
Understanding the Assisted Living Waiver Program

A Consumer's Guide

Revised
September 2011

Ohio | Department of
Aging

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Acknowledgements

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Introduction

Assisted living bridges the gap between independent living and nursing home care. It combines a home-like setting with personal support and services to provide more intensive care than is available through home care services. Assisted living typically offers assistance with the activities of daily living and ensures residents have access to staff 24 hours a day. It also is less expensive and less restrictive than a nursing home. In Ohio, assisted living communities are licensed by the Ohio Department of Health as residential care facilities.

The Assisted Living Waiver program is one long-term care option for Medicaid recipients and offers an alternative to nursing facility placement. The program is a statewide, Medicaid-funded program that allows eligible individuals age 21 and older to reside in and receive services from a licensed residential care facility. A care manager works with the consumer and the facility to develop and maintain a care plan.

Services

There are two types of services provided through the Assisted Living Waiver program:

- **Assisted living services** include personal care, housekeeping, laundry, assistance with medication management, meals, non-medical transportation, social and recreational programming and 24-hour on-site staff availability to assist with unplanned needs.
- **Community transition service** helps consumers obtain the things they will need to successfully move from a nursing facility to an assisted living facility. These include basic household items that are essential to your health and safety. They also include items that you need to furnish a community residence, but are not available through other sources. These services are available based on need, as determined by your care manager.

Eligibility

You must meet all eligibility requirements for enrollment in the waiver, including:

- You are age 21 or older;
- You are Medicaid eligible;
- You require hands-on assistance with at least two of the following: mobility, bathing, using the bathroom, dressing, grooming, eating and taking medicines; and
- You have care needs that can be safely met in a residential care facility setting.

Is the Assisted Living Waiver Right for Me?

The Assisted Living Waiver program is not for everyone. You should explore several considerations to determine if this option best fits your needs, preferences and current situation.

Financial Considerations

As an assisted living waiver consumer, your monthly income will be used to pay for room and board and services. You will keep a monthly personal needs allowance to use at your discretion. Use the **Monthly Expenses Worksheet** in **Appendix A** of this guide to list your expenses that are not covered by Medicaid and determine your potential monthly costs.

Room and Board

As an assisted living waiver consumer, you must be able to pay the established room and board payment. The room and board payment provides a single occupancy living unit. (If you choose to share your living unit with another individual with whom you have an existing relationship, discuss this with your care manager.) You will pay the room and board fee directly to the facility each month. This payment maintains the living unit if you must temporarily leave the facility. The facility may not charge you an additional fee to reserve your living unit when you are absent.

If your income is less than the established room and board fee, contact the local Social Security Administration office and apply for Supplemental Security Income (SSI), though this won't necessarily guarantee additional income.

Medication Co-Payments

You will pay all prescription drug medication co-payments, as well as provide your own over-the-counter drugs. Use the **Medications Co-payments Worksheet** in **Appendix B** of this guide to determine these costs based on your current situation.

Consumer Liability Obligation

The consumer liability obligation is a payment some waiver consumers make to their assisted living provider toward the cost of services. Your County Department of Job and Family Services office will determine if you must pay this fee. You can reduce this payment by providing receipts for supplemental insurance premiums, Medicare Part D premiums, recurring medical expenses and prescription drug co-pays.

Selecting a Provider

You may use the Assisted Living Waiver program only at participating, licensed and certified residential care facilities. Participating facilities have obtained certification as a waiver provider from the Ohio Department of Aging (ODA). The PASSPORT Administrative Agency (PAA) monitors the facility to ensure it delivers services according to program guidelines.

To find a participating residential care facility in your community, visit the [Long-term Care Consumer Guide](#) online at www.ltcoho.org and use the keyword “waiver.” There, you can also learn about services, review inspection reports and read the results of resident satisfaction surveys for each facility. Contact your PAA or Regional Long-Term Care Ombudsman Program (<http://aging.ohio.gov/services/ombudsman/>) for help or if you don’t have Internet access.

