Department of Developmental Disabilities

Home and Community-Based Services Waiver Rules - January 2026
Clearance Period: August 14-28, 2025

5123-9-12 (Assistive Technology) & 5123-9-35 (Remote Support)

Comment	By Whom	Department's Response
The Ohio Health Care Association (OHCA) is concerned with the speed at which the department is moving forward on these rules. Various stakeholders in the DD system, including OHCA, have shared a wide variety of concerns with the department and have attempted to engage in meaningful conversations to address specific concerns with these proposed revisions. While DODD has said that additional revisions will be made in the future, we believe it is prudent to take a step back, absorb the concerns and feedback, and wait to implement any changes until these concerns can be addressed. At the center of the Assistive Technology and Remote Support services is the goal to increase independence and decrease reliance on staff. These services are key to the long-term sustainability of our system. We understand rules and constraints are part of the Medicaid program, but rules for these particular services need to be flexible; to allow services to meet the needs of individuals and also to keep up with changing and emerging technologies. OHCA strongly recommends DODD pause any movement on these rules, engage stakeholders in meaningful discussion and work on improving the rules with the goal of increasing independence and maximizing flexibility before moving forward with any revisions to these services. While we would like to continue conversations regarding the Assistive Technology rule and how it can be improved to better meet those overarching goals of independence and flexibility, our comments below will focus on the Remote Support rule, as those are more concerning.	Debbie Jenkins, Policy Director, Ohio Health Care Association	Thank you for your feedback regarding rules 5123-9-12 and 5123-9-35. As Ohio is at the frontier of using innovative technology support for people with developmental disabilities, we strive to learn from both our successes and challenges. To do this, we leverage strong partnerships with stakeholders and base rule changes on those lessons learned. We aim to increase the utilization of services while also ensuring the health and welfare of people who choose to use the services. The proposed amendments to the rules offer people with disabilities more flexibility while using the services and protect their privacy and safety. The proposed amendments reflect outreach and collaboration as part of a broader effort to improve the use of technology. • In 2021, the Department convened a group of providers of the Remote Support service to discuss how the service might be improved and better utilized. Over the course of at least 16 meetings, the group of providers discussed the service, leading to the Department sharing the draft rules with the group on July 2, 2025. • Potential changes to the Remote Support rule were discussed extensively with stakeholders, including at three separate Ohio Technology First Advisory Committee meetings starting on November 16, 2023. On July 2, 2025, the Department shared the draft rules with Committee members in advance of discussion at the July 17th meeting. The meeting was attended by approximately 50 people

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		including providers, county board staff, educators, people with lived experience, family members, and other partners from across the state. The Department conducted extensive outreach to build consensus and awareness prior to submitting these changes. Complicating the Department's efforts to gain consensus on service improvements, changes to our Medicaid waivers must also receive vetting and approval by the federal Centers for Medicare and Medicaid Services for January 2026 implementation. Changing direction would mean withdrawing from the federal approval process and trying again for an earliest implementation date of July 1, 2026. With this timeline and extensive outreach, the Department is proceeding with rule amendments. This in no way limits our ability to continue to engage and collaborate with stakeholders on future improvements nor precludes addressing other stakeholder requests in the future. The Department's goal is to grow and enhance technology support for the people we serve. We adjusted the rules based on the feedback submitted during the clearance period. We addressed many of your concerns and are committed to working with you to address others. Please see our responses below regarding specific provisions of the rules.
Thanks for the opportunity to provide comments on proposed revisions to these two administrative rules. As one of the original "authors" of the remote monitoring service in Ohio over 10 years ago, I remain committed to the expansion of these critical services for people with disabilities. I am proud that Ohio has embraced technology as a Tech First state as I have seen first-hand how these services increase independence and reduce reliance on in person staff. I am convinced our future is bright if we can envision and fully embrace innovation in the DD system. I am currently working as a Consultant with several Remote Support Services providers and Assistive Technology vendors in conjunction with their respective trade associations. We have been meeting as a group for over a year to brainstorm ideas and strategies on expanding access to these services in Ohio. Our collective focus has been to simplify the rules, remove obstacles and increase capacity throughout the system. Our coalition has met and reviewed the most recent draft proposed rules and in	Lori Stanfa, Consultant	Please see response above.

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general, we are aligned with our collective concerns regarding the rules as currently written. For the sake of brevity, I will spare repeating the many comments you have received from various members of our coalition. Please know that I am fully supportive of and echo the comments from my colleagues including OPRA, OHCA, OACB, THS, LADD, Ohio at Home/Medforall, Wynn Reeth, and Life Bridge Remote. In our view, the proposed rules reduce flexibility, increase administrative processes along with increasing associated costs, and completely misses the mark on community integration. We are confused about the direction of these proposed rules as it is not consistent with the feedback we have repeatedly provided to DODD. I hope and sincerely believe that if we could meet and engage in meaningful, substantive conversations with DODD and invest the time, we could reach a consensus on most aspects of these rules. Absent that, it seems most prudent at this juncture for DODD to pause the rulemaking process to allow for sufficient time to truly collaborate with stakeholders so rather than just getting it done, we get it right. We appreciate the Department's willingness to meet with stakeholders, consider input and revisit these rules in the coming weeks. We welcome the opportunity talk through our concerns at your earliest convenience. Thank you.		

5123-9-12 (Assistive Technology)

Comment	By Whom	Department's Response
(B)(5): The proposed rule change makes updates to the Assistive Technology definition. Thank you for updating the definition to include non-electronic equipment.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	We incorporated this revision to encompass a variety of "low tech" devices which effectively meet the needs of individuals enrolled in Medicaid waivers.
(C)(3): The current rule language outlines provider qualifications. Availability of Assistive Technology consultants is low. County boards suggest DODD consider ways to recruit providers or reevaluate current qualifications.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	We appreciate your feedback and look forward to working with stakeholders to increase the number of qualified providers of Assistive Technology - Consultation.
(D)(7)(d): Issue: The draft requires Assistive Technology providers to maintain, repair, and replace all assistive technology. Concern: • Technology used by Remote Support providers to deliver services should absolutely be maintained, repaired, and replaced.	James Finley, Chief Executive Officer, THS Remote Support Services	This is an existing requirement. Please see paragraph (D)(6)(d) of currently effective rule 5123-9-12.

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• However, Assistive Technology that is sold to individuals (and not utilized by providers for ongoing service delivery) should not fall under this responsibility. • The undefined and potentially unlimited liability to repair/replace greatly increases costs, which unnecessarily drives up waiver spending. • Extended warranties are not allowable under the waiver, and most manufacturer warranties are void when a commercial entity purchases the equipment, further increasing provider liability. Proposed Solution: • Exclude items sold outright from this requirement; OR • Allow two quotes: one that includes maintenance/repair/replacement, and one without, enabling the team to decide what fits the person's needs and waiver budget. This ensures waiver funds are spent only when necessary.		
(E)(3)(b): Issue: The draft requires Assistive Technology providers to document ownership of Assistive Technology at the end of a lease or sale. Concern: • This requirement duplicates what is already established in the individual service plan (ISP). • Having this information only with the Assistive Technology provider makes it less accessible for the broader team. Proposed Solution: • Remove this duplicative requirement from the Assistive Technology provider. • Keep ownership documentation solely in the ISP, where it is accessible to all team members.	James Finley, Chief Executive Officer, THS Remote Support Services	In response to your comment, paragraph (E)(3)(b) was revised as indicted: A list of installed assistive technology - equipment including the date each item of assistive technology - equipment is installed, modified, repaired, or removed and the reasons therefore, and associated adjustments in cost~~, as well as whether the individual owns or rents the equipment~~.
(F)(2): Issue: The draft requires county boards to verify that Assistive Technology meets individual service plan (ISP) requirements before providers can bill. Concern: • County boards are not currently verifying Assistive Technology in this way, making this provision burdensome and impractical. • Requires Service and Support Administrators to perform site verification before billing, creating delays and administrative barriers. • If equipment later proves not to meet a need, providers are unable to bill despite already purchasing, installing, and training. Proposed Solution: • Remove this provision. • Allow billing once Assistive Technology is delivered and set up, consistent with the ISP team's authorization.	James Finley, Chief Executive Officer, THS Remote Support Services	This is an existing requirement. Please see paragraph (F)(7) of currently effective rule 5123-9-12.
(F)(4): Issue: The draft requires Assistive Technology purchases/rentals to include manufacturer's and seller's warranties. Concern: • Waiver funds cannot reimburse for warranties.	James Finley, Chief Executive Officer, THS Remote Support Services	This is an existing requirement. Please see paragraph (F)(4) of currently effective rule 5123-9-12. Also, please note that the provision includes the phrase, "as appropriate":

