

173-43-03

Required consultations and exemptions.

This rule sets forth to whom long-term care consultations are provided and the conditions under which exemptions may be made.

(A) The program administrator shall provide a long-term care consultation to each individual in the following categories, unless paragraphs (B) or (C) of the rule exempt the individual:

- (1) An individual who applies, or indicates an intention to apply, for admission to a nursing facility, regardless of the source of payment to be used for the individual's care in the nursing facility;
- (2) A nursing facility resident who was admitted under a time-limited convalescent exemption or who was admitted under a categorical determination in accordance with rules 5101:3-3-15.1, 5122-21-03, or 5123:2-14-01 of the Administrative Code, but has since been found to require a stay in a nursing facility that will exceed the time limits specified in those rules, unless paragraphs (B) or (C) of this rule exempt the individual;
- (3) An individual who contacts the program administrator for the purpose of seeking information about options available to meet long-term care needs; or,
- (4) Any individual that ODA or the program administrator identifies as being likely to benefit from a long-term care consultation.

(B) The nursing facility or the program administrator shall determine that the program administrator is not required to provide a long-term care consultation to an individual if any of the following apply:

- (1) The program administrator has attempted to provide the long-term care 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 that provide 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 5119.22 of the Revised Code that provides 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 sections 5111.22, 5111.671, or 5111.672 of the Revised Code; or,
- (6) The individual is exempt from the requirement for a face-to-face visit, as described in rule 5101:3-3-15 of the Administrative Code.
- (C) The program administrator may determine that it is not required to provide a long-term care consultation to each individual in the following categories unless the individual (or the individual's representative) requests a long-term care consultation:

 - (1) The individual is being admitted to a nursing facility directly from a hospital and is expected to have a short length of stay (ninety days or less). In making this determination, the program administrator shall consider 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 long-term care consultation;
 - (2) The individual has care needs that clearly exceed the services that are available to the individual in an alternative setting to the nursing facility. To make this determination, the program administrator shall consider 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 long-term care consultation;
 - (3) The individual has been admitted to a nursing facility under a convalescent exemption from the pre-admission screening and resident review, under a time-limited categorical PAS-SMI defined in rule 5122-21-03 of the Administrative Code, or under a time-limited categorical PAS-MR/DD determination defined in rule 5123:2-14-01 of the Administrative Code; or,
 - (4) The individual received an in-person long-term care consultation from the program administrator within the previous one hundred and twenty days.
- (D) The program administrator may provide a long-term care consultation to any individual residing in a nursing facility regardless of the source of payment used to pay for the individual's care in the nursing facility.

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