

173-3-08**Older Americans Act: consumer and caregiver grievances.**

- (A) 42 U.S.C. 3027(a)(5)(B) and 45 C.F.R. 1321.9(c)(1)(viii) mandate AGE to establish standards for each AAA's grievance procedure under 42 U.S.C. 3026(a)(10).
- (B) 42 U.S.C. 3026(a)(10) requires each AAA to maintain a grievance procedure for consumers or caregivers who are dissatisfied with or denied services under the Older Americans Act which contains all of the following standards:
- (1) A provision for any consumer or caregiver to make a grievance in person, in writing, by electronic mail, by telephone, or by other reasonable means and for retaining records on each grievance for the period required in paragraph (C) of this rule.
 - (2) A requirement that the AAA acknowledge receipt of each grievance in writing, including by email, within five business days after the AAA's receipt of the grievance.
 - (3) A process for the AAA to investigate the grievance and attempt to resolve the matter informally, if possible, including retaining records on the outcomes of both for the period required in paragraph (C) of this rule.
 - (4) A requirement that the person responsible for investigating or otherwise resolving the grievance was not involved in the events that gave rise to the grievance.
 - (5) A process for the AAA to issue a written or electronic mail response to the grievance within thirty days after receipt of the grievance, which includes all of the following:
 - (a) The date the grievance was received by the AAA.
 - (b) The nature of the consumer's or caregiver's grievance, including all relevant dates.
 - (c) Actions taken by the AAA to attempt to resolve the grievance informally, including the outcome.
 - (d) Notice of any reconsideration or further review that is available to the consumer or caregiver within the AAA.
 - (6) A provision prohibiting retaliation by the AAA or its providers against a consumer or caregiver for submitting a grievance.

- (7) A process for notifying consumers and caregivers of the existence of the grievance process and for providing a copy of the AAA's grievance procedure at all of the following times:
- (a) On request.
 - (b) When the consumer or caregiver applies to the AAA or a provider for services paid, in whole or in part, with Older Americans Act funds (OAA services).
 - (c) When the AAA or a provider denies the consumer's or caregiver's request for OAA services.
 - (d) When the AAA or a provider reassesses the consumer's or caregiver's eligibility for OAA services.
 - (e) When the AAA or a provider reduces or discontinues providing the consumer's or caregiver's OAA services.
- (8) A requirement that providers adopt a grievance procedure for attempting to resolve grievances informally, if possible, and referring the consumer to the AAA's grievance procedure if informal resolution is unsuccessful.
- (9) A process for submitting the procedure for AGE approval as part of the AAA's area plan.
- (C) The period for each provider and each AAA to retain a copy of each grievance, response, and outcome is ninety days after the first monitoring visit conducted by the AAA or AGE (respectively) following the date on which the provider's or AAA's response became final.
- (D) A consumer or caregiver may choose to have another person represent the consumer or caregiver at any point in a grievance process and receive a copy of any notice due to the consumer or caregiver under this rule if the consumer or caregiver provides a valid signed authorization and release of information for the designated representative.
- (E) A consumer or caregiver may seek assistance from the long-term care ombudsman program to file a grievance.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

| | |
|----------------------|--|
| Promulgated Under: | 119.03 |
| Statutory Authority: | 121.07, 173.01, 173.011, 173.02, 173.392; 42 U.S.C. 3025; 45 C.F.R. 1321.9 |
| Rule Amplifies: | 173.011, 173.39, 173.392; 42 U.S.C. 3026, 3027; 45 C.F.R. 1321.9 |

173-3-10**Older Americans Act: private pay programs.**

- (A) Definition for this rule: "Private pay programs" has the same meaning as in 45 C.F.R. 1321.3.
- (B) 42 U.S.C. 3026(g) and 45 C.F.R. 1321.9(c)(2)(xiii) allow AGE, AAAs, and providers to provide private pay programs, subject to compliance with the state requirements in paragraph (C) of this rule.
- (C) The state requirements for private pay programs are the same as the standards under 45 C.F.R. 1321.9(c)(2)(xiii), subject to presidential executive orders, including 14148, 14151, and 14173, and any applicable statute or rule.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 121.07, 173.01, 173.011, 173.02, 173.392; 42 U.S.C. 3025; 45 C.F.R. 1321.9

Rule Amplifies: 173.011; 173.39; 173.392; 42 U.S.C. 3026; 45 C.F.R. 1321.3, 1231.9

173-45-01

Long-term care consumer guide: introduction and definitions.

(A) Introduction: This chapter governs the Ohio long-term care consumer guide that ~~ODA~~ AGE electronically publishes to provide the public with detailed information on Ohio's long-term care facilities, including nursing homes, residential care facilities, skilled nursing facility units of hospitals, and county homes certified to receive medicare and medicaid reimbursement, ~~and residential facilities~~. The information includes a facility's size, location, services offered, customer satisfaction data, regulatory compliance performance data, and, in the case of nursing facilities, quality measures. The guide's information allows the public to ~~compare two or more~~ search for facilities. The guide may also include detailed information about other types of long-term care providers. The long-term care quality navigator publishes information obtained from the guide and satisfies the requirements of the guide.

