



Ashtabula County Board of Developmental Disabilities

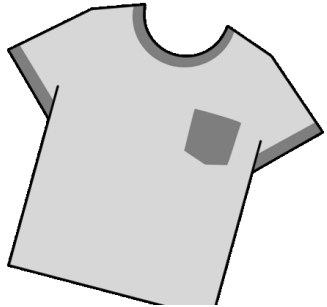
Because of you....

Anything is Possible



Direct Support Professionals Recognition Month!

September 13th-19th



Must be present for a chance to win
\$100 Gift Card!

Appreciation Gift and Prizes for
ALL DSP's!

Because of you...

Anything is Possible!



DSP of the Month

September

Debra Reed



Congrats

Debra started with Accessible Home Services as a new manager and has truly grown into her role. She now helps oversee and support several individuals while consistently demonstrating compassion, dedication, and reliability.

Debra spends at least 45 hours each week working directly in the homes alongside the individuals she supports. She goes above and beyond to ensure their needs are met, their voices are heard, and they are happy and receiving quality care.

She is always willing to step in where she is needed, support her team, and do whatever she can to make a positive difference. Debra has become a dependable leader and, most importantly, someone our individuals know they can count on.

Her growth, commitment, and genuine dedication to the individuals she serves make her very deserving of recognition as DSP of the Month.



DSP of the Month

September

Steven Szalai



I would like to nominate Steven because he is an awesome transportation driver and always makes my rides home more enjoyable! Steven drives me on Mondays, Thursdays, and Fridays, and I always know I'm going to have a good ride and probably a few laughs. 😄

Sometimes we talk about his dog, because I always have to ask how the dog is doing! 🐕 Other times, we talk about all kinds of random things. You never know what our conversation is going to be about when I get in the car!

Steven is funny, friendly, and always asks how I'm doing and how my day is going. He makes the ride home feel less like just a ride and more like catching up with a friend.

I really appreciate Steven and all the laughs, conversations, and kindness he brings. He definitely deserves to be recognized!



DSP of the Month

September

Leann started with me when my life wasn't so great. I was very behavioral and had a dark time in life. She stood by me and never judge me for what I was doing to myself and others. Leann will sit up with me and just listen to me talk about what I thought and why I was doing what I was, she always offered kind and loving words and helped me through what I was thinking. Leann has always been sincere and loving to me through the years.

Leann has a sick son and had to take time off and when she could come back she did. Her dedication to her family and job is wonderful and I so happy to have her in my life. She makes me feel safe and loved.

LeAnne Koski





County Board Updates

 Ashtabula County Board
of Developmental Disabilities
WELCOME!



Darwin Becker
Developmental Specialist

 Ashtabula County Board
of Developmental Disabilities
WELCOME!



Nicole Conrad
Fiscal Coordinator

 Ashtabula County Board
of Developmental Disabilities
WELCOME!



Jasmine Ice
Service Coordinator



 **Linda Reigelman, Director**
Service and Support Administration



Direct Line: 440-335-1556
Cell: 440-983-8313
On-call: 440-812-0553
Fax: 440-466-7047
Email: linda.reigelman@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Lisa Fuller-Grippi, SSA Manager**
Service and Support Administration



Direct Line: 440-335-1552
Cell: 440-969-0846
On-call: 440-812-0553
Fax: 440-466-7047
Email: lisa.fuller@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org



 **Stephanie Chizmadia,**
SSA Manager/Medicaid Manager
Service and Support Administration



Direct Line: 440-335-1560
Cell: 440-969-0855
On-call: 440-812-0553
Fax: 440-466-7047
Email: stephanie.chizmadia@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Jamie Woodin, SSA Manager**
Service and Support Administration



Direct Line: 440-335-1539
Cell: 440-841-1259
On-call: 440-812-0553
Fax: 440-466-7047
Email: jamie.woodin@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

SSA Department



5123-6-02- Self Administration or assistance with self administration of prescribed medication

Primary changes- No substantive change

- Reorganized and clarified the Self-Admin process
- Separated ongoing assessment requirements
- Clarified that routine verification of medication accuracy

SSA Department



Actions Needed

- Review the department-approved self-administration assessment process and ensure staff understand the annual review / change-based reassessment / three-year reassessment cycle.
- Review with SSAs and provider staff on when a new assessment is required.
- Reinforce the limits of what unlicensed/un-certified DSPs may do when assisting with self-administration.
- Providers - Review current individuals receiving medication assistance to ensure their assessment and ISP documentation are current.
- Confirm that staff understand they should not routinely verify medication accuracy unless the ISP specifically authorizes that support.

SSA Department



5123-6-03- Authorization of developmental disabilities personnel to preform health related activities

Primary Changes

- If med error occurs the action that led to that error has to be stopped immediately
- Must write a UIR that includes a plan of prevention

SSA Department



Actions Needed

- Review changes
- Provider Support /Providers - Adult day providers should determine whether settings fall into the 16-or-fewer or 17-or-more category based on the number authorized to receive services and review applicable nursing delegation requirements.
- County Board Staff / Providers - Update emergency medication policies and training to include intranasal epinephrine.
- Review policies/training for subcutaneous administration of metabolic glycemic disorder medications, particularly in early intervention, preschool, and school-age services.
- Providers - Establish or update procedures for responding to medication/treatment errors, including cause analysis and a written plan of improvement.
- Licensed Nurses - Ensure licensed nurses providing individual-specific training communicate and coordinate with the delegating nurse when delegation is required.

SSA Department



5123-6-05- Qualifications and training of developmental disabilities personnel to activate a vagus nerve stimulator, administer prescribed epinephrine; and administer cert topical over the counter medication.

Primary Changes

- Inclusion of “Neffy”, the intranasal (inhaled) epinephrine. to what is permitted with stand-alone or first aid only training.

