



Ohio Administrative Code

Rule 173-39-02.20 ODA provider certification: enhanced community living.

Effective: November 1, 2017

(A) Definitions for this rule:

(1) "Enhanced community living" (ECL) means a service promoting aging in place, in multi-family affordable housing, through access to on-site, individually-tailored, health-related, and supportive interventions for individuals who have functional deficits resulting from one or more chronic health conditions.

(a) ECL includes the following activities:

(i) The establishment of measurable health goals.

(ii) The identification of modifiable healthcare risks.

(iii) The provision of regular health-status monitoring interventions. "Health-status monitoring interventions" mean taking and recording vital signs, weight, nutrition, and hydration statuses.

(iv) Assistance with accessing additional allied health services.

(v) The provision of, or arrangement for, education on self-managing chronic diseases or chronic health conditions.

(vi) Daily wellness checks. "Daily wellness check" means an activity of ECL through which a direct-service staff member has face-to-face contact with the individual to observe any changes in the individual's level of functioning and determine what, if any, modifications to the activity plan are needed.

(vii) Access to planned and intermittent personal care under rule 173-39-02.11 of the Administrative Code, excluding respite care.



(viii) Activities to assist an individual who is returning home following a hospital or nursing facility stay.

(b) ECL does not include activities provided while the individual is receiving a similar service under this chapter.

(2) "Chronic health condition" means a condition that lasts twelve months or longer and meets one or both of the following tests:

(a) It places limitation on self-care, independent living, and social interactions.

(b) It results in the need for ongoing intervention with medical services, products, and equipment.

(3) "Intermittent" means stopping and starting at intervals; pausing from time to time; periodic, not pre-determined designated time periods (e.g., ten a.m. to eleven a.m.) or for designated lengths of time (e.g., fifteen minutes or two hours).

(4) "Multi-family affordable housing" means a housing site meeting all of the following requirements:

(a) The housing site uses a landlord-tenant rental agreement that complies with Chapter 5321. of the Revised Code.

(b) The housing site provides a minimum of six units of housing under one roof.

(c) The housing site receives assistance through one of the following programs:

(i) Federally-assisted housing program under 24 C.F.R. Part 5.

(ii) Project-based voucher program under 24 C.F.R. Part 983.

(iii) Low-income housing tax credit program based on Section 42 of the Internal Revenue Code.



(5) "Person-centered activity" means an activity directed by the individual's informed choices that is offered at the time and place most preferable to the individual, in a safe and unhurried manner, and in a way that honors the individual's individuality and preferences.

(B) Every ODA-certified ECL provider shall comply with the following requirements:

(1) General requirements: The provider shall comply with the requirements for every ODA-certified provider in rule 173-39-02 of the Administrative Code.

(2) Person-centered activity plan:

(a) Development: Before the provider provides the initial episode of ECL to an individual, the direct-service staff supervisor shall:

(i) Assess the individual's health goals, modifiable health risks, and planned and anticipated intermittent personal care needs; and,

(ii) Develop a person-centered activity plan with the individual that describes the interventions the individual has chosen to reach his or her identified health goals, to minimize his or her modifiable health risks, and to meet his or her planned and anticipated intermittent personal care needs. The provider shall obtain the individual's signature to verify that the individual was involved in the development of his or her person-centered activity plan.

(b) Regular monitoring: After the individual begins to receive ECL, the direct-service staff supervisor shall:

(i) Revise the person-centered activity plan in fewer than five days after each hospital or nursing facility stay, and as otherwise needed to reflect changes in the individual's status, condition, preferences, and response to ECL; and,

(ii) Facilitate an in-person review of the person-centered activity plan with the individual, the primary team, the individual's case manager, and the housing site's service coordinator (if the



housing site has a service coordinator) every sixty days to evaluate the effectiveness of the plan in addressing the individual's health goals, reducing modifiable risks, and meeting planned and anticipated intermittent personal care needs.

(c) Records-retention: The provider shall retain a record of the person-centered activity plan, including:

(i) Any revisions to the person-centered activity plan; and,

(ii) The in-person review of the person-centered activity plan.

(3) Staffing levels:

(a) The provider shall maintain adequate staffing levels to provide each ECL activity.

