

---

# **Ohio's Assisted Living Medicaid Waiver Program**

## **Provider Certification Guide**

November 2008

**Ohio** | Department of  
Aging

---

## **Table of Contents**

Introduction .....	3
Application Packet Checklist .....	4
Instructions for ODA 1105 (Rev. 8/15/08) .....	5
Instructions for JFS 06715 (Rev. 7/2007).....	8
Instructions for HLS 0038 (Rev. 08/06) .....	12
Instructions for W-9 (Rev. 11/2005) .....	12
Instructions for Long-term Care Consumer Guide Residential Care Facility Entry Page (Rev 2/2006) .....	12
Certification Process After Submission of Application Packet .....	13
Frequently Asked Questions .....	17
Web References .....	23
Relevant Sections of the Ohio Revised Code Online .....	24

## **Introduction**

Thank you for your interest in becoming an Assisted Living Waiver Provider. The Assisted Living Waiver Program is one long-term care option for Medicaid recipients and offers an alternative to nursing home placement. The program is a statewide, Medicaid-funded initiative that allows eligible individuals age 21 or older to reside in and receive services from a licensed residential care facility.

By applying for provider certification, you are joining the ranks of Ohio residential care facilities who see the value to both families and the state of providing real choice in long-term care.

Here's what you can expect during the certification process:

- 1.** You will start the process by completing the appropriate applications and all attachments. Once complete, you will mail the entire application packet to your local PASSPORT Administrative Agency (PAA), they will review it for completeness and contact you for additional information if necessary.
- 2.** Once the PAA has your complete application packet, staff will schedule a pre-certification visit to your facility. During the visit, staff will tour your facility and resident rooms, review applicable policies and procedures and request a sample client record. They will also discuss the program rules with you.
- 3.** Following the pre-certification visit, your PAA will forward your application with their recommendation to the Ohio Department of Aging (ODA) for final review. Your Medicaid application also will be reviewed by Ohio Department of Jobs & Family Services (ODJFS), who will assign your Medicaid provider number.
- 4.** If your application is approved, the PAA will send you a Provider Agreement that you will sign and return, after which you will be notified that your facility is certified and you may begin accepting waiver residents.

While we will work with to expedite your certification, the process can take anywhere from two to five months, so please be patient.

This guide contains tools you can use to ensure that your application is complete and provides the necessary information. It also explains the certification process in more detail and offers answers to the most common questions regarding certification.

If you have questions that are not answered in this guide, please contact your local PASSPORT Administrative Agency.

## Application Packet Checklist

The application packet you submit to your PASSPORT Administrative Agency (PAA) must be complete and accurate. We recommend you make a photocopy of all materials for your records and send the application via certified mail with return receipt.

### Your application packet must include:

- ODA form 1105**, “Application for Certification as a Long-Term Care, Agency, Non-Agency and Assisted Living Service Provider,” and **all required attachments**:
  - Attachment A **Statement of ownership** (explanation of the ownership structure and individuals who have ownership)
  - Attachment B **Governing body**
  - Attachment C Completed and signed **W-9**
  - Attachment D Completed and signed **HLS 0038**, “Declaration Regarding Material Assistance/Non-assistance to a Terrorist Organization” (DMA) for all owners of the provider
- [Attachments E, F, G and H are not required for Assisted Living Providers]**
- Attachment I Copy of current **RCF license**
- Attachment J Pages 1 and 2 (at minimum) of the **Long-term Care Consumer Guide Residential Care Facility Entry form**
- Attachment K **Floor plan** including room numbers and designation of units to be certified for the waiver
- Attachment L **Table of organization** showing lines of authority and include the title of each position
- Attachment M **Resident agreement**
- Attachment N Current **Certificate of Worker’s Compensation**
- Attachment O Current **Certificate of Commercial Liability Insurance**  
Evidence of Coverage for Consumer Loss, including proof of a surety bond or insurance that will reimburse residents for loss due to employee theft or damage, **OR** a detailed description of how residents will be reimbursed, what funds are on hand to provide the reimbursement and step-by-step instruction for residents to file a claim for reimbursement
- ODJFS form 06751**, “Ohio Health Plans Provider Application/Agreement for Organization”

