

5160-3-05

Level of care definitions.

(A) This rule contains the definitions used in the process of making a determination of an individual's level of care. The definitions in this rule apply to level of care rules 5160-3-06, 5160-3-08, 5160-3-09, 5160-3-10 and 5160-3-14 of the Administrative Code.

(B) Definitions.

(1) "Activity of daily living (ADL)" means a personal or self-care task that enables an individual to meet basic life needs. For purposes of this rule, the term "ADL" includes the following activities:

(a) "Bathing" means the ability of an individual to cleanse one's body. Bathing includes the processes of applying cleansing agent, rinsing, and drying one's body.

(b) "Dressing" means the ability of an individual to dress oneself and includes the following two components:

(i) Putting on and taking off an item of clothing or prosthesis; and

(ii) Fastening and unfastening an item of clothing or prosthesis.

(c) "Eating" means the ability of an individual to feed oneself and includes the following three components:

(i) Getting food into one's mouth;

(ii) Chewing; and

(iii) Swallowing.

(d) "Grooming" means the ability of an individual to care for one's appearance and includes the following three components:

(i) Hair care, including:

(a) Washing one's hair; or

(b) Brushing or combing one's hair.

(ii) Nail care, including:

(a) Cutting fingernails; or

(b) Cutting toenails.

(iii) Oral hygiene.

(e) "Mobility" means the ability of an individual to use fine and gross motor skills to reposition or move oneself from place to place and includes the following three components:

(i) "Bed mobility" means the ability of an individual to move to or from a lying position, turn from side to side, or otherwise position the body while in bed or alternative sleep furniture;

(ii) "Locomotion" means the ability of an individual to move between locations by ambulation or by other means; and

(iii) "Transfers inside the house" means the ability of an individual to move between surfaces, including but not limited to, to and from a bed, chair, wheelchair, or standing position.

(f) "Toileting" means the ability of an individual to eliminate and dispose of bodily waste and includes the following four components:

(i) Using a toilet, bedpan or urinal;

(ii) Changing incontinence supplies or feminine hygiene products;

(iii) Cleansing self; and

(iv) Managing an ostomy or catheter.

(2) "Adult" means an individual age twenty-one years or older.

(3) "Adult comprehensive assessment tool (ACAT)" means the person-centered comprehensive case management and level of care assessment used to determine an adult's level of care and to assess the needs of the adult.

(4) "Adult level of care questionnaire" means the person-centered assessment used to determine an adult's nursing facility-based level of care.

(5) "Adverse level of care determination" means a determination that an individual does not meet the criteria for a specific level of care. Upon issuance of an adverse level of care determination, a face to face assessment must be performed by a registered nurse (RN) assessor.

(6) "Age-appropriate ADL" means the ability of a child within a specific age group to perform ADLs, as described in the child comprehensive assessment tool (CCAT), which are based upon the average developmental milestones of a child who does not have a disability.

- (7) "Age-appropriate instrumental activity of daily living (IADL)" means the ability of a child within a specific age group to perform IADLs, as described in the CCAT, which are based upon the average developmental milestones of a child who does not have a disability.
- (8) "Assistance" means the hands-on provision of help in the initiation and/or completion of a task.
- (9) "Child" means an individual age birth through twenty years of age.
- (10) "Child comprehensive assessment tool (CCAT)" means the person-centered comprehensive case management and level of care assessment used to determine a child's level of care and to assess the needs of the child.
- (11) "Child level of care questionnaire" means the person-centered assessment used to determine a child's nursing facility-based level of care.
- (12) "Current diagnoses" means a written medical determination by a physician or other licensed health professional acting within their applicable scope of practice.
- (13) "Delayed face-to-face visit" means an in-person visit that occurs within a specified period of time after a desk review has been conducted that includes the elements of a long-term care consultation, in accordance with Chapter 173-43 of the Administrative Code, for the purposes of exploring home and community-based services (HCBS) options and making referrals to the individual as appropriate.
- (14) "Desk review" means a level of care determination process that is not conducted in person.
- (15) "Developmental disability" has the same meaning as in section 5126.01 of the Revised Code.
- (16) "Developmental disabilities level of care" means the level of care as described in rule 5123:2-8-01 of the Administrative Code.
- (17) "Face-to-face" means an in-person level of care assessment and determination process with the individual for the purposes of exploring nursing facility services or HCBS options and providing referrals to the individual as appropriate; it is not conducted by a desk review only.
- (18) "Individual" means a medicaid recipient or person with pending medicaid eligibility.
- (19) "Instrumental activity of daily living (IADL)" means the ability of an

individual to complete community living skills. For the purposes of this rule, the term "IADL" includes the following activities:

(a) "Community access" means the ability of an individual to use available community services and supports to meet one's needs and includes the following three components:

(i) Accessing transportation;

(ii) Telephoning, including the use of technology to connect to community services; and

(iii) Transfers outside the house.