Visit any facility you are considering before enrolling. Schedule a tour and get answers to any questions you may have about the location, waiting lists, scope of services available, amenities offered and facility policies (i.e., smoking, pets, alcohol use, overnight guests and discharge considerations). Use the [Facility Tour Checklist](#) in [Appendix C](#) of this guide to ask and track the answers to many important questions.

Application and Enrollment

Call your local PASSPORT Administrative Agency (PAA) to schedule an in-person consultation. Call 1-866-243-5678 to find the PAA serving your community or visit <http://aging.ohio.gov/services/passport/passportadministrativeagencies.aspx>. An assessor or care manager will review with you your long-term care options and determine your eligibility for the Assisted Living Waiver program. Interested individuals must complete a telephone screen, an application, a financial information worksheet, and an in-person assessment. After demonstrating you meet all eligibility criteria, you may be enrolled (pending slot availability). Then, your county Department of Job and Family Services will make a final determination of financial eligibility. The PAA will, on your behalf, make the referrals to the participating provider or providers of your choice. Keep in mind, however, that the provider is not required to accept every referral.

Your Rights as an Assisted Living Waiver Consumer

Once you have enrolled in the program, your care manager will talk with you on a regular basis to make sure the services you receive are appropriate and are meeting your needs. He or she will link you to outside resources and work with you and the facility staff to resolve any problems. Your care manager is your advocate – notify him or her of any concerns you may have.

Assisted Living Waiver consumers retain all civil rights like making choices and voting and are also guaranteed rights about care and treatment, to be given information and processes to solve problems. These rights are law and can be found in the outlined in Ohio Revised Code 3721.13. As a Medicaid recipient, you also have the right to appeal any decision regarding your benefit. You can request a state hearing by contacting your care manager or your County Department of Job and Family Services.

The Long-term Care Ombudsman Program advocates for people receiving assisted living services. Paid and volunteer staffs work to resolve complaints about services, help people select a provider and offer information about benefits and consumer rights. Call 1-800-282-1206 to be connected to the regional ombudsman office serving your community.

Additional Services Available to Assisted Living Waiver Consumers

You may need services that are not available through the Assisted Living Waiver program, and as a Medicaid consumer, you may be eligible for additional services and benefits. **Benefits Check-Up** (www.benefitscheckup.org), a confidential online questionnaire, can help you identify all the public benefits you or a loved one may be eligible to receive.

You also may be eligible for:

- **Medicare benefits**, including home health services. Call 1-800-MEDICARE for more information.
 - **Medicaid benefits**, including home medical equipment, medical supplies and medical transportation. Visit or call your County Department of Job and Family Services for more information.
 - **Veteran's Administration benefits**, including aid and attendance and reduced pension benefits. Visit your county Veterans Services Office or call 1-800-827-1000 for more information.
 - **Hospice benefits**, including services not covered and delivery of hospice services in a licensed residential care facility.
 - **Insurance**, including Medicare supplemental policies and Medicare Part D. Contact the Ohio Senior Health Insurance Information Program (OSHIIP) at 1-800-686-1578 for more information.
 - **Consumer protection**, including identity theft protections and telephone solicitations. Call 1-800-282-0515 for assistance.
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Web References

Consumer Protection

www.usa.gov/Topics/Seniors/Consumer.shtml
www.donotcall.gov/default.aspx

County Job & Family Services Offices

www.jfs.ohio.gov/county/cntydir.stm

Medicare Hospice Benefit

www.medicare.gov/publications/pubs/pdf/hosplg.pdf

Medicaid Waiver Programs

www.jfs.ohio.gov/OHP/bcps/FactSheets/HCBS_0507.pdf
www.jfs.ohio.gov/OHP/bcps/FactSheets/Medicaid.pdf
www.jfs.ohio.gov/OHP/bcps/FactSheets/ABD_Medicaid.pdf

Office of the State Long-term Care Ombudsman

<http://aging.ohio.gov/services/ombudsman/>

Ohio Department of Aging

<http://aging.ohio.gov/home/Default.aspx>

Ohio Department of Health

www.odh.ohio.gov

Ohio Long-term Care Consumer Guide

www.ltcoho.org

Ohio Senior Health Insurance Information Program (OSHIIP)