(b) The supervisor shall maintain accessibility to respond to individual's emergencies in the housing site during any time that a staff member is providing ECL to an individual in the housing site.

(c) The provider shall maintain adequate staffing levels to provide face-to-face, person-centered ECL seven days a week for a minimum of six hours a day.

(d) The provider shall maintain adequate staffing levels to provide each ECL activity.

(e) During each hour the provider has a staff member providing ECL to an individual in a housing site, the provider shall ensure that any other individual has a mechanism to contact a direct-service staff member to request assistance with intermittent and unplanned personal care needs related to the measurable health goals and modifiable healthcare risks described in the individual's activity plan.

(f) Each day, the provider shall provide adequate on-site staff members for no fewer than six hours (or, twenty-four units) to meet the individuals' assessed, intermittent, and unscheduled healthcare needs.

(g) The provider shall provide an RN to monitor the health status of individuals. In doing so, the



provider shall schedule adequate on-site nursing staff for no fewer than three hours (or, twelve units) each week.

(4) Provider qualifications:

(a) Type of provider: A provider shall only provide ECL if both of the following conditions are met:

(i) The provider is an agency ODA certifies as an agency provider to provide personal care.

(ii) The provider is a legal entity distinct from the housing site owner and property manager so the site is not subject to licensure, as defined in Chapters 3721. and 5119. of the Revised Code, and safeguards are in place to prevent any unremedied conflicts of interest.

(b) Staff designations and minimum staff qualifications:

(i) Direct-service staff supervisor: The provider shall only employ a person as a supervisor if the person is currently licensed as an RN.

(ii) Direct-service staff: The provider shall only employ a person to provide face-to-face activities to individuals if the provider received evidence, and retains evidence, that the person successfully completed an ODA-approved home health aide training program listed on <http://aging.ohio.gov/services/homehealthtraining>.

(iii) Primary team: The provider shall provide face-to-face, person-centered activities to individuals through a primary team that consists of direct-service staff members and RNs who regularly provide activities within a given housing site and, as a result, are familiar with the individuals in the housing site. The provider shall replace any primary staff member who is absent with a back-up staff member who is familiar with the housing site and the individuals residing in the housing site. An RN shall supervise the primary team and also any back-up direct-service staff members.

(c) Staff training:

(i) Orientation: Before allowing any staff member to provide ECL:



(a) The provider shall train the staff member in areas that include, but are not limited to, the following:

(i) The provider's expectations of employees.

(ii) The provider's ethical standards, as required under rule 173-39-02 of the Administrative Code.

(iii) An overview of the provider's personnel policies.

(iv) The organization and lines of communication of the provider's agency.

(v) Incident reporting procedures.

(vi) Emergency procedures.

(b) An RN shall provide a basic overview of the chronic disease(s) or chronic health condition(s) specific to the individuals being served, the principles of self-managing chronic diseases or chronic health conditions, and an individual's right to assume responsibility for his or her own healthcare decisions.

(c) The provider shall orient the staff member with the housing site and introduce to the individuals he or she will serve.

(ii) Continuing education: Each direct-service staff person of the provider shall complete at least eight hours of in-service continuing education every twelve months, excluding agency and program-specific orientations.

(5) Service verification:

(a) The provider shall develop and retain a daily activity record for each individual that includes all of the following:



- (i) Individual's name.
 - (ii) Date of service.
 - (iii) Activities provided as authorized in the person-centered activity plan.
 - (iv) Activities provided in response to daily, intermittent needs.
 - (v) Description of the individual's status and response to the activities provided.
 - (vi) Total number of units provided to the individual.
 - (vii) Name and signature of the provider's staff person who provided the activities.
 - (viii) Individual's handwritten signature or initials; stamp; mark; or electronic signature.
- (b) The provider may use a technology-based system to collect or retain the records required under this rule.
- (C) Unit and rates:
- (1) One unit of ECL is equal to fifteen minutes of ECL.
 - (2) The maximum rates allowable for a unit of ECL are established in Appendix A to rule 5160-1-06.1 of the Administrative Code.
 - (3) The payment rates are subject to the rate-setting methodology in rule 5160-31-07 of the Administrative Code.