

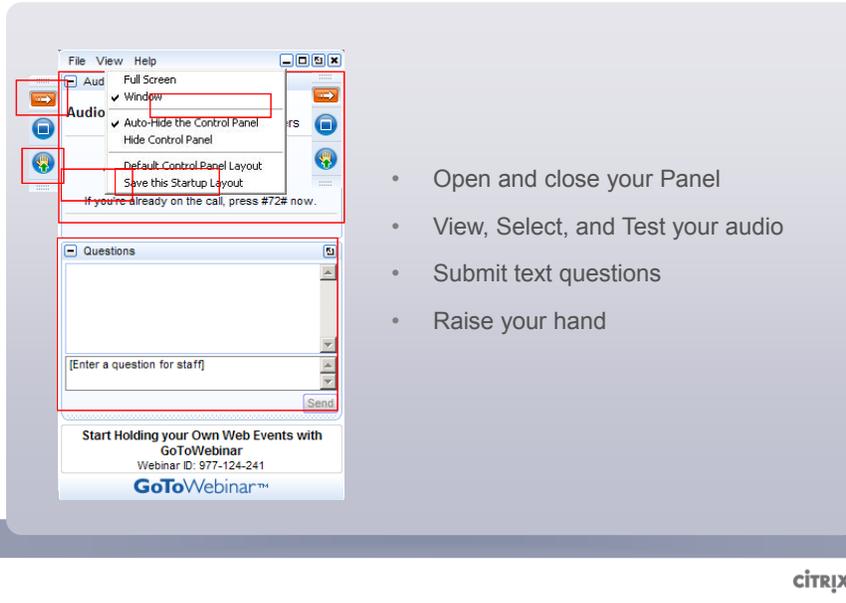
Trouble Accessing the Webinar

- Citrix Live Support
 - 888-259-8414
- Citrix FAQ Webpage
 - http://support.citrixonline.com/en_US/gotowebinar/help_files/GTW110001?title=Common+Issues+When+Joining+a+Webinar+on+PCs%7D

The GoToWebinar Attendee View

The screenshot shows the GoToWebinar Attendee View interface. The main content area displays the webinar title "NS Sales Solutions" and the topic "Driving Up Sales". The organizer and presenter are both identified as Nathaniel Scheidemen, President & CEO of NS Sales Solutions. Contact information for the United States is provided: 1 323 417 4600, Access Code: 258-611-783, and Audio PIN: 79. A "MUTED" status is shown in the audio control panel on the right. The interface includes a "Questions" section and a "Start Holding your Own Web Events with GoToWebinar" banner.

How to Participate Today



The screenshot shows the GoToWebinar control panel interface. A red box highlights the 'Audio' menu, which includes options like 'Full Screen', 'Window', 'Auto-Hide the Control Panel', and 'Hide Control Panel'. Another red box highlights the 'Questions' box, which contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. A third red box highlights the 'Raise Hand' icon in the top right corner of the control panel. Below the control panel, there is a banner for 'Start Holding your Own Web Events with GoToWebinar' and the text 'Webinar ID: 977-124-241'.

- Open and close your Panel
- View, Select, and Test your audio
- Submit text questions
- Raise your hand

citrix online

How to Ask A Question

- Type your question in the questions box on your control panel & hit “send”
- Can use “raise hand” function if you prefer to verbally ask your question
 - Moderator will turn on your microphone
 - All attendees will hear you
 - **Do not use “raise hand”** if sending question in writing

Ohio Department of Mental Health

Resident Rights and Grievance Procedure

5122-30-22

&

Board Client Rights and Grievance Procedure

5122:2-1-02



Kathryn Remer, M.S. Ed., LSW
Janel M. Pequignot, MSW, LISW

Continuing Education Information CE Available Only for Live Webinar

- Approved for up to 1.5 hours CE for RN/LPN/SW/Counselor/MFT/Psychologist/Chemical Dependency
 - Will be adjusted if webinar ends early. There is no partial credit.
- If you registered for the webinar, requested CEUs, *and you meet attendance requirements*, you will receive an evaluation form via e-mail within 1 week
- Return the evaluation *within three weeks* of receipt following instructions in e-mail
- CE Certificate will be e-mailed
- If you registered for CEUs and do not receive an evaluation, please contact Debbie.Swank@mh.ohio.gov

Webinar CE Objectives

By the end of the webinar, participants will be able to:

1. Implement a resident rights policy that protects personal liberties & supports recovery.
2. Understand the importance of a resident rights policy that promotes respect, dignity, and informed choice for individuals receiving mental health services.
3. Develop a resident rights and complaint process that allows individuals to freely exercise all rights.

