

**REIMBURSEMENT POLICY STATEMENT**  
**Ohio MyCare**

<b>Policy Name &amp; Number</b>	<b>Date Effective</b>
Assisted Living Facilities-OH MyCare-PY-0348	05/01/2024





D. Policy

- I. A review of medical necessity by CareSource is required for assisted living facility care.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



3. Home and Community-Based Services (HCBS) Waivers: Assisted Living, OHIO ADMIN. CODE 5160-1-6.5 (2024).
4. Medicaid-Funded Assisted Living Program, OHIO ADMIN. CODE 173-38-01 to 05 (2024).
5. Medicaid: Post-Eligibility Treatment of Income for Individuals Receiving Services Through a Home and Community-Based Services (HCBS) Waiver or the Program of All-Inclusive Care for the Elderly (PACE), OHIO ADMIN. CODE 5160:1-6-07.1 (2023).
6. ODA Provider Certification: Assisted Living Service, OHIO ADMIN. CODE 173-39-02.16 (2024).

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.