DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Supported living

Guardianship and supported living

- Prohibits the guardian of an individual with developmental disabilities, or a supported living certificate holder owned or operated by the guardian, from providing supported living to that individual unless related by blood, adoption, or marriage.

Notarized statement of residency

- Regarding the requirement that an applicant for employment with the Department or a county board or an applicant for a supported living certificate provide with proof of residency, eliminates the requirement that the applicant's statement be notarized.

Termination of supported living certificate

- Requires, rather than permits, the Director of Developmental Disabilities to terminate a supported living certificate if the certificate holder does not bill the Department for supported living services for 24 consecutive months.
- Requires the Department to terminate a supported living certificate by sending a notice to the certificate holder by certified mail explaining the termination.

Health-related activities

Developmental disabilities personnel – medication administration and other health-related activities

- Specifically authorizes developmental disabilities personnel to administer prescribed epinephrine intranasally to treat anaphylaxis, without nursing delegation and without a medication administration certificate.
- Requires developmental disabilities personnel to successfully complete training as a condition of administering topical over-the-counter medications as permitted under continuing law.
- Authorizes developmental disabilities personnel, with nursing delegation, to administer to recipients of early intervention, preschool, and school-age services prescribed medications for the treatment of metabolic glycemic disorders through subcutaneous injections.
- Replaces statutory references to **vagal nerve stimulators** with references to **vagus nerve stimulators**.

Family member authority to administer medications and perform health-related activities

- Authorizes certain family members of an individual with a developmental disability to administer medications to, and perform health-related tasks for, the individual without holding a medication administration certificate and without nursing delegation.

In-home care workers and health care tasks

- Establishes an additional condition on the authority of a family member to authorize an unlicensed in-home care worker to perform health care tasks for an individual with a developmental disability – that the family member is not acting as a paid provider for the individual.
- Eliminates the requirements that the unlicensed in-home worker provide care through employment or another arrangement with the family member and is not otherwise employed to provide services to individuals with developmental disabilities.
- Requires an unlicensed in-home worker to accept the written document in which the family member authorizes the worker to perform health-related tasks before the worker may perform them.
- Requires a county board of developmental disabilities to authorize appropriately credentialed providers to perform health care tasks for an individual with a developmental disability, rather than an in-home worker, when it determines that the individual's family member acted inappropriately.

Service and support administrator training requirements

- Requires a superintendent of a county board of developmental disabilities to ensure that a service and support administrator and service and support administration supervisor successfully completes a web-based training program established by the Department within 30 days of being hired.
- Additionally requires a superintendent to ensure that an applicant seeking to renew such a certification has successfully completed the training program, before renewing the certification.

Intermediate care facilities for individuals with intellectual disabilities (ICFs/IID)

- For FY 2026, reduces the professional workforce development payment component of an ICF/IID's per Medicaid day payment rate to 10.405% of the ICF/IID's desk-reviewed, actual, allowable, per Medicaid day direct care costs from the applicable cost report year.

County share of nonfederal Medicaid expenditures

- Requires the Director to establish a methodology to estimate in FY 2026 and FY 2027 the quarterly amount each county board of developmental disabilities is to pay of the nonfederal share of its Medicaid expenditures.

Withholding of funds owed to the Department

- Permits the Director to withhold funds owed to a county board by the Department if the county board failed to pay any amount owed to the Department by a due date established by the Department.

Innovative pilot projects

- Permits the Director to authorize, in FY 2026 and FY 2027, innovative pilot projects that are likely to assist in promoting the objectives of state law governing the Department and county boards.

Medicaid rates for homemaker/personal care services

- For 12 months, requires the Medicaid rate for each 15 minutes of routine homemaker/personal care services provided to a qualifying enrollee in the Individual Options Medicaid waiver program be 52¢ higher than the rate for services to an enrollee who is not a qualifying enrollee.

Community developmental disabilities trust fund

- Abolishes the community developmental disabilities trust fund.

