

173-14-01 **Definitions.**

As used in this chapter:

- (A) "Action plan" means a plan developed by an ombudsman in conjunction with the client as part of the complaint-handling process. The plan shall include strategies and actions to be taken by the representative including target dates and a follow-up schedule.
- (B) "Advocacy" means planning, preparing, and conducting community education programs, training events, and legislative and other public relations contacts; influencing the formation, implementation, and outcome of ~~the formation and implementation~~ of public policy that affects consumers; representing consumers, both individually and collectively, to effect a positive change.
- (C) "Affiliation" means being or having a parent, child, sibling, or spouse, or household member who is a board member of, a consultant to, or has another relationship by which they may profit from a provider.
- (D) "Area agency on aging" and "AAA" mean an area agency on aging established under the "Older Americans Act of 1965," 79 Stat. 219, 42 U.S.C. 3001, as amended in 2006.
- (E) "Case" means the process of handling one or more complex complaints and may include documentation regarding simple complaints handled in conjunction with the complex complaint or complaints.
- (F) "Client" means the consumer of long-term care services who is the complainant or the subject of the complaint.
- (G) "Clock hour" means a period of sixty minutes.
- (H) "Complaint case records" means those confidential records kept by the office of the long-term care ombudsman on complaints handled by the program.
- (I) "Complaint handling" means all the processes used to handle a complaint, including intake, screening, opening a case, assigning, investigating, attempting resolution, referring, performing follow-up activities, closing a case, ~~performing follow-up activities~~, and documenting and record keeping.
- (J) "Complex complaint" means those complaints which involve a greater depth of investigation, including research and multiple contacts with provider staff or consumers, and which require the development of an action plan as a part of

opening a case.

(K) "Community-based long-term care services" means health and social services provided to persons in their own homes or in community care settings, and includes any of the following:

(1) Case management;

(2) Home health care;

(3) Homemaker services;

(4) Chore services;

(5) Respite care;

(6) Adult day care;

(7) Home-delivered meals;

(8) Personal care;

(9) Physical, occupational, and speech therapy;

(10) Transportation; and,

(11) Any other health and social services provided to persons that allow them to retain their independence in their own homes or in community care settings.

(L) "Consumer" means a resident of a long-term care facility or the recipient of community-based long-term care services. Where appropriate, the term includes a prospective, previous, or deceased resident or recipient.

(M) "Core ombudsman services" means complaint handling; providing general information; providing advocacy services; providing public or community education and information; monitoring the implementation of laws; providing professional development for representatives of the office; establishing a presence in long-term care facilities with consumers and with long-term care providers; managing a volunteer program; program supervision; and program administration.

- (N) "Designated entity" means a sponsoring agency designated to provide ombudsman services in a particular region of the state.
- (O) "Follow-up activities" means site visits, phone calls, letters, or interviews completed by an ombudsman after investigation and attempted resolution of a complaint.
- (P) "General information" means researching and providing information on matters such as entitlement and public benefits programs, access to long-term care services, providing information to prospective consumers on the selection of long-term care services using verified and objective information, and referrals to other sources of assistance in those situations where a case is not being opened for complaint handling.
- (Q) "Legal representative" means a court appointed guardian, a conservator, an attorney-in-fact, or an executor or administrator of the estate of a deceased client who can give consent or authorization in the matter.
- (R) "Long-term care facility":
- (1) Except as otherwise provided in paragraph (R)(2) of this rule, "long-term care facility" means any residential facility that provides personal care services for more than twenty-four hours and for two or more unrelated adults, including all of the following:
 - (a) Nursing homes, residential care facilities, or homes for the aging as defined in section 3721.01 of the Revised Code;
 - (b) Facilities authorized to provide extended care services under Title XVIII of the "Social Security Act," 49 Stat. 620 (1935), 42 U.S.C. 301, as amended, including long-term acute care hospitals that provide medical and rehabilitative care to patients who require an average length of stay greater than twenty-five days and are classified by the centers for medicare and medicaid services as long-term care hospitals pursuant to 42 C.F.R. 412.23(e);
 - (c) County homes and district homes operated pursuant to Chapter 5155. of the Revised Code;
 - (d) Adult care facilities as defined in section ~~3722.01~~ 5119.70 of the Revised Code;

