

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 173-40-01

**Rule Type:** New

**Rule Title/Tagline:** PASSPORT program (state-funded component): introduction and definitions.

**Agency Name:** Department of Aging

**Division:**

**Address:** 246 N. High St. 1st floor Columbus OH 43215-2046

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#### I. Rule Summary

1. **Is this a five year rule review?** No
  - A. **What is the rule's five year review date?**
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 111.15
4. **What statute(s) grant rule writing authority?** 173.01, 173.02, 173.522
5. **What statute(s) does the rule implement or amplify?** 173.522
6. **What are the reasons for proposing the rule?**

This rule filing is part of 2 packages of rules ODA is filing on the same day. The rules in these packages regard eligibility and enrollment in the state- and Medicaid-funded components of the Assisted Living and PASSPORT Programs, the unified waiting list, and PACE. ODA is making many updates to these rules, but all are non-substantive.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule introduces Chapter 173-40 of the Administrative Code and defines terms used throughout the chapter.

Compared to the rule ODA simultaneously proposes to rescind, ODA proposes the following changes for this proposed new rule:

(1) ODA proposes to delete the definitions for "JFS07200" and "ODM02399" from the rule because ODA proposes to no longer mention those forms in this chapter.

(2) ODA proposes to replace "service plan" with "person-centered services plan."

(3) ODA proposes to correct the punctuation in the definition of forms.

(4) ODA proposes to delete "goods or" from occurrences of "goods or services."

8. **Does the rule incorporate material by reference?** Yes
9. **If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.**  
This proposed new rule references forms which ODA publishes on <http://aging.ohio.gov/Rules#930163-forms>. At any time, the general public may download any of the forms free of charge.
10. **If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

*Not Applicable*

## **II. Fiscal Analysis**

11. **As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.**

This will have no impact on revenues or expenditures.

\$0.00

if ODA adopts this proposed new rule, ODA estimates there will be no increase/decrease in revenue from what the Ohio General Assembly appropriated to ODA for the biennium in Am. Sub. H. B. 49 (132nd G.A.).

**12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

ODA estimates that this rule has no cost of compliance to any directly-affected person. It merely introduces the chapter and defines terms used throughout the chapter.

**13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

**14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

**III. Common Sense Initiative (CSI) Questions**

**15. Was this rule filed with the Common Sense Initiative Office? No**

**16. Does this rule have an adverse impact on business? No**

**A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No**

**B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No**

**C. Does this rule require specific expenditures or the report of information as a condition of compliance? No**

## FINANCIAL ASSESSMENT WORKSHEET

*DISCLAIMER: ODA's designees use this form to estimate if an individual will be eligible for Medicaid while waiting for the Ohio Department of Medicaid (ODM) to determine eligibility. This enables ODA and its designees to determine if an individual is eligible for the state-funded component of the PASSPORT or Assisted Living Programs while waiting for ODM's determination. This form does not replace the calculations ODM and its administrative agencies make to determine an individual's eligibility for Medicaid.*

CLIENT'S <u>INDIVIDUAL'S</u> NAME:		CLIENT'S <u>INDIVIDUAL'S</u> ID #:		
<b>MONTHLY INCOME</b>				
<b>LIST <u>APPLICANT'S GROSS MONTHLY</u> INCOME AMOUNTS:</b>				
	INCOME	<u>APPLICANT</u> <u>INDIVIDUAL</u>	<u>SPOUSAL INCOME</u> <u>SPOUSE (MIA)</u>	
1	Social Security <u>/SSI</u>			1
2	Railroad Retirement			2
3	Veterans			3
4	Pensions			4
5	Net Rental Income			5
6	Alimony			6
7	Child Support			7
8	Estate or Trust Fund			8
9	Interest Income			9
10	Dividends			10
11	Gross Monthly <u>Income From</u> Employment			11
12	Other (specify)			12
13	<b>Total Gross <u>Monthly</u> Income</b>			13

**DECISION POINTS: ~~COMPARE TOTAL GROSS INCOME TO INSTITUTIONAL NEED STANDARD.~~**

**◆ COMPARE TOTAL GROSS INCOME TO INSTITUTIONAL NEED STANDARD. IF TOTAL GROSS INCOME IS GREATER THAN THE INSTITUTIONAL NEED STANDARD, ENROLLMENT IN THE STATE-FUNDED PROGRAM WILL NOT BE OFFERED**

**◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).**

**AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ~~THE PAA~~ ODA'S DESIGNEE SHALL INFORM THE APPLICANT-INDIVIDUAL OF HEARING RIGHTS.**

