

**Rule 5123:2-1-11**  
**Service and Support Administration**  
**Clearance Period: June 11-25, 2013**

Comment	Submitted By	DODD Response
In general, we support the changes that are being recommended to the rule.	Nancy Richards, Executive Director, Clearwater Council of Governments	Thank you. The Department is grateful to those who collaborated to draft the new rule.
Did the Department determine if any of the changes in the draft rule conflict with the approved language in Appendix D of each of the Home and Community-Based Services waivers, with the Targeted Case Management state plan amendment language, or with rule 5101:3-48-01 ( <i>Medicaid Coverage of Targeted Case Management Services Provided to Individuals with Developmental Disabilities</i> )?	Ohio Department of Medicaid	The Service and Support Administration responsibilities outlined in the rule align with the approved waivers. There are no conflicts with reimbursable activities listed in rule 5101:3-48-01.
<b>(B)(11):</b> We believe that the term "service" should be replaced with the term "support" when it is used to describe what people receive, for example, "individual's support needs" rather than "individual's service needs."	Nancy Richards, Executive Director, Clearwater Council of Governments	Your suggestion has been incorporated.
<b>(B)(14):</b> The individual should be listed as part of the team so there are no misunderstandings.	David Lewis, Associate Director, The Arc of Ohio	The individual is more than just a member of the team; the team exists to serve the individual. Throughout the rule, the phasing, "the individual and the team," is used to make clear that the individual is the driving force.
<b>(B)(14):</b> The word "team" tends to be an old term used in the system but a well-known term. We would suggest that since it appears to be the intention of this rule to shift the system to a more person-centered and self-determined system that you consider using a different term. We suggest possibly the use of "support team" if in fact you no longer want to use the term "circle of support." Additionally, we believe the definition should include language that supports people participating on the team that have been chosen by the person and/or guardian to participate.	Nancy Richards, Executive Director, Clearwater Council of Governments	"Team" will be maintained. The definition of "team" includes persons chosen by the individual.
<b>(C)(3):</b> Consider defining "chosen representative." Consider referring to the Chosen Representative form.	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	Paragraph (C)(3) has been revised to include a reference to section 5126.043 of the Revised Code and mentions chosen representative.

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<b>(D)(1):</b> We recognize that the purpose of rule is to define the responsibilities of a county board of developmental disabilities for service and support administration however several service and support administration activities are reimbursable under Medicaid Targeted Case Management. Please provide assurance that Service and Support Administrators will not bill Medicaid for units of service relating to non-Medicaid eligible individuals and for case management services that are provided to individuals residing in an Intermediate Care Facility over 180 days.	Ohio Department of Medicaid	County boards adhere to rule 5101:3-48-01 ( <i>Medicaid Coverage of Targeted Case Management Services Provided to Individuals with Developmental Disabilities</i> ).
<b>(D)(1)(a):</b> Does this mean that anyone that asks for service and support administration services, regardless of eligibility, must be assigned a Service and Support Administrator? Additionally, does this mean that everyone who is on the waiting list for Home and Community-Based Services must have a Service and Support Administrator or does the term "applying" mean actively enrolling in the waiver?	Nancy Richards, Executive Director, Clearwater Council of Governments	A person who is eligible for county board services and asks for Service and Support Administration must be assigned to a Service and Support Administrator. This is not a change from the existing rule.
<b>(D)(1)(c):</b> Please clarify by adding language to read "active" assistance to move from the intermediate care facility to a "non-ICF" community setting.	Lake County Board of Developmental Disabilities	Any person who asks for assistance moving from an intermediate care facility is entitled to Service and Support Administration.
<b>(D)(3):</b> A county board shall provide adequate supervision to service and support administrators. I have an issue with the word "adequate;" define what "adequate" means. When I see or read the word, I think of providing the bare minimum to get by. Maybe a better word would be "appropriate."	David Lewis, Associate Director, The Arc of Ohio	The paragraph has been deleted.
<b>(D)(4):</b> Does this mean there cannot be a waiting list for service and support administration services?	Nancy Richards, Executive Director, Clearwater Council of Governments	Yes.
<b>(E):</b> Determination for County Board Services – Indicates a person must be a service and support administrator to be assigned eligibility determination. This appears to be in conflict with paragraph (C)(4) of the County Board Administration rule (5123:2-1-02) which states that "The Ohio Eligibility Determination Instrument (OEDI) and Children's Ohio Eligibility Determination Instrument (COEDI) shall be administered by county board personnel authorized to do so by the department. At the local county board's discretion, other individuals may be authorized by the department to administer the OEDI and COEDI."	Nancy Richards, Executive Director, Clearwater Council of Governments	Service and Support Administrators are responsible for establishing eligibility for services. This is not a change from the existing Service and Support Administration rule. Rule 5123:2-1-02 will be revised for clarity.

