



## **Assisted Living Waiver Billing Guidance**

The following is a general overview of the billing practices for the Assisted Living Medicaid Waiver Program. If you have case-specific questions that are not answered here, please contact your local PASSPORT Administrative Agency (PAA).

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

- The established room and board payment is equal to the current SSI benefit minus \$50.00. The room and board payment increases when the SSI amount is increased.
- The Assisted Living Waiver (ALW) provider may, at its discretion, collect less than the established room and board rate, but may not collect more.
- SSI eligibility must be explored for consumers with incomes less than the SSI benefit as family contributions toward the established room and board could have a negative impact on Medicaid eligibility and continued waiver enrollment. The PAA case manager will assist the consumer with the application process.
- Family supplementation of the room and board payment to upgrade the living unit is not permitted.
- The ALW provider may not charge the waiver consumer a security deposit.
- The room and board payment is made to the ALW provider during a consumer's absence from the facility.
- The ALW provider may not charge the waiver consumer an additional fee to hold the living unit during an absence.
- The ALW provider shall notify the consumer's case manager at the PAA in the event the consumer fails to pay the room and board payment.
- The ALW provider may accept any amount equal to or less than the established room and board rate when two waiver consumers choose to reside in the same living unit.
- There is no reduction in the waiver consumer's room and board payment when the consumer chooses to reside in the same living unit with a private pay resident.

### ***Assisted Living Service Payment***

- One unit of service is billed for each day the consumer is in the facility.
- The number of units billed may not exceed the number of days in the month.
- The ALW provider may bill for waiver services on the day of admission and the day of discharge from an acute care setting or a nursing facility setting.

### ***Assisted Living Service Payment (Continued)***

- The ALW provider will not receive payment for the day of discharge when the consumer is transferring to another waiver facility.
- The ALW provider will not receive a Medicaid payment for services when the consumer is absent from the facility.
- The ALW provider may not charge the consumer a daily service rate during an absence from the facility.
- Prescription or over-the-counter medications, durable medical equipment and disposable medical supplies are not included in the daily rate for tier services.
- The payment the ALW provider receives from the PAA constitutes the full and complete payment for services rendered. The ALW provider may not accept additional payment other than client liability payments authorized by the County Department of Job and Family Services (CDJFS).

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

- The community transition service is a per-job bid rate. The bid includes the cost of the items and the cost to arrange for and procure the items. There is no established amount for the cost to arrange for and procure the items. Delivery charges also may be included in the bid.
- The consumer and the case manager determine the items to be purchased. The case manager must authorize the final bid/cost prior to the purchase of the items. The provider who submits the lowest acceptable bid will deliver the service.
- Items not covered by the service include, but are not limited to: Medicaid/Medicare covered durable medical equipment and recreational items such as televisions, clothing, air conditioners and monthly service costs for telephone or cable TV.
- While the consumer's family may obtain the items to be purchased with the community transition service, this should be an exception to the rule and not the standard. The case manager, family and ALW provider should have clear expectations about what is to be obtained, the projected costs and the process and time frame for reimbursement.

### ***Medicaid Eligibility***

- An individual may not be enrolled in the assisted living waiver until Medicaid financial eligibility has been established by the CDJFS. The CDJFS must establish eligibility for waiver enrollment even for current Medicaid recipients.
- The income eligibility standard is 300% of the current SSI federal benefit rate (available at [www.ssa.gov](http://www.ssa.gov)). Individuals may not have countable assets valued at more than \$1,500.

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

- If a consumer's income exceeds the eligibility standard, the CDJFS will determine Medicaid eligibility for the waiver using the Medicaid cost of care calculation, which

takes into account the cost of waiver-approved services. This does not include the room and board payment.

### ***Client Liability***

- The client liability obligation is the amount of the consumer's financial contribution toward the cost of waiver services and is determined by the CDFJS. The PAA does not presumptively determine the client liability obligation.
- The PAA is responsible for notifying the AL provider of the CDJFS established client liability obligation and any changes to the liability.
- The ALW provider collects the client liability obligation when the CDJFS has issued the final client liability obligation determination and an effective date.
- The client liability obligation is applied only toward the assisted living service payment.
- The PAA will deduct the amount of the client's liability obligation from the amount of the Medicaid service payment due to the ALW provider.
- The ALW provider may collect the client liability obligation when a consumer is absent from the facility.
- The ALW provider must have a process in place for making adjustments when the client liability obligation exceeds the waiver services delivered.
- The ALW provider must notify the PAA if the consumer fails to pay the client liability obligation

### ***Medicaid State Plan Benefits***

- Waiver consumers are eligible for Medicaid state plan benefits, including home medical equipment, medical supplies and medical transportation. For a list of benefits available to the consumer, visit [dfs.ohio.gov/OHP/bcps/FactSheets/Medicaid.pdf](https://dfs.ohio.gov/OHP/bcps/FactSheets/Medicaid.pdf). The case manager will assist the consumer and ALW provider to identify available state plan benefits.
- Medicaid durable medical equipment and medical supply claims are processed by the state Medicaid agency, using a paper claim process. For the list of Medicaid approved medical equipment and supplies, refer to: OAC 5101:3-1-03, appendix, "Medicaid supply list."
- For durable medical equipment technical assistance, call (614) 466-1503.
- For billing process technical assistance, call 1-800-686-1516.

### ***Prescription Drugs***

- The consumer is responsible for paying prescription drug medication co-pays and providing his or her own over-the-counter drugs.
- When an individual has incurred medication co-pays, the consumer or an authorized representative should submit verification of incurred expenses to the local CDJFS and request the client liability obligation be recalculated.
- Family members may pay the medication co-pays, and this contribution will not be treated as unearned income.

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