## Instructions for ODA 1105 (Rev. 8/15/08)

### Application for Certification as a Long Term Care Agency, Non-Agency and Assisted Living Service Provider

#### Page 1 of 5

#### IDENTIFYING INFORMATION:

- 1. Legal Name of Applicant**  
Enter the corporate name of your organization.
- 2. Doing Business As (dba), if applicable**  
Enter the name your organization uses for day-to-day business.
- 3. Social Security # (individuals)**  
This field is not applicable (N/A).
- 4. Federal Tax ID # (partnership & corporations)**  
Enter your organization's tax identification number issued by the IRS.
- 5. Business Address**  
Enter the address where your facility is physically located.
- 6. Mailing/Billing Address**  
Enter the address to which mail for your organization should be sent, (if different from above).
- 7. Have you ever had an Ohio Medicaid Provider number?**  
Check "yes" if applicable, then provide the number. Otherwise, check "no."
- 8. Are you a Medicare Certified Home Health Agency?**  
Check "yes" if applicable, then provide the number. Otherwise, check "no."
- 9. Ownership**  
Select one. Please confirm the ownership type with your facility's owner(s) or administrator.
- 10. Legal Structure**  
Select one. Please confirm the structure with your facility's owner(s) or administrator.

#### KEY PERSONNEL

- 11. Full name and address of CEO\***  
Provide the full name and home address of the CEO or chief facility administrator.
- 12. Full name and address of agency administrator (if different from CEO)**  
Please provide the full name and home address of the agency administrator if there is both a CEO and an administrator.

## Page 2 of 5

## KEY PERSONNEL (continued)

**13. Name, Title, and Phone # for Service Orders**

Enter information about the person who will be the telephone contact for referrals from the PASSPORT Administrative Agency (PAA).

**14. Name, title, address and phone of individual authorized to sign application**

Enter information about the individual authorized by the owner(s) to sign the application materials.

**15. How will you be submitting your bills**

Contact your PAA for information about billing options.

**16. Type of certification**

Check "RCF" and enter your RCF license number. This is a required field.

**17. Has there been a change in ownership, control, administrator, director of nursing or other key individuals in the last year?**

Answer appropriately.

**18. Do you anticipate any change in ownership, control, administrator, director of nursing or other key individuals within the year?**

Answer appropriately.

**19. Are there any Directors, Officers, Agents, Owners, or Managers who have ever been convicted of a felony under State or Federal Law?**

Answer appropriately.

**20. Is the applicant operated by a management company or fiscal representative?**

Answer appropriately.

**21. Date the applicant was officially established in the State of Ohio**

Enter the date your agency was registered with the Secretary of State's office.

**22. Date the applicant began providing services for consumers**

Enter the date your agency first provided assisted living services.

**23. Does your agency have an employee drug testing policy and procedure?**

Answer appropriately. A drug testing policy is not required for certification. This question is for informational purposes only.

**The same name must appear in these places in the packet:**

**ODA 1105**

- Page 2, item 14
- Page 3, "Signature"
- Page 5, "Signature"

**ODJFS 0675**

- Page 8, "Authorized representative"
- Page 9, "Authorized representative"

**Required Attachments**

Refer to the **Application Packet Checklist** on Page 4 of this guide for an explanation of attachments.

**Page 3 of 5**

***ASSURANCES***

Please read and make sure you understand all the assurances before signing. Contact your PAA with any questions.

The signature on this page must be the name given on page 2, item 14. Be sure to include the individual's title.

**Page 4 of 5**

***SERVICES YOU SEEK CERTIFICATION TO PROVIDE***

Only "Assisted Living Service" and "Community Transition Service" apply to Assisted Living Waiver providers. Check both and specify the counties for community transition.

**Page 5 of 5**

***MEDICAID WAIVER PROVIDER ENROLLMENT***

Provide all of the information requested. The information must be consistent with that provided on pages 1 and 2.

The signature on this page must be the name given on page 2, item 14. Be sure to include the individual's title.

## Instructions for JFS 06715 (Rev. 7/2007)

### Ohio Health Plans Provider Enrollment Application/ Agreement for Organizations (Medicaid Program)

The completed JFS 06751 must be sent to your local PASSPORT Administrative Agency as part of your application packet. **DO NOT** send it to the address listed on the form.

#### Page 1 of 10

##### *Organizational Provider Types*

Check **ONLY Assisted Living Waiver (74)**

##### *Provider Identification*

###### **Organization Name**

Enter the corporate name you provided on ODA 1105, page 1, item 1.

###### **Abbreviated Organization Name**

Enter the DBA name you provided on ODA 1105, page 1, item 2.

