

173-40-02**PASSPORT program (state-funded component): individual eligibility requirements.**

(A) Presumptive: Only an individual meeting all the following requirements is eligible for the state-funded component of the PASSPORT program on the basis of presumptive eligibility:

- (1) First time only: The individual was not previously enrolled in the state-funded component of the PASSPORT program or the state-funded component of the assisted living program.
- (2) Consultation: The individual participated in a long-term care consultation under Chapter 173-43 of the Administrative Code.
- (3) Financial requirements:

(a) The individual contacted either ODA's designee or ODM's administrative agency to apply for the medicaid-funded component of the PASSPORT program, but the application is still pending because ODM's administrative agency has not yet made a final determination on the individual's financial eligibility. (If ODM's administrative agency already determined the individual was eligible to participate in the medicaid-funded component of the PASSPORT program, he or she would be enrolled in the medicaid-funded component of the PASSPORT program and no longer be eligible for the state-funded component of the PASSPORT program. If ODM's administrative agency already determined the individual was not financially eligible to participate in the medicaid-funded component of the PASSPORT program, he or she would also not be eligible to participate in the state-funded component of the PASSPORT program.)

(b) The individual agreed that, if he or she is enrolled into the state-funded component of the PASSPORT program, then ODM's administrative agency determines the individual is financially eligible for the medicaid-funded component of the PASSPORT program, that he or she would immediately be transferred to the medicaid-funded component of the PASSPORT program.

(c) The individual is actively assisting ODM's administrative agency in determining if he or she is financially eligible to participate in the medicaid-funded component of the PASSPORT program by timely providing ODM's administrative agency with information and copies of any records ODM's administrative agency needs to make its financial eligibility determination.

(d) ODA or its designee completed form ODA1115 and determined that ODM's administrative agency would most likely determine the individual meets all financial eligibility requirements for the medicaid-funded component of the PASSPORT program listed in rules 5160:1-2-03 and 5160:1-2-10 of the Administrative Code, and ODA or its designee has no reason to doubt that determination.

(4) Non-financial requirements:

(a) ODA or its designee and the individual completed form ODA1116, and the form indicated the individual chose to enroll in the state-funded component of the PASSPORT program, named the individual's representative (if any), and indicated the individual authorized ODA or its designee to release information.

(b) ODA or its designee determined the individual meets all non-financial eligibility requirements for the medicaid-funded component of the PASSPORT program in rule 5160-31-03 of the Administrative Code.

(5) Post-eligibility treatment of income (i.e., patient liability or share of cost): ODA or its designee assessed the individual's income and resources using the methodology described in rule 5160:1-6-07.1 of the Administrative Code to determine if the individual should pay any share of cost and the individual agreed to pay, and pays, any share of cost as it becomes due.

(B) Grandparented: Only an individual who meets all the following requirements is eligible for the state-funded component of the PASSPORT program on the basis of a grandparented status:

(1) The individual has been enrolled in the state-funded component of the PASSPORT program since September 1, 1991. (For the individual enrolled in the state-funded component of the PASSPORT program on this basis, the program was formerly known as the "PASSPORT state home care program" and the "PASSPORT grandparented home care program.")

(2) Before the individual's initial enrollment in the state-funded component of the PASSPORT program, and at least once every twelve months of enrollment thereafter, the individual has applied for and was denied eligibility for either the medicaid-funded component of the PASSPORT program, has fully complied with the application and enrollment procedures for the medicaid-funded component of the PASSPORT program, and was determined ineligible for the medicaid-funded component of the PASSPORT program. ODA or its designee shall disenroll any such individual from the state-funded component

of the PASSPORT program who is found eligible for enrollment in the medicaid-funded component of the PASSPORT program. An individual's failure or refusal to cooperate in providing either ODA or its designee or an ODM administrative agency with the information and records necessary to establish the individual's eligibility for the medicaid-funded component of the PASSPORT program constitutes a failure to meet this eligibility requirement.

- (3) ODA or its designee and a physician have determined the individual needs an intermediate level of care or a skilled level of care, as both are defined in rule 5160-3-05 of the Administrative Code.
- (4) The individual is financially eligible for the state-funded component of the PASSPORT program based upon a documented inability of the individual to pay for nursing facility care without assistance from the medicaid program. ODA or its designee shall only consider the individual's income and assets when determining the individual's financial eligibility for the state-funded component of the PASSPORT program. Countable income and assets are determined pursuant to rules 5160:1-2-03 and 5160:1-2-10 of the Administrative Code and the medicaid eligibility manual. ODA or its designee shall calculate the inability to pay for nursing facility care in accordance with one of the following:

 - (a) If the most recent period of continuous enrollment in the state-funded component of the PASSPORT program for the individual began before April 1, 1988, the individual shall present ODA or its designee with records to verify he or she lacks eleven thousand, seven hundred, and nine dollars in income and assets available within a ninety-day period to pay for nursing facility care without assistance from the medicaid program.
 - (b) If the most recent period of continuous enrollment in the state-funded component of the PASSPORT program for the individual began on or after April 1, 1988, the individual shall present ODA or its designee with records to verify he or she lacks five thousand, eight hundred, fifty-four dollars, and fifty cents in income and assets available within a forty-five day period to pay for nursing facility care without assistance from the medicaid program.
- (5) ODA or its designee has approved a person-centered services plan for the individual that is signed by the individual's physician.
- (6) The individual's approved person-centered services plan indicates the total projected cost of services counted in the service plan cost cap calculation is less than six thousand dollars for a six-month period.

- (7) The individual agrees to receive home and community-based services from only ODA-certified providers and agrees to cooperate with ODA or its designee in establishing and re-establishing eligibility for the medicaid-funded component of the PASSPORT program or the state-funded component of the PASSPORT program, when requested by ODA's designee.
- (8) The individual's participation in the state-funded component of the PASSPORT program, as an alternative to admission to a nursing facility, does not present, in the professional judgment of ODA or its designee, a threat to the individual's health and safety.
- (C) An individual who is eligible for the state-funded component of the PASSPORT program because the individual meets all the requirements under paragraph (A) of this rule shall not participate in the state-funded component of the PASSPORT program for more than ninety days.

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