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• Manufacturer warranties are often voided when equipment is purchased by a commercial entity. Proposed Solution: • Remove this requirement. • Clarify that Assistive Technology providers may inform teams about warranty options but are not mandated to include them.		Purchase or rental of assistive technology - equipment will include, **as appropriate**, recurring monthly fees and the manufacturer's and seller's warranties.
(F)(5): Issue: The $5,000 cap per waiver span is outdated and restricts flexibility. Concern: • The cap prevents individuals from reducing services from Remote Support to Assistive Technology due to pricing structures. • When needs increase, the cap limits transitions from Assistive Technology only to Remote Support, forcing individuals into more intrusive or costly services (e.g., Homemaker/Personal Care). • Inflation and rising technology costs have not been addressed in past rate adjustments. Proposed Solution: • Establish separate $5,000 annual caps for: o Assistive Technology-only purchases, and o Remote Support services equipment purchases. • Better reflects current costs and provides individuals with more appropriate, less intrusive service options.	James Finley, Chief Executive Officer, THS Remote Support Services	We are not increasing the cap at this time but will consider making an adjustment in a future budget cycle, if indicated based on analysis of service utilization data.
(F)(5): The current rule indicates the cost of all components of Assistive Technology cannot exceed five thousand dollars. The cost of Assistive Technology continues to increase. County boards recommend mirroring similar language found in rule 5123-9-25 (F)(3) allowing for collaboration between the county board and DODD to ensure health and welfare needs are met if and when the technology exceeds five thousand dollars.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(F)(6) and (F)(7): Issue: The draft allows up to 20% to cover provider responsibilities. Concern: • 20% is not sufficient to cover provider responsibilities. • Current structure disincentivizes agencies from offering Assistive Technology as a standalone service, creating financial losses. • "Lesser of customary rate or actual price plus acquisition costs" introduces significant administrative burdens, especially when inventory is purchased at varying prices. • Incentivizes providers to pay higher prices to increase the markup base. Proposed Solution: • Increase the cap to 30%. • Base the 30% on Manufacturer's Suggested Retail Price (MSRP) rather than actual price paid, with providers required to keep MSRP documentation on file (similar to Oklahoma's successful model).	James Finley, Chief Executive Officer, THS Remote Support Services	Based on your comments, paragraphs (F)(6) and (F)(7) were revised as indicated to adjust the percentage to 25: (6) When a provider of assistive technology - equipment leases or manufactures assistive technology - equipment, the amount billed to the department will be the lesser of the provider's usual and customary charge or the manufacturer's suggested retail price (which will be prorated over the useful life of the assistive technology - equipment) plus up to twenty-five per cent as necessary to cover the cost of the provider's responsibilities as set forth in paragraph (D)(7) of this rule.

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• Allow providers to charge for responsibilities in addition to markup, ensuring sustainability.		(7) When a provider of assistive technology - equipment purchases assistive technology - equipment, the amount billed to the department will be the lesser of the provider's usual and customary charge or the actual price plus acquisition costs of the item plus up to twenty-five per cent as necessary to cover the cost of the provider's responsibilities as set forth in paragraph (D)(7) of this rule.
(F)(6) and (F)(7): The proposed rule establishes up to 20% charge for lease or purchase. County boards agree up to 20% is reasonable and adequate to cover the cost of provider's responsibilities for these arrangements.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	

5123-9-35 (Remote Support)

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Living Arrangements for the Developmentally Disabled (LADD) appreciates the opportunity to comment on the proposed revisions to rule 5123-9-35 regarding Remote Support. LADD has been a national leader in piloting and scaling technology-enabled supports. We have seen firsthand how Remote Supports expand independence, reduce reliance on in-person staff, and help Ohio address its workforce crisis. While we recognize the Department's intent to refine and regulate these services, the proposed rule represents a troubling step backward. The rule changes impose burdens that exceed federal requirements, undermines the person-centered principles at the heart of Home and Community-Based Services (HCBS), and threatens to stifle innovation. Equally concerning is the process: this rule has advanced without adequate transparency, stakeholder engagement, or responsiveness to the concerns raised by individuals with disabilities, families, and providers. Under Ohio's Common-Sense Initiative and standard administrative rulemaking procedures, agencies must provide clear rationale for exceeding federal minimums, demonstrate a balanced Business Impact Analysis, and meaningfully engage stakeholders. These obligations have not been met. CMS guidance is clear. In its official HCBS Waiver Technical Guidance (v3.7, Section L), CMS requires: "In the waiver service definition, the state needs to demonstrate that the remote monitoring and/or device/technology will significantly enable the individual to live, work or meaningfully participate in the community with less reliance on paid staff supervision or assistance." Ohio's draft rule, by restricting community use, layering administrative barriers, and mandating surveillance, is inconsistent with this CMS mandate. Whether it's Matt using Remote Supports when his bus broke down, Sarah confirming directions on her way to a friend's house, people verifying they're safely on the bus to their jobs, or Anne and Ann successfully utilizing remote staff to support them to have a	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	Please see response on page 1 of this document.

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girls' night out, hopping from venue to venue, without in-person staff—Remote Support has opened doors to freedom. "For the first time, I felt like any 20-something girl," Anne shared. Candy was able to explore a festival alone, choose her own food, and walk amongst the vendor tents while her friends sat on the grass, because remote staff were available to her when she got overwhelmed and uncertain of how to find her way back. Don, who manages his daily routine independently, got help immediately after leaving his bag with his epi-pen in a car. These are not small conveniences—they are life-changing. Yet the proposed rule revisions would strip away remote support's most fundamental promise: safe, unfettered access to community life. Taken together, these changes depart sharply from CMS expectations, reduce flexibility, and threaten the sustainability of Remote Support in Ohio. They exceed federal requirements without justification, create barriers to provider participation, and diminish individual choice. Equally troubling is the process: moving forward without fully addressing stakeholder objections, and without a transparent rationale for exceeding federal standards undermines confidence in the rulemaking process. Ohio has the opportunity to lead the nation in innovative technology supports. To do so, it must align its rules with CMS guidance, remove unnecessary administrative burdens, and ensure the focus remains on independence, dignity, and choice for people with developmental disabilities. LADD respectfully urges the Department to withdraw the current draft and re-engage stakeholders in a transparent, CMS-aligned process.		
We appreciate the Department carefully reviewing and considering the recommendations outlined in the attached document. These recommendations are intended to strengthen the rule, align it with person-centered best practices, and ensure that services are delivered effectively to the people who rely on them. If, however, our proposed recommendations cannot be accepted, we would respectfully ask that the rule remain as it is currently written and allow for an extended timetable for continued collaboration so the result will benefit the people served as best as possible. The existing rule allows for greater flexibility and responsiveness, which ultimately results in better service delivery than what is outlined in the draft. We believe implementing just the federal minimum requirements gives flexibility, which is essential in meeting the diverse and growing needs of people in the community, but especially when involving technology based services that prove to innovate faster than rules can be amended. Additionally, we would like to note that the draft rule does not adequately address the significant and increasing demand for these services to be delivered in the community across Ohio. Remote Support is playing a critical role in expanding access and ensuring people can live safely and independently, and the regulatory framework must reflect that reality. We sincerely appreciate your time and consideration of these comments and recommendations.	James Finley, Chief Executive Officer, THS Remote Support Services	Please see response on page 1 of this document.

