

# Ohio Assisted Living Waiver

Memory Care and Changes for 2024

### House Bill 33

- OHCA advocated for an increase to ALW Rates this year
- Finalized addition of Memory Care Tier to Assisted Living Waiver
- Governor vetoed rates originally proposed
- Governor vetoed Critical Access add-on payment

## What is the AL Medicaid Waiver Program

This program allows federal & state Medicaid funds to paid for services not normally covered by the traditional Medicaid program.

Waivers are issued by CMS (federal government) to the states.

It is designed to prevent people from having to move into an institutional setting by providing covered services in the community.

This program pays a certain amount for services in ODH-licensed RCFs that have also been certified by the Ohio Dept. of Aging.

# OAC 173-39-02 E: Conditions of Participation

- Any significant change (physical, emotional, or mental status change) with the potential to affect consumer service needs must be communicated to the ODA or ODA designee (AAA) no later than 1 business day after provider is aware of said change.
- You must have a policy in place regarding the documentation of consumer incidents which includes notifying the AAA.
- You must have a commercial liability insurance policy of at least 1 million dollars.

#### OAC 173-39-02 E: Conditions of Participation Continued

- The staff must be bonded (you must have insurance coverage for consumer loss due to theft or property damage)
- You must participate in ODA mandatory provider training sessions.
- You must keep your records for 6 years.
- You must not seek any payment for services over negotiated reimbursement levels.
- No services shall be provided to the consumer by a staff member who is that consumer's POA, legal guardian, parent, spouse, step-parent, or authorized representative.

### OAC 173-39-02.16 Basic Assisted Living Service:

Designed to promote consumers' independence , privacy, and choices through

- 24-hour response services
- Personal care services
- Supportive services
- 3 provided meals per day including specialized diets
- Social & recreational programming
- Transportation for non-medical reasons
- Nursing services

### OAC 173-39-02.16 Assisted Living Service:

### Nursing Requirements

The RN or LPN of the facility must complete documentation pertaining to the following for each consumer:

- Initial & subsequent health assessments
- Medication management
- Monitoring of consumer according to standards of practice
- Maintaining service plan and contacting consumer quarterly to obtain satisfaction with plan
- Document quarterly receipt of authorized services according to service plan
- Document quarterly provision of personal care by staff as required in RCF rules.

### OAC 173-39-02.16 Assisted Living Service:

# Facility Requirements

These requirements must be met prior to a room being certified for waiver.

- Unit/Room must be private (unless pre-existing relationship between consumer and another individual exists and they wish to share the unit).
- •Unit/Room must have a lock that allows consumer unlimited access unless not medically advisable as documented by the physician.
- Unit/Room must include a bathroom with toilet, sink, shower/bath
- •Unit/Room must have ample space apart from sleeping are to allow consumer and at least 1 guest to sit.

### OAC 173-39-02.16 Assisted Living Service:

Staffing Requirements

Documentation must be in place that shows each staff member prior to providing any services to the consumer has been trained in these areas:

- Principles & Philosophy of AL
- Aging Process
- Process of Consumer Service Plan
- Cuing, environment, and redirecting cognitively and behavioral impaired consumers
- Consumer's Right to be responsible for his/her care decisions

### Locks

- A resident unit must have a lock that allows the individual to control access at all times UNLESS:
  - Physician orders having no lock or removing the individual's ability to lock because of adverse impacts due to their clinical condition (diagnosis)
  - Order must be on file

### Memory Care

# Service occurs in a resident unit designated as memory care.

- Can be a designated unit, section or entire building
- Cannot be interspersed through out basic assisted living units
- Single-occupancy

Individual must have a documented form of dementia by a physician

## Memory Care: Provider Requirements

Provider must display a purpose statement detailing the difference between memory care and basic assisted living services Provide at least 3 therapeutic, social or recreational activities Ensure safe access to outdoor spaces Assist residents from call system in 10 minutes or less

## Memory Care: Staffing

- The provider has 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.
- If you have both memory and basic assisted living, memory care staffing must be 20% higher
- If you only have memory care, must be 20% hire than the average ratio for basic assisted living providers
  - If you are unable to ascertain what that ration is, then can default to 1:10 of personal care services staff.
  - Must also have at least one staff member who can provide personal care on each floor.

