



## Ohio Department of Aging Certified Assisted Living Memory Care Provider Attestation

Name of provider: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Business address: \_\_\_\_\_

Name and title of individual completing the attestation:

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_ (insert facility name) is requesting to be certified to deliver memory care under the Assisted Living Waiver and in accordance with the proposed amendment to Ohio Administrative Code (OAC) 173-39-02.16.

\_\_\_\_\_ (insert facility name) attests to the following (initial below as indicated):

### Initials

\_\_\_\_\_ The assisted living facility attests to delivering the basic assisted living services in accordance with OAC 173-39-02.16(C).

\_\_\_\_\_ The assisted living facility attests to displaying a purpose statement on its website that explains the difference between the provider's basic assisted living service and its memory care, or if the provider provides only memory care, a purpose statement on its website that explains the memory care that the provider provides.

\_\_\_\_\_ The assisted living facility attests to designating the single-occupancy resident unit in OAC 173-39-02.16(C)(2)(c) to be a stand-alone memory care unit, a memory care unit in a memory care section of the RCF, or a memory care unit in an RCF of a provider that provides only memory care.

\_\_\_\_\_ The assisted living facility attests to providing or arranging for at least three therapeutic, social, or recreational activities list in rule 3701-16-11 of the Administrative Code per day for individuals receiving memory care, with consideration given to individuals' preferences and designed to meet individuals' needs.

\_\_\_\_\_ The assisted living facility attests to ensuring safe access to outdoor space for individuals receiving memory care.

- \_\_\_\_\_ The assisted living facility attests to assisting each individual receiving memory care who makes a call through the resident call system in person in fewer than ten minutes after the individual initiates the call.
- \_\_\_\_\_ The assisted living facility attests to having a sufficient number of RNs, or LPNs under the direction of an RN, on call or on site at all times for individuals receiving memory care.
- \_\_\_\_\_ The assisted living facility attests to maintaining the appropriate direct-care staff-to-resident ratio below for its memory care **(please initial one)**:
- \_\_\_\_\_ If providing both memory care and the basic service, a ratio that is at least twenty per cent higher than the provider's ratio for its basic service.
- \_\_\_\_\_ If providing only memory care and the average ratio for the basic service provided by a representative sample of providers participating in the Medicaid-funded component of the assisted living program is readily available to the provider, then a ratio that is at least twenty per cent higher than the average ratio.
- \_\_\_\_\_ If providing only memory care and the average ratio for the basic service provided by a representative sample of providers participating in the Medicaid-funded component of the assisted living program is not readily available to the provider, then a ratio of at least one staff member who provides personal care services for every ten individuals receiving memory care with at least one staff member who provides personal care services on each floor of the residential care facility (RCF) if the RCF provides memory care on multiple floors.
- \_\_\_\_\_ The assisted living facility attests to staff members qualifying to provide memory care without in-person supervision only if the staff member successfully completes training on all of the following topics in addition to the topics listed under OAC 173-39-02.16(C)(5): overview of dementia: symptoms, treatment approaches, and progression; foundations of effective communication in dementia care; common behavior challenges and recommended behavior management techniques; current best practices in dementia care; and missing resident prevention and response.

I understand that I will have an on-site visit conducted by ODA and/or ODA's designee within the first six months of 2024 to verify compliance with OAC 173-39-02.16, in accordance with OAC 173-39-04.

I acknowledge that non-compliance with OAC 173-39-02.16 may result in disciplinary action, suspension of referrals, or revocation of certification as a memory care provider.

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.

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Date

Completed attestations should be emailed to Meredith Finley at [mfinley@age.ohio.gov](mailto:mfinley@age.ohio.gov)