental-behavioral health and addiction services~~ shall monitor the operation of recovery housing in this state by doing either of the following:

- (1) Certifying recovery housing residences through a process established by the department;
- (2) Accepting accreditation, or its equivalent for recovery housing, from one or more of the following:
 - (a) The Ohio affiliate of the national alliance for recovery residences;
 - (b) Oxford house, inc.;

(c) Any other organization that is designated by the department for purposes of this section.

(B) If the department certifies recovery housing residences, the department shall, in rules adopted under section 5119.397 of the Revised Code, establish requirements for initial certification and renewal certification, as well as grounds and procedures for disciplinary action against operators of recovery housing residences.

Sec. 5119.391. (A) The department of ~~mental-behavioral health and addiction services~~ shall monitor the establishment of recovery housing residences in this state.

(B) For purposes of division (A) of this section, and within the timeframe specified in division (C) of this section, each person or government entity that will operate a recovery housing residence on or after ~~the effective date of this section~~ October 3, 2023, including any recovery housing that was established and in operation prior to ~~the effective date of this section~~ October 3, 2023, shall file with the department, on a form prescribed by the department, all of the following information:

(1) The name of the recovery housing residence and any other name under which the residence does business;

(2) The address of the recovery housing residence;

(3) The name of the person or government entity operating the residence;

(4) The primary telephone number and electronic mail address for the recovery housing operator;

(5) The date the recovery housing residence was first occupied, or will be occupied, by its first resident;

(6) Information related to any existing accreditation or its equivalent that the recovery housing residence has obtained or is in the process of obtaining;

(7) Any other information the department considers appropriate.

(C) The form required by division (B) of this section shall be filed with the department as follows:

(1) For a recovery housing residence that began operating before the effective date of this section, not later than thirty days after ~~the effective date of this section~~ October 3, 2023;

(2) For a recovery housing residence that will begin operating on or after ~~the effective date of this section~~ October 3, 2023, not later than thirty days after the first resident begins occupying the residence.

(D) If the department accepts accreditation or its equivalent from an organization specified in section 5119.39 of the Revised Code, the department may provide copies of forms filed in accordance with this section to any such organization.

Sec. 5119.392. (A) Beginning January 1, 2025, no person or government entity shall operate a recovery housing residence unless either of the following applies:

(1)(a) If the department of ~~mental-behavioral health and addiction services~~ certifies recovery housing residences, the recovery housing residence is certified by the department.

(b) If the department accepts accreditation or its equivalent from an organization specified in section 5119.39 of the Revised Code, the residence is accredited by such an organization.

(2) The recovery housing residence has been operating for not more than eighteen months and is actively engaged in efforts to obtain certification or accreditation, as applicable. For purposes of identifying this eighteen-month timeframe, a recovery housing residence is considered to begin operating on the date that the first resident occupies the residence, as specified on the form filed in accordance with section 5119.391 of the Revised Code.

(B) If the director of ~~mental-behavioral health and addiction services~~ determines that a recovery housing residence is operating in violation of this section, the director may request, in writing, that the attorney general petition the court of common pleas of the county in which the recovery housing residence is located for an order enjoining operation of the recovery housing residence.

Sec. 5119.393. (A) The department of ~~mental-behavioral health and addiction services~~ shall establish a procedure to receive and investigate complaints from residents, staff, and the public regarding recovery housing residences. The department may contract with one or more of the organizations specified in section 5119.39 of the Revised Code to fulfill some or all of the functions associated with receiving and investigating complaints.

(B) Any organization under contract with the department to receive and investigate complaints shall make reports to the department as follows:

(1) Not less than monthly, the contractor shall report the status of each pending investigation and shall report the outcome of each investigation that has been completed since the last report was made;

(2) As soon as practicable, but not later than ten days after making an adverse decision, if a contractor's accreditation or its equivalent is accepted by the department for purposes of section 5119.39 of the Revised Code, the contractor shall report that decision to the department in a manner prescribed by the department.

(C)(1) With respect to complaints received by the department or a contractor of the department, information and records received, collected, or generated by the department or a contractor pursuant to an investigation, and reports that are made under division (B) of this section, all of the following apply to those items, subject to division (C)(2) of this section:

(a) The items are confidential and not public records under section 149.43 of the Revised Code.

(b) The items are exempt from the provisions of Chapter 1347. of the Revised Code.

(c) The items are not subject to discovery in any civil action.

(2)(a) The items described in division (C)(1) of this section shall be disclosed if required by law.

(b) The items described in division (C)(1) of this section may be disclosed to any federal, state, or local law enforcement, prosecutorial, or regulatory agency or its officers or agents.

(c) The items described in division (C)(1) of this section may be admitted into evidence in a criminal trial in accordance with the Rules of Evidence, or in an administrative hearing conducted by an agency, but the court or agency shall require that appropriate measures be taken to ensure that confidentiality is maintained with respect to any part thereof that contains names or other identifying information about residents, complainants, or others whose confidentiality was protected by the department or its contractor when the items were in the possession of the department or contractor. Measures to ensure confidentiality that may be taken by the court or agency include sealing its records or redacting specific information from its records.

(d) The items described in division (C)(1) of this section may be included in the registry established and maintained under section 5119.394 of the Revised Code, but the department shall make its best effort to do so in a manner that protects the confidentiality of complainants, individuals or organizations providing information about a complaint, and recovery housing residents. The department may refer to any of the foregoing in the registry as long as it removes personally identifying information or uses any other technique it considers appropriate to maintain confidentiality.

Sec. 5119.394. (A) The department of ~~mental-behavioral health and addiction services~~ shall establish and maintain a registry of recovery housing residences that meet the criteria described in division (A)(1) or (2) of section 5119.392 of the Revised Code. ~~For~~

(B) For each residence, the registry shall include all of the following, subject to the confidentiality requirements of division (C) of section 5119.393 of the Revised Code:

(1) Any information from the form required by division (B) of section 5119.391 of the Revised Code that the department chooses to include in the registry;

(2) If a complaint received under section 5119.393 of the Revised Code has been investigated and substantiated, a description of the complaint, the date the complaint was submitted to the department or its contractor, and the outcome of the investigation;

(3) Any other information the department considers appropriate.

~~(B)(C)~~ The department shall immediately remove from the registry a recovery housing residence that ceases to meet the criteria described in division (A)(1) or (2) of section 5119.392 of the Revised Code, including if the criteria described in those divisions ceases to be met because the residence has had its certification or accreditation, as applicable, revoked or not renewed.

~~(C)(D)~~ The department shall make the registry available to the public on the department's web site.

Sec. 5119.395. (A) Beginning January 1, 2025, no person or government entity shall advertise or represent any residence or other building to be a recovery housing residence, sober living home, or any other alcohol and drug free housing for persons recovering from alcohol use disorder or drug addiction unless the residence or building meets either of the following conditions:

(1) The residence or building is on the registry established and maintained under section 5119.394 of the Revised Code;

(2) The residence or building is regulated by the department of rehabilitation and correction under section 2967.14 of the Revised Code.

(B) If the director of ~~mental-behavioral health and addiction services~~ determines that a person or government entity is violating division (A) of this section, the director may request, in writing, that the attorney general petition the court of common pleas of the county where the person or government entity is operating the residence or other building to enjoin that person or government entity from engaging in the conduct that violates division (A) of this section.

Sec. 5119.397. The director of ~~mental-behavioral health and addiction services~~ may adopt rules in accordance with Chapter 119. of the Revised Code to implement sections 5119.39 to 5119.396 of the Revised Code.

Sec. 5119.40. (A) As used in this section, "individual with a mental illness" and "specialized services" have the same meanings as in section 5165.03 of the Revised Code.

(B)(1) Except as provided in division (B)(2) of this section and rules adopted under division (E)(3) of this section, for purposes of section 5165.03 of the Revised Code, the department of ~~mental behavioral health and addiction services~~ shall determine in accordance with the "Social Security Act," section 1919(e)(7), 42 U.S.C. 1396r(e)(7), and regulations adopted under section 1919(f)(8) (A) of that act, 42 U.S.C. 1396r(f)(8)(A), whether, because of the individual's physical and mental condition, an individual with a mental illness seeking admission to a nursing facility requires the level of services provided by a nursing facility and, if the individual requires that level of services, whether the individual requires specialized services for mental illness. The determination required by this division shall be based on an independent physical and mental evaluation performed by a person or entity other than the department.

(2) Except as provided in division (B)(3) of this section, a determination under division (B) (1) of this section is not required for any of the following:

(a) An individual seeking readmission to a nursing facility after having been transferred from a nursing facility to a hospital for care;

(b) An individual who meets all of the following conditions:

(i) The individual is admitted to the nursing facility directly from a hospital after receiving inpatient care at the hospital;

(ii) The individual requires nursing facility services for the condition for which care in the hospital was received;

(iii) The individual's attending physician has certified, before admission to the nursing facility, that the individual is likely to require less than thirty days of nursing facility services.

(c) An individual transferred from one nursing facility to another nursing facility, with or without an intervening hospital stay.

(3) A determination under division (B)(1) of this section is required for an individual described in division (B)(2)(a) or (b) of this section if the hospital from which the individual is transferred or directly admitted to a nursing facility is either of the following:

(a) A hospital that the department maintains, operates, manages, and governs under section 5119.14 of the Revised Code for the care and treatment of persons with mental illnesses;

(b) A free-standing hospital, or unit of a hospital, licensed by the department under section 5119.33 of the Revised Code.

(C) Except as provided in rules adopted under division (E)(3) of this section, the department of ~~mental-behavioral health and addiction services~~ shall review and determine for each resident of a nursing facility who has a mental illness, whether the resident, because of the resident's physical and mental condition, requires the level of services provided by a nursing facility and whether the resident requires specialized services for mental illness. The review and determination shall be conducted in accordance with section 1919(e)(7) of the "Social Security Act" and the regulations adopted under section 1919(f)(8)(A) of the act and based on an independent physical and mental evaluation performed by a person or entity other than the department. The review and determination shall be completed promptly after a nursing facility has notified the department that there has been a significant change in the resident's mental or physical condition.

(D)(1) In the case of a nursing facility resident who has continuously resided in a nursing facility for at least thirty months before the date of a review and determination under division (C) of this section, if the resident is determined not to require the level of services provided by a nursing facility, but is determined to require specialized services for mental illness, the department, in consultation with the resident's family or legal representative and care givers, shall do all of the following:

(a) Inform the resident of the institutional and noninstitutional alternatives covered under the state plan for medical assistance;

(b) Offer the resident the choice of remaining in the nursing facility or receiving covered services in an alternative institutional or noninstitutional setting;

(c) Clarify the effect on eligibility for services under the state plan for medical assistance if the resident chooses to leave the facility, including its effect on readmission to the facility;

(d) Provide for or arrange for the provision of specialized services for the resident's mental illness in the setting chosen by the resident.

(2) In the case of a nursing facility resident who has continuously resided in a nursing facility for less than thirty months before the date of the review and determination under division (C) of this section, if the resident is determined not to require the level of services provided by a nursing facility, but is determined to require specialized services for mental illness, or if the resident is determined to require neither the level of services provided by a nursing facility nor specialized services for mental illness, the department shall act in accordance with its alternative disposition plan approved by the United States department of health and human services under section 1919(e)(7)(E) of the "Social Security Act."

(3) In the case of an individual who is determined under division (B) or (C) of this section to require both the level of services provided by a nursing facility and specialized services for mental

illness, the department of ~~mental-behavioral health and addiction services~~ shall provide or arrange for the provision of the specialized services needed by the individual or resident while residing in a nursing facility.

(E) The department of ~~mental-behavioral health and addiction services~~ shall adopt rules in accordance with Chapter 119. of the Revised Code that do all of the following:

(1) Establish criteria to be used in making the determinations required by divisions (B) and (C) of this section. The criteria shall not exceed the criteria established by regulations adopted by the United States department of health and human services under section 1919(f)(8)(A) of the "Social Security Act."

(2) Specify information to be provided by the individual or nursing facility resident being assessed;

(3) Specify any circumstances, in addition to circumstances listed in division (B) of this section, under which determinations under divisions (B) and (C) of this section are not required to be made.

Sec. 5119.41. (A) The department of ~~mental-behavioral health and addiction services~~ shall implement the residential state supplement program under which the state supplements the amounts received by aged, blind, or disabled adults as supplemental security income payments under Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq., or as social security benefits or social security disability insurance benefits under Title II of the "Social Security Act," 42 U.S.C. 401 et seq. Residential state supplement payments shall be used for the provision of accommodations, supervision, and personal care services to recipients of supplemental security income payments, social security benefits, and social security disability insurance benefits who the department determines are at risk of needing institutional care.

In implementing the program, the department may designate one or more entities to be responsible for providing administrative services regarding the program. The department may designate an entity either by entering into a contract with the entity to ~~provided~~ provide the services or by otherwise delegating to the entity the responsibility to provide the services.

(B) To be eligible for residential state supplement payments, an individual must satisfy all eligibility requirements established by rules adopted under this section.

(C) The director of ~~mental-behavioral health and addiction services~~ and the medicaid director shall adopt rules as necessary to implement the residential state supplement program, including the requirements that an individual must satisfy to be eligible for payments under the program. The rules shall be adopted in accordance with Chapter 119. of the Revised Code.

The rules adopted by the director of ~~mental-behavioral health and addiction services~~ may establish the method to be used to determine the payment an eligible individual will receive under the program. The amount the general assembly appropriates for the program may be a factor included in the method that director establishes.

To the extent permitted by Title XVI of the "Social Security Act" and any other provision of

federal law, the rules adopted by the medicaid director may establish standards for adjusting the eligibility requirements concerning the level of impairment an individual must have so that the amount appropriated for the program by the general assembly is adequate for the number of eligible individuals. The rules shall not limit the eligibility of individuals who are disabled solely on a basis classifying disabilities as physical or mental.

(D) The county department of job and family services of the county in which an applicant for the residential state supplement program resides or the department of medicaid shall determine whether the applicant meets income and resource requirements for the program.

The county department of job and family services or the department of medicaid shall notify each individual who is denied approval for payments under the program of the individual's right to a hearing. On request, the hearing shall be provided in accordance with section 5101.35 of the Revised Code.

(E) An individual in a licensed or certified living arrangement receiving state supplementation on November 15, 1990, under former section 5101.531 of the Revised Code shall not become ineligible for payments under this program solely by reason of the individual's living arrangement as long as the individual remains in the living arrangement in which the individual resided on November 15, 1990.

Sec. 5119.42. (A) As used in this section, "private, nonprofit organization" means a private association, organization, corporation, or other entity that is tax exempt under section 501(a) and described in section 501(c) of the "Internal Revenue Code of 1986," 100 Stat. 2085, 26 U.S.C. 501.

(B) To the extent funds are available and on application by boards of alcohol, drug addiction, and mental health services, the director of ~~mental-behavioral health and addiction services~~ may approve state reimbursement of, or state grants for, community construction programs including residential housing for persons with severe mental disabilities and persons with substance use disorders. The director may also approve an application for reimbursement or a grant for such programs submitted by other governmental entities or by private, nonprofit organizations, after the application has been reviewed and recommended for approval or disapproval by the board of alcohol, drug addiction, and mental health services for the district from which the application came, and the application is consistent with the board's approved community addiction and mental health plan submitted under division (A) of section 340.03 of the Revised Code and the board's approved budget and list of addiction services, mental health services, and recovery supports submitted under divisions (A) and (B) of section 340.08 of the Revised Code.

(C)(1) The director of ~~mental-behavioral health and addiction services~~ shall adopt rules in accordance with Chapter 119. of the Revised Code that specify procedures for applying for state reimbursement of and state grants for community construction programs, including residential housing for persons with severe mental disabilities and persons with substance use disorders and procedures and criteria for approval of such reimbursement and grants.

(2) The director of ~~mental-behavioral health and addiction services~~ shall not approve state

reimbursement or a state grant unless all of the following conditions are met:

(a) The applicant includes with the application a plan specifying the services, in addition to housing, that will be provided to persons who will reside in the residential housing. Services specified may include any of the services described in section 340.09 of the Revised Code.