###### **Employee Identification Number**

Enter the Federal Tax ID # you provided on ODA 1105, page 1, item 4.

##### *Address Information*

###### **Physical Location of Business**

Enter the Business Address you provided on ODA 1105, page 1, item 5.

###### **“Pay to” Address:**

Enter the Mailing/Billing address you provided on ODA 1105, page 1, item 5, if appropriate.

###### **Mailing/Correspondence Address:**

Enter the Mailing/Billing address you provided on ODA 1105, page 1, item 5, if appropriate.

#### Page 2 of 10

##### *Medicare Identification Information*

Leave this section blank.

##### *Clinical Laboratory Improvement Act Information*

Leave this section blank.

**Page 2 of 10 (Continued)**

*National Provider Identifier (NPI)*

All Assisted Living Waiver Providers are required to obtain an NPI. For more information about the NPI, visit [nppes.cms.hhs.gov](http://nppes.cms.hhs.gov).

If you have an NPI, enter the number and attach a copy of the notice from the NPI Enumerator as verification. Your application will not be accepted if you provide an NPI but fail to provide verification.

*Optional Categories of Service:*

Leave this section blank.

*Federally Qualified Health Centers:*

Leave this section blank.

**Page 3 of 10**

Leave this page blank.

**Page 4 of 10**

Leave this page blank.

**Page 5 of 10**

*Disclosure and Ownership/Control Interest Statement:*

**Each question on pages 5 and 6 must be completed.** If any question is left blank or only partially answered, the entire application will be rejected.

**Item 1.A.**

Check “yes” if appropriate and provide the requested information in the spaces provided. Additional spaces are provided on page 7. If necessary, provide explanations on an attached sheet of paper. Otherwise, check “no”

**Item 1.B.**

Check “yes” if appropriate and provide the requested information in the spaces provided. Additional spaces are provided on page 7. If necessary, provide explanations on an attached sheet of paper. Otherwise, check “no”

**Item 2.A.**

Provide the names, addresses and social security numbers of *each* owner in the spaces provided. Indicate owners who are related to each other with an X in the box marked “Related.” Additional spaces are provided on page 7.

**Item 2.B.**

Indicate the appropriate entity or practice type. If you are a not-for-profit, check “other” and write “not-for-profit” in the space provided. If you are a county home, check “other”

and write “county government” in the space provided. **Do not leave this item blank.** Contact your PASSPORT Administrative Agency for guidance.

**Item 2.C.**

Complete this section if you are a partnership, a for-profit corporation, a not-for profit corporation, a governmental entity, a limited liability corporation or any other association. Leave this section blank if you are a sole proprietorship.

**Item 2.D.**

If your facility owner(s) or parent company has been issued an Ohio Medicaid provider number(s), check “yes” and write the number(s) in the space(s) provided. If not, check “no.”

**Page 6 of 10**

**Each question on pages 5 and 6 must be completed.** If any question is left blank or only partially answered, the entire application will be rejected.

**Item 2.E.**

Check “yes” if appropriate, then provide the information requested in the spaces provided.

**Items 3.A. and B.**

Check “yes” if appropriate, then provide the date in the space provided and attach an explanation. Otherwise, check “no.”

**Item 4.**

Check “yes” if appropriate, then provide the date of change in the space provided. Otherwise, check “no.”

**Item 5.**

Answer appropriately.

**Item 6.**

Check “yes” if appropriate, then provide the requested information in the spaces provided. Otherwise, check “no.”

**Item 7.**

Check “yes” if appropriate, then provide the requested information in the spaces provided. Otherwise, check “no.”

**Item 8.**

This item applies to hospitals only and can be left blank if appropriate.

**Page 7 of 10**

This page provides additional room to record information from page 5. Use if appropriate, but *do not remove this page*.

**Page 8 of 10**

The signatures required on this page must be the same as the name provided on ODA 1105, page 2, item 14. You can review Executive Order 2207-01S online at [www.governor.ohio.gov](http://www.governor.ohio.gov).

**Page 9 of 10**

The signature required on this page must be the same as the name provided on ODA 1105, page 2, item 14.

**Page 10 of 10**

Leave this page blank.

## **Instructions for HLS 0038 (Rev. 08/06)**

### **Declaration Regarding Material Assistance/NonAssistance to a Terrorist Organization (DMA)**

Follow the instructions provided with the HLS 0038 form. Send the completed form to your local PASSPORT Administrative Agency as part of your application packet.

