

OHIO

Citation

Residential care facilities, Ohio Revised Code Annotated §3721 et seq.; Ohio administrative code §3701-17-50 et seq.

Adult care facilities, Ohio Revised Code Annotated 3722 et seq.; Ohio Administrative Code Chapter 3701-20-01 et seq.

General Approach and Recent Developments

Rules for residential care facilities and adult care facilities were revised in 2001. The majority of assisted living facilities in Ohio are licensed as residential care facilities (RCFs); however, some are licensed as adult care facilities (ACFs). Some facilities may be marketed as assisted living and are not required to be licensed.

Residential care facilities provide supervision, personal care services, and may administer medications, supervise special diets, and perform dressing changes. Residential care facility residents may also receive up to 120 days of nursing services on a part-time intermittent basis.

Adult care facilities provide supervision and personal care services. Unlike residential care facilities, ACFs are prohibited from administering medications, supervising special diets, or performing dressing changes. However, ACF residents with short-term illnesses may receive up to 100 days of these and other needed nursing services.

SUPPLY						
Category	2004		2002		2000	
	Facilities	Units	Facilities	Units	Facilities	Units
Adult care facilities	712	5,66	805	5,783	860	6,017
Residential care facilities	510	36,255	462	31,937	439	28,139

Definition

Residential care facility means a home that provides either of the following:

Accommodations for 17 or more unrelated individuals and supervision and personal care services for three or more of those individuals who are dependent on the services of others by reason of age or physical or mental impairment.

Accommodations for three or more unrelated individuals, supervision, and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and provides to at least one of those individuals any of

the skilled nursing care authorized by section 3721.011 of the Revised Code.

Any entity that meets this definition must be licensed.

Adult care facility means an adult family home or an adult group home. An adult family home is a residence or facility that provides accommodations to three to five unrelated adults and supervision and personal care services to at least three of those adults. Adult group homes provide accommodations to six to sixteen unrelated adults and supervision and personal care to at least three of the unrelated adults.

If a residence, facility, institution, hotel, congregate housing project, or similar facility provides services that meet the definition of a residential care facility or an adult care facility, then it must be licensed accordingly, regardless of how the facility holds itself out to the public.

Unit Requirements

RCFs must offer 100 square feet for single occupancy rooms and 80 square feet per person in multiple occupancy rooms. No more than four people may share a room. A toilet, sink, tub/shower is required for every eight residents. If there are more than four persons of one sex to be accommodated in one bathroom on a floor, a bathroom must be provided on that floor for each sex residing on that floor.

ACFs must offer 80 square feet for single occupancy rooms and 60 square feet per person in multiple occupancy rooms. No more than three people may share a room. A toilet, sink, tub/shower is required for every eight residents.

Admission/Retention Policy

RCFs may not admit or retain individuals requiring skilled nursing care or provide skilled nursing care beyond the limits established in regulations. The statute allows residential care facilities to admit and retain residents requiring part-time, intermittent nursing care for up to 120 days. *RCFs* may also admit and retain residents who require dressing changes, special diets, and medication administration beyond the 120-day limit if the facility provides those services itself.

ACFs may not provide but may admit and retain individuals who need part-time, intermittent nursing care to treat a short-term illness.

Nursing Home Admission Policy

For the skilled level of care, individuals must require at least one skilled nursing service at least seven days a week, or a skilled rehabilitation service at least five days a week. For intermediate care, an individual must need hands-on assistance with at least two ADLs; or assistance with one ADL and is unable to perform self-administration of

medications and requires assistance with administration; or requires one or more skilled services at less than a skilled care level (seven days per week); or the person requires the supervision of another person 24-hours a day due to dementia.

