

173-43-03**Long-term care consultation program: required consultations and exemptions.**

(A) The program administrator shall provide a consultation to an individual satisfying one or more of the following categories, unless paragraph (B) of this rule exempts the individual:

- (1) An individual who applies, or indicates an intention to apply, for admission to a nursing facility.
- (2) A nursing facility resident who was admitted under a categorical determination under rule 5160-3-15.1, 5122-21-03, or 5123-14-01 of the Administrative Code, but has since been found to need a stay in a nursing facility that will exceed the time limits in those rules.
- (3) An individual who contacts the program administrator to seek information about options available to meet long-term care needs.
- (4) Any individual that ODA or the program administrator identifies as being likely to benefit from a consultation.

(B) The program administrator is not required to provide a consultation to an individual if any of the following is the case:

- (1) The program administrator has attempted to provide the consultation, but the individual or the individual's representative refuses to cooperate.
- (2) The individual is to receive care in a nursing facility under a contract for continuing care, as defined in section 173.13 of the Revised Code.
- (3) The individual has a contractual right to admission to a nursing facility operated as part of a system of continuing care in conjunction with one or more facilities providing a less-intensive level of services, including a residential care facility licensed under Chapter 3721. of the Revised Code; a residential facility licensed under section 5119.34 of the Revised Code providing accommodations, supervision, and personal care services for three to sixteen unrelated adults; or an independent living arrangement.
- (4) The individual is to receive continual care in a home for the aged that is exempt from taxation under section 5701.13 of the Revised Code.
- (5) The individual is seeking admission to a facility that is not a nursing facility with a provider agreement under section 5165.07, 5165.511, or 5165.512 of the Revised Code.

- (6) The individual is exempt from the requirement for a face-to-face level-of-care determination under rule 5160-3-14 of the Administrative Code.
- (7) The individual is being admitted to a nursing facility directly from a hospital and the program administrator expects the individual to have a stay of thirty days or less based upon factors such as medical condition, probable need for long-term care services, history of hospitalizations, availability of informal supports, and awareness of options available to determine the appropriateness of the consultation.
- (8) The program administrator determines that the individual has care needs clearly exceeding the services available to the individual in an alternative setting to the nursing facility based upon the availability of existing formal and informal support systems, the availability of potential formal and informal support systems, the functional abilities and limitations of the individual, the individual's diagnosis, the individual's prognosis, and the individual's plan of treatment, placing special emphasis on end-of-life treatment, because such a treatment is most likely an indicator that the individual will not benefit from a consultation.
- (9) The individual has been admitted to a nursing facility under a categorical determination or hospital discharge exemption under rule 5160-3-15 of the Administrative Code.
- (10) The individual received a consultation from the program administrator within the previous one hundred and twenty days.
- (C) The source of payment for an individual's care in a nursing facility is not a factor in determining whether the program administrator may provide a consultation to an individual who resides in a nursing facility.

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