<http://www.insurance.ohio.gov/Consumer/Pages/ConsumerTab2.aspx>

PASSPORT Administrative Agencies

<http://aging.ohio.gov/services/passport/passportadministrativeagencies>

State Hearing Process

<http://jfs.ohio.gov/ols/bsh/Index.stm>

Supplemental Security Income

www.ssa.gov/pubs/11011.html

Veterans Services Offices

<http://dvs.ohio.gov/>

Helpful Phone Numbers

Alzheimer's Hotline

1-800-438-4380

Consumer Protection

1-800-282-0515

Eldercare Locator

1-800-677-1116

Medicaid Consumer Hotline

1-800-324-8680

Medicare Part D

1-800-772-1213

1-800-MEDICARE

Long-term Care Ombudsman

1-800-282-1206

Ohio Consumers' Counsel

1-877-742-5622

Ohio Department of Health Nursing Homes and Health Care Complaint Line

1-800-342-0553

Ohio Department of Insurance

1-800-686-1578

Social Security Administration

1-800-772-1213

Telemarketing Fraud

1-800-282-0515

Veteran's Administration

1-800-827-1000

Victim's Crime Compensation Program

1-800-582-2877

Appendix A: Monthly Expenses Worksheet

List expenses not covered by Medicaid that you may have during the month. This is not intended to be an inclusive list of items that may affect your personal lifestyle and should be modified to reflect your needs. Family and friends may assist you in obtaining these items. Please work with your family and care manager, prior to enrollment in the waiver, to develop a plan for meeting these needs.

✓ if Used	Item	Cost per Month	✓ if Used	Item	Cost per Month
	Barber or Hairdresser			Church	
	Stamps, cards, pens			Other charities	
	Shampoo, cream rinse			Hobbies	
	Body wash			Books, magazines, newspaper	
	Toothpaste, toothbrush			Phone, cell phone	
	Denture cleaner			Clothing	
	Bar soap			Dinner out with friends, movie	
	Dish soap, dish towels/cloths			Motor vehicle (upkeep & insurance)	
	Snacks, beverages			Pet Supplies	
	Socks, underwear			Other:	
	Shoes, slippers			Other:	
	Personal items			Other:	

Appendix B: Medication Co-payments Worksheet

Individuals who participate in the Assisted Living Medicaid Waiver program are responsible for paying all medication co-payments, as well as for the purchase of over-the-counter medication not covered by Medicare Part D or Medicaid. You are not required to change plans or give up any additional coverage you may have.

If you are a new Medicaid applicant who also has Medicare, your status will change to “dual eligibility” for Medicare and Medicaid. You must verify that Medicaid has communicated the change to your status with Medicare for your Part D benefits. You can also change to a prescription program for dual eligible individuals that eliminates the monthly fee, coverage gaps and expensive co-pays. Visit www.medicare.gov or call 1-800-MEDICARE to learn more and compare programs based on your current medication needs. You may also request assistance with Medicare from the Ohio Senior Health Insurance Information Program (OSHIIP) by calling 1-800-686-1578.

If you are a current Medicaid recipient, ask your pharmacy for a list of co-payment amounts for your medications. If your selected assisted living provider uses a specific pharmacy, your care manager will provide you with the phone number to obtain the cost of co-pays through that pharmacy. You may choose to obtain medications through your preferred pharmacy, but this may affect your choice of assisted living providers.

If you are moving from a nursing facility, the facility must return unused medications for credit to your prescription insurance, or it may interfere with your ability to have new prescriptions filled when you move to the assisted living facility.

Use the worksheet below and on the next page to determine your monthly medication costs.

Medications, Vitamins, Herbs, Etc.	Monthly Out-of-Pocket Cost	Will This Item Be Covered By Medicaid?	Medications, Vitamins, Herbs, Etc.	Monthly Out-of-Pocket Cost	Will This Item Be Covered By Medicaid?