(B) Definitions for this chapter:

"AGE" means the Ohio department of aging.

"CMS" means "centers for medicare and medicaid services."

"Facility" means a nursing facility; or residential care facility; ~~or residential facility.~~

"Guide" means the "Ohio long-term care consumer guide," which was created by ~~ODA~~ AGE in accordance with section 173.46 of the Revised Code, published as the long-term care quality navigator.

"Medicaid" has the same meaning as in section 5162.01 of the Revised Code.

"Medicare" has the same meaning as in section 5162.01 of the Revised Code.

"Nursing facility" means either of the following:

- (1) A facility, or a distinct part of a facility, that is certified as a nursing facility or a skilled nursing facility for purposes of the medicare or medicaid program.
- (2) A nursing home licensed under section 3721.02 of the Revised Code that is not certified as a nursing facility or skilled nursing facility.

~~"ODA" means "the Ohio department of aging."~~

~~"ODH" means "the Ohio department of health."~~

"Quality measure" means an aspect of the physical or mental conditions of the residents of a nursing facility that is derived from the resident assessment instruments

submitted by nursing facilities to CMS for the purposes of the medicare and medicaid programs.

"Residential care facility" (RCF) has the same meaning as in section 3721.01 of the Revised Code.

~~"Residential facility" has the same meaning as in section 173.45 of the Revised Code.~~

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.44 to 173.49; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/19/2013,
12/01/2015, 11/16/2020

173-45-03

Long-term care consumer guide: consumer guide content.

(A) General information: ~~ODA-AGE~~ shall include the following information in the guide:

- (1) A description of the guide.
- (2) Disclaimers stating the limitations of the data included in the guide.
- (3) A recommendation for each individual who is considering an admission into a long-term care facility to visit any facility that ~~he or she~~ the individual is considering.
- (4) Electronic links to other information on the internet about selecting long-term care facilities and long-term care service providers, including information maintained by pertinent government agencies and private organizations ~~and the telephone numbers for those agencies and organizations.~~

(B) Facility-specific information: ~~ODA-AGE~~ shall include ~~the following~~ information in the guide to help the public compare and select long-term care providers:

- (1) Each nursing facility's consumer satisfaction survey data, quality measures, and regulatory survey data.
- (2) Each residential care facility's consumer satisfaction survey data and regulatory survey data.
- (3) Other publicly-available information to help the public compare and select long-term care ~~service providers facilities, including, but not limited to, nursing home staffing information published by CMS.~~

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46, 173.47, 173.49; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/01/2015,
11/16/2020

173-45-04

Long-term care consumer guide: search queries.

(A) Nursing facilities: The search query page allows the public to search for nursing facilities by using with results displaying the following parameters:

(1) Geographic location by city, county, ZIP code, or radius.

(2) Source of payment accepted in addition to private sources:

~~(a) Medicaid.~~

~~(b) Medicare.~~

~~(c) Veteran's administration.~~

(3) Services for nursing facility residents reported by the facilities through an AGE electronic portal, including but not limited to, the following:

(a) Alzheimer's disease/dementia care (secured or unsecured).

(b) Bariatric care.

(c) Behavioral care.

(d) Dialysis on site.

(e) Hospice care.

(f) Intensive rehabilitation services.

(g) Respiratory care, including ventilator care.

(h) Respiratory care, not including ventilator care.

(i) Short-term stay for respite.

(j) Skin and wound care.

(k) Spinal cord injury care.

(l) Traumatic brain injury care.

~~(4) A keyword search of nursing facility page information.~~

~~(5) Nursing facility name.~~

(B) Services for residential care facility residents: The search query page allows the public to search for residential care facilities ~~by using~~ with results displaying the following ~~parameters~~:

- (1) Geographic location by city, county, ZIP code, or radius.
- (2) Medicaid waiver or other payment accepted in addition to private sources.
- (3) Services beyond basic personal care reported by the facilities through an AGE electronic portal, including, but not limited to, the following:
 - (a) ~~Twenty-four hour~~ Twenty-four-hour licensed nursing.
 - (b) Advanced skin care.
 - (c) Alzheimer's disease/dementia care (secured or unsecured).
 - (d) Assistance with self-administration of medication.
 - (e) Formalized wellness programs.
 - (f) Hospice care.
 - (g) Medication administration.
 - (h) Rehabilitative therapy (occupational, physical, speech).
 - (i) Short-term stay for respite.
 - (j) Special diets.
 - (k) Total incontinence care.
 - (l) Transfer assistance (e.g., bed to chair).
 - (m) Transportation (e.g., to appointments, outings).
- ~~(4) A keyword search of residential care facility page information.~~
- ~~(5) Residential care facility name.~~

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/01/2015,
11/16/2020

173-45-05

Long-term care consumer guide: display of comparative information following the execution of a search query.

