

173-39-02.16

**ODA provider certification: assisted living service.**

(A) Definitions for this rule:

(1) "Assisted living service" means all of the following:

(a) A service promoting aging in place by supporting the individual's independence, choice, and privacy.

(b) A service that includes the following [activities](#):

(i) Hands-on assistance, supervision, and/or cuing of ADLs, IADLs, and other supportive activities.

(ii) Nursing activities, including the following:

(a) ~~The Initial~~ [initial](#) and subsequent health assessments under rule 3701-16-08 of the Administrative Code.

(b) Monitoring the individual according to the standards of practice for the individual's condition.

(c) Medication management according to rule 3701-16-09 of the Administrative Code.

(d) ~~The Part-time;~~ [part-time](#) intermittent skilled nursing care, ~~as described in rule 3701-16-09.1 of the Administrative Code;~~ when not available to the individual through a third-party payer.

(iii) Coordinating three meals per day and snacks according to rule 3701-16-10 of the Administrative Code with access to food according to rule 5160-44-01 of the Administrative Code.

(iv) Coordinating the social, recreational, and leisure activities ~~required~~ under rule 3701-16-11 of the Administrative Code to promote community participation and integration, including non-medical transportation to services and resources in the community.

~~(v) Any maintenance required under rule 3701-16-15 of the Administrative Code.~~

~~(vi) The resident call system required under rule 3701-16-14 of the~~

~~Administrative Code~~

(c) A service that does not include the following:

- (i) Housing.
- (ii) Meals.
- (iii) Twenty-four-hour skilled nursing care.
- (iv) One-on-one supervision of an individual.

(2) "Medication management" includes knowing what medications an individual is self-managing, assistance with self-administration of medication, ordering medication, medication reminders, and medication administration.

(3) "Memory care" means both of the following:

(a) An assisted living service that occurs in a resident unit that the provider designates to be a single-occupancy assisted living memory care unit, part of an assisted living memory care section of the RCF, or in an RCF that is entirely an assisted living memory care facility.

(b) The individual receiving the service has a documented diagnosis of any form of dementia.

~~(3)~~(4) "Resident call system" has the same meaning as in rule 3701-16-01 of the Administrative Code.

~~(4)~~(5) "Staff member" and "staff" have the same meanings as in rule 3701-16-01 of the Administrative Code.

(B) Certification level: ODA certifies each provider for either the basic assisted living service or memory care. If ODA certifies a provider to provide memory care, the provider may also directly provide, or arrange for, the basic service.

~~(B)~~(C) Requirements for an ODA-certified provider of the basic assisted living service ~~(service)~~:

(1) General requirements: The provider is subject to rule 173-39-02 of the Administrative Code.

(2) RCF qualifications:

(a) Licensure: Only a provider who maintains a current, valid RCF license from ODH and maintains compliance with Chapter 3721. of the Revised Code and Chapters 3701-13 and 3701-16 of the Administrative Code qualifies to provide this service.

(b) ~~Website:~~ Public information: The provider shall display the following on its website and on its facility page in the long-term care consumer guide:

(i) Whether the provider is currently certified by ODA to provide the basic assisted living service ~~under the assisted living program.~~

(ii) Whether the provider is certified by ODA to provide memory care.

~~(ii)~~ (iii) Whether the provider is currently accepting individuals who are enrolling in the assisted living program or mycare Ohio.

(c) Resident units: A resident unit qualifies for this service only if the unit meets all the following standards:

(i) ~~Private resident unit:~~ Occupancy:

(a) The ~~provider shall provide each individual with a private~~ resident unit is a single-occupancy resident unit designated solely for the individual, except as permitted under paragraph ~~(B)(2)(e)(i)(b)~~ (C)(2)(c)(i)(b) of this rule.

(b) The provider ~~shall only~~ may allow an individual to share a ~~private~~ single-occupancy resident unit only if all of the following conditions exist:

(i) The individual requests to share ~~his or her~~ the individual's unit~~;~~.

(ii) The individual shares ~~his or her~~ the individual's unit with a person with whom the individual has an existing relationship~~;~~and.

(iii) ODA's designee verifies that the conditions of

paragraphs ~~(B)(2)(e)(i)(b)(i)~~ (C)(2)(c)(i)(b)(i) and ~~(B)(2)(e)(i)(b)(ii)~~ (C)(2)(c)(i)(b)(ii) of this rule are met and authorizes sharing the unit in the individual's person-centered services plan .

~~(ii) Lock: Each resident unit shall have a lock that allows the individual to control access to the resident unit at all times, unless the provider maintains documentation from a physician, that is also documented in the individual's person-centered service plan in accordance with rule 5160-44-02 of the Administrative Code, that was issued within the previous three hundred sixty-five days in which the physician determines the individual's diagnosis indicates the individual's ability to lock the resident unit is likely to have an adverse effect on the individual's health or welfare.~~

(ii) Lock: The resident unit has a lock that allows the individual to control access to the resident unit at all times, unless all of the following conditions exist:

(a) A physician prescribes having no lock on the resident unit or removing the individual's ability to lock the resident unit because the individual's diagnosis indicates that the individual's ability to lock the resident unit is likely to have an adverse effect on the individual.

(b) The physician in paragraph (C)(2)(c)(ii)(a) of this rule issued the prescription within the past three hundred sixty-five days.

(c) The provider retains the prescription in paragraph (C)(2)(c)(ii)(a) of this rule.

(iii) Bathroom: ~~Each~~ The resident unit ~~shall include~~ includes a bathroom with a toilet, a sink, and a shower/bathtub, all of which are in working order.

(iv) Social space: ~~Each~~ The resident unit ~~shall include~~ includes identifiable space, separate from the sleeping area, that provides seating for the individual and one or more visitors for socialization.

