



Ohio Administrative Code

Rule 5160-33-02 Definitions for the assisted living home and community based services waiver (HCBS) program.

Effective: October 13, 2022

(A) The purpose of this rule is to define the terms used in Chapter 5160-33 of the Administrative Code governing the medicaid assisted living HCBS waiver program.

As used in this chapter:

(B) "Assessment" means a face-to-face evaluation used to obtain information about an individual including his or her condition, personal goals and preferences, functional limitations, health status and other factors that are relevant to the authorization and provision of services. Assessment information supports the determination an individual needs waiver services as well as the development of a person-centered services plan.

(C) "Assisted living HCBS waiver program" means the medicaid-funded component of the assisted living program created under section 173.54 of the Revised Code and approved by the centers for medicare and medicaid services.

(D) "CDJFS" means a county department of job and family services.

(E) "CMS" means the centers for medicare and medicaid services, a federal agency that is part of the United States department of health and human services, and administers the medicaid program and approves HCBS waivers.

(F) "Certified" or "certification" means a provider's state of being certified by the Ohio department of aging (ODA) as an assisted living provider pursuant to Chapter 173-39 of the Administrative Code or the certification ODA gives to a certified assisted living provider.

(G) "HCBS" or "home and community-based services" means services furnished under the provisions set forth in 42 C.F.R. Part 441 Subpart G (October 1, 2021) that permit individuals to live in a home setting rather than a nursing facility (NF) or hospital. HCBS waiver services are approved



by CMS for specific populations and are not otherwise available under the medicaid state plan.

(H) "Home first" means the component of the assisted living HCBS waiver program that offers priority enrollment in the waiver to certain individuals in accordance with section 173.542 of the Revised Code.

(I) "Individual" is a person enrolled on the assisted living HCBS waiver.

(J) "Level of care" (LOC) means the designation describing an individual's functional levels and nursing needs pursuant to the criteria set forth in rules 5160-3-05, 5160-3-06, and 5160-3-08 of the Administrative Code.

(K) The Ohio department of aging (ODA) is responsible for the daily operation of the assisted living home and community based services (HCBS) waiver. ODA will operate this waiver pursuant to an interagency agreement with the Ohio department of medicaid (ODM) in accordance with sections 5162.35 and 5166.21 of the Revised Code. ODA will establish processes and procedures to enroll individuals on this waiver.

(L) "ODA's designee" has the same meaning as in rule 173-39-01 of the Administrative Code.

(M) "Residential care facility" means a residential care facility as defined in section 3721.01 of the Revised Code that is issued a license pursuant to section 3721.02 of the Revised Code.

(N) "Room and board" means a payment made by an individual enrolled in the assisted living waiver directly to the ODA certified assisted living waiver provider. When paying "room" the individual will not be charged for the same furnishings and other shelter expenses the residential care facility provides at no cost to private pay non-waiver residents pursuant to the facility's resident agreement. The term "board" means three meals a day or any other full nutritional regimen.

Room and board does not include charges for ancillary items, services, and/or social activities purchased or paid for by the individual including hygiene and supplies not provided through medicaid and reflected on the individual's person-centered services plan, recreation and activities, and/or other items or services purchased by the individual; however ODA certified assisted living



providers may, at their own discretion, provide ancillary items, services and/or social activities as part of the room and board payment.

(O) "Person-centered services plan" has the same meaning as in rule 5160-44-02 of the Administrative Code.