



## OHIO ASSISTED LIVING ASSOCIATION

Below are quotes from a **July 2014** report by Robert Applebaum and John Bowblis from Scripps Gerontology Center at Miami University (Oxford, OH). The report is titled “***A Review of the Reimbursement Approach for Ohio’s Assisted Living Medicaid Waiver Program***”.

*“A third question was how to set the room and board component of the assisted living rate. To ensure that Medicaid recipients who relied on the Supplemental Security Income Program (SSI) could use the assisted living waiver option, state officials set the room and board rate at the federal SSI amount, minus a \$50 personal allowance. The advantage of this approach is that very low income individuals with qualifying levels of disability can participate in the program. A major disadvantage is that the room and board rate is set below the prevailing private pay charges creating a disincentive for providers to participate in the waiver program. States have dealt with this issue through a range of approaches. The majority of states (40) and all states with 1915C waivers do not include room and board as part of the waiver rates. Twenty three states cap the room and board rate in the program. Twenty four states subsidize the federal SSI payment for waiver participants. Twenty five states allow families or third parties to supplement room and board charges (Mollica, 2009). Currently, Ohio does not allow families or third parties to supplement the room and board charges.” (p. 3)*

In the recommendations section of this report:

*“3b. Explore a payment system that allows facilities to receive a room and board rate that is closer to actual cost, rather than one set by the SSI amount. We estimate that more than 80% of waiver participants could afford to pay a higher monthly room and board rate out of personal income. When combined with the opportunity for family supplementation described above, we believe this could serve as a vehicle to more accurately reimburse assisted living facilities under the waiver and help to ensure additional access for low income individuals. Under such an approach a portion of this increase should be used to enhance the personal needs allowance. This would also be consistent with the new CMS-HCBS setting regulations which emphasize the community nature of the assisted living option. The development of such an option would have to consider how to mitigate the impact on low income residents.” (p. 16)*