
DEPARTMENT OF AGING

Record checks

- Makes a regional long-term care ombudsman program the responsible party for purposes of database reviews and criminal records checks for the regional program.
- Specifies that the database review and criminal records check requirements regarding community-based long-term care services covered by programs administered by the Ohio Department of Aging (ODA) apply to:
 - (1) A person applying for employment with (or referred by an employment service to) a community-based long-term care provider; and
 - (2) If ODA rules so require, a person already employed by (or referred to) such a provider when the person seeks or holds a direct-care position involving (a) in-person contact with one or more consumers or (b) access to one or more consumers' personal property or records.
- Applies the database review and criminal records check requirements to:
 - (1) Persons under final consideration for employment in a direct-care position with an area agency on aging (AAA), PASSPORT administrative agency (PAA), or subcontractor; and
 - (2) Persons referred to an AAA, PAA, or subcontractor by an employment service for a direct-care position.
- Permits the ODA Director to adopt rules applying the database review and criminal records check requirements to a person (1) employed in a direct-care position by an AAA, PAA, or subcontractor or (2) working in a direct-care position following referral by an employment service to an AAA, PAA, or subcontractor.
- Excludes from the database review and criminal records check requirements for direct-care positions persons whose sole duties are transporting individuals under a county or regional transit system.
- Provides that the database review and criminal records check requirements do not apply to individuals subject to the criminal records check requirement for individuals applying for direct-care positions with nursing homes, residential care facilities, county or district homes, or other Ohio Department of Health-regulated long-term care facilities or adult day-care programs.

- Provides that the ODA Director or the Director's designee may obtain the report of a criminal records check regarding an applicant for a direct-care position with a Department of Health-regulated long-term care facility if the facility is also a community-based long-term care services provider.

PASSPORT and Assisted Living programs

- Requires ODA to establish new appeal procedures for the state-funded components of the PASSPORT and Assisted Living programs.
- Provides that, if the Choices Program is terminated, ODA is authorized to suspend new enrollments and transfer existing participants to either the PASSPORT program or an unified long-term services and support Medicaid waiver component.
- Requires an applicant for the Medicaid-funded or state-funded component of the Assisted Living Program to undergo an assessment to determine whether the applicant needs an intermediate level of care.
- Requires the Ohio Department of Medicaid to enter into an interagency agreement with ODA under which ODA performs assessments to determine if a person requires a nursing facility level of care.
- Permits ODA to design and utilize a payment method for PAA operations that includes a pay-for-performance component.
- Specifies that the spending for PAAs' site operating functions for PASSPORT, Choices, Assisted Living, and PACE are to be 105% of the level provided in fiscal year 2013.
- Requires the Medicaid payment rates for services provided under the PASSPORT program, other than adult day-care services, during fiscal years 2014 and 2015 to be not less than 98.5% of the Medicaid payment rates for the services in effect on June 30, 2011.
- Requires the Medicaid payment rates for adult day-care services provided under the PASSPORT program during fiscal years 2014 and 2015 to be 20% higher than the amount of the Medicaid payment rates for the services in effect on June 30, 2013.

Nursing homes

- Requires ODA to implement a nursing home quality initiative to improve person-centered care and make available a list of quality improvement projects.

- Beginning July 1, 2013, requires nursing homes to participate every two years in at least one quality improvement project listed by ODA.
- Beginning July 1, 2015, requires nursing homes to participate in advance care planning and generally prohibits the use of overhead paging.

Board of Executives of Long-Term Services and Supports

- Transfers the Board of Examiners of Nursing Home Administrators from the Ohio Department of Health to ODA and renames it the Board of Executives of Long-Term Services and Supports.
- Increases to 11 (from 9), the number of Board members and modifies the membership eligibility requirements.
- Requires the Board to enter into a written agreement with ODA for ODA to serve as the Board's fiscal agent.
- Creates the Board of Executives of Long-Term Services and Supports Fund and requires license and registration fees collected by the Board to be deposited to the credit of the Fund instead of the General Operations Fund.
- Requires the Board to create opportunities for education, training, and credentialing of nursing home administrators and others in leadership positions in long-term services and supports settings.
- Provides guidelines for the Board's agency transition, membership changes, and name change, including provisions governing the transfer of duties and obligations.

Other provisions

- Bases the annual fee paid by a long-term care facility for support of regional ombudsman programs on the number of beds the facility was licensed or otherwise authorized to maintain for the previous year, rather than the number of beds maintained for use by residents.
- Eliminates the requirement that ODA prepare an annual report on individuals who, after long-term care consultations, elect to receive home and community-based services covered by ODA-administered Medicaid components.
- Replaces "ombudsperson" with "ombudsman" for ODA programs.

Ombudsman-related criminal records checks

(R.C. 173.27 (primary) and 109.57)

As a condition of employment with the Office of the State Long-Term Care Ombudsman program in a position that involves providing ombudsman services, an individual must undergo a database review and, unless the individual fails the database review and therefore cannot be employed, a criminal records check. An existing employee must undergo a database review and criminal records check only if so required by Ohio Department of Aging (ODA) rules.

Regional long-term care ombudsman programs

The act distinguishes individuals applying for employment with, or employed by, the Office of the State Long-Term Care Ombudsman program from individuals applying for employment with, or employed by, regional long-term care programs. Under the act, regional programs have responsibilities regarding the database reviews and criminal records checks that had been assigned to the State Long-Term Care Ombudsman. For example, the State Long-Term Care Ombudsman, or the Ombudsman's designee, was required by prior law to provide information regarding the database reviews and criminal records checks to each individual under final consideration for employment in a position for which a database review and criminal records check must be conducted. Under the act, a regional long-term care ombudsman program, or the program's designee, must provide the information when the individual is under final consideration for employment in such a position with the regional program. The head of a regional program may not act as the program's designee when the head is the employee for whom a database review or criminal records check is being conducted.

System for Award Management web site

Continuing law specifies various databases that are to be checked as part of a database review. The ODA Director is permitted to specify additional databases in rules. The Excluded Parties List System is one of the databases specified in statute. It is maintained by the U.S. General Services Administration. The act specifies that the Excluded Parties List System is available at the federal web site known as the System for Award Management.

Standards that permit a disqualified individual to be employed

Prior law required the ODA Director to adopt rules specifying circumstances under which the State Long-Term Care Ombudsman program could employ an individual found by a criminal records check to have been convicted of, pleaded guilty



to, or been found eligible for intervention in lieu of conviction for a disqualifying offense but who met personal character standards. The act requires instead that the ODA Director adopt rules specifying standards that an individual must meet for the State Long-Term Care Ombudsman or a regional long-term care ombudsman program to be permitted to employ the individual if the individual is found to have been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense.

Community-based long-term care, AAA, and PAA record checks

(R.C. 173.38 (primary), 109.57, 109.572, 173.14, 173.39, 173.391, 173.392, 3701.881, 3721.121, 5164.34, and 5164.342; Sections 110.20, 110.21, and 110.22)

Continuing law requires an individual to undergo a database review and criminal records check when the individual is under final consideration for employment with a community-based long-term care agency (renamed "provider" by the act) in a position that involves providing direct care to an individual, or is referred to such an agency by an employment service for such a position. (The criminal records check is unnecessary if the results of the database review show that the individual cannot be employed in the position.) The ODA Director is permitted to adopt rules also requiring individuals employed by providers in such positions to undergo database reviews and criminal records checks. A provider is a person or government entity that provides community-based long-term care services under an ODA-administered program. Community-based long-term care services are health and social services provided to persons in their own homes or in community care settings.

Direct-care positions

As discussed above, continuing law's database review and criminal records check requirements apply to individuals under final consideration for employment in positions that involve providing direct care with (or referred by an employment service to) community-based long-term care agencies (providers), and, if so required by ODA rules, individuals already employed by providers. The act defines "direct-care position" as an employment position in which an employee has either or both of the following: (1) in-person contact with one or more consumers and (2) access to one or more consumers' personal property or records. "Direct-care position" does not include a person whose sole duties are transporting individuals under a county or regional transit system.⁸

⁸ R.C. Chapter 306.



Criminal records checks applied to AAAs, PAAs, and subcontractors

The act requires additional individuals to undergo database reviews and criminal records checks. The additional individuals are individuals under final consideration for employment with (or referred by employment services to) any of the following in a full-time, part-time, or temporary direct-care position: (1) area agencies on aging (AAAs), (2) PASSPORT administrative agencies (PAAs), and (3) subcontractors.⁹ The ODA Director is permitted to adopt rules requiring individuals to undergo database reviews and criminal records checks also when **employed** by AAAs, PAAs, and subcontractors in full-time, part-time, or temporary direct-care positions. The database reviews and criminal records checks are to be conducted for the additional individuals in the same manner as they are conducted for employees (if so required by rules) and prospective employees of community-based long-term care agencies (providers).

