Ohio Administrative Code

Rule 5123-4-02 Service and support administration.

Effective: July 1, 2026

(A) Purpose

This rule defines the responsibilities of a county board of developmental disabilities for service and support administration and establishes a process for each individual who receives service and support administration to have an identified service and support administrator who is the primary point of coordination.

(B) Definitions

For the purposes of this rule, the following definitions apply:

(1) "Alternative services" has the same meaning as in rule 5123-9-04 of the Administrative Code.

(2) "Assessment" means the individualized process of gathering comprehensive information concerning an individual's preferences, desired outcomes, needs, interests, abilities, health status, and other available supports.

(3) "Budget for services" means the projected cost of implementing the individual service plan regardless of funding source.

(4) "Business day" means a day of the week, excluding Saturday, Sunday, or a legal holiday as defined in section 1.14 of the Revised Code.

(5) "County board" means a county board of developmental disabilities.

(6) "Department" means the Ohio department of developmental disabilities.

(7) "Home and community-based services waiver" means a medicaid waiver administered by the department in accordance with section 5166.21 of the Revised Code.

(8) "Homemaker/personal care" has the same meaning as in rule 5123-9-30 of the Administrative Code.

(9) "Individual" means a person with a developmental disability.

(10) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.

(11) "Informed consent" means a documented written agreement to allow a proposed action, treatment, or service after full disclosure provided in a manner an individual or the individual's guardian understands, of the relevant facts necessary to make the decision. Relevant facts include the risks and benefits

of the action, treatment, or service; the risks and benefits of the alternatives to the action, treatment, or service; and the right to refuse the action, treatment, or service. The individual or the individual's guardian, as applicable, may withdraw informed consent at any time.

(12) "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.

(13) "Natural supports" means the personal associations and relationships typically developed in the community that enhance the quality of an individual's life. Natural supports may include family members, friends, neighbors, and others in the community or organizations that serve the general public who provide voluntary support to help an individual achieve agreed upon outcomes through development of the individual service plan.

(14) "Participant-directed homemaker/personal care" has the same meaning as in rule 5123-9-32 of the Administrative Code.

(15) "Person-centered planning" means an ongoing process directed by an individual and others chosen by the individual to identify the individual's unique strengths, interests, abilities, preferences, resources, and desired outcomes as they relate to the individual's support needs.

(16) "Person-centered planning templates" means the department-required formats (i.e., the assessment template and the individual service plan template) that a county board will use to conduct assessments and develop individual service plans for individuals enrolled in home and community-based services waivers.

(17) "Primary point of coordination" means the identified service and support administrator who is responsible to an individual for the effective development, implementation, and coordination of the individual service plan.

(18) "Service and support administration" means the duties performed by a service and support administrator pursuant to section 5126.15 of the Revised Code.

(19) "Service and support administrator" means a person, regardless of title, employed by or under contract with a county board to perform the functions of service and support administration and who holds the appropriate certification in accordance with rule 5123-5-02 of the Administrative Code.

(20) "Targeted case management" has the same meaning as in rule 5160-48-01 of the Administrative Code.

(21) "Team" means an individual and the group of persons chosen by the individual with the core responsibility to support the individual in directing development of the individual service plan. The team includes the service and support administrator and as applicable, the individual's guardian or adult whom the individual has identified, providers, direct support professionals, licensed or certified professionals, and any other persons chosen by the individual to help the individual consider possibilities and make decisions.

(C) Decision-making responsibility

(1) Each individual, including an individual who has been adjudicated incompetent pursuant to Chapter 2111. of the Revised Code, has the right to participate in decisions that affect the individual's life and to have what is important to the individual and what is important for the individual supported.

(2) An individual for whom a guardian has not been appointed shall make decisions regarding receipt of a service or support or participation in a program provided or funded under Chapter 5123., 5124., or 5126. of the Revised Code. The individual may obtain support and guidance from another person; doing so does not affect the right of the individual to make decisions.

(3) An individual for whom a guardian has not been appointed may, in accordance with section 5126.043 of the Revised Code, authorize an adult to make a decision described in paragraph (C)(2) of this rule on behalf of the individual as long as the adult does not have a financial interest in the decision. The authorization will be made in writing.

(4) When a guardian has been appointed for an individual, the guardian shall make a decision described in paragraph (C)(2) of this rule on behalf of the individual within the scope of the guardian's authority. This paragraph will not be construed to compel appointment of a guardian.

