## RHODE ISLAND DEPARTMENT OF HUMAN SERVICES / DIVISION OF ELDERLY AFFAIRS SUBSIDIZED ASSISTED LIVING OPTIONS

		FEE FOR SERVICE	Both FFS and NHPRI (if not Category F)
	DEA Community Assisted Living Program	RI Housing Assisted Living Program	Category D Enhanced SSI
<u>Eligibility:</u>	Age 65 + and Disabled Adults.	Age 65 + and Disabled Adults.	Aged & Disabled Adults who have an assessed need for AL services and who
	Qualifies for Medicaid (LTC); finacially and functionally; Assets below \$4,000.00	Qualifies for Medicaid (LTC); financially and functionally; Assets below \$4,000.00	have a monthly income under \$1,103
	Must meet an appropriate level of care as determined by the Office of Medical Review.	Must meet an appropriate level of care as determined by the Office of Medical Review.	Risk assessment (Cat D) completed by Behavioral health provider, MD, CM or other authorized health professional.
	Income and resource eligibility determined by DHS (also Social Security if SSI).	Income and resource eligibility determined by DHS (also Social Security if SSI).	Faxed to OHHS upon completiton.
	Assessment conducted by DEA Regional Case Management Agencies (UCAT).	Assessment conducted by DEA Regional Case Management Agencies (UCAT).	Income eligibility determined by Social Security.
<u>Benefits:</u>	Resident retains own income up to cost of R&B (maximum \$700.00), PNA and other allowable Medicaid deductions.	Resident retains own income up to cost of R&B, PNA and other allowable Medicaid deductions.	Resident receives SSI payment to supplement monthly income up to \$1103.00 per month.
<u>PNA:</u>	\$100 (monthly).	\$100 (monthly).	\$55 (monthly).
	Facility receives a Medicaid services payment of \$69.00 per day. Resident also receives full Medicaid benefits.	Facility receives a Medicaid services payment of \$69.00 per day. Resident also receives full Medicaid benefits.	Medical Assistance Benefits
<u>Case</u> <u>Mgmt:</u>	Case Manager from DEA contracted Agency.	Case Manager from DEA contracted Agency.	N/A
<u>Applicant</u> <u>may apply</u> <u>from:</u>	Contact The Point @ 462-4444 for Initial Screening / Intake.	Contact The Point @ 462-4444 for Initial Screening / Intake.	Contact The Point @ 462-4444 for Initial Screening / Intake.
<u>Program</u> <u>Limits:</u>	None - limited by Facility availability.	Maximum - 200 participants. Also limited by Facility availability.	None - limited by Facility availability.
<u>Facilities:</u>	Licensed ALR choosing to sign a contract with DHS / DEA for this program.	Licensed ALR developed by RI Housing and/or meeting specific facility criteria set by the Waiver.	Licensed ALR choosing to participate in SSI benefit.

**KEY: DEA** = Division of Elderly Affairs; **DHS** = Department of Human Services; **ALR** = Assisted Living Residence; **SSI** = Supplemental Security Income; **PNA** = Personal Needs Allowance; **LTC** = Long Term Care; **R&B** = Room and Board; **UCAT** = Universal Comprehensive Assessment Tool; **AL** = Assisted Living; **BHDDH** = Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. *revised 1/19* 

Neighborhood Health Plan RI - Integrity					
	DEA Community Assisted Living Program	<b>RI Housing Assisted Living Program</b>	Category F		
<u>Eligibility:</u>	Age 65 + and Disabled Adults.	Age 65 + and Disabled Adults.	Aged & Disabled Adults who are eligible for . Medicaid AL services (waiver) and		
	Qualifies for Medicaid (LTC); finacially and functionally; Assets below \$4,000.00	Qualifies for Medicaid (LTC); finacially and functionally; Assets below \$4,000.00	who are enrolled in NHPRI and who have been approved by NHPRI to receive enhanced AL services and who reside in an ALF approved to provide enhaced AL		
	Must meet an appropriate level of care as determined by the Office of Medical Review.	Must meet an appropriate level of care as determined by the Office of Medical Review.	services. Monthly income under 1,568.00		
	Income and resources eligibility determined by DHS (also Social Security if SSI).	Income and resources eligibility determined by DHS (also Social Security if SSI).	Income eligibility determined by Social Security.		
	Assessment conducted by agenies contracted with NHPRI	Assessment conducted by agenies contracted with NHPRI	Review and authorization by NHPRI and sent to OHHS for signature to SSA.		
<u>Benefits:</u>	Resident retains own income up to cost of R&B (maximum \$700.00), PNA and other allowable Medicaid deductions.	Resident retains own income up to cost of R&B, PNA and other allowable Medicaid deductions.	Resident retains own income up to the cost Of R&B, PNA and other allowable Medical deductions.		
<u>PNA:</u>	\$100 per month.	\$100 per month.	\$120.00 per month		
<u>Case</u> <u>Mgmt:</u>	Case Manager contracted with NHPRI	Case Manager contracted with NHPRI	Case manager contracted with NHPRI		
<u>Applicant</u> <u>may apply</u> <u>from:</u>	Contact NHPRI	Contact NHPRI	Contact NHPRI		
<u>Program</u> <u>Limits:</u>	None - limited by Facility availability.	Maximum - 200 participants. Also limited by Facility availability.	None - limited by Facility availability.		
<u>Facilities:</u>	Licensed ALR choosing to sign a contract with NHPRI for this program.	Licensed ALR choosing to sign a contract with NHPRI for this program.	Licensed ALR choosing to sign a contract with NHPRI		

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