

173-39-02.20**Enhanced community living service.**

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

(1) The establishment of measurable health goals;

(2) The identification of modifiable healthcare risks;

(3) The provision of regular health-status monitoring interventions. "Health-status monitoring interventions" mean taking and recording vital signs, weight, nutrition, and hydration statuses;

(4) Assistance with accessing additional allied health services;

(5) The provision of, or arrangement for, education on self-managing chronic diseases or chronic health conditions;

(6) Daily wellness checks. "Daily wellness check" means a component of the service through which a direct-service staff member has face-to-face contact with the consumer to observe any changes in the consumer's level of functioning and determine what, if any, modifications to the day's service delivery plan are needed;

(7) 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) Activities to assist a consumer who is returning home following a hospital or nursing facility stay.

(B) Minimum requirements for an enhanced community living service in addition to the conditions of participation under rule 173-39-02 of the Administrative Code:

(1) Person-centered service plan:

(a) Capacity: The provider shall maintain the capacity to provide each component of the service and shall provide each component of the service that a consumer's case manager authorizes in the consumer's person-centered service plan.

(b) Development: Before the provider provides the initial service to a consumer, the direct-service staff supervisor shall:

(i) Assess the consumer's health goals, modifiable health risks, and

planned and anticipated intermittent personal care needs; and,

(ii) Develop a person-centered service plan with the consumer that describes the interventions the consumer 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 consumer's signature to verify that the consumer was involved in the development of his or her person-centered service plan.

(c) Regular monitoring: After the consumer begins to receive the service, the direct-service staff supervisor shall:

(i) Revise the person-centered service plan in fewer than five days after each hospital or nursing facility stay, and as otherwise needed, to reflect changes in the consumer's status, condition, preferences, and response to the service; and,

(ii) Facilitate a quarterly in-person review of the person-centered service plan with the consumer, the primary team, the consumer's case manager, and the housing site's service coordinator (if the housing site has a service coordinator) to evaluate the effectiveness of the plan in addressing the consumer's health goals, reducing modifiable risks, and meeting planned and anticipated intermittent personal care needs.

(d) Records-retention: The provider shall retain a record of the person-centered service plan, including:

(i) Any revisions to the person-centered service plan; and,

(ii) The quarterly review of the person-centered service plan.

(2) Multi-family affordable housing site: The provider shall only provide 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) Provides 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 supervisor shall maintain accessibility to respond to consumer emergencies in the housing site during any time that a staff member is providing the service to a consumer in the housing site.

(b) The provider shall maintain the capacity to provide face-to-face, person-centered services seven days a week for a minimum of six hours a day.

(c) During each hour that the provider has a staff member providing a service to a consumer in a housing site, the provider shall ensure that any other consumer 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 service plan.

(d) Each day, the provider shall provide adequate on-site staff members for no fewer than six hours (or, twenty-four units) to meet the consumers' assessed, intermittent, and unscheduled healthcare needs.

(e) The provider shall provide a licensed RN to monitor the health status of consumers. 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 provide the service if the provider is:

(i) A certified medicare provider;

(ii) A certified medicaid provider;

(iii) An agency that ODA certifies as an agency provider; and,

(iv) An 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. of the Revised Code.

(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.
- (ii) Direct-service staff: The provider shall only employ a person to provide face-to-face services to consumers if the provide has received evidence and retains evidence that the person:

  - (a) Is listed as active on the Ohio state tested nurse aide registry maintained by the Ohio department of health;
  - (b) Has successfully completed an apprenticeship program in home health, health, or a related subject approved by the United States department of labor; or,
  - (c) Has successfully completed an ODA-approved home health aide training program.
- (iii) Primary team: The provider shall provide face-to-face, person-centered services to consumers through a primary team that consists of direct-service staff members and registered nurses who regularly provide services within a given housing site and, as a result, are familiar with the consumers 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 residing in the housing site. A registered nurse 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:

  - (a) The provider shall train the staff member in areas that include, but are not limited to:

    - (i) The provider's expectations of employees;
    - (ii) The provider's employee code of conduct, 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 organization and

lines of communication:

(v) Incident reporting procedures; and,

(vi) Emergency procedures.

(b) An RN shall provide a basic overview of the chronic disease(s) or chronic health condition(s) specific to the consumers being served, the principles of self-managing chronic diseases or chronic health conditions, and a consumer'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 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 provide 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 the PAA for the service provided under the PASSPORT program if the case manager identifies the provider in the service order for the consumer.

(c) The provider shall not provide the service to a consumer if the consumer is receiving a similar service under Chapter 173-39 of the Administrative Code.

(6) Service verification:

(a) The provider shall develop and retain a daily service record for each consumer that includes the:

(i) Name of consumer;

(ii) Date of service;

(iii) List of any components of the service authorized in the person-centered service plan that the provider provided;

(iv) List of any components of the service the provider provided in

response to daily, intermittent needs:

(v) Description of the consumer's status and response to the provision of the components of the service;

(vi) Total number of units provided to the consumer;

(vii) Name and signature of the provider's staff person who provided the service; and,

(viii) Consumer's daily signature. The signature of choice may include a handwritten signature; 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 provide 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 is equal to fifteen minutes of the service.

(2) The maximum rates allowable for a unit of the service is established in appendix A to rule 5101:3-1-06.1 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 informed choices made by the consumer; and offered at the time and place most

preferable to the consumer, in a manner that is safe and unhurried; and that is provided in a way that honors the consumer's individuality and preferences.

Effective:

R.C. 119.032 review dates:

---

Certification

---

Date

Promulgated Under:	119.03
Statutory Authority:	173.02, 173.391
Rule Amplifies:	173.39, 173.391, 173.431