FAQ – What about Adult Care Facilities & Adult Foster Homes?

- Are the rights of rule 5122-30-22 and this training applicable to Adult Care Facilities and Adult Foster Homes?
 - No. The licensing of those providers transferred to ODMH and the rule numbers did change. However, the rules for those providers have not been revised. ODMH has promulgated only minor, mostly technical changes to the ACF and AFH rules.

History

- ODMH's multiple sets of client rights rules administered by the community mental health agencies, private psychiatric inpatient units, and ODMH licensed residential facilities were seen as confusing for persons seeking mental health services, especially for those who move from one treatment setting to another.
- In early 2008 a workgroup was formed to look at consolidating these rights documents. This group included members from relevant stakeholder groups, consumers, and family members.

Approach

- In July 2008 a survey was sent to those who receive, support and provide mental health services to determine if people would support an initiative and learn what rights were most important
- In July 2009 a second survey was sent out to Providers, Boards, and Consumer Operated Service Directors

Compiled survey results:

2008:

- 900 of the 1282 survey respondents (70%) said they would support a single Consumer Bill of Rights Document

2009:

- 144 of the 171 survey respondents (84%) said they would support a single Consumer Bill of Rights Document

Approach (Continued)

Reviewed Client Rights Documents from numerous groups

- * District of Columbia & Texas MH services
- * President's Advisory Commission on Consumer Protection & Quality
- * Title V Section 501 of MH Systems Act, 42 U.S.C. 9501
- * Ohio MR/DD
- * Recovery for Trauma Survivors
- * National Accreditation Organizations
- * Ohio Revised Code and 4 sets of administrative rules
- * Designed "Client Rights Crosswalk" to align national and state clients rights

Intended Outcomes

- To revise and consolidate current mental health rights into one set of culturally appropriate, understandable and recovery focused rights for individuals receiving services from organizations operated, licensed or certified by ODMH
 - * Consumers and Families- To improve individuals' ability to know, understand, and assert their rights and decisions that impact their lives by creating a more understandable and efficient rights process.
 - * Providers and Boards- To reduce regulatory burden and increase efficiencies

5122-30-22 Operator Responsibilities

(A) The operator shall be responsible for assuring the compliance by the facility with all resident rights. Facility violations of resident rights shall be regarded as sufficient cause to institute proceedings to deny or revoke the facility's license.

Definitions

(B) In addition to the definitions appearing in rule 5122-30-03 of the Administrative Code, the following definitions apply to this rule:

(1) "Grievance" means a written complaint initiated either verbally or in writing by a resident or by any other person or agency on behalf of a resident regarding denial or abuse of any resident's rights.

(2) "Reasonable" means a standard for what is fair and appropriate under usual and ordinary circumstances.

Definitions (Continued)

(B) In addition to the definitions appearing in rule 5122-30-03 of the Administrative Code, the following definitions apply to this rule:

(3) "Resident rights officer" means the facility staff, or staff of an affiliating agency in a type 2 and type 3 facility, with responsibility for implementing the grievance procedure.

(4) "Services" means the complete array of professional interventions designed to help a person achieve improvements in mental health such as counseling, individual or group therapy, education, community psychiatric supportive treatment, assessment, diagnosis, treatment planning and goal setting, clinical review, psychopharmacology, discharge planning, professionally-led support, etc.

FAQ – What about Deemed Status for Type 1 Facilities?

Q - Our residential facility is operated by a Certified Community Mental Health Agency granted deemed status by ODMH? Do we have to apply this rule?

- Implement your accrediting body requirements in place of paragraph (C) of this rule. Paragraph (C) is the list of rights which are the same/similar to the rights for community agencies.
- ODMH maintains authority to follow up on alleged violations of resident rights.