- (A) Following a search query for long-term care providers, the guide shall present a list of all providers that meet the requirements specified in the search.
- (B) For each provider listed, the guide shall present all comparative measures, electronic links to definitions and descriptions of the measures, and further detailed information about the measures, to the extent the information is available to ~~ODA~~ AGE. For each provider, the guide shall include the following information:
- ~~(1) The aggregate responses made by a facility's residents/consumers or their family members to all measures~~ Measures of customer satisfaction, such as family and resident satisfaction survey reports.
 - ~~(2) In the case of nursing facilities, the quality measures described in rule 173-45-07 of the Administrative Code or an electronic link to the CMS website where the guide's viewers may access the quality measures.~~
 - ~~(3)~~ (2) The date of the facility's most recent ODH survey, if applicable.
 - ~~(4)~~ (3) The survey data provided pursuant to rule 173-45-08 of the Administrative Code.
 - ~~(5) An electronic link for each provider on the list allowing the public to gain access to information on the provider maintained in accordance with rule 173-45-06 of the Administrative Code.~~
 - ~~(6)~~ (4) Other comparative measures derived from data specified in this chapter.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 09/07/2006, 08/30/2010, 12/01/2015, 11/16/2020

173-45-06.1

Long-term care consumer guide: information on services provided by facilities.

(A) ~~Checklist items:~~ Facility-provided information: ~~ODA~~ ~~The guide shall include a checklist in the guide that describes~~ describe the services provided by, or in affiliation with, each facility listed in the guide.

(1) Services for nursing facility residents: A nursing facility may ~~check~~ use the electronic portal to indicate whether it offers any of the following ~~boxes that describes a specialized service the nursing facility offers~~ services:

(a) ~~Alzheimer's disease/dementia~~ Memory care (secured or unsecured):
A nursing facility may ~~check the indicate~~ "Alzheimer's disease/dementia memory care (secured or unsecured)" ~~box~~ if it specializes in providing specialized care for residents with Alzheimer's disease/dementia such as environmental features; dining and activities designed and delivered for those with dementia; care planning and delivery and staffing supports appropriate for memory impairments; staff trained in symptoms, symptom management, interventions, person-centered care, and emotional support.

(b) Memory care (unsecured): A nursing facility may indicate "memory care (unsecured)" if it specializes in providing specialized care for residents with Alzheimer's disease/dementia such as environmental features; dining and activities designed and delivered for those with dementia; care planning and delivery and staffing supports appropriate for memory impairments; staff trained in symptoms, symptom management, interventions, person-centered care, and emotional support.

~~(b)(c)~~ Bariatric care: A nursing facility may ~~check the indicate~~ "bariatric care" ~~box~~ if it specializes in bariatric care that includes dietetic and counseling services; equipment, including wheelchairs, beds, commodes, and lifts; exercise and therapy services to treat residents' obesity.

~~(e)(d)~~ Behavioral health care, non-dementia related: A nursing facility may ~~check the indicate~~ "behavioral health care, non-dementia related" ~~box~~ if it provides for, or contracts for, mental health supports for those who need mental health care and have a mental illness such as schizophrenia and need nursing home level of care.

~~(d)(e)~~ Dialysis on site:

- (i) A nursing facility may ~~check the~~ indicate "dialysis on site" ~~box~~ if it specializes in providing dialysis to residents of the nursing facility on site with minimal travel on the nursing facility's campus.
- (ii) A nursing facility may ~~check an additional box~~ indicate if it specializes in peritoneal dialysis.

~~(e)~~(f) Hospice care:

- (i) A facility may ~~check the~~ indicate "hospice" ~~box~~ if it specializes in providing hospice care, whether the facility provides the hospice care or contracts with a hospice provider to provide the hospice care.
- (ii) A facility may ~~check an additional box~~ indicate if it offers additional end-of-life care ~~so long as if it~~ the facility describes the end-of-life care ~~that if it~~ offers.

~~(f)~~(g) Intensive rehabilitation services:

- (i) A nursing facility may ~~check the~~ indicate "intensive rehabilitation services" ~~box~~ if it specializes in providing services by occupational therapists, physical therapists, and speech therapists to assist in recovery from an accident, surgery, stroke, or other medical incident and if the service is provided by or coordinated by occupational therapists, physical therapists, or speech therapists.
- (ii) A nursing facility may ~~check an additional box~~ indicate if its therapists who provide its intensive rehabilitation services are available seven days per week.
- (iii) A nursing facility may ~~check an additional box~~ indicate if it consistently assigns residents to the same therapist.

~~(g)~~(h) Respiratory care, including ventilator care:

- (i) A nursing facility may ~~check the~~ indicate "respiratory care, including ventilator care" ~~box~~ if it specializes in providing chronic ventilator care, tracheal suctioning, and ventilator weaning. "Respiratory care, including ventilator care" may also include use of respirators/ventilators, oxygen, intermittent positive pressure breathing (IPPB), or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has a respiratory therapist on staff.

