## 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) <u>The Initial initial and subsequent health assessments under rule</u> 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) <u>The Part-time, part-time</u> 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 a service that a provider provides in compliance with paragraph (D) of this rule to an individual with 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 types: ODA certifies each provider for the basic assisted living service, memory care, or both the basic service and memory care.
- (B)(C) Requirements for an ODA-certified provider of the <u>basic</u> 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: <u>Public information:</u> The provider shall display the following on its website:

- (i) Whether the provider is currently certified by ODA to provide the <u>basic</u> <u>assisted living</u> service <u>under the assisted living program, memory</u> <u>care, or both the basic service and memory care</u>.
- (ii) Whether the provider is currently accepting individuals who are enrolling in the assisted living program<u>or mycare Ohio</u>.
- (c) Resident units: <u>A resident unit qualifies for this service only if the unit meets</u> <u>all the following standards:</u>
  - (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)(c)(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)(c)(i)(b)(i) (C)(2)(c)(i)(b)(i) and (B)(2)(c)(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 the individual's person-centered services plan indicates otherwise.
- (iii) Bathroom: Each-The resident unit shall include includes a bathroom with a toilet, a sink, and a shower/bathtub shower or bathtub, all of which are in working order.
- (iv) Social space: <u>Each The</u> resident unit <u>shall include includes</u> 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 <u>person\_staff member</u> 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, behaviorallyimpaired individuals, or other individuals and strategies to redirect or deescalate those behaviors.
- (e) Confidentiality.
- (f) The person-centered planning process <del>established</del> in rule 5160-44-02 of the Administrative Code, which includes supporting <u>individuals'</u> full access <del>of individuals to the greater community</del>.
- (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 <u>that</u> 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 contact the individual at least quarterly to assess, and retain a record of, all of the following:
  - (a) Contact the individual quarterly to assess and document the <u>The</u> individual's satisfaction with <u>his or her the individual's activities activity</u> plan, and whether the <u>activities activity</u> plan continues to meet <u>his or her the</u> <u>individual's</u> needs.
  - (b) Document, at least quarterly, whether <u>Whether</u> the individual's records demonstrate <u>that</u> the individual is receiving activities as ODA or its designee authorized them in the individual's person-centered service plan.
  - (c) Document, at least quarterly, whether <u>Whether</u> staff are providing personal care <u>services</u> to the individual in the <u>a</u> manner in which that complies with rule 3701-16-09 of the Administrative Code requires 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 listed under paragraph (A) (1)(b) of this rule that ODA or its designee authorizes for the individual. The provider is responsible to assure that any service activity provided by a subcontractor 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) 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 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.
  - (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.
  - (c) 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 individuals' preferences and designed to meet individuals' needs.
  - (d) The provider ensures safe access to outdoor space for individuals.
  - (e) 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.
- (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.
  - (b) The provider maintains the appropriate direct-care staff-to-resident ratio below for its memory care:
    - (i) If providing both memory care and the basic service, a ratio that is at least twenty per cent higher than the provider's ratio for its basic service.
    - (ii) If providing only memory care and the average ratio for the basic service provided by a representative sample of providers

participating in the medicaid-funded component of the assisted living program is readily available to the provider, then a ratio that is at least 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 medicaid-funded component of the assisted living program is not readily available to the provider, then a ratio of at least one staff member who provides personal care services for 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 training all of the following topics in addition to the topics listed under paragraph (C)(5) of this rule:
  - (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.

(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 <u>The</u> unit of assisted living service is as one day.
  - (2)(b) ODM establishes the <u>The</u> maximum-allowable rates for a unit of <u>a unit</u> 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, <u>Rule-rule</u> 5160-33-07 of the Administrative Code establishes the rate-setting methodology for a unit of <del>the</del> service. Effective:

Five Year Review (FYR) Dates:

10/17/2023

Certification

Date

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