Appendix C: Facility Tour Checklist

You have requested to apply to _____ assisted living facility. Please contact _____ at (____) _____ - _____, ext. _____, to arrange a tour.

Use this checklist to help you ask questions about the things you will need to make your new residence more home-like. If you currently reside in a nursing facility, some or all of the needed items may be obtained through Community Transition Funds. Your care manager will assist with this process.

Item	Does Facility Provide?		Is There An Additional Charge for Facility to Provide?		How Will Consumer Obtain Needed Item?	
	Yes	No	Yes	No	Family or Consumer Has	Community Transition Funds
3 nutritious meals daily	✓			✓		
Snacks/beverages upon request or when needed	✓			✓		
Laundry services, including personal clothing	✓			✓		
Housekeeping services	✓			✓		
Maintenance services	✓			✓		
Heating and air conditioning	✓			✓		
Transportation to non-medical, scheduled group activities	✓			✓		
Transportation to individually scheduled activities						
Transportation to medical appointments						
Bed with springs & mattress (Not a day-bed, hide-a-bed, etc.)						
Waterproof mattress cover for incontinent consumers						

Item	Does Facility Provide?		Is There An Additional Charge for Facility to Provide?		How Will Consumer Obtain Needed Item?	
	Yes	No	Yes	No	Family or Consumer Has	Community Transition Funds
Bed linens (sheets, pillows, pillow cases, blankets, bedspread)						
Bedside table						
Closet or wardrobe for hanging full length garments/storage						
Dresser or bureau						
Mirror for grooming						
Waste basket with liners						
Bath towels, face towels, wash cloths						
Shower curtain with hanging device						
Wall hooks, towel racks						
Non-skid surfacing and grab bars/hand rails in tub/shower area						
Built-in or free-standing shower bench						
Grab bars/hand rails near toilet						
Lamps (table or floor)						
Chair with padded back & seat with arms for support						
Table and chairs						
Sofa or love seat						
End tables						

Item	Does Facility Provide?		Is There An Additional Charge for Facility to Provide?		How Will Consumer Obtain Needed Item?	
	Yes	No	Yes	No	Family or Consumer Has	Community Transition Funds
Recliner						
Window blinds						
Window curtains						
Drapery rods						
Cable or satellite hook ups						
Kitchenette area with additional sink; cupboards/drawers						
Refrigerator If no, is one permitted?						
Microwave If no, is one permitted?						
Coffee Maker If no, is one permitted?						
Toaster If no, is one permitted?						
Emergency pull cords in bathroom & living area						
Emergency pendant/bracelet worn by consumer						
Other:						
Other:						
Other:						

Item	Does Facility Provide?		Is There An Additional Charge for Facility to Provide?		How Will Consumer Obtain Needed Item?	
	Yes	No	Yes	No	Family or Consumer Has	Community Transition Funds
Other services available on premises						
Beauty shop						
Gift shop						
Coffee shop						
Library						
Enclosed Courtyard						
Aquatic Center						
Exercise Facility						
Extra Storage Available						
Banking Services						
On-site physicians available to consumer?						
On-site dentist available to consumer?						
On-site eye care professional available to consumer?						
On-site mental health professional available to consumer?						
Other:						
Other:						

Item	Does Facility Provide?		Is There An Additional Charge for Facility to Provide?		How Will Consumer Obtain Needed Item?	
	Yes	No	Yes	No	Family or Consumer Has	Community Transition Funds
Miscellaneous						
No smoking on premises						
Smoking in outside designated areas only						
Assist with moving consumers into facility						
Pets Allowed – Type: (Consumer must be able to care for pets)						
Deposit required for pets						
Is the first and last month room and board payment pro-rated?						
Does the facility manage consumer’s funds?						
Other:						

Consider scheduling your tour so that you can observe a meal and some of the activities. You may want to talk with some of the current residents and ask them questions about their experience with things about the facility of interest to you. As you travel to and from the facility, look at the community resources you may want to use like a public library, places of worship, availability of shopping areas and so forth.