(5) An adult or guardian who makes a decision pursuant to paragraph (C)(3) or (C)(4) of this rule shall make a decision that is in the best interest of the individual on whose behalf the decision is made and that is consistent with what is important to the individual, what is important for the individual, and the individual's desired outcomes.

(D) Provision of service and support administration

(1) A county board shall provide service and support administration to:

(a) An individual, regardless of age or eligibility for county board services, who is applying for or enrolled in a home and community-based services waiver.

(b) An individual three years of age or older who is eligible for county board services and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, service and support administration.

(c) An individual residing in an intermediate care facility for individuals with intellectual disabilities who requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, assistance to move from the facility to a community setting.

(2) A county board shall provide service and support administration in accordance with the requirements of section 5126.15 of the Revised Code.

(3) An individual who is eligible for service and support administration in accordance with paragraph (D)(1) of this rule and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of this rule, service and support administration shall receive service and support administration and shall not be placed on a waiting list for service and support administration. A service and support administrator will arrange an initial meeting with an eligible individual within thirty calendar days of the request for service and support administration. The service and support administrator will document extenuating circumstances related to the individual that delay scheduling of the initial meeting.

(E) Determination of eligibility for county board services

(1) A service and support administrator shall determine an individual's eligibility for county board services in accordance with rule 5123-4-01 of the Administrative Code.

(2) A county board may assign responsibility for eligibility determination to a service and support administrator who does not perform other service and support administration functions. In such a case, results of the eligibility determination will be shared with the service and support administrator who is the primary point of coordination for the individual to ensure coordination of services and supports.

(3) A county board will share results of the eligibility determination in a timely manner with the individual and the individual's guardian, and/or the adult whom the individual has identified, as applicable.

(F) Primary point of coordination

(1) A county board shall identify a service and support administrator who will be the primary point of coordination for each individual receiving service and support administration.

(2) A county board shall give an individual the opportunity to request a different service and support administrator.

(G) Assessment of an individual

(1) With the active participation of an individual and members of the team, the service and support administrator shall coordinate the initial assessment of the individual.

(a) The initial assessment will take into consideration:

(i) What is important to the individual to promote satisfaction and achievement of desired outcomes;

(ii) What is important for the individual to maintain health and welfare;

(iii) Known and likely risks; and

(iv) The individual's skills and abilities.

(b) The initial assessment will identify the individual's needs in the following domains:

(i) Communication (expressing oneself and understanding others);

(ii) Advocacy and engagement (valued roles and making choices; responsibility and leadership);

(iii) Safety and security (safety and emergency skills; behavioral well-being; emotional well-being; supervision considerations);

(iv) Social and spirituality (personal networks, activities, and faith; friends and relationships);

(v) Daily life and employment (school and education; employment; finance);

(vi) Community living (life at home; getting around); and

(vii) Healthy living (medical and dental care; nutrition; wellness).

(c) The initial assessment will be conducted in person at a time and place convenient to the individual and the individual's guardian, as applicable. The individual, when able, will be the primary respondent.

(2) With the active participation of an individual and members of the team including the individual's guardian when applicable, the service and support administrator shall coordinate reassessment of the individual at least once every twelve months.

(a) The annual reassessment will address areas or domains described in paragraphs (G)(1)(a) and (G)(1)(b) of this rule that have changed or for which the individual or the individual's guardian has expressed an interest or concern.

(b) The annual reassessment will be conducted in person except when the individual or the individual's guardian, as applicable, and the service and support administrator agree that extenuating circumstances necessitate virtual participation. The service and support administrator will document the extenuating circumstances.

(3) With the active participation of an individual and members of the team, the service and support administrator shall coordinate assessment of the individual at other times throughout the year as indicated, including when the individual's needs or circumstances change or upon request of the individual or the individual's guardian. Assessment will be tailored to the individual and may be conducted through administration of department-required assessments as well as through conversations or meetings conducted in person or by telephone, electronic mail, or other modes of technology.

(4) A county board will use the department's person-centered planning template to conduct the assessment for each individual enrolled in a home and community-based services waiver.

(H) Development of the individual service plan

(1) Using person-centered planning, the service and support administrator will develop, review, and revise the individual service plan and ensure the individual service plan:

(a) Reflects results of the assessment.