Resident Rights

(C) Each resident shall have the following twenty-five rights which are the same as or similar to those that are described in rule 5122-26-18 of the Administrative Code for an individual receiving mental health services from a community mental health agency, as well as the additional rights listed in paragraph (D) of this rule:

- The rights in this paragraph also align with (same or similar) the rights in paragraph (D) of rule 5122-14-11, *Patient Rights, Participation and Education*, for ODMH licensed private psychiatric inpatient service providers

Informed of Rights

(C)(1) Each person who accesses mental health services is informed of these rights:

- (a) The right to be informed within twenty-four hours of admission of the rights described in this rule, and to request a written copy of these rights;
 - (b) The right to receive information in language and terms appropriate for the person's understanding; and
 - (c) The right to be fully informed of the cost of services.
- Inpatient providers have to inform of the right to speak with a financial counselor

Appropriate and Respect Personal Liberty

(C)(2) Services are appropriate and respectful of personal liberty:

- (a) The right to be treated with consideration, respect for personal dignity, autonomy, and privacy, and within the parameters of relevant sections of the Ohio Revised Code and the Ohio Administrative Code;
- (b) The right to receive humane services;
- (c) The right to participate in any appropriate and available service that is consistent with an individual service plan, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation;

Appropriate and Respect Personal Liberty (continued)

(C)(2) Services are appropriate and respectful of personal liberty:

- (d) The right to reasonable assistance in the least restrictive setting; and
- (e) The right to reasonable protection from physical, sexual and emotional abuse or harassment.

Treatment Plans (Type 1 & Type 2)

(C)(3) Development of service plans in type 1 and type 2 facilities:

- (a) The right to a current individualized service plan (ISP) that addresses the needs and responsibilities of an individual that specifies the provision of appropriate and adequate services, as available, either directly or by referral; and
- (b) The right to actively participate in annual and periodic ISP reviews with the staff including services necessary upon discharge.

Consent

(C)(4) Declining or consenting to services:

- (a) The right to give full informed consent to services prior to commencement and the right to decline services absent an emergency;
- (b) The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit a facility from using closed-circuit monitoring to observe seclusion rooms or common areas, which does not include resident bedrooms and bathrooms; and

Restraint/Seclusion & Privacy

(C)(5) Restraint, seclusion or intrusive procedures:

The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others.

(C)(6) Privacy:

The right to reasonable privacy and freedom from excessive intrusion by visitors, guests, and non-facility surveyors, contractors, construction crews or others.

Confidentiality

(C)(7) Confidentiality:

(a) The right to confidentiality unless a release or exchange of information is authorized and the right to request to restrict treatment information being shared; and

(b) The right to be informed of the circumstances under which the facility is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code.

ORC 5122.31 (A)(7)

ORC 5122.31(A)(7) “That hospitals within the department, other institutions and facilities within the department, hospitals licensed by the department under section 5119.20 of the Revised Code, and community mental health agencies 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 a patient;”

ORC 5122.31 Resources

- Provider FAQs
 - <http://mentalhealth.ohio.gov/assets/client-rights/info-exchange-memo-faq-2010.pdf>
- Consumer FAQs
 - <http://mentalhealth.ohio.gov/assets/client-rights/info-exchange-memo-faq-2010.pdf>
- Consumer Brochure
 - <http://mentalhealth.ohio.gov/assets/client-rights/continuity-of-care-brochure.pdf>

Grievances & Non-Discrimination

(C)(8) Grievances:

The right to have the grievance procedure explained orally and in writing; the right to file a grievance with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision.

(C)(9) Non-discrimination:

The right to receive services free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.

Reprisal, Outside Opinion

(C)(10) No reprisal for exercising rights:

The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. No right extends so far as to supersede health and safety considerations.

(C)(11) Outside opinions:

The right to have the opportunity to consult with independent specialists or legal counsel at one's own expense.

Conflict of Interest & Access to Records

(D)(12) No conflicts of interest:

No inpatient psychiatric service provider employee may be a person's guardian or representative if the person is currently receiving services from said facility.

(D)(13) The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual patient for clear treatment reasons in the patient's treatment plan. If access is restricted, the treatment plan shall also include a goal to remove the restriction.

Discontinuing/Denying Service

(C)(14) The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event.

(C)(15) The right to receive an explanation of the reasons for denial of service.

Resident Rights

(D) In addition to the rights listed in paragraph (D) of this rule, each consumer residing in a residential facility shall have the following sixteen rights:

- Align with (same or similar) the rights in paragraph (E) of rule 5122-14-11, *Patient Rights, Participation and Education*, for ODMH licensed private psychiatric inpatient service providers.
- List contains more than 16 rights. Some are only for adults, minors, and/or applicable to Type 1, Type 2 and/or Type 3.
- Remember – if your RF is operated by a community mental health agency granted deemed status, you do need to implement the rights in paragraph (D).

