

5160-33-07

Assisted living home and community based services (HCBS) waiver rate setting.

- (A) The purpose of this rule is to describe the methods used to determine provider rates for the assisted living HCBS waiver as set forth in appendix A to rule 5160-1-06.5 of the Administrative Code.
- (B) Provider rates ~~will be~~are determined for the following categories:
- (1) ~~Per job~~Per-job bid rate or deposit made.
 - (2) Unit rate.
- (C) A ~~per job~~per-job bid rate or deposit made shall be determined on a ~~per job~~per-job basis for the community transition service as set forth in rule 173-39-02.17 of the Administrative Code. The cost per job shall be ~~reimbursed~~paid at a ~~per job~~per-job bid rate that is negotiated and approved by Ohio department of aging's (ODA) designee and accepted by the individual. The ~~per job~~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 service access. the items and supports set forth in rule 173-39-02.17 of the Administrative Code and authorized on the person-centered services plan.~~
- (D) A unit rate shall be based on a three-tiered model, and shall not exceed the amounts in appendix A to rule 5160-1-06.5 of the Administrative Code. These rates ~~will be~~are used for assisted living services as set forth in rule 173-39-02.16 of the Administrative Code.
- (1) The rate for assisted living services for each individual shall be determined by the ODA's designee through an assessment of the individual's service needs in four areas:
 - (a) Cognitive impairments,
 - (b) Medication administration,
 - (c) Nursing services, and
 - (d) Functional impairments.
 - (2) The ODA-certified assisted living ~~HCBS waiver~~ provider must agree to provide the services in the individual's person-centered service plan at the rate determined by the assessment.

- (E) ODA certified assisted living providers shall only be ~~reimbursed-paid~~ for assisted living services authorized by ODA's designee and reflected on the individual's person-centered service plan.
- (F) 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 an individual enrolled of in the~~ assisted living ~~HCBS-waiver~~ program ~~services~~ for any difference between the medicaid payment and the provider's charge or request that the individual share in the cost through a co-payment or other similar charge.
- (G) 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 as calculated pursuant to rule 5160-33-03 of the Administrative Code, which is the responsibility of the individual.

Effective:

Five Year Review (FYR) Dates: 4/9/2019

Certification

Date

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