~~(h)~~(i) Respiratory care, not including ventilator care:

- (i) A nursing facility may ~~check the~~ indicate "respiratory care, not including ventilator care" ~~box~~ if it specializes in providing tracheal weaning and tracheal suctioning. "Respiratory care, not including ventilator care" may also include use of respirators, oxygen, ~~intermittent positive pressure breathing (IPPB)~~, or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has a respiratory therapist on staff.

~~(j)~~(j) Short-term stay for respite: A nursing facility may ~~check the~~ indicate "short-term stay for respite" ~~box~~ if it specializes in providing respite services on short-term bases to individuals who are unable to care for themselves on short-term bases because of absences, needs, or relief of those persons who normally provide care to the individuals.

~~(k)~~(k) Skin and wound care:

- (i) A nursing facility may ~~check the~~ indicate "skin and wound care" ~~box~~ if it specializes in care for clinically complex or multiple wounds. The care may include negative pressure ("wound vac"), debridement, and care by wound specialists on staff or under contract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has wound-management staff certified by the american board of wound management.

~~(l)~~(l) Spinal cord injury care: A nursing facility may ~~check the~~ indicate "spinal cord injury care" ~~box~~ if it provides a special program for those with spinal cord injuries, including physical, speech, occupational, and vocational therapy; skin integrity management; pain management; and environmental accessibility.

~~(m)~~(m) Traumatic brain injury care: A nursing facility may ~~check the~~ indicate "traumatic brain injury care" ~~box~~ if it specializes in evaluating and treating brain injuries by providing care that includes physical, speech, occupational, and vocational therapy; behavioral and cognitive rehabilitation; pain management; and substance-abuse treatment.

(2) Services for residential care facility residents: A residential care facility may ~~check~~ use the electronic portal to indicate that it offers any of the following ~~boxes that describes a specialized service~~ services the residential facility offers that is beyond personal care:

(a) Twenty-four hour licensed nursing.

(b) Advanced skin care.

(c) ~~Alzheimer's disease/dementia~~ Memory care (secured ~~or unsecured~~).

~~(d)~~ Memory care (unsecured).

~~(d)~~ (e) Assistance with self-administration of medication.

~~(e)~~ (f) Formalized wellness programs, which are structured initiatives or programs that a provider offers to targets an area of wellness such as memory care, activity programming, or environmental approaches to address healthier living.

~~(f)~~ (g) Hospice care.

~~(g)~~ (h) Medication administration.

~~(h)~~ (i) Rehabilitative therapy (occupational, physical, speech).

~~(i)~~ (j) Short-term stay for respite.

~~(j)~~ (k) Special diets.

~~(k)~~ (l) Total incontinence care.

~~(l)~~ (m) Transfer assistance (e.g., bed to chair).

~~(m)~~ (n) Transportation (e.g., to appointments, outings).

(3) Services for nursing facility non-residents: A nursing facility may ~~check~~ indicate whether it provides any of the following ~~boxes that describe a specialized service~~ services the residential care facility makes available to non-residents in affiliation with the nursing facility:

(a) Adult day care.

(b) Assisted living on site.

- (c) Home-delivered meals.
- (d) Home health care.
- (e) Hospice services.
- (f) Independent living housing on site.
- (g) Outpatient therapy.
- (h) Short-term stay for respite.
- (i) Transportation (e.g., from homes to appointments).
- (j) Any other community service the facility provides to non-residents that it specifically identifies.

(4) Services for residential care facility non-residents: A residential care facility may ~~check~~ indicate whether it provides any of the following ~~boxes that describe a specialized service services the residential care facility makes available to non-residents in affiliation with the residential care facility:~~

- (a) Adult day care.
- (b) Home health care.
- (c) Hospice care.
- (d) Independent living housing on site.
- (e) Outpatient therapies (occupational, physical, speech).
- (f) Short-term stay for respite.
- (g) Skilled nursing facility on site.
- (h) Transportation (e.g., from homes to appointments).
- (i) Any other community service the facility provides to non-residents that it specifically identifies.

(B) ~~Check boxes, Portal,~~ attestations, and disclaimer:

- (1) ~~Check boxes, Portal:~~ For the facility services specified in paragraphs (A)(1) and (A)(2) of this rule, ~~ODA AGE shall include check boxes~~ permit the facilities to

use an electronic portal to indicate if a facility provides specific services, and if the facility provides the services within a specific unit of the facility.

