

**As Reported by the House Armed Services and Veterans Affairs
Committee**

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Sub. S. B. No. 160

Senator O'Brien

**Cosponsors: Senators Cirino, Schaffer, Hackett, Hoagland, Johnson, Fedor,
Antonio, Blessing, Brenner, Craig, Dolan, Gavarone, Huffman, S., Kunze, Lang,
Maharath, Manning, McColley, Peterson, Reineke, Roegner, Romanchuk, Rulli,
Schuring, Sykes, Thomas, Williams, Wilson, Yuko**

A BILL

To amend sections 173.42, 3712.06, and 3727.75 and 1
to enact sections 3721.141, 4501.029, and 2
5162.75 of the Revised Code to require certain 3
entities to inform veterans and their spouses 4
about available health care benefits, to require 5
the Department of Medicaid to inform a veteran 6
who applies for Medicaid about the county 7
veterans service commission, to authorize the 8
Bureau of Motor Vehicles to provide veteran 9
residential information to a county veterans 10
service commission and a member of the General 11
Assembly, and to name this act the Veteran 12
Information Act. 13

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 173.42, 3712.06, and 3727.75 be 14
amended and sections 3721.141, 4501.029, and 5162.75 of the 15
Revised Code be enacted to read as follows: 16

Sec. 173.42. (A) As used in sections 173.42 to 173.434 of	17
the Revised Code:	18
(1) "Area agency on aging" means a public or private	19
nonprofit entity designated under section 173.011 of the Revised	20
Code to administer programs on behalf of the department of	21
aging.	22
(2) "Department of aging-administered medicaid waiver	23
component" means each of the following:	24
(a) The medicaid-funded component of the PASSPORT program	25
created under section 173.52 of the Revised Code;	26
(b) The medicaid-funded component of the assisted living	27
program created under section 173.54 of the Revised Code;	28
(c) Any other medicaid waiver component, as defined in	29
section 5166.01 of the Revised Code, that the department of	30
aging administers pursuant to an interagency agreement with the	31
department of medicaid under section 5162.35 of the Revised	32
Code.	33
(3) "Home and community-based services covered by medicaid	34
components the department of aging administers" means all of the	35
following:	36
(a) Medicaid waiver services available to a participant in	37
a department of aging-administered medicaid waiver component;	38
(b) The following medicaid state plan services available	39
to a participant in a department of aging-administered medicaid	40
waiver component as specified in rules adopted under section	41
5164.02 of the Revised Code:	42
(i) Home health services;	43

(ii) Private duty nursing services;	44
(iii) Durable medical equipment;	45
(iv) Services of a clinical nurse specialist;	46
(v) Services of a certified nurse practitioner.	47
(c) Services available to a participant of the PACE program.	48 49
(4) "Long-term care consultation" or "consultation" means the consultation service made available by the department of aging or a program administrator through the long-term care consultation program established pursuant to this section.	50 51 52 53
(5) "Nursing facility" has the same meaning as in section 5165.01 of the Revised Code.	54 55
(6) "PACE program" means the component of the medicaid program the department of aging administers pursuant to section 173.50 of the Revised Code.	56 57 58
(7) "PASSPORT administrative agency" means an entity under contract with the department of aging to provide administrative services regarding the PASSPORT program.	59 60 61
(8) "Program administrator" means an area agency on aging or other entity under contract with the department of aging to administer the long-term care consultation program in a geographic region specified in the contract.	62 63 64 65
(9) "Representative" means a person acting on behalf of an individual who is the subject of a long-term care consultation. A representative may be a family member, attorney, hospital social worker, or any other person chosen to act on behalf of the individual.	66 67 68 69 70

(B) The department of aging shall develop a long-term care consultation program whereby individuals or their representatives are provided with long-term care consultations and receive through these professional consultations information about options available to meet long-term care needs and information about factors to consider in making long-term care decisions. The long-term care consultations may be provided at any appropriate time, including either prior to or after the individual who is the subject of a consultation has been admitted to a nursing facility or granted assistance in receiving home and community-based services covered by medicaid components the department of aging administers.