(b) The director is satisfied that the residential housing for persons with severe mental disabilities will be developed to promote the maximum practical integration of persons with severe mental disabilities with persons at the same site who do not have severe mental disabilities.

(c) The use of any funds distributed pursuant to the reimbursement or grant will not subject any obligation from which the funds are derived to federal income taxation.

(3) The director may enter into an agreement establishing terms for any reimbursement or grant approved under this division with the organization, board, or other government entity that is the recipient of the reimbursement or grant. Any such agreement is subject to any covenant or agreement pertaining to any obligation issued to provide funds for the reimbursement or grant.

Sec. 5119.421. (A) This section applies to a board of alcohol, drug addiction, and mental health services, another governmental entity, or a private, nonprofit organization that received a grant or reimbursement under section 5119.42 of the Revised Code for a facility on which the department of ~~mental-behavioral health and addiction services~~ holds a security interest.

(B) A board of alcohol, drug addiction, and mental health services, another governmental entity, or a private, nonprofit organization to which this section applies may apply to the director of ~~mental-behavioral health and addiction services~~ for approval to sell its facility and acquire, construct, or renovate a replacement facility pursuant to this section. The director shall prescribe the form of the application. Before submitting an application to the director, a governmental entity or private, nonprofit organization must obtain approval of the application from the board of alcohol, drug addiction, and mental health services with jurisdiction over the service district in which the existing facility is located. The director shall approve an application for a replacement project upon determining that the project provides for the continuation of appropriate mental health and addiction services to the population served by the board, entity, or organization.

(C) A board, entity, or organization that obtains approval for a project under division (B) of this section shall pay the proceeds of the sale of its facility to the director of ~~mental-behavioral health and addiction services~~. The director shall deposit the proceeds to the credit of the community capital replacement facilities fund.

(D) When a board, entity, or organization that has sold its facility notifies the director of ~~mental-behavioral health and addiction services~~ that it is ready to acquire, construct, or renovate a replacement facility, the director shall do one of the following:

(1) If the replacement facility is located in the same alcohol, drug addiction, and mental health service district as the original facility, and if the purposes for which the replacement facility will be used are the same as or similar to those for the original facility, the director shall pay to the board, entity, or organization from the community capital replacement facilities fund an amount

equal to the lesser of an amount equal to the proceeds of the sale of the original facility or the amount of the state's agreed-upon participation (as a per cent of the total cost) in the cost of the replacement facility. If the amount of the state's agreed-upon participation in the cost of the replacement facility is less than the value of the state's security interest in the original facility, the difference between the state's agreed-upon participation in the cost of the replacement facility and the value of the state's security interest in the original facility shall be retained in the community capital replacement facilities fund, and any excess proceeds shall be paid to the board, entity, or organization.

(2) If the replacement facility is located in a different alcohol, drug addiction, and mental health service district than the original facility, or if the purposes for which the replacement facility will be used are not the same as or similar to those for the original facility, the director shall request controlling board approval for release of funds for the project. If the controlling board so approves, the director shall pay to the board, entity, or organization from the community capital replacement facilities fund the lesser of an amount equal to the proceeds of the sale of the original facility or the amount of the state's agreed-upon participation (as a per cent of the total cost) in the cost of the replacement facility. If the amount of the state's agreed-upon participation in the cost of the replacement facility is less than the value of the state's security interest in the original facility, the difference between the state's agreed-upon participation in the cost of the replacement facility and the value of the state's security interest in the original facility shall be retained in the community capital replacement facilities fund, and any excess proceeds shall be paid to the board, entity, or organization.

(E) The director of ~~mental-behavioral health and addiction services~~ and a board, entity, or organization shall enter into an agreement specifying the terms of any payment made to the board, entity, or organization under division (D) of this section. The terms may include provision for the department of ~~mental-behavioral health and addiction services~~ to hold a security interest in the facility.

(F)(1) When approving an application under division (B) of this section, the director of ~~mental-behavioral health and addiction services~~ shall establish a deadline by which the board, entity, or organization must notify the director that it is ready to acquire, construct, or renovate a replacement facility. If the board, entity, or organization does not notify the director on or before the deadline, the director may cancel the project. Upon canceling the project, the director shall pay to the board, entity, or organization from the community capital replacement facilities fund an amount equal to the portion of the proceeds of the sale of the original facility that exceeds the value of the state's security interest in the facility.

(2) Notwithstanding the deadline established under division (F)(1) of this section, if at any time a board, entity, or organization notifies the director that it does not intend to acquire, construct, or renovate a replacement facility under this section, the director shall cancel the replacement project and pay to the board, entity, or organization from the community capital replacement facilities fund

an amount equal to the portion of the proceeds of the sale of the original facility that exceeds the value of the state's security interest in the facility.

(G) If a replacement project is canceled after the sale of the original facility, the director of ~~mental-behavioral health and addiction services~~ shall use funds equal to the value of the state's security interest in the original facility for additional grants or reimbursements under section 5119.42 of the Revised Code. The director shall obtain the approval of the controlling board before releasing the additional grants or reimbursements.

(H) The community capital replacement facilities fund is hereby created in the state treasury. The director of ~~mental-behavioral health and addiction services~~ shall use the fund for the purposes of this section.

Sec. 5119.43. (A) The director of ~~mental-behavioral health and addiction services~~ may enter into agreements with any person, political subdivision, or state agency for the sale or lease of land or facilities under the jurisdiction of the director of ~~mental-behavioral health and addiction services~~ in the following manner:

(1) The director of ~~mental-behavioral health and addiction services~~ shall designate lands and facilities that are not needed by the department of ~~mental-behavioral health and addiction services~~ and are under the jurisdiction of the department.

(2) The director of ~~mental-behavioral health and addiction services~~ shall have a preliminary appraisal made of any lands or facilities designated under division (A)(1) of this section by a disinterested professional appraiser from the department of administrative services. The appraiser shall deliver to the director of ~~mental-behavioral health and addiction services~~ a signed certificate of the probable market value of the lands and facilities as determined from the preliminary appraisal.

(3) The director of ~~mental-behavioral health and addiction services~~ shall certify to the clerk of the house of representatives and to the clerk of the senate a list of all lands and facilities which may be sold or leased, and shall include with the list the results of the preliminary appraisals of the lands and facilities, a general description of the land and facilities, and a description of the current use of the land and facilities.

(4) Every list of lands and facilities certified by the director of ~~mental-behavioral health and addiction services~~ to the clerk of the house of representatives and to the clerk of the senate under division (A)(3) of this section, shall immediately be transmitted by the respective clerks to the committees in the house and the senate to which land conveyance bills are usually referred. If either committee files in its clerk's office, within sixty calendar days of the original certification of the lands and facilities by the director of ~~mental-behavioral health and addiction services~~, a report disapproving the sale or lease of any lands or facilities, the sale or lease of the lands or facilities disapproved in the report shall not be made under this section. With respect to a sale or lease of lands and facilities that has not been disapproved under this division, the director of ~~mental-behavioral health and addiction services~~ shall certify those lands and facilities to the director of administrative services.

(5) After certification to the director of administrative services under division (A)(4) of this section, the director of ~~mental-behavioral health and addiction services~~ shall have a formal appraisal made of the lands and facilities by a disinterested professional appraiser from the department of administrative services. The director of ~~mental-behavioral health and addiction services~~ may accept the formal appraisal or may reject it and order a new formal appraisal by a disinterested professional appraiser who shall not be from the department of administrative services. The director of ~~mental-behavioral health and addiction services~~ may then sell or lease the lands or facilities in accordance with this division and department of administrative services procedures as set forth in Chapter 123. of the Revised Code. Any such deed or lease shall be prepared and recorded pursuant to section 5301.13 of the Revised Code. The department of administrative services shall be the sole agent for the state and shall complete the sale or lease of the lands or facilities, up to and including the closing thereof, after the director of ~~mental-behavioral health and addiction services~~ approves the sale price. The director of ~~mental-behavioral health and addiction services~~ and the director of administrative services may, if it is determined to be in the best interests of the state, agree to sell surplus land for an amount less than the formal appraised value but shall not sell any land for less than two-thirds of the formal appraised value.

(B) Coincident with the certification made under division (A)(3) of this section concerning lands which may be sold, the director of ~~mental-behavioral health and addiction services~~ shall give written notice of intention to sell the lands by certified mail to the executive officer of each county, township, municipal corporation, and school district within which the lands are situated. In each notice, the director of ~~mental-behavioral health and addiction services~~ shall specify the conditions under which the lands shall be sold, including whether the lands will be sold as a single unit or sold in specific parcels that the director designates, and shall solicit from the subdivision offers to purchase the lands in accordance with the conditions the director of ~~mental-behavioral health and addiction services~~ has specified and at a price equal to the preliminary appraised value determined pursuant to division (A)(2) of this section. If, within thirty days of having certified the lands to the director of administrative services under division (A)(4) of this section, the director of ~~mental-behavioral health and addiction services~~ receives from the executive officer of a subdivision a written offer to purchase the lands at or above the price specified in the original notice from the director of ~~mental-behavioral health and addiction services~~ to the officer, provided such offer otherwise complies with the conditions of purchase specified in the original notice from the director of ~~mental-behavioral health and addiction services~~, the director of ~~mental-behavioral health and addiction services~~ shall forthwith enter into an agreement to sell the lands to the subdivision. The agreement shall incorporate any and all terms that are acceptable to both parties and that are consistent with the terms specified in the original notice from the director of ~~mental-behavioral health and addiction services~~. If no offer to purchase is received by the director of ~~mental-behavioral health and addiction services~~ within the thirty-day period provided in this division, the original notice from the director of ~~mental-behavioral health and addiction services~~ shall be considered

withdrawn and the director of ~~mental-behavioral health and addiction services~~ shall be under no obligation to sell any of the lands specified in the notice to the subdivision. If two or more offers to purchase the same parcels of land are received by the director of ~~mental-behavioral health and addiction services~~ within the required time period from the executive officers of two or more subdivisions, the director of ~~mental-behavioral health and addiction services~~ shall accept the offer or offers to purchase that the director considers to be in the best interests of the state and of the department of ~~mental-behavioral health and addiction services~~ and shall proceed to enter into agreements of sale pursuant to this division. If all of the original notices from the director of ~~mental-behavioral health and addiction services~~ relating to a given parcel of land become withdrawn, the director of ~~mental-behavioral health and addiction services~~ may thereupon proceed to sell the parcel as otherwise provided in this section. No subdivision may commence an action to enforce the provisions of this division, or to seek any other legal or equitable remedy relative to this division, with respect to any lands certified to the director of administrative services under division (A)(4) of this section, except within sixty days of the date on which the lands were so certified.

(C) Any agreement under this section shall be at such terms as will be in the best interests of the state and the department of ~~mental-behavioral health and addiction services~~. However, the terms of any agreement for sale shall include a provision that the purchaser will abide by any comprehensive plan for the area that has been adopted by the local government in which the property is located before the parties enter into the agreement. No lease shall be of a duration greater than fifteen years. No agreement, except an agreement entered into under division (B) of this section, shall be entered into before the proposal to sell or lease the land or facilities has been advertised once each week for four weeks in a newspaper of general circulation in every county in which the lands or facilities are located and if the preliminary appraised value of the land to be sold or leased is more than one hundred thousand dollars, advertisement shall be made once each week for four weeks in at least two newspapers in the state having a daily circulation of one hundred thousand or more. If a city in this state is served by more than one newspaper having a circulation of one hundred thousand or more, advertisement may be made in only one of the newspapers serving the city.

(D) Each deed or lease prepared and recorded pursuant to this section shall contain a recital stating that all provisions of this section have been complied with. The recital shall be considered binding and conclusive against all subdivisions of the state provided no action has been commenced pursuant to division (B) of this section. Any deed or lease containing such a recital shall be conclusively presumed to have been executed in compliance with this section insofar as title or other interest of any bona fide purchasers, lessees, or transferees of the property is concerned.

(E) Nothing in this section shall be construed as establishing a precedent for the disposal of state lands and facilities by other departments of the state.

Sec. 5119.431. When it is necessary for a state institution under the jurisdiction of the department of ~~mental-behavioral health and addiction services~~ to acquire any real estate, right of

way, or easement in real estate in order to accomplish the purposes for which it was organized or is being conducted, and the department is unable to agree with the owner of such property upon the price to be paid therefor, such property may be appropriated in the manner provided for the appropriation of property for other state purposes.

Any instrument by which real property is acquired pursuant to this section shall identify the agency of the state that has the use and benefit of the real property as specified in section 5301.012 of the Revised Code.

Sec. 5119.44. As used in this section, "free clinic" has the same meaning as in section 2305.2341 of the Revised Code.

(A) The department of ~~mental-behavioral health and addiction services~~ may provide certain goods and services for the department of ~~mental-behavioral health and addiction services~~, the department of developmental disabilities, the department of rehabilitation and correction, the department of youth services, and other state, county, or municipal agencies requesting such goods and services when the department of ~~mental-behavioral health and addiction services~~ determines that it is in the public interest, and considers it advisable, to provide these goods and services. The department of ~~mental-behavioral health and addiction services~~ also may provide goods and services to agencies operated by the United States government and to public or private nonprofit agencies, other than free clinics, that are funded in whole or in part by the state if the public or private nonprofit agencies are designated for participation in this program by the director of ~~mental-behavioral health and addiction services~~ for community addiction services providers and community mental health services providers, the director of developmental disabilities for community developmental disabilities agencies, the director of rehabilitation and correction for community rehabilitation and correction agencies, or the director of youth services for community youth services agencies.

Designated community agencies or services providers shall receive goods and services through the department of ~~mental-behavioral health and addiction services~~ only in those cases where the designating state agency certifies that providing such goods and services to the agency or services provider will conserve public resources to the benefit of the public and where the provision of such goods and services is considered feasible by the department of ~~mental-behavioral health and addiction services~~.

(B) The department of ~~mental-behavioral health and addiction services~~ may permit free clinics to purchase certain goods and services to the extent the purchases fall within the exemption to the Robinson-Patman Act, 15 U.S.C. 13 et seq., applicable to nonprofit institutions, in 15 U.S.C. 13c, as amended.

(C) The goods and services that may be provided by the department of ~~mental-behavioral health and addiction services~~ under divisions (A) and (B) of this section may include:

(1) Procurement, storage, processing, and distribution of food and professional consultation on food operations;

(2) Procurement, storage, and distribution of medical and laboratory supplies, dental supplies, medical records, forms, optical supplies, and sundries;

(3) Procurement, storage, repackaging, distribution, and dispensing of drugs, the provision of professional pharmacy consultation, and drug information services;

(4) Other goods and services.

(D) The department of ~~mental-behavioral health and addiction services~~ may provide the goods and services designated in division (C) of this section to its institutions and to state-operated community-based mental health or addiction services providers.

(E) After consultation with and advice from the director of developmental disabilities, the director of rehabilitation and correction, and the director of youth services, the department of ~~mental-behavioral health and addiction services~~ may provide the goods and services designated in division (C) of this section to the department of developmental disabilities, the department of rehabilitation and correction, and the department of youth services.

(F) The cost of administration of this section shall be determined by the department of ~~mental-behavioral health and addiction services~~ and paid by the agencies, services providers, or free clinics receiving the goods and services to the department for deposit in the state treasury to the credit of the Ohio pharmacy services fund, which is hereby created. The fund shall be used to pay the cost of administration of this section to the department.

(G) Whenever a state agency fails to make a payment for goods and services provided under this section within thirty-one days after the date the payment was due, the office of budget and management may transfer moneys from the state agency to the department of ~~mental-behavioral health and addiction services~~. The amount transferred shall not exceed the amount of overdue payments. Prior to making a transfer under this division, the office of budget and management shall apply any credits the state agency has accumulated in payments for goods and services provided under this section.

(H) Purchases of goods and services under this section are not subject to section 307.86 of the Revised Code.