(2) Attestations:

- (a) A ~~nursing~~ facility shall attest that ~~any box it checks to indicate that it provides the specific service accurately represents a service that it provides by checking the box on the electronic guide below the following statement: "This facility asserts that it offers the service in the manner described, as certified/attested/confirmed by [insert name, title] on [insert date]."~~ The facility shall make this attestation as part of the update procedures ~~provided by paragraph (B)(2) of rule 173-45-06 of the Administrative Code in the portal.~~
- (b) ~~Upon~~ On request from ~~consumers~~ a consumer, ~~ombudsmen~~ an ombudsman, or ~~surveyors~~ a surveyor, a ~~nursing~~ facility shall provide ~~documentation records~~ to demonstrate how any specialized service that it attested that it provides meets the description of the specialized service under paragraph (A)(~~1~~) of this rule. If the ~~nursing~~ facility does not demonstrate how it provides a specialized service, ~~ODA-AGE~~ may remove the specialized service from the facility's listing in the guide.
- (3) Disclaimer: ~~ODA-AGE~~ shall publish this disclaimer in the guide: "This form is intended for ~~any consumers consumer, ombudsmen ombudsman, and or~~ other interested ~~persons person~~ to use ~~in for~~ comparing services offered at Ohio facilities ~~listed on the "Ohio Long-Term Care Consumer Guide."~~ The state does not offer any guarantee that the described services are available to residents because they are listed here. Residents and interested persons may use this information to compare facilities' services and capabilities. This information is not intended to take the place of visiting the facility, talking with residents, family members, or meeting one-on-one with facility staff."
- (C) Updating content: ~~ODA-AGE~~ shall obtain information regarding the services listed in paragraph (A) of this rule from the facilities themselves and may also obtain information from publicly-available sources, in accordance with paragraph (B) of rule 173-45-06 of the Administrative Code. Each facility may supplement the information required under paragraphs (A)(1) and (A)(2) of this rule ~~in order~~ to ensure an accurate description of services provided through the special care unit.
- (D) Definition: As used in this rule, "affiliation" means a connection between a facility and a provider that are operated by the same entity, or that have entered into a contract whereby the provider provides services on the property of the facility or in close proximity to the facility.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 07/11/2013,
12/01/2015, 11/16/2020

173-45-06.2

Long-term care consumer guide: facility staffing information.

(A) Nursing facilities: The facility page shall do the following for each nursing facility that provides the relevant information to ~~ODA~~ AGE:

~~(1) The facility page shall identify the medical director, the licensed nursing home administrator, and the director of nursing, and a narrative description of their qualifications. The narrative field shall include, at a minimum, all of the following information about the medical director, the licensed nursing home administrator, and the director of nursing:~~

~~(a) Title (i.e., "medical director," "licensed nursing home administrator," or "director of nursing").~~

~~(b) Name.~~

~~(c) Educational degrees.~~

~~(d) Board certifications or other professional affiliations.~~

~~(e) Years employed in the long-term care field.~~

~~(f) Years employed by the facility.~~

~~(2)~~(1) The facility page shall indicate if the nursing facility makes permanent staff-to-unit/resident assignments.

~~(3)~~(2) The facility page shall display staff-retention data.

(B) Residential care facilities: The facility page shall do the following for each residential care facility that provides the relevant information to ~~ODA~~ AGE:

~~(1) The facility page shall identify the administrator and director of clinical services, if applicable, and provide the facility with an opportunity to provide a narrative description of their qualifications. The narrative field shall include, at a minimum, the person's all of the following information about the administrator and director of clinical services:~~

~~(a) Title (i.e., "administrator" or "director of clinical services").~~

~~(b) Name.~~

~~(c) Educational degrees and his or her experience.~~

~~(d) Board certifications or other professional affiliations.~~

~~(e) Years employed in the long-term care field.~~

~~(f) Years employed by the facility.~~

~~(2)~~(1) List the number of licensed nurses, direct care staff, and other staff typically on duty on day, evening, and night shifts, displayed separately for weekdays and weekends.

~~(3)~~(2) Display a narrative description of the facility's staffing information.

(C) Updating content:

(1) ~~ODA~~AGE shall provide each facility with an opportunity to submit the information that paragraphs (A) and (B) of this rule require. ~~ODA~~AGE shall collect the information through an electronic portal in accordance with paragraph (B) of rule 173-45-06 of the Administrative Code. ~~ODA~~AGE shall use an electronic time stamp method to reflect the date of the facility's most recent update.

(2) ~~ODA~~AGE shall recalculate the statewide averages and ranges that paragraph (A) of this rule requires at least quarterly.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/01/2015,
11/16/2020, 01/24/2022

173-45-06

Long-term care consumer guide: facility page.

(A) Facility page content: The guide includes an individual facility page for each facility that presents the following specific comparative information, if available:

- (1) The facility's name; the facility's telephone number, mailing address, county in which the facility is located, email address, website address, photograph of the facility, and electronic link to a mapping feature that allows an individual to pinpoint the facility's location.
- (2) The name of the facility's owner and operator (if different from the owner), and the telephone number and mailing address of the facility's owner and operator (if different from the owner).
- (3) If a nursing facility, the facility's certification status regarding medicare and medicaid.
- (4) The number of beds in the facility; the number of single-occupancy and multiple-occupancy rooms in the facility; and, if a nursing facility, the number of beds in the facility that are certified for medicare or medicaid.
- (5) ~~A checklist describing the~~ Any specialized services available through the facility, as provided in rule 173-45-06.1 of the Administrative Code.
- (6) The sources of payment the facility accepts and is eligible to receive.
- (7) Any religious or fraternal affiliation.
- (8) The facility's policies ~~with regard to~~ on smoking, alcohol, pets, ~~do not resuscitate~~ do not resuscitate orders, and advanced directives ~~regarding~~ on nutrition, hydration, and life-sustaining care.
- (9) Specific information concerning staffing at the facility, as described in rule 173-45-06.2 of the Administrative Code.
- (10) The facility's private pay rate with a link to facility-provided information that describes what that rate includes.
- (11) The facility's occupancy rate with a link to facility-provided information describing specific bed availability.

