

DEPARTMENT OF AGING (AGE)

General information (AGE)

Duties

The Department of Aging is the state's federally designated State Unit on Aging. Our programs, services, and supports are administered and coordinated through three distinct divisions.

The Division for Community Living oversees the administration of home and community-based services for older adults and younger adults with disabilities through the Aging and Disability Network. This includes administering two Medicaid waiver programs, PASSPORT and the Assisted Living Waiver, along with PACE (Program of All-Inclusive Care of the Elderly). Funding to administer these programs include state and federal dollars and grants.

The Office of the State Long-Term Care Ombudsman upholds the rights of long-term care residents and advocates for excellence in care in long-term care facilities. The office oversees a program of paid regional Ombudsmen representatives and volunteers who resolve programs, address questions, and advocate for long-term care residents. The program also works with nursing homes to fulfill the Nursing Home Quality Initiative and manages the Long-Term Care Consumer guide to help older adults and their loved ones determine what long-term care options best suit their needs.

The Elder Connections Division coordinates the administration of Older Americans Act programs and related services paid through state and federal dollars and grants. Services include transportation, nutrition, caregiver supports, in-home care, disease self-management, and workforce development.

Multiple support divisions support the functions of the Executive Division and the program divisions. They include Communications and Government Outreach, Fiscal, Human Resources, Information Systems, and Performance Center divisions.

Membership *(Current members, chairperson and other officers, and selection process.)*

Not applicable.

Budget *(Current budget, description of budgeting process, sources of funding, and expected increases or decreases in budget or funding in future years.)*

Am. Sub. H.B. 166 from the 133rd General Assembly dedicated, all funds, \$97.7 million in SFY20 and \$99.3 million in SFY21 to support the Department of Aging over the current biennium. Of the department's overall budget, the General Assembly appropriated \$19.3 in SFY20 and \$20.3 in SFY in state GRF to support the department and its services. The pandemic has caused increased demand for services across the aging network while simultaneously enduring fluctuating state and federal funding levels. Through the federal Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, the department received an additional \$38.1 million in stimulus funding to support some of the increased demand for Older Americans Act services and our No Wrong Door relief efforts. At this point, it is unclear whether additional federal relief funding may be made available to the department to support critical programs. In addition, state revenue shortfalls caused by the pandemic required the department to cut some of its GRF funding to help the state remain solvent at the end of SFY20. Such economic uncertainty makes it difficult to project anticipated funding levels for current SFY21 and the next biennium.

Workload *(Assess current, past, and anticipated workload. Has the workload increased or decreased significantly in the preceding six years?)*

Due to the increase in the number of older adults and increased life expectancy, the department has seen an increase in demand for the services and supports we administer. We have also seen an increase in demand for certain services as a result of the pandemic.

Staffing *(How many staff are currently employed by the board? What are their roles? Are staffing levels proportionate to the board's current and anticipated workload?)*

Counting all full-time and project employees of the department, and the employees of the Board of Executives of Long-Term Services and Supports, there are 75 employees (as of 8/25/2020).

Administrative hearings and public complaints *(Describe the Board's processes for administering discipline and addressing complaints. Assess the efficiency of the processes.)*

Not applicable.

Long-term care ombudsman associate

Survey responses (AGE)

Description

Ombudsman associates provide outreach to consumers and sponsors; observe in facilities, homes, and service sites; perform intake of complaints; provide information to the public about the ombudsman program and consumer rights; make requests of provider staff on behalf of, and with the consent of, a consumer; assist with handling complaints while under the supervision of a certified ombudsman specialist; provide written reports of their activities to the regional ombudsman program or record their activities in the Ombudsman Documentation Information System (ODIS), as required by the regional program; paid and unpaid associates may enter other associates' reports into ODIS if approved to do so by the regional program director and granted access to ODIS by the state ombudsman.

Type *(See R.C. 4798.01 for relevant definitions.)*

Certificate.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	New certifications for the last two years as follows: 2019 - 90, 2018 - 57
Number renewed annually	178
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	Decreases have occurred as a result of funding reductions that eliminated full-time volunteer coordinator positions. The SFY20-21 budget provided funding increases to allow for hiring volunteer coordinators. The number of volunteers is beginning to increase again, though not at the rate anticipated due to COVID-19 interruption.
Education or training requirements	<p>All candidates must complete a conflict of interest screen in which any affiliation or past employment with or financial interest in a long-term provider is identified. The conflict is waived or remedied by the State Long-Term Care Ombudsman (SLTCO). Current employment can't be remedied.</p> <p>A candidate for certification as an ombudsman associate shall complete at least fourteen clock hours of professional development and pass the certification examination before performing any ombudsman duties. These fourteen hours of professional development shall include observation of, and participation in, a complaint-handling experience. That experience may be done after passing the certification examination, but an associate shall not perform any ombudsman duties before passing the certification examination and observing a complaint-handling experience. Within sixty days after completing the required professional development, the candidate shall take the ombudsman associate examination. A candidate who passes the examination and completes the required observation shall be certified as an ombudsman associate and may perform the duties of an ombudsman associate without direct supervision.</p> <p>The curriculum provided by the State Long-Term Care Ombudsman is also for regional program use. The regional programs are responsible for training their associates.</p>
Experience requirements	A candidate must be at least eighteen years of age and the ability to understand and empathize with the concerns of consumers of long-term care services.

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)</p>	<p>The certification exam developed and validated by the State Ombudsman is provided for regional program use. A written exam is administered by any of the 12 regional programs. However, during a pandemic, the exam is administered via electronic means and scored by the State Ombudsman. No fees are charged.</p>
<p>Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)</p>	<p>Six hours of continuing education are required annually. Continuing education units are approved based upon the presenter’s expertise in the content area; the session transmits knowledge relevant to the duties of a long-term care ombudsman; the session has not been held for the purpose of individual or group supervision.</p>
<p>Initial fee</p>	<p>None.</p>
<p>Duration</p>	<p>Certification is managed year by year through continuing education requirements.</p>
<p>Renewal fee (<i>If different from initial fee, please explain why.</i>)</p>	<p>None.</p>
<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>If another State Ombudsman has trained and tested a representative and that representative joins the Office of the SLTCO in Ohio, the curriculum of the other state is reviewed and compared with Ohio-specific content and completion of that content is required.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>We are unaware of similar certifications.</p>
<p>Are there any circumstances in which an individual may practice elements of the</p>	<p>No.</p>

If the regulation is a registration, certification, or license requirement, please complete the following:	
occupation without being regulated by the board?	
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	Anyone who is a representative of the Office of the State Long-Term Care Ombudsman must be certified.
Other information (Significant attributes or prerequisites to licensure not addressed in this chart.)	None at this time.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

The State Ombudsman has the authority to decertify a representative for cause (OAC 173-14-27).

How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)? How is that revenue used?

Not applicable.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

The Older Americans Act (42 U.S.C. 3058g(a)(5)(A) and 42 U.S.C. 3058g(a)(5)(C)) requires the Ombudsman to designate representatives and includes criteria for eligibility. 45 C.F.R. 1324.13 requires the Ombudsman to establish procedures for training, certification, and continuing education.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Certified Ombudsman associates ensure that residents’ rights are not being violated and advocate for excellence in care. Ombudsmen are trained to investigate, educate, and mediate certain complaints made against long-term care providers that fall within the level and aspects of their training. Proper credentialing verifies that ombudsmen associates effectively represent the interests of residents based on federal law, Ohio law, and agencies’ rules, particularly when multiple federal and state agencies regulate facilities and providers.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Yes, proper credentialing establishes an environment that supports residents’ rights and excellent, dignified care. Lessening the current standard may jeopardize residents’ health and quality of care.

Are there any changes the Board would like to see implemented?

The department does not have recommendations to provide at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio’s regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

All State Ombudsmen are required to establish requirements for their representatives. Ohio’s curriculum and number of hours for volunteers are lower than most states. Beginning in FFY21, federal requirements are in place for the first time and will require a substantial increase in both initial training (36 hours minimum) and continuing education (18 hours annually). Ohio’s Office extends beyond the basic authority provided in the Older Americans Act and representatives also advocate for consumers of home and community-based services and managed care.

Surrounding state comparison (LSC)

Long-term Care Ombudsman Associate						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-14-04</i>)	No clear equivalent	Certification required – district long-term care ombudsman	No, hired by the state long-term care ombudsman (<i>Mich. Comp. Laws 400.586g to 586i</i>)	No, hired by state long-term care ombudsman	Certification required (<i>W. Va. Code Ann. 16-5L-7, Leg. Rule 76-4-9 to 11</i>)

Long-term Care Ombudsman Associate						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Education or training	14 hours of professional development – witnessing a complaint process (O.A.C. 173-14-04)	N/A	Bachelor’s degree in health or human services or equivalent experience (910 Ky. Admin. Regs. 1:210, Section 8)	N/A	N/A	A bachelor’s degree in gerontology, social work, health, or a related field or a bachelor’s degree in any field 25 hours of training
Experience	Experience related to aging, health care, or long-term care (R.C. 173.15)	N/A	One year experience in health or human services or two semesters and 400 hours in a clinic, practicum, or volunteer capacity in the field of aging or disabilities	N/A	N/A	If bachelor’s degree in related field, experience in aging, health care, social service programs, community programs, or long-term care issues If bachelor’s degree in unrelated field, at least three years of experience in gerontology, social work, health or a related field (up

Long-term Care Ombudsman Associate						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
						to two years of study in related field can substitute for experience)
Exam	Certification exam, and subsequent Ombudsman Associate Exam (O.A.C. 173-14-04)	N/A	Yes, recertification exam taken every two years (Kentucky Long-Term Care Ombudsman, Certification of Long-Term Care Ombudsman)	N/A	N/A	None
Continuing education	Six annual hours (O.A.C. 173-14-13)	N/A	Four annual hours, plus a test	N/A	N/A	25 annual hours
Initial licensure fee	Background check fee may apply (O.A.C. 173-14-14)	N/A	None	N/A	N/A	None
License duration	N/A	N/A	Two years	N/A	N/A	One year
Renewal fee	N/A	N/A	None	N/A	N/A	None

Long-term care ombudsman specialist

Survey responses (AGE)

Description

Perform the duties of an ombudsman associate; handle complaints; provide complaint supervision after completing the first forty hours of professional development and achieving a minimum score of seventy per cent on the ombudsman deployment examination; review complaints to set complaint-handling priorities; assign complaints; manage volunteer resources which may include recruiting, screening, training, supervision, evaluation, and recognition of volunteers; record in ODIS those activities performed by other representatives on their behalf; record all reportable ombudsman activity in ODIS.

Type *(See R.C. 4798.01 for relevant definitions.)*

Certification.

