173-39-02.20 <u>ODA provider certification: Enhanced enhanced</u> community living service.

(A) Definitions for this rule:

(A)(1) "Enhanced community living service" ("ECL") means a service that promotes promoting aging in place, in multi-family affordable housing, through the furnishing of on-site access to <u>on-site</u>, individually-tailored, health-related, and supportive interventions for consumers <u>individuals</u> who have functional deficits resulting from one or more chronic health conditions. The following are the components of the service:

(a) ECL includes the following activities:

- (1)(i) The establishment of measurable health goals;.
- (2)(ii) The identification of modifiable healthcare risks;.
- (3)(iii) The furnishing provision of regular health-status monitoring interventions. "Health-status monitoring interventions" mean taking and recording vital signs, weight, nutrition, and hydration statuses;.
- (4)(iv) Assistance with accessing additional allied health services;.
- (5)(v) The furnishing provision of, or arrangement for, education on self-managing chronic diseases or chronic health conditions;.
- (6)(vi) Daily wellness checks. "Daily wellness check" means a component an activity of the service ECL through which a direct-service staff member has face-to-face contact with the consumer individual to observe any changes in the consumer's individual's level of functioning and determine what, if any, modifications to the day's service delivery activity plan are needed;
- (7)(vii) Access to planned and intermittent assistance with the personal care service under rule 173-39-02.11 of the Administrative Code, excluding respite care; and,.
- (8)(viii) Activities to assist a consumer an individual who is returning home following a hospital or nursing facility stay.
- (b) ECL does not include activities provided while the individual is receiving

a similar service under this chapter.

- (2) "Chronic health condition" means a condition that lasts twelve months or longer and meets one or both of the following tests:
 - (a) It places limitation on self-care, independent living, and social interactions.
 - (b) It results in the need for ongoing intervention with medical services, products, and equipment.
- (3) "Intermittent" means stopping and starting at intervals; pausing from time to time; periodic, not pre-determined designated time periods (e.g., ten a.m. to eleven a.m.) or for designated lengths of time (e.g., fifteen minutes or two hours).
- (4) "Multi-family affordable housing" means a housing site meeting all of the following requirements:
 - (a) The housing site uses a landlord-tenant rental agreement that complies with Chapter 5321. of the Revised Code.
 - (b) The housing site provides a minimum of six units of housing under one roof.
 - (c) The housing site receives assistance through one of the following programs:
 - (i) Federally-assisted housing program under 24 C.F.R. Part 5.

(ii) Project-based voucher program under 24 C.F.R. Part 983.

- (iii) Low-income housing tax credit program based on Section 42 of the Internal Revenue Code.
- (5) "Person-centered activity" means an activity directed by the individual's informed choices that is offered at the time and place most preferable to the individual, in a safe and unhurried manner, and in a way that honors the individual's individuality and preferences.

(B) Every ODA-certified ECL provider shall comply with the following requirements:

(B)(1) General requirements: The provider shall comply with the Requirements requirements for an enhanced community living service in addition to the conditions of participation under every ODA-certified provider in rule 173-39-02 of the Administrative Code:

(1)(2) Person-centered service <u>activity</u> plan:

- (a) Capacity: The provider shall maintain the capacity to furnish each component of the service and shall furnish each component of the service that a consumer's case manager authorizes in the consumer's person-centered service plan.
- (b)(a) Development: Before the provider furnishes provides the initial service episode of ECL to a consumer an individual, the direct-service staff supervisor shall:
 - (i) Assess the consumer's <u>individual's</u> health goals, modifiable health risks, and planned and anticipated intermittent personal care needs; and,
 - (ii) Develop a person-centered service <u>activity</u> plan with the <u>consumer</u> <u>individual</u> that describes the interventions the <u>consumer</u> <u>individual</u> has chosen to reach his or her identified health goals, to minimize his or her modifiable health risks, and to meet his or her planned and anticipated intermittent personal care needs. The provider shall obtain the <u>consumer's individual's</u> signature to verify that the <u>consumer individual</u> was involved in the development of his or her person-centered service <u>activity</u> plan.
- (c)(b) Regular monitoring: After the consumer individual begins to receive the service <u>ECL</u>, the direct-service staff supervisor shall:
 - (i) Revise the person-centered service <u>activity</u> plan in fewer than five days after each hospital or nursing facility stay, and as otherwise needed, to reflect changes in the <u>consumer's individual's</u> status, condition, preferences, and response to the service <u>ECL</u>; and,
 - (ii) Facilitate an in-person review of the person-centered service activity plan with the consumer individual, the primary team, the consumer's individual's case manager, and the housing site's service coordinator (if the housing site has a service coordinator) every sixty days to evaluate the effectiveness of the plan in addressing the consumer's individual's health goals, reducing modifiable risks, and meeting planned and anticipated intermittent personal care needs.
- (d)(c) Records-retention: The provider shall retain a record of the