ODA1115

~~9/2011~~ Rev. 11/2018

CLIENT'S <u>INDIVIDUAL'S</u> NAME:		CLIENT'S <u>INDIVIDUAL'S</u> ID.#:			
<b>ASSETS</b>					
<b>LIST APPLICANT'S COUNTABLE ASSETS:</b>					
		<b>APPLICANT INDIVIDUAL (A)</b>	<b>SPOUSE (B)</b>	<b>JOINT (C)</b>	
14	Cash on Hand				14
15	Savings Account(s)				15
16	Checking Account(s)				16
<u>17</u>	<u>Credit Union Account(s)</u>				<u>17</u>
18	Cash Value <del>Whole-of</del> Life Insurance				18
19	Stocks & Securities				19
20	CDs/ <del>IRAs</del> /Money Market				20
<u>21</u>	<u>IRA/401(k) Account(s)</u>				<u>21</u>
22	Trade-in Value/Second Car				22
23	Equity Value/Real Estate				23
<u>24</u>	<u>Estate(s)</u>				<u>24</u>
<u>25</u>	<u>Irrevocable Trust Fund(s)</u>				<u>25</u>
<u>26</u>	<u>Revocable Trust Fund(s)</u>				<u>26</u>
<u>27</u>	<u>Revocable Pre-Need Funeral Contract</u>				<u>27</u>
28	<b>Total Countable Assets</b>				28

**DECISION POINTS:**

◆ IF **APPLICANT-INDIVIDUAL** HAS NO SPOUSE AND TOTAL ASSETS ARE GREATER THAN THE CURRENT ASSET STANDARD, ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.

◆ IF THE **APPLICANT-INDIVIDUAL** IS UNABLE TO CONFIRM OR REPORT JOINT COUNTABLE ASSETS, RULE 5160:1-2-10 PROHIBITS ENROLLMENT IN THE STATE FUNDED PROGRAM ~~WILL NOT BE OFFERED.~~

◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION ([OHIOBENEFITS.GOV](http://OHIOBENEFITS.GOV)).

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, **THE PAA ODA'S DESIGNEE** SHALL INFORM THE **APPLICANT-INDIVIDUAL** OF HEARING RIGHTS.

ODA1115

9/2011 Rev. 11/2018

CLIENT'S <del>INDIVIDUAL'S</del> NAME:		CLIENT'S <del>INDIVIDUAL'S</del> ID #:	
<b>TRANSFERRED ASSETS</b>			
	<u>DID THE INDIVIDUAL OR SPOUSE TRANSFER OWNERSHIP OF, OR GIVE AWAY, ANY ASSETS IN THE PAST 5 YEARS?</u>	NO	YES, WHEN?
<u>29</u>			
			<u>29</u>

**DECISION POINTS:**

- ◆ IF THE ~~APPLICANT-INDIVIDUAL~~ OR SPOUSE (IF ANY) HAS TRANSFERRED **RESOURCES ASSETS** WITHIN THE LAST **5 YEARS (60 MONTHS)**, ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.
- ◆ IF THE ~~APPLICANT-INDIVIDUAL~~ OR SPOUSE (IF ANY) HAS REPORTED A TRUST, OF ANY TYPE, HAS BEEN ESTABLISHED, ENROLLMENT IN THE STATE FUNDED PROGRAM WILL NOT BE OFFERED.
- ◆ IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).

AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ~~THE PAA~~ **ODA'S DESIGNEE** SHALL INFORM THE ~~APPLICANT-INDIVIDUAL~~ OF HEARING RIGHTS.

CLIENT'S <del>INDIVIDUAL'S</del> NAME:		CLIENT'S <del>INDIVIDUAL'S</del> ID.#:	
<b>ESTIMATE OF MONTHLY LIABILITY PAYMENT:</b>			
<b>AT ANY TIME THE RESULT IS &lt;0, THEN ENTER 0 ON ALL THE APPROPRIATE LINE(S)</b>			
30	Enter Total <u>Gross</u> Monthly Income <del>From</del> <u>from</u> Line 13		30
31A	SUBTRACT: A. Special Individual Maintenance Needs Allowance (SIMNA): and		31A
31B	B. If employed, subtract up to \$65.00 of <del>Earned</del> <u>gross monthly</u> income		31B
32	Subtotal		32
33	Subtract MIA, <u>(if appropriate)</u> from Line <del>55</del> <u>61</u>		33
34	Subtotal		34
35	Subtract FA, <u>(if appropriate)</u> from Line <del>62</del> <u>68</u>		35
36	Subtotal		31
37	Subtract <del>Health Insurance Premiums</del> <u>health insurance premiums (including for spouse and dependents)</u>		37
38	Subtotal		38
39	Subtract recurring health expenses		39
40	Subtotal		40
41	Subtract past-due medical expenses		41
42	<b>ESTIMATE INDIVIDUAL'S MONTHLY LIABILITY PAYMENT</b>		42

