<u>173-35-02</u> Eligibility criteria.

- (A) Only an individual who meets all of the following criteria is eligible for the RSS program:
 - (1) The individual resides in Ohio, pursuant to section 1616(b)(1) of the "Social Security Act," 49 Stat. 620 (1935), 42 USC 1382e, as amended;
 - (2) Pursuant to division (C)(1) of section 173.35 of the Revised Code, the individual shall agree to reside in one of the following living arrangements and the individual is not related to an owner of the living arrangement or a caregiver in the living arrangement:
 - (a) An adult family home, as defined in section 3722.01 of the Revised Code, that is licensed as an adult care facility under section 3722.04 of the Revised Code;
 - (b) An adult foster home certified under section 173.36 of the Revised Code;
 - (c) An adult group home, as defined in section 3722.01 of the Revised Code, that is licensed as an adult care facility under section 3722.04 of the Revised Code;
 - (d) A community alternative home, as defined in section 3724.01 of the Revised Code, that is licensed under section 3724.03 of the Revised Code:
 - (e) An apartment or room that is used to provide community mental health housing services, is certified by the Ohio department of mental health under section 5119.611 of the Revised Code, and is approved by a board of alcohol, drug addiction, and mental health services in accordance with division (A)(14) of section 340.03 of the Revised Code;
 - (f) A residential care facility, as defined in section 3721.01 of the Revised Code, that is licensed under section 3721.02 of the Revised Code; or,
 - (g) A residential facility of the type defined in division (A)(1)(d)(ii) of section 5119.22 of the Revised Code, that is licensed by the Ohio department of mental health.
 - (3) The individual shall cooperate in the enrollment process, including applying for medicaid and selecting a living arrangement that ODA's designee determines meets the individual's needs under paragraph (C)(5) of rule 173-35-03 of the Administrative Code;
 - (4) A CDJFS determined that the individual is financially eligible for medicaid in accordance with rule 5101:1-17-04 of the Administrative Code. A CDFJS

uses a "financial needs standard" ("FNS") to determine if the individual is eligible for the program;

- (5) The individual needs at least a protective level of care as defined in rule 5101:3-3-08 of the Administrative Code;
- (6) The individual does not require more than one hundred twenty days of skilled nursing care during any twelve-month period, unless he or she resides in a licensed residential care facility that is authorized to provide skilled nursing care under section 3721.011 of the Revised Code. "Skilled nursing care" has the same meaning as in section 3721.01 of the Revised Code;
- (7) The individual does not have a cognitive impairment that requires the presence of another person on a twenty-four-hours-per-day basis for the purpose of supervision to prevent harm;
- (8) The individual is not a consumer of any home and community-based waiver program;
- (9) The individual is not a participant in the program of all-inclusive care for the elderly ("PACE");
- (10) The individual is at least eighteen years of age;
- (11) The individual agrees to participate in the RSS program and has signed the RSS resident agreement/release of information form; and,
- (12) The PAA has a RSS vacancy.
- (B) If, at any time, a resident no longer meets all the criteria under paragraph (A) of this rule, the resident is no longer eligible for the RSS program, unless, according to division (G) of section 173.35 of the Revised Code (as first enacted by Am. Sub. House Bill 253 of the 118th general assembly), the resident no longer meets all the criteria under paragraph (A) of this rule solely by reason of his or her living arrangement, so long as he or she has continued to reside in the same living arrangement since November 15, 1990.

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CERTIFIED ELECTRONICALLY

Certification

02/25/2011

Date

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