(B) Updating content:

- (1) Each facility shall provide the information under paragraph (A) of this rule to ~~ODA~~ AGE, except as otherwise provided in this chapter.

- (2) ~~ODA-AGE~~ shall provide each facility with access to ~~its facility page and allow~~ an electronic portal by which the facility to may update the information on that ~~page at any time on the facility page~~. An electronic time stamp method shall reflect the date of the most recent update.
 - (3) ~~ODA-AGE~~ may update a facility page with publicly-available information about the facility (e.g., bed count, website address, payment sources, etc.).
 - (4) ~~ODA-AGE~~ shall prohibit the facility from updating information on the facility page if the facility-provided information ~~would conflict~~ conflicts with information obtained from a state or federal government agency. If there is a need to update information that is reflected in a database or report from a state or federal government agency, the facility shall make the government agency that owns the database or report aware of the necessary update.
- (C) Disclaimer: ~~ODA-AGE~~ shall include a disclaimer on the facility page that explains that the information appearing on each facility's facility page is provided and updated by the facility described on the page, and that the accuracy of the information appearing on a facility page is not routinely verified by ~~ODA-AGE~~.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.44 to 173.49; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 07/11/2013,
12/01/2015, 11/16/2020, 01/24/2022

TO BE RESCINDED

173-45-07

Long-term care consumer guide: quality measures for nursing facilities.

For each nursing facility for which data is available, ODA shall include in the guide the nursing facility's scores on each quality measure, as calculated by CMS, and the statewide average score on each quality measure, as calculated by CMS; or, ODA shall present an electronic link where the guide's users may access the quality measures.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 09/07/2006, 08/30/2010, 12/01/2015, 11/16/2020

173-45-08

Long-term care consumer guide: regulatory survey data.

- (A) Data to incorporate: The guide shall reference and shall link consumers to resources for viewing surveys and regulatory compliance status.
- (B) Links: AGE shall include the following links in the guide:
- (1) A link that allows the public to view an explanation submitted to AGE by a facility whose ownership or management has changed since ODH's last survey of the significance of that change to its current survey results.
 - (2) A link that allows the public to view a current survey report, if available to AGE, and any plan of correction a nursing facility has filed with ODH that ODH has provided to AGE or that the facilities include in the guide.
 - (3) A link that allows the public to view the report of the most recent licensure inspection conducted by ODH for any facility that is licensed by ODH, but not certified for either medicare or medicaid, if the report is available to AGE.
 - (4) A link that provides facility visitation guidelines and suggestions.
- (C) Updates: AGE shall update, on a weekly basis, the data derived from ODH's surveys of nursing facilities and residential care facilities in Ohio, including licensure inspection reports for facilities not certified by medicare or medicaid, to the extent the updated information is available to AGE, and except as otherwise provided in this rule.
- (D) Data retention: AGE shall retain four years of regulatory data for each facility in the guide.
- (E) Disclaimer: AGE shall display the following disclaimer in the guide along with the display of data derived from surveys accompanied by ODH: "Surveys of facilities are conducted at periodic intervals. Conditions at a facility can change significantly between surveys and consumers considering admission are encouraged to visit any facility they are considering."
- (F) Definitions: As used in this rule, "deficiency," "immediate jeopardy," "standard survey," and "substandard care" have the same meanings as in section 5165.60 of the Revised Code.

Replaces: 173-45-08

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a

Rule Amplifies: 173.46; 42 U.S.C. 1396a

Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/19/2013,
12/01/2015, 11/16/2020

TO BE RESCINDED

173-45-08

Long-term care consumer guide: regulatory survey data.

(A) Data to incorporate: ODA shall incorporate data derived from ODH's most recent survey of each facility in Ohio into the guide to allow the public to compare a facility to other facilities and to the statewide average. In doing so, ODA shall incorporate the following data into the guide:

- (1) The date of the facility's most recent survey.
- (2) Any non-compliance with regulatory requirements related to a facility's provision of care and services that ODH cites on all surveys at least ten or more times in the previous calendar year.
- (3) The number of the survey data tags ODH cited in the facility's most recent survey.
- (4) The statewide average number of survey data tags ODH cited on a survey.
- (5) The percentage of regulatory requirements each facility meets.
- (6) The statewide average percentage of the survey data tags for which all facilities were found to be in compliance during the most recent surveys.
- (7) The date each nursing facility achieved substantial compliance with medicare and medicaid certification requirements.
- (8) A notation if ODH determined, at any time during the previous eighteen months, that a nursing facility provided substandard care to its residents.
- (9) A notation if ODH determined, at any time during the previous eighteen months, that the care provided by a nursing facility placed its residents in immediate jeopardy or the care provided by the residential care facility placed its residents in real or present danger.
- (10) The date ownership or management of the facility changed, if at all, since ODH's last survey of the facility.

