



Ohio Administrative Code

Rule 173-43-02 Long-term care consultation program: general standards for providing consultations.

Effective: February 1, 2023

(A) The program administrator may provide a consultation in person or by telephone or video conference.

(B) The program administrator shall offer a consultation to any individual who contacts the program administrator to seek information about options available to meet long-term care needs.

(C) On application for admission to a nursing facility or on seeking medicaid payment for a continued stay in a nursing facility, the following apply:

(1) The nursing facility shall notify the program administrator of any individual that was admitted to the nursing facility under a categorical determination in accordance with rule 5160-3-15.1, 5122-21-03, or 5123-14-01 of the Administrative Code, but has since been found to need a stay in a nursing facility that will exceed the time limits identified 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 indicates that the program administrator is not required to provide a consultation to the individual. On being notified, the program administrator shall determine if a consultation is required.

(2) If the program administrator is not required to provide a consultation to an individual under rule 173-43-03 of the Administrative Code, then the nursing facility shall specify the reason why the program administrator is not required to provide a consultation in the individual's record.

(3) The program administrator shall provide a consultation at a time agreed to by the program administrator and the individual, whether before or after admission to a nursing facility.

(4) 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 consultation.



(5) The program administrator may obtain information about an individual who is applying to a nursing facility or seeking medicaid payment for a continued stay in a nursing facility from the individual, the nursing facility to which admission is being sought, the pre-admission screening and resident review under rules 5160-3-15.1 and 5160-3-15.2 of the Administrative Code, or through the resident assessment instrument as defined in rule 5160-3-43.1 of the Administrative Code.

(6) A nursing facility that has a provider agreement with the department of medicaid may admit an individual as a resident only if the nursing facility has evidence of all of the following:

(a) The nursing facility complied with this rule.

(b) The nursing facility complied with rule 173-43-03 of the Administrative Code.

(c) The program administrator provided a consultation to the individual, unless rule 173-43-03 of the Administrative Code exempted the individual.

(D) Concurrent assessments: The program administrator may incorporate either of the following assessments into a consultation:

(1) The level-of-care assessment under rule 5160-3-14 of the Administrative Code.

(2) The pre-admission screening and resident review under rules 5160-3-15.1 and 5160-3-15.2 of the Administrative Code.

(E) Components of each consultation: When providing a 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 the individual's needs, including all of the following information:

(1) The availability of any long-term care options open to the individual.

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



- (3) Factors to consider when choosing among the available program, services, and benefits.
 - (4) Opportunities and methods for maximizing independence and self-reliance, including support services provided by the individual's family, friends, and community.
 - (5) If the individual is a veteran, as defined in section 5901.01 of the Revised Code, or the spouse, surviving spouse, or representative of the veteran, the following additional information:
 - (a) The availability of health care or financial benefits through the United States department of veterans affairs.
 - (b) Information about congressionally-chartered veterans service organizations or the county veterans service office that can assist with investigating and applying for benefits through the United States department of veterans affairs.
 - (6) Support for the individual as the individual explores the range of options available, makes decisions about the appropriate services to meet the individual's needs, and creates a plan of care.
- (F) At the conclusion of the consultation, the program administrator shall provide the individual (or the individual's representative) with a written or electronic summary of the options and resources discussed. The information the program administrator provides to an individual during a consultation is not binding. The individual may choose the long-term services and supports that best meet the individual's needs.