The information provided on this form must be consistent with the information provided on JFS 06751, page 5, items 2.A. and 2.C. Complete and submit a separate copy of HLS 0038 for each individual listed on ODJFS 06751.

**Non-profit organizations:** Submit a separate form for each member of your board of directors.

**All other organizations:** Submit a separate form for each individual with a controlling interest in the organization.

## **Instructions for W-9 (Rev. 11/2005)**

### **Request for Taxpayer Identification Number and Certification**

The name, type of business, address, taxpayer identification number and signature on form W-9 must be consistent with the information you provided on forms ODA 1105 and JFS 06751.

#### **Name**

Enter the corporate name you provided on ODA 1105, page 1, item 1.

#### **Business Name**

Enter the DBA Name you provided on ODA 1105, page 1, item 2.

#### **Type of Business**

Enter the business type you specified on ODA 1105, page 1, item 10.

#### **Address**

Enter the Business Address you provided on ODA 1105, page 1, item 5.

#### **Taxpayer Identification Number**

Enter the Federal Tax ID# you provided on ODA 1104, page 1, item 4.

#### **Signature and Date**

The signature required on this form should be the same as the name provided on ODA 1105, page 2, item 14.

## **Instructions for Long-term Care Consumer Guide Residential Care Facility Entry Page (Rev 2/2006)**

Complete, at a minimum, pages 1 and 2 of this document and send it to your PASSPORT Administrative Agency with your application packet. Pages 3 through 14 are optional, but encouraged. The information you submit will be posted to the Long-term Care Consumer Guide at [www.ltcoho.org](http://www.ltcoho.org).

## **Certification Process After Submission of Application Packet**

### ***Application Packet Review***

Your PASSPORT Administrative Agency (PAA) will acknowledge receipt of your application packet within 15 business days. PAA staff will then review your application to ensure that it is complete. If anything is missing, they will notify you and give you 30 business days to submit missing or corrected information.

### ***Scheduled Pre-Certification Visit by the PAA***

Within 45 business days of determining that your application is complete, a PAA provider certification specialist will schedule a meeting with your facility representative. The visit allows the PAA staff to provide guidance on how to establish the Medicaid waiver program and conform to the Assisted Living Waiver program rules.

#### **Highlights of program rules that will be discussed with you include:**

##### ***Assisted Living Service Specifications (173-39-02.16)***

- Non medical, scheduled facility transportation is included in the daily service tier rate.
- Personal laundry service is included in the daily service tier rate.
- Documentation of a plan for providing staff orientation is required.
- Documentation of a plan for providing continuing education is required.
- Documentation of a plan for documenting quarterly consumer contacts and quarterly facility staff supervision is required.

##### ***Community Transition Service Specifications (173-39-02.17)***

- You are not required to furnish the living unit at no cost for the waiver consumer.
- You will provide to the PAA a list of the furnishings and household items provided to all residents at no charge.
- If needed, the PAA will help you develop a written description of how the community transition service will be delivered.

The on-site visit also will include a tour of the facility, including resident rooms, a review of applicable policies and procedures, a sample client record and a discussion of program rules. The certification specialist will provide you with a copy of the PAA's organizational chart, including contact information and areas of responsibility for clinical, provider relations, fiscal and contracting.

## ***Recommendation for Certification***

Within 30 business days of the pre-certification visit, your PAA will decide whether to recommend that the Ohio Department of Aging (ODA) approve your certification application. If the PAA decides not to recommend certification, they will contact you with the items that you need to correct. You then will have 20 business days to demonstrate compliance with these outstanding items, after which the PAA will have ten business days to make a recommendation to ODA for certification or denial.

## ***Provider Training***

Once the PAA has submitted to ODA a recommendation for certification of your facility, they will contact you to schedule training on billing, referral, enrollment and care planning. The main points of these training topics are outlined below.

### ***Billing Training***

- **Room and Board** – You may prorate room and board fees or accept less than the established rate at your discretion.
- **Waiver Service (Tier) Payment** – You will not receive a service (tier) payment when the consumer is not in the facility. Also, the family may not supplement tier services.
- **Client Liability** – Your County Department of Job and Family Services (CDJFS) office will determine the client liability payment, establish the effective date and make all decisions regarding prorated client liability. You will not collect the client liability payment until the CDJFS has made its determination.
- **Community Transition Service Billing** – You may bill more than once for community transition services if the items have been approved by the case manager, obtained within in the prescribed time frame and the total amount does not exceed \$1,500. You must maintain a record of each purchase made on behalf of the consumer.
- **Incidental Expenses** – The resident’s family and friends may provide for incidental expenses, such as monthly phone service, cable, beauty shop services, newspaper and more, without affecting the consumer’s ALW enrollment.