Informed of Rights

(D)(1) Each consumer of mental health services are informed of these rights:

- (a) The right to receive humane services in a comfortable, welcoming, stable and supportive environment; and
- (b) The right to retain personal property and possessions, including a reasonable sum of money, consistent with the person's health, safety, service plan and developmental age;

Informed of Rights

(D)(1)(c) The right to reside in a residential facility, as available and appropriate to the type of care or services that the facility is licensed to provide, regardless of previous residency, unless there is a valid and specific necessity which precludes such residency. This necessity shall be documented and explained to the prospective resident;

(D)(1)(d) The right to receive thirty days prior notice for termination of residency in type 2 and 3 residential facilities except in an emergency; and

(D)(1)(e) The right to vacate the facility at any time, except that the responsibility to pay for incurred costs of room and board shall continue unless appropriate notification has been provided to the facility concerning the termination of the residential agreement.

➤ There are no same/similar rights for inpatient hospital patients

Advance Directives & Labor

(D)(2) Development of service plans:

The right to formulate advance directives, submit them to residential staff, and rely on practitioners to follow them when within the parameters of the law.

(D)(3) Labor of *patients*:

The right to not be compelled to perform labor which involves the operation, support, or maintenance of the facility or for which the facility is under contract with an outside organization. Privileges or release from the facility shall not be conditional upon the performance of such labor.

➤ Correct term is “residents”

Decline or Consent to Services

(D)(4) Declining or consenting to services:

- (a) The right to consent to or refuse the provision of any individual personal care activity and/or mental health services in a type 1 and type 2 facility;
- (b) The right to refuse consent for major aversive interventions; and
 - Major aversive interventions are defined in rule 5122-26-16 and are prohibited.

Decline or Consent to Services

(D)(4) Declining or consenting to services:

- (c) The right to decline medication, except in a type 1 facility which employs staff authorized by the Ohio Revised Code to administer medication and when there is imminent risk of physical harm to self or others.
 - Medication must be a standard treatment for one's psychiatric condition.

Privacy, Dignity, Worship, Social Interaction

(D)(5) Privacy, dignity, free exercise of worship and social interaction:

The right to enjoy freedom of thought, conscience, and religion; including religious worship within the facility, and services or sacred texts that are within the reasonable capacity of the facility to supply, provided that no resident shall be coerced into engaging in any religious activities.

Private Conversation & Access to Phone, Mail & Visitors - Adults

(D)(6) Private conversation, and access to phone, mail and visitors:

(a) The right of an adult to reasonable privacy and the freedom to meet with visitors, guests, or inspectors, and make and/or receive phone calls;

(c) The right of an adult to write or receive uncensored, unopened correspondence subject to the facility's rules regarding contraband;

Private Conversation & Access to Phone, Mail & Visitors - Minors

(D)(6) Private conversation, and access to phone, mail & visitors:

(b) The right of a minor in a type 1 or type 2 facility to meet with surveyors, and the right to communicate with family, guardian, custodian, friends and significant others outside the facility in accordance with the minor's individualized service plan;

(d) The right of a minor in a type 1 or type 2 facility to send or receive mail subject to the facility's rules regarding contraband and directives from the parent or legal custodian, when such rules and directives do not conflict with federal postal regulation.

Private Conversation & Access to Phone, Mail & Visitors – All

(D)(6)(e) The right to communicate freely with and be visited at reasonable times by private counsel or personnel of the legal rights service and, unless prior court restriction has been obtained, to communicate freely with and be visited at reasonable times by a personal physician or psychologist;

Private Conversation & Access to Phone, Mail & Visitors – All

(D)(6)(f) The right to communicate freely with others, unless specifically restricted in the resident of a type 1 facility's treatment plan for reasons that advance the person's goals, including, without limitation, the following:

- (i) The right to receive visitors at reasonable times; and
- (ii) The right to have reasonable access to telephones to make and receive confidential calls, including a reasonable number of free calls if unable to pay for them and assistance in calling if requested and needed; and

Access to Mail –All (continued) and Notification

(D)(6)(g) The right to have ready access to letter writing materials, including a reasonable number of stamps without cost if unable to pay for them, and to mail and receive unopened correspondence and assistance in writing if requested and needed subject to the facility's rules regarding contraband.