Supported living

Guardianship and supported living

(R.C. 5123.16 and 5123.1613)

The act prohibits a guardian of an individual with a developmental disability from providing supported living to that individual either as an independent contractor or as an employee or contractor of a supported living certificate holder unless the guardian and the individual have a relationship by blood, adoption, or marriage. The act also applies that prohibition to a supported living certificate holder owned or operated by the guardian, unless the guardian is related by blood, adoption, or marriage.

Notarized statement of residency

(R.C. 5123.081 and 5123.169)

The act eliminates a requirement that the statement an applicant for employment with the Department or a county board of developmental disabilities provides the Department or county board, asserting that the applicant has been a resident of Ohio for the five-year period preceding the date on which a criminal records check is requested, be notarized. The act eliminates an identical requirement for applicants seeking a supported living certificate issued by the Department.

Termination of supported living certificate

(R.C. 5123.168)

The act makes it mandatory, rather than discretionary, for the Director of Developmental Disabilities to terminate a supported living certificate if the certificate holder does not bill the Department for supported living services for 24 consecutive months. Under prior law, the Director was permitted to issue an adjudication order under the Administrative Procedure Act to terminate a supported living certificate if the provider failed to bill the Department for 12 consecutive months.

Additionally, the act requires the Director to terminate a supported living certificate by sending a notice to the certificate holder by certified mail explaining why the certificate is terminated, instead of by issuing an adjudication order.

Health-related activities

Developmental disabilities personnel – medication administration and other health-related activities

(R.C. 5123.42)

The act makes several changes to the law governing the administration of medications and the performance of health-related activities by developmental disabilities personnel who provide specialized services to individuals with disabilities.

The act specifically authorizes developmental disabilities personnel to administer prescribed epinephrine intranasally to treat anaphylaxis. Personnel may do so without either nursing delegation or a medication administration certificate issued by the Department. The act maintains continuing law authorizing personnel to administer epinephrine by autoinjector, also without nursing delegation or a certificate.

It also requires developmental disabilities personnel to successfully complete training courses as well as training specific to the individuals to whom the medication will be administered as a condition of administering topical over-the-counter medications as permitted under continuing law.

The act further permits developmental disabilities personnel, with nursing delegation, to administer to recipients of early intervention, preschool, and school-age services prescribed medications for the treatment of metabolic glycemic disorders through subcutaneous injections.

The act replaces statutory references to **vagal nerve stimulators** with references to **vagus nerve stimulators**.

Family member authority to administer medications and perform health-related activities

(R.C. 5123.41 and 5121.423 (primary))

The act specifically authorizes a family member of an individual with a developmental disability to administer medications to, and perform health-related tasks for, the individual. In exercising this authority, the family member is not required to hold a medication administration certificate issued by the Department and may administer the medications without nursing delegation. Note that continuing law defines family law member to mean a parent, sibling, spouse, son, daughter, grandparent, aunt, uncle, cousin, or guardian of an individual with a developmental disability, if the individual lives with the family member and depends on the family member's supports.

In-home care workers and health care tasks

(R.C. 5123.41 and 5123.47 (primary))

The act revises the law governing the authority of a family member of an individual with a developmental disability to permit an unlicensed in-home worker to perform health care tasks for the individual. First, it establishes an additional condition on a family member's authority: that the family member is not acting as a paid provider for the individual. It also eliminates the condition that the worker provide care through employment or another arrangement with the family member and is not otherwise employed to provide services to individuals with developmental disabilities.

The act requires an unlicensed in-home worker to accept the written document in which the family member authorizes the worker to perform health-related tasks before the worker may perform those tasks.

The act further requires a county board of developmental disabilities to authorize appropriately licensed or certified providers to perform health care tasks for an individual with developmental disabilities, rather than an in-home worker, when the county board determines that the individual's family member, when authorizing the in-home worker's care, acted in a manner inappropriate for the individual's health and safety.

The act also revises statutory definitions pertaining to these provisions. First, it specifies than an **unlicensed in-home care worker** is self-employed and does not employ, either directly or through contract, another person to provide in-home care. In the **health care task** definition, it removes its former reference to a task delegated by a health care professional and eliminates references to the specific tasks, other than medication administration, that are included in the definition.

