

# Ohio

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**Licensure Term** Residential Care Facilities

**Opening Statement** The Ohio Department of Health, Office of Health Assurance and Licensing, licenses residential care facilities. The term assisted living is used interchangeably with residential care.

The Department has specific requirements for special care units dedicated to providing care to residents with diagnoses including, but not limited to, late-stage cognitive impairments with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or serious mental illness. When applying for a residential care license, applicants must indicate whether specialized care or services will be provided, including care for people with Alzheimer’s or other cognitive impairments.

**Legislative and Regulatory Update** There are no recent legislative updates affecting residential care facilities in Ohio.

In 2018, Ohio updated its rules governing residential care facilities. There were a range of changes, such as: new definitions; additional training in specified circumstances; prohibition on employing a person with specified offenses (e.g., disciplinary action taken against a professional license by a state licensure body as a result of a finding of abuse, neglect, mistreatment of residents or misappropriation of resident property); added language to the resident health assessments; food and dietary service requirement updates; and life safety.

**Definition** Residential care facilities means a home that provides either of the following: (1) accommodations for 17 or more unrelated individuals, with supervision and personal care services for three or more of those individuals who are dependent on the services of others by

reason of age or physical or mental impairment; or (2) accommodations for three or more unrelated individuals, with supervision and personal care services for at least three of those individuals who are dependent on the services of others by reason of age or physical or mental impairment, and for at least one of those individuals any of the skilled nursing care authorized by section 3721.011 of the Revised Code.

### **Disclosure Items**

A residential care facility must provide prospective residents or their representatives a copy of the written residential agreement, which includes specified information, such as: an explanation and statement of all charges, fines or penalties; an explanation of services are provided; a statement that the facility must discharge or transfer a resident when the resident needs skilled nursing care beyond what the facility can provide; and the residents' rights policy and procedures. In addition to the information in the resident agreement, prior to admission or upon the request of a prospective resident or prospective resident's sponsor, the residential care facility shall provide the resident or resident's sponsor with a copy and explanation of policies, including, but not limited to: smoking policy; advance directives; definition of skilled nursing care; special care unit policies and procedures; policy surrounding disabled and potentially disabled residents; and, any other policy the resident must follow.

### **Facility Scope of Care**

Facilities may provide supervision and personal care services, administer or assist with self-administration of medication, supervise special diets, perform dressing changes, and accept individuals requiring part-time intermittent enteral feedings. Facilities may also provide up to 120 days of skilled nursing services on a part-time, intermittent basis. Ohio law exempts both hospice residents who also need skilled nursing care and residents whose skilled nursing care is determined to be routine by a physician from the 120-day limitation.

### **Third Party Scope of Care**

Skilled nursing services may be provided by a licensed hospice agency or certified home health agency.

### **Admission and Retention Policy**

Facilities may admit or retain individuals who require: skilled nursing care beyond the supervision of special diets; application of dressings; or administration of medication only if the care is on a part-time/intermittent basis for not more than a total of 120 days in any 12-month period, except for hospice residents and those whose skilled nursing care is determined to be routine by a physician. A residential care facility may admit or retain an individual requiring medication if: (1) the individual's personal physician has determined that the individual is capable of self-administration; or (2) the facility

provides for the medication to be administered by a certified home health agency, a licensed hospice care program, or a qualified member of the staff.

A residential care facility shall not admit an individual who requires services or accommodations beyond that which a residential care facility is authorized to provide or beyond that which the specific facility provides. A residential care facility shall not admit a resident prior to searching for the individual on the Ohio sex offender registry. Except for residents receiving hospice care, no residential care facility shall admit or retain an individual who: (1) requires skilled nursing care that is not authorized by the Ohio Revised Code or is beyond that which the specific facility can provide; (2) requires medical or skilled nursing care at least eight hours per day or forty hours per week; (3) requires chemical or physical restraints; (4) is bedridden with limited potential for improvement; (5) has stage III or IV pressure ulcers; or (6) has a medical condition that is so medically complex or changes so rapidly that it requires constant monitoring and adjustment of treatment regimen on an ongoing basis.

