

Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions

Overview

What changes did the biennium budget bill (H.B. 153) make to the Assisted Living Waiver?

- *Individuals are no longer be required to be a current nursing facility resident, a resident of an residential care facility for six months, or currently enrolled in a Medicaid waiver in order to request enrollment in the Assisted Living Waiver. (ORC 5111.891). This means that anyone who is eligible for the ALW program may be considered for enrollment without regard to where the individual is currently living and without regard to whether the individual is already enrolled in an ODA-administered waiver program*

- *Eligible individuals may be offered enrollment in the State-funded component of the Assisted Living, pending the determination of Medicaid financial eligibility from the CDJFS when the PAA has determined that the individual meets all the non-financial eligibility criteria **and** appears to meet Medicaid financial eligibility requirements. (ORC 5111.89 (D)).*

When do these changes take effect?

- *Upon receipt of the CMS approval of the waiver amendment, any eligible individual, regardless of current place of residence, can be offered enrollment in the Assisted Living Waiver. This includes individuals who are living at home in the community.*

- *On 9/29/2011, the state-funded program option can be offered to eligible individuals.*

Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions

What is the purpose of the Assisted Living State-funded Program?

The state-funded program option is designed to expedite access to long-term care waiver service and supports for otherwise eligible individuals who are in the process of establishing Medicaid financial eligibility for waiver enrollment option

How is the state-funded program structured?

- *The following Ohio Administrative Code rules have been established to operate the state-funded component of the Assisted Living and PASSPORT programs:*
 - *OAC 173-51-01 Introduction and definitions*
 - *OAC 173-51-02 Eligibility criteria for the state-funded assisted living program*
 - *OAC 173-51-03 Disenrollment from the state-funded assisted living program.*
 - *OAC 173-51-04 Provider certification*
 - *OAC 173-51-05 Covered Services*

Eligibility

How is eligibility for the State-funded Program determined?

The PASSPORT Administrative Agency determines eligibility for the State-funded program.

- *This determination is made through an in-person assessment to determine the individual meets all the non-financial eligibility criteria for enrollment in the Medicaid-funded program AND the completion of the financial assessment worksheet.*

Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions

- *Every individual seeking enrollment in the state-funded program, including but not limited to current residents of a residential care facility, must meet all the eligibility criteria before the PAA can offer enrollment.*

What is the financial information worksheet?

The financial information worksheet provides the parameters, related to key components of Medicaid financial eligibility, the PAA uses to determine if it can be reasonably presumed the local County Department of Job and Family Services (CDJFS) establish Medicaid financial eligibility for Medicaid waiver enrollment.

The use of this tool ensures that every applicant is treated in a fair and equitable manner and decisions regarding presumed Medicaid financial eligibility are made consistently across the state.

The PAA shall not offer enrollment in the state-funded program if any of the following conditions exist:

- *The individual's total gross income is greater than the institutional need standard;*
- *The individual has no spouse and the total assets are greater than the current asset standard;*
- *The individual or spouse, if any, has a trust of any type;*
- *The individual or spouse, if any, has transferred resources within the last 60 months;*
- *The individual's estimated client liability exceeds the estimated costs of care, as defined in "OAC 5101:1-39-24 (B)(18); or*
- *The individual does not agree in writing to pay the estimated monthly client liability.*

A copy of the financial assessment worksheet (ODA Form # 1115) is available at: <http://aging.ohio.gov/information/rules/forms.aspx>

Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions

What other factors could the facility consider before accepting an individual enrolling in the state-funded Assisted Living program?

- *Does the facility have an admission policy related to the state-funded assisted living program?*

- *What are the barriers, if any, could prevent the individual/authorized representative, from completing the Medicaid application process within the three month period?*

- *Does the facility have the capacity to assist state-funded participants with the Medicaid application process?*

- *What is the contingency plan for meeting the individual's needs if the Medicaid financial eligibility is denied?*

- *What are the barriers, if any, to the individual's ability to pay the estimated client liability during the three month period of enrollment in the state-funded program?*

What happens if the PAA determines the individual does not meet the non-financial or financial eligibly criteria for enrollment in the state-funded Assisted Living program?

An individual who is denied enrollment in the State-funded program, shall be given a notice of an opportunity for a hearing,. Hearings for the State-funded program will be held by ODA Legal in accordance with Chapter 119. A copy of the notice of opportunity for a hearing form available at: <http://aging.ohio.gov/information/rules/forms.aspx>

**Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions**

What services are available through the state-funded program?

- The same two services furnished through the Medicaid-funded Assisted Living program are available in the State-funded Assisted Living program.
 - Assisted Living service (173-39-02.16) and ;
 - Community Transition Services (173-39-02.17).

Enrollment

What is the enrollment process?

- *The PAA informs the individual and the Assisted Living provider of the enrollment into the State-funded Assisted Living Program.*
- *The Enrollment agreement (ODA form #1116) establishes:*
 - *Services are only authorized for a maximum of three months from the date of enrollment;*
 - *confirms the last date of enrollment;*
 - *that no services will be paid for beyond that date under the State-funded program, and*
 - *Establishes the estimated client liability amount to be collected by the provider beginning in the first month of enrollment.*

*A copy of the Enrollment agreement is available at:
<http://aging.ohio.gov/information/rules/forms.aspx>*

**Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions**

Room and Board

How is the room and board payment established for individuals enrolled in the state-funded program?

- *The room and board component follows the Medicaid-funded program requirements.*

Service Payment Reimbursement

What is the service payment determined for the state-funded program?

- The service payment is based on the current Medicaid-funded program reimbursement levels established in the appendix to rule 5101:3-1-06.5 of the Administrative Code. Tier 1/\$48.48 per day; Tier 2/\$58.20 per day; and Tier 3/\$67.88 per day.

When is the facility is eligible to receive payment for state-funded services?

- *The facility is eligible to receive payment after the PAA establishes the enrollment date. The enrollment is the date the PAA determines the individual meets all non-financial eligibility criteria and completed financial assessment worksheet.*

How is the facility paid for services delivered to an individual enrolled in the State-funded Assisted Living program?

- *The state-funded payment is made by the PAA using the Medicaid-funded program invoicing and payment processes.*

**Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions**

Is the facility required to return payment for state-funded services if the individual is not determined to be Medicaid financially eligible?

➤ *No.*

If the individual request a state hearing challenging the Medicaid financial eligibility decision, does the facility continue to receive payment through the state-funded program?

➤ *Yes. Payment will continue until the three month enrollment span is complete.*

Transfer from State-funded enrollment to Medicaid-funded enrollment

When is an individual transferred from the state-funded program to the Medicaid-funded program?

The individual is transferred to the Medicaid-funded program when the County Department of Job and Family Services (CDFJS) issues the Medicaid financial eligibility determination.

Is any action required by the facility when this occurs?

No.

**Assisted Living Waiver: State-funded Program Option
Frequently Asked Questions**

Disenrollment

When is an individual disenrolled from the state-funded program?

- *An individual is disenrolled when: the three month period has expired; the individual no longer meets the non-financial eligibility criteria for enrollment in the Medicaid funded program; the local CDFJS determines the individual meets the Medicaid financial eligibility and the individual is transferred directly to the Medicaid-funded program; or the local CDFJS determines the individual does not meet the financial eligibility criteria for enrollment in the Medicaid-funded Assisted Living program.*

An individual who is disenrolled for any reason, other than to be transferred directly to the Medicaid-funded program, shall be given a notice of an opportunity for a hearing . Hearings for the State-funded program will be held by ODA Legal in accordance with Chapter 119.