Subcontractors that are also home health agencies or waiver agencies

Continuing law establishes similar database review and criminal records check requirements for home health agencies and waiver agencies. A home health agency is a person or government entity (other than a nursing home, residential care facility, hospice care program, or pediatric respite care program) that has the primary function of providing certain services, such as skilled nursing care and physical therapy, to a patient at a place of residence used as the patient's home. A waiver agency is a person or government entity that provides home and community-based services under a Medicaid waiver program, other than (1) such a person or government entity certified under the Medicare program and (2) an independent provider of those services.

It is possible for a community-based long-term care agency (provider) to also be a home health agency, waiver agency, or both. Continuing law provides that the database review and criminal records check requirements regarding providers do not apply to individuals subject to the database review and criminal records check requirements regarding home health agencies and that a provider that is also a waiver agency may provide for employees and prospective employees to undergo database reviews and criminal records checks in accordance with the requirements regarding waiver agencies rather than the requirements regarding providers. The ODA Director, or the Director's designee, may receive the results of a criminal records check conducted in accordance with the requirements regarding home health agencies or waiver agencies when the subject of the check is an employee or prospective employee of a provider that is also a home health agency or waiver agency.

⁹ The ODA Director is to define "subcontractor" in rules.



Similarly, it is possible for a community-based long-term care subcontractor to also be a home health agency or waiver agency. The act applies to such subcontractors the provisions discussed above regarding providers.

Exception for individual subject to other criminal records check

Continuing law requires the chief administrator of a nursing home, residential care facility, county or district home, or other Ohio Department of Health-regulated long-term care facility and the chief administrator of an adult day-care program to request that the Superintendent of the Bureau of Criminal Identification and Investigation (BCII) conduct a criminal records check of each person under final consideration for employment with the facility or program in a direct-care position. The act provides that an individual who is subject to such a criminal records check is not also required to undergo a database review and criminal records check otherwise required for an individual under final consideration for employment with a community-based long-term care agency (provider) in a direct-care position. The ODA Director or the Director's designee is permitted by the act, however, to obtain the report of a criminal records check conducted for an individual under final consideration for a direct-care position with an Ohio Department of Health-regulated long-term care facility if the criminal records check is requested by the chief administrator of such a facility that is also a community-based long-term care agency (provider).

System for Award Management web site

Continuing law specifies various databases that are to be checked as part of a database review. The ODA Director is permitted to specify additional databases in rules. The Excluded Parties List System is one of the databases specified in statute. It is maintained by the U.S. General Services Administration. The act specifies that the Excluded Parties List System is available at the federal web site known as the System for Award Management.

Standards that permit a disqualified individual to be employed

Prior law required the ODA Director to adopt rules specifying circumstances under which a community-based long-term care agency (provider) could employ an individual found by a criminal records check to have been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense but who met personal character standards. The act requires instead that the ODA Director adopt rules specifying standards that an individual must meet for a provider, subcontractor, AAA, or PAA to be permitted to employ the individual if the individual is found to have been convicted of, pleaded guilty to, or been found eligible for intervention in lieu of conviction for a disqualifying offense.



State-funded PASSPORT and Assisted Living programs – appeals

(R.C. 173.523, 173.545, and 173.56)

Appeal procedures

The act requires ODA to adopt rules establishing new procedures for appeals of adverse actions related to services requested or provided under the state-funded components of the PASSPORT and Assisted Living programs. The rules are to be adopted under R.C. 111.15, which does not require public notice or hearings on proposed rules.

The rules ODA is to adopt for appeals must require notice and an opportunity for a hearing. They may allow appeal hearings to be conducted by telephone and permit ODA to record telephone hearings. Revised Code Chapter 119., which establishes procedures for appeals of administrative rulings, is to apply to hearings only to the extent provided for in the rules.

An appeal is commenced by submission of a written request for a hearing to the ODA Director within the time specified in the rules adopted by ODA. The hearing may be recorded, but neither the recording nor a transcript of the recording is part of the official record of the proceeding. The Director must notify the individual bringing the appeal of the Director's decision and of the procedure for appealing the decision.

