Warren County Board of Developmental Disabilities

From the Desk of:
Superintendent
Megan K. Manuel

"News From Last Night" is published and distributed to each staff member following each Board Meeting.

Warren County Board of Developmental Disabilities
Regular Board Meeting
August 24, 2026

The Warren County Board of Developmental Disabilities met for its regular monthly meeting at 6:00 p.m. at the Administrative Offices, 42 Kings Way, Lebanon, Ohio 45036.

Consent Agenda

- Approval of the 6/22/2026 Regular Board Meeting Minutes
- Financial Report
- Resolutions

26-08-01	The Warren County Board Of Developmental Disabilities Authorizes The Superintendent To Purchase A Vehicle And Snow Removal Equipment for Board Facilities.
26-08-02	The Warren County Board Of Developmental Disabilities Authorizes The Superintendent To Purchase Technology Equipment.
26-08-03	Approval of 2027 Appropriation Budget.
26-08-04	Appropriation Adjustment.
26-08-05	Approval Of Agency Policy Revisions.
26-08-06	The Warren County Board Of Developmental Disabilities Authorizes The Superintendent To Sign The Short-Term Admission Agreements With Developmental Centers.

Additional Resolutions

26-08-07	Change of Organizational Structure.

Meeting adjourned at 6:50 p.m.

The next regular monthly meeting will be held September 28, 2026, at 6:00 p.m. at the Administrative Offices, Lebanon, Ohio.

Service and Support Administration, 3.03

A. Purpose

This policy defines the responsibilities of the Warren County Board of Developmental Disabilities (WCBDD) for service and support administration/service coordination and establishes a process for individuals who receive service and support administration/service coordination to have an identified service coordinator who is the primary point of coordination.

B. Definitions

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 the 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. "DODD” means the Ohio department of developmental disabilities.
6. "Home and community-based services waiver" means a medicaid waiver administered by DODD in accordance with section 5166.21 of the Revised Code.
7. “Homemaker/personal care” has the same meaning as in rule 5123-9-30 of the Administrative Code.
8. "Individual" means a person with a developmental disability.
9. "Individual service plan (ISP)" means the written description of services, supports, and activities to be provided to an individual.
10. “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.
11. "Intermediate care facility for individuals with intellectual disabilities" has the same meaning as in section 5124.01 of the Revised Code.
12. "Natural supports" means the personal associations and relationships typically developed in the community that enhance the quality of life for individuals. 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 the development of the ISP.
13. ""Participant-directed homemaker/personal care” has the same meaning as in rule 5123-9-32 of the Administrative Code.
14. "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.
15. “Person-centered planning templates” means the DODD required formats (i.e. the assessment template and the ISP template) that WCBDD will use to conduct assessments and develop ISPs for individuals enrolled in home and community-based services waivers.
16. "Primary point of coordination" means the identified service and support administrator/service coordinator who is responsible to an individual for the effective development, implementation, and coordination of the ISP.
17. "Service and support administration/service coordination" means the duties performed by a service and support administrator/service coordinator pursuant to section 5126.15 of the Revised Code.
18. "Service and support administrator/service coordinator" means a person, regardless of title, employed by or under contract with WCBDD to perform the functions of service and support administration/service coordination and who holds the appropriate certification in accordance with rule 5123:2-5-02 of the Administrative Code.

19. “Targeted case management” has the same meaning as in rule 5160-48-01 of the Administrative Code.
20. "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 ISP. The team includes the service and support administrator/service coordinator and as applicable, 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 for 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 rule 5123-4-02 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 rule 5123-4-02 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 rule 5123-4-02 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 coordination

1. WCBDD shall provide service coordination to:
    a. An individual, regardless of age or eligibility for WCBDD 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 WCBDD services and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of rule 5123-4-02, service coordination.
    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 rule 5123-4-02, assistance to move from the facility to a community setting.
2. WCBDD shall provide service coordination in accordance with the requirements of section 5126.15 of the Revised Code.
3. An individual who is eligible for service coordination in accordance with paragraph (D)(1) of rule 5123-4-02 and requests, or a person on the individual's behalf requests pursuant to paragraph (C) of rule 5123-4-02, service coordination shall receive service coordination and shall not be placed on a waiting list for service coordination. A service coordinator will arrange an initial meeting with an eligible individual within thirty calendar days of the request for service coordination. The service coordinator will document extenuating circumstances related to the individual that delay scheduling of the initial meeting.

E. Determination of eligibility for WCBDD services

1. A service coordinator shall determine an individual's eligibility for WCBDD services in accordance with rule 5123-4-01 of the Administrative Code.
2. WCBDD may assign responsibility of eligibility determination to the service coordinator who does not perform other service coordination functions. In such a case, results of the eligibility determination will be shared with the service coordinator who is the primary point of coordination for the individual to ensure coordination of services and supports.
3. WCBDD will share results of the eligibility determination in a timely manner with the individual and the individual's guardian, and/or adult who the individual has identified, as applicable.

F. Primary point of coordination

1. WCBDD shall identify a service coordinator who will be the primary point of coordination for each individual receiving service coordination.
2. WCBDD shall give an individual the opportunity to request a different service coordinator.

G. Assessment of an individual

1. With the active participation of an individual and members of the team, the service coordinator 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 coordinator 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 rule 5123-4-02 of the Administrative Code 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 coordinator agree that extenuating circumstances necessitate virtual participation. The service coordinator will document the extenuating circumstances.
3. With active participation of an individual and members of the team, the service coordinator 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 the administration of DODD's required assessments as well as

through conversations or meetings conducted in person or by telephone, electronic mail, or other modes of technology.

4. WCBDD will use DODD'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 ISP

1. Using person-centered planning, the service coordinator, will develop, review, and revise the ISP and ensure the ISP:
    a. Reflects the 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 individuals to be advanced or achieved within the next twelve months.
    e. Reflects services and supports that are consistent with the efficiency, economy, and quality of care.
2. The service coordinator will ensure an ISP is updated throughout the year as needed to meet the individual's needs in accordance with paragraph (K)(4) of rule 5123-4-02 of the Administrative Code.
3. WCBDD will use DODD's person-centered planning template to develop the ISP for each individual enrolled in a home and community-based services waiver.

I. Budget for services

1. The service coordinator 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 coordinator 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 ISP.

J. Selection and support or provider services

1. The service coordinator 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 coordinator 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 the implementation, each ISP:
        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 ISP and has a clear understanding of the expectations and desired outcomes of the supports being provided.
3. The service coordinator will establish and maintain contact with natural supports as frequently as necessary to ensure that natural supports are available and meet desired outcomes as indicated in the ISP.

K. ISP coordination

1. The service coordinator will facilitate effective communication and coordination among the individual and members of the team.
2. The service coordinator will ensure an individual and each member of the team has a copy of the current ISP 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 ISP at least fifteen calendar days in advance of the 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 ISP are indicated shall notify the service coordinator.
    b. A member of the team may disagree with any provision in the ISP at any time. All dissenting opinions will be specifically noted in writing and attached to the ISP.
3. The service coordinator will provide ongoing ISP coordination to ensure services and supports are delivered in accordance with the ISP and to the benefit and satisfaction of the individual and the individual's guardian, as applicable. Ongoing ISP 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 ISP as the fundamental tool to ensure the health and welfare of the individual.
4. The service coordinator will review and revise the ISP 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 ISP 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 rule 5123-4-02 of the Administrative Code.
    e. Identified trends and patterns of unusual incidents or major unusual incidents.
    f. When service are reduced, denied, or terminated by DODD or the Ohio department of medicaid.

5. The service coordinator is responsible for all service and support administration/service coordination functions and communications of any decisions to the individual or the individual's guardian, as applicable.
6. The service coordinator 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 coordinator 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 the rules adopted by DODD:
        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 case facility for individuals with intellectual disabilities; and
        ii. Services and supports funded by a home and community-based services waiver.
2. The service coordinator 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 ISP 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 coordinator will make a recommendation to DODD, in accordance with rule 5123-8-01 of the Administrative Code, as whether the individual meets the criteria for a developmental disabilities level of care.
4. When an ISP includes medicaid-funded services, the service coordinator will explain to the individual or the individual's guardian, as applicable, that the services are subject to approval by DODD and the Ohio department of medicaid. If DODD 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 ISP, the service coordinator shall communicate with the individual or the individual's guardian about this action.
5. The ISP 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. WCBDD will use DODD's person-centered planning templates to conduct the assessment and develop the ISP for each individual enrolled in a home and community-based services waiver. The person-centered planning templates will be completed in compliance with the applicable federal and state requirements. Upon request by DODD, WCBDD 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 coordinator 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 ISP 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 ISP process results in an approved service that the individual or the 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 coordinator 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 ISPs