Sec. 5119.45. Unless otherwise specifically provided by law, all moneys received by the department of ~~mental-behavioral health and addiction services~~ from the sale of goods and services, including, but not limited to, shared service agreements with other governmental entities and nongovernmental entities, employee housing and cafeteria receipts, fees for copying services, and sales of other tangible personal property under the department's control, shall be paid into the state treasury to the credit of the sale of goods and services fund, which is hereby created. Moneys received by the department pursuant to section 5119.44 of the Revised Code shall not be paid into the fund. The department shall use the moneys in the fund for paying operating expenses of the department.

Sec. 5119.46. There is hereby created in the state treasury the department of ~~mental-behavioral health and addiction services~~ trust fund. ~~Not later than the first day of September of each~~

~~year, the director of mental health and addiction services shall certify to the director of budget and management the amount of all of the unexpended, unencumbered balances of general revenue fund appropriations made to the department of mental health and addiction services for the previous fiscal year, excluding funds appropriated for rental payments to the Ohio public facilities commission. On receipt of the certification, the director of budget and management shall transfer cash to the trust fund in an amount up to, but not exceeding, the total of the amounts certified by the director of mental health and addiction services.~~

~~In addition, the~~ The trust fund shall receive all amounts, subject to any provisions in bond documents, received from the sale or lease of lands and facilities by the department.

All moneys in the trust fund ~~shall be used by the department of mental health and addiction services to pay for expenditures the department incurs in performing any of its duties under this chapter~~ are subject to appropriation by the general assembly or may be used with the approval of the controlling board. The use of moneys in the trust fund pursuant to this section does not represent an ongoing commitment to the continuation of the trust fund or to the use of moneys in the trust fund.

Sec. 5119.47. The director of ~~mental behavioral health and addiction services~~ shall administer the problem casino gambling and addictions fund. The director shall use the money in the fund to support gambling addiction services, alcohol and drug addiction services, other services that relate to gambling addiction and substance abuse, and research that relates to gambling addiction and substance abuse. Treatment and prevention services supported by money in the fund under this section shall be services that are certified by the department of ~~mental behavioral health and addiction services~~.

The director shall prepare an annual report describing the use of the fund for these purposes. The director shall submit the report to the Ohio casino control commission, the speaker and minority leader of the house of representatives, the president and minority leader of the senate, and the governor.

Sec. 5119.48. (A) The department of ~~mental behavioral health and addiction services~~ shall create the all roads lead to home program. The program shall include all of the following initiatives:

(1) A media campaign. As part of the campaign, the department shall develop public service announcements and shall make the announcements available to television and radio media outlets. The announcements shall be made available beginning on January 1, 2018, ~~and~~ Thereafter, the announcements shall be made at least twice annually, once between January and March of each year, and once in September of each year as part of national recovery month.

(2) A web site ~~as that meets the requirements~~ described in division (C) of this section;

(3) A twenty-four-hour hotline, that is operated by a call center, for the purpose of helping individuals access addiction services.

(B) The media campaign described in division (A)(1) of this section shall do all of the following:

(1) Include messages to reduce the stigma associated with seeking help for drug addiction;

(2) Provide directions for people who are in need of drug addiction assistance to a web-based location that includes all of the following:

- (a) Information on where to find help for drug addiction;
- (b) Information on intervention and referral options;
- (c) Contact information for ~~county board~~ boards of alcohol, drug addiction-assistance authorities, and mental health services.

(3) Prioritize its efforts in media markets that have the highest rates of drug overdose deaths in this state;

(4) Utilize television and radio public service announcements provided to media outlets, as well as internet advertising models such as low-cost social media outlets.

(C) Before January 1, 2018, for purposes of division (A)(2) of this section, the department shall create a web site ~~as described in division (A)(2) of this section~~ that is interactive and offers all of the following components:

(1) If reasonably available for use, an evidence-based self-reporting screening tool approved by the department's medical director;

(2) Community detoxification and withdrawal management options and community treatment options;

(3) A searchable database of certified substance abuse providers organized by zip code;

(4) Information on recovery supports, including recovery housing residences;

(5) Clinical information regarding what a person may expect during detoxification, withdrawal, and treatment.

(D) The department may contract with private vendors for the creation and maintenance of the ~~interactive~~ web site described in division (C) of this section.

Sec. 5119.49. (A) The director of ~~mental-behavioral health and addiction services~~ shall collaborate with the state board of pharmacy and attorney general in the establishment and administration of a drug take-back program, as provided under section 4729.69 of the Revised Code.

(B) The department may accept grants, gifts, or donations for purposes of the program. Money received under this division shall be deposited into the drug take-back program fund established under section 109.90 of the Revised Code.

Sec. 5119.50. The director of ~~mental-behavioral health and addiction services~~ may accept, hold, and administer in trust on behalf of the state, if it is for the public interest, any grant, gift, devise, or bequest of money or property made to the state for the use or benefit of any institution described in section 5119.14 of the Revised Code or for the use and benefit of persons with mental illnesses under its control. If the trust so provides, the money or property may be used for any work which the department of ~~mental-behavioral health and addiction services~~ is authorized to undertake.

The department shall keep such gift, grant, devise, or bequest as a distinct property or fund and, if it is in money, shall invest it in the manner provided by law. The department may deposit in a proper trust company or savings bank any money left in trust during a specified life or lives and shall

adopt rules governing the deposit, transfer, withdrawal, or investment of such money and the income thereof.

The department shall, in the manner prescribed by the director of budget and management pursuant to section 126.21 of the Revised Code, account for all money or property received or expended under this section. The records, together with a statement certified by the depository showing the funds deposited there to the credit of the trust, shall be open to public inspection. The director of budget and management may require the department to file a report with the director on any particular portion, or the whole, of any trust property received or expended by it.

The department shall, upon the expiration of any trust according to its terms, dispose of the funds or property held thereunder in the manner provided in the instrument creating the trust. If the instrument creating the trust failed to make any terms of disposition, or if no trust was in evidence, then the decedent patient's money, saving or commercial deposits, dividends or distributions, bonds, or any other interest-bearing debt certificate or stamp issued by the United States government shall escheat to the state. All such unclaimed intangible personal property of a former patient shall be retained by the managing officer in such institution for the period of one year, during which time every possible effort shall be made to find such former patient or the former patient's legal representative.

If, after a period of one year from the time the patient has left the institution or has died, the managing officer has been unable to locate such person or the person's legal representative, then upon proper notice of such fact the director shall at that time formulate in writing a method of disposition on the minutes of the department authorizing the managing officer to convert such intangible personal property to cash to be paid into the state treasury to the credit of the general revenue fund.

The department shall include in its annual report a statement of all money and property and the terms and conditions relating thereto.

Sec. 5119.51. (A) As used in this section, "supplemental services" has the same meaning as in section 5815.28 of the Revised Code.

(B) There is hereby created in the state treasury the services fund for individuals with mental illness. On the death of the beneficiary of a trust created pursuant to section 5815.28 of the Revised Code, the portion of the remaining assets of the trust specified in the trust instrument shall be deposited to the credit of the fund. Money credited to the fund shall be used for individuals with mental illness.

Supplemental services may be provided through the department or boards of alcohol, drug addiction, and mental health services. In accordance with Chapter 119. of the Revised Code, the department of ~~mental-behavioral health and addiction services~~ may adopt any rules necessary to implement this section.

Sec. 5119.52. Each managing officer of an institution under the jurisdiction of the department of ~~mental-behavioral health and addiction services~~ as described in section 5119.14 of the

Revised Code, with the approval of the director of mental-behavioral health and addiction services, may establish local institution funds designated as follows:

(A) Industrial and entertainment fund created and maintained for the entertainment and welfare of the patients of the institution. The director shall establish rules for the operation of the industrial and entertainment fund.

(B) Commissary fund created and maintained for the benefit of patients in the institution. Commissary revenue over and above operating costs and reserve shall be considered profits. All profits from the commissary fund operations shall be paid into the industrial and entertainment fund and used only for the entertainment and welfare of patients. The director shall establish rules for the operation of the commissary fund.

Sec. 5119.54. The treasurer of state shall have charge of all funds under the jurisdiction of the department of mental-behavioral health and addiction services and shall pay out the same only in accordance with this chapter.

The department shall cause to be furnished a contract of indemnity to cover all funds received by it or by its managing officers, employees, or agents while the funds are in the possession of such managing officers, employees or agents. Such funds are designated as follows:

(A) Funds which are due and payable to the treasurer of state as provided by Chapter 131. of the Revised Code;

(B) Those funds which are held in trust by the managing officers, employees, or agents of the institution as local funds or accounts under the jurisdiction of the department.

Such contract of indemnity shall be made payable to the state and the premium for such contract of indemnity may be paid from any of the moneys received for the use of the department under this chapter and Chapters 5121. and 5122. of the Revised Code.

Funds collected from various sources, such as the sale of goods, and all miscellaneous articles, shall be transmitted on or before Monday of each week to the treasurer of state and a detailed statement of such collections shall be made to the department.

Sec. 5119.55. The department of mental-behavioral health and addiction services may pay an amount for personal use to each individual residing in a state institution as described in section 5119.14 of the Revised Code who would be eligible for supplemental security income benefits at the reduced rate established by Title XVI of the "Social Security Act," 42 U.S.C. 1381 et seq., if the medicaid program covers services provided in such institutions. The amount paid by the department shall not exceed the reduced supplemental security income benefit rate established by Title XVI of the "Social Security Act."

Sec. 5119.56. Money or property deposited with managing officers of institutions under the jurisdiction of the department of mental-behavioral health and addiction services by any patient under the department's control or by relatives, guardians, conservators, and others for the special benefit of such patient, as well as all other funds and all other income paid to the patient, the patient's estate, or on the patient's behalf, or paid to the managing officer or to the institution as

representative payee or otherwise paid on the patient's behalf, shall remain in the hands of such officers in appropriate accounts for use accordingly. The managing officer shall keep itemized book accounts of the receipt and disposition of such money and property, which book shall be open at all times to the inspection of the department. The director of ~~mental-behavioral health and addiction services~~ shall adopt rules governing the deposit, transfer, withdrawal, or investment of the funds and the income thereof, as well as rules under which such funds and income shall be paid by managing officers for the support of the patients pursuant to Chapter 5121. of the Revised Code, or for their other needs.

Whenever any patient confined in any state institution subject to the jurisdiction of the department dies, escapes, or is discharged from such institution, and any personal funds of such person remain in the hands of the managing officer thereof and no demand for such funds is made upon such managing officer by the owner of the funds or the owner's legally appointed representative, the managing officer shall hold the funds in the personal deposit fund for a period of at least one year during which time the managing officer shall make every effort possible to locate the owner or the owner's legally appointed representative.

If at the end of this period no demand has been made for the funds, the managing officer shall dispose of the funds as follows:

(A) All money in a personal deposit fund in excess of ten dollars due for the support of a patient shall be paid in accordance with the provisions of Chapter 5121. of the Revised Code.

(B) All money in a personal deposit fund in excess of ten dollars not due for the support of a patient shall be placed to the credit of the institution's local account designated as the "industrial and entertainment" fund.

(C) The first ten dollars to the credit of a patient shall be placed to the credit of the institution's local account designated as the "industrial and entertainment" fund.

Whenever any patient in any state institution subject to the jurisdiction of the department dies, escapes, or is discharged from such institution, and any personal effects of such person remain in the hands of the managing officer thereof, and no demand is made upon such managing officer by the owner of the property or the owner's legally appointed representative, the managing officer shall hold and dispose of such property in the following manner.

All the miscellaneous personal effects shall be held for a period of at least one year, during which time the managing officer shall make every effort possible to locate the owner or the owner's legal representative. If at the end of this period, no demand has been made by the owner of the property or the owner's legal representative, the managing officer shall file with the county recorder of the county of commitment of such owner, all deeds, wills, contract mortgages, or assignments. The balance of the personal effects shall be sold at public auction after being duly advertised, and the funds turned over to the treasurer of state for credit to the general revenue fund. If any of the property is not of a type to be filed with the county recorder and is not salable at public auction, then the managing officer of the institution shall destroy such property.

Sec. 5119.60. The department of ~~mental-behavioral health and addiction services~~ shall submit an annual report to the governor that shall describe the services the department offers and how appropriated funds have been spent. The report shall include all of the following:

(A) The utilization of state hospitals by each alcohol, drug addiction, and mental health service district;

(B) The number of persons served by community addiction services providers that receive funds distributed by the department, with a breakdown into categories including age, sex, race, the type of drug to which the person is addicted, and any other categories the director of ~~mental behavioral health and addiction services~~ considers significant;

(C) The number of persons with severe mental disabilities served in each district;

(D) The number and types of addiction services, mental health services, and recovery supports provided to persons with severe mental disabilities through state-operated services, community addiction services providers, and community mental health services providers;

(E) A report measuring the success of community addiction services providers, based on the measures for accountability developed by the department, including the percentage of persons served by such community addiction services providers who have not relapsed;

(F) Any other information that the director considers significant or is requested by the governor.

Sec. 5119.61. (A) The department of ~~mental-behavioral health and addiction services~~ shall collect and compile statistics and other information on the care and treatment of persons with mental disabilities, and the care, treatment, and rehabilitation of persons with alcohol use disorder, persons with drug dependencies, persons in danger of drug dependence, and persons with or in danger of developing a gambling addiction in this state. The information shall include, without limitation, information on the number of such persons, the type of drug involved, if any, the type of care, treatment, or rehabilitation prescribed or undertaken, and the success or failure of the care, treatment, or rehabilitation. The department shall collect information about addiction services, mental health services, and recovery supports delivered and persons served as required for reporting and evaluation relating to state and federal funds expended for such purposes.

(B) No community addiction services provider or community mental health services provider shall fail to supply statistics and other information within its knowledge and with respect to its addiction services, mental health services, and recovery supports upon request of the department.

(C) Communications by a person seeking aid in good faith for alcohol use disorder or drug dependence are confidential, and this section does not require the collection or permit the disclosure of information which reveals or comprises the identity of any person seeking aid.

(D) Based on the information collected and compiled under division (A) of this section, the department shall develop a project to assess the outcomes of persons served by community addiction services providers and community mental health services providers that receive funds distributed by the department.

(E) The director of ~~mental-behavioral health and addiction services~~ may fine a community addiction services provider or community mental health services provider for violating division (B) of this section. In determining whether to impose a fine, the director shall consider whether the provider has engaged in a pattern of noncompliance. If a fine is imposed, it shall be one thousand dollars for a first failure to comply with division (B) of this section and two thousand dollars for each subsequent failure. The director's actions in imposing a fine shall be taken in accordance with Chapter 119. of the Revised Code.

All fines collected under this division shall be deposited in the state treasury to the credit of the department's statewide treatment and prevention fund created by section 4301.30 of the Revised Code.

Sec. 5119.71. Pursuant to Article X of the compact set forth in section 5119.70 of the Revised Code, the director of ~~mental-behavioral health and addiction services~~ and the director of developmental disabilities each shall designate an officer who shall be the compact administrator for the department and who, acting jointly with like officers of other party states, shall adopt rules to carry out more effectively the terms of the compact. The compact administrators of each department shall serve subject to the pleasure of the governor and shall cooperate with all departments, agencies, and officers of and in the government of this state and its subdivisions in facilitating the proper administration of the compact or of any supplementary agreements entered into by this state thereunder.

Sec. 5119.82. There is hereby established a 9-8-8 administrator within the department of ~~mental-behavioral health and addiction services~~ to oversee the administration of the 9-8-8 suicide prevention and mental health crisis hotline system statewide.

Sec. 5119.85. (A) As used in this section, "telephone company" has the same meaning as in section 128.01 of the Revised Code.

(B) Except for willful or wanton misconduct, a telephone company, a provider of interconnected voice over internet protocol service, and any other installer, maintainer, or provider, through the sale or otherwise, of customer premises equipment, or service used for or with the 9-8-8 hotline, and their respective officers, directors, employees, agents, suppliers, corporate parents, and affiliates are not liable in damages in a civil action for injuries, death or loss to persons or property incurred by any person resulting from such an entity's or its officers', directors', employees', agents', or suppliers' participation in or acts or omissions in connection with participating in or developing, maintaining, or operating the 9-8-8 hotline.