The Director's decision may be appealed to a court of common pleas. The appeal is to be governed by the Administrative Procedure Act (R.C. Chapter 119.) except as follows:

(1) The appeal is to be in the court of common pleas of the county in which the individual who brings the appeal resides or, if the individual does not reside in Ohio, to the Franklin County common pleas court.

(2) The notice of appeal must be mailed to ODA and filed with the court not later than 30 days after ODA mails notice of the Director's decision. For good cause shown, the court may extend the time for mailing and filing the notice of appeal, but the time cannot exceed six months from the date ODA mails the notice of the Director's decision.

(3) If the court grants an individual's application for designation as an indigent, the individual is not to be required to furnish the costs of the appeal.

(4) ODA is required to file a transcript of the testimony of the state hearing with the court only if the court orders that the transcript be filed. The court may make such an order only if it finds that ODA and the individual bringing the appeal are unable to



stipulate to the facts of the case and that the transcript is essential to a determination of the appeal. ODA must file the transcript not later than 30 days after such an order is issued.

When an appeal may be brought

Under the act, an individual who is an applicant for or participant or former participant in the state-funded component of the PASSPORT or Assisted Living program may appeal an adverse action taken or proposed to be taken by ODA or an entity designated by ODA concerning participation in or services provided under the component if the action will result in any of the following:

- (1) Denial of enrollment or continued enrollment in the component;
- (2) Denial of or reduction in the amount of services requested by or offered to the individual under the component;
- (3) Assessment of any patient liability payment pursuant to rules adopted by ODA.

The appeal is to be made in accordance with the act and rules adopted by ODA.

When an appeal may not be brought

An appeal may not be brought by an individual if any of the following is the case:

- (1) The individual has voluntarily withdrawn the application for enrollment in the component;
- (2) The individual has voluntarily terminated enrollment in the component;
- (3) The individual agrees with the action being taken or proposed;
- (4) The individual fails to submit a written request for a hearing to the Director within the time specified in the rules;
- (5) The individual has received services under the component for the maximum time permitted.

Transfer of participants from Choices to PASSPORT

(R.C. 173.53)

H.B. 153 of the 129th General Assembly required that federal permission be sought to create a unified long-term services and support Medicaid waiver program to provide home and community-based services to eligible individuals of any age who require the level of care provided by nursing facilities. H.B. 153 also provided that, should the waiver component be created, a determination is to be made as to whether the Choices program should continue to operate as a separate Medicaid waiver component or be terminated.

The act provides that, if the Choices program is terminated, ODA, no sooner than six months before Choices ceases to exist, is authorized to do both of the following:

(1) Suspend new enrollment in Choices;

(2) Transfer Choices participants to the unified long-term services and support Medicaid waiver component or, if that component is not created, transfer them to the Medicaid-funded component of the PASSPORT program.

Assisted Living Program assessments

(R.C. 173.546 (primary), 173.42, 173.51, 173.54, 173.541, and 173.544)

The Assisted Living Program, which is administered by ODA, provides assisted living services to eligible individuals living in residential care facilities. The program has a Medicaid-funded component and a state-funded component.

An individual must need an intermediate level of care and meet other requirements to qualify for the Medicaid-funded or state-funded component of the Assisted Living Program. Under prior law, whether an individual needed an intermediate level of care was determined in accordance with an administrative rule. The act establishes in statute an assessment process for determining whether an individual needs an intermediate level of care.

The act's assessment process requires each applicant for the Medicaid-funded or state-funded component of the Assisted Living Program to undergo the assessment to determine whether the applicant needs an intermediate level of care. The assessment may be performed concurrently with a long-term care consultation provided under a program developed by ODA.

The Ohio Department of Medicaid (ODM) or an agency under contract with ODM is to conduct the assessments. ODM is permitted to contract with one or more



agencies to perform the assessments. A contract must specify the agency's responsibilities regarding the assessments.

An applicant or applicant's representative is given the right to appeal an assessment's findings. If an applicant is applying for the Medicaid-funded component of the Assisted Living Program, the appeal is to be made in accordance with an appeals process ODM is to select for the Medicaid program. The act defines "representative" as a person acting on behalf of an applicant for the Medicaid-funded or state-funded component of the Assisted Living Program. A representative may be a family member, attorney, hospital social worker, or any other person chosen to act on an applicant's behalf.

