

OHIO

Licensure Terms

Residential Care Facilities

General Approach

The Ohio Department of Health licenses residential care facilities (RCFs). The term assisted living is used interchangeably with residential care.

Adult Foster Care. Adult foster homes are regulated by the Department on Aging to provide personal care services to 1-2 adults who are unrelated to the residence owner. *Regulatory provisions for adult foster homes are not included in this profile but a link to the provisions can found at the end.*

This profile includes summaries of selected regulatory provisions for RCFs. The complete regulations are online at the links provided at the end.

Definitions

Residential care facility means a setting that provides either of the following: (1) accommodations for 17 or more unrelated residents, and supervision and personal care services for three or more residents who need assistance; or (2) accommodations, supervision, and personal care services for three or more unrelated residents who are dependent on the services of others, and skilled nursing care to at least one resident.

Resident Agreements

Resident agreements must describe monthly charges, fees, and payment policies; residents' rights; facility policies; services offered and the type of skilled nursing care allowed and provided; care for persons with cognitive impairment; accommodations of residents with disabilities; advance directives; and discharge criteria.

Disclosure Provisions

Facilities that use managed risk agreements must provide a written explanation of their policies and provisions to prospective residents. Facilities that serve special populations must disclose a statement that includes the following information:

- The facility's service mission or philosophy that reflects the needs of the special population.
- Admission and discharge criteria.
- Staffing plan.
- Description of activities offered, including frequency and type, and how the activities meet the needs of the type of residents.
- Specialized staff training and continuing education practices.
- The assessment and service planning process.
- Behavioral health services.
- The physical environment and design features to support resident functioning.
- Services and policies for residents' families.

The Department must approve the disclosure statement.

Admission and Retention Policy

Facilities may admit or retain individuals who require skilled nursing care if the care is on a part-time/intermittent basis for not more than 120 days in any 12-month period, except for hospice clients and those whose skilled nursing care is determined to be routine by a physician. Facilities may not admit or retain individuals who are bedridden with limited potential for improvement; have Stage III or IV pressure ulcers; or have a medically complex condition. Exceptions may be made for persons receiving hospice care.

Services

Services include supervision and personal care, activities, assistance with self-administration of medication, medication administration, and part-time/intermittent skilled nursing services.

Service Planning

A resident health assessment must be completed on or before admission, annually, and when the resident has a significant change in condition. Domains assessed include medical diagnoses, psychological history, health and physical history, cognitive status, medications, functional status, and the need for skilled nursing services. A licensed health professional must assess the individual's ability to self-administer medication with or without assistance, or the need for medication administration.

If needed, facilities may enter into a risk agreement with a resident or responsible person. A risk agreement is a process through which the resident or sponsor and the facility agree to share responsibility for making and implementing decisions affecting the

scope and quantity of services provided by the facility to the resident. The facility also agrees to identify the risks inherent in a decision made by a resident or sponsor not to receive a service provided by the facility.

Third-Party Providers

Residents may contract with a licensed hospice agency, certified home health agency, or mental health agency to provide necessary services.

Medication Provisions

Medications must be administered by persons authorized by law to do so, including physicians, registered nurses (RNs), licensed practical nurses (LPNs), or certified medication aides who have completed an approved Board of Nursing training program and are under RN direction. Trained non-licensed staff may assist with self-administration when the resident is mentally alert and able to participate in the medication process. Assistance includes reminders; observing; handing medications to the resident; verifying the resident's name on the label; and, for physically impaired residents, removing oral or topical medications from containers; applying medication upon request; and placing a medication container to the resident's mouth. Assistance also includes helping a resident organize medications in a weekly pill organizer if the resident is able to differentiate between pills and actively participates in the organization.

Medications may also be administered by staff of a licensed hospice agency or certified home health agency.

Food Service and Dietary Provisions

Facilities may choose not to provide meals; or to provide 1-3 meals. Facilities that do not provide meals must ensure that each resident unit is appropriately and safely equipped with facility-maintained food storage and preparation appliances. Facility-prepared meals must provide the recommended daily allowances of the National Academy of Sciences Food and Nutrition Board and be based on a standard meal planning guide approved by a dietician. Facilities providing special diets must monitor staff that prepare or serve the food. A dietician working as consultant or employee is required for facilities that provide and supervise complex therapeutic diets.

Staffing Requirements

Type of Staff. Facilities must have an *administrator* responsible for daily operations who is employed not less than 20 hours per week during the hours of 8:00 a.m. to 6:00 p.m. and who must be accessible at all other times when not present at the

facility; *direct care staff* to provide personal care services; and, if skilled nursing services are provided, a *registered nurse* either on staff or under contract. For facilities that provide personal care services, at least one staff member must have first-aid training.

Facilities that administer medication must have one of the following individuals on duty: an RN; a physician; an LPN who has successfully completed a state-approved course in medication administration and administers medication only at the direction of an RN or physician; or another person authorized by law to administer medication.

Facilities must employ or contract with a *psychologist* or *physician* if any residents have late-stage cognitive impairment with significant ongoing daily living assistance needs; cognitive impairments with increased emotional needs; behaviors that cause problems for the resident or other residents, or both; or serious mental illness.

Staff Ratios. *No minimum ratios.* Sufficient numbers of staff must be present to meet residents' total care needs. Facilities that provide skilled nursing care must have sufficient nursing staff and have a licensed nurse on call when one is not present in the facility. At night, a staff member may be on call if the facility meets certain call signal requirements, but another person must also be on call in such cases.