Services

RCFs may provide supervision, personal care, laundry, activities, meals, and nursing services that include supervision of special diets, application of dressings, and administration of medication, and may also provide other nursing services on a part-time, intermittent basis for a total of not more than 120 days in any 12-month period. Part-time, intermittent is defined as less than eight hours a day or less than 40 hours a week. The skilled nursing services may be provided by the RCF, a licensed hospice agency, or a certified home health agency. RCFs may not administer parenteral nutrition. In ACFs, part-time, intermittent nursing services may be provided for up to 120 days in any 12 month period by either a licensed hospice, a certified home health agency, licensed nursing home, or mental health agency to residents with short-term illnesses. Short-term illness means either a medical condition for which recovery can be expected to occur with not more than thirty-five consecutive days of skilled nursing care or a medical condition requiring skilled, nursing care provided on a periodic, scheduled basis.

A health assessment covering specific areas must be performed within 48 hours of admission and at least annually unless required sooner. The updated assessment must include change in health status. Risk agreements may be used, and are valid only if they are in writing.

In *ACFS*, a health assessment must be conducted by a physician or other licensed professional. The purpose of the assessment is to ensure that a resident is not being admitted with needs beyond the facility's capacity to provide care. The assessment must be completed within 14 days of admission. Annual assessment are required or upon significant change in condition.

Facilities may enter into a risk agreement with a resident or the resident's sponsor 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.

Dietary

RCF. Facilities may choose not to provide meals, or they may provide one, two, or three meals; preparation of simple diets and one, two, or three meals; preparation and supervision of simple diets and three meals; preparation and supervision of calculated diets and three meals. Meals must provide the recommended daily allowances of the Food and Nutrition Board and be based on a standard meal planning guide from a diet manual published by a dietician or registered dietician or approved by a dietician.

Serving sizes and content are described in the regulations. Facilities providing special diets must monitor staff that prepare or serve the food and monitor residents. Facilities must have policies and procedures that assure that special diets are prepared and offered as ordered. Facilities that do not provide meals must ensure that each resident unit is appropriately and safely equipped with food storage and preparation appliances which the facility maintains in safe operating condition or ensure that each resident has access to such meal preparation and storage appliances.

ACF. These facilities must make three meals available that provide for the recommended dietary allowances of the Food and Nutrition Board and snacks. Special diets shall be prepared in accordance with orders from a physician or a licensed dietician.

Agreements

Agreements cover all charges including security deposits; a statement that all charges, fines, or penalties that shall be assessed are included in the agreement; a statement that the basic rate will not change without 30-days' notice; refund policy; an explanation of the services offered and the type of skilled nursing care provided and allowed; and any limitations on the type and duration of skilled nursing and the extent and types of services that will be provided and who is responsible for payment. RCFs must explain their policy on smoking, resident's rights, care for persons with Alzheimer's disease, dementia, or a related disorder by means of an Alzheimer's special care unit, ability to accommodate handicapped residents, and advance directives and issue a statement concerning discharge when the resident's skilled nursing needs exceed their capacity.

Provisions for Serving People with Dementia

Revised rules establish disclosure requirements for RCFs that serve people with dementia. The disclosure includes the form of treatment; philosophy and mission; the process and criteria for placement, transfer, and discharge; assessment and treatment process; staff training and continuing education practices; the physical environment and design features; frequency and type of activities; involvement of families and availability of family support programs; and the cost of specialized services and additional fees.

Medication Administration

Medications may be administered in RCFs by RNs, LPNs that have completed an approved training program and under direction from an RN, and physicians. No medications may be administered to a resident unless ordered by a physician or individual authorized under state law to prescribe medications. Trained non-licensed staff of both RCFs and ACFs may assist with self-administration. Assisting with self-administration requires the resident to be mentally alert and able to participate in the medication process and 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 containers with medication to the mouth of the resident. Medications may be administered by a licensed hospice agency, certified home health agency, or a member of the RCF's staff who is qualified to do so. Adult care facility staff may not administer medications. However, medications may be administered by a home health agency, hospice care program or nursing home staff.

Public Financing

No Medicaid coverage is available. The SSI payment standard, with the state supplement, is \$850 and the PNA is \$50. Ohio proposed an assisted living waiver during the 2004/2005 budget deliberations, but it was not adopted by the General Assembly and no funding was appropriated. The Governor, as part of the State's Olmstead plan, has called for adoption of an assisted living waiver to increase long term care options as alternatives to nursing homes for consumers with disabilities.