1. The service coordinator will monitor implementation of ISPs.
    a. Monitoring will be tailored to the individual and based on the information provided by the individual and the team.
    b. The scope, type, and frequency of monitoring will be specified in the ISP. 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 received 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 coordinator 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 coordinator 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 coordinator 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 coordinator will document denial and, if health or welfare concerns persist, refer the matter to the appropriate protective authorities.
    d. The service coordinator 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 withing 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 coordinator shall share the 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, WCBDD shall conduct a provider compliance review in accordance with rule 5123-2-01 of the Administrative Code.
5. Nothing in this policy or rule 5123-4-02 of the Administrative Code shall be construed to limit WCBDD'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. WCBDD shall, in coordination with the provision of service coordination, 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 ISP 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 coordinator 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 coordinator who is the primary point of coordination for the individual to ensure adequate follow-up.
    d. Notify a WCBDD investigative agent as determined necessary by the nature of the emergency.
    e. Document the emergency in accordance with WCBDD procedures.

P. Records

1. Paper or electronic records will be maintained for individuals receiving Service Coordination 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 WCBDD.
    d. Evidence of eligibility for WCBDD services.
    e. Assessment information relevant for services and the ISP process for supports and services.
    f. Current ISP.
    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 coordinator.
    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 (O) of Rule 5123-4-02, 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 WCBDD uses electronic record keeping and electronic signatures, WCBDD shall establish policies and procedures for verifying and maintaining such records.

Q. Due Process

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

R. DODD monitoring and technical assistance

DODD will monitor compliance with Rule 5123-4-02 of the Administrative Code by county boards. Technical assistance, as determined necessary by DODD, 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.

Family Support, 3.04

A. The Warren County Board of Developmental Disabilities (WCBDD) has established the Family Support program in accordance with O.A.C. 5123-4- 01 and O.R.C. 5126.11. The family support program is a WCBDD locally funded service and is subject to availability based on the annual budget. When a county board directly awards funds allocated for the family support services program to individuals or family members of individuals, the county board will adopt a written policy governing provision of family support services. The policy will a) specify that individuals or family members of individuals may receive family support services funds; b) define family members who are eligible to receive family support services funds; c) describe goods and services that may be purchased with family support service funds; d) address whether or not the county board will use an income-based fee schedule to determine eligibility for family support service funds, and if an income-based fee schedule is used, whether or not applicants will be required to submit documentation to verify their income; e) set forth the process for individuals and family members to apply for family support services funds and for the county board to review/disapprove applications; and f) describe payment processes that meet requirements established by the county auditor.

B. The WCBDD will maintain a Family Support Procedure which will establish annual spending caps per enrolled family. These caps are the maximum funds that can be requested per family but are not a guarantee or entitlement that funds will be available or granted for all requests. The Family Support program shall make payments to an individual with a developmental disability, the family of an individual with a developmental disability or a vendor selected by the family. Individuals receiving Family Support services must live in and be supported in the family home. Payments shall be made for all or part of costs incurred or estimated to be incurred for services that would promote self-sufficiency, and further the unity of the family by enabling the family to meet the specialized adaptive needs of the individual. Payments may be made in the form of reimbursement for expenditures or in the form of vouchers to be used to purchase services. Enrolled individuals must meet the WCBDD eligibility guidelines as specified in the Agency Eligibility Policy.

C. Family eligibility. "Family," means parent(s), brother(s), sister(s), spouse(s), son(s), daughter(s), grandparent(s), aunt(s), uncle(s), cousin(s), or guardian(s) of the individual who has developmental disabilities. "Family" also means person(s) acting in a role similar to those specified in this paragraph even though no legal or blood relationship exists, if the individual who has developmental disabilities lives with the person(s) and is dependent on them to the extent that if the supports were withdrawn, another living arrangement would have to be found. The person(s) shall verify the relationship by signature. A family shall be eligible for reimbursement for Family Support services if the family includes a family member who resides at home and has been determined eligible for the WCBDD. In order to be eligible for payments, the individual must reside in Warren County.

D. County Boards of Developmental Disabilities have the option of using an income-based schedule to determine eligibility for Family Support funds per O.A.C 5123-4-01. WCBDD has determined that income-based schedule will not be used at this time. WCBDD will review this decision annually.