Sec. 5119.89. The director of ~~mental-behavioral health and addiction services~~ shall consult with the superintendent of insurance as required by section 3901.90 of the Revised Code to develop consumer and payer education on ~~mental-behavioral health and addiction services~~ insurance parity and establish and promote a consumer hotline to collect information and help consumers understand and access their insurance benefits.

The department of ~~mental-behavioral health and addiction services~~ and the department of

insurance shall jointly report annually on the departments' efforts, which shall include information on consumer and payer outreach activities and identification of trends and barriers to access and coverage in this state. The departments shall submit the report to the general assembly, the joint medicaid oversight committee, and the governor, not later than the thirtieth day of January of each year.

Sec. 5119.90. As used in sections 5119.90 to 5119.98 of the Revised Code:

(A) "Alcohol and other drug abuse" means alcohol use disorder or drug addiction.

(B) "Another drug" means a controlled substance as defined in section 3719.01 of the Revised Code or a harmful intoxicant as defined in section 2925.01 of the Revised Code.

(C) "Board of alcohol, drug addiction, and mental health services" means a board of alcohol, drug addiction, and mental health services established under section 340.02 or 340.021 of the Revised Code.

(D) "Danger" or "threat of danger to self, family, or others" means substantial physical harm or threat of substantial physical harm upon self, family, or others.

(E) "Hospital" has the same meaning as in section 3701.01 or 3727.01 of the Revised Code but does not include either a hospital operated by the department of ~~mental-behavioral health and addiction services~~ or an inpatient unit licensed by the department.

(F) "Intoxicated" means being under the influence of alcohol, another drug, or both alcohol and another drug and, as a result, having a significantly impaired ability to function.

(G) "Petitioner" means a person who institutes a proceeding under sections 5119.91 to 5119.98 of the Revised Code.

(H) "Probate court" means the probate division of the court of common pleas.

(I) "Qualified health professional" means a person that is properly credentialed or licensed to conduct a drug and alcohol assessment and diagnosis under Ohio law.

(J) "Residence" means the legal residence of a person as determined by applicable principles governing conflicts of law.

(K) "Respondent" means a person alleged in a petition filed or hearing under sections 5119.91 to 5119.98 of the Revised Code to be a person who is experiencing alcohol and other drug abuse and who may be ordered under those sections to undergo treatment.

(L) "Treatment" means services and programs for the care and rehabilitation of intoxicated persons and persons experiencing alcohol and other drug abuse. "Treatment" includes residential treatment, a halfway house setting, and an intensive outpatient or outpatient level of care.

Sec. 5119.99. (A) Whoever violates section 5119.333 of the Revised Code is guilty of a misdemeanor of the first degree.

(B) Whoever violates section 5119.27 or 5119.28, division ~~(P)~~(O) of section 5119.36, or division (A)(1) or (2) of section 5119.37 of the Revised Code is guilty of a felony of the fifth degree.

Sec. 5120.034. (A)(1) The department of rehabilitation and correction shall permit representatives of all nonprofit faith-based, business, professional, civic, educational, and

community organizations that are registered with the department to enter institutions under the control of the department for the purpose of providing reentry services to inmates. Reentry services may include, but are not limited to, counseling, housing, job-placement, and money-management assistance.

(2) The department shall adopt rules pursuant to Chapter 119. of the Revised Code for the screening and registration of nonprofit faith-based, business, professional, civic, educational, and community organizations that apply to provide reentry services in institutions under the department's control.

(B)(1) The department shall post a department telephone number on the department's official internet web site that nonprofit faith-based, business, professional, civic, educational, and community organizations that wish to provide reentry services to inmates may call to obtain information. The internet web site also shall list all of the nonprofit faith-based, business, professional, civic, educational, and community organizations that are registered with the department under this section.

(2) The department shall actively recruit nonprofit faith-based, business, professional, civic, educational, and community organizations to provide reentry services in institutions under the department's control. The department shall recruit nonprofit organizations from all faiths and beliefs.

(C) Annually, the department shall issue a written report on the department's progress in implementing the recommendations of the correctional faith-based initiatives task force. The department shall provide a copy of the written report to ~~each member of the correctional institution inspection committee created under section 103.71 of the Revised Code~~ the general assembly in accordance with section 101.68 of the Revised Code.

(D) The department shall not endorse or sponsor any faith-based reentry program or endorse any specific religious message. The department may not require an inmate to participate in a faith-based program.

Sec. 5120.035. (A) As used in this section:

(1) "Community treatment provider" means a program that provides substance use disorder assessment and treatment for persons and that satisfies all of the following:

(a) It is located outside of a state correctional institution.

(b) It shall provide the assessment and treatment for qualified prisoners referred and transferred to it under this section in a suitable facility that is licensed pursuant to division ~~(C)~~ (D) of section 2967.14 of the Revised Code.

(c) All qualified prisoners referred and transferred to it under this section shall reside initially in the suitable facility specified in division (A)(1)(b) of this section while undergoing the assessment and treatment.

(2) "Electronic monitoring device" has the same meaning as in section 2929.01 of the Revised Code.

(3) "State correctional institution" has the same meaning as in section 2967.01 of the

Revised Code.

(4) "Qualified prisoner" means a person who satisfies all of the following:

(a) The person is confined in a state correctional institution under a prison term imposed for a felony of the third, fourth, or fifth degree that is not an offense of violence.

(b) The department of rehabilitation and correction determines, using a standardized assessment tool, that the person has a substance use disorder.

(c) The person has not more than twelve months remaining to be served under the prison term described in division (A)(4)(a) of this section.

(d) The person is not serving any prison term other than the term described in division (A)(4)(a) of this section.

(e) The person is eighteen years of age or older.

(f) The person does not show signs of drug or alcohol withdrawal and does not require medical detoxification.

(g) As determined by the department of rehabilitation and correction, the person is physically and mentally capable of uninterrupted participation in the substance use disorder treatment program established under division (B) of this section.

(B) The department of rehabilitation and correction shall establish and operate a program for community-based substance use disorder treatment for qualified prisoners. The purpose of the program shall be to provide substance use disorder assessment and treatment through community treatment providers to help reduce substance use relapses and recidivism for qualified prisoners while preparing them for reentry into the community and improving public safety.

(C)(1) The department shall determine which qualified prisoners in its custody should be placed in the substance use disorder treatment program established under division (B) of this section. The department has full discretion in making that determination. If the department determines that a qualified prisoner should be placed in the program, the department may refer the prisoner to a community treatment provider the department has approved under division (E) of this section for participation in the program and transfer the prisoner from the state correctional institution to the provider's approved and licensed facility. Except as otherwise provided in division (C)(3) of this section, no prisoner shall be placed under the program in any facility other than a facility of a community treatment provider that has been so approved. If the department places a prisoner in the program, the prisoner shall receive credit against the prisoner's prison term for all time served in the provider's approved and licensed facility and may earn days of credit under section 2967.193 or 2967.194 of the Revised Code, but otherwise neither the placement nor the prisoner's participation in or completion of the program shall result in any reduction of the prisoner's prison term.

(2) If the department places a prisoner in the substance use disorder treatment program, the prisoner does not satisfactorily participate in the program, and the prisoner has not served the prisoner's entire prison term, the department may remove the prisoner from the program and return the prisoner to a state correctional institution.

(3) If the department places a prisoner in the substance use disorder treatment program and the prisoner is satisfactorily participating in the program, the department may permit the prisoner to reside at a residence approved by the department if the department determines, with input from the community treatment provider, that residing at the approved residence will help the prisoner prepare for reentry into the community and will help reduce substance use relapses and recidivism for the prisoner. If a prisoner is permitted under this division to reside at a residence approved by the department, the prisoner shall be monitored during the period of that residence by an electronic monitoring device.

(D)(1) When a prisoner has been placed in the substance use disorder treatment program established under division (B) of this section, before the prisoner is released from custody of the department upon completion of the prisoner's prison term, the department shall conduct and prepare an evaluation of the prisoner, the prisoner's participation in the program, and the prisoner's needs regarding substance use disorder treatment upon release. Before the prisoner is released from custody of the department upon completion of the prisoner's prison term, the parole board or the court acting pursuant to an agreement under section 2967.29 of the Revised Code shall consider the evaluation, in addition to all other information and materials considered, as follows:

(a) If the prisoner is a prisoner for whom post-release control is mandatory under section 2967.28 of the Revised Code, the board or court shall consider it in determining which post-release control sanction or sanctions to impose upon the prisoner under that section.

(b) If the prisoner is a prisoner for whom post-release control is not mandatory under section 2967.28 of the Revised Code, the board or court shall consider it in determining whether a post-release control sanction is necessary and, if so, which post-release control sanction or sanctions to impose upon the prisoner under that section.

(2) If the department determines that a prisoner it placed in the substance use disorder treatment program successfully completed the program and successfully completed a term of post-release control, if applicable, and if the prisoner submits an application under section 2953.32 or the prosecutor in the case submits an application under section 2953.39 of the Revised Code for sealing or expungement of the record of the conviction, the director may issue a letter to the court in support of the application.

(E)(1) The department shall accept applications from community treatment providers that satisfy the requirement specified in division (E)(2) of this section and that wish to participate in the substance use disorder treatment program established under division (B) of this section, and shall approve for participation in the program at least four and not more than eight of the providers that apply. To the extent feasible, the department shall approve one or more providers from each geographical quadrant of the state.

(2) Each community treatment provider that applies under division (E)(1) of this section to participate in the program shall have the provider's alcohol and drug addiction services that provide substance use disorder treatment certified by the department of mental health and addiction services

under section 5119.36 of the Revised Code. A community treatment provider is not required to have the provider's halfway house or residential treatment certified by the department of mental health and addiction services.

(F) The department of rehabilitation and correction shall adopt rules for the operation of the substance use disorder treatment program it establishes under division (B) of this section and shall operate the program in accordance with this section and those rules. The rules shall establish, at a minimum, all of the following:

- (1) Criteria that establish which qualified prisoners are eligible for the program;
- (2) Criteria that must be satisfied to transfer a qualified prisoner to a residence pursuant to division (C)(3) of this section;
- (3) Criteria for the removal of a prisoner from the program pursuant to division (C)(2) of this section;
- (4) Criteria for determining when an offender has successfully completed the program for purposes of division (D)(2) of this section;
- (5) Criteria for community treatment providers to provide assessment and treatment, including minimum standards for treatment.

Sec. 5120.16. (A) Persons sentenced to any institution, division, or place under the control of the department of rehabilitation and correction are committed to the control, care, and custody of the department. Subject to division ~~(B)~~(C) of this section, the director of rehabilitation and correction or the director's designee may direct that persons sentenced to the department, or to any institution or place within the department, shall be conveyed by the sheriff initially to an appropriate facility established and maintained by the department, or committed electronically in accordance with division (B) of this section, for reception, examination, observation, and classification of the persons so sentenced. Prior to removal of an individual on an out of jurisdiction detainer, the sheriff shall convey the sentenced person to the department of rehabilitation and correction or electronically commit the sentenced person in accordance with division (B) of this section.

If a presentence investigation report was not prepared pursuant to section 2947.06 or 2951.03 of the Revised Code or Criminal Rule 32.2 regarding any person sentenced to the department or to any institution or place within the department, the director or the director's designee may order the department's field staff to conduct an offender background investigation and prepare an offender background investigation report regarding the person. The investigation and report shall be conducted in accordance with division (A) of section 2951.03 of the Revised Code and the report shall contain the same information as a presentence investigation report prepared pursuant to that section.

When the examination, observation, and classification of the person have been completed by the facility and a written report of the examination, observation, and classification is filed with the commitment papers, the director or the director's designee, subject to division (B) of this section, shall assign the person to a suitable state institution or place maintained by the state within the

director's department or shall designate that the person is to be housed in a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse, if authorized by section 5120.161 of the Revised Code, there to be confined, cared for, treated, trained, and rehabilitated until paroled, released in accordance with section 2929.20, 2967.26, 2967.28, or 5120.036 of the Revised Code, or otherwise released under the order of the court that imposed the person's sentence. No person committed by a probate court, a trial court pursuant to section 2945.40, 2945.401, or 2945.402 of the Revised Code subsequent to a finding of not guilty by reason of insanity, or a juvenile court shall be assigned to a state correctional institution.

If a person is sentenced, committed, or assigned for the commission of a felony to any one of the institutions or places maintained by the department or to a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse, the department, by order duly recorded and subject to division (B) of this section, may transfer the person to any other institution, or, if authorized by section 5120.161 of the Revised Code, to a county, multicounty, municipal, municipal-county, or multicounty-municipal jail or workhouse.

(B) An agreement may be entered into between a court of common pleas and the department of rehabilitation and correction under which persons may be electronically committed to the department of rehabilitation and correction.

(C) If the case of a child who is alleged to be a delinquent child is transferred for criminal prosecution to the appropriate court having jurisdiction of the offense pursuant to section 2152.12 of the Revised Code, if the child is convicted of or pleads guilty to a felony in that case, if the child is sentenced to a prison term, as defined in section 2901.01 of the Revised Code, and if the child is under eighteen years of age when delivered to the custody of the department of rehabilitation and correction, all of the following apply regarding the housing of the child:

(1) Until the child attains eighteen years of age, subject to divisions ~~(B)(2)~~(C)(2), (3), and (4) of this section, the department shall house the child in a housing unit in a state correctional institution separate from inmates who are eighteen years of age or older.

(2) The department is not required to house the child in the manner described in division ~~(B)~~(4)(C)(1) of this section if the child does not observe the rules and regulations of the institution or the child otherwise creates a security risk by being housed separately.

(3) If the department receives too few inmates who are under eighteen years of age to fill a housing unit in a state correctional institution separate from inmates who are eighteen years of age or older, as described in division ~~(B)(4)(C)(1)~~ of this section, the department may house the child in a housing unit in a state correctional institution that includes both inmates who are under eighteen years of age and inmates who are eighteen years of age or older and under twenty-one years of age.

(4) Upon the child's attainment of eighteen years of age, the department may house the child with the adult population of the state correctional institution.

~~(C)~~(D) The director or the director's designee shall develop a policy for dealing with problems related to infection with the human immunodeficiency virus. The policy shall include

methods of identifying individuals committed to the custody of the department who are at high risk of infection with the virus and counseling those individuals.

Arrangements for housing individuals diagnosed as having AIDS or an AIDS-related condition shall be made by the department based on security and medical considerations and in accordance with division ~~(B)~~(C) of this section, if applicable.

Sec. 5120.173. Any person who is required to report abuse or neglect of a child under eighteen years of age that is reasonably suspected or believed to have occurred or the threat of which is reasonably suspected or believed to exist pursuant to division (A) of section 2151.421 of the Revised Code, any person who is permitted to report or cause a report to be made of reasonably suspected abuse or neglect of a child under eighteen years of age pursuant to division (B) of that section, any person who is required to report suspected abuse or neglect of a person with a developmental disability pursuant to division (C) of section 5123.61 of the Revised Code, and any person who is permitted to report suspected abuse or neglect of a person with a developmental disability pursuant to division (F) of that section and who makes or causes the report to be made, shall direct that report to the state highway patrol if the child or the person with a developmental disability is an inmate in the custody of a state correctional institution. If the state highway patrol determines after receipt of the report that it is probable that abuse or neglect of the inmate occurred, the patrol shall report its findings to the department of rehabilitation and correction, to the court that sentenced the inmate for the offense for which the inmate is in the custody of the department, and to the ~~chairperson and vice chairperson of the correctional institution inspection committee established by section 103.71 of the Revised Code~~ attorney general.