SSA Department



Actions Needed

- Update policies, procedures, and training materials to include intranasal epinephrine.
- Obtain and use the updated department-approved curriculum and skills checklists.
- Train affected staff before they administer epinephrine nasal spray.
- Establish annual competency demonstrations for vagus nerve stimulation, epinephrine administration, and topical OTC medication.
- Update individual-specific training records to identify the prescribed epinephrine delivery method, known allergens, symptoms, and emergency instructions.
- Review incident-reporting and medical follow-up procedures for both autoinjector and nasal-spray use.
- Verify whether outside first aid or emergency-response certifications include the specific prescribed epinephrine method.

SSA Department



5123-6-06- Qualifications, training, and certification of developmental disabilities who perform health-related activities and prescribed medications.

Primary Changes

- How classes will be held by the RN trainer and what must be taught.
Ensuring this incorporates the changes to other rules in the this rule language.

SSA Department



Actions Needed

- Update nurse trainer policies to retain required training documentation for seven years.
- Revise training curricula and materials to include intranasal epinephrine administration.
- Update certification and competency checklists to include transcription during return demonstrations.
- Review insulin training materials to ensure they reflect all approved administration methods (subcutaneous injection, inhalation, and insulin pump).
- Update internal policies, forms, and guidance documents to reflect the revised terminology throughout the rule.

SSA Department



5123-6-07- General provisions and compliance for performance of health Related activities and administration of prescribed medication

Primary Changes

- Added Provider responsibilities following QARN reviews
- Clarified QARN reviews must occur in person (virtual reserved only when in person could adversely affect the individuals health and safety.
- Strengthened Expectations by clarifying provider responsibilities for documentation, corrective action and implementation timelines.

SSA Department



Actions Needed

- Update internal quality assurance policies to reflect the revised review process.
- Ensure providers understand the new requirements to participate in reviews and submit plans of improvement within required timeframes.
- Revise quality assessment procedures to prioritize in-person observations except when health or safety requires a virtual review.
- Update investigation and audit procedures to reflect DODD's expanded authority to review compliance across Chapter 5123-6.
- Remove references to temporary COVID-19 suspension authority from internal guidance and procedures.
- Review documentation and corrective action processes to ensure compliance with the revised rule.

2026 Updates to 5123-6

Mostly language clean up and clarification, aligning language with other parts of law and rule.

5123-6-01

- Included the definition of Family Member
- Not a change to the definition, just including it here

5123-6-02

- No substantive changes
- SSA is responsible to ensure completion of SAA. SAA to be completed following instructions on forms

5123-6-03

- If med error occurs, the action that led to that error has to be stopped immediately
- Must write a UIR that includes plan of prevention

5123-6-04

- Allows DoDD to conduct audit of RN Trainer's classes

5123-6-05

- Inclusion of "Neffy", the intranasal (inhaled) epinephrine to what is permitted with stand-alone or first aid only training.

5123-6-06

- Cleaned up language to align with the changes in other rules.
- This talks about how the RN Trainer will hold a class and what has to be taught, so it incorporates the changes to the other rules in the language here

5123-6-07

- Clarified expectations for providers to participate in QA reviews
- Clarified timelines for the due date for the plan of improvement implementation
- Clarified that QA reviews should usually be done in person

For Rules Effective 8/13/2026



SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

Adds significant requirements related to:

- Cameras in an individual's home
- Privacy and informed consent
- Human Rights Committee (HRC) review
- ISP documentation
- Storage and retention of recordings

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

Camera includes:

- Equipment/technology that captures, stores, monitors, or records a person's image
- Devices that allow providers/caregivers to regularly observe activities in the home

Not considered a camera:

- Fall sensors or seizure mats
- Thermal detection, motion capture, computer vision, or avatars that create non-identifiable representations
- Exterior video doorbells/security cameras
- Personal electronic devices
- Portable devices used for video calls with Remote Support

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

Cameras are NEVER permitted in bathrooms

Bedroom cameras may be considered when:

- The individual requests one — including an individual under guardianship; OR
- There is concern about abuse/neglect and less intrusive options have been tried and were ineffective

DSPs working in the home must:

- Be aware of cameras
- Receive necessary training

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

When a bedroom camera is proposed because of abuse/neglect concerns, consider first:

- Additional staff training
- Review of previous abuse/neglect reports
- Increased provider oversight
- Teaching the individual how to identify/report concerns
- Supporting self-advocacy
- Document why these approaches were ineffective before moving forward with the camera

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

The draft adds a specific definition of **informed consent**:

- Must be documented in writing
- Information must be provided in a way the person/guardian understands
- Must explain:
 - Risks and benefits
 - Alternatives
 - Risks/benefits of alternatives
 - Right to refuse
- Consent may be withdrawn **at any time**



SSA Department



Technology First Rule update 5123-2-01
(Not yet filed)

HRC review is required when:

- Technology meets the definition of a **rights restriction**
- A **bedroom camera is proposed even when it does NOT meet the definition of a rights restriction**
- Individual/guardian notified at least **72 hours before HRC meeting**
- Individual/guardian has the right to participate
- approval may not exceed 365 days

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

When a camera is used, document:

- **Assessed need**
- Typical days/times or activities when activated
- Procedure for deactivating the camera when requested

Technology should continue to be:

- **Reviewed for effectiveness**
- **Modified when needed**
- **Reviewed after trial periods**
- **Connected to the individual's desired outcomes**

SSA Department



Technology First Rule update 5123-2-01 (Not yet filed)

Key Takeaways

- **Not all monitoring technology is a camera**
- Start with the person's **assessed need**
- Consider privacy and less-intrusive alternatives
- Bedroom cameras require significantly more documentation
- Informed consent is critical
- **Bedroom camera = HRC review**, even if not a rights restriction
- Clearly document camera use in the ISP
- Have procedures for access, deactivation, storage and recordings
- Continue using Technology First to promote **choice, independence and quality of life**

SSA Department



New MSS Transition and Access



Stephanie Chizmadia,
SSA Manager/Medicaid Manager
Service and Support Administration



Direct Line: 440-335-1560
Cell: 440-969-0855
On-call: 440-812-0553
Fax: 440-466-7047
Email: stephanie.chizmadia@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004

www.ashtabuladd.org



QCO Department

 **Lesley Michelson, QAPR Specialist**
Quality and Community Outreach



Office: 440-335-1538
Cell: 440-812-4912
After Hours & Emergency: 440-812-0553
Email: lesley.michelson@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Manda Jackson, Director**
Quality and Community Outreach