Staffing

Residential care facilities must have an administrator on staff at least half-time per week. At least one staff member must be on-site at all times. During the evening, the staff member on-site may be on call if the facility meets the call signal requirements established in rule. When only one staff member is on duty in the facility, the facility must designate another person who meets the same qualifications to be on call. An RN, LPN, or physician must be on duty when medications are being administered. Staff may be shared with other licensed facilities in the same building or in the same lot as long as staffing requirements for all facilities are met. A dietitian's services are required if the facility elects to supervise special diets or perform enteral tube feedings, and sufficient nursing staff are required if the RCF elects to perform dressing changes or part-time intermittent nursing care.

ACFs, which include some semi-independent living homes, must have one staff member on site whenever a resident who requires ongoing supervision; assistance with walking, moving, bathing, toileting dressing, eating, evacuation; or PRN medications is present. When only one staff person is on duty, the facility must designate another staff person to be available immediately in case of emergency.

In addition, for both RCFs and ACFS, sufficient additional staff must be available to meet, in a timely manner, the residents' care, supervisory, and emotional needs and reasonable requests for service, including ongoing supervision of residents with increased emotional needs or presenting behaviors that cause problems for the resident or other residents and to properly provide dietary, housekeeping, laundry, and facility maintenance services and recreational activities.

Training

RCF administrators must be a licensed nursing home administrator or have 2,000 hours of operational responsibility in related facilities, must have successfully completed 100 credit hours of post high school education in gerontology, be a licensed health professional, or hold a baccalaureate degree. *RCF administrators* also must receive annually nine hours continuing education in gerontology, health care, business administration, or residential care facility operation. *ACF managers* are required to have six hours of basic orientation and training applicable to job duties including emergency response training, and six hours of continuing education annually.

Staff. Both ACFs and RCFs must provide orientation and training for all staff in job responsibilities, facility procedures, securing emergency assistance, and resident rights. ACF and RCF staff who provide personal care must have currently valid documentation of a successfully completed first aid course. In addition, RCF staff providing personal care must have met one of the following requirements:

Successfully completed training or continuing education covering the correct techniques of providing personal care services, observational skills such as recognizing changes in residents' normal status and the facility's procedures for reporting changes, and communication and interpersonal skills provided by an RN or LPN;

Successfully completed the training and competency evaluation program approved or conducted by the Director under §3721.31 of the revised code; or

Successfully completed the training or testing requirements in accordance with the Medicare Conditions of Participation of home health aide services.

If an *RCF* serves people with emotional and behavior needs, training or continuing education in the appropriate interventions for meeting these needs and for handling and minimizing such problems must be completed. Staff members whose responsibilities include supervising special diets must be trained by a dietician.

ACF staff who provide personal care must also have successfully completed training or continuing education covering the correct techniques of personal care services. ACFs who serve individuals with mental illness must ensure that managers and staff receive orientation and 6 hours of training in caring for persons diagnosed with mental illness and how to locate crisis services.

Background Check

Criminal background checks are required for any individual used by an ACF or RCF in a position that provides direct care to older adults. Staff providing direct care services must also provide fingerprint impressions.

Monitoring

RCFs must be inspected at least once prior to the issuance of a license and one unannounced visit every 15 months by the Department of Health and the fire marshal. State or local *ACFs* must be inspected annually by the Department. These visits must be unannounced and with additional unannounced visits made as deemed necessary. Adult group homes must also undergo an annual fire inspection.

Inspections are compliance-based, and do not incorporate a consultative or collaborative component.

Fees

Residential care facility: licensing and renewal fee of \$105 for every 50 persons, or part thereof of licensed capacity.

Adult group home: license fee is \$50.

Adult family home: license fee is \$25.

AGHs and AFHs must also pay an inspection fee of \$10 for each licensed bed.

STATE RESIDENTIAL CARE AND ASSISTED LIVING POLICY: 2004

Files Available for This Report

Cover, Table of Contents, and Acknowledgments

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SECTION 1. Overview of Residential Care and Assisted Living Policy

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SECTION 2. Comparison of State Policies

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Links to Individual States

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