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We appreciate the Department's thoughtful efforts to update and refine this rule, but we do have concerns about some of the proposed language. Our intent in sharing these points is to highlight areas where the draft may unintentionally create added complexity for providers and limit the flexibility needed to deliver high-quality services. We also want to ensure alignment with guidance provided by the Centers for Medicare and Medicaid Services (CMS). 1. Community Use of Remote Support CMS's technical guidance on Home and Community-Based Services (HCBS) waivers emphasizes that remote monitoring services, such as Remote Support, should support community integration: "In the waiver service definition, the state needs to demonstrate that the remote monitoring and/or device/technology will significantly enable the individual to live, work or meaningfully participate in the community with less reliance on paid staff supervision or assistance" (CMS HCBS Waiver Application Instructions v3.7, Section L). As currently drafted, Ohio's rule (5123-9-35) limits Remote Support strictly to an individual's residence. This approach excludes the possibility of using the service in community settings - such as workplaces, volunteer opportunities, errands, or social activities - where it could meaningfully enhance independence and reduce reliance on in-person staff. It is also important to note that in several stakeholder conversations, individuals with disabilities and their families consistently voiced that their top priority was the ability to use Remote Support in the community. While we understand that the Department plans further discussion on this topic in October, we are concerned that moving forward with the rule before resolving this issue could delay or diminish a critical opportunity for people we serve. We respectfully encourage the Department to take the time needed to ensure this important aspect is addressed. 2. Additional Requirements That Exceed Federal Guidance We also note that the proposed rule introduces certain requirements that go beyond CMS expectations, which may unintentionally create barriers without clear benefit to individuals. For example: (B)(3) and (D)(4)(a).		
While we appreciate the Department's efforts to update and refine the rule, we have significant concerns about both the direction and structure of the proposed language. These concerns relate not only to the administrative burden and inconsistency created for providers, but also to the Department's apparent departure from key principles laid out in federal guidance from the Centers for Medicare and Medicaid Services (CMS). 1. Community Use of Remote Support: Federal Requirements Not Met CMS's own technical guidance on Home and Community-Based Services (HCBS) waivers clearly affirms that remote monitoring services (like Remote Support) must demonstrate how the service facilitates community integration: "In the waiver service definition, the	Scott Marks, MSW, Vice President, Ohio Provider Resource Association	Please see response on page 1 of this document.

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state needs to demonstrate that the remote monitoring and/or device/technology will significantly enable the individual to live, work or meaningfully participate in the community with less reliance on paid staff supervision or assistance" (CMS HCBS Waiver Application Instructions v3.7, Section L). Despite this, Ohio's proposed rule 5123-9-35 explicitly limits Remote Support to an individual's residence, omitting the opportunity to use this service in community settings, such as employment sites, volunteer opportunities, or during errands and social activities. This exclusion is inconsistent with CMS expectations and undermines the flexibility of a service designed to promote independence and reduce reliance on in-person staff. Moreover, during multiple stakeholder meetings, individuals with disabilities and their families were clear: the #1 request was to allow use of Remote Support in the community. Yet this version of the rule disregards that input entirely. While we understand a meeting is planned for October to explore community use further, we question the urgency of filing this rule before such fundamental issues are resolved. We urge the Department to pause and get it right before finalizing. 2. Exceeding Federal Requirements Without Justification While the Department frequently cites CMS technical guidance as a foundation for rulemaking, the proposed rule often exceeds federal requirements in ways that appear unnecessarily restrictive and burdensome. For example: (B)(3), (D)(4)(a), and (D)(6). 3. Inconsistent Application of CMS Technical Guidance The Department has historically relied heavily on CMS technical guidance when explaining or justifying policy and rule decisions. If that approach is to be taken consistently, then the rule should also reflect the full spirit and intent of CMS guidance including the expectations that: • Community participation must be supported by remote monitoring services; • Person-centered planning must be used to determine use and scope of services; • Safeguards must protect but not restrict autonomy or flexibility; • Flexibility in staffing, scheduling, and service design should be embedded rather than restricted. Unfortunately, the current draft does not meet these standards. 4. Recommendation: Withdraw and Rework Before Filing Given the misalignment with CMS guidance, stakeholder feedback, and the Department's own stated goals of promoting Remote Support, we strongly recommend that the rule not be filed at this time. Instead, we urge the Department to engage stakeholders—including individuals with lived experience—in a focused conversation about: • Allowing use of Remote Support in community settings; • Clarifying and simplifying expectations for bundled/unbundled delivery models;		

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• Reducing unnecessary documentation and contractual burdens; • Ensuring the rule promotes flexibility, autonomy, and person-centeredness. These changes are essential to realizing the service's full potential and to aligning with both state and federal goals. We appreciate the opportunity to comment and welcome further discussion.		
As a provider of Remote Support services, we appreciate the Department's efforts to update the rules for this vital service. We have carefully reviewed the proposed rule changes and, while we see some positive aspects, we must express our significant concerns. We believe the current proposal requires major revisions to truly benefit the individuals we serve and the providers who support them. We strongly urge the Department to pause this rulemaking process and collaborate with providers and stakeholders to create a more effective and sustainable solution. Our primary concern is that the proposed rule creates unnecessary administrative burdens and deviates from the core principles of federal guidance from the Centers for Medicare and Medicaid Services (CMS). <u>Departure from CMS Guidance</u> Federal guidance clearly states that remote services should help individuals "live, work, or meaningfully participate in the community with less reliance on paid staff supervision or assistance." The proposed rule, however, explicitly restricts Remote Support to an individual's residence. This directly contradicts the federal expectation and ignores the overwhelming feedback from individuals, families, and providers who have requested the use of Remote Support in their homes as well as community settings, such as at jobs, volunteer sites, or during social activities. This restriction limits the potential of a service designed to foster independence and flexibility. <u>Excessive and Unjustified Requirements</u> The proposed rule introduces new requirements that exceed federal guidelines without justification. These changes create unnecessary administrative hurdles and compliance risks for providers like us. The proposed changes would significantly increase the administrative tasks for our company. The expanded documentation, the tracking of backup provider response times, and additional consent paperwork will pull our resources away from direct service delivery and add to our operational costs. While we support strong privacy and consent measures, these new requirements are difficult to manage consistently and will likely require more state guidance. In conclusion, we respectfully urge the Department to reconsider the proposed compliance and documentation requirements. We believe these rules should be balanced, realistic, and sustainable for providers while still maintaining appropriate safeguards. If this cannot be accomplished within the current timetable, we strongly recommend that the draft be withdrawn. It is crucial to continue with the present rule until proper time can be taken to create an update that truly benefits the Ohioans we are all committed to serving. We believe collaboration is the key to getting this right.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	Please see response on page 1 of this document.

