



3 West Road | Virks Building | Cranston, RI 02920

Client Requirements for Medicaid - Funded Assisted Living

Each individual applying for Medicaid funded Assisted Living must meet certain criteria for eligibility. Criteria for Category D and Category F are separate processes unrelated to Medicaid eligibility.

1. Each potential Medicaid funded individual must be assessed by an Office of Healthy Aging (OHA) case manager. The OHA case manager works in conjunction with appropriate staff at the Department of Human Services (DHS) and the Office of Medical Review (OMR) to determine a level of care (LOC).
2. The LOC determination for a potential Medicaid Assisted Living resident will be conducted by the OMR and will include a review of the provider Medical Statement (GW-OMR- PM1, revised 6/2011) which is completed and signed by a physician who assesses the individual in fulfillment of the document requirements for a LOC determination.
3. A potential resident must be determined to have a HIGH or HIGHEST level of need as determined by OMR.
4. Additionally, each potential Medicaid funded resident must meet Long Term Care (LTC) Medicaid income and asset criteria.
5. Residents who are capable of self-preservation may be placed in either residences that are licensed as either F1 or F2. Those residents who are incapable of self preserving may only reside in residences licensed as F1.
6. Individuals may opt to move into a facility prior to eligibility for Medicaid funded Assisted Living, however, this arrangement is between the residence and the individual, i.e., responsibility for payment is with the family/individual and the residence. Medicaid Assisted Living eligibility does not go retroactive.