### ***Referral Training***

- **Referring a Consumer to the Program** – Anyone, including the provider, may make referrals by contacting the PAA and requesting an ALW assessment on the consumer’s behalf. A referral to the consumer’s provider(s) of choice will be made once his or her eligibility has been established.
- **Referral to a Provider** – The referral packet includes a faxed cover sheet, proposed service tier, initial assessment and care plan. You are not required to accept every referral, but we encourage you to provide a timely response to each referral.

### *Enrollment Training*

- **Communication** – You should identify a point of contact for issues and planning related to enrollment activities, as well as one for ongoing case management following enrollment. PAA staff will contact the consumer the day after moving to your facility to verify enrollment.
- **Timing** – You may enroll a consumer at any time during the month, though you and the PAA must agree on the enrollment date. You can bill for the day of enrollment as well as the day of discharge.

### *Care Planning Training*

- **Purpose of the Care Plan** – The care plan identifies the consumer's needs and goals and describes the individuals and entities responsible for meeting those needs.
- **Elements of a Care Plan** – Care plan categories include, but are not limited to:
  - Activities of daily living (ADL)
  - Medication management, including Medicare Part D plan
  - Instrumental activities of daily living (IDAL), including financial management and transportation
  - Cognitive functioning
  - Mental health needs, if applicable
  - Ongoing community services
  - Durable medical equipment (DME) and disposable medical supplies
  - Community transition service
- **Development and Modifications** – The PAA case manager will coordinate the development of a care plan and will provide you with an initial plan at the time of referral. You will work with the case manager to modify the plan in response to the consumer's needs.
- **Benefits** – Medicaid benefits available to the waiver consumer include medical transportation, durable medical equipment and disposable medical supplies.
- **Community Transition Service** – The care plan includes a list of allowable purchases to be obtained with community transition service funds. You and the consumer may purchase these items prior to enrollment, but the date of service must be on or after the date of enrollment. Maximum time frames and dollar amounts for community transition service are described in Rule 173-39-02.17.

### ***ODA Certification and Provider Agreement***

Upon receipt of a recommendation for approval from the PAA, ODA reviews the recommendation and will notify the PAA within 45 business days of its determination. ODA will forward the Medicaid Provider Agreement to ODJFS for approval and assignment of a Medicaid provider number for the Assisted Living waiver.

The PAA will notify you in writing when ODA has certified you, and will send you a two-party assisted living provider agreement for you to complete. In Article III (Option of Reassignment of Claims and Collection of Client Liability) of that document, you should select and initial “YES” to ensure timely payment of your claims. Questions regarding the elements of the provider agreement should be directed to the provider relations specialist at your PAA.

You may not admit any waiver residents until the provider agreement is completed and in effect.

## Frequently Asked Questions

### *Eligibility*

**Q: Who is eligible for the Assisted Living Waiver (ALW)?**

A: An eligible consumer must be 21 years or older AND currently on a home and community-based waiver OR nursing facility resident OR current resident of an Ohio residential care facility for at least six months.

**Q: When can a consumer be assessed for eligibility for the ALW?**

A: Consumers can be assessed at any time. Contact the local PASSPORT Administrative Agency (PAA) to request an Assisted Living waiver assessment. Visit [www.aging.ohio.gov/about/paa.html](http://www.aging.ohio.gov/about/paa.html) or call 1-866-243-5678 to find the PAA serving your community.

**Q: Who can make a request for an ALW assessment on behalf of consumer?**

A: The PAA will accept a request for an assessment from anyone, though the consumer must consent to the assessment.

**Q: How soon will an assessment be completed?**

A: The assessment will be scheduled on the first available date.

**Q: Who will conduct the assessment?**

A: A nurse or a social worker from the PAA will complete the assessment.

**Q: What is the purpose of the assessment?**

A: The assessment determines program eligibility and initiates care plan development. The assessor also will educate the consumer on long-term care options. If the consumer is not a current Medicaid recipient, PAA staff will help him or her initiate the Medicaid application process.

### *Referrals to Providers*

**Q: Who refers an ALW consumer to providers?**

A: Only PAA staff may make a formal referral to the ALW program, and only with consumer consent.