Appendix D: Frequently Asked Questions

Assessment, Referral and Enrollment

Q: Who is eligible for the Assisted Living Waiver?

A: You must be age 21 or older to participate and meet certain service need and financial criteria.

Q: When can I be assessed for eligibility?

A: Staff at your local PASSPORT Administrative Agency (PAA) can determine your eligibility at any time. Once you call, your assessment will be scheduled for the first available date. Call 1-866-243-5678 to find the PAA serving your community or visit <http://aging.ohio.gov/services/passport/passportadministrativeagencies>.

Q: Can I request an assessment for someone else, or can another person request an assessment for me?

A: Your PAA will accept a request for an assessment from anyone, though the person to be assessed must agree to the assessment.

Q: Who will conduct the assessment?

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

Q: What is the purpose of the assessment?

A: The assessment process will provide you with information about your long-term care options. Your assessor will also determine your eligibility for the Assisted Living Waiver program and initiate a care plan. If you are not a current Medicaid recipient, the assessor will help you start the Medicaid application process.

Q: How am I referred to an Assisted Living Waiver provider?

A: Staff at your PAA will refer you to the appropriate participating provider, but can make referrals only with your consent. He or she will refer you to the participating provider or providers you choose or, if you have no preference, to all contracted providers in the area. The PAA will also give the provider a referral packet, containing a copy of your assessment documentation, your initial care plan and a referral sheet showing your proposed tier assignment.

Q: What happens if my provider of choice doesn't have an opening?

A: If the provider determines that its facility would be appropriate for you, they can place you on a waiting list. Staff at the PAA will maintain contact with you and facility until you are enrolled.

Q: Must the provider accept me if I am referred to its facility?

A: No. Assisted Living Waiver program providers are not required to accept every referral, nor are they required to accept referrals based on the date of application.

Q: Must the provider complete a face-to-face assessment with me prior to enrollment?

A: No. State rules do not require a face-to-face assessment with the provider and consumer prior to enrollment. However, we strongly recommend such an assessment.

Q: When will I be enrolled in the Assisted Living Waiver program?

A: Your enrollment date is the date you move into the facility, which will be coordinated between you, the facility and the staff at your PAA. You can move in at any time of the month and the provider must meet all relevant state rule requirements prior to and during your enrollment.

Room and Board

Q: Who pays for room and board?

A: You will pay a fee directly to the facility for room and board. The established room and board rate for Assisted Living Waiver program consumers is the current Supplemental Security Income (SSI) federal benefit rate minus \$50. If your monthly income is less than this amount, your care manager will help you apply for SSI benefits to help pay this fee.

Q: Can I pay a higher room and board rate to get a larger living unit?

A: No.

Q: Will the provider pro-rate the room and board fee based on my move-in and move-out dates?

A: Yes. The provider may, at its discretion, adjust your fee accordingly.

Q: What happens if I fail to pay the room and board fee?

A: Facility management will notify your care manager if you fail to pay the room and board payment. They also have the right, under current state rules, to issue a 30-day notice and initiate discharge.

Q: Do I have to make a room and board payment if I am temporarily absent from the facility?

A: Yes. As the facility is providing or holding a living unit for you, you must pay the room and board fee.

Q: Can the facility ask me to pay a security deposit?

A: No.

Service Tier Payment

Q: What is a service tier assignment?

A: The amount the facility is reimbursed by the state for the daily services it provides you is determined by your needs on four variables: cognitive functioning, medication

administration assistance, nursing care and physical functioning. After evaluating your situation with you, staff at your PAA will determine your initial service tier assignment.

Q: Can my service tier change?

A: Staff at your PAA, in conjunction with facility staff, will monitor your needs and change your service tier as necessary. PAA staff will notify your provider of any new tier assignment and its effective date.

Q: Are there “bed hold day” payments in this waiver?

A: No. The facility will not receive a service tier payment when you are on a leave of absence from the facility.

Q: Can the service tier payment be billed when I am in the facility for only a portion of a day?