(B) Links: ODA shall include the following links in the guide:

- (1) A link that allows the public to view an explanation submitted to ODA by a facility whose ownership or management has changed since ODH's last survey of the significance of that change to its current survey results.

- (2) A link that allows the public to view a current survey report, if available to ODA, and any plan of correction a nursing facility has filed with ODH that ODH has provided to ODA or that the facilities include in the guide.
- (3) A link that allows the public to view the report of the most recent licensure inspection conducted by ODH for any facility that is licensed by ODH, but not certified for either medicare or medicaid, if the report is available to ODA.
- (4) A link that provides facility visitation guidelines and suggestions.
- (C) Peer grouping: In the guide, ODA shall group facilities by peer groups that correspond ODH's health districts. For each peer group, ODA shall display a peer-group average.
- (D) Updates: ODA shall update, on a weekly basis, the data derived from ODH's surveys of nursing facilities and residential care facilities in Ohio, including licensure inspection reports for facilities not certified by medicare or medicaid, to the extent the updated information is available to ODA, and except as otherwise provided in this rule.
- (E) Data retention: ODA shall retain four years of regulatory data for each facility in the guide.
- (F) Disclaimer: ODA shall display the following disclaimer in the guide along with the display of data derived from surveys accompanied by ODH: "Surveys of facilities are conducted at periodic intervals. Conditions at a facility can change significantly between surveys and consumers considering admission are encouraged to visit any facility they are considering."
- (G) Definitions: As used in this rule, "deficiency," "immediate jeopardy," "standard survey," and "substandard care" have the same meanings as in section 5165.60 of the Revised Code.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 12/19/2013,
12/01/2015, 11/16/2020

173-45-09

Long-term care consumer guide: fees, invoices, and penalties.

(A) Fees: ~~For the operation of the guide, ODA-AGE shall collect the following annual consumer guide fees from facilities to conduct the satisfaction surveys under section 173.47 of the Revised Code:~~

(1) From ~~each nursing facilities facility~~, ~~ODA-AGE~~ shall collect six hundred fifty dollars.

(2) From ~~each residential care facilities facility~~, ~~ODA-AGE~~ shall collect three hundred fifty dollars.

(B) Invoices: Annually, ~~ODA-AGE~~ shall provide each facility ~~described in paragraphs (A)(1)(a) and (A)(1)(b) of this rule~~ with an invoice requesting payment of the consumer guide fee. The invoice shall include ~~all~~ the following information:

(1) The time period covered by the invoice.

(2) The deadline for receipt of payment, which shall be thirty days after the date of the invoice.

(3) The available methods of payment, including the invoice portal on www.aging.gov.

(4) The consequences of late payment and non-payment.

(C) Penalties:

(1) Division (A)(3) of section 173.48 of the Revised Code requires a facility that fails, within ninety days after the deadline for receipt of payment, to pay the consumer guide fee to be assessed at two times the original invoiced amount.

(2) For purposes of section 131.02 of the Revised Code, ~~ODA-AGE~~ shall certify to the attorney general any payment not received by ~~ODA-AGE~~ within ninety days after the deadline for receipt of payment.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.48, 173.49; 42 U.S.C.
1396a
Rule Amplifies: 173.48; 42 U.S.C. 1396a
Prior Effective Dates: 01/12/2001, 09/07/2006, 08/30/2010, 09/29/2011,
12/01/2015, 08/01/2016, 06/01/2018, 11/16/2020,
01/24/2022

173-45-10

Long-term care consumer guide: ~~consumer~~ customer satisfaction surveys.**(A) Definitions for this rule:**

- (1) "~~Consumer~~ Customer satisfaction survey" (survey) means the customer satisfaction survey under section 173.47 of the Revised Code.
- (2) "Domain" means a subset of a survey question identified by the survey administrator as an area of interest to long-term care facility consumers.
- (3) "Survey administrator" means a designee of ~~ODA~~ AGE responsible for implementing a ~~consumer~~ customer satisfaction survey.