(C) The long-term care consultation program shall be administered by the department of aging, except that the department may have the program administered on a regional basis by one or more program administrators. The department and each program administrator shall administer the program in such a manner that all of the following are included:

(1) Coordination and collaboration with respect to all available funding sources for long-term care services;

(2) Assessments of individuals regarding their long-term care service needs;

(3) Assessments of individuals regarding their on-going eligibility for long-term care services;

(4) Procedures for assisting individuals in obtaining access to, and coordination of, health and supportive services, including department of aging-administered medicaid waiver components;

(5) Priorities for using available resources efficiently

and effectively.	100
(D) The program's long-term care consultations shall be	101
provided by individuals certified by the department under	102
section 173.422 of the Revised Code.	103
(E) The information provided through a long-term care	104
consultation shall be appropriate to the individual's needs and	105
situation and shall address all of the following:	106
(1) The availability of any long-term care options open to	107
the individual;	108
(2) Sources and methods of both public and private payment	109
for long-term care services;	110
(3) Factors to consider when choosing among the available	111
programs, services, and benefits;	112
(4) Opportunities and methods for maximizing independence	113
and self-reliance, including support services provided by the	114
individual's family, friends, and community;	115
<u>(5) If the individual is a veteran, as defined in section</u>	116
<u>5901.01 of the Revised Code, or the spouse, surviving spouse, or</u>	117
<u>representative of the veteran, both of the following:</u>	118
<u>(a) The availability of health care or financial benefits</u>	119
<u>through the United States department of veterans affairs;</u>	120
<u>(b) Information about congressionally chartered veterans</u>	121
<u>service organizations or the county veterans service office that</u>	122
<u>can assist with investigating and applying for benefits through</u>	123
<u>the United States department of veterans affairs.</u>	124
(F) An individual's long-term care consultation may	125
include an assessment of the individual's functional	126

capabilities. The consultation may incorporate portions of the 127
determinations required under sections 5119.40, 5123.021, and 128
5165.03 of the Revised Code and may be provided concurrently 129
with the assessment required under section 173.546 or 5165.04 of 130
the Revised Code. 131

(G) Except as provided in division (I) of this section, a 132
long-term care consultation shall be provided to each individual 133
for whom the department or a program administrator determines 134
such a consultation is appropriate. 135

(H) A long-term care consultation shall be completed 136
within the applicable time frames specified in rules adopted 137
under this section. 138

(I) An individual is not required to be provided a long- 139
term care consultation if any of the following is the case: 140

(1) The department or a program administrator has 141
attempted to provide the consultation, but the individual or the 142
individual's representative refuses to cooperate; 143

(2) The individual is to receive care in a nursing 144
facility under a contract for continuing care, as defined in 145
section 173.13 of the Revised Code; 146

(3) The individual has a contractual right to admission to 147
a nursing facility operated as part of a system of continuing 148
care in conjunction with one or more facilities that provide a 149
less intensive level of services, including a residential care 150
facility licensed under Chapter 3721. of the Revised Code, a 151
residential facility licensed under section 5119.34 of the 152
Revised Code that provides accommodations, supervision, and 153
personal care services for three to sixteen unrelated adults, or 154
an independent living arrangement; 155

(4) The individual is to receive continual care in a home 156
for the aged exempt from taxation under section 5701.13 of the 157
Revised Code; 158

(5) The individual is seeking admission to a facility that 159
is not a nursing facility with a provider agreement under 160
section 5165.07, 5165.511, or 5165.512 of the Revised Code; 161

(6) Pursuant to rules that may be adopted under this 162
section, the department or a program administrator has exempted 163
the individual from receiving the long-term care consultation. 164

(J) As part of the long-term care consultation program, 165
the department or a program administrator may assist an 166
individual or individual's representative in accessing all 167
sources of care and services that are appropriate for the 168
individual and for which the individual is eligible, including 169
all available home and community-based services covered by 170
medicaid components the department of aging administers. The 171
assistance may include providing for the conduct of assessments 172
or other evaluations and the development of individualized plans 173
of care or services under section 173.424 of the Revised Code. 174

(K) No nursing facility for which an operator has a 175
provider agreement under section 5165.07, 5165.511, or 5165.512 176
of the Revised Code shall admit as a resident any individual 177
described in division (G) of this section, unless the nursing 178
facility has received evidence that a long-term care 179
consultation has been completed for the individual or division 180
(I) of this section is applicable to the individual. 181

(L) The director of aging shall adopt rules for the 182
implementation and administration of this section. The rules 183
shall be adopted in accordance with Chapter 119. of the Revised 184

Code. The rules may specify any or all of the following:	185
(1) Procedures for providing long-term care consultations;	186
(2) Information to be provided through long-term care consultations regarding long-term care services that are available;	187 188 189
(3) Criteria and procedures to be used to identify and recommend appropriate service options for an individual receiving a long-term care consultation;	190 191 192
(4) Criteria for exempting individuals from receiving a long-term care consultation;	193 194
(5) Circumstances under which it may be appropriate to provide an individual's long-term care consultation after the individual's admission to a nursing facility rather than before admission;	195 196 197 198
(6) Criteria for identifying individuals for whom a long-term care consultation is appropriate, including nursing facility residents who would benefit from the consultation;	199 200 201
(7) A description of the types of information from a nursing facility that is needed under the long-term care consultation program to assist a resident with relocation from the facility;	202 203 204 205
(8) Standards to prevent conflicts of interest relative to the referrals made by a person who performs a long-term care consultation, including standards that prohibit the person from being employed by a provider of long-term care services;	206 207 208 209
(9) Procedures for providing notice and an opportunity for a hearing under division (N) of this section;	210 211