E. WCBDD Family Support program will provide the following services;
   1. Respite Services and Camp Services
   2. Adaptive Equipment and minor well-defined Home Modifications
   3. Therapy Services
   4. Disposable Items and Supplemental Nutritional items to support caloric intake

F. Request Process
   1. The WCBDD Family Support program will be administered by the Southwestern Ohio Council of Governments (SWOCOG) through a contractual agreement with WCBDD. WCBDD will appoint a WCBDD staff as liaison with the SWOCOG for program administration. The WCBDD liaison will receive all new referrals for enrollment in Family Support Services and will send an Enrollment packet to the family requesting services, verifying the individual is eligible for Family Support Services. He/she will provide the family with information on how to make requests for services. He/she will complete the enrollment process after receiving the completed packet from the family by entering their enrollment into the Brittco database. Once enrolled, requests for Family Support Services will be submitted through the

FamilySupport@warrencountydd.org email address, and that email address will be received and responded to by SWOCOG Family Support Fiscal staff. The request for services shall be initiated by a family.

2. If the family is requesting respite services, the family may select a certified homemaker personal care provider from the Ohio Department of Developmental Disabilities (DODD) database, or the family may recommend a family chosen respite provider. The SWOCOG will provide to the family a Family Chosen Provider Packet and will forward the provider info to the WCBDD Family support liaison to assist in completing a background check for the family chosen provider.
3. For all service requests , the family shall obtain the estimated cost and prior approval of the expenditure from SWOCOG and/or WCBDD Family Support Liaison before agreeing to services, receiving the services, or signing an agreement with a provider.
4. The SWOCOG shall provide a response to an eligible family's request for reimbursement. The request shall be reviewed based only on the following criteria:
    a. The family is eligible;
    b. Funds are available according to the Family Support Procedure and administrative procedures; and
    c. The requested service is directly related to improving the living environment or facilitating the care of the individual who has a developmental disability.
5. The SWOCOG will process vouchers and payments. Reimbursement/payment for services shall be made using one of the following procedures:
    a. Upon approval of the request for Family Support, the SWOCOG shall give the family a voucher in the amount of the approved service provider payment. The provider shall redeem the voucher through the SWOCOG . The SWOCOG shall redeem the voucher within forty-five days after the provider submits it; or
    b. Upon approval of the request for Family Support, the SWOCOG shall give the family a written statement of the amount of approved reimbursement. The family shall present a receipt for approved incurred cost to the SWOCOG. The SWOCOG shall reimburse the family within forty-five days after the family submits the receipt.

G. Respite providers
    a. Family Chosen respite providers: When using a Family Chosen provider, the family shall sign an assurance assuming responsibility that the health and safety needs of the individual will be met and that no liability shall be incurred by WCBDD.
    b. The WCBDD shall perform a criminal background check on all family selected, respite providers.
    c. The maximum rate for family chosen providers will be set annually in the Family Support Procedure. Families can negotiate the rate for family chosen providers for less than the maximum rate to stretch the annual cap further, if both parties agree to the arrangement. The family will inform SWOCOG of that rate when requesting vouchers for that provider.
    d. Major Unusual Incidents shall be reported in compliance with DODD rules.
    e. Certified respite providers will be selected from DODD certified waiver providers. These providers will meet DODD Provider Certification rules.
    f. Certified provider rates will be set annually in the Family Support Procedure.
    g. Certified provider can be identified by families, or a search can be done on behalf of families based upon information provided by the family concerning their respite needs.

H. Procedures - The WCBDD shall have written procedures for Family Support services.

Workers' Compensation, 4.C.09

Ohio State law provides that every Warren County Board of Developmental Disabilities (WCBDD) employee and authorized volunteer of WCBDD is eligible for workers' compensation for an injury arising out of, or in the course of his/her employment. Guidelines for administering workers' compensation are set forth below.

A. Should an employee be injured during the course of employment with the WCBDD, he/she shall notify the supervisor and a member of the Human Resources Division immediately. A member of the Human Resources Division will promptly notify the Office of Management and Budget-Risk Management Division (OMB-Risk Management Division) at Warren County. In addition, an Accident/Injury/Incident Report must be completed by the employee and their supervisor at the earliest possible time. This report shall be completed, regardless of the apparent seriousness of the injury, and regardless of whether medical attention is required. Such report shall be forwarded to the Human Resources Division no later than twenty-four hours after the accident. An employee injured in a work-related accident may be required by the Division Director to see a physician. (See Section C below regarding immediate reporting of serious accidents.)