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(B)(3): The requirement for written agreements between providers (B)(3) does not appear in CMS guidance and is not expected in other service types. This new layer of documentation could create unnecessary administrative hurdles, particularly for providers working within unbundled service delivery models.	James Finley, Chief Executive Officer, THS Remote Support Services	Ultimately, effective delivery of a person's services relies on coordination among all providers of services. In the case of Remote Support, however, the written agreement between a Remote Support provider and the paid backup support provider is essential to ensure someone is available to respond to a person's home in an emergency or when the person needs in-person assistance. Meeting a person's need for backup support cannot be left to happenstance.
(B)(3): The requirement for written agreements between providers is not found in CMS guidance and is not required for other services (e.g., coordination between Homemaker/Personal Care and day/employment services). This creates a new and confusing administrative hurdle for providers using an unbundled model of service delivery.	Scott Marks, MSW, Vice President, Ohio Provider Resource Association	
(B)(3): Requiring a written agreement between the Remote Support provider and the paid backup provider is out of alignment with how other services that rely on coordination (e.g., Homemaker/Personal Care and day/employment services) are treated in rule. We don't require written agreements in those cases and creating that requirement here - for a service that is still relatively small - adds an unnecessary layer of complexity.	Debbie Jenkins, Policy Director, Ohio Health Care Association	
(B)(3)(b)(i) - (B)(3)(b)(iii): Backup Support Contracts: This provision requires contracts to be revised every time an individual is added or removed, staff change, or contact information is updated. CMS requires person-centered planning, not duplicative contracting. CMS directs that states demonstrate how services increase independence, not how often paperwork is re-executed. Embedding "reasonable response times" into contracts rather than person-centered plans removes flexibility and risks frequent technical noncompliance. These requirements create administrative burden that add no value to individuals and run contrary to CMS's directive that HCBS rules "support the person in directing their own services and supports" (CMS Technical Guidance, Section L).	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	
(B)(3)(b)(i): Issue: The rule requires revising the contract each time an individual is added or removed from backup support provided by the Homemaker/Personal Care company. Concern: This creates an unnecessary administrative burden. Each time backup support changes, the contract would need to be revised, signed, and re-distributed. This frequent revision process is impractical and does not add value to the person being served. Proposed Solution: Remove this requirement entirely, OR allow the Individual Service Plan to serve as acceptable documentation of which individuals the Homemaker/ Personal Care provider is responsible for supporting when acting as paid backup.	James Finley, Chief Executive Officer, THS Remote Support Services	
(B)(3)(b)(ii): Issue: The rule requires a new agreement each time staff members change or contact information is updated. Concern: Homemaker/Personal Care staff turnover and frequent phone number changes would create an excessive administrative burden. Providers would be forced to continually generate and execute new agreements, diverting time and resources away from service delivery.	James Finley, Chief Executive Officer, THS Remote Support Services	

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Proposed Solution: • Revise language to clarify that the Homemaker/Personal Care provider is responsible for updating the Remote Support provider and the full team when any contact or call-tree information changes. • This ensures all parties remain informed without requiring unnecessary contract revisions.		
(B)(3)(b)(ii): Staff Contact Information and Personnel Changes: Homemaker/Personal Care staff turnover and frequent phone number changes would create an excessive administrative burden. Providers would be forced to continually generate and execute new agreements, diverting time and resources away from service delivery.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	
(B)(3)(b)(iii): Issue: The rule requires the contract to specify the "amount of time generally deemed reasonable" for response. Concern: This requirement: • Excludes the input of the person being served and their team from determining what is reasonable. • Locks a flexible, person-centered standard into a rigid contract. • Forces repeated contract revisions whenever care requirements change, creating unnecessary administrative work. • Already stated this is a requirement to be included in the individual service plan (redundant). Proposed Solution: • Remove this requirement from the contract. • Place the determination of reasonable response time into the person-centered plan, ensuring decisions are individualized, flexible, and reflect the team's input.	James Finley, Chief Executive Officer, THS Remote Support Services	In response to your comment, paragraph (B)(3)(b)(iii) was eliminated: ~~The amount of time generally deemed reasonable for the provider of homemaker/personal care or participant-directed homemaker/personal care to arrive after being contacted by the provider of remote support to render backup support.~~
(B)(6): We also support the introduction of 15-minute billing units, which creates more flexibility and fairness for providers and individuals.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	We made this change in response to stakeholder feedback.
(B)(11): We do want to acknowledge the positive elements of the proposed rule, including the clarification of the base station model, which would continue to allow companies to hire the highest quality Remote Support professionals to work from secure home environments.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	We initially intended to prohibit locating a monitoring base in the home of Remote Support staff. We reversed our position based on stakeholder feedback that such a prohibition would drive existing providers out of business. We added wording to paragraph (B)(11) to be clear that the monitoring base must be in a physical building and added provisions in paragraphs (D)(8) and (D)(9) to safeguard individuals' privacy and explicitly state that monitoring bases are subject to on-site compliance reviews.
(B)(11) and (D)(9): As stated in our previously submitted comments, SafeinHome does not agree with allowing a monitoring base to be located in a staff's private residence. Home-based delivery of Remote Support does not meet the standards of quality and safety that is a tenet of Coalition for the Advancement and Integration of Remote Support Services (CAIRRS) membership.	Mark Prohaska, District Manager - Ohio, SafeinHome	
(B)(13): Defining Remote Support as "continuous supervision" through live video/ audio is directly inconsistent with the Centers for Medicare and Medicaid Services (CMS). CMS requires that remote monitoring "significantly enable the individual to live, work, or meaningfully participate in the community with less reliance on paid staff supervision or assistance" (CMS Technical Guidance, Section L). Mandatory continuous	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	In response to your comments, paragraph (B)(13) was revised as indicated: ~~"Remote support" means continuous supervision of an individual in the individual's residence during the days of~~

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observation does the opposite - it increases supervision and strips individuals of privacy and dignity. Person-centered planning must determine the appropriate level of monitoring, not blanket regulation.		~~the week and times of the day specified in the individual service plan by staff of an agency provider located at a monitoring base.~~ "Remote support" means the continuous oversight of technology by remote support staff and immediate availability of remote support staff working at a monitoring base to respond to the assessed needs of an individual while the individual is at the individual's residence. Remote support does not necessarily require constant surveillance or remote viewing of an individual.
(B)(13): "Continuous Supervision" - Reasoning why this verbiage should be changed: • Not person-centered. Making continuous supervision the default conflicts with person-centered planning and least-restrictive Home and Community-Based Services requirements. Most people use Remote Support for check-ins, alerts, - not nonstop monitoring. • Blocks community use. Restricting Remote Support to "continuous supervision…in the home" prevents effective community supports like travel coaching, shopping, or social activities, reducing independence. • Risks rights and privacy. Continuous monitoring can be a rights restriction, undermining dignity of risk and autonomy. It should only be used when clearly assessed as necessary. • Doesn't reflect Remote Support practice. Remote Support works through scheduled, event-based alerts, with response times and escalation - not continuous observation. • Higher costs, less access. Mandating continuous supervision raises costs, strains workforce needs, and limits access.	Mark Prohaska, District Manager - Ohio, SafeinHome	
(B)(13): Issue: The draft language implies that a continuous live video or audio feed is required for Remote Support. Concern: • First, even within direct care services, "continuous" supervision is not always necessary. • Applying a blanket requirement for continuous supervision across all Remote Support services undermines privacy and independence, which are core principles of this service and are fully against the amendment that the department of Medicaid received and approved. • The vast majority of people receiving services do not want or need to be continuously watched or listened to in their homes. • The language as written could be interpreted as requiring intrusive, always-on monitoring/watching, which is not person-centered and may conflict with individual privacy and dignity. The vast majority of people served through this service want support, not supervision. • The word "components" suggests that one or more of these technologies (including live video/audio) must be present at all times, which is overly prescriptive. Proposed Solution: • Replace the word "components" with "capabilities" to clarify that the technology must have the ability for live communication, but continuous video or audio is not required. Preferred Solution:	James Finley, Chief Executive Officer, THS Remote Support Services	

