

173-45-06.1

**Long-term care consumer guide: information on services provided by facilities.**

(A) ~~Checklist items:~~ Facility-provided information: ~~ODA~~ ~~The guide shall include a checklist in the guide that describes~~ describe the services provided by, or in affiliation with, each facility listed in the guide.

(1) Services for nursing facility residents: A nursing facility may ~~check~~ use the electronic portal to indicate whether it offers any of the following ~~boxes that describes a specialized service the nursing facility offers~~ services:

(a) ~~Alzheimer's disease/dementia~~ Memory care (secured ~~or unsecured~~): A nursing facility may ~~check the indicate~~ "Alzheimer's disease/dementia memory care (secured or unsecured)" ~~box~~ if it specializes in providing specialized care for residents with Alzheimer's disease/dementia such as environmental features; dining and activities designed and delivered for those with dementia; care planning and delivery and staffing supports appropriate for memory impairments; staff trained in symptoms, symptom management, interventions, person-centered care, and emotional support.

(b) Memory care (unsecured): A nursing facility may indicate "memory care (unsecured)" if it specializes in providing specialized care for residents with Alzheimer's disease/dementia such as environmental features; dining and activities designed and delivered for those with dementia; care planning and delivery and staffing supports appropriate for memory impairments; staff trained in symptoms, symptom management, interventions, person-centered care, and emotional support.

~~(b)(c)~~ Bariatric care: A nursing facility may ~~check the indicate~~ "bariatric care" ~~box~~ if it specializes in bariatric care that includes dietetic and counseling services; equipment, including wheelchairs, beds, commodes, and lifts; exercise and therapy services to treat residents' obesity.

~~(e)(d)~~ Behavioral health care, non-dementia related: A nursing facility may ~~check the indicate~~ "behavioral health care, non-dementia related" ~~box~~ if it provides for, or contracts for, mental health supports for those who need mental health care and have a mental illness such as schizophrenia and need nursing home level of care.

~~(d)(e)~~ Dialysis on site:

- (i) A nursing facility may ~~check the~~ indicate "dialysis on site" ~~box~~ if it specializes in providing dialysis to residents of the nursing facility on site with minimal travel on the nursing facility's campus.
- (ii) A nursing facility may ~~check an additional box~~ indicate if it specializes in peritoneal dialysis.

~~(e)~~(f) Hospice care:

- (i) A facility may ~~check the~~ indicate "hospice" ~~box~~ if it specializes in providing hospice care, whether the facility provides the hospice care or contracts with a hospice provider to provide the hospice care.
- (ii) A facility may ~~check an additional box~~ indicate if it offers additional end-of-life care ~~so long as if it~~ the facility describes the end-of-life care ~~that if it~~ offers.

~~(f)~~(g) Intensive rehabilitation services:

- (i) A nursing facility may ~~check the~~ indicate "intensive rehabilitation services" ~~box~~ if it specializes in providing services by occupational therapists, physical therapists, and speech therapists to assist in recovery from an accident, surgery, stroke, or other medical incident and if the service is provided by or coordinated by occupational therapists, physical therapists, or speech therapists.
- (ii) A nursing facility may ~~check an additional box~~ indicate if its therapists who provide its intensive rehabilitation services are available seven days per week.
- (iii) A nursing facility may ~~check an additional box~~ indicate if it consistently assigns residents to the same therapist.

~~(g)~~(h) Respiratory care, including ventilator care:

- (i) A nursing facility may ~~check the~~ indicate "respiratory care, including ventilator care" ~~box~~ if it specializes in providing chronic ventilator care, tracheal suctioning, and ventilator weaning. "Respiratory care, including ventilator care" may also include use of respirators/ventilators, oxygen, intermittent positive pressure breathing (IPPB), or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has a respiratory therapist on staff.

~~(h)~~(i) Respiratory care, not including ventilator care:

- (i) A nursing facility may ~~check the~~ indicate "respiratory care, not including ventilator care" ~~box~~ if it specializes in providing tracheal weaning and tracheal suctioning. "Respiratory care, not including ventilator care" may also include use of respirators, oxygen, ~~intermittent positive pressure breathing (IPPB)~~, or other inhalation therapy, pulmonary care, humidifiers, and other methods to treat conditions of the respiratory tract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has a respiratory therapist on staff.

- ~~(j)~~(j) Short-term stay for respite: A nursing facility may ~~check the~~ indicate "short-term stay for respite" ~~box~~ if it specializes in providing respite services on short-term bases to individuals who are unable to care for themselves on short-term bases because of absences, needs, or relief of those persons who normally provide care to the individuals.

~~(j)~~(k) Skin and wound care:

- (i) A nursing facility may ~~check the~~ indicate "skin and wound care" ~~box~~ if it specializes in care for clinically complex or multiple wounds. The care may include negative pressure ("wound vac"), debridement, and care by wound specialists on staff or under contract.

- (ii) A nursing facility may ~~check an additional box~~ indicate if it has wound-management staff certified by the american board of wound management.

- ~~(k)~~(l) Spinal cord injury care: A nursing facility may ~~check the~~ indicate "spinal cord injury care" ~~box~~ if it provides a special program for those with spinal cord injuries, including physical, speech, occupational, and vocational therapy; skin integrity management; pain management; and environmental accessibility.