A: Yes. If you are in the facility for any portion of any day, that day can be billed. This includes your day of enrollment and the day of discharge.

Q: Can my family supplement the service tier payment?

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

Consumer Liability

Q: How will the consumer liability obligation be determined?

A: Staff at your County Department of Job and Family Services (CDJFS) office will determine your consumer liability obligation (amount and effective date) prior to you making any such payment to the provider. Once the CDJFS office makes its determination, staff at the PAA will provide the amount and the effective date of the obligation in writing to the provider. Any questions regarding consumer liability should be directed to your care manager.

Prescription Drug Costs

Q: Will I have to pay my prescription drug co-payments in the Waiver program?

A: Yes, you are responsible for all prescription drug co-payments.

Care Planning

Q: What is the purpose of the care plan?

A: The care plan identifies your needs and goals and describes the individuals and entities responsible for meeting those needs. Your care plan also establishes your service tier assignment.

Q: What are the elements of the care plan?

A: The care plan should include, but is not limited to, the following information: care activities of daily living, medication management needs, instrumental activities of daily living (e.g., financial management, transportation), cognitive function, mental

health needs (if applicable), ongoing community services, durable medical equipment, disposable medical supplies and community transition service.

Q: When is the care plan developed?

A: Staff at the PAA will develop the care plan with you during the initial assessment. Care plans are developed to be person-centered. That means identifying your individual needs and preferences on how to meet your needs. For example, perhaps you prefer to take a shower at night before bed and to “sleep-in” in the mornings. Identifying your preferences in the provision of your care will help the manager and the facility plan how they can best serve your needs.

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 consumer’s needs can be met by the facility, at which time they can begin to talk with you and PAA staff about care needs.

Q: How often is the care plan updated?

A: PAA staff will review the care plan with you and the provider within the first thirty days of enrollment. Subsequent reviews will be done quarterly and upon any significant change in your condition or needs. Any changes to the care plan will be communicated to your provider in writing.

Your Care Manager

Q: What are the general responsibilities of the care manager?

A: Your care manager at the PAA monitors service delivery as described in your care plan, establishes your continued waiver eligibility, coordinates services not delivered by the facility and offers technical assistance to the provider to maintain your quality of life. He or she will contact you monthly and will contact your facility, at a minimum, once every three months.

Q: What types of information should the facility and I share with my care manager?

A: Your care manager should be notified of any hospitalizations, incidents, accidents, changes in your level of functioning, payment issues and discharge planning considerations.

Community Transition Service

Q: What is the community transition service?

A: Community transition service helps eligible individuals obtain basic essential household furnishings and items needed to establish a community residence.

Q: Who is eligible for the community transition service?

A: You qualify for community transition service if you are leaving a nursing facility to enroll in the Assisted Living Waiver program.

Q: What can I purchase with the community transition service?

A: Your care plan will include a list of items you may purchase with community transition service funds. Items covered may include household furnishings and supplies, window coverings, food preparation items, bed and bath linens, certain utility fees or deposits and some moving expenses. Items not covered include, but are not limited to, durable medical equipment covered by Medicaid or Medicare, recreational items, clothing, air conditioners and monthly utility service costs.

Q: Who owns the items purchased with the community transition service?

A: You own the items you purchase through the community transition service.

Discharge

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

A: The facility is obligated to follow the state licensure rules for residential care facilities related to discharge. Your care manager will work with you and the facility to coordinate the discharge. The care manager will educate you on your right to appeal, as well as guide you toward alternative long-term care options. You can be discharged from a facility, but not disenrolled from the Assisted Living Waiver program.

Q: How is discharge handled if I become ineligible for the waiver?

A: Your care manager will work with you and the facility to develop a discharge plan and coordinate the discharge date. If you must leave the Assisted Living Waiver program because you are no longer eligible for the program, your care manager will work with the facility to coordinate the disenrollment date, and the facility will issue a thirty-day discharge notice. If you must leave the program because you are no longer financially eligible for Medicaid, your final date of waiver services will be the final date of Medicaid eligibility, as determined by your County Department of Job and Family Services.