B. Remote working: Per Ohio Revised Code 4123.01(C)(4), an "injury" does not include an injury or disability sustained by an employee who is performing their job duties in a work area inside their home that is separate and distinct from the location of the employer, unless all of the following apply:
   a. The employee's injury or disability arises out of the employee's employment.
   b. The employee's injury or disability was caused by a special hazard of the employee's employment activity.
   c. The employee's injury or disability is sustained in the course of an activity undertaken by the employee for the exclusive benefit of the WCBDD.

C. Should the Director require it, or should an employee's injury require medical attention, the employee shall obtain or the supervisor shall provide the injured employee with a Workers' Compensation Injury Reporting packet, which shall be completed by the attending physician. The packet includes a list of area providers and facilities available to treat the injury; however, the employee may obtain initial treatment from a provider of their choice. To enable the provider to properly bill the County for treatment, the employee shall provide the claim filing information that is included in the injury packet. These packets are available from the Division Director or the Human Resources office. This completed report should be forwarded to the Human Resources Division at the earliest possible date.

D. In the event of serious injury, the injured employee's supervisor shall notify the Human Resources Division immediately so that, if necessary, an investigation may be initiated.

E. Workers' Compensation forms shall be forwarded by the Human Resources Division to OMB-Risk Management Division for the purpose of initiating compensation claims for the injured employee.

F. The Human Resources Division must be advised and continually updated if an employee continues to be absent due to a work-related injury. Employees are responsible for providing their expected date of return to work (if known) to the Human Resources Division.

G. Any documents received from the injured employee, his/her physician, hospital, or the State, regarding a workers' compensation claim must be immediately forwarded to the Human Resources Division.

H. Employees who are injured in the line of duty and must leave work before completing their workday period shall be paid at their regular compensatory rate, for the balance of time left in their scheduled workday.

I. An injured employee may elect to use accrued sick leave and/or vacation leave prior to receiving payments from workers' compensation. Employees are prohibited from receiving payment for sick leave while simultaneously receiving payment from workers' compensation. However, employees may use vacation leave during sickness or disability, and therefore, may receive both workers' compensation and vacation pay simultaneously.

J. Lost Time Due To Work-Related injury

a. For employees whose injuries require them to be absent from work, the employee may request accumulated sick leave, vacation leave or personal time pay while awaiting temporary total disability (TTD) payment for lost time due to an on-the-job injury by completing a Workers' Compensation Reimbursement Agreement. By signing this agreement, the employee agrees that Warren County will be reimbursed the amount of TTD payable for the period of time used. Any employee who does not complete and sign the agreement will not be advanced sick, vacation leave or personal time.

b. Employees who use sick, vacation or personal for an allowed on-the-job injury, while awaiting the payment of TTD benefits will, upon payment of lost time benefits (TTD), be credited hours back to employee's sick, vacation, or comp time accrual at an amount equal to the TTD benefit, provided the employee has signed the "Workers' Compensation Reimbursement Agreement".

c. An employee who uses sick time cannot concurrently receive temporary total benefits (TTD); however, if an employee's average weekly salary calculated one year prior to the injury date is higher than the state assigned maximum TTD benefit, sick time hours may be used to buy up beyond the state assigned maximum to the average weekly salary prior to the injury.

d. An employee who will be absent for a work-related injury/illness, shall immediately contact their supervisor or the Human Resources Division for all necessary information and forms.

e. The Human Resources Division will maintain constant contact with the OMB-Risk Management Division and shall immediately notify them concerning employees who are absent due to a workers' compensation injury/illness, if the employee continues to be off work due to an injury and the estimated date of return to work, and the date the employee actually returns to work.

f. Supervisors who receive any documents from the employee, his/her doctor, his/her hospital, or the State of Ohio concerning workers' compensation claims, shall send them immediately to the Human Resources Department.

K. Health Insurance While On Lost Time Benefits

a. In the event an employee falls into a no-pay status due to a work-related injury and where temporary total compensation is being received under the workers' compensation program while employed with WCBDD, health insurance coverage shall remain in effect during the period compensated. In order to maintain coverage, the employee will be responsible to pay the employee portion of the cost of insurance. While receiving temporary total compensation, should employment with WCBDD end or disability separation occur, coverage shall end the last day of the month that the employment ends.