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• Revise the language to state that the person-centered plan identifies whether continuous live video or audio feed is necessary, or whether responding to technological alerts (e.g., motion sensors, RFID, web-based monitoring) is sufficient. This ensures flexibility, respects individual preferences, and keeps the determination in the hands of the individual and their team.		
(B)(13): The proposed definition refers to "continuous supervision of an individual in the individual's residence..." • The words "continuous supervision" implies constant ears and/or eyes on a person receiving Remote Support, which is not what people using Remote Support want or are assessed to need in many cases. This is also inconsistent with the provision of other services such as Homemaker Personal Care. County boards recommend removing the word "continuous." This service should be available at the location where the individual's assessed need is identified - which can be either at the "individual's residence" or in the community. This is consistent with the CMS Tech Guide Version 3.7, which speaks to remote monitoring to enable a person to live, work, and meaningfully participate in the community with less reliance on paid staff. Most importantly, people who currently receive the service have expressed needing Remote Support in the community. County boards recommend adding "or a site in the community as identified by the individual" to the definition.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(B)(13): Definition of "Remote Support." Even within direct care services, "continuous" supervision is not always necessary. Applying a blanket requirement for continuous supervision across all Remote Support services undermines privacy and independence, which are core principles of this service and are fully against the amendment that the department of Medicaid received and approved. The vast majority of people receiving services do not want or need to be continuously watched or listened to in their homes. The language as written could be interpreted as requiring intrusive, always-on monitoring/watching, which is not person-centered and may conflict with individual privacy and dignity. The vast majority of people served through this service want to know that they can receive the support they need when they need it.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	
(B)(13): The Ohio Health Care Association (OHCA) absolutely cannot support the revised definition of Remote Support. The current definition does not require Remote Support to only be provided in a residence, but these revisions would limit Remote Support to the individual's residence. Individuals currently utilize Remote Support in the community. OHCA does not support removing the ability for Remote Support to assist individuals when in community settings. Additionally, OHCA does not support requiring the days of the week and times of the day to be specified in the individual service plan (ISP). The purpose of this service is to increase independence for individuals who need some support/supervision and would otherwise need staff to support them. The service should be available when individuals	Debbie Jenkins, Policy Director, Ohio Health Care Association	Please see paragraph (D)(5) of currently effective rule 5123-9-35 which sets forth that Remote Support will **not** be provided in Shared Living or non-residential settings. If individuals are currently utilizing Remote Support in Shared Living or non-residential settings, the services are out of compliance with the existing rule. While the Remote Support service may be provided only at an individual's residence, use of technology in other settings is available under the existing Assistive Technology service. We are amending the Assistive Technology rule to

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choose to utilize it. DODD should not be requiring that the ISP drive a person's life. People without disabilities have the autonomy to direct their daily lives and so should people with disabilities. The service should revolve around the person and their choices, not require people's lives to revolve around a service plan. Additionally (B)(13)(b) would prohibit Remote Support in a Shared Living setting. Now that Homemaker/Personal Care is allowable on the same day as Shared Living, why wouldn't we allow for remote support in lieu of Homemaker/Personal Care? This could provide the supervision an individual needs while their Shared Living provider is receiving a bit of respite, without the added cost or challenge of finding a staff person to provide it. Remote Support is also more flexible and can better fit into the daily lives of both the individual and their Shared Living provider.		make clear that an associated subscription service necessary to use technology is covered as Assistive Technology - Equipment. Please see proposed revisions to paragraphs (B)(5)(b) and (B)(19) of rule 5123-9-12. Individuals are already using technology in the community through the Assistive Technology service. We will promote awareness of this opportunity by highlighting their success in the Department's publications. Paragraph (B)(13) was revised and no longer refers to "days of the week and times of the day."
(B)(13): The Ohio Self Determination Association (OSDA) is VERY concerned that DODD has included language that limits the use of Remote Support to the person's residence. This restriction goes against the idea of using technology to increase a person's independence, community inclusion, reduction of reliance on paid staff, etc. I could go on and on, but I think you probably have received a ton of input from others who provide a lot of detail. I heard that this proposed limit is somehow connected to some inconsistency between current rule language and Ohio's waiver language. If what I heard is true, why not address the inconsistency by amending the waiver(s). This approach could be a challenge for the department to juggle, given current waiver amendments that are under way, however, addressing this at your end, rather than creating restrictions that directly affect the lives of many people with disabilities is a challenge DODD should undertake! • J. uses the connection to Remote Support to ensure safety and confidence using public transportation and Uber to get to and from work. • K. does the same where using transportation or Uber as well as when walking places. • A trip with an Ohio person with a disability was made possible without a nurse to give her medication, because the person could self-medicate if reminded by the Remote Support person. The same occurs at times with some of the Project STIR trainers. For so many, without Remote Support while in the community, more staff will be needed or inclusion will suffer.	Dana Charlton, Executive Director, Ohio Self Determination Association	
(B)(14): The clarification between Remote Support providers and vendor providers is also a helpful step.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	We eliminated use of the term, "remote support vendor," based on feedback from stakeholders.
(B)(15): Definition of "sensor." The proposed definition excludes widely used two-way communication devices. CMS emphasizes flexibility: states must demonstrate "how technology will be used flexibly to support individual outcomes and community integration" (CMS Technical Guidance, Section L). Excluding proven tools narrows the	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	The definition of "sensor" in paragraph (B)(15) provides examples of sensors and is not an exhaustive list. The definition applies only to use of the word, "sensor," in two places within the rule: paragraph (D)(12) and paragraph (D)(17).

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scope of remote support and restricts innovation, limiting options for individuals who may benefit from such devices.		The definition of "Remote Support" in paragraph (B)(13) requires a device that facilitates live two-way communication. The rule does not specify or limit the type of two-way communication device that may be used.
(B)(15): Issue: The current definition of "sensor" does not include 2-Way Talk devices as an example, which we've found to be critical in the eyes of reviewers. Concern: • Being informed of an individual's need to communicate directly with staff is critical to effective and responsive remote support. • Many 2-Way Talk devices can serve a dual purpose - enabling communication while also functioning as sensors that monitor or trigger based on activity. • Excluding these devices from the list even though it is not an all-encompassing list how reviewers interpret and cite, which may limit flexibility and innovation in service delivery. Proposed Solution: • Add 2-Way Talk devices to the list of example sensors. • This addition recognizes their importance both as communication tools and as monitoring devices, ensuring the definition is broad enough to capture their dual role.	James Finley, Chief Executive Officer, THS Remote Support Services	
(C)(1) - (C)(3): Provider Qualifications. This section demands far more scrutiny because it fails to confront the real issue at the heart of these rule changes: ensuring provider quality. The Department had an opportunity to work with technology experts to set baseline expectations that actually protect people - requirements like automatic alerts and reporting when systems go offline or batteries run low and baseline reporting capabilities that are able to report that action steps taken are aligned with individual service plans. These are the kinds of forward-looking safeguards CMS envisions when it calls for technology that reduces risk while expanding independence. Instead, DODD has chosen the familiar path of adding layers of regulation and paperwork - creating barriers for providers bold enough to innovate and for people with disabilities brave enough to try something new. Rather than solving problems at the source with clear technology standards, these rule changes attempt to patch challenges on the back end with administrative red tape. That is neither efficient nor person-centered, and it squanders the chance for Ohio to lead with genuine innovation.	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	Paragraphs (C)(1), (C)(2), and (C)(3) are standard, existing requirements for Home and Community-Based Services mandated in the federally-approved waivers. A provider must be certified by the Department, hold a Medicaid provider agreement with the Ohio Department of Medicaid, and its staff must be background-checked and trained.
(D)(2)(b): SafeinHome does not agree with Section (D)(2)(b) because it inaccurately states that Remote Supports must be assessed as "sufficient to ensure the individual's health and welfare." No single service - whether Assistive Technology, Remote Support, or in-person staff - can *guarantee* health and welfare. Supports are designed to mitigate risk, promote safety, and enhance independence, but health and welfare are safeguarded through the *combination of services and natural supports* identified in the individual service plan. By placing this standard on Remote Support, the rule sets an unrealistic expectation and mischaracterizes the role of the service. Remote Supports should instead be evaluated, like all waiver services, on whether they are the least intrusive and most appropriate option to support the individual's assessed needs and desired outcomes.	Mark Prohaska, District Manager - Ohio, SafeinHome	Paragraphs (D)(1) and (D)(2) instruct individuals and their teams to consider the menu of available services to determine which services best align with the individual's needs. This is an existing requirement related to the person-centered planning process. Please see paragraph (D)(2) of currently effective rule 5123-9-35. Neither the currently effective rule nor the proposed rule uses the word, "guarantee." In response to your concerns, however, paragraphs (D)(1) and (D)(2) were combined and revised as indicated:

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		(1) Remote support is intended to address an individual's assessed needs in a manner that promotes autonomy and minimizes dependence on paid support staff and should be explored prior to authorizing services that may be more intrusive, including homemaker/ personal care or participant-directed homemaker/ personal care. ~~(2) Prior to authorizing provision of remote support, an individual's service and support administrator, in consultation with the~~ When exploring remote support, an individual and the individual's team will: (a) ~~Explore~~ Consider whether assistive technology may be a viable alternative to remote support, adequate to meet the individual's needs; and (b) Assess whether remote support is sufficient to ensure the individual's health and welfare.
(D)(3): Consent and Service Authorization. Requiring Service and Support Administrators to collect consent using forms provided by the Remote Support vendor undermines informed choice. CMS requires that "services must be based on the individual's preferences and choices and implemented through the person-centered service plan" (CMS Technical Guidance, Section C-1/C-2). Making providers the driver of consent documents shifts responsibility away from the planning team and reduces consent to a formality, rather than a meaningful safeguard. This also risks confusion in roommate situations, where providers may be asked to obtain information for individuals outside their scope of service.	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	In response to your comments, paragraph (D)(3)(a) was revised as indicated: The remote support provider will ~~provide a form~~ supply necessary information to the service and support administrator ~~that will be used to obtain written consent~~. The form used to obtain written consent will include a description of what remote support entails, such as whether the remote support staff will observe activities and/or listen to conversations in the residence, where specifically in the residence the remote support will take place, and whether recordings will be made.
(D)(3): The proposed rule speaks to obtaining written consent from the individual and each person the individual lives with (or their guardian). To simplify this process, the form provided by a provider is not necessary. County boards recommend the Ohio Individual Service Plan serve as consent for the individual. When consent is needed from others living in the home, many county boards already do this today and have an established process.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(D)(3)(a): Issue: The rule requires the Remote Support provider to supply the consent form that the Service and Support Administrator uses to obtain consent. Concern: • Service and Support Administrators (SSAs) often lack detailed understanding of the services being provided. • If the responsibility is on another party to create the form, SSAs may treat it as a formality rather than a tool for understanding, resulting in them simply getting signatures instead of fully comprehending the services. • Requiring SSAs themselves to complete this process forces them to engage more directly and develop a full understanding of the services being agreed to.	James Finley, Chief Executive Officer, THS Remote Support Services	

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• Concern with roommate situations where some people might not be served by the Remote Support provider; should the Remote Support provider communicate/be responsible for obtaining information for an individual they are not serving? Proposed Solution: • Utilize individual service plans (ISP) of person(s) served and their potential unserved roommate(s) as consent to service. • Make the SSA responsible for preparing and using the consent form attached to the ISP, rather than the Remote Support provider. • This ensures SSAs remain accountable for both understanding and explaining the services as part of their core role.		
(D)(3)(c): Issue: The rule requires Remote Support providers to track and distribute copies of consent forms to all Remote Support staff. Concern: • Tracking consent forms is the responsibility of the Service and Support Administrator (SSA), not the Remote Support provider. • If the SSA fails to provide timely documentation, this could delay service implementation and funding authorization - unfairly placing responsibility on the provider. • Requiring each Remote Support staff to have access to signed consent forms creates an administrative burden with little benefit. • Staff already receive individual-specific training; the fact that services are in place should itself indicate that consent was obtained. Proposed Solution: • Place responsibility for obtaining, storing, and sharing consent forms squarely with the SSA, if at all. Consent should be considered given if individual service plan (ISP) is signed off on. • Eliminate the requirement for each Remote Support staff member to personally access signed consent forms. • Remote Support staff will have access to the signed ISP where the services are outlined and agreed upon by the individual and team. • Instead, ensure staff training confirms that appropriate consents are in place before services begin.	James Finley, Chief Executive Officer, THS Remote Support Services	
(D)(4): Requirements for delivery of service. This section includes additional detail that needs to be included in the individual service plan. It repeats the requirements included in the definition of Remote Support for days of the week and times of the day to be included. As detailed above, Ohio Health Care Association cannot support a requirement that makes the individual's life revolve around a service when that service can fully revolve around the individual's life.	Debbie Jenkins, Policy Director, Ohio Health Care Association	Based on your comments : • The words, "during the days of the week and times of the day," were eliminated from the definition of Remote Support in paragraph (B)(13). • Paragraph (D)(4) was revised as indicated: Remote support will be provided pursuant to an individual service plan that conforms to the requirements of rule 5123-4-02 of the Administrative Code. The
(D)(4)(a): Additionally, (D)(4)(a) states: The individual service plan of an individual receiving remote support will include "Specific days of the week and times of the day remote support will be provided." Life does not operate on rigid schedules. People	Susan Brownknight, CEO, Living Arrangements for the	

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stay out later with friends and staff, encounter unexpected weather, or need supports at different times than anticipated. Person-centered plans should not just provide space for but in fact promote flexibility and independence, not lock people into predetermined hours. Remote supports are valuable precisely because they can adapt to real life; regulations must do the same.	Developmentally Disabled (LADD)	individual service plan of an individual receiving remote support will include: (a) ~~Specific~~ Typical days of the week and times of the day remote support will be provided. ~~(b) The equipment or technology used to provide remote support.~~ ~~(c) Assessed needs to be addressed.~~ ~~(d) A detailed description of the remote support to be provided to an individual and how remote support staff will meet and respond to the individual's assessed needs.~~ (b) The assessed need and the equipment or technology used to address the need. (c) The arrangement for backup support including: (i) Whether backup support is paid or unpaid; (ii) The name and contact information for the person or agency provider that provides backup support; and (iii) The amount of time deemed reasonable for backup support to arrive at the individual's residence based on the individual's assessed needs. (d) The protocol to be followed should the individual request that the equipment or technology used for provision of remote support be deactivated.
(D)(4)(a): The requirement for individual service plans (ISP) to list specific days and times of Remote Support (D)(4)(a) reduces the flexibility that CMS encourages. It could also lead to compliance challenges. For instance, if an ISP indicates that Remote Support should begin at 9:00 a.m. but the person is still in the community at that time, the strict language could be read as requiring them to return home prematurely to remain compliant. We believe the intent behind these provisions is to strengthen service accountability, but as written, they may unintentionally restrict the individualized flexibility that is at the heart of person-centered planning.	James Finley, Chief Executive Officer, THS Remote Support Services	
(D)(4)(a): The proposed rule lists details needed for Ohio Individual Service Plan including "specific days of the week and times of the day remote support will be provided." When establishing a service frequency, Service and Support Administrators are looking at what is most convenient for people based on their daily schedule. However, as we all know, schedules change on occasion. County boards recommend changing "specific" to "typical" to be clear when the service will be provided a majority of the time.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(D)(4)(a): The rule requires ISPs to include specific days and times of Remote Support, which contradicts the flexibility CMS encourages and creates significant compliance risks. For example, if a plan states that Remote Support begins at 9:00 a.m., and the individual is out in the community at that time, will they be forced to return home just to remain in compliance?	Scott Marks, MSW, Vice President, Ohio Provider Resource Association	
(D)(4)(a): Specific Days and Times in ISPs: Requiring that Individual Service Plans include specific days and times for remote support (D)(4)(a) is overly rigid and contradicts the flexibility that CMS encourages.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	
(D)(4)(b): The proposed rule lists details needed for Ohio Individual Service Plan including "The equipment or technology used to provide remote support." Technology and equipment is continuously being updated. County boards recommend adding "Basic description of" to accommodate updated technology models or equipment being used over the span.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(D)(5) and (D)(6): Awake Staff Mandate and Technology Deactivation. The Centers for Medicare and Medicaid Services (CMS) directs states to demonstrate how remote monitoring substitutes for or reduces the need for direct staff intervention (CMS Technical Guidance, Section L). Requiring awake staff with no other duties and mandating technology deactivation outside of authorized hours contradicts this principle. Individuals may choose to use technology - like Smart Living Systems' emoticons - for their personal safety and emotional well-being outside set billable	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	Paragraph (D)(5) contains existing requirements. Please see paragraph (D)(4) of currently effective rule 5123-9-35. Remote Support and Routine Homemaker/Personal Care are provided by awake staff. A person who does not require awake staff may be served by On-Site/On-Call Homemaker/ Personal Care which is defined in rule 5123-9-30.