If the regulation is a registration, certification, or license requirement, please complete the following:

Number issued annually	18 in 2019
Number renewed annually	54

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	Decreases occurred as a result of funding reductions that eliminated full-time volunteer coordinator positions. The SFY20-21 budget provided funding increases to allow for hiring volunteer coordinators. The number of volunteers is beginning to increase again, though not at the rate anticipated due to COVID-19 interruption.
Education or training requirements	<p>All candidates must complete a conflict of interest screen in which any affiliation, financial interest, or past employment with a long-term provider is identified. The conflict is waived or remedied by the SLTCO. Current employment can't be remedied.</p> <p>A candidate for certification as an ombudsman specialist shall complete forty clock hours of professional development and pass an ombudsman deployment examination administered by the SLTCO before handling complaints without direct supervision by a certified ombudsman specialist or a certified ombudsman program director. After the initial forty clock hours of professional development, the candidate shall complete all the following:</p> <ul style="list-style-type: none"> (a) Sixty additional clock hours of professional development within the first fifteen months of employment. (b) A twenty-clock-hour orientation within the first fifteen months of employment. This orientation shall be performed at a site approved by the SLTCO according to rule 173-14-08 of the Administrative Code. (c) Observation of a survey or inspection as defined in division (B)(4) of section 173.21 of the Revised Code within the first twenty-four months of employment. (d) Any other professional development considered appropriate by the SLTCO. <p>Candidates for ombudsman specialist certification shall be assigned a caseload of no fewer than five cases throughout their enrollment in professional development.</p> <p>Curriculum provided by the Office of the State Long-Term Care Ombudsman is also for regional program use. The regional programs are responsible for training their associates.</p>

If the regulation is a registration, certification, or license requirement, please complete the following:	
Experience requirements	At least eighteen years of age; has the ability to understand and empathize with the concerns of consumers of long-term care services; at least a registered nurse or has earned a bachelor of science degree in nursing, or a bachelor of arts or bachelor of science degree in social work, social services, a health-related field. Any paid representative who does not meet this requirement may substitute commensurate experience or education to meet the education qualification with the approval of the SLTCO.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	<p>Within sixty days after completing the required professional development, the candidate shall take the ombudsman specialist examination. All candidates who pass the examination shall be certified as ombudsman specialists.</p> <p>The state office shall proctor all examinations given to candidates for specialist, program director certification, and associates affiliated with the state office.</p> <p>The format of the certification exam is written or via computer.</p> <p>No fees are charged.</p>
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Sixteen hours of continuing education are required annually, of which a minimum of eight clock hours shall be earned through attendance at state ombudsman-sponsored education. Continuing education units are approved based upon the presenter's expertise in the content area; the session transmits knowledge relevant to the duties of a long-term care ombudsman; the session has not been held for the purpose of individual or group supervision.
Initial fee	None.
Duration	Certification is managed annually through continuing education requirements.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	None.

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>If another State Ombudsman has trained and tested a representative and that representative joins the Office of the SLTCO in Ohio, the curriculum of the other state is reviewed and compared with Ohio-specific content and completion of that content is required.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>We are unaware of similar certifications.</p>
<p>Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?</p>	<p>No.</p>
<p>Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?</p>	<p>Anyone who is a representative of the Office of the State Long-Term Care Ombudsman must be certified.</p>
<p>Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)</p>	<p>N/A</p>

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

The State Ombudsman has the authority to decertify a representative for cause (OAC 173-14-27).

How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)? How is that revenue used?

Not applicable.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

The Older Americans Act (42 U.S.C. 3058g(a)(5)(A) and 42 U.S.C. 3058g(a)(5)(C)) requires the Ombudsman to designate representatives and includes criteria for eligibility. 45 C.F.R. 1324.13 requires the Ombudsman to establish procedures for training, certification, and continuing education.

What is the “harm” that the regulation seeks to prevent? (*See, R.C. 4798.02(B).*)

Certified Ombudsman specialists ensure that residents’ rights are not being violated and advocate for excellence in care. Ombudsmen are trained to investigate, educate, and mediate complaints made against long-term care providers. Certified specialists help to de-escalate and resolve complaints to the benefit of all interested parties, while escalating egregious complaints to regulatory authorities and, if need be, to law enforcement. Ombudsmen also help coordinate the transfer of residents from one facility to another, often under time sensitive conditions. Proper credentialing verifies that ombudsmen specialists effectively represent the interests of residents based on federal law, Ohio law, and agencies’ rules, particularly when multiple federal and state agencies regulate facilities and providers.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Yes, proper credentialing establishes an environment that supports residents' rights and excellent, dignified care. Lessening the current standard may jeopardize residents' health and quality of care.

Are there any changes the Board would like to see implemented?

The department does not have recommendations to provide at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

All State Ombudsmen are required to establish requirements for their representatives. Ohio's curriculum and number of hours are higher than most states. Ohio's Office extends beyond the basic authority provided in the Older Americans Act and representatives also advocated for consumers of home and community-based services and managed care.

Surrounding state comparison (LSC)

Long-term Care Ombudsman Specialist						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-14-04</i>)	Certification required – local ombudsman	Certification required – regional long-term care ombudsman	No, regional long-term care ombudsman hired by state long-term care ombudsman (<i>Mich. Comp. Laws 400.586g to 586j</i>)	No, hired by state long-term care ombudsman	Certification required – regional long-term care ombudsman supervisor (<i>W. Va. Code Ann. 16-5L-7, Leg. Rule 76-4-9 to 11</i>)
Education or training	Registered nurse, B.S. in nursing, bachelor’s degree in a social or health-related field, or commensurate substitute experience 40 hours of professional development After initial exam, 60 additional hours of professional development, a	Bachelor’s degree in a human services field or the experience requirement below In addition, must complete training and certification program (<i>455 Ind. Admin. Code 1-8-8</i>)	Bachelor’s degree in health or human services (<i>910 Ky. Admin. Regs. 1:210, Section 8</i>)	N/A	N/A	Bachelor’s degree in gerontology, social work, health or a related field 25 hours of training

Long-term Care Ombudsman Specialist						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	20-hour orientation, and observation of a survey or inspection (<i>O.A.C. 173-14-04</i>)					
Experience	Commensurate substitute experience, if the education requirements are not met (<i>O.A.C. 173-14-14</i>)	Four years work experience in the field of long-term care, or a bachelor's degree, as required above	One year experience in health or human services, or two semesters and 400 hours in a clinic, practicum, or volunteer capacity in the field of aging or disabilities	N/A	N/A	Experience in aging, health care, social service programs, community programs, or long-term care issues
Exam	Ombudsman deployment exam, and subsequent specialist exam (<i>O.A.C. 173-14-04</i>)	None	Yes, with a recertification exam every two years	N/A	N/A	None
Continuing education	16 annual hours, at least half earned through attendance at state	None	Four hours every two years	N/A	N/A	25 annual hours

Long-term Care Ombudsman Specialist						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	ombudsman-sponsored education (<i>O.A.C. 173-14-13</i>)					
Initial licensure fee	Background check fee may apply (<i>O.A.C. 173-14-14</i>)	None	None	N/A	N/A	None
License duration	N/A	Two years	Two years	N/A	N/A	One year
Renewal fee	N/A	None	None	N/A	N/A	None

Long-term care ombudsman program director
Survey responses (AGE)

Description
Perform the duties of an ombudsman specialist; assume responsibility for the overall administration and management of the program’s core and optional ombudsman services; assume responsibility for overall supervision of staff; participate in hiring staff; establish and review policies and procedures required in rule 173-14-22 of the Administrative Code; perform quality assurance of core and optional services; develop, obtain SLTCO approval of, and implement the ombudsman plan and program budget according to rule 173-14-24 of the Administrative Code; identify where additional resources are needed and develop strategies for raising funds to meet those needs; record all reportable ombudsman activity in ODIS.

Type (See R.C. 4798.01 for relevant definitions.)

Government certification

If the regulation is a registration, certification, or license requirement, please complete the following:

Number issued annually

0

Number renewed annually

21 (Regional Program and State Office)

Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?

No, there can only be one program director in each region (12 total). There has been very little turnover in these positions in the past six years. The remaining certified program directors are State Office staff and supervisory staff at the regional programs.

Education or training requirements

All candidates must complete a conflict of interest screen in which any affiliation or past employment with a long-term provider is identified. The conflict is waived or remedied by the SLTCO. Current employment can't be remedied.

The professional development requirements for an ombudsman program director candidate are the same as for an ombudsman specialist with the addition of six clock hours of education on program management and administration to be completed as soon as feasible. An ombudsman program director candidate shall work under the supervision of the SLTCO until the candidate has completed the initial forty clock hours of professional development and the six clock hours on program management and administration.

If the regulation is a registration, certification, or license requirement, please complete the following:	
	<p>Within sixty days after completing the required professional development, the candidate shall take the ombudsman program director examination. All candidates who pass the examination shall be certified as ombudsman program directors.</p> <p>Candidates for ombudsman program director certification shall be assigned a caseload of no fewer than five cases throughout their enrollment in professional development.</p>
Experience requirements	<p>At least eighteen years of age; and, has the ability to understand and empathize with the concerns of consumers of long-term care services.</p> <p>A regional program shall only hire a person to be the ombudsman program director if the person meets both of the following requirements:</p> <ol style="list-style-type: none"> 1) The person is at least a registered nurse or has earned a Bachelor of Science degree in nursing, or a Bachelor of Arts degree or a Bachelor of Science degree in social work, social services, a health-related field, or any other related field. Any paid representative who does not meet this requirement may substitute commensurate experience or education to meet the education qualification. 2) The person has one year's experience in supervision/management in the fields of aging, long-term care, health care, social services, advocacy, or investigation with the approval of the SLTCO.
Examination requirements <i>(Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?)</i>	<p>The state office shall proctor all examinations given to candidates for specialist, program director certification, and associates affiliated with the state office.</p> <p>The format of the certification exam is written or via computer.</p> <p>No fees are charged.</p>
Continuing education requirements <i>(Including a description of the curriculum and the process of setting it.)</i>	<p>Eighteen hours of continuing education are required annually, of which a minimum of nine clock hours shall be earned through attendance at state ombudsman-sponsored education. At least one session must include the training outlined in paragraph (C) of rule 173-14-07 of the Administrative Code. Topics of sessions may include, but are not limited to, supervision of staff,</p>

If the regulation is a registration, certification, or license requirement, please complete the following:	
	<p>quality assurance practices, strategic planning, and interviewing, hiring, and retention of potential staff.</p> <p>Continuing education units are approved based upon the presenter’s expertise in the content area; the session transmits knowledge relevant to the duties of a long-term care ombudsman; and, the session has not been held for the purpose of individual or group supervision.</p>
Initial fee	None.
Duration	Certification is managed year by year through continuing education requirements.
Renewal fee <i>(If different from initial fee, please explain why.)</i>	None.
Does the Board recognize uniform licensure requirements or allow for reciprocity?	If another State Ombudsman has trained and tested a representative and that representative joins the Office of the SLTCO in Ohio, the curriculum of the other state is reviewed and compared with Ohio-specific content and completion of that content is required.
Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?	We are unaware of similar certifications.
Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?	No.
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	Any and all who are representatives of the Office of the State Long-Term Care Ombudsman must be certified.