(D)(7) Notification to family or physician:

The right to have a physician, family member, or representative of the resident's choice notified promptly upon admission to a facility.

Resident Rights Procedures

(E) Resident rights procedures.

(1) Each facility must have a written resident rights policy which contains the following:

(a) Specification of the resident rights as listed in paragraphs (C) and (D) of this rule;

➤ If agency is granted deemed status, implement accrediting body standards in lieu of paragraph (C).

(b) Assurance that staff will explain any and all aspects of resident rights and the grievance procedure upon request.

Resident Rights Procedures (Continued)

(E)(2) Each agency policy shall specify how explanation of client rights shall be accomplished, and shall include provision that in a crisis or emergency situation, the resident shall be verbally advised of at least the immediately pertinent rights, such as the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. Full verbal explanation of the resident rights policy may be delayed to a subsequent meeting.

Resident Rights Procedures (Continued)

(E)(3) A copy of the resident rights policy shall be posted in a conspicuous location accessible to residents and the public. It shall also include the name, title, location, hours of availability, and telephone number of the resident rights officer with a statement of that person's responsibility to accept and oversee the process of any grievance filed by a resident or other person or agency on behalf of a resident.

(E)(4) Each facility shall provide that every staff person, including administrative and support staff, is familiar with all specific client rights and the grievance procedure.

Grievance Procedure

(F) Grievance procedure

(1) Each type 1 facility must have a written grievance procedure which provides for the following, or in a type 2 and type 3 facility the method for implementing the following shall be specified in the affiliation agreement:

- Ohio Revised Code and Ohio Administrative Code require a Type 2 and Type 3 residential facility to have an affiliation agreement with a community mental health agency, or the mental health board.

Grievance Procedure (continued)

(F)(1)(a) Assistance in filing the grievance if needed by the griever, investigation of the grievance on behalf of the griever, and agency representation for the griever at the agency hearing on the grievance if desired by the griever. The grievance procedure shall clearly specify the name, title, location, hours of availability, and telephone number of the person(s) designated to provide the above activities;

(F)(1)(b) An explanation of the process from the original filing of the grievance to the final resolution, which shall include reasonable opportunity for the griever and/or his designated representative to be heard by an impartial decision-maker;

Grievance Procedure (continued)

(F)(1)(c) A specification of time lines for resolving the grievance not to exceed twenty working days from the date of filing the grievance;

(F)(1)(d) A specification that written notification and explanation of the resolution will be provided to the resident, or to the griever if other than the resident, with the resident's permission;

(F)(1)(e) Opportunity to file a grievance within a reasonable period of time from the date the grievance occurred;

Grievance Procedure (continued)

(F)(1)(f) A statement regarding the option of the grievor to initiate a complaint with any or all of several outside entities, specifically the community mental health board, the Ohio department of mental health, the Ohio legal rights service, the U.S. department of health and human services, and appropriate professional licensing or regulatory associations. The relevant addresses and telephone numbers shall be included; and

(F)(1)(g) Provision for providing, upon request, all relevant information about the grievance to one or more of the organizations specified in this paragraph to which the grievor has initiated a complaint.

Grievance Procedure (continued)

(F)(2) Each facility shall make provision for posting the grievance procedure in a conspicuous location accessible to residents and the public, and for distributing a copy of the written grievance procedure to each resident, upon request.

(F)(3) Each facility shall make provision for prompt accessibility of the resident rights officer to the grievor.

(F)(4) Each facility shall provide alternative arrangements for situations in which the resident rights officer is the subject of the grievance.

Grievance Procedure (continued)

(F)(5) Each facility shall provide that every staff person, including administrative, clerical, and support staff, has a clearly understood, specified, continuing responsibility to immediately advise any resident or any other person who is articulating a concern, complaint, or grievance, about the name and availability of the resident rights officer and the complainant's right to file a grievance.

(F)(6) Each type 1 facility shall provide for the resident rights officer to take all necessary steps to assure compliance with the grievance procedure.

- For type 2 and type 3 facilities, this is specified in affiliation agreement.

Board Client Rights and Grievance Procedure

5122:2-1-02



Purpose

(A) The purpose of this rule is to describe the role and responsibilities of community mental health boards in the client rights and grievance procedures.

- Previously this rule included the list of rights for community mental health agency consumers. Those rights are now contained in OAC 5122-26-18.