Service and support administrator training requirements

(R.C. 5126.222)

The act requires a superintendent of a county board of developmental disabilities to ensure that a conditional status service and support administrator, a service and support administrator, or a service and support administration supervisor employed by or under contract with the county board complete a web-based training program established by the Department not later than 30 days after being hired. The training program must include the following topics:

- Empowering individuals serviced through the development of person-centered individual service plans;
- Coordinating services;
- Enhancing team effectiveness;
- Understanding Medicaid;
- An overview of intermediate care facilities for individuals with intellectual disabilities (ICFs/IID);

- An overview of Medicaid home and community-based services waivers administered by the Department and county boards, including self-directed services, budget authority, and employer authority;
- Targeted case management; and
- Employment navigation.

Additionally, a superintendent must ensure than an applicant seeking to renew a service and support administrator certification or service and support administration supervisor certification has successfully completed the training described above before the certification is renewed.

ICF/IID professional workforce development payment

(R.C. 5124.15; Section 261.140)

The act decreases the professional workforce development payment to be included in the Medicaid day payment rate that is provided to each ICF/IID. For FY 2026, it decreases the professional workforce development payment component of the ICF/IID per Medicaid day payment rate to 10.405% (from 13.55% in FY 2024 and 20.81% in FY 2025) of the ICF/IID's desk-reviewed, actual, allowable, per Medicaid day direct care costs from the applicable cost report year.

County share of nonfederal Medicaid expenditures

(Section 261.100)

The act requires the Director to establish a methodology to estimate in FY 2026 and FY 2027 the quarterly amount each county board of developmental disabilities is to pay of the nonfederal share of the Medicaid home and community-based waiver services expenditures for which the board is responsible under continuing law.

Withholding of funds owed to the Department

(Section 261.110)

If a county board fails to fully pay any amount owed to the Department by a due date established by the Department, the act permits the Director to withhold the amount that the county board failed to pay from any amounts due to the county board from the Department.

Innovative pilot projects

(Section 261.120)

For FY 2026 and FY 2027, the act permits the Director to authorize innovative pilot projects that are likely to assist in promoting the objectives of state law governing the Department and county boards. A pilot project may be implemented in a manner inconsistent with the laws or rules governing the Department and county boards; however, the Director cannot authorize a pilot project to be implemented in a manner that would cause Ohio to be out of compliance with any requirements for a program funded in whole or in part with federal funds. Before authorizing a pilot project, the Director must consult with entities interested in the issue

of developmental disabilities, including the Ohio Provider Resource Association, the Ohio Association of County Boards of Developmental Disabilities, the Ohio Health Care Association/Ohio Centers for Intellectual Disabilities, the Values and Faith Alliance, and ARC of Ohio.

Medicaid rates for homemaker/personal care services

(Section 261.130)

The act requires that the total Medicaid payment rate for each 15 minutes of routine homemaker/personal care services provided to a qualifying enrollee of the Individual Options Medicaid waiver program be 52¢ higher than the rate for services provided to an enrollee who is not a qualifying enrollee. The higher rate is to be paid only for the first 12 months, consecutive or otherwise, that the services are provided beginning July 1, 2025, and ending July 1, 2027. An Individual Options enrollee is a qualified enrollee if all of the following apply:

- The enrollee resided in a developmental center, converted ICF/IID,[51] or public hospital immediately before enrolling in the Individual Options waiver.
- The enrollee did not receive before July 1, 2011, routine homemaker/personal care services from the Medicaid provider that is to receive the higher Medicaid rate.
- The Director has determined that the enrollee's special circumstances (including diagnosis, services needed, or length of stay) warrant paying the higher Medicaid rate.

Community developmental disabilities trust fund

(R.C. 5123.352, repealed)

The act abolishes the community developmental disabilities trust fund. Under former law, moneys in the fund were used to assist persons with developmental disabilities to remain in the community and avoid institutionalization.[52]

[51] A converted ICF/IID is an ICF/IID, or former ICF/IID, that converted some or all of its beds to providing services under the Individual Options waiver.

[52] See R.C. 5123.0418, not in the act.