## Memory Care: Additional Training

As part of in-service training requirement:

- Overview of dementia
- Foundations of effective communication in dementia
- Common behavior challenges and techniques
- Best practices in dementia care
- Missing resident prevention and response

# Eligible Dementia Training Programs

- essentiALZ training and certification
- CARES Dementia Certification
- Pathways Health Dementia Care Training

### How to Become Certified

1. Review the Provider Requirements on ODA's Website. These come from the OAC (Ohio Administrative Code):

### Conditions of Participation

 http://aging.ohio.gov/Portals/0/PDF/Rules/17 3-1-02\_Final.pdf

### **Assisted Living Services**

 http://aging.ohio.gov/Portals/0/PDF/Rules/1 73-39-02.16.pdf

### Community Transition Services

 http://aging.ohio.gov/Portals/0/PDF/Rules/1 73-39-02.17.pdf

### How to Become Certified

- 2. Collect & fill out the required paperwork discussed in the following slides.
- 3. Submit an application to ODA through their online application system

### http://aging.ohio.gov/ProviderCertification



WAIT: Per the Ohio Department of Aging this application WILL be changed to accommodate selection of both Tiers.

Registration with Ohio Secretary of State

You will need a copy of the registration.

Ohio Bureau of Workers'
Compensation

You will need a copy of current certification in good standing with the Bureau.

Certificate of Commercial Liability Insurance

This insurance must have a minimum of 1 million dollars in commercial liability.

Employee Dishonesty or Property Damage You will need to include a current insurance policy for employee dishonest or property damage. This can be in the form of a warranty, surety, or business services bond.

RCF License & Initial Survey

This needs to display which rooms are covered under the license.

Table of Authority

You need to provide a table of organization the indicates the positions and full names of those in authority.

**Residency Proof** 

The applicant/CEO should have been an Ohio resident for the past 5 consecutive years.

FBI Background Check

You will only need this if you have lived outside of Ohio at some point within the last 5 years.

\*The following are available as downloads during the application process:

## Ohio HP Provider Application

The complete title of this is: Ohio Health Plans Provider Enrollment Application/Time Limited Agreement for Organization.

Long-Term Care Consumer Guide

You need to include pages 1 &2 of this guide.

W-9

This needs to be both completed and signed.

Non-Disclosure Statement

This form needs to be downloaded and signed.

You can submit your completed documentation any of these ways:

#### Fax it to:

614-466-9812 or 614-466-5741

#### Mail it to:

Ohio Department of Aging Provider Certification 246 N. High Street/ 1st Floor Columbus, Ohio 43215-2406

Upload it directly on the website

# Pre-Certification Review & Maintaining Certification

Once your application has been submitted, you will be contacted for a review. The OAC provider rules will be used as the guide to conduct your review. They will also be used to maintain your certification in the future.

Ongoing compliance is determined through annual monitoring visits from the AAA.

Resident files, billing records, and personnel files will be looked at during these visits.

The AAA representative will judge the facility's compliance with the ODA's ALW conditions of participation.

# Pre-Certification Review & Maintaining Certification

- TWO types of certification
  - Basic Assisted Living
  - Memory Care Assisted Living
- Providers of memory care also certified to deliver basic assisted living
- Application period will not open until January 1, 2024

# Pre-Certification Review & Maintaining Certification

Once your application has been submitted, you will be contacted for a review. This is what you can expect:

The OAC provider rules will be used as the guide to conduct your review.

Your compliance with the requirements will be determined by your reviewer. You may be asked to submit additional evidence of compliance.

You will receive a written summary of the review noting any further evidence needing to be submitted.

