

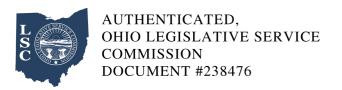
Ohio Revised Code

Section 5124.68 Admission as resident in an ICF/IID with medicaid-certified capacity exceeding eight.

Effective: July 1, 2018

Legislation: House Bill 24 - 132nd General Assembly

- (A)(1) Except as provided in division (D) of this section, an ICF/IID with a medicaid- certified capacity exceeding eight shall not admit an individual as a resident unless all of the following apply:
- (a) The provider of the ICF/IID provides written notice about the individual's potential admission, and all information about the individual in the provider's possession, to the county board of developmental disabilities serving the county in which the individual resides at the time the notice is provided.
- (b) The county board has provided to the individual and department of developmental disabilities a copy of the findings the county board makes pursuant to division (B) of this section;
- (c) Not later than seven business days after the provider provides the county board the notice required by division (A)(1)(a) of this section, the department determines that the individual chooses to receive ICF/IID services from the ICF/IID after being fully informed of all available alternatives.
- (2) For the purpose of division (A)(1)(a) of this section, the provider of an ICF/IID with a medicaid-certified capacity exceeding eight may provide a county board written notices about multiple individuals' potential admissions to the ICF/IID at the same time.
- (B) Not later than five business days after a county board receives notice from the provider of an ICF/IID with a medicaid-certified capacity exceeding eight about an individual seeking admission to the ICF/IID, the county board shall do both of the following:
- (1) Using the information included in the notification and the additional information, if any, the department specifies pursuant to division (C) of this section, evaluate the individual and counsel the individual about both of the following:



- (a) The nature, extent, and timing of the services that the individual needs;
- (b) The least restrictive environment in which the individual could receive the needed services.
- (2) Using the form prescribed under division (C) of this section, make findings about the individual based on the evaluation and counseling and provide a copy of the findings to the individual and the department.
- (C) The department shall prescribe the form to be used for the purpose of making findings pursuant to division (B)(2) of this section. The department may specify additional information that a county board is to use when evaluating and counseling individuals under division (B)(1) of this section.
- (D) Division (A) of this section does not apply to an individual seeking admission to an ICF/IID with a medicaid-certified capacity exceeding eight if any of the following is the case:
- (1) The individual is a medicaid recipient receiving ICF/IID services on the date immediately preceding the date the individual is admitted to the ICF/IID.
- (2) The individual is a medicaid recipient returning to the ICF/IID following a temporary absence for which the ICF/IID is paid to reserve a bed for the individual pursuant to section 5124.34 of the Revised Code or during which the individual received rehabilitation services in another health care setting.
- (3) The requirements of divisions (A)(1)(a) and (b) of this section are satisfied but the department fails to make the determination required by division (A)(1)(c) of this section before the deadline specified in that division.