Office: 440-335-1586
Cell: 440-983-3218
After Hours & Emergency: 440-812-0553
Email: manda.jackson@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Angela Thomas, Community Outreach Specialist**
Quality and Community Outreach



Direct Line: 440-335-1563
Cell: 440-983-3216
After Hours & Emergency: 440-812-0553
Email: angela.thomas@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Andrea Klimko, Provider Support & Technology**
Quality and Community Outreach



Office: 440-335-1565
Cell: 440-983-3897
After Hours & Emergency: 440-812-0553
Email: andrea.klimko@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

 **Haylee Mott, Community Outreach Specialist**
Quality and Community Outreach



Office: 440-335-1588
Cell: 440-417-2127
After Hours & Emergency: 440-812-0553
Email: haylee.mott@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org



ADS Rule updates- 5123-9-17

- Definition of Integrated community setting- A place where people receive HCBS services in a way that helps make them a part in everyday community life.

“How did you bump elbows with people in your community”

- Small Group = 1 DSP to no more than 4 participants
- Evidence to support services in the community
- Definition of Service documentation
- DSP requirements (30 days after hire)
- Physical environment standards

QCO Department

- 
- (e) Maintain evidence of passing a fire safety inspection completed by the local or state fire marshal upon application to become a provider of adult day support and at least annually thereafter.
 - (f) Maintain working fire pull stations, fire extinguishers, smoke detectors, and carbon monoxide detectors on each level of the building. Smoke detectors and carbon monoxide detectors will be tested at least monthly. Fire extinguishers will be serviced at least annually. The provider will maintain records of testing and service.
 - (g) Maintain an emergency preparedness plan to be used in instances of weather-related (e.g., tornado), fire, and other emergencies. The plan will include a pre-determined tornado shelter area and evacuation site.
 - (h) Conduct at least three fire drills and one tornado drill in a twelve-month period. The provider will maintain documentation of the date and type of drills conducted.
 - (i) Ensure emergency exits are readily available and unobstructed.
 - (j) Ensure areas used for toileting afford individuals sufficient privacy.
 - (k) Ensure individuals who elect, on occasion, to disengage from activities or to be



QCO Department

This is the guidance that has been shared that ADS should be following. It is recommended to follow the below guidance right now while this rule language is updated. This guidance does not include installing Fire Pull Stations.

The rule now contains specific requirements regarding facilities where ADS is provided. This includes:

- Annual fire safety inspection by the local or state fire marshal.
- At least three fire drills and one tornado drill per year, with documentation.
- Monthly testing of smoke detectors and carbon monoxide detectors on each level.
- Annual service provided to fire extinguishers.
- Written emergency preparedness plan covering weather, fire, and other emergencies.
- Secure storage of medications, cleaning supplies, and hazardous materials
- Privacy for toileting areas.
- Unobstructed emergency exits.



QCO Department

Documenting Group Size in Adult Day Support and Vocational Habilitation

Attention: Provider Agencies, Direct Support Professionals, Independent Providers

Providers now must document group size for Adult Day Support (ADS) and Vocational Habilitation (VH). Since group size can change often during the day and be hard to track in a facility-based program, DODD is providing the following guidance:

- **What's required:** Document the total provider group size when ADS or VH services happen outside the facility and when billing the "small group in an integrated community setting" rate.
- **What's optional:** Documenting group size inside the facility is a good practice
- **Start now:** This requirement took effect in July 2026. If you haven't started documenting group size, begin now to stay compliant.
- **Also required:** Report all facility-based ADS and VH locations to DODD — including new locations, moved locations, and closed locations. Report these through the Provider Systems Management (PSM) platform.



QCO Department

- DODD will be providing Doc sheet templates (not required) that demonstrate expectation.
- Reminder: There are no required group sizes except when billing the Integrated Community Rate. No group can be larger than 16.
- Employees are not listed in group size, only people served.
- Memo follow-up clarifies group size required for all services outside of the main facility.



5123-2-08: Agency Provider Certification

Proposed Rule Changes

Director of Operations (DOO)

- Responsible for overall management and day-to-day operations.
- Must be directly and actively involved in agency operations.
- Active management may occur in person or remotely.
- For background-investigation purposes, the DOO is treated as the chief executive officer.

Being listed as the DOO is not simply a title—the person must be able to demonstrate active involvement in agency operations.



5123-2-08: Agency Provider Certification

Proposed Rule Changes

Director of Operations: Qualifications

A DOO may qualify through:

- At least **1 year of paid specialized-services experience**
- At least **4 years as a caregiver for a related individual**
- Certain nationally recognized/government-issued certifications or licenses combined with qualifying work, field, or internship experience

Additional education/experience requirements continue to apply.



5123-2-08: Agency Provider Certification

Proposed Rule Changes

Director of Operations: Changes in DOO

Providers should pay close attention to DOO changes.

- Changes must be updated through the **Provider Services Management System**.
- If a DOO leaves, the agency must report its plan for identifying a replacement.
- If no new DOO is identified within **90 days**, the plan must be updated **monthly**.
- A change in DOO/designee requires an application.
- Temporary executive authority may be delegated to another agency employee for **no more than 30 calendar days**.



5123-2-08: Agency Provider Certification

Proposed Rule Changes

Financial & Operational Abilities

Agency providers must demonstrate the capacity to:

Fulfill financial commitments and sustain operational continuity.

Providers must also:

- Maintain required liability insurance of at least **\$1 million**
- Maintain current contact information in required provider systems
- Notify DODD within **7 calendar days of a bankruptcy petition**
- Participate in requested service-delivery system data collection initiatives





5123-2-08: Agency Provider Certification

Proposed Rule Changes

Providers are expected to maintain an established internal compliance program addressing:

- Provider certification
- Background checks
- Service delivery
- Service documentation
- Billing/reimbursement
- Management of individuals' funds

Training plans also need to identify how competency will be established, such as:

- Written tests
- Skills demonstrations
- Documented supervisor observation

5123-2-08: Agency Provider Certification

Proposed Rule Changes

Written Notifications to the SSA

Providers must notify the individual's SSA **in writing** when:

- The individual consistently declines authorized services.
- The individual plans to move or has moved.
- There are changes in the residential environment.
- The status of an unpaid caregiver changes.