**DECISION POINTS:**

◆ **IF THE ~~APPLICANT'S~~ INDIVIDUAL'S ESTIMATED MONTHLY LIABILITY EXCEEDS THE ESTIMATED MEDICAID COST OF CARE, AS DEFINED IN OAC ~~5101:1-39-24 (B)(18)~~ 5160:1-3-04.1(F)(3), ENROLLMENT IN THE STATE-FUNDED PROGRAM WILL NOT BE OFFERED.**

◆ **IF THE SISTER AGENCY IS NOT SURE OF ELIGIBILITY, THEY SHOULD REFER THE INDIVIDUAL TO ODM'S ADMINISTRATIVE AGENCY FOR THEIR AREA OR TO THE ONLINE APPLICATION (OHIOBENEFITS.GOV).**

**AT EACH DECISION POINT THAT RESULTS IN ENROLLMENT NOT BEING OFFERED, ~~THE PAA~~ ODA'S DESIGNEE SHALL INFORM THE ~~APPLICANT~~ INDIVIDUAL OF HEARING RIGHTS.**

CLIENT'S <del>INDIVIDUAL'S</del> NAME:		CLIENT'S <del>INDIVIDUAL'S</del> ID #:	
<b>COMMUNITY SPOUSAL ALLOCATION OF ASSETS</b>			
42	Enter <del>Applicant's</del> <u>individual's</u> total assets from Line <del>22A</del> <u>28A</u>		42
43	Enter Spouse's total assets from Line <del>22B</del> <u>28B</u>		43
44	Enter joint assets from Line <del>22C</del> <u>28C</u>		44
45	Total Countable Assets		45
46	Subtract spousal floor allocation	-\$	46
47	Enter result: assets available to <del>applicant</del> <u>individual</u>		47
48	Compare result with Medicaid asset standard (If Line <del>41</del> <u>47</u> is equal to or less than <del>\$1,500</del> <u>\$2,000</u> , the <del>applicant</del> <u>individual</u> meets the asset standard)	-\$	48
49	Excess <del>resources</del> <u>assets</u> (Currently ineligible for Medicaid)		49
<p><b>NOTE: A SPOUSAL ALLOCATION CAN OCCUR WHEN AN INDIVIDUAL HAS LEGAL OWNERSHIP OF <del>RESOURCES-ASSETS</del> IN EXCESS OF THE MEDICAID STANDARD <del>AND IS WILLING TO TRANSFER THAT OWNERSHIP TO THE COMMUNITY SPOUSE. MEDICAID-ODM</del> <u>ALLOWS THIS A</u> TRANSFER TO OCCUR <u>TO THE SPOUSE</u> DURING THE INITIAL YEAR OF MEDICAID ELIGIBILITY. THE INDIVIDUAL WHO IS REQUIRED TO TRANSFER <del>RESOURCES-ASSETS</del> MUST AGREE TO COMPLETE THE TRANSFER PROCESS WITH <del>THE CDJFS</del> <u>ODM'S ADMINISTRATIVE AGENCY</u>. THIS TYPE OF TRANSFER IS LEGITIMATE AND APPROPRIATE FOR MEDICAID ELIGIBILITY.</b></p>			



<b>CLIENT'S INDIVIDUAL'S NAME:</b>		<b>CLIENT'S INDIVIDUAL'S ID.#:</b>		
<b>DETERMINING MONTHLY INCOME ALLOWANCE — (MIA) AND FAMILY ALLOWANCE (FA)</b>				
50	Minimum Monthly Maintenance Needs Allowance (MMMNA) Standard for Community Spouse			50
<b>EXCESS SHELTER ALLOWANCE (ESA):</b>				
51	Rent or monthly mortgage payment			51
52	Monthly property taxes			52
53	Monthly renters or homeowners insurance			53
54	Monthly condo or home owner association fees			54
55	Utility deduction	+		55
56	Total shelter costs			56
57	Subtract ESA standard	-		57
58	Excess shelter allowance (ESA) (Enter 0, if result is <0)		+	58
59	ADD LINES <del>44</del> <u>51</u> & <del>52</del> <u>58</u>		=	59
60	SUBTRACT COMMUNITY SPOUSE'S <u>GROSS MONTHLY INCOME</u>		-	60
61	<b>MONTHLY INCOME ALLOWANCE (MIA)</b> Enter result on Page 3, Line <del>26</del> <u>33</u>		=	61
<b>CALCULATE FAMILY ALLOWANCE (FA) IF <del>APPLICANT</del> <u>INDIVIDUAL</u> HAS SPOUSE AND DEPENDENTS</b>				
62	Family allowance standard			62
63	Multiply by number of dependents (excluding spouse)	x		63
64	Subtotal			64
65	Subtract total gross <u>monthly</u> income of dependents (Enter 0, If result is <0)	-		65
66	Subtotal			66
67	Divide by 3			67
68	<b>FAMILY ALLOWANCE</b> Also enter result on page 2, line <del>28</del> <u>30</u>			68

<b>COMMUNITY SPOUSAL ALLOCATION OF ASSETS:</b>	DATE
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