- ~~(k)~~(m) Traumatic brain injury care: A nursing facility may ~~check the~~ indicate "traumatic brain injury care" ~~box~~ if it specializes in evaluating and treating brain injuries by providing care that includes physical, speech, occupational, and vocational therapy; behavioral and cognitive rehabilitation; pain management; and substance-abuse treatment.

- (2) Services for residential care facility residents: A residential care facility may ~~check~~ use the electronic portal to indicate that it offers any of the following ~~boxes that describes a specialized service~~ services the residential facility offers that is beyond personal care:

(a) Twenty-four hour licensed nursing.

(b) Advanced skin care.

(c) ~~Alzheimer's disease/dementia~~ Memory care (secured ~~or unsecured~~).

~~(d)~~ Memory care (unsecured).

~~(d)~~ (e) Assistance with self-administration of medication.

~~(e)~~ (f) Formalized wellness programs, which are structured initiatives or programs that a provider offers to targets an area of wellness such as memory care, activity programming, or environmental approaches to address healthier living.

~~(f)~~ (g) Hospice care.

~~(g)~~ (h) Medication administration.

~~(h)~~ (i) Rehabilitative therapy (occupational, physical, speech).

~~(i)~~ (j) Short-term stay for respite.

~~(j)~~ (k) Special diets.

~~(k)~~ (l) Total incontinence care.

~~(l)~~ (m) Transfer assistance (e.g., bed to chair).

~~(m)~~ (n) Transportation (e.g., to appointments, outings).

- (3) Services for nursing facility non-residents: A nursing facility may ~~check~~ indicate whether it provides any of the following ~~boxes that describe a specialized service~~ services the residential care facility makes available to non-residents in affiliation with the nursing facility:

(a) Adult day care.

(b) Assisted living on site.

- (c) Home-delivered meals.
- (d) Home health care.
- (e) Hospice services.
- (f) Independent living housing on site.
- (g) Outpatient therapy.
- (h) Short-term stay for respite.
- (i) Transportation (e.g., from homes to appointments).
- (j) Any other community service the facility provides to non-residents that it specifically identifies.

(4) Services for residential care facility non-residents: A residential care facility may ~~check~~ indicate whether it provides any of the following ~~boxes that describe a specialized service services the residential care facility makes available to non-residents in affiliation with the residential care facility:~~

- (a) Adult day care.
- (b) Home health care.
- (c) Hospice care.
- (d) Independent living housing on site.
- (e) Outpatient therapies (occupational, physical, speech).
- (f) Short-term stay for respite.
- (g) Skilled nursing facility on site.
- (h) Transportation (e.g., from homes to appointments).
- (i) Any other community service the facility provides to non-residents that it specifically identifies.

(B) ~~Check boxes, Portal,~~ attestations, and disclaimer:

- (1) ~~Check boxes, Portal:~~ For the facility services specified in paragraphs (A)(1) and (A)(2) of this rule, ~~ODA AGE shall include check boxes~~ permit the facilities to

use an electronic portal to indicate if a facility provides specific services, and if the facility provides the services within a specific unit of the facility.

(2) Attestations:

- (a) A ~~nursing~~ facility shall attest that ~~any box it checks to indicate that it provides the specific service accurately represents a service that it provides by checking the box on the electronic guide below the following statement: "This facility asserts that it offers the service in the manner described, as certified/attested/confirmed by [insert name, title] on [insert date]."~~ The facility shall make this attestation as part of the update procedures ~~provided by paragraph (B)(2) of rule 173-45-06 of the Administrative Code in the portal.~~
- (b) ~~Upon~~ On request from ~~consumers~~ a consumer, ~~ombudsmen~~ an ombudsman, or ~~surveyors~~ a surveyor, a ~~nursing~~ facility shall provide ~~documentation records~~ to demonstrate how any specialized service that it attested that it provides meets the description of the specialized service under paragraph (A)(~~1~~) of this rule. If the ~~nursing~~ facility does not demonstrate how it provides a specialized service, ~~ODA-AGE~~ may remove the specialized service from the facility's listing in the guide.
- (3) Disclaimer: ~~ODA-AGE~~ shall publish this disclaimer in the guide: "This form is intended for ~~any consumers consumer, ombudsmen ombudsman, and or~~ other interested ~~persons person~~ to use ~~in for~~ comparing services offered at Ohio facilities ~~listed on the "Ohio Long-Term Care Consumer Guide."~~ The state does not offer any guarantee that the described services are available to residents because they are listed here. Residents and interested persons may use this information to compare facilities' services and capabilities. This information is not intended to take the place of visiting the facility, talking with residents, family members, or meeting one-on-one with facility staff."
- (C) Updating content: ~~ODA-AGE~~ shall obtain information regarding the services listed in paragraph (A) of this rule from the facilities themselves and may also obtain information from publicly-available sources, in accordance with paragraph (B) of rule 173-45-06 of the Administrative Code. Each facility may supplement the information required under paragraphs (A)(1) and (A)(2) of this rule ~~in order~~ to ensure an accurate description of services provided through the special care unit.
- (D) Definition: As used in this rule, "affiliation" means a connection between a facility and a provider that are operated by the same entity, or that have entered into a contract whereby the provider provides services on the property of the facility or in close proximity to the facility.

Effective:

Five Year Review (FYR) Dates: 8/29/2025

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Certification

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Date

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