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hours. Regulations that force these tools to be turned off reduce autonomy, impose new burdens, and undermine CMS's mandate that technology maximize independence and minimize intrusion.		
(D)(6): Restrictions on technology use. The rule appears to prohibit tools like Ring doorbells from being active outside of reimbursable Remote Support hours. This interpretation severely limits the flexibility and usefulness of everyday technology - especially in cases where an individual might want to use their device while at work to check who's at their door, even if the assessed need for Remote Support is tied to when they are home. This kind of restriction is overly rigid and seems to go well beyond the intent of Medicaid-funded service limits.	Debbie Jenkins, Policy Director, Ohio Health Care Association	In response to your comments, paragraph (D)(6) was revised as indicated to align with wording in the Assistive Technology rule: ~~When remote~~ Remote support equipment that involves the use of audio and/or video ~~equipment or~~ technology that permits remote support staff to view activities and/or listen to conversations in the residence and/or record activities in the residence, ~~the remote support staff will ensure the equipment or technology is not activated when the remote support provider is not being paid to provide remote support~~ will not be activated by the provider when the provider is not being paid to provide services.
(D)(6): The proposed rule establishes parameters when a provider is not being paid to provide support, the technology/equipment is not active. The way this is worded in the Remote Support rule is unwieldy and could be misinterpreted to say that the individual is not able to activate their own equipment. County boards recommend mirroring similar proposed language in 5123-9-12 (D)(9), as this paragraph is more clearly worded.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(D(6): The rule requires deactivation of technology outside of paid support hours, regardless of how an individual may use that technology for their own purposes. For example, a person may use a Ring camera to monitor their door while at work - even if Remote Support is not authorized during that time. This rule would prohibit that usage, impinging on personal autonomy and choice.	Scott Marks, MSW, Vice President, Ohio Provider Resource Association	
(D)(6): Deactivation of Technology: The rule requires that technology be deactivated outside of paid support hours. This is an unnecessary intrusion on an individual's personal autonomy. Many people use technology, like a smart doorbell or security camera, for their own purposes, regardless of whether they are receiving paid remote support. This rule would prohibit such personal use.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	
(D)(7) - (D)(10): Monitoring Base Requirements. The Centers for Medicare and Medicaid Services (CMS) guidance is explicit: "States should not impose requirements that create barriers to provider participation or access for participants" (CMS Technical Guidance, Section L). These unfunded mandates create an excessive administrative burden that will disincentivize the most innovative and creative solutions.	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	The requirements are intended to ensure individuals' health and safety and provider accountability. The need to add clarification regarding monitoring bases was identified during provider compliance reviews which revealed a broad array of arrangements, some not aligned with the federally-approved waivers.
(D)(8)(a): This requires no one other than Remote Support staff to have access to the room where Remote Supports are provided. Some providers have their Remote Support staff working in their home office, where other staff may have access. Additionally, there may be reasons why other staff/consultants may need to have access to the room including, but not limited to, nursing, quality assurance, management, training or maintenance staff/consultants.	Debbie Jenkins, Policy Director, Ohio Health Care Association	In response to your comments, paragraph (D)(8)(a) was revised as indicated: Will be located in a private ~~room. No one other than remote support staff will have access to the room or be present in the room while remote support is provided~~ area that ensures the privacy of the individual being served.
(D)(8)(a): SafeinHome does not agree with the restriction that "no one other than remote support staff will have access to the room or be present in the room while remote support is provided." This definition is too vague and will lead to issues with	Mark Prohaska, District Manager - Ohio, SafeinHome	

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interpretation through compliance reviews. Issues will arise around what is the definition of private. Also, there is no guidance on what is expected from an agency if this language is violated. We recommend reinstating the original rule language.		
(D)(15): Equipment Checks at the Beginning of Each Shift. The Centers for Medicare and Medicaid Services (CMS) requires safeguards but also insists technology should "maximize independence and minimize intrusion" (CMS Technical Guidance, Section L). Requiring staff to test devices like seizure mats or bed sensors at the start of every shift is impractical and intrusive. Many devices cannot be meaningfully tested without disrupting the person served. This provision introduces compliance traps without advancing safety.	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	In response to your comments, paragraph (D)(15) was revised as indicated: ~~At the beginning of each shift of monitoring an individual, the remote support staff will test the equipment and technology used to provide remote support to that individual or review recent automated system testing to ensure the equipment and technology are working.~~ <u>The remote support provider will develop and implement written protocols for verification and testing to ensure the equipment and technology used to provide remote support are working.</u>
(D)(15): Issue: The rule requires Remote Support staff to check the equipment at the beginning of each shift. Concern: • At the beginning of shifts, staff often first call in to speak with the individual(s) served, which could conflict with or delay equipment checks. • Often Remote Support shifts start in the night when the person is already sleeping, so to test some of this equipment that requires the person's interaction would require intrusively waking them up to test. • Not all equipment can realistically be tested by remote staff without the person(s)' served participation: o Bed mats cannot be tested without requiring individual served to go lay on the bed sensor. o Seizure mats cannot be fully tested—only powered on—since a fake seizure cannot be simulated to verify functionality. o Fall Detection Sensors cannot be fully tested—would require fake falls to be completed by individual served. • Remote Support staff are trained to use systems but are not information technology or engineering experts. Expecting them to perform diagnostics is impractical and outside their role. • The requirement creates excessive administrative burden and cost, while not actually guaranteeing reliability. Proposed Solution: • Assign responsibility for equipment supervision, testing, and maintenance to the Remote Support provider's technician(s) or information technology department, not to shift staff. • Limit Remote Support staff responsibilities to reporting observable malfunctions (e.g., device not powering on, communication failure). • This ensures technical issues are handled by qualified personnel, avoids unnecessary cost, and prevents unreasonable expectations for shift staff.	James Finley, Chief Executive Officer, THS Remote Support Services	
(D)(15): The proposed rule speaks to Remote Support staff testing the equipment. Not all equipment can realistically be tested - such as a seizure mat. Some equipment	Monica Juenger, Chief Policy Officer, Ohio	

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cannot be tested without interaction of the person - such as a bed mat. Further, some shifts start while the individual is sleeping and testing the equipment would be intrusive. County boards recommend responsibility for equipment supervision, testing, and maintenance should be the Remote Support provider's technician or information technology department, not to shift staff. Remote Support staff responsibilities should be limited to reporting observable malfunctions (e.g., device not powering on, communication failure). This ensures technical issues are handled by qualified personnel, avoids unnecessary cost, and prevents unreasonable expectations for shift staff.	Association of County Boards Serving People with Developmental Disabilities	
(D)(15): Equipment Checks at the Beginning of Each Shift. This is an unrealistic expectation and undermines the significant steps that technology companies take to implement systems that provide automated alerts when technology fails. There are way too many different types of technologies utilized to provide support for staff to check all of them individually and still maintain the care that is required for individuals.	Jason Shaffer, PhD, Chief Executive Officer, Life Bridge Remote	
(E)(7): Issue: The rule requires service documentation to include the address of the monitoring base for each instance of remote support. Concern: • Remote Support systems can be accessed through multiple monitoring bases simultaneously. • Multiple staff/Remote Staff providers/Supervisors from varying monitoring bases will supervise and support people at the same time, during the same shifts which is a safeguard allowing additional redundancies for levels of support to ensure health and welfare. • Tracking and documenting the specific monitoring base used for each event is excessively burdensome and administratively impractical. • This requirement adds unnecessary red tape and administrative costs that are not reimbursed by Medicaid. • It provides no clear benefit to the individual being served, as the monitoring base location has no impact on the quality or safety of the service delivered. Proposed Solution: • Remove the requirement to document the address of the monitoring base for each service. • Instead, require only the provider's name and identifier, which already sufficiently validates who is responsible for delivering the service. • This reduces unnecessary administrative cost while still ensuring proper accountability and compliance.	James Finley, Chief Executive Officer, THS Remote Support Services	Service documentation must be sufficient to validate service delivery and support a provider's claim for reimbursement. Establishing continuity of care is not an extraneous administrative detail. The need to add clarification regarding monitoring bases was identified during provider compliance reviews which revealed a broad array of arrangements, some not aligned with the federally-approved waivers.
(E)(7) and (E)(8)(b): Documentation Requirements. The rule requires service documentation to include the monitoring base address and the precise arrival/ departure times of backup staff. The Centers for Medicare and Medicaid Services (CMS) requires documentation sufficient to validate service delivery and support individual outcomes (CMS Technical Guidance, Section L). Tracking extraneous administrative	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	