(b) Includes services and supports that:

(i) Ensure health and welfare;

(ii) Assist the individual to engage in meaningful and productive activities;

(iii) Reflect the individual's place on the path to competitive integrated employment described in rule 5123-2-05 of the Administrative Code;

(iv) Support community connections and networking with people with and without disabilities;

(v) Assist the individual to improve self-advocacy skills and increase opportunities to participate in advocacy activities, to the extent desired by the individual;

(vi) Ensure advancement or achievement of outcomes that are important to the individual and outcomes that are important for the individual and address the balance of and any conflicts between what is important to the individual and what is important for the individual; and

(vii) Address identified risks and include supports to prevent or minimize risks.

(c) Integrates all sources of services and supports, including natural supports and alternative services, available to meet the individual's needs and desired outcomes.

(d) Identifies at least one outcome important to the individual to be advanced or achieved within the next twelve months.

(e) Reflects services and supports that are consistent with efficiency, economy, and quality of care.

(2) The service and support administrator will ensure an individual service plan is updated throughout the year as needed to meet the individual's needs in accordance with paragraph (K)(4) of this rule.

(3) A county board will use the department's person-centered planning template to develop the individual service plan for each individual enrolled in a home and community-based services waiver.

(I) Budget for services

(1) The service and support administrator will establish a recommendation for and obtain approval of the budget for services based on the individual's assessed needs and preferred ways of meeting those needs.

(2) When an individual receives self-directed home and community-based services, the service and support administrator will support the individual, the individual's support broker, and/or a person exercising budget authority on the individual's behalf, as applicable, in determining the budgeted dollar amount for each service and making decisions about the acquisition of services that are authorized in the individual service plan.

(J) Selection and support of providers of services

(1) The service and support administrator will, through objective facilitation, assist the individual in choosing providers by:

(a) Ensuring the individual is given the opportunity to select providers from all qualified and willing providers in accordance with applicable federal and state laws and regulations, including rule 5123-9-11 of the Administrative Code.

(b) Assisting the individual as necessary to work with providers to resolve concerns involving a provider or direct support professionals assigned to work with the individual.

(2) The service and support administrator will:

(a) Secure commitments from providers to support the individual in advancement or achievement of the individual's desired outcomes.

(b) Verify by signature and date that prior to implementation, each individual service plan:

(i) Indicates the provider, frequency, and funding source for each service and support;

(ii) Specifies which provider will deliver each service or support across all settings; and

(iii) Is finalized and agreed to in writing, with the informed consent of the individual or the individual's guardian, as applicable, and signed by all people and providers responsible for its implementation.

(c) Establish and maintain contact with providers as frequently as necessary to ensure that each provider is trained on the individual service plan and has a clear understanding of the expectations and desired outcomes of the supports being provided.

(3) The service and support administrator will establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meeting desired outcomes as indicated in the individual service plan.

(K) Individual service plan coordination

(1) The service and support administrator will facilitate effective communication and coordination among the individual and members of the team.

(2) The service and support administrator will ensure an individual and each member of the team has a copy of the current individual service plan unless otherwise directed by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable. The individual and members of the team shall receive a copy of the individual service plan at least fifteen calendar days in advance of implementation unless extenuating circumstances make fifteen-day advance copy impractical and with agreement by the individual and members of the team.

(a) A member of the team who becomes aware that revisions to the individual service plan are indicated shall notify the service and support administrator.

(b) A member of the team may disagree with any provision in the individual service plan at any time. All dissenting opinions will be specifically noted in writing and attached to the individual service plan.

(3) The service and support administrator will provide ongoing individual service plan coordination to ensure services and supports are delivered in accordance with the individual service plan and to the benefit and satisfaction of the individual and the individual's guardian, as applicable. Ongoing individual service plan coordination will:

(a) Occur with the active participation of the individual and members of the team.

(b) Focus on achievement of the individual's desired outcomes.

(c) Balance what is important to the individual and what is important for the individual.

(d) Examine service satisfaction (i.e., what is working and what is not working).

(e) Use the individual service plan as the fundamental tool to ensure the health and welfare of the individual.

(4) The service and support administrator will review and revise the individual service plan at least once every twelve months and more frequently under the following circumstances:

(a) At the request of the individual or a member of the team, in which case revisions to the individual service plan will occur within thirty calendar days of the request.

(b) Whenever the individual's assessed needs, situation, circumstances, or status changes.

(c) If the individual chooses a new provider or type of service or support.

(d) As a result of monitoring conducted in accordance with paragraph (N) of this rule.

(e) Identified trends and patterns of unusual incidents or major unusual incidents.