Applicability

(B) The provisions of this rule are applicable to each community mental health board. In addition, the provisions of rule 5122-26-18 of the Administrative Code are also applicable to each community mental health board which itself provides mental health services when permitted to do so in accordance with division (A)(8)(b) of section 340.03 of the Ohio Revised Code.

Definitions

(C) Definitions.

(1) "Client rights officer" means the individual designated by a mental health agency or board with responsibility for assuring compliance with the client rights and grievance procedure rule as implemented within each agency or board. For these purposes the individual holds the specific title of client rights officer.

Definitions (continued)

(C)(2) "Contract agency" means a public or private service provider with which a community mental health board enters into a contract for the delivery of mental health services. A board which is itself providing mental health services is subject to the same requirements and standards which are applicable to contract agencies, as specified in rule 5122:2-1-05 of the Administrative Code.

Definitions (continued)

(C)(3) "Grievance" means a written complaint initiated either verbally or in writing by a client or by any other person or agency on behalf of a client regarding denial or abuse of any client's rights.

(C)(4) "Services" means the complete array of professional interventions designed to help a person achieve improvements in mental health such as counseling, individual or group therapy, education, community psychiatric supportive treatment, assessment, diagnosis, treatment planning and goal setting, clinical review, psychopharmacology, discharge planning, professionally-led support, etc.

Board Procedure

(D) Community mental health board procedure.

(1) Each community mental health board shall assure in its community plan that each contract agency has a grievance procedure in place which meets the requirements of rule 5122-26-18 of the Administrative Code. Each community mental health board shall recognize that, for an agency accredited and granted deemed status by the Ohio department of mental health in accordance with rule 5122-25-03 of the Administrative Code, the requirements of rule 5122-26-18 of the Administrative Code are met by agency conformance to its accrediting body standards.

- This does not remove board authority to investigate alleged client (or resident) rights violations, or follow up on a grievance submitted to the board.

Board Procedure for Addressing Client Rights Complaints

(D)(2) Each community mental health board must establish a procedure for addressing client rights complaints, including, when applicable, complaints initiated in accordance with rule 5122-30-22 of the Administrative Code on behalf of a resident of a residential facility. This procedure must include:

- (a) Provision for accessing agency information relevant to the complaint;
- (b) Provision of written copy of the board's grievance procedure to be available on request;

Board Procedure for Addressing Client Rights Complaints (continued)

(D)(2)(c) Specification of time lines for a resolution of the grievance, not to exceed twenty working days from the date the grievance is filed;

(D)(2)(d) Provision for written notification and explanation of the resolution to be provided to the client, or to the griever if other than the client, with the client's permission;

Board Procedure for Addressing Client Rights Complaints (continued)

(D)(2)(e) A statement regarding the option of the griever to further grieve with any or all of the following: Ohio department of mental health, Ohio legal rights service, U.S. department of health and human services. Appropriate professional licensing or regulatory boards' relevant names, addresses, and telephone numbers shall be included; and

(D)(2)(f) Provision for providing, upon request, relevant information about the grievance to one or more of the organizations specified in this paragraph to which the griever has initiated a complaint.

Board Implementation & Monitoring

(E)(1) Any board may accomplish its responsibilities in regard to the provisions of this rule and rule 5122-26-18 of the Administrative Code through utilization of its own staff or board members as appropriate, or through agreement with outside staff, agencies, or organizations, except that:

(a) Each board must assure prompt accessibility of the client rights officer.

(b) The utilization of outside persons must be clearly explained to clients, applicants, and grievors.

Board Implementation & Monitoring (continued)

(E)(2) The community mental health board shall also keep records of grievances it receives, the subject of the grievances, and the resolution of each, and shall assure the availability of these records for review by the department of mental health upon request. The board shall summarize annually its records to include number of grievances received, types of grievances, and resolution status.

Board Implementation & Monitoring (continued)

(E)(3) The department of mental health may periodically review the implementation of client rights policy and grievance procedures in each board area. Each board shall maintain a client rights policy and grievance procedure that is approved by the department of mental health. Subsequent substantive changes to such written policy and procedure shall be submitted to and approved by the department before enactment.

Questions?

- Kathryn Remer, M.S. Ed., LSW, Consumer Advocacy & Protection Specialist
(614) 644-5297
Kathryn.Remer@mh.ohio.gov
- Janel M. Pequignot, Chief
Standards Development & Administrative Rules
(614) 466-9065
Janel.Pequignot@mh.ohio.gov