ODM or the agency under contract with ODM must provide written notice of the right to appeal to an applicant or applicant's representative and the residential care facility in which an applicant intends to reside if enrolled in the Assisted Living Program. The notice must include an explanation of the appeal procedures. ODM or the agency under contract with ODM is required to represent the state in any appeal of an assessment's findings.

Long-term care assessments

(Section 209.20)

Continuing law provides that a Medicaid recipient who applies or intends to move to a nursing facility may be required to undergo an assessment to determine if the recipient requires a nursing facility level of care. ODM must conduct the assessment or contract with another entity to conduct the assessment. The act specifies that ODM is permitted to enter into an interagency agreement with ODA under which ODA is designated to perform these assessments.

Performance-based reimbursement for PASSPORT operations

(Section 209.20)

PASSPORT administrative agencies provide assistance for the unified long-term care budget and administer programs on behalf of ODA. The act permits ODA to design and utilize a payment method for PASSPORT administrative agency operations that includes a pay-for-performance incentive component that is earned by a PASSPORT administrative agency when defined consumer and policy outcomes are achieved.

Spending levels for PASSPORT administrative agencies' functions

(Section 323.53)

The act requires that for fiscal years 2014 and 2015, spending for PASSPORT administrative agencies' site operating functions relating to screening, assessments, general administration, and provider relations for the Medicaid waiver-funded PASSPORT program, Choices program, Assisted Living program, and PACE¹⁰ program be at 105% of the level provided in fiscal year 2013.

Payment rates for PASSPORT services

(Section 323.263)

The act requires that the Medicaid payment rates for services provided during fiscal years 2014 and 2015 under the PASSPORT program, other than adult day-care services, be not less than 98.5% of the Medicaid payment rates for the services in effect on June 30, 2011. The Medicaid payment rates for adult day-care services provided during fiscal years 2014 and 2015 are to be 20% higher than the amount of the Medicaid payment rates for the services in effect on June 30, 2013.

ODA nursing home quality initiative

(R.C. 173.60)

For the purpose of improving the provision of person-centered care in nursing homes, the act requires ODA, with the assistance of the Office of the State Long-Term Care Ombudsman Program, to implement a nursing home quality initiative. "Person-centered care" means a relationship-based approach to care that honors and respects the opinions of individuals receiving care and those working closely with them.

The initiative is to include quality improvement projects that provide nursing homes with resources and on-site education promoting person-centered care strategies and positive resident outcomes, as well as other assistance designed to improve the quality of nursing home services. ODA may offer any of the projects and is to make available a list of the projects that may be used by nursing homes to comply with licensure requirements (see "**Nursing home licensure requirements**," below).

In addition to the quality improvement projects that ODA offers, ODA may include on the list projects offered by any of the following: (1) other state agencies, (2) a

¹⁰ "PACE" stands for the Program of All-inclusive Care for the Elderly, a component of the Medicaid program.



quality improvement organization under contract with the U.S. Secretary of Health and Human Services to provide peer review of the utilization and quality of health care services, (3) the Ohio Person-Centered Care Coalition, or (4) any other academic, research, or health care entity identified by ODA.

Nursing home licensure requirements

(R.C. 173.60 and 3721.072)

The act adds the following to requirements that a nursing home must meet to maintain its license:

(1) Beginning July 1, 2013, requires each nursing home to participate biennially in at least one project identified by ODA as a project that improves person-centered care that nursing homes provide (see "**ODA nursing home quality initiative**," above).

(2) Beginning July 1, 2015, requires each nursing home to participate in advance care planning (the opportunity to discuss the resident's care goals on admission and quarterly thereafter) with each resident or, if the resident is unable to participate, the resident's sponsor.

(3) Beginning July 1, 2015, requires each nursing home to prohibit the use of overhead paging (sending audible announcements through an electronic sound amplification and distribution system throughout part or all of a nursing home to staff, residents, resident's families, or others) except when a nursing home permits the use of overhead paging for matters of urgent public safety or urgent clinical operations.