Sec. 5120.21. (A) The department of rehabilitation and correction shall keep in its office, accessible only to its employees, except by the consent of the department or the order of the judge of a court of record, and except as provided in division (C) of this section, a record showing the name, residence, sex, age, nativity, occupation, condition, and date of entrance or commitment of every inmate in the several institutions governed by it. The record also shall include the date, cause, and terms of discharge and the condition of such person at the time of leaving, a record of all transfers from one institution to another, and, if such inmate is dead, the date and cause of death. These and other facts that the department requires shall be furnished by the managing officer of each institution within ten days after the commitment, entrance, death, or discharge of an inmate.

(B) In case of an accident or injury or peculiar death of an inmate, the managing officer shall make a special report to the department within twenty-four hours thereafter, giving the circumstances as fully as possible.

(C)(1) As used in this division, "medical record" means any document or combination of documents that pertains to the medical history, diagnosis, prognosis, or medical condition of a patient and that is generated and maintained in the process of medical treatment.

(2) A separate medical record of every inmate in an institution governed by the department shall be compiled, maintained, and kept apart from and independently of any other record pertaining

to the inmate. Upon the signed written request of the inmate to whom the record pertains together with the written request of a person the inmate designates who is either a licensed attorney at law or a licensed physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner, the department shall make the inmate's medical record available to the designated attorney, physician, or nurse. The record may be inspected or copied by the inmate's designated attorney, physician, or nurse. The department may establish a reasonable fee for the copying of any medical record. If a physician, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner concludes that presentation of all or any part of the medical record directly to the inmate will result in serious medical harm to the inmate, the physician or nurse shall so indicate on the medical record. An inmate's medical record shall be made available to a physician, certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, or attorney designated in writing by the inmate not more than once every twelve months.

(D) ~~Except as otherwise provided by a~~ Notwithstanding any other law of this state or the United States to the contrary, the department and the officers of its institutions shall keep confidential and accessible only to its employees, except by the consent of the department or the order of a judge of a court of record, all of the following:

- (1) Architectural, engineering, or construction diagrams, drawings, or plans of a correctional institution;
- (2) Plans for hostage negotiation, for disturbance control, for the control and location of keys, and for dealing with escapes;
- (3) Statements made by inmate informants;
- (4) Records that are maintained by the department of youth services, that pertain to children in its custody, and that are released to the department of rehabilitation and correction by the department of youth services pursuant to section 5139.05 of the Revised Code;
- (5) Victim impact statements and information provided by victims of crimes that the department considers when determining the security level assignment, program participation, and release eligibility of inmates;
- (6) Information and data of any kind or medium pertaining to groups that pose a security threat;
- (7) Conversations recorded from the monitored inmate telephones that involve nonprivileged communications.

~~(E)~~(E)(1) Records regarding inmates committed to the department of rehabilitation and correction or records of persons under the supervision of the adult parole authority are not public records under section 149.43 of the Revised Code. Nothing in this division prohibits the disclosure of the following information related to inmates committed to the department of rehabilitation and correction:

- (a) Name;
- (b) Criminal convictions;

(c) Photograph;

(d) Supervision status, including current and past place of incarceration;

(e) Disciplinary history.

(2) Except as otherwise provided by a law of this state or the United States, the department of rehabilitation and correction may release inmate records to the department of youth services or a court of record, and the department of youth services or the court of record may use those records for the limited purpose of carrying out the duties of the department of youth services or the court of record. Inmate records released by the department of rehabilitation and correction to the department of youth services or a court of record shall remain confidential and shall not be considered public records as defined in section 149.43 of the Revised Code.

~~(F) Except as otherwise provided in division (C) of this section, records of inmates committed to the department of rehabilitation and correction as well as records of persons under the supervision of the adult parole authority shall not be considered public records as defined in section 149.43 of the Revised Code.~~

Sec. 5120.51. (A)(1) If the director of rehabilitation and correction determines that a bill introduced in the general assembly is likely to have ~~a significant more than a de minimis~~ impact on the population of, or the cost of operating, any or all state correctional institutions under the administration of the department of rehabilitation and correction, the department shall prepare a population and cost impact statement for the bill, in accordance with division (A)(2) of this section.

(2) A population and cost impact statement required for a bill shall estimate the increase or decrease in the correctional institution population that likely would result if the bill were enacted, shall estimate, in dollars, the amount by which revenues or expenditures likely would increase or decrease if the bill were enacted, and briefly shall explain each of the estimates.

A population and cost impact statement required for a bill initially shall be prepared after the bill is referred to a committee of the general assembly in the house of origination but before the meeting of the committee at which the committee is scheduled to vote on whether to recommend the bill for passage. A copy of the statement shall be distributed to each member of the committee that is considering the bill and to the member of the general assembly who introduced it. If the bill is recommended for passage by the committee, the department shall update the statement before the bill is taken up for final consideration by the house of origination. A copy of the updated statement shall be distributed to each member of that house and to the member of the general assembly who introduced the bill. If the bill is passed by the house of origination and is introduced in the second house, the provisions of this division concerning the preparation, updating, and distribution of the statement in the house of origination also apply in the second house.

(B) The governor or any member of the general assembly, at any time, may request the department to prepare a population and cost impact statement for any bill introduced in the general assembly. Upon receipt of a request, the department promptly shall prepare a statement that includes the estimates and explanations described in division (A)(2) of this section and present a copy of it to

the governor or member who made the request.

(C) In the preparation of a population and cost impact statement required by division (A) or (B) of this section, the department shall use a technologically sophisticated system capable of estimating future state correctional institution populations. The system shall have the capability to adjust its estimates based on actual and proposed changes in sentencing laws and trends, sentence durations, parole rates, crime rates, and any other data that affect state correctional institution populations. The department, in conjunction with the advisory committee appointed under division (E) of this section, shall review and update the data used in the system, not less than once every six months, to improve the accuracy of the system.

(D) At least once every six months, the department shall provide, to the ~~correctional institution inspection committee chairperson of the committee in each house that primarily handles criminal justice matters~~, a copy of the estimates of state correctional institution populations obtained through use of the system described in division (C) of this section and a description of the assumptions regarding sentencing laws and trends, sentence durations, parole rates, crime rates, and other relevant data that were made by the department to obtain the estimates. Additionally, a copy of the estimates and a description of the assumptions made to obtain them shall be provided, upon reasonable request, to ~~other~~ legislative staff, including the staff of the legislative service commission, to the office of budget and management, and to the division of criminal justice services in the department of public safety.

(E) The ~~correctional institution inspection committee attorney general~~ shall appoint an advisory committee to review the operation of the system for estimating future state correctional institution populations that is used by the department in the preparation of population cost impact statements pursuant to this section and to join with the department in its reviews and updating of the data used in the system under division (C) of this section. The advisory committee shall be comprised of at least one prosecuting attorney, at least one common pleas court judge, at least one public defender, ~~at least one person who is a member or staff employee of the committee~~ the attorney general or a representative of the attorney general, and at least one representative of the division of criminal justice services in the department of public safety.

Sec. 5121.30. As used in sections 5121.30 to 5121.56 of the Revised Code:

(A) "Countable assets" means all of the following:

- (1) Cash;
- (2) Bank deposits;
- (3) Securities;
- (4) Individual retirement accounts;
- (5) Qualified employer plans, including 401(k) and Keogh plans;
- (6) Annuities;
- (7) Funds in a trust created under section 5815.28 of the Revised Code;
- (8) Investment property and income;

- (9) The cash surrender values of life insurance policies;
- (10) Assets acquired by gift, bequest, devise, or inheritance;
- (11) Any other asset determined by the department of mental health and addiction services to be equivalent to the assets enumerated in this division.

(B) "Federal poverty level" or "FPL" means the income level represented by the poverty guidelines as revised annually by the United States department of health and human services in accordance with section 673(2) of the "Omnibus Reconciliation Act of 1981," 95 Stat. 511, 42 U.S.C. 9902, as amended, for a family size equal to the size of the family of the person whose income is being determined.

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

(D) "Hospital" means an institution, hospital, or other place established, controlled, or supervised by the department of mental health and addiction services under Chapter 5119. of the Revised Code, except when otherwise described only as a hospital operated by the department.

(E) "Liable relative" means all of the following:

- (1) A patient's spouse;
- (2) A patient's mother or father, or both, if the patient is under eighteen years of age;
- (3) A patient's guardian.

(F) "Patient" means a person admitted to a hospital for inpatient care or treatment, including a person transferred to a hospital from a state correctional institution or a person under indictment or conviction who has been transferred to a hospital.

Sec. 5121.32. On an annual basis, the department of mental health and addiction services shall determine both of the following using generally accepted governmental accounting principles:

- (A) The ~~applicable~~ per diem charge for each hospital operated by the department;
- (B) The ancillary per diem rate for each hospital operated by the department.

In determining a hospital's ~~applicable~~ per diem charge and ancillary per diem rate, the department shall consider the average actual per diem cost of maintaining and treating a patient at the hospital or, at the department's discretion, the average actual per diem cost of maintaining and treating a patient in a unit of the hospital.

Sec. 5121.33. (A) Except as provided in sections 5121.35, 5121.43, 5121.46, 5121.47, 5121.49, and 5121.52 of the Revised Code, the department of mental health and addiction services shall, for each billing cycle, charge a patient, patient's estate, or liable relative an amount equal to the sum of the following:-

(A) The applicable per diem charge multiplied the amount calculated under division (B) of this section for care and treatment the patient receives in a hospital operated by the department.

(B) The amount to be charged under division (A) of this section shall be calculated by

multiplying the hospital's per diem charge or ancillary per diem rate determined under section 5121.32 of the Revised Code, whichever the department determines applies, by the number of days the patient was admitted to the hospital;

~~(B) An amount that was previously billed but not paid during the period that is covered by the billing cycle.~~

Sec. 5121.34. (A) A patient, patient's estate, and patient's liable relatives shall be jointly and severally liable for amounts charged by the department of mental health and addiction services in accordance with section 5121.33 or 5121.35 of the Revised Code. In no case shall any of the foregoing persons be liable for more than one hundred per cent of the full ~~sum-~~amount charged under section 5121.33 of the Revised Code.

(B) Collections of support payments shall be made by the department and, subject to meeting prior requirements for payment and crediting of such collections and other available receipts, in accordance with the bond proceedings applicable to obligations issued pursuant to section 154.20 of the Revised Code. The collections and other available receipts designated by the director of mental health and addiction services for deposit in the special accounts, together with insurance contract payments provided for in section 5121.43 of the Revised Code, shall be remitted to the treasurer of state for deposit in the state treasury to the credit of the mental health operating fund, which is hereby created, to be used for the general purposes of the department. The department shall make refunds of overpayment of support charges from the mental health operating fund.

Sec. 5121.41. (A) If the assets of a patient, patient's estate, or liable relative do not exceed the countable asset limit in section 5121.40 of the Revised Code and the annual income of the patient, estate, or relative does not exceed four hundred per cent of the federal poverty level, the patient, estate, or relative shall be charged an amount discounted from the amount the department charges under section 5121.33 of the Revised Code for the first thirty days the patient is admitted as an inpatient in a hospital and for which the patient is liable for the cost of care. The amount of the discount shall be computed according to the following schedule:

Annual Gross Income		Expressed as a Percentage of FPL						
		1	2	3	4	5	6	7
A	Inpatient Days at a Hospital	0 - 175	176 - 199	200 - 249	250 - 299	300 - 349	350 - 400	
		Percentage discount from charged amount						
		1	2	3	4	5	6	7

A	1 - 14	100	90	70	50	30	10
B	15 - 30	100	95	75	55	35	15

(B) A patient, estate, or relative who is charged a discounted amount for the first thirty days the patient is admitted as an inpatient and who has an annual income not greater than one hundred seventy-five per cent of the federal poverty level shall not be charged for the days the patient is admitted beyond the thirtieth day.

(C) A patient, estate, or relative who is charged a discounted amount for the first thirty days the patient is admitted as an inpatient and who has an annual income greater than one hundred seventy-five per cent of the federal poverty level shall be charged an amount equal to the sum of the following for the days the patient is admitted beyond the thirtieth day:

(1) The ancillary per diem rate that applies to the hospital, as determined under section 5121.32 of the Revised Code, multiplied by the number of days the patient was admitted to the hospital;

(2) An amount that was previously charged but not paid.

Sec. 5121.43. (A) If a patient is covered by an insurance policy or other contract that provides for payment of expenses for care and treatment for mental illness at or from a hospital under the jurisdiction of or operated by the department of mental health and addiction services, sections 5121.33 to 5121.55 of the Revised Code are inapplicable to the extent that the policy or contract is in force. Any insurance carrier or other third party payor providing coverage for such care and treatment shall pay for the patient's support obligation in amounts equal to the lesser of amounts charged by the department under section 5121.33 of the Revised Code or the benefits provided under the policy or other contract. Whether or not an insured, owner of, or other person having an interest in such policy or other contract is liable for support payments, the all of the following apply with respect to the amount owed to the department for such care and treatment:

(1) The insured, policy owner, or other person having an interest in the policy or other contract shall assign payment directly to the department of all assignable benefits under the policy or other contract and shall pay to the department, within ten days of receipt, all insurance or other benefits received as reimbursement or payment for expenses incurred by the patient or for any other reason. If the insured, policy owner, or other person refuses to assign payment to the department or refuses to pay received reimbursements or payments to the department within ten days of receipt, the total liability of the insured, policy owner, or other person for the services is an amount equal to the per diem charge for the hospital where the patient was admitted multiplied by the number of days the patient was admitted.

(2)(a) Regardless of the coverage provided by the policy or other contract, the patient, patient's estate, or patient's liable relative is liable to the department for the actual cost of care and treatment calculated under section 5121.33 of the Revised Code.

(b) If the amount the department receives through the assignment of benefits, as required by

division (A)(1) of this section, is less than the actual cost of care and treatment that is calculated under section 5121.33 of the Revised Code, the department shall charge the patient, patient's estate, or liable relative the lesser of the following:

(i) The amount calculated under section 5121.33 of the Revised Code that remains after subtracting the amount the department receives through the assignment of benefits;

(ii) The amount calculated under section 5121.33 of the Revised Code that applies after the department takes into consideration the exceptions described in sections 5121.35, 5121.46, 5121.47, 5121.49, and 5121.52 of the Revised Code.

(3) In no event shall ~~this total~~ a patient, patient's estate, or liable relative have liability exceed under this section for an amount that exceeds either, as the case may be, the department's actual cost of providing care and treatment to a patient calculated under section 5121.33 of the Revised Code or the amount that is charged under division (A)(2)(b) of this section.

(B) With respect to the requirements of division (A)(1) of this section, both of the following apply:

(1) The department may disqualify patients and liable relatives who have failed to assign benefits in accordance with division (A)(1) of this section, and retained third party funds, from future discounts that otherwise may have been available.

(2) The department may request that the attorney general petition a court of competent jurisdiction to compel ~~the an~~ insured, policy owner ~~of~~, or other person having an interest in the policy or other contract to comply with the assignment requirements ~~in~~ of division (A)(1) of this section.

Sec. 5122.01. As used in this chapter and Chapter 5119. of the Revised Code:

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

(B) "Person with a mental illness subject to court order" means a person with a mental illness who, because of the person's illness:

(1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;

(2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

(3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;

(4) Would benefit from treatment for the person's mental illness and is in need of such

treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person;

(5)(a) Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:

(i) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.

(ii) The person has a history of lack of compliance with treatment for mental illness and one of the following applies:

(I) At least twice within the thirty-six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six-month period.

(II) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the forty-eight-month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight-month period.

(iii) The person, as a result of the person's mental illness, is unlikely to voluntarily participate in necessary treatment.

(iv) In view of the person's treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

(b) An individual who meets only the criteria described in division (B)(5)(a) of this section is not subject to hospitalization.

(C)(1) "Patient" means, subject to division (C)(2) of this section, a person who is admitted either voluntarily or involuntarily to a hospital or other place under section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code subsequent to a finding of not guilty by reason of insanity or incompetence to stand trial or under this chapter, who is under observation or receiving treatment in such place.

(2) "Patient" does not include a person admitted to a hospital or other place under section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code to the extent that the reference in this chapter to patient, or the context in which the reference occurs, is in conflict with any provision of sections 2945.37 to 2945.402 of the Revised Code.