If the regulation is a registration, certification, or license requirement, please complete the following:

Other information (*Significant attributes or prerequisites to licensure not addressed in this chart.*)

Click or tap here to enter text.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

The State Ombudsman has the authority to decertify a representative for cause (OAC 173-14-27).

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

Not applicable.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

The Older Americans Act (42 U.S.C. 3058g(a)(5)(A) and 42 U.S.C. 3058g(a)(5)(C)) requires the Ombudsman to designate representatives and includes criteria for eligibility. 45 C.F.R. 1324.13 requires the Ombudsman to establish procedures for training, certification, and continuing education.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Certified Ombudsman program directors ensure that residents’ rights are not being violated and advocate for excellence in care. Ombudsmen are trained to investigate, educate, and mediate complaints made against long-term care providers. Certified program directors help to de-escalate and resolve complaints to the benefit of all interested parties, while escalating egregious complaints to regulatory authorities and, if need be, to law enforcement. Ombudsmen also help coordinate the transfer of residents from one facility to another, often under time sensitive conditions. Program directors oversee regional and statewide operations and coordinate the responsibilities of local Ombudsmen representatives. Proper credentialing verifies that ombudsmen program directors effectively represent the interests of residents based on federal law, Ohio law, and agencies’ rules, particularly when multiple federal and state agencies regulate facilities and providers.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Yes, proper credentialing ensures that the program upholds the rights of long-term care residents and advocates for excellent, dignified care. Lessening the current standard may jeopardize the integrity of the program and hinder program effectiveness across the state.

Are there any changes the Board would like to see implemented?

The department does not have recommendations to provide at this time.

Comparison to other states (How many other states regulate the occupation? How do Ohio’s regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)

All State Ombudsmen are required to establish requirements for their representatives. Ohio’s curriculum and number of hours are higher than most states, and therefore held to a higher standard to the benefit of the constituency. Ohio’s Office extends beyond the basic authority provided in the Older Americans Act and representatives also advocate for consumers of home and community-based services and managed care.

Surrounding state comparison (LSC)

Long-term Care Ombudsman Program Director						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-14</i>)	Certification required – state long-term care ombudsman	Certification required – long-term care ombudsman	No clear equivalent (<i>Mich. Comp. Laws 400.586g to 586j</i>)	No clear equivalent (<i>4 Pa. Code 6.753</i>)	Certification required – state long-term care ombudsman (<i>W. Va. Code Ann. 16-5L-5; W. Va. Code R. 76-4-5</i>)

Long-term Care Ombudsman Program Director						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Education or training	Registered nurse, B.S. in nursing, bachelor's degree in social work/services or a health-related field, or commensurate substitute experience 40 hours of professional development, plus six hours of education on program management and administration After initial exam, 60 additional hours, a 20-hour orientation, and an observation of a survey or inspection (O.A.C. 173-14-04)	Bachelor's degree (455 Ind. Admin. Code 1-8-3)	Bachelor's degree in health or human services Expertise in long-term services for older or disabled persons, consumer-oriented public policy advocacy, leadership and program management skills, and negotiation and problem solving skills 24 hours of training (910 Ky. Admin. Regs. 1:210, Section 8)	None	None	Master's degree in gerontology, social work, health or a related field, or a four-year degree in gerontology, social work, health or a related field 25 hours of initial training
Experience	If no bachelor's degree and not a	One year of experience in	One year of experience in	Experience in the field of aging,	Expertise in long-term services and	Experience in aging, health care,

Long-term Care Ombudsman Program Director						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	<p>registered nurse, commensurate substitute experience</p> <p>One year of experience in supervision/management in the fields of aging, long-term care, health care, social services, advocacy, or investigation (O.A.C. 173-14-14)</p>	<p>gerontology and long-term care, knowledge of relevant law, and training in dispute resolution (<i>Ind. Code Ann. 12-10-13-10; 455 Ind. Admin. Code 1-8-3</i>)</p>	<p>health or human services or two semesters and 400 hours in a clinic, practicum, or volunteer capacity in the field of aging or disabilities</p>	<p>health care, community programs, and long-term care issues, both regulatory and policy</p>	<p>supports or similar services, consumer-oriented public policy advocacy, leadership and program management skills, and negotiation and problem resolution skills</p>	<p>long-term care issues, community programs, working with health care providers or volunteer programs, or administrative and managerial experience</p> <p>If applicant only has a four-year degree, five years of full-time equivalent experience in gerontology, social work, health or a related field</p>
Exam	Ombudsman deployment examination administered by the state long-term care ombudsman and subsequent	None	Yes, with a recertification exam taken every two years	None	None	None

Long-term Care Ombudsman Program Director						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	ombudsman program director exam (<i>O.A.C. 173-14-04</i>)					
Continuing education	18 hours, at least half earned through attendance at state ombudsman-sponsored education At least one session for management <i>(O.A.C. 173-14-13)</i>	None	Four hours every two years	None	None	25 hours per year
Initial licensure fee	Background check fee may apply <i>(O.A.C. 173-14-14)</i>	None	None	N/A	N/A	None
License duration	N/A	N/A	Two years	N/A	N/A	N/A
Renewal fee	N/A	N/A	None	N/A	N/A	N/A

Community-based long-term care services – agency provider

Survey responses (AGE)

Description	
<p>An agency provider means a legally-organized entity that employs staff to perform the services the agency is seeking to be certified. These agency providers may apply to become certified in any of the following services:</p> <p>Adult Day Services (enhanced or intensive); alternative meals; choices home care attendant service; home maintenance and chore (includes pest control); personal emergency response systems; home medical equipment and supplies; homemaker; home modification; nutritional consultations; personal care; social work counseling; non-emergency transportation; home-delivered meals; community integration; community transition; non-medical transportation; enhanced community living; waiver nursing; out-of-home respite; home care attendant service.</p>	
Type <i>(See R.C. 4798.01 for relevant definitions.)</i>	
Government certification	
If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	101 average
Number renewed annually	All agency providers who wish to remain an ODA provider, are reviewed annually, unless they are not required as described in OAC 173-39-04.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	Using a base line of 96 providers certified in 2014, we have seen that number remain stagnant or decrease slightly from 2014 through 2017. In 2018 there was a 37.5% increase; in 2019 the number fell 19%, but was still 10% more than the 2014-2017 period.
Education or training requirements	Education and training requirements vary, depending on the service for which a provider seeks certification to provide.
Experience requirements	An agency provider must demonstrate at least three months experience providing the specific service for which it seeks certification to at least two individuals in a HCBS setting.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	No.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Continuing education related to the field the provider's staff are working, is required by ODA for agency staff providing: adult day service; enhanced community living; home delivered meals and kosher option for home delivered meals; personal care; choices home care attendant services; and home care attendant services.
Initial fee	No fee.
Duration	Not applicable.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	No renewal fee.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Does the Board recognize uniform licensure requirements or allow for reciprocity?	Yes, Rule 173-39-03.5 of the Administrative Code explains how ODA handles reciprocity for service members, veterans, and spouses of service members or veterans.
Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?	Section 173.391 of the Revised Code requires ODA to adopt rules to require providers to be certified. A means for qualifying for certification by ODA is to have a state license issued by another state agency (<i>e.g.</i> , licensed dietitians in Rule 173-39-02.10 of the Administrative Code).
Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?	Yes. Providers voluntarily apply to obtain certification from ODA if they want paid to provide services through an ODA-administered program that requires certification (<i>e.g.</i> , the PASSPORT Program). However, without certification, the provider could still be paid to provide services for payment by an ODA-administered program that does not require certification, a program that is not administered by ODA, or by private pay.
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	No. Section 173.391 of the Revised Code requires ODA to establish standards for certifying providers, which ensures that all applicants for certification are treated fairly. It does not permit arbitrary decision making.
Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)	Providers of professional services must hold the accompanying pre-requisite i.e. to provide waiver nursing, the provider must have an Ohio licensed nurse on staff or contracted, in order to provide the service.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.
R.C. 109.572, 173.38, and 173.391.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

\$0.00

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

42 CFR 441.301, 45 CFR 80.4.

In order for the Centers for Medicare and Medicaid Services (CMS) to approve Ohio's application for a Medicaid waiver authorizing the state to launch and maintain the PASSPORT Program or Assisted Living Program, 42 CFR 441.352 requires ODA to assure CMS in the waiver application that ODA established adequate requirements for providers (*i.e.*, adopted rules) and that ODA monitors the providers to assure they comply with those requirements (*i.e.*, comply with those rules).

What is the "harm" that the regulation seeks to prevent? (*See, R.C. 4798.02(B).*)

The regulations seeks to prevent physical and emotional harm to individuals enrolled in the PASSPORT Program while ensuring health and safety; as well as, ensure there is no exploitation of any individuals by enrolling willing and qualified providers who remain compliant to OAC 173-39-02 and any services they are certified to provide in Chapter 173-39 of the Administrative Code.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

The regulations are necessary to maintain the health and safety of the individuals receiving services. Lessening the current standards would increase risks for vulnerable individuals, particularly those with higher level of care needs.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

Each state with approved waiver(s) from CMS is regulated by the Code of Federal Regulations. We do not track other states' individual laws or rules which may more specifically govern the administration of their specific waiver programs.

Surrounding state comparison (LSC)

Community-based Long-term Care Services – Agency Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-39-02</i>)	Certification required – home and community-based services provider (<i>455 Ind. Admin. Code 2-6-1 and 2-6-2</i>)	Certification from the Officer of Inspector General required – personal services agency (<i>Ky. Rev. Stat. Ann. 216.710 and 216.712; 906 Ky. Admin. Regs. 1:180</i>)	No	Yes – home and community-based services provider (<i>55 Pa. Code 52.1</i>)	No
Education or training	Varies depending on the services to which the certification applies	None	Training in reporting abuse, neglect, or exploitation of an adult or child; procedures for facilitating self-administration of medications if necessary; and effective communication techniques tailored to individual client needs	N/A	New provider training from the Department of Human Services Service coordinator: 40 hours of training in the first year, plus training for staff B.A., with at least 12 college-level credit hours in sociology, social welfare, psychology,	N/A

Community-based Long-term Care Services – Agency Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
					gerontology or another behavioral science, or see experience below <i>(55 Pa. Code 52.14)</i>	
Experience	Three months of experience providing the service to at least two adults in a home and community-based service setting	Staff must be competent to provide services, have the ability to effectively communicate, with a driver's license if transporting people <i>(455 Ind. Admin. Code 2-6-3)</i>	Employees must be competent to perform a personal services task to which they are assigned	N/A	Service coordinator: experience and training which adds up to four years of experience, and education that includes at least 12 semester hours of college-level courses in sociology, social work, social welfare, psychology, gerontology or other social science	N/A
Continuing education	Possible free, mandatory	None	N/A	N/A	Service coordinator: 20	N/A

Community-based Long-term Care Services – Agency Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	training sessions from the Ohio Department of Aging (ODA)				hours per year (<i>55 Pa. Code 52.27</i>)	
Initial licensure fee	N/A	N/A	\$500	N/A	Fee announced in <i>Pennsylvania Bulletin (55 Pa. Code 52.45)</i>	N/A
License duration	N/A	N/A	One year	N/A	One year	N/A
Renewal fee	N/A	N/A	\$350 annually; or for renewal pursuant to a greater-than-25% change in ownership interest	N/A	See initial fee	N/A

Community-based long-term care services – nonagency provider

Survey responses (AGE)

Description	
<p>This type of provider is a legally-organized entity which is owned and controlled by one person and does not employ staff. These non-agency providers may apply to become certified in any of the following services:</p> <p>Home maintenance and chore (includes pest control); home medical equipment and supplies; home modification; nutritional consultations; social work counseling; non-emergency transportation; alternative meals; community transition; non-medical transportation.</p> <p>Additionally, waiver nursing services are defined as services provided to PASSPORT consumers that require the skills of a registered nurse (RN) or license practical nurse (LPN) at the direction of an RN. All nurses providing waiver nursing services to a consumer on the PASSPORT Medicaid waiver program shall provide services within the nurse’s scope of practice and shall possess a current, valid and unrestricted license from the Ohio Board of Nursing..</p>	
Type (See R.C. 4798.01 for relevant definitions.)	
Government certification	
If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	An average of 16 annually
Number renewed annually	All non-agency providers who wish to remain an ODA provider, are reviewed annually, unless they are not required as described in Rule 173-39-04 of the Administrative Code.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	There has been a wide range certified from 2014 through 2019. ODA had 3 providers certified in 2014, which equated to a little more than 5% of the providers certified in 2015 and 50% of the providers certified in 2019. Between 2016 and 2018 the range was 11 to 16 each year.
Education or training requirements	Education and training requirements vary, depending on the service a provider applies for in Chapter 173-39-02.1 -173-39-02.24 of the Administrative Code (excludes Rules 173-39-02.16 and 173-39-02.1 of the Administrative Code).
Experience requirements	If licensing is necessary for the service the provider is applying, the provider must provide evidence at application.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	No.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Not applicable.
Initial fee	No fee.
Duration	Not applicable.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	No renewal fee.

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>Yes, Rule 173-39-03.5 of the Administrative Code explains how ODA handles reciprocity for service members, veterans, and spouses of service members or veterans.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>Section 173.391 of the Revised Code requires ODA to adopt rules to require providers to be certified. A means for qualifying for certification by ODA is to have a state license issued by another state agency (<i>e.g.</i>, licensed dietitians in Rule 173-39-02.10 of the Administrative Code).</p>
<p>Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?</p>	<p>Yes. Providers voluntarily apply to obtain certification from ODA if they want paid to provide services through an ODA-administered program that requires certification (<i>e.g.</i>, the PASSPORT Program). However, without certification, the provider could still be paid to provide services for payment by an ODA-administered program that does not require certification, a program that is not administered by ODA, or by private pay.</p>
<p>Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?</p>	<p>No. Section 173.391 of the Revised Code requires ODA to establish standards for certifying providers, which ensures that all applicants for certification are treated fairly. It does not permit arbitrary decision making.</p>
<p>Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)</p>	<p>Providers of professional services must hold the accompanying pre-requisite i.e. to provide pest control within the home maintenance and chores rule, the provider must have the qualifications (licensure, training etc. if applicable). Nurses must have an active license.</p>

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

R.C. 109.572, 173.381, and 173.391.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

\$0.00

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

42 CFR 441.301, 45 CFR 80.4

In order for the Centers for Medicare and Medicaid Services (CMS) to approve Ohio's application for a Medicaid waiver authorizing the state to launch and maintain the PASSPORT Program or Assisted Living Program, 42 CFR 441.352 requires ODA to assure CMS in the waiver application that ODA established adequate requirements for providers (*i.e.*, adopted rules) and that ODA monitors the providers to assure they comply with those requirements (*i.e.*, comply with those rules).

What is the "harm" that the regulation seeks to prevent? (*See, R.C. 4798.02(B).*)

The regulations seeks to prevent physical and emotional harm to individuals enrolled in the PASSPORT Program while ensuring health and safety; as well as, ensure there is no exploitation of any individuals by enrolling willing and qualified individuals who remain compliant to OAC 173-39-02 and any services they are certified listed in Chapter 173-39.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

The regulations are necessary to maintain the health and safety of the individuals receiving services. Lessening the current standard would increase risks for vulnerable individuals, particularly those with higher level of care needs.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

Each state with approved waiver(s) from CMS is regulated by the Code of Federal Regulations. We do not track other states' individual laws or rules which may more specifically govern the administration of their specific waiver programs.

Surrounding state comparison (LSC)

Community-based Long-term Care Services – Nonagency Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-39-02(C)(1)</i>)	Certification required (<i>455 Ind. Admin. Code 2-6-1 and 2-6-2</i>)	Certification required – personal care attendant (<i>910 Ky. Admin. Regs. 1:090</i>)	No	No clear equivalent	Registration required – in-home care worker (<i>W. Va. Code R. 76-2-3</i>)
Education or training	Varies depending on the services to which the certification applies	None	Program coordinator: within 30 days of hire, 16 hours of orientation and shadowing an experienced program coordinator for one to two days Within the first six months, 14 hours of initial program coordination training	N/A	N/A	Applicants must include their education and certifications on their application to be in the registry
Experience	N/A	Be competent to provide services and have the ability to	Program coordinator: B.A. with two years of experience working in the	N/A	N/A	18 years old, driver’s license, completed CPR and first aid

Community-based Long-term Care Services – Nonagency Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
		effectively communicate	disability community or 54 semester hours of college with four years working in the disability community, or more than five years of experience, including administrative experience			certification (<i>W. Va. Code R. 76-2-4</i>)
Continuing education	Possible free, mandatory training sessions from ODA	None	Quarterly training	N/A	N/A	Annual OSHA training; HIPAA; Abuse, Neglect, and Exploitation; and dementia care training
Initial licensure fee	N/A	N/A	N/A	N/A	N/A	\$10 (<i>W. Va. Code R. 76-2-7</i>)
License duration	N/A	N/A	N/A	N/A	N/A	One year
Renewal fee	N/A	N/A	N/A	N/A	N/A	\$5

Community-based long-term care services – assisted living provider

Survey responses (AGE)

Description	
<p>Assisted living service is a service promoting aging in place by supporting a consumer’s independence, choice, and privacy through the provision of one or more components of the service which are a personal care service, a supportive service, an on-duty response service, meals, social and recreational programming, a non-medical transportation service, and a nursing service. An assisted living provider must also be a licensed residential care facility the Department of Health.</p>	
Type <i>(See R.C. 4798.01 for relevant definitions.)</i>	
<p>Government certification</p>	
If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	28
Number renewed annually	All assisted living providers who wish to remain an ODA provider are reviewed annually, as described in OAC 173-39-04.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	Using a base line of 29 providers certified in 2014, we have seen the number remain fairly consistent through 2016. In 2017 fewer providers applied and our numbers fell by 30%, but increased more than 50% the following year and then a 20% decrease in 2019.
Education or training requirements	ODA does not require specific training requirements of the provider; however, the provider must have accredited and/or licensed staff.
Experience requirements	Residential Care Facility (RCF) licensure.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	Not applicable.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	As the administrator of the certification, ODA does not require continuing education units.
Initial fee	No fee.
Duration	Not applicable.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	No renewal fee.

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>Yes, Rule 173-39-03.5 of the Administrative Code explains how ODA handles reciprocity for service members, veterans, and spouses of service members or veterans.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>Not applicable.</p>
<p>Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?</p>	<p>Yes. Providers voluntarily apply to obtain certification from ODA if they want paid to provide services through an ODA-administered program that requires certification (<i>e.g.</i>, the PASSPORT Program). However, without certification, the provider could still be paid to provide services for payment by an ODA-administered program that does not require certification, a program that is not administered by ODA, or by private pay.</p>
<p>Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?</p>	<p>Section 173.391 of the Revised Code requires ODA to establish standards for certifying providers, which ensures that all applicants for certification are treated fairly. It does not permit arbitrary decision making.</p>
<p>Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)</p>	<p>N/A</p>

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

R.C. 173.391.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

\$0.00

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

42 CFR 441.301, 45 CFR 80.4

What is the “harm” that the regulation seeks to prevent? (*See, R.C. 4798.02(B).*)

The regulations seek to prevent physical and emotional harm to individuals enrolled in the Assisted Living Program while ensuring health and safety; as well as, ensure there is no exploitation of any individuals by enrolling willing and qualified providers who remain compliant to OAC 173-39-02 and any services they are certified to provide in Chapter 173-39.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

The regulations are necessary to maintain the health and safety of the individuals receiving services. Lessening the current standard would increase risks for vulnerable individuals, particularly those with higher level of care needs.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

Each state with approved waiver(s) from CMS is regulated by the Code of Federal Regulations. We do not track other states' individual laws or rules which may more specifically govern the administration of their specific waiver programs.

Surrounding state comparison (LSC)

Community-based Long-term Care Services – Assisted Living Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-39-02(C)(1)</i>)	Yes (<i>410 Ind. Admin. Code 16.2-5-1.1</i>)	Certification required – assisted living community (<i>910 Ky. Admin. Regs. 1:240</i>)	No, but licenses facilities – homes for the aged (<i>Michigan Department of Licensing and Regulatory Affairs, Adult Foster Care/Homes for the Aged</i>)	Yes (<i>55 Pa. Code 2800.2</i>)	Yes – assisted living residence (<i>W. Va. Code Ann. 16-5D-6</i>)
Education or training	Varies depending on the services to which the certification applies	Qualifications and training dependent on specific needs of residents Mandatory orientation on a variety of subjects, including six hours of dementia training the first six months (<i>410 Ind. Admin. Code 16.2-5-1.4</i>)	Orientation in certain aging-related topics for employees (<i>Ky. Rev. Stat. Ann. 194A.719</i>) Manager must have at least a high school diploma or equivalent (<i>Ky. Rev. Stat. Ann. 194A.717</i>)	Administrators must have training, education, or experience related to the population served (<i>Mich. Admin. Code R. 325.1921</i>)	See “Experience” below	Administrator: for large residences – an associate’s degree or its equivalent in a related field, for small residences – high school/GED Staff: ability to read and write (<i>W. Va. Code R. 64-14-5</i>)

Community-based Long-term Care Services – Assisted Living Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Experience	Varies depending on the services to which the certification applies	<p>One person with CPR and first aid training on staff at all times and one nursing staff person for every 50 residents that need medicine</p> <p>Unlicensed employees providing more than limited aid need to be a registered nurse aide or home health aide (410 Ind. Admin. Code 16.2-5-1.4)</p>	<p>Manager must be at least 21 years of age, with demonstrated management or administrative ability to maintain daily operations (Ky. Rev. Stat. Ann. 194A.717)</p>	<p>Administrators must be at least 18 years of age, with training, education, or experience related to the population served</p> <p>Staff and administrator must be capable of implementing service plan (Mich. Admin. Code R. 325.1931 and 325.1921)</p>	<p>Administrator: 21 years of age and one of the following:</p> <ol style="list-style-type: none"> 1. Registered nurse with one year of relevant experience; 2. Associate’s degree in a related field (or 60 related credit hours) and one year of relevant experience; 3. Associate’s degree in an unrelated field and two years of relevant experience; 4. LPN license and one year of relevant experience; 	<p>Administrator: at least 21 years of age</p> <p>Staff: at least one staffer who is CPR-trained</p>