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details is unnecessary and increases compliance risk without improving safety or outcomes. Backup staff already have separate documentation obligations. Duplicating them here is redundant and punitive.		
(E)(8)(b): Issue: The rule requires the Remote Support provider to document the date and time when backup support arrives and departs the individual's residence. Concern: • Depending on the equipment in use, the Remote Support provider may not know the exact time backup support arrives. This creates a requirement that the Remote Support provider cannot always fulfill without relying on the Homemaker/Personal Care backup provider to communicate directly. • Remote Support services typically end as soon as the provider verifies backup support has arrived. Once systems are deactivated, the Remote Support provider has no visibility into when the backup leaves. • Backup staff may leave when another paid provider arrives, or when the individual leaves for work, school, or community activities—all situations the Remote Support provider cannot reasonably track. • This requirement creates an unfair burden on the Remote Support provider and introduces potential for service delays or compliance issues due to factors outside their control. Proposed Solution: • Option 1: Assign responsibility for documenting the arrival and departure times of backup support to the Homemaker/Personal Care provider or backup support provider, not the Remote Support provider. Limit the Remote Support provider's role to documenting the time they contacted backup support. • Option 2 (preferred): Remove the requirement to document arrival and departure times entirely from Remote Support provider, as it provides minimal value, is outside the scope of the Remote Support provider, and adds unnecessary administrative burden. Tracking direct care/Homemaker/Personal Care services is already a requirement of that rule and shouldn't be included in the Remote Support rule as an additional requirement. Homemaker/Personal Care staff are already required to document their start and end times.	James Finley, Chief Executive Officer, THS Remote Support Services	Paragraph (D)(12) of currently effective rule 5123-9-35—paragraph (D)(16) in the proposed rule—sets forth that Remote Support staff will stay engaged with an individual during an emergency until emergency personnel or the backup support arrives. Without knowing the status of the backup support (e.g., enroute, on-site, situation resolved, outcome of emergency), how would the Remote Support staff know if they needed to stay engaged and/or continue to provide services to meet the individual's needs? This information is critical to ensure continuity of care.
(F)(2): This appears to be missing the ability to bill for Remote Support when there is paid backup, but Homemaker/Personal Care is not needed.	Debbie Jenkins, Policy Director, Ohio Health Care Association	We apologize; the rule disseminated for clearance was confusing. We intend for the arrangement to continue to work as it does under the currently effective rule. Rewording paragraph (F)(2)(b) is necessary because we are eliminating the phrase, "remote support vendor." Paragraph (F)(2)(b) was revised as indicated: ~~When an individual receives remote support with paid backup support, and the remote support staff contact~~
(F)(2)(b): Issue: The rule states that when paid backup support is dispatched, billing will occur under Homemaker/Personal Care (HPC) or Participant-Directed Homemaker/Personal Care. However, the rule does not clearly address how billing should occur in scenarios where the Remote Support provider is delivering Remote Support services in coordination with paid backup. Concern: • The language as written appears incomplete and ambiguous.	James Finley, Chief Executive Officer, THS Remote Support Services	

Comment	By Whom	Department's Response
• It creates uncertainty about billing when the Remote Support provider is responsible for the Remote Support but paid backup is still engaged. • The previous version of the rule allowed for the Remote Support provider to be billed appropriately, but this new draft leaves gaps and could result in confusion or disputes over which provider is reimbursed. • The Ohio Provider Resource Association (OPRA) has already drafted and presented a bundled/unbundled payment structure to DODD, which more clearly defines responsibilities and avoids these billing ambiguities. Proposed Solution: • Revise (b) to clarify how billing occurs when the Remote Support provider delivers the Remote Support service while paid backup is in place. • Ensure billing guidance explicitly covers both scenarios: 1. When the Remote Support provider is delivering services directly. 2. When the Remote Support provider is delivering services through contract or partnership arrangements. • Preferably, adopt OPRA's bundled and unbundled payment structure as presented to DODD, since this framework is clearer, more equitable, and already vetted by providers, OPRA, and the Ohio Health Care Association.		~~the backup support to request emergency or in-person assistance, the paid backup support time will be billed as homemaker/personal care or participant-directed homemaker/personal care, as applicable.~~ When an individual receives remote support with paid backup support, the homemaker/personal care provider providing that backup support will bill for the remote support and provide the remote support directly or through a contract with a remote support provider that meets the requirements of this rule. In the event the remote support staff contact the paid backup homemaker/personal care provider to request emergency or in-person assistance, the paid backup support person's time will be billed as homemaker/ personal care or participant-directed homemaker/ personal care, as applicable.
(F)(2)(b): The proposed rule changes the language regarding Remote Support with paid backup support. The new language is unclear regarding billing. County boards recommend this section needs more clarity to understand what is expected for the billing of paid backup support.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	
(F)(2)(b): As stated in our previously submitted comments (8/15/25), SafeinHome strongly recommends that when Remote Support services are provided in coordination with paid backup staff, each provider - both the Remote Support provider and the paid backup provider bill Medicaid separately for the services they deliver. Requiring one provider to contract through the other can create administrative inefficiencies, obscure accountability, and potentially delay or complicate reimbursement.	Mark Prohaska, District Manager - Ohio, SafeinHome	We are committed to exploring separate ("unbundled") billing and are reviewing how these arrangements are configured in other states.
(F)(2)(b) and (F)(3): Payment standards: The Centers for Medicare and Medicaid Services (CMS) requires that states demonstrate "payment is sufficient to enlist providers to assure service availability" (CMS Technical Guidance, Section C-5). Ohio's proposal to divide payment equally among individuals in a household ignores the increased workload of training on multiple individual service plans and responding to multiple unique needs. This is inconsistent with every other Home and Community-Based Services service model in Ohio, where billing is ratio-based. Such a structure disincentivizes providers from serving multi-person homes, ultimately reducing access to Remote Support for those who need it most.	Susan Brownknight, CEO, Living Arrangements for the Developmentally Disabled (LADD)	We are committed to exploring a ratio-based rate. Moving to a ratio-based rate requires rate modeling and modifications to information technology systems which may be implemented in a future round of improvements.
(F)(3): Issue: The rule states that when Remote Support occurs in a home with multiple individuals, the payment rate will be divided equally among all individuals served.	James Finley, Chief Executive Officer, THS	

Comment	By Whom	Department's Response
Remote Support is additional work to ensure that all individuals receive service while not being adequately compensated. Concern: • No other DODD service has an equal division of a rate; all other services are billed on a ratio that includes additional compensation when adding a person served in a congregate setting. • Remote Support professionals are still required to be trained on each individual service plan and the protocols for each individual served, which can vary increasing difficulty and volume of work; it is an increased workload for a smaller billing rate. • It disincentivizes Remote Support providers to serve homes with multiple individuals. Proposed Solution: In homes where multiple individuals are served, Remote Support should mirror all other DODD services and have a ratioed billing rate.	Remote Support Services	

5123-9-47 (Support Brokerage)

Comment	By Whom	Department's Response
County boards welcome the opportunity to collaborate with DODD on how best to recruit providers for the service amongst people with lived experience.	Monica Juenger, Chief Policy Officer, Ohio Association of County Boards Serving People with Developmental Disabilities	We are grateful for your commitment to recruiting sufficient providers and look forward to continued collaboration.