Board of Executives of Long-Term Services and Supports

(R.C. 4751.01 to 4751.08 and 4751.10 to 4751.14; conforming changes in R.C. 149.43 and 1347.08)

The act transfers the Board of Examiners of Nursing Home Administrators from the Ohio Department of Health (ODH) to ODA and changes its name to the Board of Executives of Long-Term Services and Supports. The act defines "long-term services and supports settings" as any institutional or community-based setting in which medical, health, psycho-social, habilitative, rehabilitative, or personal care services are provided to individuals on a post-acute care basis.



Board membership changes

(R.C. 4751.03)

The act modifies the number (formerly nine) and qualifications of Board members. Under the act, the Board is to consist of the following 11 members, all appointed by the Governor:

- Four members who are nursing home administrators, owners of nursing homes, or officers of corporations owning nursing homes, and who have an understanding of person-centered care and experience with a range of long-term services and supports settings;
- Three members (1) who work in long-term services and supports settings that are not nursing homes, and who have an understanding of person-centered care and experience with a range of long-term services and supports settings, and (2) at least one of whom also must be a home health administrator, an owner of a home health agency, or an officer of a home health agency;
- One member who is a member of the academic community;
- One member who is a consumer of services offered in a long-term services and supports setting;
- One member who is a representative of ODH designated by the ODH Director, who is involved in the nursing home survey and certification process;
- One member who is a representative of the Office of the State Long-Term Care Ombudsman, designated by the State Long-Term Care Ombudsman.

The act prohibits the following Board members from having or acquiring any direct financial interest in a nursing home or long-term services and supports settings: the member representing the academic community, the consumer member, and the members representing ODH and the Ombudsman.

Board members are to serve three-year terms, as provided in continuing law.

Board member transition

(Section 515.40)

The act requires that, notwithstanding the provision describing the Board's membership above, the individuals serving as members of the Board of Examiners of Nursing Home Administrators (prior Board) on June 30, 2013, are to continue to serve as members of the Board of Executives of Long-Term Services and Supports (new Board). The expiration date of these members' terms is to be the date on which their terms as members of the prior Board are set to expire. At the time such members' terms expire, members are to be appointed to the new Board in accordance with the requirements outlined above.

Not later than September 29, 2013, the Governor is required to appoint to the new Board the member representing the academic community, the consumer member, and the members representing ODH and the Ombudsman. The initial terms for these members will end on May 27, 2014. After this initial term, the terms are to be for the duration provided above.

Board member compensation

(R.C. 4751.03(E))

The act updates a provision of continuing law by stating that each Board member must be reimbursed for actual and necessary expenses incurred in the discharge of Board duties. Further, all Board members, except for the member designated by the ODH Director and the member designated by the Ombudsman, are to be paid in accordance with the salaries or wages designated by the Department of Administrative Services.¹¹

Board administration and assistance

(R.C. 4751.03(H))

The act clarifies that the Board must appoint a secretary with no financial interest in a long-term services and supports setting, instead of a nursing home. Additionally, the act eliminates the obligation of ODH to provide administrative, technical, or other services to the Board.

¹¹ R.C. 124.15(J), not in the act.

Deposit of license and registration fees; creation of fund

(R.C. 3701.83, 4751.04(A)(7), 4751.05, and 4751.14)

The act provides that the Board must pay the license and registration fees it collects into the Board of Executives of Long-Term Services and Support Fund, created by the act. Money in the Fund is to be used by the Board to administer and enforce the laws governing the Board. Investment earnings of the Fund are to be credited to the Fund.

Under prior law, license and registration fees were deposited into the state's General Operations Fund.

Education, training, and credentialing opportunities

(R.C. 4751.04(A)(10))

The act requires the Board to create opportunities for the education, training, and credentialing of nursing home administrators and others in leadership positions who practice in long-term services and supports settings or who direct the practices of others in those settings. When creating these opportunities, the Board must do the following:

- Identify core competencies and areas of knowledge that are appropriate for nursing home administrators and others working within the long-term services and supports settings system, with an emphasis on leadership, person-centered care, principles of management within both the business and regulatory environments, and an understanding of all post-acute settings, including transitions from acute settings and between post-acute settings;
- Assist in the development of a strong, competitive market in Ohio for training, continuing education, and degree programs in long-term services and supports settings administration.

ODA to serve as the Board's fiscal agent

(R.C. 4751.04(A)(9) and 4751.042)

The act requires the Board to enter into a written agreement with ODA for ODA to serve as the Board's fiscal agent.

