

5101:3-33-07 **Assisted living HCBS waiver rate setting.**

(A) The purpose of this rule is to describe the methods used to determine provider rates for the assisted living home and community based services (HCBS) waiver- as set forth in rule 5101:3-1-06 of the Administrative Code for the following categories:

(1) Per job bid rate or deposit made.

(2) Unit rate.

~~(B)~~ Subject to the limits set forth in rule 5101:3-1-06 of the Administrative Code, ~~rate setting methodologies shall be established for the following categories:~~

~~(1) Per item rate; and~~

~~(2) Unit rate.~~

~~(C)~~(B) A ~~per item rate~~ job bid rate or deposit made shall be determined on a ~~per item job~~ basis for the community transition service as set forth in rule 173-39-02.17 of the Administrative Code.

~~(1) The cost of the item shall not exceed the medicaid state plan rate for the cost of the item.~~

~~(2)~~(1) The cost of an item that does not have an established medicaid rate per job shall be reimbursed at a per item bid rate submitted and agreed to in writing by the PASSPORT administrative agency (PAA) prior to delivery of the item per job bid rate that is negotiated and approved by Ohio department of aging's designee and accepted by the consumer. The per job bid rate includes the cost of the purchase, delivery, and set-up of items. Deposits made include set-up fees or deposits for utility on service access.

~~(D)~~(C) A ~~Unit rates~~ unit rate shall be based on a three-tiered model as expressed in appendix A to rule 5101:3-1-06.5 of the Administrative Code. These rates will be used for assisted living services as set forth in rule 173-39-02.16 of the Administrative Code.

(1) Each consumer's rate shall be determined by the PAA preadmission screening system providing options and resources today (PASSPORT) administrative agency through an assessment of the consumer's service needs in four areas:

(a) Cognitive impairments,

(b) Medication administration,

(c) Nursing services, and

(d) Functional impairments.

(2) The provider must agree to provide the services in the consumer's plan of care at the rate determined by the assessment.

~~(E)~~(D) Assisted living service payment constitutes payment in full and may not be construed as a partial payment when the payment amount is less than the provider's charge. The provider may not bill the consumer for any difference between the medicaid payment and the provider's charge or request that the consumer share in the cost through a co-payment or other similar charge.

~~(F)~~(E) The assisted living service payment is for assisted living services as defined in rule 173-39-02.16 of the Administrative Code and does not include payment for room and board, which is the responsibility of the consumer.

Effective: 03/22/2008

R.C. 119.032 review dates: 11/13/2007 and 03/01/2013

CERTIFIED ELECTRONICALLY

Certification

03/12/2008

Date

Promulgated Under: 119.03
Statutory Authority: 5111.85, 5111.89
Rule Amplifies: 5111.85, 5111.89
Prior Effective Dates: 07/01/2006