If the residential address does not match the ISP, written notification must also be made to the appropriate county board

5123-2-08: Agency Provider Certification

Proposed Rule Changes

If an agency realizes it may no longer be able to effectively provide services:

- The provider must **immediately engage the individual and SSA** to explore alternative strategies.
- Health and safety must remain the priority.
- If terminating services, the individual and SSA must receive **written notice at least 30 calendar days before termination.**
- Records/documents must be provided to the SSA as requested.

Provider takeaway:

Don't wait until the situation becomes a crisis to involve the SSA.

5123-2-08: Agency Provider Certification

Proposed Rule Changes

DSP Requirements

Agency providers must ensure DSPs:

- Are at least 18 years old.
- Can read, write, and understand English sufficiently to meet rule requirements.
- Maintain required First Aid and CPR certification unless specifically exempt.
- Complete required training.
- CPR/First Aid certification must include an in-person skills assessment with an approved trainer.

Supervisors must also complete training regarding their supervisory duties within **90 calendar days** of becoming a supervisor.

5123-2-08: Agency Provider Certification

Proposed Rule Changes

- Volunteers: Pay Attention to This Change
- Provisional Providers: Increased Oversight
- Renewal: Financial Readiness
- Renewal: 90 days before certification expiration
- Expired Certification (90 days less than or more than)

5123-2-08: Agency Provider Certification

Proposed Rule Changes

- **Review your DOO qualifications and responsibilities**
- **Have a DOO succession/coverage plan**
- **Review internal compliance policies**
- **Review training plans AND competency documentation**
- **Check volunteer policies/background requirements**
- **Make sure staff understand when the SSA must be notified**
- **Review financial reserves**
- **Keep PNM information current**
- **Track certification expiration dates**
- **Start renewal early — don't risk a lapse**



Share Your Story with the Ohio Tech Ambassadors

The Ohio Tech Ambassadors want to hear stories from people with developmental disabilities and those who support them. In a short, one-on-one virtual interview, participants will help the Ambassadors understand community needs and the challenges people face when using technology.

Interview topics will include:

- Technology you use in your daily life
- What works well and what feels frustrating
- What you wish technology could do better
- Why you don't use technology

You do not need to be a technology expert. Your lived experience matters and may help others learn about tools that support independence, communication, safety, connection, and more.

To schedule an interview, visit ohiotechambassadors.org/interview/ or email info@ohiotechambassadors.org.

QCO Department



Upcoming DODD training opportunities

- September 17, 10-11AM - Medication Administration and QARN reviews.
- September 22, 10AM-3:30PM Person centered planning for intermediate care facilities (Cuyahoga County, Parma Powers library)

QCO Department



Their Voice. Their Vote

Voting is more than casting a ballot. It is an opportunity to make choices, participate in the community, and have a voice in decisions that affect our lives.

People with developmental disabilities have the same fundamental right to participate in the voting process as well as other eligible Ohioans.

Providers play an important role in ensuring that individuals understand their voting rights, have access to appropriate resources and accommodations, and receive the support they need to participate without influencing how, or whether, the individual votes.



QCO Department



Ohio's 2026 Election Dates



- October 5, 2026: Voter registration deadline
- October 6, 2026: Absentee Voting by mail begins
- October 6, 2026: Early in-person voting begins
- October 27, 2006: Absentee ballot application deadline
- **Election Day Voting at the Polls: November 3, 2026**
 - (Polls open 6:30am – 7:30pm)

QCO Department





- Strategic Planning- Provider Surveys and participation
- Provider Support Grant



Manda Jackson, Director
Quality and Community Outreach



Office: 440-335-1586
Cell: 440-983-3218
After Hours & Emergency: 440-812-0553
Email: manda.jackson@ashtabuladd.org

2505 South Ridge Road East
Ashtabula, Ohio 44004 www.ashtabuladd.org

QCO Department



Community Inclusion Activities

Work of Heart

Monthly Art Program
Canvas size not to exceed 9x12

Ashtabula County Board of
Developmental Disabilities

JOIN US!

COMMUNITY CONNECTIONS QUARTERLY TALKS

ALL ADVOCATES ARE INVITED TO JOIN US!

FIRE PREVENTION & SAFETY
PRESENTATION



LEARN PRACTICAL SAFETY SKILLS & IMPORTANT FIRE
PREVENTION INFORMATION



HANDS-ON DEMONSTRATION
& SIMULATED FIRE
EXTINGUISHER EXPERIENCE



DATE:
TUESDAY, SEPTEMBER 22ND

TIME:
10:00 - 11:00 AM

LOCATION:
GENEVA PUBLIC LIBRARY

Ashtabula County Board of
Developmental Disabilities

Brant's Apple Orchard

Tuesday September 29th

4:30pm - 6:00pm

Must Pre-Register



Ashtabula County Board of Developmental Disabilities

COMMUNITY Open House

Wednesday, October 7th
10:00 AM - 7:00 PM

Location: 2505 South Ridge Rd East, Ashabula

Kona Ice from
11:30 AM - 5:30 PM

Enjoy Kona Ice, Brants donuts, cider & popcorn



Ashtabula County Board of
Developmental Disabilities

Presents:

Sensory Movie Night
Thursday, October 8th
5:00pm

Hosted by The Ashtabula Public Library



Ashtabula County Board of
Developmental Disabilities

Pumpkin Painting

Wednesday, October 21st

9:30am-1:00pm

2505 South Ridge Road East, Kingsville OH

And So Much More!