(b) "Housework" means the ability of an individual to maintain the living arrangement in a manner that ensures the health and safety of the individual and includes the following six components:

(i) Cleaning and storing dishes;

(ii) Cleaning the bathroom;

(iii) Dusting;

(iv) Picking up clutter to ensure clear pathways and unblocked exits;

(v) Sweeping and mopping floors; and

(vi) Taking out trash.

(c) "Meal preparation" means the ability of an individual to prepare or cook food for oneself and includes the following three components:

(i) Cutting food;

(ii) Opening packages; and

(iii) Preparing food.

(d) "Money management" means the ability of an individual to manage his or her finances.

(e) "Personal laundry" means the ability of an individual to wash and dry clothing and household items by machine or by hand.

(f) "Shopping" means the ability of an individual to obtain or purchase necessary items.

- (20) "Intellectual disability" means a mental impairment manifested during the developmental period characterized by significantly sub average general intellectual functioning existing concurrently with deficiencies in the effectiveness or degree with which an individual meets the standards of personal independence and social responsibility expected of the individual's age and cultural group.
- (21) "Less than twenty-four hour support" means that an individual requires the presence of another person, or the presence of a remote monitoring device that does not require the individual to initiate a response, during a portion of a twenty-four hour period of time.
- (22) "Level of care assessment" means an evaluation by the Ohio department of medicaid (ODM) or its designee of an individual's physical, mental, social and emotional status, using the processes described in rules 5160-3-10, 5160-3-14 and 5123:2-8-01 of the Administrative Code to compare the criteria for all of the possible levels of care as described in rules 5160-3-06, 5160-3-08, 5160-3-09 and 5123:2-8-01 of the Administrative Code.
- (23) "Level of care determination" means the decision about whether an individual meets the criteria for a level of care based on the level of care assessment.
- (24) "Level of care validation" means the verification process for ODM or its designee to confirm that an individual has a current nursing facility-based level of care.
- (25) "Long-term services and supports" means institutional or community-based medical, health, psycho-social, habilitative, rehabilitative, or personal care services that may be provided to medicaid-eligible individuals.
- (26) "Linking Ohioans to independence, services and supports (LOTISS)" means the person centered, comprehensive assessment and case management electronic system approved by ODM for administering medicaid long-term services and supports programs.
- (27) "Medication self-administration" means the ability of an individual to self-administer all forms of over-the-counter and prescription medication.
- (28) "Need" means the inability of an individual to complete a necessary and applicable task independently, safely, and consistently. An individual does not have a need when any of the following apply:
- (a) The individual is not willing to complete a task or does not have the choice to complete a task.
 - (b) The task can be completed with the use of available assistive devices and

accommodations.

(c) For a child, the need is not expected to last six months or longer.

- (29) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code. A facility that has submitted an application packet for medicaid certification to ODM is considered to be in the process of obtaining its initial medicaid certification by the Ohio department of health and shall be treated as a nursing facility for the purposes of this rule.
- (30) "Nursing facility-based level of care" means the intermediate and skilled levels of care, as described in rules 5160-3-08 and 5160-3-09 of the Administrative Code.
- (31) "Nursing facility-based level of care program" means a nursing facility stay, an HCBS medicaid waiver that requires a nursing facility-based level of care, or other medicaid program that requires a nursing facility-based level of care.
- (32) "Preadmission screening and resident review (PASRR)" means the requirements mandated by section 1919(e)(7) of the Social Security Act as in effect on February 8, 2006 and implemented in accordance with rules 5160-3-15, 5160-3-15.1, 5160-3-15.2, 5122-21-03 and 5123:2-14-01 of the Administrative Code.
- (33) "Qualified assessor" means an RN or licensed independent social worker (LISW) or licensed social worker (LSW) who possess a current, valid and unrestricted license with the applicable Ohio licensure board.
- (34) "Skilled nursing services" means specific tasks that must, in accordance with Chapter 4723. of the Revised Code, be provided by a licensed practical nurse at the direction of an RN or by an RN directly.
- (35) "Skilled rehabilitation services" means specific tasks that must, in accordance with Title 47 of the Revised Code, be provided directly by a licensed or other appropriately certified technical or professional health care personnel.
- (36) "Supervision" means either of the following:
- (a) Reminding an individual to perform or complete an activity; or
 - (b) Observing while an individual performs an activity to ensure the individual's health and safety.
- (37) "Twenty-four hour support" means that an individual requires the continuous presence of another person throughout the entire day and night during a twenty-four hour period of time.

(38) "Unstable medical condition" means clinical signs and symptoms are present in an individual and a physician has determined that:

(a) The individual's signs and symptoms require extensive monitoring and ongoing evaluation of the individual's status and care and there are supporting diagnostic or ancillary testing reports that justify frequent monitoring or adjustment of the treatment regimen;

(b) Changes in the individual's medical condition are uncontrollable or unpredictable and may require immediate interventions; and

(c) A licensed health professional must provide ongoing assessments and evaluations of the individual that will result in adjustments to the treatment regimen as medically necessary. The adjustments to the treatment regimen must happen at least monthly, and the designated licensed health professional must document that the medical interventions are medically necessary.

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