(10) Time frames for providing or completing a long-term care consultation;	212
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(11) Any other standards or procedures the director considers necessary for the program.	214
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(M) To assist the department and each program administrator with identifying individuals for whom a long-term care consultation is appropriate, the department and program administrator may ask to be given access to nursing facility resident assessment data collected through the use of the resident assessment instrument specified in rules authorized by section 5165.191 of the Revised Code for purposes of the medicaid program. Except when prohibited by state or federal law, the department of health, department of medicaid, or nursing facility holding the data shall grant access to the data on receipt of the request from the department of aging or program administrator.	216
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(N) (1) The director of aging, after providing notice and an opportunity for a hearing, may fine a nursing facility an amount determined by rules the director shall adopt in accordance with Chapter 119. of the Revised Code for any of the following reasons:	228
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(a) The nursing facility violates division (K) of this section;	233
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(b) The nursing facility denies a person attempting to provide a long-term care consultation access to the facility or a resident of the facility;	235
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(c) The nursing facility denies the department of aging or a program administrator access to the facility or a resident of the facility, as the department or administrator considers	238
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necessary to administer the program.	241
(2) In accordance with section 5162.66 of the Revised Code, all fines collected under division (N)(1) of this section shall be deposited into the state treasury to the credit of the residents protection fund.	242 243 244 245
Sec. 3712.06. Any person or public agency licensed under section 3712.04 of the Revised Code to provide a hospice care program shall:	246 247 248
(A) Provide a planned and continuous hospice care program, the medical components of which shall be under the direction of a physician;	249 250 251
(B) Ensure that care is available twenty-four hours a day and seven days a week;	252 253
(C) Establish an interdisciplinary plan of care for each hospice patient and the patient's family that:	254 255
(1) Is coordinated by one designated individual who shall ensure that all components of the plan of care are addressed and implemented;	256 257 258
(2) Addresses maintenance of patient-family participation in decision making; and	259 260
(3) Is periodically reviewed by the patient's attending physician and by the patient's interdisciplinary team.	261 262
(D) Have an interdisciplinary team or teams that provide or supervise the provision of care and establish the policies governing the provision of the care;	263 264 265
(E) Provide bereavement counseling for hospice patients' families;	266 267

(F) Not discontinue care because of a hospice patient's inability to pay for the care;	268 269
(G) Maintain central clinical records on all hospice patients under its care; and	270 271
(H) Provide care in individuals' homes, on an outpatient basis, and on a short-term inpatient basis.	272 273
A provider of a hospice care program may include pharmacist services among the other services that are made available to its hospice patients.	274 275 276
A provider of a hospice care program may arrange for another person or public agency to furnish a component or components of the hospice care program pursuant to a written contract. When a provider of a hospice care program arranges for a hospital, a home providing nursing care, or home health agency to furnish a component or components of the hospice care program to its patient, the care shall be provided by a licensed, certified, or accredited hospital, home providing nursing care, or home health agency pursuant to a written contract under which:	277 278 279 280 281 282 283 284 285 286
(1) The provider of a hospice care program furnishes to the contractor a copy of the hospice patient's interdisciplinary plan of care that is established under division (C) of this section and specifies the care that is to be furnished by the contractor;	287 288 289 290 291
(2) The regimen described in the established plan of care is continued while the hospice patient receives care from the contractor, subject to the patient's needs, and with approval of the coordinator of the interdisciplinary team designated pursuant to division (C)(1) of this section;	292 293 294 295 296

(3) All care, treatment, and services furnished by the contractor are entered into the hospice patient's medical record;

(4) The designated coordinator of the interdisciplinary team ensures conformance with the established plan of care; and

(5) A copy of the contractor's medical record and discharge summary is retained as part of the hospice patient's medical record.

Any hospital contracting for inpatient care shall be encouraged to offer temporary limited privileges to the hospice patient's attending physician while the hospice patient is receiving inpatient care from the hospital.

(I) Notify a veteran, spouse, surviving spouse, or representative on behalf of the veteran, seeking services from the hospice care agency that the veteran, spouse, or surviving spouse, may be eligible for health care or financial benefits through the United States department of veterans affairs and provide the veteran, spouse, surviving spouse, or representative with information about congressionally chartered veterans service organizations or the county veterans service office that can assist with investigating and applying for benefits through the United States department of veterans affairs. As used in this division, "veteran" has the same meaning as in section 5901.01 of the Revised Code.

