

5101:3-33-02

Definitions for the assisted living HCBS waiver program.

(A) The purpose of this rule is to define the terms used in the assisted living HCBS waiver program.

As used in this chapter:

(B) "ADL" means activities of daily living including bathing; grooming; toileting; dressing; eating; and mobility which refers to bed mobility, transfer, and locomotion as these are defined in Chapter 5101:3-3 of the Administrative Code.

(C) "Assessment" means a face-to-face evaluation and interview which is conducted by the preadmission screening system providing options and resources today (PASSPORT) administrative agency (PAA) to collect in-depth information about an individual's current situation and ability to function. It is comprehensive and identifies the individual's strengths, problems, and care needs in the major functional areas: physical health, medical care utilization, activities of daily living, instrumental activities of daily living, mental and social functioning, financial resources, physical environment, and utilization of services and support.

(D) "Assisted living HCBS waiver" means a medicaid program which serves individuals who would otherwise receive services in a nursing facility if the waiver program were not available.

(E) "Authorized representative" means a person, eighteen years of age or older, acting on behalf of an individual who is applying for or receiving medical assistance. An authorized representative may be a family member, attorney, hospital social worker, or any other person chosen to act on the individual's behalf. In accordance with rule 5101:1-38-01.2 of the Administrative Code, the individual must provide a written statement naming the authorized representative and the duties which the named authorized representative may perform on the individual's behalf.

(F) "CDJFS" means a county department of job and family services.

(G) "CMS" means the centers for medicare and medicaid services, a federal agency which is part of the united states department of health and human services, and which administers the medicaid program and approves home and community-based services (HCBS) waivers.

(H) "Consumer" means the program participant and the representative that assists in directing the consumer's care.

(I) "HCBS" or "home and community-based services" means services furnished under the provisions set forth in 42 CFR 441 Subpart G (October 1, 2005) which permit individuals to live in a home setting rather than a nursing facility (NF) or hospital. HCBS waiver services are approved by The centers for medicare and medicaid services (CMS) for specific populations and are not otherwise available under the medicaid state plan.

(J) "Level of care" (LOC) means that designation describing a person's functional levels and nursing needs pursuant to the criteria set forth in rules 5101:3-3-05, 5105:3-3-06, 5101:3-3-07 and 5101:3-3-08 of the Administrative Code.

(K) "NF" means a nursing facility as defined in section 5111.20 of the Revised Code.

(L) "ODA" means the Ohio department of aging.

(M) "ODJFS" means the Ohio department of job and family services.

(N) "PASSPORT" means preadmission screening system providing options and resources today.

(O) "PAA" means PASSPORT administrative agency.

(P) "Plan of care" means the written outline of the consumer's HCBS waiver services, other medicaid services and any other services necessary to prevent institutionalization as developed by the consumer and case manager.

Effective:

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Certification

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