**Q: When is a referral made to providers?**

A: At the completion of assessment, the PAA will make a referral to the consumer's provider(s) of choice or, if the consumer has no preference, to all contracted providers in the area in which the consumer wishes to reside.

**Q: What information does the referral include?**

A: The referral packet includes a copy of the assessment tool completed by PAA staff, the initial care plan and the referral sheet showing the proposed tier assignment.

### ***Eligibility (Continued)***

**Q: What happens if the consumer's provider of choice doesn't have an opening at the time of referral?**

A: If the provider determines the consumer is appropriate for the facility, they may choose to place the consumer on the facility's wait list. PAA staff will maintain contact with the consumer and facility until enrollment is completed.

**Q: Is the ALW provider obligated to accept every referral?**

A: ALW providers are not required to accept every referral, nor must they accept referrals based on the date of application.

**Q: Is the ALW provider required to complete a face to face assessment prior to enrollment?**

A: Neither the RCF rules nor the ALW rules require the ALW provider to conduct a face-to-face assessment prior to enrollment, though we do strongly encourage it.

### ***Enrollment***

**Q: When is the consumer enrolled?**

A: Enrollment may occur at any time during the month. The enrollment date for the waiver is the day the consumer moves into the facility – a date that is coordinated between the consumer, the facility and PAA staff. The provider must meet all RCF rule requirements prior to and following the enrollment of a waiver consumer.

### ***Room and Board***

**Q: How is room and board determined?**

A: The established room and board rate for the ALW consumer is the current SSI federal benefit rate minus \$50.00. The rate is adjusted each January.

**Q: Who is responsible for paying room and board?**

A: Room and board is a private arrangement between the consumer and the facility and is the consumer's responsibility. If the consumer's income is less than the current SSI federal benefit rate, his or her family may contribute toward the room and board payment.

**Q: Can a provider charge a security deposit to an ALW consumer?**

A: No.

**Q: Can a consumer pay a higher room and board rate for a larger living unit?**

A: No.

**Q: Can the room and board rate be prorated based on the move-in or move-out date?**

A: Yes, the provider may, at its discretion, prorate this payment in such circumstances.

### ***Room and Board (Continued)***

**Q: What are the consequences if the consumer fails to pay the established room and board payment?**

A: Per residential care facility (RCF) rules, the facility may issue a 30-day notice and initiate discharge for consumers who fail to pay room and board. The provider should notify the case manager in such a situation.

**Q: Is the room and board payment due when the consumer is on a leave of absence from the facility?**

A: Yes, the room and board payment is due as long as the facility is maintaining a living unit for the consumer.

### ***Service Tier Payment***

**Q: How is the service tier determined?**

A: PAA staff determine the initial service tier following an in-person assessment of the consumer.

**Q: When is the service tier changed?**

A: A consumer's service tier may change based on his or her needs. PAA staff will work with the provider staff to plan and institute the change.

**Q: How is a service tier change communicated to the provider?**

A: PAA staff will send a fax cover sheet to the provider with the new tier assignment and the effective date.

**Q: Are there "bed hold day" payments in this waiver?**

A: No, the service tier payment is not made when the consumer is on a leave of absence from the facility.

**Q: Can the service tier payment be billed on the day of enrollment and the day of discharge?**

A: Yes.

**Q: Can the service tier payment be billed when a consumer is in the facility for only a portion of a day?**

A: Yes. If the consumer is in the facility for any portion of any day, that day can be billed.

**Q: Can the family supplement the service tier payment?**

A: No, the tier payment is payment in full for the covered waiver services.

**Q: Who is responsible for payment of prescription drug co-pays?**

A: The consumer is responsible for the payment of prescription drug co-pays.

## **Client Liability**

### **Q: How will the client liability obligation be communicated to the ALW provider?**

A: The County Department of Job and Family Services (CDJFS) will determine the client liability obligation amount and effective date, after which PAA staff will communicate this information in writing to the provider. The provider may not collect any liability payments until the CDJFS makes its determination. Direct any questions regarding client liability to the PAA case manager.

## **Care Planning**

### **Q: What is the purpose of the care plan?**

A: The care plan identifies a consumer's needs and goals. It also describes the individuals and entities responsible for meeting the needs, as well as establishes the service tier assignment.

### **Q: Q: When is the care plan developed?**

A: PAA staff will develop the care plan with the consumer at the initial assessment.