Community-based Long-term Care Services – Assisted Living Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
					5. Nursing home administrator license and one year of relevant experience; or 6. Personal home care administrator license and two years of relevant experience Direct care staff: 18 years of age and one of the following: 1. High school diploma; 2. GED; or 3. Registered nurse aide <i>(55 Pa. Code 2800.53-54)</i>	

Community-based Long-term Care Services – Assisted Living Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Continuing education	Mandatory training sessions from ODA	<p>Nursing staff: eight hours annually</p> <p>Nonnursing staff: four hours annually</p> <p>Other staff that have contact with residents: three hours annually (410 Ind. Admin. Code 16.2-5-1.4)</p>	Four hours annually in aging-related topics (<i>Ky. Rev. Stat. Ann. 194A.719</i>)	None	Eight hours annually in client needs, body transfer, abuse and reporting, and behavior management (<i>6 Pa. Code 11.33</i>)	<p>Administrator: eight hours annually</p> <p>Staff: annual training (unspecified number of hours)</p>
Initial licensure fee	N/A	\$200 for the first 50 beds, \$10 per bed thereafter (<i>Ind. Code Ann. 16-28-2-7</i>)	\$40 per unit or if 100 or more units, \$2,000; if 75-99 units, \$1,750; if 50-74 units, \$1,500; if 25-49 units, \$1,000; or if <25 units, \$500	None	\$300, plus \$75 per bed \$150 for application for special care designation (<i>55 Pa. Code 2800.11</i>)	\$65 (<i>W. Va. Code Ann. 16-5D-6</i>)
License duration	N/A	One year	One year	Up to three years (<i>Mich. Admin. Code R. 325.1912</i>)	One year	One year
Renewal fee	N/A	Same as initial	None	None	Same as initial	\$6 per bed

Community-based long-term care services – participant-directed individual provider

Survey responses (AGE)

Description	
<p>Choices Home Care Attendant Service is a service designed to provide supportive services specific to the needs of an individual consumer with impaired physical or cognitive functioning who wishes to self-direct their care.</p>	
Type <i>(See R.C. 4798.01 for relevant definitions.)</i>	
<p>Government certification</p>	
If the regulation is a registration, certification, or license requirement, please complete the _____ :	
<p>Number issued annually</p>	<p>198</p>
<p>Number renewed annually</p>	<p>All Choices home care attendant providers who wish to remain an ODA provider, are reviewed annually, as described in OAC 173-39-04.</p>

If the regulation is a registration, certification, or license requirement, please complete the _____ :	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	In 2014 there were 81 providers certified. When the ODM Transitions Carve Out Waiver ended, we experienced a 350% increase in certifications of new and TCOW providers equating 375 providers. In 2016 ODA certified 205 provider and averaged certifying 177 providers a year from 2017 through 2019.
Education or training requirements	The provider has five (5) core requirements they must complete prior to applying: Maintaining a clean and safe environment, which include the following topics: Basic home safety; universal precautions for the prevention of disease transmission, including hand-washing and proper disposal of bodily waste and medical instruments that are sharp or may produce sharp pieces if broken; promoting the individual's development; assisting with activities of daily living; communicating the individual's information to authorized persons; and performing administrative tasks; to complete in order to apply, in addition the employer may have more training requirements for the provider to care for the employer safely.
Experience requirements	Not applicable.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	Not applicable.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Each year, the provider shall successfully complete at least eight hours of continuing education before his or her anniversary date of enrollment as an ODA-certified participant-directed provider related to the daily tasks performed or will enhance their performance in their role. Additionally, person-centered training may be required by the participant or ODA's designee to meet the individual's needs.
Initial fee	Not applicable.

If the regulation is a registration, certification, or license requirement, please complete the _____ :	
Duration	Not applicable.
Renewal fee <i>(If different from initial fee, please explain why.)</i>	Not applicable.
Does the Board recognize uniform licensure requirements or allow for reciprocity?	Yes, Rule 173-39-03.5 of the Administrative Code explains how ODA handles reciprocity for service members, veterans, and spouses of service members or veterans.
Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?	Not applicable.
Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?	Yes. Providers voluntarily apply to obtain certification from ODA if they want paid to provide services through an ODA-administered program that requires certification (<i>e.g.</i> , the PASSPORT Program). However, without certification, the provider could be paid to provide services for payment by an ODA-administered program that does not require certification, a program that is not administered by ODA, or by private pay.
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	No.
Other information <i>(Significant attributes or prerequisites to licensure not addressed in this chart.)</i>	Not applicable.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

R.C. 109.572, 173.38, and 173.391.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

\$0.00

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

42 CFR 441.301, 45 CFR 80.4

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

The regulations seek to prevent physical and emotional harm to individuals enrolled in the PASSPORT program while ensuring health and safety; as well as, ensure there is no exploitation of any individuals by enrolling willing and qualified providers who remain compliant to OAC 173-39-02 and any services they are certified to provide in Chapter 173-39.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

The regulations are necessary to maintain the health and safety of the individuals receiving services. Lessening the current standard would increase risks for vulnerable individuals, particularly those with higher level of care needs.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states (How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)

Each state with approved waiver(s) from CMS is regulated by the Code of Federal Regulations. We do not track other states' individual laws or rules which may more specifically govern the administration of their specific waiver programs.

Surrounding state comparison (LSC)

Community-based Long-term Care Services – Participant-directed Individual Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-39-02(C)(1)</i>)	Certification required – attendant care services (<i>455 Ind. Admin. Code 1-9-3</i>)	No clear equivalent	No clear equivalent	No clear equivalent (<i>4 Pa. Code 7a.111</i>)	Registration required – in-home care worker (<i>W. Va. Code R. 76-2-3</i>)
Education or training	Varies depending on the services to which the certification applies	None, but a résumé, limited criminal history check, state nurse aide registry report, if applicable, and three letters of reference (<i>455</i>)	N/A	N/A	N/A	Applicants must include their education and certifications on their application to be in the registry

Community-based Long-term Care Services – Participant-directed Individual Provider

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
		<i>Ind. Admin. Code 1-9-4)</i>				
Experience	18 years of age and able to speak English	18 years of age	N/A	N/A	N/A	18 years of age, driver's license, completed CPR and first aid certification (<i>W. Va. Code R. 76-2-4</i>)
Continuing education	N/A	N/A	N/A	N/A	N/A	Annual OSHA training; HIPAA; Abuse, Neglect, and Exploitation; and dementia care training
Initial licensure fee	N/A	N/A	N/A	N/A	N/A	\$10 (<i>W. Va. Code R. 76-2-7</i>)
License duration	N/A	Two years	N/A	N/A	N/A	One year
Renewal fee	N/A	N/A	N/A	N/A	N/A	\$5 (<i>W. Va. Code R. 76-2-7</i>)

Community-based long-term care services – participant-directed personal care provider Survey responses (AGE)

Description	
The Participant-Directed Personal Care Service can be provided by individual providers who meet the requirements set forth in OAC 173-39-02 and OAC 173-39-02.11.	
Type (See R.C. 4798.01 for relevant definitions.)	
Government certification	
If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	21
Number renewed annually	All participant-directed personal care providers who wish to remain an ODA provider, are reviewed annually, as described in OAC 173-39-04.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	In 2014 there were 17 providers certified. When the ODM Transitions Carve Out Waiver ended, we experienced a 220% increase in certifications of new and TCOW providers equating 54 providers. In 2016 ODA certified 25 providers for this service and averaged certifying 10 providers a year from 2017 through 2019.
Education or training requirements	They must be an STNA and listed on the ODH STNA registry as “active” or “in good standing;” successfully complete an ODA-approved home health aide training and competency evaluation program; or successfully complete an apprenticeship program in home health, health, or a related subject approved by the United States Department of Labor.
Experience requirements	Not applicable.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	Not applicable.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Each year, the provider shall successfully complete at least twelve hours of continuing education before his or her anniversary date of enrollment as an ODA-certified participant-directed provider related to the daily tasks performed or will enhance their performance in their role.
Initial fee	No fee.
Duration	Not applicable.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	No renewal fee.

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>Yes, Rule 173-39-03.5 of the Administrative Code explains how ODA handles reciprocity for service members, veterans, and spouses of service members or veterans.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>Yes, Rule 173-39-02.11 of the Administrative Code states ODA can accept approved training by the United States Department of Labor training where the provider successfully completed an apprenticeship program in home health, health, or other approved related subject.</p>
<p>Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?</p>	<p>Yes. Providers voluntarily apply to obtain certification from ODA if they want to be paid to provide services through an ODA-administered program that requires certification (<i>e.g.</i>, the PASSPORT Program). However, without certification, the provider could still be paid to provide services for payment by an ODA-administered program that does not require certification, a program that is not administered by ODA, or by private pay.</p>
<p>Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?</p>	<p>No.</p>
<p>Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)</p>	<p>Not applicable.</p>

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

R.C. 109.572, 173.38, and 173.391.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

\$0.00

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

42 CFR 441.301, 45 CFR 80.4

What is the “harm” that the regulation seeks to prevent? (*See, R.C. 4798.02(B).*)

The regulations seek to prevent physical and emotional harm to individuals enrolled in the PASSPORT program while ensuring health and safety; as well as, ensure there is no exploitation of any individuals by enrolling willing and qualified individuals who remain compliant to OAC 173-39-02 and any services they are certified listed in Chapter 173-39.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

The regulations are necessary to maintain the health and safety of the individuals receiving services. Lessening the current standard would increase risks for vulnerable individuals, particularly those with higher level of care needs.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states *(How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)*

Each state with approved waiver(s) from CMS is regulated by the Code of Federal Regulations. We do not track other states' individual laws or rules which may more specifically govern the administration of their specific waiver programs.