You will need to comply by the due date stated in the summary. This will be 20 business days from the date the summary was completed.

### Maintaining an AAA Relationship

You will be assigned an AAA representative who will be conducting your compliance reviews.

You will also be assigned a case manager who will visit quarterly at a minimum and converse throughout the year with you, the family/representative of the consumer, and the consumer.

Note that the AAA representatives can visit at any time and conduct a review with any warranting cause.

Make sure you let your AAA case manager know if a consumer has a major change of condition such as a fall resulting in injury, hospitalization, etc.

### Individual Eligibility Requirements:

21 years of age

Assessed by AAA

Meet financial eligibility

Pay required room & board from SS, pension, etc. (\$943 per month)

Meet level of care criteria (needs assistance with 2 ADLS)

### Assessment Process for Individuals:

Make referral to local AAA.



Get a list of certified ALW providers in the area & visit them



Do an in-person assessment with AAA worker.

Apply for Medicaid

(AAA worker will provide info.)



Facility referrals
will be made by
AAA if it seems
likely Medicaid
will be
approved.



Set move-in date with facility

# Individual Financial Eligibility Requirements 2024

Cannot have assets greater than \$2,000

Monthly income must be less than 300% of SSI benefit (\$2,829)

Qualified Income
Trust must be set up
for amounts over
the \$2829

Monthly Client
Liability may be
required if monthly
income exceeds
\$943

### Married Financial Eligibility Requirements 2024

Cannot have assets greater than \$3,000 (\$3,000 married)

Monthly income must be less than 600% of SSI benefit (\$5,658)

Qualified Income
Trust must be set up
for amounts over
the \$5,658

Monthly Client
Liability may be
required if monthly
income exceeds
\$1,415

# Married/One Community Financial Eligibility Requirements 2024:

Cannot have assets greater than \$2,000 (\$137,400 non-applicant)

Monthly income must be less than 300% of SSI benefit (\$2,829 for applicant)

Qualified Income
Trust must be set up
for amounts over
the \$2,829

Monthly Client
Liability may be
required if monthly
income exceeds
\$1,415

## Medicaid Pending

- What makes the Medicaid application process difficult?
  - Inability to contact the case worker assigned at the county
  - Non-compliance with family members submitting documentation
  - Incomplete information relating to the applicants financial situation
- Other Medicaid Eligibility Requirements
  - Resident of Ohio
  - US Citizen or meet citizenship requirements in 5160-1-2-12
  - Have a SSN

## Medicaid Pending

- Educate the Family
  - Provide them with form ODM 07720 (Medicaid Eligibility Review Verification Request Checklist)
  - Walk through each item and discuss how they might obtain each document
    - Reviewing Mail for Utility Bills
    - Access to birth certificate, titles to motor vehicles, home mortgage information
    - Bank account information
  - Complete a "Self-Assessment" with the family on the Ohio Benefits Portal <a href="https://ssp.benefits.ohio.gov/apspssp/ssp.portal/amlEligible/welcome">https://ssp.benefits.ohio.gov/apspssp/ssp.portal/amlEligible/welcome</a>
  - Discuss Financial Power of Attorney, Provide one if they do not have one
  - Review resources such as the "How to Upload Documents" video for Ohio Benefits <a href="https://www.youtube.com/watch?v=gnoaHSbL3d0">https://www.youtube.com/watch?v=gnoaHSbL3d0</a>

## Medicaid Pending

- Support and Track the Medicaid Application
  - Contact your CDJFS and Family to confirm appointment
  - Remind family of appointment. Remind during care conference. Offer to review documents for the Medicaid application during the care conference.
  - Follow up with CDJFS 30 days post application to get status and offer assistance.
  - Ensure your resident is paying estimated patient liability
    - Income-exclusions-\$50 for Personal Needs
  - Explain to family how paying the monthly liability will keep them financially eligible for Medicaid
  - Ensure your policies reflect requirement to pay estimated patient liability for duration of application process