(f) When services are reduced, denied, or terminated by the department or the Ohio department of medicaid.

(5) The service and support administrator is responsible for all service and support administration functions and communication of any decisions to the individual or the individual's guardian, as applicable.

(6) The service and support administrator will take actions necessary to remediate any immediate concerns regarding an individual's health and welfare.

(L) Additional requirements for medicaid-funded services

(1) The service and support administrator will explain to an individual or the individual's guardian, as applicable:

(a) In conjunction with the process of recommending eligibility and/or assisting the individual in making application for enrollment in a home and

community-based services waiver or any other medicaid service, and in accordance with rules adopted by the department:

(i) Services and service setting options available to the individual in accordance with paragraph (C)(3) of rule 5123-9-02 of the Administrative Code;

(ii) The individual's or guardian's due process and appeal rights; and

(iii) The individual's or guardian's right to choose any qualified and willing provider.

(b) At the time the individual is recommended for enrollment in a home and community-based services waiver:

(i) Choice of enrollment in a home and community-based services waiver as an alternative to residing in an intermediate care facility for individuals with intellectual disabilities; and

(ii) Services and supports funded by a home and community-based services waiver.

(2) The service and support administrator will provide an individual or the individual's guardian, as applicable, with written notification and explanation of the individual's or guardian's due process and appeal rights if the individual service plan process results in a recommendation for the approval, reduction, denial, or termination of services funded by a home and community-based services waiver. Notice will be provided in accordance with section 5101.35 of the Revised Code.

(3) Prior to enrolling an individual in a home and community-based services waiver, the service and support administrator will make a recommendation to the department, in accordance with rule 5123-8-01 of the Administrative Code, as to whether the individual meets the criteria for a developmental disabilities level of care.

(4) When an individual service plan includes medicaid-funded services, the service and support administrator will explain to the the individual or the individual's guardian, as applicable, that the services are subject to approval by the department and the Ohio department of medicaid. If the department or the Ohio department of medicaid approves, reduces, denies, or terminates services funded by a home and community-based services waiver or other medicaid services included in an individual service plan, the service and support

administrator shall communicate with the individual or the individual's guardian about this action.

(5) The individual service plan of an individual enrolled in a home and community-based services waiver will be driven by the individual and developed with the individual and the individual's guardian, as applicable, and in conformance with 42 C.F.R. 441.725.

(6) A county board will use the department's person-centered planning templates to conduct the assessment and develop the individual service plan for each individual enrolled in a home and community-based services waiver. The person-centered planning templates will be completed in compliance with applicable federal and state requirements. Upon request by the department, a county board will provide an individual's completed person-centered planning templates as soon as possible but no later than within three business days of the request.

(M) Administrative resolution of complaints related to services that are not funded by medicaid

(1) The service and support administrator will provide an individual or the individual's guardian, as applicable, with written notification and explanation of the individual's or guardian's right to use the administrative resolution of complaint process set forth in rule 5123-4-04 of the Administrative Code if the individual service plan process results in the reduction, denial, or termination of a service that is not funded by medicaid. Such written notice and explanation will also be provided to an individual or the individual's guardian if the individual service plan process results in an approved service that the individual or guardian does not want to receive, but is necessary to ensure the individual's health, safety, and welfare. Notice will be provided in accordance with rule 5123-4-04 of the Administrative Code.

(2) The service and support administrator will advise members of the team of their right to file a complaint in accordance with rule 5123-4-04 of the Administrative Code.

(N) Monitoring implementation of individual service plans

(1) The service and support administrator will monitor implementation of individual service plans.

(a) Monitoring will be tailored to the individual and based on information provided by the individual and the team.

(b) The scope, type, and frequency of monitoring will be specified in the individual service plan. Monitoring will include, but is not limited to:

(i) In-person visits occurring at a time convenient for the individual, in the setting where the individual receives services, and in a manner that does not disrupt community-integrated activities; and

(ii) Contact via telephone, electronic mail, or other appropriate means as needed.

(c) The service and support administrator may also monitor services through unscheduled visits to settings where an individual receives services.

(i) Unscheduled visits to a family home where an individual receives services may occur only:

(a) When multiple documented attempts to contact a family have failed and the service and support administrator has documented substantiated concerns related to the health and welfare of the individual receiving services; or

(b) At the request of an individual or the individual's guardian.