Surrounding state comparison (LSC)

Community-based Long-term Care Services – Participant-directed Personal Care Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-39-02(C)(1)</i>)	Certification required (<i>455 Ind. Admin. Code 1-9-3</i>)	No clear equivalent	No clear equivalent	No clear equivalent	Registration required – in-home care worker (<i>W. Va. Code R. 76-2-3</i>)
Education or training	Varies depending on the services to which the certification applies	None	N/A	N/A	N/A	Applicants must include their education and certifications on their application to be in the registry
Experience	Varies depending on the services to which the certification applies	A résumé, limited criminal history check, state nurse aide registry report, if applicable, and three letters of reference (<i>455 Ind. Admin. Code 1-9-4</i>)	N/A	N/A	N/A	18 years of age, driver's license, completed CPR and first aid certification (<i>W. Va. Code R. 76-2-4</i>)
Continuing education	N/A	None	N/A	N/A	N/A	Annual OSHA training; HIPAA; Abuse, Neglect,

Community-based Long-term Care Services – Participant-directed Personal Care Provider						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
						and Exploitation; and dementia care training
Initial licensure fee	N/A	N/A	N/A	N/A	N/A	\$10 (<i>W. Va. Code R. 76-2-7</i>)
License duration	N/A	Two years	N/A	N/A	N/A	One year
Renewal fee	N/A	N/A	N/A	N/A	N/A	\$5 (<i>W. Va. Code R. 76-2-7</i>)

Long-term care consultation Survey responses (AGE)

Description
<p>The Department of Aging has developed a long-term care consultation program, in accordance with R.C. 173.42, which is administered in partnership with the 12 regional Area Agencies on Aging. Individuals or their representatives are provided long-term care consultations with professional consultants and receive information about options available to meet long-term care needs and information about factors to consider in making long-term care decisions.</p>

Type (See R.C. 4798.01 for relevant definitions.)

Government certification

If the regulation is a registration, certification, or license requirement, please complete the following:

Number issued annually

Data not available.

Number renewed annually

Annual Renewals are not required.

Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?

Data not available.

Education or training requirements

R.C. 173.42 requires ODA to adopt rules to establish certification requirements that must include the education, experience, or training required to qualify for certification. Accordingly, Rule 173-43-05 of the Administrative Code requires a person to meet at least one of the following qualifications to be a certified consultant for the Long-Term Care Consultation Program:

- (1) The person possesses a current, valid license to practice as a registered nurse under Chapter 4723 of the Revised Code or a current, valid license to practice as a licensed social worker under Chapter 4757 of the Revised Code.
- (2) The person possesses a current, valid license to practice as a licensed professional counselor under Chapter 4757 of the Revised Code or a current, valid license to practice in a related profession upon approval by ODA.

If the regulation is a registration, certification, or license requirement, please complete the following:

	<p>(3) The person possesses a B.A. or B.S. degree and at least one year of experience providing individuals with information about options available to meet long-term care needs or providing individuals with related information such as that which is provided through information and referral, information and assistance.</p> <p>(4) The person possesses a B.A. or B.S. degree and at least one year of managed care experience or other such healthcare experience related to individuals' long-term care needs.</p> <p>(5) The person possesses at least three years of experience providing individuals with information about options available to meet long-term care needs or providing individuals with related information such as that which is provided through information and referral, information and assistance;</p> <p>(6) The person possesses three years of managed care experience or other such healthcare experience related to individuals' long-term care needs.</p>
Experience requirements	Please see above.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	There is no examination requirement.
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	No.
Initial fee	No Fee.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Duration	Not applicable.
Renewal fee <i>(If different from initial fee, please explain why.)</i>	Not applicable.
Does the Board recognize uniform licensure requirements or allow for reciprocity?	Not applicable.
Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?	Not applicable.
Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?	Individuals who meet the minimum qualifications for this role may perform the duties of a long-term care consultant. Professional experience may be substituted for professional licensure.
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	Section 173.422 of the Revised Code requires ODA to establish standards for certifying consultants for the Long-Term Care Consultation Program, which ensures that all applicants for certification are treated fairly. It does not permit arbitrary decision making.
Other information <i>(Significant attributes or prerequisites to licensure not addressed in this chart.)</i>	Not applicable.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

Not applicable.

**How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)?
How is that revenue used?**

Not applicable.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

Not applicable.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Certification of Long-Term Care Consultants is intended to ensure a minimal level of professional experience and knowledge/skill set in the long-term services and supports area is present prior to an individual acting in a consultative role in the Long-Term Care Consultation Program.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Intent of the certification is to ensure subject matter experts are performing in the role of consultant in the Long-Term Care Consultation Program.

Are there any changes the Board would like to see implemented?

Not at this time.

Comparison to other states (How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)

Certification is a minimum standard for this role which does not require professional licensure, therefore allowing professionals with a specified level of experience to perform in this role.

Surrounding state comparison (LSC)

Long-term Care Consultation						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Certification required (<i>O.A.C. 173-43-05</i>)	Approval required – case managers (<i>455 Ind. Admin. Code 2-17-2</i>)	Approval required – case managers (<i>910 Ky. Admin. Regs. 1:180</i>)	No, but there is a similar entity called a single point of entry agency for long-term care (<i>Mich. Comp. Laws 400.109j</i>)	No clear equivalent	No clear equivalent
Education or training	Training and orientation	None	See “Experience” below	N/A	N/A	N/A
Experience	One of the following: 1. Registered nurse;	None	One of the following: 1. Bachelor’s degree in	N/A	N/A	N/A

Long-term Care Consultation

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	<ul style="list-style-type: none"> 2. Licensed social worker; 3. Licensed professional counselor or related profession; 4. Bachelor’s degree and one year of experience providing information about long-term care or managed care; or 5. Three years of experience providing information about long-term care or managed care 		<ul style="list-style-type: none"> health or human services and one year of experience; 2. Equivalent experience in the field of aging or physical disabilities; 3. RN license with two years of experience in field of aging; 4. LPN license with three years of experience in field of aging; or 5. Master’s degree equal to the experience 			

Long-term Care Consultation						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Continuing education	15 hours of professional development every two years	N/A	N/A	N/A	N/A	N/A

Nursing home administrator – regular license

Survey responses (AGE)

Description
<p>The Board of Executives of Long-Term Services and Supports is responsible for adopting regulations and prescribing standards for examination and licensure of nursing home administrators. The Board also investigates and takes appropriate action on complaints of alleged noncompliance with applicable standards. The regular license is a license that allows an individual to practice nursing home administration in the State of Ohio for a period of one year before being subject to renewal requirements.</p>
Type <i>(See R.C. 4798.01 for relevant definitions.)</i>
<p>Specialty occupational license for medical reimbursement.</p>

If the regulation is a registration, certification, or license requirement, please complete the following:	
Number issued annually	105
Number renewed annually	1865
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	No.
Education or training requirements	Long-Term Care Administrators in Ohio are highly skilled professionals who possess a bachelor's degree at a minimum and complete between 500-1,500 hours of clinical training under the supervision of another qualified licensed nursing home administrator. Applicants can become licensed by completing a 3-9-month internship (described above) as determined by the Board's Education Committee, based on the applicant's education and experience, attending the 100-hour CORE of Knowledge Course, and passing the State and Federal examinations, or by earning a degree from a National Association of Long-Term Care Administrator Boards (also known as NAB)-accredited degree program in Long-Term Care Administration and passing the examinations, including a state-specific examination.
Experience requirements	None required other than the internship as described above.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	<p>A National Exam, created by the National Association of Long-Term Care Administrator Boards (NAB) and administered by PSI, as well as a State exam for Ohio, also administered by PSI. The National exam is randomly generated each time from a databank of 3-4,000 questions. The state exam does not have a databank of extra questions and is the same exam each time.</p> <p>The Board does not receive any of the fees charged for the examinations. The National exams are \$425, while the state exam is \$190.</p>

If the regulation is a registration, certification, or license requirement, please complete the following:

<p>Continuing education requirements <i>(Including a description of the curriculum and the process of setting it.)</i></p>	<p>20 NAB or BELTSS approved CEs are required per renewal period. CEs must be related to the practice of nursing home administration and be approved to qualify for credit. College coursework that applies to the practice of nursing home administration and serving as a preceptor for an AIT internship also qualify for CE credit towards a renewal. The Board's CE Committee reviews and approves or denies all CEs in which BELTSS approval for the program is requested. NAB has a standardized process involving CE reviewers from among its membership to review CE program submissions and ensure they are based on the nursing home domains of practice.</p>
<p>Initial fee</p>	<p>\$250.</p>
<p>Duration</p>	<p>1 year.</p>
<p>Renewal fee <i>(If different from initial fee, please explain why.)</i></p>	<p>\$300, as it takes a great deal of time to process renewal applications.</p>
<p>Does the Board recognize uniform licensure requirements or allow for reciprocity?</p>	<p>Yes.</p>
<p>Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?</p>	<p>Each state has its own criteria for licensure, and the Department of Health and Human Services established regulations that require states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program. Each state was required to license nursing home administrators by July 1, 1970. There is no national nursing home administrator license.</p>
<p>Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?</p>	<p>No, Chapter 4751.10 of the Ohio Revised Code prohibits practice of nursing home administration or using any sign, card, device, words, letters tending to imply that an individual is a licensed nursing home administrator unless s/he actually is one.</p>

If the regulation is a registration, certification, or license requirement, please complete the following:

Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?

Yes.

Other information (*Significant attributes or prerequisites to licensure not addressed in this chart.*)

To maintain licensure, Administrators must complete a minimum of 20 hours of approved continuing education each year. Maintenance of professional competency is crucial. The administration of a long-term care facility is very complex. Facilities are governed and measured by a very strict set of state and federal regulations. The nursing home administrator is the primary person responsible for the health, safety, and welfare of the employees, residents, and residents' families in a nursing home facility. It is imperative for the nursing home administrator to be well-versed in those regulations.

Ohio does not have inordinate rules that would prevent applicants from becoming licensed here, and our state is fortunate to have a dedicated and effective licensure board. Adopting a policy of "least restrictive regulation" guidelines for licensure could serve to reduce the knowledge and experience necessary resulting in substandard licensed nursing home administrators to preserve the health, safety, and welfare of some of Ohio's most vulnerable citizens.

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

Per Sections 4751.10, 4751.24, 4751.32, 4751-1-05, 4751-1-09, 4751-1-10, 4751-1-12 of the Revised and Administrative Codes, the Board has the authority to deny/revoke/suspend a license/temporary license, place a limitation on the individual's license, place the individual on probation, and impose a civil penalty, fine, or other sanction specified in rules adopted under Section 4751.04 of the Revised Code.

How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)? How is that revenue used?

All revenue received by the Board is used to fund the daily operations of the Board and the Board office, as no GRF funds are received. The total amount of revenue received in SFY 2020 was \$650,752.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

BELTSS is one of 51 state/district boards that license nursing home administrators, as mandated by 42 Code of Federal Regulations (or CFR) Subpart N, which states “A State plan must provide that the State has a program for licensing administrators of nursing homes that meets the requirements of 431.703 through 431.713 of this subpart.”

Licensure is mandated by the Department of Health and Human Services which requires states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Licensing boards were established to protect the health, safety, and welfare of the public by setting a baseline of tested knowledge and experience that an applicant must meet or exceed to be deemed competent. Licensure is designed to help protect consumers and their families from harm by:

- Ensuring that only those with the appropriate qualifications and training can practice Administration in Long-Term Care facilities;
- Deterring hiring or substitution of others who do not meet the identified criteria for professional practice;
- Deterring unethical/illegal behavior from professionals and employers as a result of the Board’s laws and rules;
- Providing the necessary authority to intervene in cases of provider misconduct; and
- Providing a venue for consumers and professionals to seek redress, including reprimand of individuals who have engaged in unethical/illegal behavior.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Licensure helps ensure the quality provision of Long-Term Care Administration. State licensure provides consumer protection and recourse against providers acting illegally/unethically so they may be disciplined and/or removed from practice. The long-term care population is a vulnerable group of individuals that include those in post-acute care, the elderly, the developmentally disabled, and those with chronic illness. The nursing home administrator is the gatekeeper to quality care. Nursing home administrators must abide by the rules and laws governing the practice of nursing home administration in Ohio. It is essential to the well-being of each resident for this Board to monitor the integrity and competence of nursing home administrators.