Ashtabula County



When: Meetings are held the 3rd Monday of each month from 6:00pm-8:00pm

Where: Ashtabula County Board of DD
(2505 South Ridge Road East Kingsville, OH 44004)

Ashtabula County



People First of Ohio

When: Meetings are held the 3rd Friday of each month from 5:00pm-6:30pm

Where: Vitality Supported Living
471 Madison Street Conneaut, OH
(Parking lot and door on Route 20)

Training Offered

MUI Refresher Training	As Requested
Initial Medication Certification Category 1	9/28/2026 + 9/29/2026
Initial Provider Training	11/11/2026
Annual Provider Training	10/14/2026
CPR/First Aid Blended Learning	12/1/2026
Initial Medication Administration Category 2 & 3	10/19/2026
Renewal Medication Certification Category 1, 2 & 3	10/20/2026
AEGIS Crisis Prevention & De-Escalation	9/15/2026
Provider Orientation	10/20/2026
Provider Open Office Hours	10/6/2026
BITS Training	10/13/2026 9am-12pm

All classes listed above are open for registration on the Ashtabula County Board of Developmental Disabilities website under the Provider support tab. <https://www.ashtabuladd.org/>



OPEN MIC



Thank You!

Next Provider Meeting

October 8, 2026

Virtual

Only

1:00PM-3:00PM



Provider Meeting Agenda
September 10, 2026
Virtual only
1:00 PM-3:00 PM

A. Welcome

B. DSP of the Month

- a. DSP Banquet Recap
- b. DSP Appreciation
- c. DSP of the month

C. County Board Updates

D. SSA Department

- a. Rule updates
Presenter: Linda Reigelman
- b. New MSS transition & access
Presenter: Stephanie Chizmadia

E. Quality & Community Outreach Department

- a. Claims reviews
- b. Provider Certification
- c. Upcoming Trainings
Presenter: Andrea Klimko
- d. Strategic Planning - Provider Surveys and Participation
Presenter: Manda Jackson
- e. Provider Support Grant
Presenter: Manda Jackson

F. Superintendent Updates

- a. State/Federal Updates
- b. Levy

G. Open Mic

2026 Updates to OAC Chapter 5123-6

Medication administration, certification, training, and quality assurance

What providers need to know and implement

Effective

**AUG
13**

2026

The update is mostly clarification—with four operational priorities

1

Stop the action

When a medication error occurs, immediately stop the action that caused it.

2

Document prevention

Complete a UIR that includes a plan of prevention.

3

Support oversight

RN-trainer classes may be audited; providers must participate in QA reviews.

4

Meet timelines

Implement plans of improvement by the clarified due dates.

Rules 5123-6-01 and 5123-6-02 reinforce definitions and accountability

6-01

Family member definition

The definition is now included in this rule. The one-pager states that the definition itself did not change.

6-02

SAA completion

No substantive changes. The SSA remains responsible for ensuring completion of the SAA, following the instructions on the applicable forms.

Provider takeaway

Use consistent family-member terminology and cooperate promptly when the SSA needs information to complete the SAA.

A medication error now requires an immediate stop and prevention planning

IMMEDIATE RESPONSE

**Stop the action that led
to the medication error.**

Do not allow the same action to
continue while the situation is being
assessed.

Then document the response

- Complete a UIR.
- Include a plan of prevention.
- Identify how recurrence will be reduced.
- Follow existing health, safety, and reporting protocols.

Key point: response and prevention are linked.

A strong plan of prevention is specific, assigned, and verifiable

1

What happened?

Describe the action or breakdown connected to the error.

2

What changes now?

Name the concrete safeguard, retraining, process change, or supervision step.

3

Who follows through?

Assign responsibility and a completion timeframe.

4

How will it be checked?

Document how the provider will confirm the change is working.

Use the agency’s approved UIR and prevention-planning process.

RN-trainer classes are subject to DODD audit

5123-6-04

DODD may audit classes conducted by an RN trainer.

Treat every class record as audit-ready documentation.

Readiness check

- Class records are complete
- Attendance is accurate
- Required content is covered
- Trainer documentation is current
- Records can be produced promptly

'Neffy' is included in permitted stand-alone or first-aid-only training

5123-6-05

Neffy

Intranasal epinephrine is included in what is permitted with stand-alone or first-aid-only training.

Provider action

Review training materials, competency processes, and medication-specific protocols so current practice reflects the update.

RN-trainer course content should reflect changes across the chapter

5123-6-06

The rule language was cleaned up to align with changes in related rules.

For RN trainers

Review class content, examples, handouts, and competency materials for consistency with the revised rules—especially medication-error response, permitted training content, and current terminology.

Consistency across training and practice is the goal.

Quality-assurance reviews require participation and timely improvement

6-07

Participate in QA reviews

Provider expectations for participation are clarified.

6-07

Implement improvement plans

The due-date timeline for plan-of-improvement implementation is clarified.

6-07

Expect in-person review

QA reviews should usually be conducted in person.

Prepare records, responsible staff, and implementation evidence before the review.

Before the effective date, confirm five provider actions



Brief medication-administration staff on the immediate-stop expectation.



Review the UIR process and plans of prevention.



Confirm RN-trainer class documentation is audit-ready.



Update training content to include Neffy and aligned rule language.



Prepare for in-person QA reviews and track improvement-plan deadlines.

Apply the revised rules through agency policy, training, documentation, and supervision.

5123-6-03

Authorization of developmental disabilities personnel to perform health-related activities and administer prescribed medication.**(A) Purpose**

This rule sets forth conditions under which developmental disabilities personnel may perform health-related activities and administer prescribed medication.