**Resident Assessment**

A resident assessment must be completed within 48 hours of admission or before admission, annually, and upon significant change. There are specific components required in the assessment, but not a mandated form. Residents with medical, psychological, or developmental or intellectual impairment require additional assessment.

**Medication Management**

Residents must either be capable of self-administering medications or the facility must provide for medication administration by a home health agency, hospice, or qualified staff person (e.g., a registered nurse (RN), licensed practical nurse, or physician). Trained, unlicensed staff may assist with self-administration only if the resident is mentally alert, able to participate in the medication process, and requests such assistance. Assistance includes reminders, observing, handing medications to the resident, and verifying the resident's name on the label, etc.

**Square Feet Requirements**

Private resident units must be a minimum of 100 square feet and multiple-occupancy resident units must provide a minimum of 80 square feet per resident. This does not include closets or toilet rooms.

**Residents Allowed Per Room**

A maximum of four residents is allowed per resident unit.

**Bathroom Requirements**

One toilet, sink, and tub/shower are required for every eight

residents. Additionally, if there are more than four persons of one gender to be accommodated in one bathroom on a floor, a bathroom must be provided for each gender residing on that floor. New facilities constructed or converted to use after the effective date of the new rules shall have a bathroom for each unit/apartment.

## **Life Safety**

Sprinklers and smoke detectors have been required since 1974. The current Life Safety Code does not apply to residential care facilities but they must comply with the Ohio Fire Code and Ohio Building Code, which have been brought up to National Fire Protection Association and International Fire Code standards. Each residential care facility must develop and maintain a written disaster preparedness plan to be followed in case of emergency or disaster and conduct at least two disaster preparedness drills per year, one of which shall be a tornado drill which shall occur during the months of March through July. Twelve fire drills are required annually, to be done for each shift and at least every three months. Buildings must be equipped with both an automatic fire extinguishing system and fire alarm system. Each residential care facility must conduct fire safety inspections at least monthly.

Each residential care facility that is licensed after March 1, 2018 and that has a permanently installed fuel-burning appliance(s) must install and maintain carbon monoxide detectors in: each room containing a permanently installed fuel-burning appliance; and a central location on every habitable level and in every heating/ventilation/air conditioning zone of the building. For those facilities that were licensed prior to March 1, 2018 that have a permanently installed fuel-burning appliance(s), they must also install and maintain carbon monoxide alarms or carbon monoxide detectors in those same locations by March 1, 2019. The rule defines a carbon monoxide alarm, detector, detection system, and fuel-burning appliance.

## **Unit and Staffing Requirements for Serving Persons with Dementia**

A special care unit is a facility or part of a facility dedicated to providing care residents with diagnoses including, but not limited to late-stage cognitive impairments with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or serious mental illness.

Facilities that have special units must disclose information about unit placement, transfer and discharge policies, special assessments, unit services and resident activities, unit staffing and staff qualifications, special physical design features, family involvement, and costs for services on the unit. The attending physician must

also document the need for such placement, and placement cannot be based solely on the resident's diagnosis.

Licensure rules outline specific training upon hire and annually related to specialized populations. For example, staff employed by a facility that admits or retains residents with late-stage cognitive impairments with significant ongoing daily living assistance needs, or cognitive impairments with increased emotional needs or presenting problematic behaviors must have two hours of training on care for such residents within 14 days of the first day of work and four hours of continuing education. Activity staff must also receive specialized training related to those with cognitive impairments, behaviors, and/or seriously mentally ill individuals as appropriate.