(D) "Licensed physician" means a person licensed under the laws of this state to practice medicine or a medical officer of the government of the United States while in this state in the

performance of the person's official duties.

(E) "Psychiatrist" means a licensed physician who has satisfactorily completed a residency training program in psychiatry, as approved by the residency review committee of the American medical association, the committee on post-graduate education of the American osteopathic association, or the American osteopathic board of neurology and psychiatry, or who on July 1, 1989, has been recognized as a psychiatrist by the Ohio state medical association or the Ohio osteopathic association on the basis of formal training and five or more years of medical practice limited to psychiatry.

(F) "Hospital" means a hospital or inpatient unit licensed by the department of ~~mental behavioral health and addiction services~~ under section 5119.33 of the Revised Code, and any institution, hospital, or other place established, controlled, or supervised by the department under Chapter 5119. of the Revised Code.

(G) "Public hospital" means a facility that is tax-supported and under the jurisdiction of the department of ~~mental behavioral health and addiction services~~.

(H) "Community mental health services provider" means an agency, association, corporation, individual, or program that provides community mental health services that are certified by the director of ~~mental behavioral health and addiction services~~ under section 5119.36 of the Revised Code.

(I) "Licensed clinical psychologist" means a person who holds a current, valid psychologist license issued under section 4732.12 of the Revised Code, and in addition, meets the educational requirements set forth in division (B) of section 4732.10 of the Revised Code and has a minimum of two years' full-time professional experience, or the equivalent as determined by rule of the state board of psychology, at least one year of which shall be a predoctoral internship, in clinical psychological work in a public or private hospital or clinic or in private practice, diagnosing and treating problems of mental illness or intellectual disability under the supervision of a psychologist who is licensed or who holds a diploma issued by the American board of professional psychology, or whose qualifications are substantially similar to those required for licensure by the state board of psychology when the supervision has occurred prior to enactment of laws governing the practice of psychology.

(J) "Health officer" means any public health physician; public health nurse; or other person authorized or designated by a city or general health district or a board of alcohol, drug addiction, and mental health services to perform the duties of a health officer under this chapter.

(K) "Chief clinical officer" means the medical director of a hospital, community mental health services provider, or board of alcohol, drug addiction, and mental health services, or, if there is no medical director, the licensed physician responsible for the treatment provided by a hospital or community mental health services provider. The chief clinical officer may delegate to the attending physician responsible for a patient's care the duties imposed on the chief clinical officer by this chapter. In the case of a community mental health services provider, the chief clinical officer shall

be designated by the governing body of the services provider and shall be a licensed physician or licensed clinical psychologist who supervises diagnostic and treatment services. A licensed physician or licensed clinical psychologist designated by the chief clinical officer may perform the duties and accept the responsibilities of the chief clinical officer in the chief clinical officer's absence.

(L) "Working day" or "court day" means Monday, Tuesday, Wednesday, Thursday, and Friday, except when such day is a holiday.

(M) "Indigent" means unable without deprivation of satisfaction of basic needs to provide for the payment of an attorney and other necessary expenses of legal representation, including expert testimony.

(N) "Respondent" means the person whose detention, commitment, hospitalization, continued hospitalization or commitment, or discharge is being sought in any proceeding under this chapter.

(O) "Ohio protection and advocacy system" has the same meaning as in section 5123.60 of the Revised Code.

(P) "Independent expert evaluation" means an evaluation conducted by a licensed clinical psychologist, psychiatrist, or licensed physician who has been selected by the respondent or the respondent's counsel and who consents to conducting the evaluation.

(Q) "Court" means the probate division of the court of common pleas.

(R) "Expunge" means:

(1) The removal and destruction of court files and records, originals and copies, and the deletion of all index references;

(2) The reporting to the person of the nature and extent of any information about the person transmitted to any other person by the court;

(3) Otherwise insuring that any examination of court files and records in question shall show no record whatever with respect to the person;

(4) That all rights and privileges are restored, and that the person, the court, and any other person may properly reply that no such record exists, as to any matter expunged.

(S) "Residence" means a person's physical presence in a county with intent to remain there, except that:

(1) If a person is receiving a mental health service at a facility that includes nighttime sleeping accommodations, residence means that county in which the person maintained the person's primary place of residence at the time the person entered the facility;

(2) If a person is committed pursuant to section 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, residence means the county where the criminal charges were filed.

When the residence of a person is disputed, the matter of residence shall be referred to the department of ~~mental-behavioral health and addiction services~~ for investigation and determination. Residence shall not be a basis for a board of alcohol, drug addiction, and mental health services to

deny services to any person present in the board's service district, and the board shall provide services for a person whose residence is in dispute while residence is being determined and for a person in an emergency situation.

(T) "Admission" to a hospital or other place means that a patient is accepted for and stays at least one night at the hospital or other place.

(U) "Prosecutor" means the prosecuting attorney, village solicitor, city director of law, or similar chief legal officer who prosecuted a criminal case in which a person was found not guilty by reason of insanity, who would have had the authority to prosecute a criminal case against a person if the person had not been found incompetent to stand trial, or who prosecuted a case in which a person was found guilty.

(V)(1) "Treatment plan" means a written statement of reasonable objectives and goals for an individual established by the treatment team, with specific criteria to evaluate progress towards achieving those objectives.

(2) The active participation of the patient in establishing the objectives and goals shall be documented. The treatment plan shall be based on patient needs and include services to be provided to the patient while the patient is hospitalized, after the patient is discharged, or in an outpatient setting. The treatment plan shall address services to be provided. In the establishment of the treatment plan, consideration should be given to the availability of services, which may include but are not limited to all of the following:

- (a) Community psychiatric supportive treatment;
- (b) Assertive community treatment;
- (c) Medications;
- (d) Individual or group therapy;
- (e) Peer support services;
- (f) Financial services;
- (g) Housing or supervised living services;
- (h) Alcohol or substance abuse treatment;
- (i) Any other services prescribed to treat the patient's mental illness and to either assist the patient in living and functioning in the community or to help prevent a relapse or a deterioration of the patient's current condition.

(3) If the person subject to the treatment plan has executed an advance directive for mental health treatment, the treatment team shall consider any directions included in such advance directive in developing the treatment plan.

(W) "Community control sanction" has the same meaning as in section 2929.01 of the Revised Code.

(X) "Post-release control sanction" has the same meaning as in section 2967.01 of the Revised Code.

(Y) "Local correctional facility" has the same meaning as in section 2903.13 of the Revised

Code.

(Z) "Clinical nurse specialist" and "certified nurse practitioner" have the same meanings as in section 4723.01 of the Revised Code.

Sec. 5122.03. A patient admitted under section 5122.02 of the Revised Code who requests release in writing, or whose release is requested in writing by the patient's counsel, legal guardian, parent, spouse, or adult next of kin shall be released forthwith, except when any of the following is the case:

(A) The patient was admitted on the patient's own application and the request for release is made by a person other than the patient, release may be conditional upon the agreement of the patient.

(B) The patient was, within the past twelve months, a defendant described in division (B)(1)(a)(v)(I) of section 2945.38 of the Revised Code and the chief clinical officer of the hospital decides not to file or cause to be filed an affidavit under section 5122.11 of the Revised Code as described in division (C) of this section. In that circumstance, the chief clinical officer shall immediately notify the trial court or prosecutor described in division (B)(1)(a)(v)(I) of section 2945.38 of the Revised Code of the chief clinical officer's decision and intent to release the patient. Not later than three court days after being notified of the intent to release, the trial court or prosecutor may file or cause to be filed with the court of the county where the patient is hospitalized, or the court of the county where the patient resides, an affidavit under section 5122.11 of the Revised Code. If such an affidavit is filed, the patient's release must be postponed until a hearing under section 5122.141 of the Revised Code is held.

(C) The chief clinical officer of the hospital, within three court days from the receipt of the request for release, files or causes to be filed with the court of the county where the patient is hospitalized or of the county where the patient is a resident, an affidavit under section 5122.11 of the Revised Code. Release may be postponed until the hearing held under section 5122.141 of the Revised Code. A telephone communication within three court days from the receipt of the request for release from the chief clinical officer to the court, indicating that the required affidavit has been mailed, is sufficient compliance with the time limit for filing such affidavit.

Unless the patient is released within three days from the receipt of the request by the chief clinical officer, the request shall serve as a request for an initial hearing under section 5122.141 of the Revised Code. If the court finds that the patient is a person with a mental illness subject to court order, all provisions of this chapter with respect to involuntary hospitalization apply to such person.

Judicial proceedings for hospitalization shall not be commenced with respect to a voluntary patient except pursuant to this section.

Sections 5121.30 to 5121.56 of the Revised Code apply to persons received in a hospital operated by the department of ~~mental-behavioral health and addiction services~~ on a voluntary application.

The chief clinical officer of the hospital shall provide reasonable means and arrangements

for informing patients of their rights to release as provided in this section and for assisting them in making and presenting requests for release or for a hearing under section 5122.141 of the Revised Code.

Before a patient is released from a public hospital, the chief clinical officer shall, when possible, ~~notify~~ provide notice of the patient's pending release to the board of alcohol, drug addiction, and mental health services serving the patient's county of residence ~~of the patient's pending release after~~. Before the notice is given, the chief clinical officer ~~has informed~~ shall inform the patient that the board will be so notified.

Sec. 5122.10. (A)(1) Any of the following who has reason to believe that a person is a person with a mental illness subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination may take the person into custody and may immediately transport the person to a hospital or, notwithstanding section 5119.33 of the Revised Code, to a general hospital not licensed by the department of ~~mental-behavioral health and addiction services~~ where the person may be held for the period prescribed in this section:

- (a) A psychiatrist;
- (b) A licensed physician;
- (c) A licensed clinical psychologist;
- (d) A clinical nurse specialist who is certified as a psychiatric-mental health CNS by the American nurses credentialing center;
- (e) A certified nurse practitioner who is certified as a psychiatric-mental health NP by the American nurses credentialing center;
- (f) A health officer;
- (g) A parole officer;
- (h) A police officer;
- (i) A sheriff.

(2) If the chief of the adult parole authority or a parole or probation officer with the approval of the chief of the authority has reason to believe that a parolee, an offender under a community control sanction or post-release control sanction, or an offender under transitional control is a person with a mental illness subject to court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination, the chief or officer may take the parolee or offender into custody and may immediately transport the parolee or offender to a hospital or, notwithstanding section 5119.33 of the Revised Code, to a general hospital not licensed by the department of ~~mental-behavioral health and addiction services~~ where the parolee or offender may be held for the period prescribed in this section.

(B) A written statement shall be given to the hospital by the individual authorized under division (A)(1) or (2) of this section to transport the person. The statement shall specify the circumstances under which such person was taken into custody and the reasons for the belief that the person is a person with a mental illness subject to court order and represents a substantial risk of

physical harm to self or others if allowed to remain at liberty pending examination. This statement shall be made available to the respondent or the respondent's attorney upon request of either.

(C) Every reasonable and appropriate effort shall be made to take persons into custody in the least conspicuous manner possible. A person taking the respondent into custody pursuant to this section shall explain to the respondent: the name and professional designation and affiliation of the person taking the respondent into custody; that the custody-taking is not a criminal arrest; and that the person is being taken for examination by mental health professionals at a specified mental health facility identified by name.

(D) If a person taken into custody under this section is transported to a general hospital, the general hospital may admit the person, or provide care and treatment for the person, or both, notwithstanding section 5119.33 of the Revised Code, but by the end of twenty-four hours after arrival at the general hospital, the person shall be transferred to a hospital as defined in section 5122.01 of the Revised Code.

(E) A person transported or transferred to a hospital or community mental health services provider under this section shall be examined by the staff of the hospital or services provider within twenty-four hours after arrival at the hospital or services provider. If to conduct the examination requires that the person remain overnight, the hospital or services provider shall admit the person in an unclassified status until making a disposition under this section. After the examination, if the chief clinical officer of the hospital or services provider believes that the person is not a person with a mental illness subject to court order, the chief clinical officer shall release or discharge the person immediately unless a court has issued a temporary order of detention applicable to the person under section 5122.11 of the Revised Code. After the examination, if the chief clinical officer believes that the person is a person with a mental illness subject to court order, the chief clinical officer may detain the person for not more than three court days following the day of the examination and during such period admit the person as a voluntary patient under section 5122.02 of the Revised Code or file an affidavit under section 5122.11 of the Revised Code. If neither action is taken and a court has not otherwise issued a temporary order of detention applicable to the person under section 5122.11 of the Revised Code, the chief clinical officer shall discharge the person at the end of the three-day period unless the person has been sentenced to the department of rehabilitation and correction and has not been released from the person's sentence, in which case the person shall be returned to that department.

Sec. 5122.15. (A) Full hearings shall be conducted in a manner consistent with this chapter and with due process of law. The hearings shall be conducted by a judge of the probate court or a referee designated by a judge of the probate court and may be conducted in or out of the county in which the respondent is held. Any referee designated under this division shall be an attorney.

(1) With the consent of the respondent, the following shall be made available to counsel for the respondent:

(a) All relevant documents, information, and evidence in the custody or control of the state

or prosecutor;

(b) All relevant documents, information, and evidence in the custody or control of the hospital in which the respondent currently is held, or in which the respondent has been held pursuant to this chapter;

(c) All relevant documents, information, and evidence in the custody or control of any hospital, facility, or person not included in division (A)(1)(a) or (b) of this section.

(2) The respondent has the right to attend the hearing and to be represented by counsel of the respondent's choice. The right to attend the hearing may be waived only by the respondent or counsel for the respondent after consultation with the respondent.

(3) If the respondent is not represented by counsel, is absent from the hearing, and has not validly waived the right to counsel, the court shall appoint counsel immediately to represent the respondent at the hearing, reserving the right to tax costs of appointed counsel to the respondent, unless it is shown that the respondent is indigent. If the court appoints counsel, or if the court determines that the evidence relevant to the respondent's absence does not justify the absence, the court shall continue the case.

(4) The respondent shall be informed that the respondent may retain counsel and have independent expert evaluation. If the respondent is unable to obtain an attorney, the respondent shall be represented by court-appointed counsel. If the respondent is indigent, court-appointed counsel and independent expert evaluation shall be provided as an expense under section 5122.43 of the Revised Code.

(5) The hearing shall be closed to the public, unless counsel for the respondent, with the permission of the respondent, requests that the hearing be open to the public.

(6) If the hearing is closed to the public, the court, for good cause shown, may admit persons who have a legitimate interest in the proceedings. If the respondent, the respondent's counsel, or the designee of the director or of the chief clinical officer objects to the admission of any person, the court shall hear the objection and any opposing argument and shall rule upon the admission of the person to the hearing.

(7) The affiant under section 5122.11 of the Revised Code shall be subject to subpoena by either party.

(8) The court shall examine the sufficiency of all documents filed and shall inform the respondent, if present, and the respondent's counsel of the nature and content of the documents and the reason for which the respondent is being detained, or for which the respondent's placement is being sought.

(9) The court shall receive only reliable, competent, and material evidence.

(10) Unless proceedings are initiated pursuant to section 5120.17 or 5139.08 of the Revised Code, an attorney that the board designates shall present the case demonstrating that the respondent is a person with a mental illness subject to court order. The attorney shall offer evidence of the diagnosis, prognosis, record of treatment, if any, and less restrictive treatment plans, if any. In

proceedings pursuant to section 5120.17 or 5139.08 of the Revised Code, the attorney general shall designate an attorney who shall present the case demonstrating that the respondent is a person with a mental illness subject to court order. The attorney shall offer evidence of the diagnosis, prognosis, record of treatment, if any, and less restrictive treatment plans, if any.

(11) The respondent or the respondent's counsel has the right to subpoena witnesses and documents and to examine and cross-examine witnesses.

(12) The respondent has the right, but shall not be compelled, to testify, and shall be so advised by the court.

(13) On motion of the respondent or the respondent's counsel for good cause shown, or on the court's own motion, the court may order a continuance of the hearing.