Requirements under the written agreement

Under the act, ODA is responsible for all the Board's fiscal matters and financial transactions, as specified in the written agreement. The written agreement must specify



the fees that the Board is to pay to ODA for services performed under the agreement. The act provides that such fees must be in proportion to the services performed for the Board by ODA. The act specifies that ODA, in its role as fiscal agent for the Board, must serve as a contractor of the Board, and does not assume responsibility for the debts or fiscal obligations of the Board.

The act requires ODA to provide the following services under the written agreement:

- Preparation and processing of payroll and other personnel documents that the Board approves;
- Maintenance of ledgers of accounts and reports of account balances, and monitoring of budgets and allotment plans in consultation with the Board;
- Performance of other routine support services, specified in the agreement, that ODA considers appropriate to achieve efficiency.

Permitted terms of the written agreement

Under the act, the written agreement between the Board and ODA may include provisions for the following:

- Any shared services between the Board and ODA;
- Any other services agreed to by the Board and ODA, including administrative or technical services.

Board responsibilities regarding fiscal and administrative matters

The act provides that the Board, in conjunction and consultation with ODA and relative to fiscal matters, has the sole authority to expend funds from the Board's accounts for programs and any other necessary expenses the Board may incur. Additionally, the act provides that the Board has a responsibility to cooperate with and inform ODA fully of all financial transactions.

Further, the act requires the Board to follow all state procurement, fiscal, human resources, information technology, statutory, and administrative rule requirements.

Additional Board transition procedures

(Section 515.40)

The act sets out terms providing for the transition from the prior Board of Examiners of Nursing Home Administrators to the new Board of Executives of Long-Term Services and Supports, including provisions governing the following:

- The transition of assets and liabilities;
- The assumption of obligations and authority by the new Board;
- The effect of the transition on the rights, privileges, and remedies, and duties, liabilities, and obligations accrued by the prior Board and their transfer to the new Board;
- The transition of unfinished business that was commenced but not completed by the prior Board or the prior Board's secretary to the new Board or the new Board's secretary;
- The continuation of the prior Board's rules, orders, and determinations under the new Board;
- Subject to laws governing layoffs of state employees, the transition of employees of the prior Board who provide administrative, technical, or other services to the prior Board on a full-time, permanent basis to serve under the new Board and provisions requiring that these employees are to retain their positions and benefits, except that those employees in the classified service must be reclassified into the unclassified service and are to serve at the pleasure of the new Board;
- The interpretation of references to the prior Board in any statute, contract, or other instrument and deeming the references as applying to the new Board;
- The effect of the transition on pending court or agency actions or proceedings and required substitution of the new Board in the prior Board's place for such actions or procedures.



Long-term care facility bed fee

(R.C. 173.26)

The act changes the number of beds used to determine a long-term care facility's annual bed fee. The fee, \$6 per bed, is paid to ODA for operation of regional long-term care ombudsman programs.

Under the act, the fee is based on the number of beds the facility was licensed or otherwise authorized to maintain during any part of the previous year. Under prior law, the fee was based on the number of beds maintained by the facility for use by residents during any part of the previous year.

The act eliminates the requirement that homes for the aging pay the annual fee. A home for the aging is a home that provides services as a residential care facility and as a nursing home.

Report on long-term care consultations

(R.C. 173.425 (repealed))

Under ODA's long-term consultation program, individuals receive information about options available to meet long-term care needs and factors to consider when making long-term care decisions. The act eliminates a requirement that ODA prepare an annual report on individuals who are the subjects of long-term care consultations and elect to receive home and community-based services covered by ODA-administered Medicaid components. The report eliminated by the act addressed the following: (1) the total savings realized by providing the home and community-based services, rather than nursing facility services, (2) the average number of days the services were received before and after receiving nursing facility services, and (3) a categorical analysis of the acuity levels of the recipients of the services.

Replacing references to "ombudsperson"

(R.C. 109.57, 173.14, 173.17, 173.19, 173.20, 173.21, 173.23, 173.25, 173.26, 173.27, 173.28, 173.99, 3721.027, 3721.12, 3721.16, 4751.03, 5119.22, and 5165.69)

The act replaces the term "ombudsperson" with "ombudsman" throughout the Revised Code for programs governed by ODA, such as the State Long-term Care Ombudsman Program.