Long-Term Care Administrators must be skilled and knowledgeable in the following areas: resident care management, personnel management, financial management, environmental management, regulatory management, and organizational management. Much of a facility’s revenue comes from Medicaid, of which the Federal government pays a large part. For a facility to be federally certified to receive Medicare or Medicaid reimbursement, the facility nursing home administrator **must** be licensed by the state. Without compliance by the State to these requirements, the federal government would not reimburse facilities for the care of the Medicare/Medicaid-qualified residents.

Nursing home administrator licensure is designed to help protect consumers and their families from harm and help ensure the quality provision of Long-Term Care Administration. State licensure provides consumer protection and recourse against providers acting illegally/unethically so they may be disciplined and/or removed from practice. The long-term care population is a vulnerable group of individuals that include those in post-acute care, the elderly, the developmentally disabled, and those with chronic illness. Licensure is also mandated by the Department of Health and Human Services which requires states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program.

The Board is 100% fee supported and plays an important role in consumer protection by ensuring that Licensed Nursing Home Administrators meet at least minimum qualifications and training for licensure in Ohio and ongoing annual continuing education to stay current in their knowledge in the field. Ohio does not have inordinate rules that would prevent applicants from becoming licensed here, and our state is fortunate to have a dedicated and effective licensure board. Adopting a policy of “least restrictive regulation” guidelines for licensure could serve to reduce the knowledge and experience necessary to operate a long-term care facility, resulting in substandard licensed nursing home administrators responsible for preserving the health, safety, and well-being of some of Ohio’s most vulnerable citizens.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Yes, the regulations are effective in allowing the Board to take disciplinary action when necessary. Disciplinary action is used as a last resort based on a preponderance of the evidence and the advice of the Board's legal counsel, the AAG.

Regulation of the profession provides inherent fairness through a regulatory process for the benefit of consumers, applicants for licensure, licensees, and complainants by promulgation of and adherence to administrative procedures and due process principles. Regulation of the profession provides a mechanism for protection of the public, a benefit not realized by a "buyer beware" approach to customer protection. Deregulation of the profession eliminates the abilities of government to act on behalf of the public and does not deter future misconduct on the part of the licensee. It also places the burden of enforcement and protection on the consumers, and disadvantages consumers otherwise unable to protect themselves from unqualified practitioners based upon economic factors and lack of knowledge regarding the profession.

Regulatory oversight legislated through licensure is the accepted practice for consumer protection. Regulatory boards in all 50 states and the District of Columbia consist of practitioners from the professions being licensed and consumers/consumer advocates of the services being provided by the regulated profession. The practitioners ensure that board decisions are soundly based on the technical and scientific knowledge required to practice, as applied to individual situations. The public can rely on the expertise and wisdom of practicing professionals to ensure that those in practice are held to the high standards of the profession.

Are there any changes the Board would like to see implemented?

The Board recently implemented regulatory changes to allow for the HSE (Health Services Executive) license in Ohio, increasing license portability. In addition to the Health Services Executive, the Board recommended changes in its disciplinary statute to create confidentiality of investigations, and recommended statutory changes allowing the Board to conduct criminal background checks on applicants for licensure, thereby increasing public protection. Other statutory changes suggested for the benefit of the public include the Board being able to act if the licensee substantially deviates from the Board's code of ethics, if the licensee has had a license denied, limited, revoked, or suspended by another state, or if the licensee has failed to comply with an investigation by the Board. Penalties the Board may take (currently "shall suspend" or "revoke") have been suggested to include "may" (instead of "shall") suspend, revoke, deny a license, place a limitation on a license to practice, reprimand, fine, or place the licensee on probation, giving the Board more flexibility in dealing with disciplinary infractions.

These changes (including the Health Services Executive license) were recently passed in the Budget Bill and were effective October 17, 2019.

The Board is planning to seek its first fee increase in 10 years this budget cycle.

Comparison to other states (How many other states regulate the occupation? How do Ohio's regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)

Each state is slightly different in its regulation of nursing home administration. Ohio is somewhere in the middle. It is challenging to obtain a license in Ohio, but Ohio licenses are generally accepted by other states because our process is rigorous. Ohio's nursing home administrators are among the most qualified in the country due to BELTSS' high standards for licensure.

Surrounding state comparison (LSC)

Nursing Home Administrator -- Regular License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License required?	Yes (R.C. 4751.24; O.A.C. 4751-1 to 15)	Yes (Ind. Code Ann. 25-19-1-3.5; 840 Ind. Admin. Code 1-1-18)	Yes – long-term care administrator (201-Ky. Admin. Regs. 6020 to 6090)	Yes (Mich. Comp. Laws 333.17301 to 333.17319; Mich. Admin. Code R. 339.14001 to 339.14032)	Yes (63 Pa. Cons. Stat. 1106; 49 PA Code 39)	Yes (W. Va. Code Ann. 30-25-1 to 30-25-18; W. Va. Code R. 21-1-1 to 21-1-9)
Education or training	Bachelor's or master's degree in nursing home administration (NHA), or other bachelor's degree and 100 hours of study in NHA	Board's course of instruction 1,040 training hours and One of the following:	Bachelor's or master's degree in long-term care administration or a related field awarded within two years of the date of application and an	Minimum of nine semester credits or 144 clock hours of instruction in nursing home administration or the experience	One of the following, plus corresponding experience requirement (below): 1. 120 hours of approved	One of the following: 1. Bachelor's degree plus completion of the 1,000-hour AIT program;

Nursing Home Administrator -- Regular License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
		<ol style="list-style-type: none"> 1. Bachelor's degree; 2. Completion of student internship; 3. Associate's degree in health care plus a specialized course of study; or 4. Equivalent experience 	internship of at least 1,000 hours	requirement below	<ol style="list-style-type: none"> 1. study and two years of college; 2. 120 hours of approved study; 3. Bachelor's degree with 120 hours of approved study; 4. Master's degree in NHA or related field; 5. 120 hours of approved study 	<ol style="list-style-type: none"> 2. Bachelor's degree including 12 credit hours of relevant material plus 1,000 hours of health management experience; 3. Three years of experience as assistant manager; or 4. Bachelor's degree accredited by the NAB that includes an internship component
Experience	For bachelor's or master's graduates in NHA, no further experience needed	As a substitute for required education, two years of work experience as a licensed HFA in another state	Six months of management experience in a long-term care facility (1,000 hours within two years if part-time) completed up to	For at least five of the last seven years, was chief executive or administrative officer at a state-licensed hospital	1. Assistant administrator in the last 18 months, or supervisor in three of the last five years;	See "Education and Training" above

Nursing Home Administrator -- Regular License

	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	<p>For other bachelor's graduates, nine months of approved internship</p> <p>For other master's or higher graduates, six months approved internship</p>	<p>The training requirements may be replaced by one year of work experience as a licensed HFA in another state (six months if master's degree) or CEO or COO of a hospital</p>	<p>two years before or one year after application</p> <p>Experience in personnel, budget and fiscal, public relations, and regulatory compliance</p> <p>Anyone with HSE from NAB automatically qualifies</p>		<ol style="list-style-type: none"> 2. Registered nurse, and six months as a director of nursing and 12 months as assistant administrator, or director of nursing in two of the last five years; 3. Nine months as assistant administrator, or 18 months as a supervisor, or two years as an AIT; 4. Six months of supervisory experience or 800 hours as an AIT; 5. Two years of satisfactory experience, three years of 	

Nursing Home Administrator -- Regular License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
					supervisory experience, and 18 months of assistant administrator experience	
Exam	Yes	Yes	Yes	Yes	Yes	Yes
Continuing education	20 hours per year	40 hours per biennium (<i>840 Ind. Admin. Code 1-2-1</i>)	30 hours per biennium	36 hours per biennium	48 hours per biennium	20 hours per year
Initial licensure fee	\$50 training application fee, \$150 for endorsement of out-of-state license, \$250 for initial license	\$100 plus exam fee (<i>840 Ind. Admin. Code 1-3-2</i>)	\$100 application fee, plus \$150 initial licensure fee – \$300 if by endorsement	\$75.75 plus exam fee	\$40	\$600 AIT fee plus private examination fee
License duration	One year	Two years	Two years	Two years	Two years	One year
Renewal fee	\$300, annually	\$100, biennially	\$125, biennially (\$200 if late) (\$75 if inactive)	\$121.21, biennially	\$297, biennially	\$300, annually

Nursing home administrator – temporary license

Survey responses (AGE)

Description

This license allows an individual to practice nursing home administration in Ohio for a period not to exceed 180 days provided they meet Ohio’s criteria, submit an application, and pass a background check. They must also pass the State examination in order to become permanently licensed. This license is generally used for emergencies or urgent situations where facility coverage by an LNHA is needed.

Type *(See R.C. 4798.01 for relevant definitions.)*

Specialty occupational license for medical reimbursement.

If the regulation is a registration, certification, or license requirement, please complete the following:

Number issued annually

10

Number renewed annually

Not applicable.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Have there been significant increases or decreases in active registrations, certifications or licenses in the preceding six years?	No.
Education or training requirements	A minimum of a BS degree and at least 9 month's experience either through an AIT internship or practice as a licensed nursing home administrator.
Experience requirements	As above.
Examination requirements (<i>Who administers the exam? How is the exam and administrator selected? What fees are charged? Does the Board receive any proceeds of those fees? If so, how are the proceeds used?</i>)	<p>A National Exam, created by the National Association of Long-Term Care Administrator Boards (NAB) and administered by PSI, as well as a State exam for Ohio, also administered by PSI. Candidates for temporary licenses have already passed the National exams and only need to take the State of Ohio examination.</p> <p>The National exam is randomly generated each time from a databank of 3-4,000 questions. The state exam does not have a databank of extra questions and is the same exam each time.</p> <p>The Board does not receive any of the fees charged for the examinations. The National exams are \$425, while the state exam is \$190.</p>
Continuing education requirements (<i>Including a description of the curriculum and the process of setting it.</i>)	Not applicable until given a permanent license.
Initial fee	\$100.
Duration	No more than 180 days.
Renewal fee (<i>If different from initial fee, please explain why.</i>)	Not applicable.