person-centered service activity plan, including:

(i) Any revisions to the person-centered service <u>activity</u> plan; and,

- (ii) The in-person review of the person-centered service <u>activity</u> plan.
- (2) Multi-family affordable housing site: The provider shall only furnish the service for a consumer who resides in a multi-family affordable housing site. "Multi-family affordable housing site" ("housing site") means a housing site that:
 - (a) Uses a landlord tenant rental agreement that complies with Chapter 5321. of the Revised Code;
 - (b) Furnishes a minimum of six units of housing under one roof; and,
 - (c) Receives assistance through a:
 - (i) Federally-assisted housing program, as defined under 24 C.F.R. 5.100;
 - (ii) Project-based voucher program, as defined in 24 C.F.R. 983; or,
 - (iii) Low-income housing tax credit program, that is based on Section 42 of the Internal Revenue Code.
- (3) Staffing levels:
 - (a) The provider shall maintain adequat staffing levels to provide each ECL activity.
 - (a)(b) The supervisor shall maintain accessibility to respond to consumer individual's emergencies in the housing site during any time that a staff member is providing the service <u>ECL</u> to a consumer an individual in the housing site.
 - (b)(c) The provider shall maintain the capacity <u>adequate staffing levels</u> to <u>furnish provide</u> face-to-face, person-centered services <u>ECL</u> seven days a week for a minimum of six hours a day.
 - (d) The provider shall maintain adequate staffing levels to provide each ECL <u>activity.</u>
 - (e)(e) During each hour that the provider has a staff member furnishing

<u>providing a service ECL</u> to a consumer an individual in a housing site, the provider shall ensure that any other consumer individual has a mechanism to contact a direct-service staff member to request assistance with intermittent and unplanned personal care needs that are related to the measurable health goals and modifiable healthcare risks described in the consumer's individual's service activity plan.

- (d)(f) Each day, the provider shall furnish provide adequate on-site staff members for no fewer than six hours (or, twenty-four units) to meet the consumers' individuals' assessed, intermittent, and unscheduled healthcare needs.
- (e)(g) The provider shall furnish provide a licensed registered nurse an RN to monitor the health status of consumers individuals. In doing so, the provider shall schedule adequate on-site nursing staff for no fewer than three hours (or, twelve units) each week.
- (4) Provider qualifications:
 - (a) Type of provider: A provider shall only furnish provide the service ECL if the provider is if both of the following conditions are met:
 - (i) A certified medicare provider;
 - (ii) A certified medicaid provider;
 - (iii)(i) The provider is An an agency that ODA certifies as an agency provider to provide personal care; and,.
 - (iv)(ii) The provider is An <u>a legal</u> entity distinct from the housing site owner and property manager so that the site is not subject to licensure, as defined in Chapters 3721. and 3722. <u>5119.</u> of the Revised Code, and safeguards are in place to prevent any <u>unremedied conflicts of interest</u>.
 - (b) Staff designations and minimum staff qualifications:
 - (i) Direct-service staff supervisor: The provider shall only employ a person as a supervisor if the person is currently licensed as a registered nurse an RN.
 - (ii) Direct-service staff: The provider shall only employ a person to

furnish provide face-to-face services activities to consumers individuals if the provider has received evidence, and retains evidence, that the person has successfully completed an ODA-approved home health aide training program listed on http://aging.ohio.gov/services/homehealthtraining.

