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Assisted Living Waiver Program

What Is The Assisted Living Waiver (ALW) Program?

Ohio's Assisted Living Waiver (ALW) Program permits Medicaid to help pay for care provided to Ohio residents living in an assisted living facility. The facility must be certified to provide care under the ALW by the Ohio Dept. of Aging. Assisted living facilities provide an alternative to nursing facility care that promotes a resident's independence, choice and privacy. Residents are provided with a private resident unit designated solely for the individual.

What Services Does The ALW Program Provide?

The ALW program provides assisted living services such as personal care, nursing, laundry, housekeeping, medication assistance, coordination of meals, nonmedical transportation, social and recreational programming and 24/7 staff support. The program can also provide Community Transition Services, based on need, that can pay expenses for an you to transition from a nursing facility to an assisted living facility.

Who Provides The ALW Program Services?

Facilities participating in the ALW must be both licensed as a residential care facility by the Ohio Dept. of Health and certified by the Ohio Dept. of Aging as an Assisted Living Waiver Provider. Your Passport Administrative Agency (PAA) is also your local Area Agency on Aging (AAA).

The PAA can help you locate and arrange services with an assisted living facility that has been approved to participate in the ALW program. Participating facilities can be located through the Ohio Long-Term Care Consumer Guide

How Do I Become Eligible For The ALW Program?

You must undergo an assessment to determine if you require an intermediate level-of-care by needing:

1) Hands-on assistance with at least two of the following activities of daily living (ADL): mobility, bathing, toileting, dressing, grooming or eating;
2) Assistance with one ADL and medication administration;
3) At least one skilled nursing or rehab service; or
4) 24-hour support to prevent harm due to a cognitive impairment.

You must also be at least 21 years old, live in a residential care facility, meet the ALW financial eligibility requirements (incl. able to pay the monthly room and board payment) and have care needs that can be safely met in a residential care facility without exceeding cost limits for the program.

What Are The Financial Eligibility Requirements For The ALW Program?

The resource standard for the ALW is the same standard for nursing facility Medicaid. You can have no more than $2,000 in countable resources. If you have a spouse living in the community, your spouse can keep half of the total countable resources if that amount is between a minimum of $29,724 and a maximum of $148,620. See our Institutional Medicaid Fact Sheet for more details. In addition, your gross income cannot exceed $2,742 (300% of the SSI standard).

If your income exceeds that amount, you can still be eligible for the ALW by transferring the amount of your monthly income over the $2,742 limit into a Qualified Income Trust (QIT) and using the funds in the QIT to pay for your personal needs allowance, a maintenance allowance for a spouse, nursing home costs of care and bank fees. See our QIT fact sheet for more details.

What Does The ALW Program Pay For?

Medicaid only pays for the cost of your medical and personal need services. It does not pay for room and board. If you are unable to pay the room and board rate, you will need to apply for Supplemental Security Insurance (SSI) Benefits. Depending on your income, you may also be required to pay a monthly patient liability toward the cost of services. Your County Department of Jobs and Family Services (CDJFS) determines if you have a patient liability. The amount of the patient liability can be reduced by health insurance premiums or unpaid medical expenses.

What Is The Room And Board Rate?

The room and board rate is the SSI federal benefit rate, $914 (2023), minus $50, which is your personal needs allowance, for a total of $864 per month. The room and board rate covers a single occupancy living unit. You must pay the room and board fee directly to the facility every month.

How Do I Apply For The ALW Program?

You can contact your local AAA for an in-person consultation by calling 1-866-243-5678. A Care Manager will perform an assessment, go over your care options and determine if you meet the required ALW level-of-care. Your CDJFS will determine if you meet the financial eligibility requirements. There are a limited number of ALW slots available statewide, facilities may not be certified or have a bed available and even if a facility has an open ALW slot, it may not accept you as a resident.

When Will I Be Enrolled In The ALW Program?

Your enrollment date is not effective as of the date of your application and there is no retroactivity. Your enrollment date is the latest date that all of the following conditions are met:

1) Your basic Medicaid effective date;
2) The date you meet level-of-care requirements;
5) The date you meet all ALW requirements;
6) The date your PAA approves a service plan that includes at least one waiver service; and
7) The date you began residing in a certified assisted living facility.

What If A Waiver Slot Is Not Available?

You may be enrolled in the ALW when a waiver slot becomes available by one of two means: The unified waiting list (enrollment offered in chronological order if all ALWP eligibility requirements met),

or the Home First component. You qualify for the Home First component if you are eligible for the assisted living program and at least one of the following applies:

1) You reside in a nursing facility;
2) A doctor documents that you will require nursing facility admission within 30 days if you are not enrolled in the ALW;
3) You have been hospitalized and a doctor documents that you require admission to a nursing facility; or
4) You are the victim of abuse, neglect or exploitation reported to Adult Protective Services and would otherwise be admitted to a nursing facility.

What Is The ALW Provider Rate Setting?

This is the amount the facility is reimbursed by Medicaid to provide for your daily medical and care needs. Provider rates are based on a 3-tier model. Your initial tier or rate will be determined by your care manager from the PAA based on an assessment of your needs in four areas: cognitive functioning, medication administration, nursing services, and functional impairments. The tier 3 rate of $76.67/day is the maximum allowable reimbursement rate. Your PAA care manager, working with the facility staff, will monitor your needs and may change your tier level over time.

What If I No Longer Meet The ALW Eligibility Requirements While Living In A Facility?

If at any time, you no longer meet the eligibility requirements under the ALW, you can be disenrolled from the program, but you must receive notice and you have a right to appeal.