(B) Individuals for whom developmental disabilities personnel may perform health-related activities and administer prescribed medication

Developmental disabilities personnel who are not ~~specifically~~ authorized by other provisions of the Revised Code to perform health-related activities or administer prescribed medication may do so pursuant to section 5123.42 of the Revised Code and rules adopted by the department under this chapter as part of the specialized services the developmental disabilities personnel provide to individuals who receive:

- (1) ~~Are receiving early~~Early intervention, preschool, and school age services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (2) ~~Are receiving adult~~Adult services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code in a setting where seventeen or more individuals ~~are receiving the~~ have been authorized to receive services;
- (3) ~~Are receiving adult~~Adult services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code in a setting where sixteen or fewer individuals ~~are receiving the~~ have been authorized to receive services;
- (4) ~~Are receiving family~~Family support services offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (5) ~~Are receiving services~~Services from certified supported living providers, if the services are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;
- (6) ~~Are receiving residential~~Residential support services from certified home and community-based services providers, if the services are received in a community living arrangement that includes not more than four individuals and the services are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;

(7) ~~Are receiving services~~ Services not described in paragraphs (B)(1) to (B)(6) of this rule that are offered or provided pursuant to Chapter 5123. or Chapter 5126. of the Revised Code;

(8) ~~Reside~~ Services while residing in a residential facility with five or fewer beds; or

(9) ~~Reside~~ Services while residing in a residential facility with six or more beds.

(C) Authorization of developmental disabilities personnel to activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, and administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces

In the case of individuals receiving services described in paragraphs (B)(1) to (B)(9) of this rule, developmental disabilities personnel, without nursing delegation and without certification issued in accordance with rule 5123-6-06 of the Administrative Code, may:

(1) Activate a vagus nerve stimulator if all provisions of paragraph ~~(B)~~ (C) of rule 5123-6-05 of the Administrative Code are being followed; ~~;~~

(2) ~~Use an epinephrine auto-injector~~ Administer prescribed epinephrine either by autoinjector or intranasally for urgent or emergency treatment of allergic reaction and anaphylaxis if all provisions of paragraph ~~(C)~~ (D) of rule 5123-6-05 of the Administrative Code are being followed; ~~or.~~

(3) Administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces provided that:

(a) The topical over-the-counter medication is not being applied to an open wound;

(b) The topical over-the-counter medication is not being applied for specific treatment of a condition that requires a medical diagnosis including fungal infections; and

(c) All provisions of paragraph (E) of rule 5123-6-05 of the Administrative Code ~~and paragraph (D) of this rule~~ are being followed.

(D) Authorization of developmental disabilities personnel to perform health-related activities and administer prescribed medication

- (1) ~~In the case of individuals receiving~~When an individual receives services described in paragraph (B)(1) of this rule, trained and certified developmental disabilities personnel may, with nursing delegation:
- (a) Perform health-related activities;
 - (b) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication;
 - (c) Administer oxygen and metered dose inhaled medication;
 - (d) Administer prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;~~and~~
 - (e) Administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump;and
 - (f) Administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.
- (2) ~~In the case of individuals receiving~~When an individual receives services described in paragraphs (B)(2), (B)(7), and (B)(9) of this rule, trained and certified developmental disabilities personnel may, with nursing delegation:
- (a) Perform health-related activities;
 - (b) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication;
 - (c) Administer oxygen and metered dose inhaled medication;
 - (d) Administer prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;
 - (e) Administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and
 - (f) Administer prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.
- (3) ~~In the case of individuals receiving~~When an individual receives services described in paragraphs (B)(3), (B)(4), (B)(5), (B)(6), and (B)(8) of this rule:

(a) Without nursing delegation, trained and certified developmental disabilities personnel may:

(i) Perform health-related activities;

(ii) Administer oral prescribed medication, administer topical prescribed medication, and administer topical over-the-counter musculoskeletal medication; and

(iii) Administer oxygen and metered dose inhaled medication.

(b) With nursing delegation, trained and certified developmental disabilities personnel may administer:

(i) ~~Administer prescribed~~ Prescribed medication through gastrostomy and jejunostomy tubes, if the tubes being used are stable and labeled;

(ii) ~~Administer prescribed~~ Prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and

(iii) ~~Administer prescribed~~ Prescribed medication for the treatment of metabolic glycemic disorders through subcutaneous injection.

(4) ~~In the case of individuals~~ When an individual living in a family home ~~receiving~~ receives services from an unlicensed in-home care worker ~~providing the care through employment or other arrangement entered into directly with a family member of the individual and who is not otherwise employed by or under contract with a person or government entity to provide services to individuals with developmental disabilities, the~~ a family member living in the home may be able to ~~delegate~~ authorize health care tasks according to the provisions of section 5123.47 of the Revised Code. All requirements in section 5123.47 of the Revised Code must be met for family authorization to occur.

(5) A family member acting as paid developmental disabilities personnel may administer medication or perform health-related activities as described in section 5123.42 of the Revised Code without nursing delegation or a certificate issued under section 5123.45 of the Revised Code.

(E) Requirements that apply when developmental disabilities personnel activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~ administer prescribed epinephrine either by autoinjector or intranasally, or administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces pursuant to section 5123.42 of the Revised Code

- (1) Developmental disabilities personnel will successfully complete, initially and annually thereafter, a training course or courses as specified in rule 5123-6-05 of the Administrative Code.
 - (2) Developmental disabilities personnel may activate a vagus nerve stimulator, ~~use an epinephrine auto-injector~~administer prescribed epinephrine either by autoinjector or intranasally, or administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces only as authorized by the training courses completed and according to manufacturer's instructions and individual-specific indications.
 - (3) If an employer of developmental disabilities personnel or a county board believes the developmental disabilities personnel have not or will not safely activate a vagus nerve stimulator or ~~use an epinephrine auto-injector~~administer prescribed epinephrine either by autoinjector or intranasally, the employer or county board will prohibit the developmental disabilities personnel from continuing or commencing to do so and make appropriate arrangements for emergency interventions by another means ~~for individuals who have a specified need for activation of a vagus nerve stimulator or use of an epinephrine auto-injector~~.
 - (4) If an employer of developmental disabilities personnel or a county board believes the developmental disabilities personnel have not or will not safely administer topical over-the-counter medication for the purpose of cleaning, protecting, or comforting the skin, hair, nails, teeth, or oral surfaces, the employer or county board will prohibit the developmental disabilities personnel from continuing or commencing to do so.
 - (5) Developmental disabilities personnel will not engage in an action ~~or actions subject to an employer's or county board's prohibition~~ that has been prohibited by their employer or a county board.
- (F) Requirements that apply when developmental disabilities personnel perform health-related activities and administer prescribed medication pursuant to section 5123.42 of the Revised Code
- (1) To perform health-related activities; administer oral prescribed medication; administer topical prescribed medication; administer topical over-the-counter musculoskeletal medication; administer oxygen and metered dose inhaled medication; administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes; administer prescribed insulin through subcutaneous injection, inhalation, and insulin pump; and administer prescribed medication for the treatment of metabolic glycemic disorders

through subcutaneous injection for individuals in the categories specified in paragraphs (B)(1) to (B)(9) of this rule and in accordance with paragraph (D) of this rule, developmental disabilities personnel will:

- (a) ~~Developmental disabilities personnel will obtain~~Obtain the certification or certifications required by the department and issued in accordance with rule 5123-6-06 of the Administrative Code;
 - (b) ~~Developmental disabilities personnel will perform~~Perform health-related activities and administer prescribed medication only as authorized by the certification or certifications held;
 - (c) ~~Developmental disabilities personnel will not~~Not perform health-related activities or administer prescribed medication for any individual for whom they have not received individual-specific training; and
 - (d) ~~When nursing delegation is required in accordance with paragraph (D) of this rule, developmental disabilities personnel will not~~Not act without nursing delegation or act in a manner that is inconsistent with nursing delegation when nursing delegation is required in accordance with paragraph (D) of this rule.
- (2) Prior to delegating to developmental disabilities personnel ~~under this rule and in accordance with all standards and conditions set forth in Chapter 4723-13 of the Administrative Code, the delegating nurse will:~~
- (a) Assess the individual and complete an evaluation of the conditions under which the delegated tasks or delegated prescribed medication administration will be done.
 - (b) Select developmental disabilities personnel that, as applicable:
 - (i) Are certified pursuant to rule 5123-6-06 of the Administrative Code; and
 - (ii) Comply with all standards and conditions set forth in Chapter 4723-13 of the Administrative Code.
 - (c) Ensure developmental disabilities personnel have received individual-specific training for each individual for whom they perform health-related activities; ~~administer oral prescribed medication; administer topical prescribed medication; administer topical over-the-counter musculoskeletal medication; administer oxygen and metered dose inhaled medication; administer prescribed medication through stable labeled gastrostomy and jejunostomy tubes; administer prescribed~~

~~insulin through subcutaneous injection, inhalation, and insulin pump; or administer prescribed medication for the treatment of metabolic glyceimic disorders through subcutaneous injection or administer medication.~~

- (d) Document the assessment of the individual and individual-specific training.
 - (e) Comply with all standards and conditions for nursing delegation in accordance with Chapter 4723-13 of the Administrative Code.
- (3) When delegating nursing tasks that are not taught as part of the curriculum specified in rule 5123-6-06 of the Administrative Code, the delegating nurse will train and verify the skills of developmental disabilities personnel in accordance with Chapter 4723-13 of the Administrative Code.
- (4) The employer of developmental disabilities personnel, or the county board for independent providers, will ensure that developmental disabilities personnel have received individual-specific training for each individual for whom they perform health-related activities or administer prescribed medication. Developmental disabilities personnel will not perform health-related activities or administer prescribed medication for any individual for whom they have not been specifically trained.
- (5) ~~In situations in which~~When nursing delegation is required, the delegating nurse will ~~also~~ ensure that developmental disabilities personnel have received individual-specific training provided by the delegating nurse or by another licensed nurse in coordination/communication with the delegating nurse for each individual for whom the developmental disabilities personnel perform health-related activities or administer prescribed medication.
- (6) If the employer of developmental disabilities personnel believes or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have not safely performed or will not safely perform health-related activities, or have not safely administered or will not safely administer prescribed medication, the employer will:
- (a) Prohibit the action from commencing or continuing;
 - (b) Immediately make other staffing arrangements so that performance of health-related activities or administration of prescribed medication are completed as prescribed, ~~including~~ and in compliance with the requirements of this chapter;

- (c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse; ~~and~~
 - (d) If applicable, immediately notify the delegating nurse; and
 - (e) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code.
- (7) If the employer of developmental disabilities personnel discovers or is notified by the county board, the department, a delegating nurse, or the quality assessment registered nurse that developmental disabilities personnel have committed a medication/treatment error, the employer will:
- (a) Prohibit the action that contributed to the medication/treatment error from commencing or continuing by identifying the causes and contributing factors that led to the medication/treatment error and creating a concise, written plan of improvement that addresses the causes and contributing factors to ensure safe and accurate performance of health-related activities and administration of prescribed medication;
 - (b) If applicable, immediately make other staffing arrangements so that performance of health-related activities and administration of prescribed medication are completed as prescribed and in compliance with the requirements of this chapter;
 - (c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse;
 - (d) If applicable, immediately notify the delegating nurse; and
 - (e) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code except when the medication/treatment error is not related to the actions of the developmental disabilities personnel (e.g., an individual declines medication).
- ~~(7)~~(8) If the delegating nurse believes that developmental disabilities personnel have not safely performed or will not safely perform health-related activities, or have

not safely administered or will not safely administer prescribed medication, the delegating nurse will:

- (a) Prohibit the action from commencing or continuing;
 - (b) Immediately notify the employer of the developmental disabilities personnel;
 - (c) If applicable, immediately notify the county board via the major unusual incident reporting system pursuant to rule 5123-17-02 of the Administrative Code; if applicable, the county board will notify the quality assessment registered nurse; and
 - (d) Enter a notation in the certification record of the developmental disabilities personnel in the medication administration information system database described in rule 5123-6-07 of the Administrative Code.
- ~~(8)(9)~~ Developmental disabilities personnel will not engage in an action ~~or actions~~ subject to an employer's prohibition or a delegating nurse's prohibition that has been prohibited by their employer or the delegating nurse.
- ~~(9)(10)~~ A registered nurse will reassess nursing delegation and the needs of the individual on an ongoing basis, but at least annually. The frequency of reassessment ~~may be more frequent if necessary in the judgment of is determined by~~ the delegating registered nurse. The reassessment will include a determination that:
- (a) Nursing delegation continues to be necessary;
 - (b) The individual and circumstances continue to adhere to standards and conditions for nursing delegation in accordance with Chapter 4723-13 of the Administrative Code; and
 - (c) The developmental disabilities personnel continue to demonstrate the skill to accurately perform the nursing tasks, health-related activities, and prescribed medication administration being delegated.