Training Requirements

All staff must receive orientation and training in their job responsibilities, facility procedures, securing emergency assistance, and residents' rights. Staff must receive 8 hours of continuing education annually in personal care techniques, observational skills, and communication skills. Training must be provided by a licensed nurse. All direct care staff must have first-aid training within 60 days of hire. Administrators must receive 9 hours of continuing education annually in gerontology, health care, business administration, and RCF operation.

Staff members employed by a RCF, or part thereof, that admits or retains residents with: (1) late-stage cognitive impairment with significant ongoing daily living assistance needs; (2) cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both; or (3) diagnoses of serious mental illness must have, within 14 days of the first day of work, 2 hours of training in the care of such residents and 4 hours of continuing education in the care of such residents annually. These hours may count towards the general staff training requirements described above.

Provisions for Apartments and Private Units

The licensing rules do not require apartment-style units. The maximum occupancy for a resident unit is four persons. One toilet, sink, and tub or shower are required for every eight residents. If more than four persons of one gender are to be accommodated

in one bathroom on a floor, a bathroom must be provided for each gender residing on that floor.

The Medicaid waiver program does require apartment-style units and shared units are allowed only by resident choice.

Provisions for Serving Persons with Dementia

No provisions identified apart from staff training described above.

Background Checks

Criminal background checks conducted by the Bureau of Criminal Identification and Investigation and fingerprint impressions are required for all staff who have contact with residents. An Federal Bureau of Investigation check is required for individuals who have resided in Ohio for less than 5 years.

Inspection and Monitoring

RCFs must be inspected at least once prior to the issuance of a license and must have one unannounced visit every 15 months by the Department of Health and the fire marshal.

Public Financing

Two Medicaid waivers cover assisted living services in licensed RCFs. The 1915(c) Assisted Living Program and the 1915(b)(c) Managed Care Demonstration Waiver called MyCare (also known as the Ohio Integrated Care Delivery System) that was launched in March 2014.

In addition, Ohio's Residential State Supplement program is a state-funded cash assistance program for certain Medicaid-eligible aged, blind, or disabled adults who have been determined to be at risk of needing institutional care. A monthly supplement, in combination with the recipient's regular monthly income, is used to pay for accommodations, supervision, and personal care services in approved community-based living arrangements, including adult foster homes and RCFs. In 2014, the maximum fee a RCF was allowed to charge a recipient was \$877. Residents may contract and pay for additional services.

Room and Board Policy

In 2014, room and board for Medicaid waiver participants was capped at the Supplemental Security Income federal benefit level--\$721--minus a \$50 personal needs allowance. State policy does not address family supplementation.

Location of Licensing, Certification, or Other Requirements

Ohio Administrative Code, Chapter 3701-17: Nursing Homes and Residential Care Facilities.
<http://www.odh.ohio.gov/en/rules/final/3701-10-19/f3701-17.aspx>

Ohio Administrative Code, Chapter 5122-35: Adult Foster Homes.
<http://codes.ohio.gov/oac/5122-35>

Direction Home Akron Canton Area Agency on Aging website: Assisted Living Medicaid Waiver Program, includes information and links to resources for consumers and providers.
<http://www.services4aging.org/services/need-help-staying-home/assisted-living/assisted-living-medicaid-waver-program.aspx>

Information Sources

Mandy Smith
Regulatory Director
Ohio Health Care Association

Jayson Rogers
Ohio Department of Health

COMPENDIUM OF RESIDENTIAL CARE AND ASSISTED LIVING REGULATIONS AND POLICY: 2015 EDITION

Files Available for This Report

FULL REPORT

Executive Summary	http://aspe.hhs.gov/execsum/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-executive-summary
HTML	http://aspe.hhs.gov/basic-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition
PDF	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alabama-profile
Alaska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-alaska-profile
Arizona	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arizona-profile
Arkansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-arkansas-profile
California	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-california-profile
Colorado	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-colorado-profile
Connecticut	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-connecticut-profile
Delaware	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-delaware-profile
District of Columbia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-district-columbia-profile
Florida	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-florida-profile

Georgia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-georgia-profile
Hawaii	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-hawaii-profile
Idaho	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-idaho-profile
Illinois	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-illinois-profile
Indiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-indiana-profile
Iowa	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-iowa-profile
Kansas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kansas-profile
Kentucky	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-kentucky-profile
Louisiana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-louisiana-profile
Maine	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maine-profile
Maryland	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-maryland-profile
Massachusetts	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-massachusetts-profile
Michigan	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-michigan-profile
Minnesota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-minnesota-profile
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Montana	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-montana-profile
Nebraska	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nebraska-profile
Nevada	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-nevada-profile
New Hampshire	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-hampshire-profile
New Jersey	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-jersey-profile

New Mexico	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-mexico-profile
New York	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-new-york-profile
North Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-carolina-profile
North Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-north-dakota-profile
Ohio	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-ohio-profile
Oklahoma	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oklahoma-profile
Oregon	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-oregon-profile
Pennsylvania	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-pennsylvania-profile
Rhode Island	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-rhode-island-profile
South Carolina	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-carolina-profile
South Dakota	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-south-dakota-profile
Tennessee	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-tennessee-profile
Texas	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-texas-profile
Utah	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-utah-profile
Vermont	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-vermont-profile
Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-virginia-profile

Washington	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-washington-profile
West Virginia	http://aspe.hhs.gov/pdf-report/compendium-residential-care-and-assisted-living-regulations-and-policy-2015-edition-west-virginia-profile
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