

173-39-01

**Introduction and definitions.**

(A) Introduction: This chapter establishes the certification requirements for providers under the assisted living program, the choices program, or the PASSPORT program; the minimum requirements for a provider of services under those programs; disciplinary action against providers who do not maintain the minimum requirements; and appeal hearings for providers receiving disciplinary action.

(B) Definitions for this chapter:

- (1) "Activity of daily living" ("ADL") has the same meaning as in rule 5101:3-3-06 of the Administrative Code.
- (2) "Assessment" means an in-depth gathering of information about the strengths, problems, and care needs of an individual in the following major functional areas: physical health, medical care utilization, ADLs, IADLs, mental and social functioning, financial resources, physical environment, and utilization of services and support.
- (3) "Assistance with self-administration of medication" has the same meaning as in section 3722.011 of the Revised Code.
- ~~(4) "Assisted living care plan" means a written plan that specifies whether a consumer shall receive the services under rules 173-39-02.16 and 173-39-02.17 of the Administrative Code, and to what extent the provider shall provide those services to the consumer.~~
- (4) "Authorized representative" means an adult eighteen years of age or older who is designated to act on behalf of the consumer.
- (5) "Caregiver" means a relative, friend, or significant other who voluntarily provides assistance to the consumer and is responsible for the consumer's care on a continuing basis.
- (6) "Case management" means coordinating and monitoring the delivery of all services identified on the service plan; periodic re-evaluation of the consumer's goals and objectives for long-term care services; periodic re-determination of program eligibility; authorization of the amount, scope, and duration of long-term care services; and assisting the consumer to access needed medicaid-waiver services and other medical and social services, regardless of their source of funding.
- (7) "Case manager" means the registered nurse or licensed social worker employed by PAA who is responsible for the planning, coordinating, monitoring,

evaluation, and authorization of medicaid-waiver funded community-based long-term care services and the non-medicaid waiver funded PASSPORT program described in section 173.40 of the Revised Code.

- (8) "CDJFS" means "county department of job and family services."
- (9) "Certification" means ODA's approval of a provider to furnish one or more services under rules 173-39-02.1 to ~~173-39-02.18~~ 173-39-02.19 of the Administrative Code.
- (10) "Consumer" means an individual who is enrolled in a medicaid-waiver program administered by ODA that provided community-based long-term care services or non-medicaid waiver PASSPORT services as described in section 173.40 of the Revised Code.
- (11) "Consumer signature" means the signature or mark of the consumer or the consumer's caregiver.
- (12) "Denial" means that a provider applying for certification as a long-term care service provider has been refused or not accepted.
- (13) "Department" means "the Ohio department of aging."
- (14) "Dietary reference intakes" ("DRI") means a comprehensive set of nutrient reference values that are based on healthy individuals that can be used for assessing and planning individual diets. "Dietary reference intakes" are established by the food and nutrition board of the institute of medicine of the national academy of sciences.
- (15) "Incident" means any event that is not consistent with the routine care and service delivery for a consumer. Examples of an incident are abuse, neglect, abandonment, accidents, or unusual events or situations that may result in injury to a person or damage to property or equipment. An incident may involve a consumer, a caregiver (to the extent the event impacts the consumer), a provider, a facility, or a staff member of a provider, facility, PAA, ODA, or other administrative authority.
- (16) "Instrumental activity of daily living" ("IADL") has the same meaning as in rule 5101:3-3-08 of the Administrative Code.
- (17) "Level of care" ("LOC") means the designation describing a consumer's functional levels and nursing needs under rules 5101:3-3-05 to 5101:3-3-08

of the Administrative Code.

- (18) "Licensed practical nurse" ("LPN") has the same meaning as in section 4723.01 of the Revised Code.
- (19) "ODA" means "the Ohio department of aging."
- (20) "ODA's designee" means the PAA for a particular ~~PSA~~ planning and service area.
- (21) "ODJFS" means "the Ohio department of job and family services."
- (22) "Nursing facility" ("NF") has the same meaning as in section 5111.20 of the Revised Code.
- (23) "PASSPORT administrative agency" ("PAA") means a public or non-profit entity that has entered into a contract with ODA to provide administrative services on behalf of ODA within a ~~specific geographic region~~ planning and service area for medicaid waiver programs under the authority of ODA, the nonwaiver-funded PASSPORT program under section 173.40 of the Revised Code, the residential state supplement program under section 173.35 of the Revised Code, and the long-term care consultation program under section 173.42 of the Revised Code.
- (24) "Plan of treatment" means a physician's orders.
- (25) "Provider" means a person or entity that provides services under this chapter. There are four types of providers:
  - (a) "Agency provider" means a legally-organized entity that employs staff and that ODA certifies to provide one or more of the services under rule 173-39-02.1, 173-39-02.3, 173-39-02.4, 173-39-02.5, 173-39-02.6, 173-39-02.7, 173-39-02.8, 173-39-02.9, 173-39-02.10, 173-39-02.11, 173-39-02.12, 173-39-02.13, 173-39-02.14, 173-39-02.15, 173-39-02.17, ~~or 173-39-02.18, or 173-39-02.19~~ of the Administrative Code.
  - (b) "Assisted living provider" means a licensed residential care facility that ODA certifies to provide services under rules 173-39-02.16 and 173-39-02.17 of the Administrative Code.

- (c) "Consumer-directed individual provider" means a person who is not the spouse, parent, or stepparent of the consumer, nor serves as the consumer's legal guardian, that ODA certifies to provide one or more of the services under rule 173-39-02.2, 173-39-02.3, or 173-39-02.4 of the Administrative Code.
  - (d) "Non-agency provider" means a legally-organized entity that is owned and controlled by one person, that does not employ a staff, and that ODA certifies to provide one or more of the services under rule 173-39-02.5, 173-39-02.7, 173-39-02.9, 173-39-02.10, 173-39-02.12, 173-39-02.13, 173-39-02.17, or 173-39-02.18 of the Administrative Code.
- (26) "Registered nurse" ("RN") has the same meaning as in section 4723.01 of the Revised Code.
  - (27) "Service plan" means the written outline of services that are provided to a consumer, regardless of the funding source for those services.
  - (28) "Significant change" means a remarkable change in a consumer's health status, mood, behavior, or demeanor that may indicate the need for a re-assessment of the consumer's needs.
  - (29) "Special review" means a non-electronic review of documentation submitted for payment of services compared with authorization and service provision documentation.
  - (30) "Vocational program" means a planned series, or a sequence of courses or modules, that incorporate challenging, academic education and rigorous, performance-based training to prepare participants for success in a particular health care career or occupation.

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