Sec. 3721.141. (A) As used in this section, "veteran" has the same meaning as in section 5901.01 of the Revised Code.

(B) Each nursing home, except a nursing home that participates in the veteran community partnerships program administered by the United States department of veterans

affairs, and each skilled nursing facility shall provide both of 326
the following to a veteran, spouse, surviving spouse, or 327
representative on behalf of the veteran, seeking admission to 328
the home or facility: 329

(1) Notification that the veteran, spouse, or surviving 330
spouse may be eligible for health care or financial benefits 331
through the United States department of veterans affairs; 332

(2) Information about congressionally chartered veterans 333
service organizations or the county veterans service office that 334
can assist with investigating and applying for benefits through 335
the United States department of veterans affairs. 336

Sec. 3727.75. (A) A hospital that intends to discharge a 337
patient shall, as soon as practicable, create a discharge plan 338
in accordance with state and federal law and hospital policy and 339
review that plan with the patient or the patient's guardian. If 340
a lay caregiver designation has been made, the discharging 341
health care professional has determined that the lay caregiver's 342
participation in the review would be appropriate, and the lay 343
caregiver is available within a reasonable amount of time, the 344
hospital shall arrange for the lay caregiver to also participate 345
in the review. The review shall be conducted in accordance with 346
section 3727.76 of the Revised Code. 347

(B) (1) A discharge plan may include the following 348
information: 349

(a) A description of the tasks that are necessary to 350
facilitate the patient's transition from the hospital to the 351
patient's residence; 352

(b) Contact information for the health care providers or 353
providers of community or long-term care services that the 354

hospital and the patient or guardian believe are necessary for 355
successful implementation of the discharge plan. 356

(2) If the patient is a veteran, as defined in section 357
5901.01 of the Revised Code, who requires additional health care 358
services after discharge, such as through a hospice care 359
program, nursing home, or home care or residential services, a 360
discharge plan shall include both of the following: 361

(a) Notification that the veteran, spouse, or surviving 362
spouse may be eligible for health care or financial benefits 363
through the United States department of veterans affairs; 364

(b) Information about congressionally chartered veterans 365
service organizations or the county veterans service office that 366
can assist with investigating and applying for benefits through 367
the United States department of veterans affairs. 368

(3) If a lay caregiver designation has been made and the 369
discharging health care professional has determined that the lay 370
caregiver is to have a role in the discharge plan, the discharge 371
plan may include any of the following: 372

(a) The lay caregiver's name, address, telephone number, 373
electronic mail address, and relationship to the patient, if 374
available; 375

(b) A description of all after-care tasks to be performed 376
by the lay caregiver, taking into account the lay caregiver's 377
capability to perform such tasks; 378

(c) Any other information the hospital believes is 379
necessary for successful implementation of the discharge plan. 380

(C) A discharging health care professional shall not be 381
subject to criminal prosecution or professional disciplinary 382

action, or be liable in a tort action or other civil action, for 383
an event or occurrence that allegedly arises out of the health 384
care professional's determination that a patient's lay caregiver 385
should or should not participate in the review of the patient's 386
discharge plan. 387

Sec. 4501.029. (A) The bureau of motor vehicles shall 388
provide, to a county veterans service commission, or to a member 389
of the general assembly, upon request, a spreadsheet containing 390
the names and addresses of individuals for whom the bureau has 391
issued a driver's license, commercial driver's license, or state 392
identification card that indicates that the licensee or 393
cardholder is a veteran, active duty, or reservist of the armed 394
forces of the United States. 395

(B) (1) The information provided to a county veterans 396
service commission under division (A) of this section shall be 397
limited to the names and addresses of individuals residing in 398
the commission's county. 399

(2) The information provided to a member of the general 400
assembly under division (A) of this section shall be limited to 401
the names and addresses of individuals residing in the member's 402
legislative district. 403

(C) A county veterans service commission and a member of 404
the general assembly shall only use the information obtained 405
under this section to provide notification that the veteran may 406
be eligible for health care or financial benefits through the 407
United States department of veterans affairs or to provide 408
information about congressionally chartered veterans service 409
organizations or the county veterans service office that can 410
assist with investigating and applying for benefits through the 411
United States department of veterans affairs. 412

Sec. 5162.75. The medicaid director shall provide, to a 413
veteran who has submitted an application for the medicaid 414
program, information about the county veterans service office 415
that can assist with investigating and applying for benefits 416
through the United States department of veterans affairs. As 417
used in this section, "veteran" has the same meaning as in 418
section 5901.01 of the Revised Code. 419

Section 2. That existing sections 173.42, 3712.06, and 420
3727.75 of the Revised Code are hereby repealed. 421

Section 3. This act shall be known as the Veteran 422
Information Act. 423