- (iii) Primary team: The provider shall furnish provide face-to-face, person-centered services activities to consumers individuals through a primary team that consists of direct-service staff members and registered nurses RNs who regularly furnish provide services activities within a given housing site and, as a result, are familiar with the consumers individuals in the housing site. The provider shall replace any primary staff member who is absent with a back-up staff member who is familiar with the housing site and the consumers individuals residing in the housing site. A registered nurse An RN shall supervise the primary team and also any back-up direct-service staff members.
- (c) Staff training:
 - (i) Orientation: Before allowing any staff member to provide the service <u>ECL</u>:
 - (*a*) The provider shall train the staff member in areas that include, but are not limited to, the following:
 - (i) The provider's expectations of employees;.
 - *(ii)* The provider's employee code of conduct ethical standards, as required under paragraph (B)(1)(f) of rule 173-39-02 of the Administrative Code;
 - (iii) An overview of the provider's personnel policies;.
 - *(iv)* A description of the provider agency's <u>The</u> organization and lines of communication <u>of the provider's agency</u>;
 - (v) Incident reporting procedures; and,.
 - (vi) Emergency procedures.

- (b) A registered nurse An RN shall furnish provide a basic overview of the chronic disease(s) or chronic health condition(s) specific to the consumers individuals being served, the principles of self-managing chronic diseases or chronic health conditions, and a consumer's individual's right to assume responsibility for his or her own healthcare decisions.
- (c) The provider shall orient the staff member with the housing site and introduce to the consumers individuals he or she will serve.
- (ii) Continuing education: Each direct-service staff person of the provider shall complete at least eight hours of in-service continuing education every twelve months, excluding agency and program-specific orientations.

(5) Limitations:

- (a) The provider shall not furnish the service to a consumer in excess of what the case manager authorizes in the consumer's service plan.
- (b) The provider shall only bill ODA's designee for a service furnished under the PASSPORT program if the case manager identifies the provider in the service order for the consumer.
- (c) The provider shall not furnish the service to a consumer if the consumer is receiving a similar service under Chapter 173-39 of the Administrative Code.

(6)(5) Service verification:

- (a) The provider shall develop and retain a daily service <u>activity</u> record for each <u>consumer</u> <u>individual</u> that includes <u>all of</u> the <u>following</u>:
 - (i) Name of consumer Individual's name;.
 - (ii) Date of service;.
 - (iii) List of any components of the service <u>Activities provided as</u> authorized in the person-centered service <u>activity</u> plan that the provider furnished;.

- (iv) List of any components of the service the provider furnished Activities provided in response to daily, intermittent needs;.
- (v) Description of the consumer's <u>individual's</u> status and response to the furnishing of the components of the service <u>activities provided</u>;
- (vi) Total number of units furnished provided to the consumer individual;.
- (vii) Name and signature of the provider's staff person who furnished provided the service activities; and,.
- (viii) Consumer's daily <u>Individual's signature</u>. The signature of choice may include a handwritten signature; <u>or</u> initials; stamp: or mark; or electronic signature.
- (b) The provider may use a technology-based system to collect or retain the records required under this rule.
- (c) The provider shall retain records required under this rule and furnish access to those records for monitoring according to paragraph (B)(5) of rule 173-39-02 of the Administrative Code.

(C) Unit and rates:

- (1) One unit of enhanced community living service <u>ECL</u> is equal to fifteen minutes of the service <u>ECL</u>.
- (2) The maximum rates allowable for a unit of the service <u>ECL</u> is are established in <u>appendix</u> <u>Appendix</u> A to rule <u>5101:3-1-06.1</u> <u>5160-1-06.1</u> of the Administrative Code.
- (3) The payment rates are subject to the rate-setting methodology in rule 5160-31-07 of the Administrative Code.

(D) Definitions for this rule:

- (1) "Chronic health condition" means a condition that lasts twelve months or longer and meets one or both of the following tests:
 - (a) It places limitation on self-care, independent living, and social interactions; and,

- (b) It results in the need for ongoing intervention with medical services, products, and equipment.
- (2) "Intermittent" means stopping and starting at intervals; pausing from time to time; periodic, not pre-determined designated time periods (e.g., ten a.m. to eleven a.m.) or for designated lengths of time (e.g., fifteen minutes or two hours).
- (3) "Person-centered service" means a service that is directed by the consumer's informed choices; and offered at the time and place most preferable to the consumer, in a manner that is safe and unhurried; and that is furnished in a way that honors the consumer's individuality and preferences.

Effective:

Five Year Review (FYR) Dates:

08/09/2017

Certification

Date

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