



Sub. S.B. 87

126th General Assembly
(As Passed by the Senate)

Sens. Wachtmann, Hagan, Gardner, Mumper, Clancy, Amstutz, Austria, Carey, Niehaus, Padgett, Schuring, Jordan, Harris, Zurz, Schuler, Armbruster, Brady, Cates, Coughlin, Dann, Fedor, Fingerhut, Goodman, Grendell, Hottinger, Jacobson, Mallory, Miller, Prentiss, Roberts, Spada, Wilson

BILL SUMMARY

- Allows a residential care facility to admit and retain a hospice patient who requires skilled nursing care for more than 120 days.
- Requires that the skilled nursing care be provided by a licensed hospice care program under a written agreement with the facility.

CONTENT AND OPERATION

Background: services provided by residential care facilities

(R.C. 3721.01 (not in the bill); O.A.C. 3701-17-50 through 3701-17-68)

Residential care facilities¹ are licensed by the Ohio Department of Health (ODH) to provide accommodations, supervision, and personal care services to unrelated individuals who are dependent on the services of others by reason of age or physical or mental impairment. Personal care services include assisting residents with activities of daily living, assisting residents with self-administration of medication, and preparing special diets (other than complex therapeutic diets) pursuant to the instructions of a physician or a licensed dietitian.

A residential care facility is permitted to provide a limited amount of skilled nursing care to its residents.² Skilled nursing care is any procedure that

¹ *Residential care facilities are often referred to as assisted living facilities.*

² *In contrast, a nursing home may provide unlimited skilled nursing care. Nursing homes are also licensed by ODH.*

requires technical skills and knowledge beyond those the untrained person possesses and that are commonly employed in providing for the physical, mental, and emotional needs of the ill or otherwise incapacitated. Specifically, a residential care facility may provide skilled nursing care as follows:

- (1) Supervision of special diets;³
- (2) Application of dressings;
- (3) Medication administration;

(4) Other skilled nursing care, but only if the care will be provided to a resident on a part-time intermittent basis for not more than 120 days in any 12-month period. The care may be provided by a home health agency, hospice care program, or qualified member of the facility's staff.

Hospice care in residential care facilities

(R.C. 3712.01 (not in the bill) and 3721.011)

The bill permits a residential care facility to admit and retain as a resident a hospice patient who requires skilled nursing care for more than 120 days in a 12-month period if the facility has entered into a written agreement with a hospice care program licensed by the Ohio Department of Health.⁴ "Hospice patient" has the same meaning as in the hospice licensing law: "a patient who has been diagnosed as terminally ill, has an anticipated life expectancy of six months or less, and has voluntarily requested and is receiving care from a person or public agency licensed by the Department of Health to provide a hospice care program."

Agreement

The agreement required by the bill must include all of the following provisions:

³ *Supervision of special diets is identified as a type of skilled nursing care; preparation of special diets, other than complex therapeutic diets, is identified as a personal care service (R.C. 3721.01, not in the bill).*

⁴ *A hospice care program may provide the following: nursing care by or under the supervision of a registered nurse; physical, occupational, or speech or language therapy; medical social services by a social worker under a physician's direction; home health aide services; medical supplies, including drugs and biologicals, and the use of medical appliances; physician services; short-term inpatient care, including both pain relieving and respite care and procedures; counseling; and bereavement services for patient's family.*

(1) That the hospice patient will be provided skilled nursing care in the facility only if a determination has been made that the patient's needs can be met at the facility;

(2) That the hospice patient will be retained in the facility only if periodic redeterminations are made that the patient's needs are being met at the facility;

(3) That the redeterminations will be made according to a schedule specified in the agreement;

(4) That the hospice patient has been given an opportunity to choose the hospice care program that best meets the patient's needs.

Personnel rules

(R.C. 3721.04)

The Public Health Council is required by current law to adopt rules governing the operation of residential care facilities. In adopting rules regarding the number and qualifications of personnel, the Council must take into consideration the effect of provision of personal care services and intermittent skilled nursing care on the number of personnel needed. The bill requires that the Council also consider the effect of provision of skilled nursing care to hospice patients who require the care for more than 120 days.

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced Reported, S. Health, Human Services & Aging	03-02-05	p. 259
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