### **What are the elements of the care plan?**

A: The care plan should include, but is not limited to the following categories: activities of daily living (ADL), medication management (including Medicare Part D), instrumental activities of daily living (IDAL) (e.g., financial management and transportation), cognitive functioning, mental health needs (if applicable), ongoing community services, durable medical equipment (DME) and disposable medical supplies, and community transition service.

### **Q: When does the provider review the care plan?**

A: The provider reviews the initial care plan at the time of referral to determine if the facility can meet the consumer's needs. At this time, the provider also will begin the dialogue with the consumer and PAA staff around care needs.

### **Q: How often is the care plan updated?**

A: The PAA staff reviews the care plan with the consumer and the provider within the first 30 days of enrollment, then once again each quarter and upon significant changes in the consumer's condition or needs.

### **Q: How are changes to the care plan communicated to the provider?**

A: PAA staff will notify the provider in writing of any changes to the care plan.

### ***Community Transition Service***

**Q: What is the community transition service (CTS) used for?**

A: The CTS is used to obtain basic essential household furnishings and items needed to establish a community residence.

**Q: Who is eligible for the community transition service?**

A: Only consumers transitioning from a nursing facility to the ALW are eligible to for this service.

**Q: What are the allowable purchases?**

A: The care plan includes a list of allowable purchases to be obtained with the CTS.

**Q: Are there any items that may not be purchased with the CTS?**

A: Items not covered by the CTS include, but are not limited to: Medicaid/Medicare covered medical equipment, divisional or recreational items, clothing, air conditioners and monthly service costs for telephone or cable service.

**Q: Who owns the items purchased with the CTS funds?**

A: The consumer owns the items purchased with CTS funds.

### ***Case Management***

**Q: What are the general responsibilities of the case manager?**

A: The PAA case manager monitors service delivery as described in the care plan, establishes continued waiver eligibility, coordinates services not delivered by the facility, offers technical assistance to the provider to maintain the consumer's quality of life, and maintains monthly contact with the consumer and, at a minimum, quarterly contact with the facility.

**Q: What type of information should be communicated to the case manager?**

A: Providers should notify the consumer's case manager in the event of hospitalizations, incidents or accidents, changes in level of functioning, payment issues and discharge planning considerations.

### ***Discharge***

**Q: Can a waiver consumer be discharged from the facility?**

A: Yes, a provider can discharge an ALW consumer from its facility, though they are obligated to follow the RCF licensure rules related to discharge. A consumer can be discharged from a facility without being disenrolled from the waiver program.

**Q: What are the case manger's responsibilities related to discharge?**

A: The case manager will work with the consumer and the facility to coordinate the discharge and, as obligated by CMS waiver assurances, will educate the consumer on appeal rights and alternative long-term care options.

***Discharge (Continued)***

**Q: How is discharge handled when the consumer is no longer eligible for the waiver?**

A: The case manager will work with the consumer and the facility to develop the discharge plan and coordinate the discharge date. If the reason for disenrollment from the waiver is due to the loss of programmatic eligibility, the case manager will work with the facility to coordinate the disenrollment date with the RCF 30-day discharge notice. If disenrollment is due to loss of Medicaid financial eligibility, the last date of waiver services will coincide with the last date of Medicaid eligibility, determined by the CDJFS.

## Web References

### County Job & Family Services Offices

[www.jfs.ohio.gov/county/cntydir.stm](http://www.jfs.ohio.gov/county/cntydir.stm)

### Medicare Hospice Benefit

[www.medicare.gov/publications/pubs/pdf/hosplg.pdf](http://www.medicare.gov/publications/pubs/pdf/hosplg.pdf)

### Medicaid Waiver Programs

[www.jfs.ohio.gov/OHP/bcps/FactSheets/HCBS\\_0507.pdf](http://www.jfs.ohio.gov/OHP/bcps/FactSheets/HCBS_0507.pdf)  
[www.jfs.ohio.gov/OHP/bcps/FactSheets/Medicaid.pdf](http://www.jfs.ohio.gov/OHP/bcps/FactSheets/Medicaid.pdf)  
[www.jfs.ohio.gov/OHP/bcps/FactSheets/ABD\\_Medicaid.pdf](http://www.jfs.ohio.gov/OHP/bcps/FactSheets/ABD_Medicaid.pdf)

### Office of the State Long-term Care Ombudsman

[www.aging.ohio.gov/families/ombudsman.html](http://www.aging.ohio.gov/families/ombudsman.html)

### Ohio Department of Aging

[www.aging.ohio.gov](http://www.aging.ohio.gov)