(ii) A service and support administrator may request entry to the home but may not enter without the consent of the family, individual, or guardian, as applicable. If consent is denied, the service and support administrator will document denial and, if health or welfare concerns persist, refer the matter to the appropriate protective authorities.

(d) The service and support administrator will determine whether the frequency of monitoring needs to be increased when:

(i) The individual has intensive behavioral support or medical needs;

(ii) The individual has an interruption of services of more than thirty calendar days;

(iii) The individual encounters a crisis or multiple less serious but destabilizing events within a three-month period;

(iv) The individual has transitioned from an intermediate care facility for individuals with intellectual disabilities to a community setting within the past twelve months;

(v) The individual has transitioned to a new provider of homemaker/ personal care or participant-directed homemaker/personal care within the past twelve months;

(vi) The individual receives services in a manner or setting that has been determined to be out of compliance with requirements regarding home and community-based services set forth in rule 5123-9-02 of the Administrative Code;

(vii) The individual receives services from a provider that has been notified of the department's intent to suspend or revoke the provider's certification or license; or

(viii) Requested by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable.

(2) When an individual is enrolled in a home and community-based services waiver, monitoring of the individual's services will include:

(a) At least one in-person visit to the setting where the individual resides every six months.

(b) At least one in-person visit to the setting where the individual receives adult day or employment services every twelve months.

(3) The service and support administrator shall share results of monitoring in a timely manner with the individual, the individual's guardian, and/or the adult whom the individual has identified, as applicable, and the individual's providers, as appropriate.

(4) If the monitoring process indicates areas of non-compliance with standards for providers of services funded by a home and community-based services waiver, the county board shall conduct a provider compliance review in accordance with rule 5123-2-04 of the Administrative Code.

(5) Nothing in this rule will be construed to limit a county board's responsibility to protect health and welfare of at-risk individuals in accordance with rule 5123-17-02 of the Administrative Code.

(O) Emergency response system

(1) The county board shall, in coordination with the provision of service and support administration, make an on-call emergency response system available twenty-four hours per day, seven days per week to provide immediate response to

an unanticipated event that requires an immediate change in an individual's existing situation and/or individual service plan to ensure health and safety.

(2) Persons who are available for the on-call emergency response system shall:

(a) Provide emergency response directly or through immediate linkage with the service and support administrator who is the primary point of coordination for the individual or with the primary provider.

(b) Be trained and have the skills to identify the problem, determine what immediate response is needed to alleviate the emergency and ensure health and welfare, and identify and contact persons to take the needed action.

(c) Notify the providers and the service and support administrator who is the primary point of coordination for the individual to ensure adequate follow-up.

(d) Notify the county board's investigative agent as determined necessary by the nature of the emergency.

(e) Document the emergency in accordance with county board procedures.

(P) Records

(1) Paper or electronic records will be maintained for each individual receiving service and support administration and include, at a minimum:

(a) Identifying data.

(b) Information identifying guardianship, other adult representative whom the individual has identified, trusteeship, or protectorship.

(c) Date of request for services from the county board.

(d) Evidence of eligibility for county board services.

(e) Assessment information relevant for services and the individual service plan process for supports and services.

(f) Current individual service plan.

(g) Current budget for services.

(h) Documentation that the individual exercised freedom of choice in the provider selection process.

(i) Documentation of unusual incidents.

(j) Major unusual incident investigation summary reports.

(k) The name of the service and support administrator.

(l) Emergency information.

(m) Personal financial information, when appropriate.

(n) Release of information and consent forms.

(o) Case notes which include coordination of services and supports and monitoring activities.

(p) Documentation that the individual was afforded due process in accordance with paragraph (Q) of this rule, including but not limited to, appropriate prior notice of any action to deny, reduce, or terminate services and an opportunity for a hearing.

(2) When the county board uses electronic record keeping and electronic signatures, the county board shall establish policies and procedures for verifying and maintaining such records.

(Q) Due process

Due process will be afforded to each individual receiving service and support administration pursuant to section 5101.35 of the Revised Code for services funded by a home and community-based services waiver and targeted case management or pursuant to rule 5123-4-04 of the Administrative Code for services that are not funded by medicaid.

(R) Department monitoring and technical assistance

The department will monitor compliance with this rule by county boards. Technical assistance, as determined necessary by the department, will be provided upon request and through regional and statewide training.

(S) Ohio department of medicaid monitoring of targeted case management

The Ohio department of medicaid retains final authority to monitor the provision of targeted case management.