(d) Common areas: The provider shall provide common areas accessible to the individual, including a dining area (or areas) and an activity center (or centers). A multi-purpose common area may serve as both a dining area and an activity center.

- (3) Availability: The provider shall maintain adequate staffing levels to comply with rule 3701-16-05 of the Administrative Code and to provide hands-on assistance, supervision, and/or cuing of ADLs in a timely manner in response to individual's unpredictable care needs, supervisory needs, emotional needs, and reasonable requests for services through the resident call system twenty-four hours per day.
- (4) Minors: Staff members under eighteen years of age do not qualify to do any of the following:
  - (a) Assist with medication management.
  - (b) Provide transportation.
  - (c) Provide personal care without on-site supervision, in accordance with rule 3701-16-06 of the Administrative Code.
- (5) Initial staff qualifications: Only a ~~person~~ staff member who successfully completes training in the following subject areas qualifies to provide this service:
  - (a) Principles and philosophy of assisted living.
  - (b) The aging process.
  - (c) Cuing, prompting, and other means of effective communication.
  - (d) Common behaviors for cognitively-impaired individuals, behaviorally-impaired individuals, or other individuals and strategies to redirect or de-escalate those behaviors.
  - (e) Confidentiality.
  - (f) The person-centered planning process ~~established~~ in rule 5160-44-02 of the Administrative Code, which includes supporting individuals' full access ~~of individuals~~ to the greater community.
  - (g) The individual's right to assume responsibility for decisions related to ~~his or her~~ the individual's care.

- (6) In-service training: The provider shall ensure that each employee providing this service successfully completes any training requirements in rule 3701-16-06 of the Administrative Code and makes verification of successful completion of those requirements available to ODA or its designee upon request.
- (7) Quarterly assessments: The provider's RN or LPN shall complete all of the following for each individual:
- (a) Contact the individual quarterly to assess and document the individual's satisfaction with ~~his or her~~ the individual's activities plan, and whether the activities plan continues to meet ~~his or her~~ the individual's needs.
  - (b) ~~Document, Report and retain records,~~ at least quarterly, on whether the individual's records demonstrate the individual is receiving activities as ODA or its designee authorized them in the individual's person-centered service plan.
  - (c) ~~Document, Report and retain records,~~ at least quarterly, on whether staff are providing personal care to the individual in the manner in which rule 3701-16-09 of the Administrative Code ~~requires~~ mandates for personal care services, as defined in rule 3701-16-01 of the Administrative Code.
- (8) Subcontracting: The provider may subcontract to provide one or more, but not all, of the service activities described in paragraphs (A)(1)(b) of this rule that ODA or its designee authorizes for the individual. The provider is responsible to assure that any service provided by a sub-contractor ~~is-compliant~~ complies with this chapter.

(D) Requirements for an ODA-certified provider of memory care:

- (1) The provider is subject to the standards in paragraphs (C)(1), (C)(2), (C)(4), (C)(6), (C)(7), and (C)(8) of this rule.
- (2) The provider qualifies for certification to provide memory care only if the provider meets all of the following standards:
- (a) The provider has a mission statement that includes how its memory care differs from its basic assisted living service.
  - (b) The provider provides or arranges for at least three therapeutic, social, or recreational activities listed in rule 3701-16-11 of the Administrative Code per day with consideration given to each individual's preferences

and designed to meet each individual's needs. The coordination of these activities is separate from the coordination in paragraph (A)(1)(b)(iv) of this rule.

(c) The provider ensures safe access at any time to outdoor space for all individuals.

(d) The provider assists each individual who makes a call through the resident call system in person in fewer than ten minutes after the individual initiates the call.

(e) The provider has a medical director whose responsibilities include all of the following:

(i) Meeting periodically with management, nursing, and other professional staff to discuss clinical and administrative issues.

(ii) Acting as a liaison between the attending physicians and other health professionals caring for the individuals.

(iii) Being available to consult when an individual's personal physician is not available.

(iv) Assisting management and nursing staff in ensuring a safe and sanitary environment for individuals and staff by reviewing incidents, identifying environmental hazards to health and safety, and advising the provider on possible corrections or improvements to the facility's environment.

(v) Promoting residents' rights, adhere to the person-centered service plans, and adopt the person-centered planning principles in rule 5160-44-02 of the Administrative Code.

(3) Availability: The provider qualifies for certification to provide memory care only if the provider meets all of the following standards:

(a) The requirements in paragraph (C)(3) of this rule.

(b) The provider has a sufficient number of RNs, or LPNs under the direction of an RN, on call available at all times for individuals receiving memory care.

(c) The provider maintains a staffing ratio of at least one staff member who provides personal care services for up to every ten individuals receiving memory care with at least 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 all of the following:

(a) The training under paragraph (C)(5) of this rule.

(b) Training on all of the following topics:

(i) Overview of dementia: symptoms, treatment approaches, and progression.

(ii) Foundations of effective communication in dementia care.

(iii) Common behavior challenges and recommended behavior management techniques.

(iv) Current best practices in dementia care.

(v) 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.

~~(C)~~(E) Units and rates:

(1) For the assisted living program, the appendix to rule 5160-1-06.5 of the Administrative Code lists the following:

~~(1)(a) One~~ The unit of ~~assisted living~~ service ~~is~~ as one day.

~~(2)(b) ODM establishes the~~ The maximum-allowable rates for a unit of a unit of basic assisted living service and a unit of memory care ~~in the appendix to rule 5160-1-06.5 of the Administrative Code.~~

~~(3)~~(2) For the assisted living program, ~~Rule~~ rule 5160-33-07 of the Administrative Code establishes the rate-setting methodology for a unit of ~~the~~ service.