Assisted Living Service Tier 1	1 Unit (Day)	\$54.76
Assisted Living Service Tier 2	1 Unit (Day)	\$65.73
Assisted Living Service Tier 3	1 Unit (Day)	\$76.67
Community Transition Service	Completed Job Order or Deposit Made	\$2000.00

Rates effective 11/1/2021-12/31/2023

Basic Assisted Living Service	1 Unit (Day)	\$130.00
Memory Care Assisted Living Service	1 Unit (Day)	\$155.00
Community Transition Service	Completed Job Order or Deposit Made	\$2000.00

Rates effective 1/1/2024

# Billing Assisted Living Waiver Claims: Current

- CMS 1500 Claim Form
- Need Provider NPI Number
- Through 12/31/2023

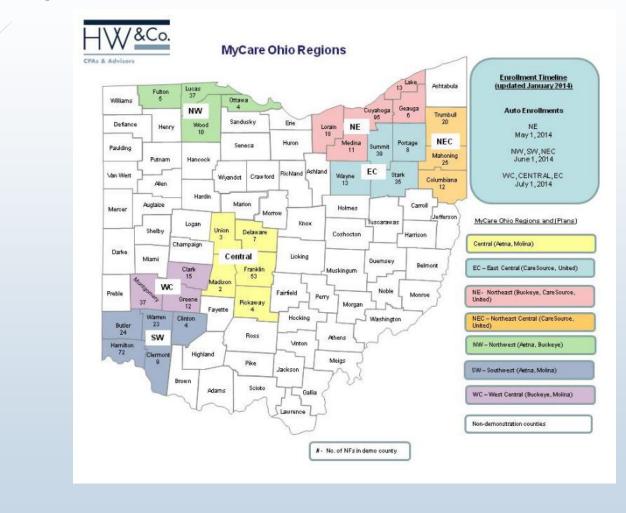
<b>HCPCs Code</b>	Medicaid LOC	Required Modifier	Unit Increment
T2031	Tier 1	U1	1 day
	Tier 2	U2	1 day
	Tier 3	U3	1 day
T2038	Community Transition Services	U4	1 Completed Job Order

# Billing Assisted Living Waiver Claims

- Bed Holds
  - Cannot bill for Bed Hold days
  - Once a resident is in a SNF for 90s, they transition to NF LOC and terminate the Assisted Living Waiver Election
  - Must give notice before discharging from Waiver unit

# Billing Assisted Living Waiver Claims

- NPI Required 1/31/21
  - Assisted Living Waiver providers that are co-located with a SNF that has an NPI do not have to get a separate NPI
  - ODA/ODM Directions:
    <a href="http://38.111.163.21/webdata/NPI%20&%20Taxonomy%20Guidance%20for%20O">http://38.111.163.21/webdata/NPI%20&%20Taxonomy%20Guidance%20for%20O</a>
    DA%20Waiver%20Service%20Providers.pdf



Plan	Website	Provider Services
Buckeye Community Health Plan	http://mmp.bchpohio.com/	(866) 296-8731
CareSource MyCare Ohio	https://www.caresource.com/m ycare/	(800) 488-0134
Aetna Better Health of Ohio	http://www.aetnabetterhealth.c om/ohio/providers/	(855) 364-0974
Molina MyCare Ohio	http://www.molinahealthcare.c om/members/oh/en- US/mem/mycare/Pages/mycar e.aspx	(855) 322-4079
UnitedHealthcar e Connected for MyCare Ohio	http://www.uhccommunityplan. com/oh/medicaid/connected. html	(800) 600-9007

- Waiver Service Process
  - Case Manager coordinates waiver service request and completes evaluation
  - Discuss goals as interdisciplinary team
  - Coordinates with member provider
  - Some health plans manage service plan, some have the PAA manage
  - Service plan signature required

- Expanding to all counties in Ohio in 2025.
- Will have different program requirements and stipulations
- Currently under development

### For More Information

#### **Speaker:**

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