### **Staffing Requirements**

A facility must have an administrator who is responsible for its daily operation and provides at least 20 hours of service in the facility during each calendar week between 8 a.m., and 6 p.m. While there are not staffing ratios, at least one staff member must be on duty at all times and sufficient additional staff members must be present to meet the residents' total care needs. For facilities that provide personal care services, at least one staff member trained and capable of providing such services, including having successfully completed first aid training, must be on duty at all times. For homes that provide skilled nursing care, the rules require enough onsite RN time to manage the provision of skilled nursing care if that care is provided by the facility, excluding medication administration, supervision of special diets, or application of dressings, and sufficient nursing staff to provide needed skilled nursing care. At night, a staff member may be on call if the facility meets certain call signal requirements, but another person must also be on call in such cases. A dietitian working as consultant or employee is necessary for facilities that provide and supervise complex therapeutic diets.

### **Administrator Education/Training**

Administrators must be 21 years of age and meet one of the following criteria: (1) be licensed as a nursing home administrator; (2) have 3,000 hours of direct operational responsibility for a senior housing facility; (3) complete 100 credit hours of post-high school education in the field of gerontology or health care; (4) be a licensed health care professional; or (5) hold a baccalaureate degree.

Administrators must complete nine hours of continuing education in gerontology, health care, business administration, or residential care facility administration per year.

### **Staff Education/Training**

Staff members providing personal care services must be at least 16

years of age, have first aid training, and complete a specified training program. Staff members providing personal care services who are under the age of 18 shall have on-site supervision by a staff member over the age of 18. All staff must be able to understand and communicate job-related information in English and be appropriately trained to implement residents' rights. Staff members who plan activities for residents with late-stage cognitive impairment with significant ongoing daily living assistance needs, cognitive impairments with increased emotional needs or presenting behaviors that cause problems for the resident or other residents, or both; or, serious mental illness shall have training in appropriate activities for such residents.

Staff that provide personal care services, except licensed health professionals whose scope of practice include the provision of personal care services, must meet specified requirements prior to providing such services without supervision. Staff that provide personal care services must have eight hours of continuing education annually which may include the specialized training for those caring for specialized populations. Staff caring for specialized populations must complete four hours of continuing education in the care of such residents annually, and these four hours may count toward the eight hours of general continuing education annually required.

**Entity Approving  
CE Program**

The initial training required for providing care for special populations of residents (late-stage cognitive impairment, increased emotional needs or presenting behaviors, or serious mental illness) must be conducted by a qualified instructor for the topic covered. The annual continuing education requirements may be completed online or by other media provided there is a qualified instructor present to answer questions and to facilitate discussion about the topic at the end of the lesson.

**Medicaid Policy and  
Reimbursement**

Two Medicaid waivers cover services in licensed residential care facilities, including a 1915(c) assisted living waiver and a 1915(b) waiver for managed care.

In addition, Ohio's Residential State Supplement (RSS) program is a state-funded cash assistance program for certain Medicaid-eligible aged, blind, or disabled adults who have been determined to be at risk of needing institutional care. A monthly supplement, in combination with the recipient's regular monthly income, is used to pay for accommodations, supervision, and personal care services in approved community-based living arrangements, including adult foster homes and RCFs. Effective January 1, 2016, the maximum

monthly fee an RCF was allowed to charge a recipient was \$1,100. Residents may contract and pay for additional services. Effective July 1, 2017, residential care facilities licensed by the Department for 17 beds or more are no longer eligible living arrangements for RSS unless approved by Ohio Mental Health and Addiction Services on an individual basis.

## **Citations**

Ohio Revised Code, Chapter 3721: Nursing Homes; Residential Care Facilities.

<http://codes.ohio.gov/orc/3721>

Ohio Administrative Code, Chapter 3701-16: Residential Care Facilities.

<http://codes.ohio.gov/oac/3701-16>

Ohio Department of Medicaid. Waiver Services.

<http://www.medicaid.ohio.gov/FOROHIOANS/Programs/HCBSWaivers.aspx>

Ohio Department of Mental Health and Addiction Services. Residential State Supplement Program.

<https://mha.ohio.gov/Families-Children-and-Adults/For-Adults/Housing-Assistance/Residential-State-Supplement>

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