(14) If the respondent is represented by counsel and the respondent's counsel requests a transcript and record, or if the respondent is not represented by counsel, the court shall make and maintain a full transcript and record of the proceeding. If the respondent is indigent and the transcript and record is made, a copy shall be provided to the respondent upon request and be treated as an expense under section 5122.43 of the Revised Code.

(15) To the extent not inconsistent with this chapter, the Rules of Civil Procedure are applicable.

(B) Unless, upon completion of the hearing the court finds by clear and convincing evidence that the respondent is a person with a mental illness subject to court order, it shall order the respondent's discharge immediately.

(C) If, upon completion of the hearing, the court finds by clear and convincing evidence that the respondent is a person with a mental illness subject to court order, the court shall order the respondent for a period not to exceed ninety days to any of the following:

(1) A hospital operated by the department of ~~mental-behavioral health and addiction services~~ if the respondent is committed pursuant to section 5139.08 of the Revised Code;

(2) A nonpublic hospital;

(3) The veterans' administration or other agency of the United States government;

(4) A board of alcohol, drug addiction, and mental health services or services provider the board designates;

(5) Receive private psychiatric or psychological care and treatment;

(6) Any other suitable facility or person consistent with the diagnosis, prognosis, and treatment needs of the respondent. A jail or other local correctional facility is not a suitable facility.

(D) Any order made pursuant to division (C)(2), (3), (5), or (6) of this section shall be conditioned upon the receipt by the court of consent by the hospital, facility, agency, or person to accept the respondent and may include a requirement that a person or entity described in division (C) (2), (3), (5), or (6) of this section inform the board of alcohol, drug addiction, and mental health services or community mental health services provider the board designates about the progress of the respondent with the treatment plan.

(E) In determining the entity or person to which the respondent is to be committed under division (C) of this section, the court shall consider all of the following:

(1) The respondent's diagnosis and prognosis made by a psychiatrist, licensed clinical psychologist, clinical nurse specialist who is certified as a psychiatric-mental health clinical nurse specialist by the American nurses credentialing center, or certified nurse practitioner who is certified as a psychiatric-mental health nurse practitioner by the American nurses credentialing center;

(2) The respondent's preferences;

(3) The respondent's projected treatment plan.

The court shall order the implementation of the least restrictive alternative available and consistent with treatment goals. If the court determines that the least restrictive alternative available that is consistent with treatment goals is inpatient hospitalization, the court's order shall so state.

(F) During the ninety-day period the entity or person shall examine and treat the respondent. If the respondent is receiving treatment in an outpatient setting, or receives treatment in an outpatient setting during a subsequent period of continued commitment under division (H) of this section, the entity or person to whom the respondent is committed shall determine the appropriate outpatient treatment for the respondent. If, at any time prior to the expiration of the ninety-day period, it is determined by the entity or person that the respondent's treatment needs could be equally well met in an available and appropriate less restrictive setting, both of the following apply:

(1) The respondent shall be released from the care of the entity or person immediately and shall be referred to the court together with a report of the findings and recommendations of the entity or person;

(2) The entity or person shall notify the respondent's counsel or the attorney designated by a board of alcohol, drug addiction, and mental health services or, if the respondent was committed to a board or a services provider designated by the board, it shall place the respondent in the least restrictive setting available consistent with treatment goals and notify the court and the respondent's counsel of the placement.

The court shall dismiss the case or order placement in the least restrictive setting.

(G)(1) Except as provided in division (G)(2) of this section, any person for whom proceedings for treatment have been commenced pursuant to section 5122.11 of the Revised Code, may apply at any time for voluntary admission or treatment to the entity or person to which the person was committed. Upon admission as a voluntary patient the chief clinical officer of the entity or the person immediately shall notify the court, the patient's counsel, and the attorney designated by the board, if the attorney has entered the proceedings, in writing of that fact, and, upon receipt of the notice, the court shall dismiss the case.

(2) A person who is found incompetent to stand trial or not guilty by reason of insanity and who is committed pursuant to section 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code shall not voluntarily commit the person pursuant to this section until after the final termination of the commitment, as described in division (J) of section 2945.401 of the Revised Code.

(H) If, at the end of the first ninety-day period or any subsequent period of continued commitment, there has been no disposition of the case, either by discharge or voluntary admission or treatment, the entity or person shall discharge the patient immediately, unless at least ten days before the expiration of the period the attorney the board designates or the prosecutor files with the court an application for continued commitment. The application of the attorney or the prosecutor shall include a written report containing the diagnosis, prognosis, past treatment, a list of alternative treatment settings and plans, and identification of the treatment setting that is the least restrictive consistent with treatment needs. The attorney the board designates or the prosecutor shall file the written report at least three days prior to the full hearing. A copy of the application and written report shall be provided to the respondent's counsel immediately.

The court shall hold a full hearing on applications for continued commitment at the expiration of the first ninety-day period and at least every two years after the expiration of the first ninety-day period.

Hearings following any application for continued commitment are mandatory and may not be waived.

For a respondent who is ordered to receive treatment in an outpatient setting, if at any time after the first ninety-day period the entity or person to whom the respondent was ordered determines that the respondent has demonstrated voluntary consent for treatment, that entity or person shall immediately notify the respondent, the respondent's counsel, the attorney designated by the board, and the court. The entity or person shall submit to the court a report of the findings and recommendations. The court may dismiss the case upon review of the facts.

Upon request of a person who is involuntarily committed under this section, or the person's counsel, that is made more than one hundred eighty days after the person's last full hearing, mandatory or requested, the court shall hold a full hearing on the person's continued commitment. Upon the application of a person involuntarily committed under this section, supported by an affidavit of a psychiatrist or licensed clinical psychologist, alleging that the person no longer is a person with a mental illness subject to court order, the court for good cause shown may hold a full hearing on the person's continued commitment prior to the expiration of one hundred eighty days after the person's last full hearing. Section 5122.12 of the Revised Code applies to all hearings on continued commitment.

If the court, after a hearing for continued commitment finds by clear and convincing evidence that the respondent is a person with a mental illness subject to court order, the court may order continued commitment at places or to persons specified in division (C) of this section.

(I) Unless the admission is pursuant to section 5120.17 or 5139.08 of the Revised Code, the chief clinical officer of the entity admitting a respondent pursuant to a judicial proceeding, within ten working days of the admission, shall make a report of the admission to the board of alcohol, drug addiction, and mental health services serving the respondent's county of residence.

(J) A referee appointed by the court may make all orders that a judge may make under this

section and sections 5122.11 and 5122.141 of the Revised Code, except an order of contempt of court. The orders of a referee take effect immediately. Within fourteen days of the making of an order by a referee, a party may file written objections to the order with the court. The filed objections shall be considered a motion, shall be specific, and shall state their grounds with particularity. Within ten days of the filing of the objections, a judge of the court shall hold a hearing on the objections and may hear and consider any testimony or other evidence relating to the respondent's mental condition. At the conclusion of the hearing, the judge may ratify, rescind, or modify the referee's order.

(K) An order of the court under division (C), (H), or (J) of this section is a final order.

(L) Before a board, or a services provider the board designates, may place an unconsenting respondent in an inpatient setting from a less restrictive placement, the board or services provider shall do all of the following:

(1) Determine that the respondent is in immediate need of treatment in an inpatient setting because the respondent represents a substantial risk of physical harm to the respondent or others if allowed to remain in a less restrictive setting;

(2) On the day of placement in the inpatient setting or on the next court day, file with the court a motion for transfer to an inpatient setting or communicate to the court by telephone that the required motion has been mailed;

(3) Ensure that every reasonable and appropriate effort is made to take the respondent to the inpatient setting in the least conspicuous manner possible;

(4) Immediately notify the board's designated attorney and the respondent's attorney.

At the respondent's request, the court shall hold a hearing on the motion and make a determination pursuant to division (E) of this section within five days of the placement.

(M) Before a board, or a services provider the board designates, may move a respondent from one residential placement to another, the board or services provider shall consult with the respondent about the placement. If the respondent objects to the placement, the proposed placement and the need for it shall be reviewed by a qualified mental health professional who otherwise is not involved in the treatment of the respondent.

(N) The entity or person to whom the respondent was ordered for treatment in an outpatient setting may submit a report to the court indicating that the respondent has either failed to comply with the treatment plan or begun to demonstrate signs of decompensation that may be grounds for hospitalization. On receipt of the report, the court shall promptly schedule a hearing to review the case. The court shall conduct the hearing in a manner consistent with this chapter and due process of law. The board shall receive notice of the hearing and the board and entity or person treating the respondent shall submit a report to the court with a plan for appropriate alternative treatment, if any, or recommend that the court discontinue the court-ordered treatment. The court shall consider available and appropriate alternative placements but shall not impose criminal sanctions that result in confinement in a jail or other local correctional facility based on the respondent's failure to

comply with the treatment plan. The court may not order the respondent to a more restrictive placement unless the criteria specified in division (L) of this section are met and may not order the respondent to an inpatient setting unless the court determines by clear and convincing evidence presented by the board that the respondent meets the criteria specified in divisions (A) and (B)(1), (2), (3), or (4) of section 5122.01 of the Revised Code.

Sec. 5122.20. The director of ~~mental-behavioral health and addiction services~~ or the director's designee may transfer, or authorize the transfer of, an involuntary patient, or a consenting voluntary patient hospitalized pursuant to section 5122.02 or sections 5122.11 to 5122.15 of the Revised Code, from one public hospital to another, or to a hospital, community mental health services provider, or other facility offering treatment or other services for mental illness, if the medical director of the department of ~~mental-behavioral health and addiction services~~ determines that it would be consistent with the medical needs of the patient to do so. If such a transfer is made to a private facility, the transfer shall be conditioned upon the consent of the facility.

Before an involuntary patient may be transferred to a more restrictive setting, the chief clinical officer shall file a motion with the court requesting the court to amend its order of placement issued under section 5122.15 of the Revised Code. At the patient's request, the court shall hold a hearing on the motion at which the patient has the same rights as at a full hearing under section 5122.15 of the Revised Code. The hearing shall be held within ten days after the date on which the respondent was transferred to the more restrictive setting or on which the motion was filed, whichever is earlier. On the motion of the respondent, the respondent's counsel, or the chief clinical officer, or on its own motion, and for good cause shown, the court may order a continuance of the hearing for up to ten days.

Whenever an involuntary patient is transferred, written notice of the transfer shall be given to the patient's legal guardian, parents, spouse, and counsel, or, if none is known, to the patient's nearest known relative or friend. If the patient is a minor, the department, before making such a transfer, shall make a minute of the order for the transfer and the reason for it upon its record and shall send a certified copy at least seven days prior to the transfer to the person shown by its record to have had the care or custody of the minor immediately prior to the minor's commitment. Whenever a consenting voluntary patient is transferred, the notification shall be given only at the patient's request. The chief clinical officer shall advise a voluntary patient who is being transferred that the patient may decide if the notification shall be given. In all such transfers, due consideration shall be given to the wishes of the patient, and the relationship of the patient to the patient's family, legal guardian, or friends, so as to maintain the relationship and encourage visits beneficial to the patient.

When a voluntary patient whose medical or psychological needs are found by the chief clinical officer to warrant a transfer refuses to be transferred to an alternate facility, the chief clinical officer may file an affidavit for a hearing under section 5122.11 of the Revised Code.

Sec. 5122.21. (A) The chief clinical officer shall as frequently as practicable, and at least

once every thirty days, examine or cause to be examined every patient, and, whenever the chief clinical officer determines that the conditions justifying involuntary hospitalization or commitment no longer obtain, shall discharge the patient not under indictment or conviction for crime and immediately make a report of the discharge to the department of ~~mental-behavioral health-and-addiction-services~~. The chief clinical officer may discharge a patient who is under an indictment, a sentence of imprisonment, a community control sanction, or a post-release control sanction or on parole ten days after written notice of intent to discharge the patient has been given by personal service or certified mail, return receipt requested, to the court having criminal jurisdiction over the patient. Except when the patient was found not guilty by reason of insanity and the defendant's commitment is pursuant to section 2945.40 of the Revised Code, the chief clinical officer has final authority to discharge a patient who is under an indictment, a sentence of imprisonment, a community control sanction, or a post-release control sanction or on parole.

(B) After a finding pursuant to section 5122.15 of the Revised Code that a person is a person with a mental illness subject to court order, the chief clinical officer of the hospital or community mental health services provider to which the person is ordered or to which the person is transferred under section 5122.20 of the Revised Code, may grant a discharge without the consent or authorization of any court.

Upon discharge, the chief clinical officer shall notify the court that caused the judicial hospitalization of the discharge from the hospital.

Sec. 5122.23. The chief clinical officer of a public hospital shall immediately report to the department of ~~mental-behavioral health and-addiction-services~~ and the board of alcohol, drug addiction, and mental health services serving the patient's county of residence the removal, death, escape, discharge, or trial visit of any patient hospitalized under section 5122.15 of the Revised Code, or the return of such an escaped or visiting patient to the department, the probate judge of the county from which such patient was hospitalized, and the probate judge of the county of residence of such patient. In case of death, the chief clinical officer also shall notify one or more of the nearest relatives of the deceased patient, if known to the chief clinical officer, by letter, telegram, or telephone. If the place of residence of such relative is unknown to the chief clinical officer, immediately upon receiving notification the probate judge shall in the speediest manner possible notify such relatives, if known to the probate judge.

The chief clinical officer of a public hospital, upon the request of the probate judge of the county from which a patient was hospitalized or the probate judge of the county of residence of such a patient, shall make a report to the judge of the condition of any patient under the care, treatment, custody, or control of the chief clinical officer.

Sec. 5122.26. (A) If a patient is absent without leave, on a verbal or written order issued within five days of the time of the unauthorized absence by the department of ~~mental-behavioral health-and-addiction-services~~, the chief clinical officer of the hospital from which the patient is absent without leave, or the court of either the county from which the patient was committed or in

which the patient is found, any health or police officer or sheriff may take the patient into custody and transport the patient to the hospital in which the patient was hospitalized or to a place that is designated in the order. The officer immediately shall report such fact to the entity that issued the order.

The chief clinical officer of a hospital may discharge a patient who is under an indictment, a sentence of imprisonment, a community control sanction, or a post-release control sanction or on parole and who has been absent without leave for more than thirty days but shall give written notice of the discharge to the court with criminal jurisdiction over the patient. The chief clinical officer of a hospital may discharge any other patient who has been absent without leave for more than fourteen days.

The chief clinical officer shall take all proper measures for the apprehension of an escaped patient. The expense of the return of an escaped patient shall be borne by the hospital where the patient is hospitalized.

(B)(1) Subject to division (B)(2) of this section, no patient hospitalized under Chapter 5122. of the Revised Code whose absence without leave was caused or contributed to by the patient's mental illness shall be subject to a charge of escape.

(2) Division (B)(1) of this section does not apply to any person who was hospitalized, institutionalized, or confined in a facility under an order made pursuant to or under authority of section 2945.37, 2945.371, 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code and who escapes from the facility, from confinement in a vehicle for transportation to or from the facility, or from supervision by an employee of the facility that is incidental to hospitalization, institutionalization, or confinement in the facility and that occurs outside the facility, in violation of section 2921.34 of the Revised Code.

Sec. 5122.27. The chief clinical officer of the hospital or the chief clinical officer's designee shall assure that all patients hospitalized or committed pursuant to this chapter shall:

(A) Receive, within twenty days of their admission sufficient professional care to assure that an evaluation of current status, differential diagnosis, probable prognosis, and description of the current treatment plan is stated on the official chart;

(B) Have a written treatment plan consistent with the evaluation, diagnosis, prognosis, and goals which shall be provided, upon request of the patient or patient's counsel, to the patient's counsel and to any private physician or licensed clinical psychologist designated by the patient or the patient's counsel or to the Ohio protection and advocacy system;

(C) Receive treatment consistent with the treatment plan. The department of ~~mental behavioral health and addiction services~~ shall set standards for treatment provided to such patients, consistent wherever possible with standards set by the joint commission.

