



## CRITICAL ACCESS RATE SURVEY

This form should be completed by ODA certified assisted living providers interested in receiving the critical access rate (CAR). Refer to [Ohio Administrative Code 173-39-02.16](#) for additional details about qualifying for the rate. Providers who submit claims for the basic and/or memory care rates through the Assisted Living program/waiver, MyCare Ohio and/or PACE may complete this form.

For providers with multiple locations, a separate form for each location is required. Missing or incomplete information on the form will result in it being returned to the provider for correction.

### Section A

Fill in each detail below.

Provider Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Provider Administrator/Director Name: \_\_\_\_\_

Provider Administrator/Director Email: \_\_\_\_\_

Assisted Living Provider Medicaid Waiver Number (7-digit number from the PAA contract): \_\_\_\_\_

### Section B

**Section B** should be completed by providers who were initially certified during the current state fiscal year\* **AND** billed during the current state fiscal year. For example, if you were certified July 16, 2023, and started billing August 2, 2023, you would complete Section B.

All other providers who have billed one SFY or more of service shall complete Section C.

\*Current state fiscal year (SFY) is between July 1, 2023, through June 30, 2024, and is called SFY 2024.

1. Average daily census of the assisted living facility since you began billing: \_\_\_\_\_

*Use the CAR tool to answer this question by entering your daily census in column B ("census" means the total number of residents in an assisted living facility on a given day)*

*and includes any resident who is temporarily absent from the assisted living facility without being discharged). The average daily census will be at the bottom of the page.*

2. Average daily census of residents who were enrolled in Medicaid since you began billing:

\_\_\_\_\_

*Use the CAR tool to answer this question by entering your daily Medicaid census in column C (“census” means the total number of residents in an assisted living facility on a given day and includes any resident who is temporarily absent from the assisted living facility without being discharged). The average daily census of residents enrolled in Medicaid will be at the bottom of the page.*

3. Average daily percentage of residents who were enrolled in Medicaid since you began billing: \_\_\_\_\_

*The answer for this question is reflected in column E (green) in the CAR tool.*

4. Is your answer to Question 3 fifty percent or higher?

☐ Yes-Continue to Question 5.

☐ No-You do not qualify for the critical access rate currently. Do not send the form.

5. Do you project having an average of at least fifty percent of your residents enrolled in Medicaid (assisted living program, MyCare Ohio, and/or PACE) each month between July 1, 2024, through June 30, 2025?

☐ Yes-Continue to Section D.

☐ No-You do not qualify for the critical access rate currently. Do not send the form.

**Next steps:** In June 2025 providers who completed Section B and answered yes to Question 5 will be required to send the CAR tool to ODA. You are not required to send the CAR tool at this time. The tool is to help you calculate responses. This attestation is the only document you are required to send.

[Continue to Section D](#)

## Section C

**Section C** should be completed by providers who were initially certified any time before June 30, 2023, and have billed each month beginning July 1, 2023-present.

1. Average daily census of the assisted living from July 1, 2023-present: \_\_\_\_\_

*Use the CAR tool to answer this question by entering your daily census in column B ("census" means the total number of residents in an assisted living facility on a given day and includes any resident who is temporarily absent from the assisted living facility without being discharged). The average daily census will be at the bottom of the page.*

2. Average daily census of residents who were enrolled in Medicaid from July 1, 2023-present: \_\_\_\_\_

*Use the CAR tool to answer this question by entering your daily Medicaid census in column C ("census" means the total number of residents in an assisted living facility on a given day and includes any resident who is temporarily absent from the assisted living facility without being discharged). The average daily census of residents enrolled in Medicaid will be at the bottom of the page.*

3. Average daily percentage of residents who were enrolled in Medicaid from July 1, 2023-present: \_\_\_\_\_

*The answer for this question is reflected in column E (green) in the CAR tool.*

4. Is your answer to Question 3 fifty percent or higher?

☐ Yes-Continue to Section D.

☐ No-You do not qualify for the critical access rate currently. Do not send the form.

### Next steps:

**Select any quarter (three-month period) of services billed during SFY 2024 and complete the Medicaid IDs and MyCare tab on the CAR tool (second tab at the bottom). Include the following information below, save the CAR tool, and attach the completed tool when you email the attestation.**

- a. The name of each Medicaid enrolled resident during the quarter and their corresponding Medicaid identification number.
- b. For each Medicaid enrolled resident covered under a MyCare Ohio plan, include the plan name for which they were covered.

**Continue to Section D**

## Section D

*Sign the form.*

I understand that I may be asked to send evidence of additional census information to ODA and/or ODA's designee upon request. I attest that the information on this form is true, complete, and correct to the best of my knowledge. I acknowledge that I am duly authorized to execute this Attestation form and that I have read and understand this form, and I hereby attest that the above information is true and accurate as of the date of my signature provided below.

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**NAME and TITLE** (please print)

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**SIGNATURE**

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**DATE**

**HOW TO SEND:** *Please advise that all submitted information must be handled in accordance with HIPAA regulations to ensure the protection of sensitive health data. Each provider must securely email this attestation and critical access rate tool, as appropriate, to Meredith Finley at [mfinley@age.ohio.gov](mailto:mfinley@age.ohio.gov) no later than June 24, 2024.*