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<p><b>(F)(2)(a):</b> We suggest getting away from the term "assessment." The way it is used throughout the rule describes it as an event rather than as an individualized process tailored to the person. This entire section reads as a mandated process that shall include everything listed. We would suggest changing the wording so that you can achieve a different outcome for people receiving supports. A possible term change could be to "discovery" or even a term we heard a self-advocate use recently which was "TIPS" (Talents, Interests, Passions, and Skills). The changes of what will be assessed and services identified are really positive as set forth in paragraphs (F)(2)(a)(i) (a) through (F)(2)(a)(i)(e) and (F)(2)(a)(ii)(a) through (F)(2)(a)(ii)(h).</p>	<p>Nancy Richards, Executive Director, Clearwater Council of Governments</p>	<p>We are maintaining use of "assessment." In response to your comment, the definition of "assessment" in paragraph (B)(2) has been revised as indicated:</p> <p>"Assessment" means the <u>individualized process of</u> gathering <del>of</del> comprehensive information concerning the individual's preferences, <del>personal goals desired</del> <u>outcomes</u>, needs, interests, abilities, health status, and other available supports.</p>
<p><b>(F)(2)(a)(ii)(a) through (F)(2)(a)(ii)(h):</b> Please consider that without a DODD-developed assessment, there is the potential for 88 different forms of assessments.</p>	<p>Lake County Board of Developmental Disabilities</p>	<p>Assessment refers to the process.</p>
<p><b>(F)(2)(a) &amp; (F)(2)(b):</b> Service and Support Administrators discuss the majority of these areas as a team at least annually and as needed as part of the individual service plan process; however, we do not do this for everyone we support (i.e., limited support plans). At the same time, we do not need to have this level of involvement in everyone's life (i.e., clients who receive rent subsidy/ transportation only).</p>	<p>Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities</p>	<p>Regarding paragraph (F)(2)(a), assessment is now defined in paragraph (B)(2) as an individualized process. Please note that paragraph (F)(2)(b), begins with the words, "using person-centered planning," which means the process is directed by the individual.</p>
<p><b>(F)(2)(b)(ii)(a) and several other times throughout the rule:</b> Service and Support Administrators can plan to address and support health and welfare and outcomes, not plan to <b>ensure</b> them. Some of these areas will be difficult for some of the more independent clients we serve who choose to make unhealthy choices and do not want the county board to be this involved in their lives. Dignity of risk needs to be addressed.</p>	<p>Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities</p>	<p>Ensuring health and welfare is the principal tenet of Medicaid services and a federal requirement. We ensure health and welfare by reasonably addressing risk and taking steps to prevent harm.</p>
<p><b>(F)(2)(b)(ii)(d):</b> Not all people in our system are interested in advocacy activities.</p>	<p>Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities</p>	<p>Paragraph (F)(2)(b)(ii)(d) has been revised as indicated:</p> <p>Assist the individual to improve self-advocacy skills and increase the individual's opportunities to participate in advocacy activities, <u>to the extent desired by the individual.</u></p>
<p><b>(F)(2)(b)(ii)(f):</b> Remove the word "instructions;" replace with "supports."</p>	<p>Nancy Richards, Executive Director, Clearwater Council of Governments</p>	<p>Your suggestion has been incorporated.</p>

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<b>(F)(2)(e):</b> How do Service and Support Administrators verify commitment from providers? – By signing the individual service plan?	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	Having providers sign the individual service plan would be one way; another option would be by documenting providers' commitment in case notes (to avoid delaying services while providers' signatures are obtained).
<b>(F)(2)(e):</b> Change the term "goals" to "desired outcomes."	Nancy Richards, Executive Director, Clearwater Council of Governments	Your suggestion has been incorporated.
<b>(F)(2)(f):</b> Whose signature is required?	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	This paragraph is referring to the Service and Support Administrator's signature.
<b>(F)(2)(f)(ii):</b> Which settings is this statement referring to? Only settings where waiver services occur? What about non-CB funded/authorized service providers like schools?	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	The statement refers to all services and supports in the individual service plan, not just Medicaid waiver services.
<b>(F)(2)(g):</b> Change the term "tasks" to "supports."	Nancy Richards, Executive Director, Clearwater Council of Governments	"Tasks being performed" has been replaced with "supports being provided."
<b>(F)(2)(g):</b> Please explain what is meant by "ensure that each provider is trained..." Since each provider is a full participant in the development of the plan what would need to be trained?	Lake County Board of Developmental Disabilities	It means making sure providers sufficiently know how to fulfill their role to provide services in accordance with the individual service plan.
<b>(F)(2)(i):</b> When referring to "Providers shall receive a copy of the individualized service plan at least fifteen days in advance of implementation..." does this mean fifteen <u>calendar</u> days or fifteen <u>working</u> days? Additionally, the individual and/or their guardian should also agree, not just the provider.	Nancy Richards, Executive Director, Clearwater Council of Governments	When not otherwise specified in an administrative rule, "days" means calendar days, but we will explicitly say "calendar days."
<b>(F)(2)(k)(i):</b> Thirty days seems an excessive amount of time to change a plan when it has been requested by the individual. It should occur as quickly as possible.	Nancy Richards, Executive Director, Clearwater Council of Governments	We would hope so; but it seems that specifying less than 30 days is unrealistic.