(B) Survey information: The guide shall include the following information that is derived each year from an annual ~~consumer~~ customer satisfaction survey of each long-term care facility conducted by ~~ODA~~ AGE or a survey administrator pursuant to section 173.47 of the Revised Code:

- (1) A description of the survey and of the calculation methods used.
- (2) Item scores for each facility, which are calculated by averaging the numerical response for each item on all returned surveys pertaining to a particular facility. Each survey administrator shall do the following:
 - (a) Determine an item score by assigning a number in the range of zero to one hundred.
 - (b) Exclude a response from the calculation of an item score whenever the respondent did not respond to an item or when the respondent believes the item is not applicable, which is indicated by responses such as "I don't know" or "This does not apply to me".
 - (c) Exclude a returned survey if fewer than ten per cent of the survey items are completed or if the survey was incomplete due to a resident's inability to respond to the survey questions.
- (3) Statewide item scores for all items of the survey, calculated by averaging all item scores for all facilities for which enough surveys were returned to be within a ten per cent margin of error.
- (4) Domain scores for each facility, which are calculated by averaging the facility item scores in a domain for all returned surveys on which the consumer omitted no more than two items in that domain.

- (5) Statewide domain scores, which are calculated as the average of all facility domain scores.
- (6) Facility response rate for a satisfaction survey of a sample of consumers conducted by mail, which is calculated by dividing the number of surveys returned by the number of surveys issued to consumers. The number of surveys issued to facility consumers should reflect both of the following:
 - ~~(a) The number of surveys issued to facility consumers should reflect both of the following:~~
 - ~~(i)(a)~~ (a) A generally accepted response rate for similar surveys.
 - ~~(ii)(b)~~ (b) The most recent available estimate of the occupancy of that facility.
 - ~~(b) A survey audit form will be used to confirm the occupancy of a facility and the number of surveys that were distributed to the consumers of that facility.~~
- (7) A facility response rate for a satisfaction survey of a whole population of a facility's consumers is calculated by dividing the number of surveys returned by the number of consumers surveyed.
- (8) A statewide response rate, which is calculated as the average of all facility response rates.
- (9) An overall facility satisfaction score, which is calculated by averaging all item scores on all returned surveys pertaining to a particular facility. If the survey administrator determines that there are not enough returned surveys from that facility to be within a ten per cent margin of error, then no overall satisfaction survey score will be displayed.
- (10) A statewide satisfaction score, which is calculated by averaging all overall facility satisfaction scores for facilities for which enough surveys were returned to be within a ten per cent margin of error.
- (11) The total number of surveys returned statewide.
- (12) Statewide high and low item scores, which are obtained by identifying the highest and lowest item score among all facilities that have enough returned surveys to be within a ten per cent margin of error.

- (13) Statewide high and low domain scores, which are obtained by identifying the highest and lowest domain score among all facilities that have enough returned surveys to be within a ten per cent margin of error.
- (C) Confidentiality: To protect the privacy of the survey's respondents, the long-term care consumer guide shall not report the results from any facility for which no more than two surveys were returned.
- (D) Invalid surveys: An invalid survey includes a survey that is completed by a person other than a consumer (e.g., completed by a member of the facility's staff) or involves surveying the wrong population (e.g., surveying the resident instead of the family). If ~~ODA's~~ AGE's review of any survey indicates that the survey is invalid, ~~ODA~~ AGE may take one or more of the following actions:
- (1) Remove invalid scores from the calculation of the overall satisfaction scores.
 - (2) Remove the facility's scores from the long-term care consumer guide and any published reports of the survey results.
 - (3) Refer the facility with invalid scores to the appropriate investigatory agency.
- (E) Margin of error: The number of completed surveys considered necessary for a facility to not exceed a ten per cent margin of error is based on the size of the facility and shall be governed by table 1 to this rule.

Table 1

| NUMBER OF RESIDENTS OF A FACILITY | NUMBER OF RESIDENT SURVEYS NEEDED TO NOT EXCEED A 10% MARGIN OF ERROR |
|-----------------------------------|---|
| 3-5 | All |
| 6-10 | 5 |
| 11-12 | 6 |
| 13 | 7 |
| 14-15 | 8 |
| 16-18 | 10 |
| 19-23 | 11 |

| | |
|-------------|----|
| 24 | 12 |
| 25-26 | 13 |
| 27-28 | 14 |
| 29-31 | 15 |
| 32-63 | 16 |
| 34-35 | 17 |
| 36-37 | 18 |
| 38-45 | 19 |
| 46 | 20 |
| 47-55 | 21 |
| 56 | 22 |
| 57-67 | 23 |
| 68-80 | 24 |
| 81-86 | 25 |
| 87-91 | 26 |
| 92-111 | 27 |
| 112-134 | 28 |
| 135-155 | 29 |
| 156-177 | 30 |
| 178-238 | 31 |
| 239-312 | 32 |
| 313 or more | 33 |

- (F) Quality assurance: Any survey administrator conducting a ~~consumer~~-customer satisfaction survey on behalf of ~~ODA~~-AGE shall take quality-assurance measures such as inter-rater reliability testing.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.49; 42 U.S.C. 1396a
Rule Amplifies: 173.44, 173.47, 173.46; 42 U.S.C. 1396a
Prior Effective Dates: 09/07/2006, 07/01/2007, 08/30/2010, 07/11/2013,
12/01/2015, 11/16/2020