If the regulation is a registration, certification, or license requirement, please complete the following:	
Does the Board recognize uniform licensure requirements or allow for reciprocity?	Yes.
Are there any similar national registrations, certifications, or licenses? Could they be used as a substitute for the state regulation?	Each state has its own criteria for licensure, and the Department of Health and Human Services established regulations that require states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program. Each state was required to license nursing home administrators by July 1, 1970. There is no national nursing home administrator license.
Are there any circumstances in which an individual may practice elements of the occupation without being regulated by the board?	No, Section 4751.01 of the Revised Code prohibits practice of nursing home administration or using any sign, card, device, words, letters tending to imply that an individual is a licensed nursing home administrator unless s/he actually is one.
Is the Board permitted to exercise discretion in determining whether to register, certify, or license an individual?	Yes.
Other information (<i>Significant attributes or prerequisites to licensure not addressed in this chart.</i>)	<p>Long-Term Care Administrators in Ohio are highly skilled professionals who possess a bachelor's degree at a minimum and complete between 500-1,500 hours of clinical training under the supervision of another qualified licensed nursing home administrator.</p> <p>Ohio does not have inordinate rules that would prevent applicants from becoming licensed here, and our state is fortunate to have a dedicated and effective licensure board. Adopting a policy of "least restrictive regulation" guidelines for licensure could serve to reduce the knowledge and experience necessary resulting in substandard licensed nursing home administrators to preserve the health, safety, and welfare of some of Ohio's most vulnerable citizens.</p>

Oversight and disciplinary authority of the Board respecting individuals engaged in the occupation.

Per Sections 4751.10, 4751.24, 4751.32, 4751-1-05, 4751-1-09, 4751-1-10, and 4751-1-12 of the Revised and Administrative Codes, the Board has the authority to deny/revoke/suspend a license/temporary license, place a limitation on the individual's license, place the individual on probation, and impose a civil penalty, fine, or other sanction specified in rules adopted under Section 4751.04 of the Revised Code.

How much revenue is derived from fees charged by the Board to individuals engaged in the occupation (such as license and renewal fees)? How is that revenue used?

All of the revenue received by BELTSS is used to fund the daily operations of the Board and the Board office, as no GRF is received. The total amount received in SFY is \$650,752.

Describe any federal regulations that apply to the occupation. Does federal law require the state to regulate the occupation?

BELTSS is one of 51 state/district boards that license nursing home administrators, as mandated by 42 Code of Federal Regulations (or CFR) Subpart N, which states "A State plan must provide that the State has a program for licensing administrators of nursing homes that meets the requirements of 431.703 through 431.713 of this subpart."

Licensure is mandated by the Department of Health and Human Services which requires states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program.

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

Licensing boards were established to protect the health, safety, and welfare of the public by setting a baseline of tested knowledge and experience that an applicant must meet or exceed to be deemed competent. Licensure is designed to help protect consumers and their families from harm by:

- Ensuring that only those with the appropriate qualifications and training can practice Administration in Long-Term Care facilities;
- Deterring hiring or substitution of others who do not meet the identified criteria for professional practice;
- Deterring unethical/illegal behavior from professionals and employers as a result of the Board’s laws and rules;
- Providing the necessary authority to intervene in cases of provider misconduct; and
- Providing a venue for consumers and professionals to seek redress, including reprimand of individuals who have engaged in unethical/illegal behavior.

Licensure helps ensure the quality provision of Long-Term Care Administration. State licensure provides consumer protection and recourse against providers acting illegally/unethically so they may be disciplined and/or removed from practice. The long-term care population is a vulnerable group of individuals that include those in post-acute care, the elderly, the developmentally disabled, and those with chronic illness. The nursing home administrator is the gatekeeper to quality care. Nursing home administrators must abide by the rules and laws governing the practice of nursing home administration in Ohio. It is essential to the well-being of each resident for this Board to monitor the integrity and competence of nursing home administrators.

Long-Term Care Administrators must be skilled and knowledgeable in the following areas: resident care management, personnel management, financial management, environmental management, regulatory management, and organizational management. Much of a facility’s revenue comes from Medicaid, of which the Federal government pays a large part. For a facility to be federally certified to receive Medicare or Medicaid reimbursement, the facility nursing home administrator **must** be licensed by the state. Without compliance by the State to these requirements, the federal government would not reimburse facilities for the care of the Medicare/Medicaid-qualified residents.

Nursing home administrator licensure is designed to help protect consumers and their families from harm and help ensure the quality provision of Long-Term Care Administration. State licensure provides consumer protection and recourse against providers acting illegally/unethically so they may be disciplined and/or removed from practice. The long-term care population is a vulnerable group of individuals that include those in post-acute care, the elderly, the developmentally disabled, and those with chronic illness. Licensure is also mandated by the Department of Health and Human Services which requires states to license nursing home administrators in order to permit nursing homes to participate in the Title XIX Medicaid Program.

The Board is 100% fee supported and plays an important role in consumer protection by ensuring that Licensed Nursing Home Administrators meet at least minimum qualifications and training for licensure in Ohio and ongoing annual continuing education to stay current in their

What is the “harm” that the regulation seeks to prevent? (See, R.C. 4798.02(B).)

knowledge in the field. Ohio does not have inordinate rules that would prevent applicants from becoming licensed here, and our state is fortunate to have a dedicated and effective licensure board. Adopting a policy of “least restrictive regulation” guidelines for licensure could serve to reduce the knowledge and experience necessary to operate a long-term care facility, resulting in substandard licensed nursing home administrators responsible for preserving the health, safety, and well-being of some of Ohio’s most vulnerable citizens.

Is the regulation effective at preventing the harm described above? Are there other, less restrictive ways to prevent the harm?

Regulation of the profession provides inherent fairness through a regulatory process for the benefit of consumers, applicants for licensure, licensees, and complainants by promulgation of and adherence to administrative procedures and due process principles. Regulation of the profession provides a mechanism for protection of the public, a benefit not realized by a “buyer beware” approach to customer protection. Deregulation of the profession eliminates the abilities of government to act on behalf of the public and does not deter future misconduct on the part of the licensee. It also places the burden of enforcement and protection on the consumers, and disadvantages consumers otherwise unable to protect themselves from unqualified practitioners based upon economic factors and lack of knowledge regarding the profession.

Regulatory oversight legislated through licensure is the accepted practice for consumer protection. Regulatory boards in all 50 states and the District of Columbia consist of practitioners from the professions being licensed and consumers/consumer advocates of the services being provided by the regulated profession. The practitioners ensure that board decisions are soundly based on the technical and scientific knowledge required to practice, as applied to individual situations. The public can rely on the expertise and wisdom of practicing professionals to ensure that those in practice are held to the high standards of the profession.

Are there any changes the Board would like to see implemented?

The Board recently implemented regulatory changes to allow for the HSE (Health Services Executive) license in Ohio. In addition to the Health Services Executive, the Board recommended changes in its disciplinary statute to create confidentiality of investigations, and recommended statutory changes allowing the Board to conduct criminal background checks on applicants for licensure, thereby increasing public protection. Other statutory changes suggested for the benefit of the public include the Board being able to act if the licensee substantially deviates from the Board’s code of ethics, if the licensee has had a license denied, limited, revoked, or suspended by another state, or if the licensee has failed to comply with an investigation by the Board. Penalties the Board may take (currently “shall suspend” or “revoke”) have been suggested

Are there any changes the Board would like to see implemented?

to include “may” (instead of “shall”) suspend, revoke, deny a license, place a limitation on a license to practice, reprimand, fine, or place the licensee on probation, giving the Board more flexibility in dealing with disciplinary infractions.

These changes (including the Health Services Executive license) were recently passed in the Budget Bill and were effective October 17, 2019.

Comparison to other states (How many other states regulate the occupation? How do Ohio’s regulations compare to those others states? Is Ohio more restrictive? Less restrictive? Or somewhere in between?)

Each state is slightly different in its regulation of nursing home administration. Ohio is somewhere in the middle. It is challenging to obtain a license in Ohio, but Ohio licenses are generally accepted by other states because our process is rigorous. Ohio’s nursing home administrators are among the most qualified in the country due to BELTSS’ high standards for licensure.

Surrounding state comparison (LSC)

Nursing Home Administrator – Temporary License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
License available?	Yes, individual or individual’s spouse must be on active military duty in Ohio (R.C. 4751.202; O.A.C. 4751-1-11)	Yes, must have applied to Board for a license to practice as a HFA or RCA (Ind. Code Ann. 25-19-1-3.5;	Yes, for emergency vacancies and military spouses (201 Ky. Admin. Regs. 6:030)	Yes, for military spouses (Mich. Comp. Laws 333.16181; Michigan Department of Licensing and	Yes, for emergencies (63 Pa. Cons. Stat. 1114)	Yes, for emergency or newly employed out-of-state administrator pending Board approval (W. Va.

Nursing Home Administrator – Temporary License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
		<i>840 Ind. Admin. Code 1-1-18)</i>		<i>Regulatory Affairs, Bureau of Professional Licensing, Military Spouse Temporary License Application)</i>		<i>Code Ann. 30-25-10)</i>
Education or training	N/A	Met the educational requirements of the Board and completed training program, or equivalent	Same requirements as regular license except no exam and, for military spouses, no management experience is required	N/A	Nominated by a nursing home (63 Pa. Cons. Stat. 1114)	For out-of-state administrators, substantially similar education Board may issue emergency permit to owner, governing body, or other appropriate person in charge of nursing home if appointment will not endanger the safety of nursing home occupants (W. Va. Code Ann. 30-25-10)
Experience	Valid NHA license in other state or	Has a current license as a HFA or RCA in another	Valid license issued by another state	Valid license or registration in good standing in	None, must be nominated by the nursing home (63	For out-of-state administrators, substantially

Nursing Home Administrator – Temporary License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
	jurisdiction, in good standing	state; experience in another state may substitute for training and exam requirements		another state or territory	<i>Pa. Cons. Stat. 1114)</i>	similar experience requirement (<i>W. Va. Code Ann. 30-25-10</i>)
Exam	N/A	Has successfully completed the national examination with a score equivalent to the score required by Indiana	N/A	N/A	Must not have previously failed the exam (<i>49 Pa. Code 39.4</i>)	Substantially similar examination requirement for out-of-state administrators (<i>W. Va. Code Ann. 30-25-10</i>)
Continuing education	N/A	N/A	N/A	N/A	N/A	N/A
Initial licensure fee	None (<i>R.C. 4743.041</i>)	\$100 application fee and \$50 temporary permit fee	\$75	None	\$145, plus costs of a public notice (<i>49 Pa. Code 39.72</i>)	\$300 (<i>W. Va. Code R. 21-1-5</i>)
License duration	Six months	90 days, by which time applicant must take exam	Six months	Six months, renewable for another six months	No longer than one year (<i>63 Pa. Cons. Stat. 1114</i>)	Temporary: 90 days Emergency: six months (<i>W. Va. Code R. 21-1-5</i>)

Nursing Home Administrator – Temporary License						
	Ohio	Indiana	Kentucky	Michigan	Pennsylvania	West Virginia
Renewal fee	N/A	N/A	Nonrenewable	None	Nonrenewable <i>(63 Pa. Cons. Stat. 1114)</i>	Nonrenewable <i>(W. Va. Code R. 21-1-5)</i>