



Instructions: PAA provider oversight staff should use this tool to ensure requirements for the assisted living memory care service, OAC 173-39-02.16. Please direct providers to ODA's YouTube page for training on the memory care service rule.

173-39-02.16(D) Requirements for an ODA-certified provider of memory care	
(1)	The provider is subject to the standards in paragraph (C) of this rule.
(2)	The provider qualifies for certification to provide memory care only if the provider meets all the following standards: <ul style="list-style-type: none">a. The provider displays a purpose statement on its website that explains the difference between the provider's basic assisted living service and its memory care, or if the provider provides only memory care, a purpose statement on its website that explains the memory care that the provider provides (TA for PAAs: high level statement is sufficient, not necessary to go into specific and lengthy details about the service).
b.	The provider designates the single-occupancy resident unit in paragraph (C)(2)(c) of this rule to be a stand-alone memory care unit, a memory care unit in a memory care section of the RCF, or a memory care unit in an RCF of a provider that provides only memory care (TA for PAAs: the provider decides whether to deliver the service whether in a secured/locked area or not. Please note in PIMS how the provider is delivering the service, meaning is it ONLY in a secured/locked area or within the basic/general area of the setting).
c.	The provider provides or arranges for at least 3 (three) therapeutic, social, or recreational activities listed in rule 3701-16-11 per day with consideration given to individuals' preferences and designed to meet individuals' needs (TA for PAAs: verify this from the activity calendar for those individuals receiving the service, ensure there are 3 per day, how is the provider considering preferences/needs for this population?).
d.	The provider ensures safe access to outdoor space for individuals (TA for PAAs: this will depend on where the memory care service is being delivered in the building and the physical structure of the building. For providers who are delivering the memory service on secured/locked areas WITHOUT outdoor access within the secured/locked area, what steps has the provider taken to provide outdoor access?).
e.	The provider assists each individual who makes a call through the resident call system in person in fewer than 10 (ten) minutes after the individual initiates the call (TA for PAAs: For providers who track response times electronically, ask to see the report. Otherwise, a manual review will need to be conducted by the provider to demonstrate compliance. Additionally, you may need to talk with staff and residents/families to get a sense of response times).

- (3) Availability: The provider qualifies for certification to provide memory care only if the provider meets all of the following standards in addition to the requirements in paragraph (C)(3) of this rule:
- a. The provider has a sufficient number of RNs, or LPNs under the direction of an RN, on call or on site at all times for individuals receiving memory care (**TA for PAAs:** Rule will be updated, but in practice LPNs can receive direction from healthcare professionals identified in ORC 4723.01(E) and (F)).
 - b. The provider maintains the appropriate direct-care staff-to-resident ratio below for its memory care (**TA for PAAs:** providers shall only select one of the following):
 - i. If providing **both** memory care and the basic service, a ratio that is at least 20% (twenty per cent) higher than the provider's ratio for its basic service (**TA for PAAs:** most providers attested to this staffing option. Please document how the provider is meeting this whether through a daily staffing assignment based on the basic service ratios or some other way).
 - ii. **If providing only memory care** and the average ratio for the basic service provided by a representative sample of providers participating in the medicad-funded component of the assisted living program is readily available to the provider, then a ratio that is at least 20% (twenty per cent) higher than that average ratio.
 - iii. **If providing only memory care** and the average ratio for the basic service provided by a representative sample of providers participating in the medicad-funded component of the assisted living program is **NOT** readily available to the provider, then a ratio of at least 1 (one) staff member who provides personal care services for every 10 (ten) individuals receiving memory care with at least 1 (one) staff member who provides personal care services on each floor of the RCF if the RCF provides memory care on multiple floors.
- (4) Initial staff qualifications: A staff member qualifies to provide memory care without in-person supervision only if the staff member successfully completes training on all of the following topics in addition to the topics listed under paragraph (C)(5) of this rule (**TA for PAAs:** providers can use trainings from their ODH training requirements. Direct providers to visit ODA's website for training materials or to find their own. Will need evidence of the topics being trained on for compliance):
- a. Overview of dementia: symptoms, treatment approaches, and progression
 - b. Foundations of effective communication in dementia care
 - c. Common behavior challenges and recommended behavior management techniques
 - d. Current best practices in dementia care
 - e. Missing resident prevention and response
- (5) In-service training: A staff member continues to qualify to provide memory care only if the staff member successfully completes dementia care training when complying with paragraph (C)(6) of this rule.