- (e) Adult foster homes certified under section ~~173.36~~ 5119.692 of the Revised Code; and,
 - (f) Facilities approved by the veterans administration under section 104(a) of the "Veterans Health Care Amendments of 1983," 97 Stat. 993, 38 U.S.C. 1730, as amended in 1991, and used exclusively for the placement and care of veterans.
- (2) "Long-term care facility" does not include a "residential facility" as defined in section 5119.22 of the Revised Code or a "residential facility" as defined in section 5123.19 of the Revised Code.
- (S) "Long-term care services" means the services provided by long-term care facilities or provided by community-based long-term care providers.
 - (T) "Office" means the state long-term care ombudsman, the ombudsman's staff and volunteers, and the staff and volunteers of the regional long-term care ombudsman programs.
 - (U) "Older Americans Act" means the "Older Americans Act of 1965," 79 Stat. 219, 42 U.S.C. 3001, as amended in 2006.
 - (V) "Ombudsman services" means those core ombudsman services and optional ombudsman services provided by the office of the state long-term care ombudsman.
 - (W) "Optional ombudsman services" means any service, other than a core service, approved by the state long-term care ombudsman.
 - (X) "Orientation" means an internship, including instruction in and observation of basic nursing care or personal care services and long-term care provider operations and procedures.
 - (Y) "Personal care services":
 - (1) Except as otherwise provided in paragraph (Y)(2) of this rule, "personal care services" means services including, but not limited to, the following:
 - (a) Assisting residents with activities of daily living;
 - (b) Assisting residents with self-administration of medication, in accordance

with section 3721.04 of the Revised Code; and,

- (c) Preparing special diets, other than complex therapeutic diets, for residents pursuant to the instructions of a physician or a licensed dietitian, in accordance with section 3721.04 of the Revised Code.
- (2) "Personal care services" does not include "skilled nursing care" as defined in division (A)(4) of section 3721.01 of the Revised Code.
- (3) A facility need not provide more than one of the services listed in paragraph (Y)(1) of this rule to be considered to be providing personal care services.
- (Z) "Providers" are the individual facilities or individual community-based entities that provide long-term care services and, where appropriate, the corporations, partnerships, or persons that operate these types of entities.
- (AA) "Resident" means a resident of a long-term care facility and, where appropriate, includes a prospective, previous, or deceased resident of a long-term care facility.
- (BB) "Recipient" means a recipient of community-based long-term care services, and where appropriate, includes a prospective, previous, or deceased recipient of community-based long-term care services.
- (CC) "Regional program" and "regional long-term care ombudsman program" means an entity, either public or private and nonprofit, designated as a regional long-term care ombudsman program by the state long-term care ombudsman.
- (DD) "Representative of the office" or "representative of the office of the state long-term care ombudsman" means one of the four categories of ombudsman whose duties are described in rule 173-14-03 of the Administrative Code.
- (EE) "Resolved" means that the complaint/problem was addressed to the satisfaction of the resident or complainant.
- (FF) "SLTCO" means the state long-term care ombudsman.
- (GG) "Sponsor" means an adult relative, friend, or guardian who has an interest or responsibility for the welfare of the consumer. An ombudsman may not be a sponsor for anyone for whom they are performing ombudsman services.
- (HH) "Sponsoring agency" means the agency or organization with whom a contract exists

to provide ombudsman services.

- (II) "State program" means those staff members and volunteers of the state long-term care ombudsman office at the department of aging.
- (JJ) "Tax-exempt organization" means an organization exempt from federal income tax under section 501(c)(3) of the "Internal Revenue Code of 1986" or the corresponding provision of any future United States internal revenue law; an organization that can receive contributions which are deductible under section 170(c)(2) of the "Internal Revenue Code of 1986" or the corresponding provision of any future United States internal revenue law; a public agency; a public-purpose agency; or a subdivision of state or local government;
- (KK) "Uncomplicated complaint" means those complaints which involve observation but do not require in-depth research and can be resolved simply through information and assistance, advice, or by making a request of the provider's staff; and do not require the opening of a case;
- (LL) "Unit audit" means an audit to verify that units of service reported by the regional long-term care ombudsman programs were provided.
- (MM) "Verified" means that it is determined after work (i.e., interviews, record review, observations, etc.), that the circumstances described in the complaint are generally accurate.

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Certification

Date

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