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<b>(F)(2)(k)(ii):</b> Please define "self-advocacy activities" and include the definition of such in paragraph (B) of the rule.	Lake County Board of Developmental Disabilities	The parenthetical examples have been removed from this paragraph.
<b>(F)(2)(k)(iv):</b> The referenced paragraph – (F)(3)(r) – does not exist.	Multiple	Sorry -- our mistake. The reference has been corrected to (F)(2)(q).
<b>(F)(2)(k)(vi):</b> Refer to this service as targeted case management, not Medicaid case management services.	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	Paragraph (F)(2)(k)(vi) has been revised so that it applies to Medicaid and non-Medicaid services and hence, the reference to Medicaid case management services has been eliminated. References to "Medicaid case management" in paragraphs (F)(2)(m), (l), and (k) have been replaced with "targeted case management" in accordance with your suggestion.
<b>(F)(2)(l)(ii)(b), (F)(2)(l)(iii), (F)(2)(l)(v), (F)(2)(m) and anywhere else used:</b> Could the sentence read something like "...reduction, denial, or termination of services funded by a home and community-based services waiver or other medicaid service?" We want to reframe how we think about waivers from a service or program to a funding source.	Nancy Neely, Superintendent, Licking County Board of Developmental Disabilities	Your suggestion has been incorporated.
<b>(F)(2)(m):</b> If an individual is not willing to accept an approved service to meet health and welfare, a Service and Support Administrator would not authorize services. County board services are voluntary.	Melinda Draper, Waiver Coordinator, Delaware County Board of Developmental Disabilities	This safeguard is necessary to address the rare case in which an individual service plan includes supports not chosen by an individual but necessary to ensure the individual's health and welfare.
<b>(F)(2)(q):</b> I am a little concerned about the interpretation of the terms "continuous review process." I understand that the reviews should be tailored to the individual's needs. There should not be a "one size fits all" schedule. However, we may determine with an individual and the team that one comprehensive home visit, face-to-face meeting a year is fine with perhaps a six-month phone call to parent/guardian/providers to assure that the plan is being implemented and working well. That schedule/process would be written into the individual service plan, but would that meet the definition/interpretation of "continuous review?"	R. Scott Amen, Superintendent, Adams County Board of Developmental Disabilities	You have done a fine job of articulating the point of paragraph (F)(2)(q). Yes; your example would meet the requirement.
<b>(F)(2)(q):</b> Please provide detail on what is referenced by the term "protocols established by the department" in the first sentence. The wording does not fit with the concept of a continuous review process that is tailored to the person.	Nancy Richards, Executive Director, Clearwater Council of Governments	The phrase, "protocols established by the department," has been removed.

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<b>(F)(2)(q)(ii):</b> Language is overkill; do not need scope, type, and frequency. Keep it simple but put in individual service plan.	Nancy Richards, Executive Director, Clearwater Council of Governments	Identifying the scope, type, and frequency of reviews is fairly simple and necessary to document the process.
<b>(F)(2)(q)(iii):</b> This section is too prescriptive; the process is to be individualized. At a minimum need to include "or more often if requested by the person, their family, and/or guardian."	Nancy Richards, Executive Director, Clearwater Council of Governments	Indeed, the process is to be individualized and based on an individual situation, may call for increased attention. In response to your second point, a new paragraph (F)(2)(q)(iii)(g) has been added:  Requested by the individual, the individual's guardian, or the adult whom the individual has identified, as applicable.
<b>(F)(2)(q)(iv):</b> Add to the end of the sentence: "and approved by the individual and/or guardian."	Nancy Richards, Executive Director, Clearwater Council of Governments	Paragraph (F)(2)(q)(iv) has been revised as indicated:  The service and support administrator shall share results of reviews in a timely manner with the individual, the individual's guardian, <u>and</u> the adult whom the individual has identified, <u>as applicable</u> , and the individual's providers, as <u>applicable</u> <u>appropriate</u> .