This rule sets forth the process and general standards for providing long-term care consultations:

(A) Process:

(1) When an individual contacts the program administrator to seek information about options available to meet long-term care needs, the program administrator shall offer a long-term care consultation to the individual.

(2) When an individual applies for admission to a nursing facility or is seeking medicaid payment for a continued stay in a nursing facility, the program administrator shall provide a long-term care consultation to the individual.

(3) The nursing facility shall notify the program administrator of any individual who is a nursing facility resident that was admitted under a time-limited convalescent exemption or who was admitted under a categorical determination in accordance with rule 5160-3-15.1, 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. The nursing facility shall notify the program administrator no later than seventy-two hours after the expiration of the time limit, unless rule 173-43-03 of the Administrative Code exempts the individual. Upon being notified, the program administrator shall determine if a long-term care consultation is required.

(4) If the nursing facility determines that an individual is exempt from a long-term care consultation under rule 173-43-03 of the Administrative Code, the nursing facility shall document the reason for the exemption in the individual’s record.

(5) If the program administrator determines that it is not required to provide a long-term care consultation to an individual under rule 173-43-03 of the Administrative Code, the program administrator shall provide documentation to the individual (or the individual’s representative, if any) and to the nursing facility (if known) that identifies the exemption being met.

(6) For an individual for whom the program administrator is required to provide a long-term care consultation, the program administrator, in consultation with the individual, shall determine whether to provide a long-term care consultation before or after admission to a nursing facility.

(7) Information about an individual who is applying to a nursing facility or seeking medicaid payment for a continued stay in a nursing facility may come from...
the individual, the nursing facility to which admission is being sought, or through the pre-admission screening and resident review process. The program administrator may access the nursing facility resident assessment data the nursing facility collects through the resident assessment instrument to identify individuals who are likely to benefit from a long-term care consultation. As used in this paragraph, "resident assessment instrument" has the same meaning as in rule 5160-3-43.1 of the Administrative Code.

(8) Concurrent assessments: The program administrator may provide a long-term care consultation to an individual that also assesses the individual's functional capabilities, so long as ODA has authorized the program administrator to assess the individual's functional capabilities, as follows:

(a) Level of care: The program administrator may incorporate the level-of-care assessment that section 5165.04 of the Revised Code requires in the long-term care consultation that it provides to an individual. The individual who is subject to the level-of-care review shall comply with the requirements for the level-of-care review. The program administrator that provides the level-of-care review shall comply with rules 173-43-05 and 5160-3-14 of the Administrative Code.

(b) Pre-admission screening and resident review: The program administrator may incorporate portions of the determinations that section 5165.03 of the Revised Code requires in the long-term care consultation that it provides to an individual. The individual who is subject to the pre-admission screening and resident review shall comply with the requirements for the pre-admission screening and resident review. The program administrator that provides the pre-admission screening and resident review shall comply with rules 173-43-05, 5160-3-15.1, and 5160-3-15.2 of the Administrative Code.

(9) At the conclusion of the long-term care consultation, the program administrator shall provide the individual (or the individual's representative) with a written summary of options and resources discussed.

(B) General standards:

(1) When providing a long-term care consultation, the program administrator shall focus on the individual's needs, circumstances, and values and provide the individual with information about options available to meet his or her needs. At a minimum, the program administrator shall include the following information in each long-term care consultation:
(a) The availability of any long-term care options open to the individual.

(b) Sources and methods of both private and public payment for long-term care services.

(c) Factors to consider when choosing among the available program, services, and benefits.

(d) Opportunities and methods for maximizing independence and self-reliance, including support services provided by the individual's family, friends, and community.

(e) Support for the individual as he or she explores the range of options available, makes decisions about the appropriate services to meet his or her needs, and creates a plan of care.

(2) The nursing facility shall not deny or limit access to the facility or a resident of the facility to any person who is attempting to provide a long-term care consultation.

(3) A nursing facility that has a provider agreement with the department of job and family services may only admit an individual as a resident upon receipt of evidence that the nursing facility has complied with rules 173-43-02 and 173-43-03 of the Administrative Code and that the program administrator has provided a long-term care consultation to the individual, unless rule 173-43-03 of the Administrative Code exempts the individual.

(4) The information the program administrator provides to an individual during a long-term care consultation is not binding. The individual may choose the long-term services and supports that best meets his or her needs.
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