(D) Receive periodic reevaluations of the treatment plan by the professional staff at intervals not to exceed ninety days;

(E) Be provided with adequate medical treatment for physical disease or injury;

(F) Receive humane care and treatment, including without limitation, the following:

- (1) The least restrictive environment consistent with the treatment plan;
- (2) The necessary facilities and personnel required by the treatment plan;
- (3) A humane psychological and physical environment;
- (4) The right to obtain current information concerning the patient's treatment program and expectations in terms that the patient can reasonably understand;
- (5) Participation in programs designed to afford the patient substantial opportunity to acquire skills to facilitate return to the community or to terminate an involuntary commitment;
- (6) The right to be free from unnecessary or excessive medication;
- (7) Freedom from restraints or isolation unless it is stated in a written order by the chief clinical officer or the chief clinical officer's designee, or the patient's individual physician or psychologist in a private or general hospital.

If the chief clinical officer of the hospital is unable to provide the treatment required by divisions (C), (E), and (F) of this section for any patient hospitalized pursuant to Chapter 5122. of the Revised Code, the chief clinical officer shall immediately notify the patient, the court, the Ohio protection and advocacy system, the director of ~~mental-behavioral health and addiction services~~, and the patient's counsel and legal guardian, if known. If within ten days after receipt of such notification by the director, the director is unable to effect a transfer of the patient, pursuant to section 5122.20 of the Revised Code, to a hospital, community mental health services provider, or other medical facility where treatment is available, or has not received an order of the court to the contrary, the involuntary commitment of any patient hospitalized pursuant to Chapter 5122. of the Revised Code and defined as a person with a mental illness subject to court order under division (B)(4) of section 5122.01 of the Revised Code shall automatically be terminated.

Sec. 5122.31. (A) All certificates, applications, records, and reports made for the purpose of this chapter and sections 2945.38, 2945.39, 2945.40, 2945.401, and 2945.402 of the Revised Code, other than court journal entries or court docket entries, and directly or indirectly identifying a patient or former patient or person whose hospitalization or commitment has been sought under this chapter, shall be kept confidential and shall not be disclosed by any person except:

(1) If the person identified, or the person's legal guardian, if any, or if the person is a minor, the person's parent or legal guardian, consents, and if the disclosure is in the best interests of the person, as may be determined by the court for judicial records and by the chief clinical officer for medical records;

(2) When disclosure is provided for in this chapter or Chapters 340. or 5119. of the Revised Code or in accordance with other provisions of state or federal law authorizing such disclosure;

(3) That hospitals, boards of alcohol, drug addiction, and mental health services, and community mental health services providers may release necessary medical information to insurers and other third-party payers, including government entities responsible for processing and authorizing payment, to obtain payment for goods and services furnished to the patient;

(4) Pursuant to a court order signed by a judge;

(5) That a patient shall be granted access to the patient's own psychiatric and medical records, unless access specifically is restricted in a patient's treatment plan for clear treatment reasons;

(6) That hospitals and other institutions and facilities within the department of ~~mental behavioral health and addiction services~~ may exchange psychiatric records and other pertinent information with other hospitals, institutions, and facilities of the department, and with community mental health services providers and boards of alcohol, drug addiction, and mental health services with which the department has a current agreement for patient care or services. Records and information that may be released pursuant to this division shall be limited to medication history, physical health status and history, financial status, summary of course of treatment in the hospital, summary of treatment needs, and a discharge summary, if any.

(7) That hospitals within the department and other institutions and facilities within the department may exchange psychiatric records and other pertinent information with payers and other providers of treatment, health services, and recovery supports if the purpose of the exchange is to facilitate continuity of care for a patient or for the emergency treatment of an individual;

(8) That a patient's family member who is involved in the provision, planning, and monitoring of services to the patient may receive medication information, a summary of the patient's diagnosis and prognosis, and a list of the services and personnel available to assist the patient and the patient's family, if the patient's treating physician determines that the disclosure would be in the best interests of the patient. No such disclosure shall be made unless the patient is notified first and receives the information and does not object to the disclosure.

(9) That community mental health services providers may exchange psychiatric records and certain other information with the board of alcohol, drug addiction, and mental health services and other services providers in order to provide services to a person involuntarily committed to a board. Release of records under this division shall be limited to medication history, physical health status and history, financial status, summary of course of treatment, summary of treatment needs, and discharge summary, if any.

(10) That information may be disclosed to the executor or the administrator of an estate of a deceased patient when the information is necessary to administer the estate;

(11) That records in the possession of the Ohio history connection may be released to the closest living relative of a deceased patient upon request of that relative;

(12) That records pertaining to the patient's diagnosis, course of treatment, treatment needs, and prognosis shall be disclosed and released to the appropriate prosecuting attorney if the patient was committed pursuant to section 2945.38, 2945.39, 2945.40, 2945.401, or 2945.402 of the Revised Code, or to the attorney designated by the board for proceedings pursuant to involuntary commitment under this chapter.

(13) That the department of ~~mental behavioral health and addiction services~~ may exchange

psychiatric hospitalization records, other mental health treatment records, and other pertinent information with the department of rehabilitation and correction and with the department of youth services to ensure continuity of care for inmates or offenders who are receiving mental health services in an institution of the department of rehabilitation and correction or the department of youth services and may exchange psychiatric hospitalization records, other mental health treatment records, and other pertinent information with boards of alcohol, drug addiction, and mental health services and community mental health services providers to ensure continuity of care for inmates or offenders who are receiving mental health services in an institution and are scheduled for release within six months. The release of records under this division is limited to records regarding an inmate's or offender's medication history, physical health status and history, summary of course of treatment, summary of treatment needs, and a discharge summary, if any;

(14) That records and reports relating to a person who has been deceased for fifty years or more are no longer considered confidential.

(B) Before records are disclosed pursuant to divisions (A)(3), (6), and (9) of this section, the custodian of the records shall attempt to obtain the patient's consent for the disclosure. No person shall reveal the contents of a medical record of a patient except as authorized by law.

(C) The managing officer of a hospital who releases necessary medical information under division (A)(3) of this section to allow an insurance carrier or other third party payor to comply with section 5121.43 of the Revised Code shall neither be subject to criminal nor civil liability.

Sec. 5122.32. (A) As used in this section:

(1) "Quality assurance committee" means a committee that is appointed in the central office of the department of ~~mental behavioral health and addiction services~~ by the director of ~~mental behavioral health and addiction services~~, a committee of a hospital or community setting program, or a duly authorized subcommittee of a committee of that nature and that is designated to carry out quality assurance program activities.

(2) "Quality assurance program" means a comprehensive program within the department of ~~mental behavioral health and addiction services~~ to systematically review and improve the quality of medical and mental health services within the department and its hospitals and community setting programs, the safety and security of persons receiving or administering medical and mental health services within the department and its hospitals and community setting programs, and the efficiency and effectiveness of the utilization of staff and resources in the delivery of medical and mental health services within the department and its hospitals and community setting programs. "Quality assurance program" includes the central office quality assurance committees, morbidity and mortality review committees, quality assurance programs of community setting programs, quality assurance committees of hospitals operated by the department of ~~mental behavioral health and addiction services~~, and the office of licensure and certification of the department.

(3) "Quality assurance program activities" include collecting or compiling information and reports required by a quality assurance committee, receiving, reviewing, or implementing the

recommendations made by a quality assurance committee, and credentialing, privileging, infection control, tissue review, peer review, utilization review including access to patient care records, patient care assessment records, and medical and mental health records, medical and mental health resource management, mortality and morbidity review, and identification and prevention of medical or mental health incidents and risks, whether performed by a quality assurance committee or by persons who are directed by a quality assurance committee.

(4) "Quality assurance records" means the proceedings, discussion, records, findings, recommendations, evaluations, opinions, minutes, reports, and other documents or actions that emanate from quality assurance committees, quality assurance programs, or quality assurance program activities. "Quality assurance records" does not include aggregate statistical information that does not disclose the identity of persons receiving or providing medical or mental health services in department of ~~mental-behavioral health and addiction services~~ hospitals or community setting programs.

(B)(1) Except as provided in division (E) of this section, quality assurance records are confidential and are not public records under section 149.43 of the Revised Code, and shall be used only in the course of the proper functions of a quality assurance program.

(2) Except as provided in division (E) of this section, no person who possesses or has access to quality assurance records and who knows that the records are quality assurance records shall willfully disclose the contents of the records to any person or entity.

(C)(1) Except as provided in division (E) of this section, no quality assurance record shall be subject to discovery, and is not admissible in evidence, in any judicial or administrative proceeding.

(2) Except as provided in division (E) of this section, no member of a quality assurance committee or a person who is performing a function that is part of a quality assurance program shall be permitted or required to testify in a judicial or administrative proceeding with respect to quality assurance records or with respect to any finding, recommendation, evaluation, opinion, or other action taken by the committee, member, or person.

(3) Information, documents, or records otherwise available from original sources are not to be construed as being unavailable for discovery or admission in evidence in a judicial or administrative proceeding merely because they were presented to a quality assurance committee. No person testifying before a quality assurance committee or person who is a member of a quality assurance committee shall be prevented from testifying as to matters within the person's knowledge, but the witness cannot be asked about the witness' testimony before the quality assurance committee or about an opinion formed by the person as a result of the quality assurance committee proceedings.

(D)(1) A person who, without malice and in the reasonable belief that the information is warranted by the facts known to the person, provides information to a person engaged in quality assurance program activities is not liable for damages in a civil action for injury, death, or loss to person or property to any person as a result of providing the information.

(2) A member of a quality assurance committee, a person engaged in quality assurance

program activities, and an employee of the department of ~~mental-behavioral health and addiction services~~ shall not be liable in damages in a civil action for injury, death, or loss to person or property to any person for any acts, omissions, decisions, or other conduct within the scope of the functions of the quality assurance program.

(3) Nothing in this section shall relieve any institution or individual from liability arising from the treatment of a patient.

(E) Quality assurance records may be disclosed, and testimony may be provided concerning quality assurance records, only to the following persons or entities:

(1) Persons who are employed or retained by the department of ~~mental-behavioral health and addiction services~~ and who have authority to evaluate or implement the recommendations of a state-operated hospital, community setting program, or central office quality assurance committee;

(2) Public or private agencies or organizations if needed to perform a licensing or accreditation function related to department of ~~mental-behavioral health and addiction services~~ hospitals or community setting programs, or to perform monitoring of a hospital or program of that nature as required by law.

(F) A disclosure of quality assurance records pursuant to division (E) of this section does not otherwise waive the confidential and privileged status of the disclosed quality assurance records.

(G) Nothing in this section shall limit the access of the Ohio protection and advocacy system to records or personnel as required under section 5123.601 of the Revised Code. Nothing in this section shall limit the admissibility of documentary or testimonial evidence in an action brought by the Ohio protection and advocacy system in its own name or on behalf of a client.

Sec. 5122.33. The department of ~~mental-behavioral health and addiction services~~ may prescribe the form of applications, reports, records, and medical certificates provided for under this chapter, and the information required to be contained therein; require reports from the chief clinical officer of any public hospital relating to the admission, examination, diagnosis, release, or discharge of any patient; visit each such hospital regularly to review the admission procedures of all new patients admitted between visits; investigate by personal visit complaints made by any patient or by any person on behalf of a patient; and adopt such rules as are reasonably necessary to effectuate the provisions of this chapter.

Sec. 5122.341. (A) As used in this section:

(1) "Facility or provider" means, in the context of a person committed to the department of ~~mental-behavioral health and addiction services~~ under sections 2945.37 to 2945.402 of the Revised Code, any entity in which the department of ~~mental-behavioral health and addiction services~~ places such a person.

(2) "Person committed to the department" means a person committed to the department of ~~mental-behavioral health and addiction services~~ under sections 2945.37 to 2945.402 of the Revised Code.

(B) No member of a board of directors, or employee, of a facility or provider in which the

department of ~~mental-behavioral health and addiction services~~ places a person committed to the department is liable for injury or damages caused by any action or inaction taken within the scope of the board member's official duties or employee's employment relating to the commitment of, and services provided to, the person committed to the department, unless the action or inaction constitutes willful or wanton misconduct. A board member's or employee's action or inaction does not constitute willful or wanton misconduct if the board member or employee acted in good faith and reasonably under the circumstances and with the knowledge reasonably attributable to the board member or employee.

The immunity from liability conferred by this section is in addition to and not in limitation of any immunity conferred by any other section of the Revised Code or by judicial precedent.

Sec. 5122.36. If the legal residence of a person with a mental illness is in another county of the state, the necessary expense of the person's return is a proper charge against the county of legal residence. If an adjudication and order of hospitalization by the probate court of the county of temporary residence are required, the regular probate court fees and expenses incident to the order of hospitalization under this chapter and any other expense incurred on the person's behalf shall be charged to and paid by the county of the person's legal residence upon the approval and certification of the probate judge of the county of the person's legal residence. The ordering court shall send to the probate court of the person's county of legal residence a certified copy of the commitment order from the ordering court. The receiving court shall enter and record the commitment order. The certified commitment order is prima facie evidence of the residence of the person. When the residence of the person cannot be established as represented by the ordering court, the matter of residence shall be referred to the department of ~~mental-behavioral health and addiction services~~ for investigation and determination.

Sec. 5122.44. As used in sections 5122.44 to 5122.47 of the Revised Code:

(A) "Compilation" means a written list of the following information, as the department of ~~mental-behavioral health and addiction services~~ is able to reasonably ascertain, for every patient who was buried, entombed, or inurned prior to March 31, 2005, in a cemetery located on the grounds of or adjacent to the grounds of a public hospital:

- (1) Name;
- (2) Date of birth;
- (3) Date of death or burial;
- (4) Specific physical location of the burial, entombment, or inurnment, including the plot or grave site number if available.

(B) "Patient" means an individual who died while admitted to a public hospital that was under the control of the department of ~~mental-behavioral health and addiction services~~.

(C) "Record" has the same meaning as in section 149.011 of the Revised Code.

(D) "State agency" means every organized body, office, or agency established by the laws of the state for the exercise of any function of state government.

Sec. 5122.45. The department of ~~mental-behavioral health and-addiction services~~ shall create a separate compilation for each cemetery located on the grounds of or adjacent to the grounds of a public hospital that is under the control of the department on March 31, 2005. The compilation shall be created within a reasonable time not exceeding three years after March 31, 2005. The department shall use its best efforts to create the most complete compilations possible using records in the department's possession and records obtained in accordance with section 5122.46 of the Revised Code.

Sec. 5122.46. The Ohio history connection and each state agency shall, at the request of the department of ~~mental-behavioral health and-addiction services~~, provide the department access to records and information in the possession of the Ohio history connection or state agency for purposes of creating compilations.

Sec. 5122.47. The department of ~~mental-behavioral health and-addiction services~~ shall deposit a copy of each compilation with the Ohio history connection and the state library as soon as a compilation is completed. The department shall not disclose any record or information used to create a compilation except as provided in sections 149.43 and 5122.31 of the Revised Code.

Sec. 5123.081. (A) As used in this section:

(1)(a) "Applicant" means any of the following:

(i) A person who is under final consideration for appointment to or employment with the department of developmental disabilities or a county board of developmental disabilities;

(ii) A person who is being transferred to the department or a county board;

(iii) An employee who is being recalled to or reemployed by the department or a county board after a layoff;

(iv) A person under final consideration for a direct services position with a provider or subcontractor.

(b) Neither of the following is an applicant:

(i) A person who is employed by a responsible entity in a position for which a criminal records check is required by this section and either is being considered for a different position with the responsible entity or is returning after a leave of absence or seasonal break in employment, unless the responsible entity has reason to believe that the person has committed a disqualifying offense;

(ii) A person who is to provide only respite care under a family support services program established under section 5126.11 of the Revised Code if a family member of the individual with a developmental disability who is to receive the respite care selects the person.

(2) "Criminal records check" has the same meaning as in section 109.572 of the Revised Code.

(3) "Direct services position" means an employment position in which the employee has the opportunity to be alone with or exercises supervision or control over one or more individuals with developmental disabilities.