Effective:	8/13/2026
Five Year Review (FYR) Dates:	4/27/2026 and 08/13/2031

CERTIFIED ELECTRONICALLY

Certification

08/03/2026

Date

Promulgated Under:	119.03
Statutory Authority:	5123.04, 5123.42, 5123.46
Rule Amplifies:	5123.04, 5123.41 to 5123.47, 5126.36
Prior Effective Dates:	09/30/1993 (Emer.), 12/29/1993, 05/16/1994 (Emer.), 08/06/1994, 06/30/1995, 02/14/2000, 10/22/2003 (Emer.), 01/08/2004, 06/01/2016, 11/06/2017, 01/14/2024

5123-6-02

Self-administration or assistance with self-administration of prescribed medication.**(A) Purpose**

This rule sets forth the right of an individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication to do so, establishes procedures for determining whether an individual can safely self-administer or receive assistance with self-administration ~~of prescribed medication or is unable to self-administer with or without assistance~~, and defines parameters for providing assistance with self-administration of prescribed medication.

(B) Right to self-administer or receive assistance with self-administration of prescribed medication

An individual who can safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication has the right to self-administer or receive assistance with self-administration.

(C) Self-administration assessment

(1) Prior to restricting an individual's right to self-administer prescribed medication, the service and support administrator or qualified intellectual disability professional, as applicable, will ensure the department-approved self-administration assessment is completed for an individual who requires prescribed medication administration.

~~(1)(2) Prior to restriction of an individual's right to self-administer prescribed medication, the service and support administrator or qualified intellectual disability professional, as applicable, will ensure that a department-approved self-administration assessment is completed for an individual who requires prescribed medication administration. Based on the outcome of the self-administration assessment, the individual service plan will document when the individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication. The service and support administrator or qualified intellectual disability professional, as applicable, will ensure that the self-administration assessment is reviewed annually to confirm continued need for support for medication administration. A new self-administration assessment will be completed at least once every three years or more often when there is a change that affects the individual's medication routine such as a change in medication route, service setting, service provider, or health status.~~

(3) The service and support administrator or qualified intellectual disability professional, as applicable, will:

(a) Review the self-administration assessment annually to confirm the individual's level of support with self-administration;

(b) Complete a self-administration assessment when there is a change that affects the individual's medication routine (such as a change in medication route, service setting, service provider, or health status); and

(c) Complete a new self-administration assessment at least once every three years.

~~(2)~~(4) Each individual service plan will indicate ~~when the individual is able to safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication~~the results of the self-administration assessment, including:

(a) When the individual is able to safely self-administer medication independently;

(b) When the individual is able to safely self-administer medication with assistance; and

(c) When the individual is not able to successfully self-administer medication with or without assistance and include a statement of how medication administration will be completed.

~~(3)~~(5) When the self-administration assessment indicates an individual cannot safely self-administer prescribed medication or receive assistance with self-administration of prescribed medication:

(a) Further assessment will be conducted to determine exactly what specific steps of self-administration of medication the individual is able to safely complete. The individual will participate in these steps under the supervision of developmental disabilities personnel who have current certification in health-related activities and prescribed medication administration and have received individual-specific training.

(b) The details of the individual's specific abilities and the specific necessary support from licensed or certified personnel to complete medication administration will be noted in the individual service plan.

(D) Providing assistance with self-administration

- (1) ~~Developmental disabilities personnel who are not specifically authorized by other provisions of the Revised Code to provide assistance in the self-administration of prescribed medication~~ may, under section 5123.651 of the Revised Code ~~and this rule, provide that the assistance as part of the services they provide to individuals described in paragraphs (D)(2)(a) to (D)(2)(c) of this rule.~~ To provide assistance with self-administration of prescribed medication, developmental disabilities personnel are not required to be trained or certified in accordance with section 5123.42 of the Revised Code and rules 5123-6-05 and 5123-6-06 of the Administrative Code.
- (2) When assisting in the self-administration of prescribed medication, developmental disabilities personnel will take only the following actions as needed and identified in the individual service plan:
 - (a) Remind an individual when to take the medication and observe the individual to ensure ~~that~~ the individual follows the directions on the container;
 - (b) Assist an individual by taking the medication in its container from the area where it is stored, handing the container with the medication in it to the individual, and opening the container, if the individual is physically unable to open the container; or
 - (c) Assist, on request by or with the consent of, a physically impaired but mentally alert individual, with removal of oral prescribed medication or topical prescribed medication from the container and physically assist with the individual's taking or applying of the medication. If an individual is physically unable to place a dose of oral prescribed medication to the individual's mouth without spilling or dropping it, developmental disabilities personnel may place the dose in another container and place that container to the individual's mouth.
- (3) When an individual has been assessed as able to safely self-administer prescribed medication or self-administer prescribed medication with assistance, developmental disabilities personnel are not authorized to verify the accuracy of medication being taken by the individual on a routine basis unless specified in the individual service plan. When there is reason to question the individual's self-administration skills, a new self-administration assessment will be completed.

Effective: 8/13/2026
Five Year Review (FYR) 4/27/2026 and 08/13/2031
Dates:

CERTIFIED ELECTRONICALLY

Certification

08/03/2026

Date

Promulgated 119.03
Under:
Statutory Authority: 5123.04, 5123.42, 5123.46, 5123.65
Rule Amplifies: 5123.04, 5123.41 to 5123.47, 5123.65, 5123.651, 5126.36
Prior Effective 09/30/1993 (Emer.), 12/29/1993, 05/16/1994
Dates: (Emer.), 08/06/1994, 06/30/1995, 02/14/2000, 10/22/2003 (Emer.), 01/08/2004, 06/01/2016, 11/06/2017, 01/14/2024