### Ohio Department of Health

[www.odh.ohio.gov](http://www.odh.ohio.gov)

### Ohio Long-term Care Consumer Guide

[www.ltcoho.org](http://www.ltcoho.org)

### Ohio Senior Health Insurance Information Program (OSHIIP)

[www.ohioinsurance.gov/consumserv/scripts/oshiipsearch.asp](http://www.ohioinsurance.gov/consumserv/scripts/oshiipsearch.asp)

### PASSPORT Administrative Agencies

<http://www.aging.ohio.gov/about/paa.html>

### State Hearing Process

[www.jfs.ohio.gov/ols/bsh/faq.stm#1](http://www.jfs.ohio.gov/ols/bsh/faq.stm#1)

### Supplemental Security Income

[www.ssa.gov/pubs/11011.html](http://www.ssa.gov/pubs/11011.html)

### Veterans Services Offices

[www.veteransaffairs.ohio.gov/county\\_veterans\\_service\\_offices.htm](http://www.veteransaffairs.ohio.gov/county_veterans_service_offices.htm)

## Relevant Sections of the Ohio Revised Code Online

### Residential Care Facility Licensing

Definitions

[codes.ohio.gov/oac/3701-17-50](https://codes.ohio.gov/oac/3701-17-50)

General provisions and prohibitions

[codes.ohio.gov/oac/3701-17-51](https://codes.ohio.gov/oac/3701-17-51)

Residential care facility licensure application and renewal procedures; revocation

[codes.ohio.gov/oac/3701-17-52](https://codes.ohio.gov/oac/3701-17-52)

Inspections and investigations; correction

[codes.ohio.gov/oac/3701-17-53](https://codes.ohio.gov/oac/3701-17-53)

Personnel requirements

[codes.ohio.gov/oac/3701-17-54](https://codes.ohio.gov/oac/3701-17-54)

Qualifications and health of personnel

[codes.ohio.gov/oac/3701-17-55](https://codes.ohio.gov/oac/3701-17-55)

Resident agreement; other information to be provided upon admission; risk agreements

[codes.ohio.gov/oac/3701-17-57](https://codes.ohio.gov/oac/3701-17-57)

Resident health assessments

[codes.ohio.gov/oac/3701-17-58](https://codes.ohio.gov/oac/3701-17-58)

Personal care services; medication administration; resident medications; application of dressings; supervision of special diets

[codes.ohio.gov/oac/3701-17-59](https://codes.ohio.gov/oac/3701-17-59)

Part-time intermittent skilled nursing care

[codes.ohio.gov/oac/3701-17-59.1](https://codes.ohio.gov/oac/3701-17-59.1)

Dietary services; supervision of special diets

[codes.ohio.gov/oac/3701-17-60](https://codes.ohio.gov/oac/3701-17-60)

Laundry services; activities; resident finances; pets

[codes.ohio.gov/oac/3701-17-61](https://codes.ohio.gov/oac/3701-17-61)

Changes in residents' health status; incidents; infection control

[codes.ohio.gov/oac/3701-17-62](https://codes.ohio.gov/oac/3701-17-62)

Building, plumbing, and fire safety requirements

[codes.ohio.gov/oac/3701-17-63](https://codes.ohio.gov/oac/3701-17-63)

Space requirements

[codes.ohio.gov/oac/3701-17-64](https://codes.ohio.gov/oac/3701-17-64)

Building maintenance, equipment and supplies

[codes.ohio.gov/oac/3701-17-65](https://codes.ohio.gov/oac/3701-17-65)

Temperature regulation in residential care facilities

[codes.ohio.gov/oac/3701-17-66](https://codes.ohio.gov/oac/3701-17-66)

Records and reports

[codes.ohio.gov/oac/3701-17-67](https://codes.ohio.gov/oac/3701-17-67)

Variances

[codes.ohio.gov/oac/3701-17-68](https://codes.ohio.gov/oac/3701-17-68)

### Assisted Living Waiver Provider Certification Standards

[codes.ohio.gov/oac/173-39](https://codes.ohio.gov/oac/173-39)

### Ohio Revised Code, Assisted Living Waiver Consumer Rights

[codes.ohio.gov/orc/3721.13](https://codes.ohio.gov/orc/3721.13)

### Medicaid Hospice Benefit

[codes.ohio.gov/oac/3701-17-59.1](https://codes.ohio.gov/oac/3701-17-59.1)