

OHIO

Overview

Ohio does not license adult day services (ADS) providers. Certification of ADS centers is required only for Medicaid providers. ADS are provided under several 1915(c) waiver programs, including the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) waiver program, which is administered by the Ohio Department on Aging (DOA). Programs certified by DOA are certified as either enhanced or intensive service providers depending on the type and level of services they furnish. This profile describes the DOA certification requirements for the PASSPORT waiver program.

Definitions

Adult day services are regularly scheduled services delivered in a non-institutional, community-based setting. ADS include recreational and educational activities to support participants' health and independence goals; at least one meal, but no more than two meals per day that meet participant's dietary requirements; and, sometimes, health status monitoring, skilled therapy services, and transportation to and from the ADS center.

Enhanced adult day services include structured activity programming, health assessments, supervision of all activities of daily living (ADLs), supervision of medication administration, hands-on assistance with ADLs and personal hygiene (except bathing) and hands-on assistance with medication administration, comprehensive therapeutic activities, and intermittent monitoring of health status.

Intensive adult day services include all the components of enhanced ADS plus hands-on assistance with two or more ADLs; hands-on assistance with bathing; regular monitoring of health status, with interventions as need to address changes in condition; skilled nursing services (e.g., dressing changes and other treatments) and rehabilitative nursing procedures; rehabilitative and restorative services, including physical therapy, speech therapy, and occupational therapy; and social work services.

Parameters for Who Can Be Served

The services provided in enhanced and intensive ADS (listed above) indicate the types of individuals who can be served in ADS programs.

Inspection and Monitoring

The PASSPORT Administrative Agency conducts an on-site visit within 45 calendar days after the receipt of a completed certification application to determine compliance with the PASSPORT conditions of participation. An on-site provider structural compliance review is conducted at least annually.

Providers are required to provide general access to their facility to representatives of the Centers for Medicare and Medicaid Services, the Ohio Department of Human Services, the Ohio Department of Aging, and the PASSPORT Administrative Agency.

Required and Optional Services

All ADS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Enhanced Adult Day Service		Intensive Adult Day Service	
	Required	Optional	Required	Optional
ADL Assistance	X		X	
Health Education and Counseling			X	
Health Monitoring		X	X	
Medication Administration	X		X	
Nursing Services	X		X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X	X	
Skilled Nursing Services		X	X	
Social Services			X	
Transportation	X		X	

Medication Provisions

Medication administration must be performed by a licensed nurse for participants who require assistance. A trained staff person must supervise participants who self-administer medications.

Staffing Requirements

Type of Staff. A registered nurse (RN) or licensed practical nurse (LPN) under the supervision of an RN must be on site at the ADS center to provide those nursing services that require the skills of an RN or an LPN under the supervision of an RN. An *activity director* must supervise participants' activities.

Staffing Ratios. At least two staff members must be present in the ADS center when more than one participant is in attendance, at least one of whom is a paid direct service staff member. The staff-to-participant ratio must be at least 1:6.

Training Requirements

Before each new personal care staff member can assist participants, the provider must train the staff member on all of the following: (1) employees' expectations; (2) the provider's ethical standards; (3) overview of the provider's personnel policies; (4) description of the provider's organization and lines of communication; (5) incident reporting procedures; and (6) universal precautions for infection control. The provider must also furnish task-based training.

ADS staff must participate in at least 8 hours of in-service training or continuing education each calendar year.

Location of Licensing, Certification, or Other Requirements

Ohio Administrative Code, Chapter 173-39: Certification of Community-Based Long-Term Care Service Providers--Ohio Adult Day Service. [November 1, 2013]
<http://codes.ohio.gov/oac/173-39-02.1>

Information Sources

Shirley McGlone
Community Living Division
Ohio Department of Aging

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

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/daltcp/reports/2014/adultday14-AL.pdf>
Alaska <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf>
Arizona <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf>
Arkansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf>

California <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf>
Colorado <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf>
Connecticut <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf>

Delaware <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf>
District of Columbia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf>

Florida <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf>

Georgia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf>

Hawaii <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf>

Idaho <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf>
Illinois <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf>
Indiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf>
Iowa <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf>

Kansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf>
Kentucky <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf>

Louisiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf>

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf