

173-40-02

**Eligibility criteria for the state-funded PASSPORT grandparented home care program.**

~~Only an individual who meets all the following criteria is eligible for the PASSPORT grandparented home care program:~~

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

- (1) The individual has participated in an in-person assessment with ODA's designee;
- (2) The individual completes and submits forms JFS07200 and JFS02399 to the CDJFS;
- (3) ODA's designee has determined that the individual meets the non-financial eligibility criteria for the medicaid-funded component of the PASSPORT program under rule 5101:3-31-03 of the Administrative Code;
- (4) ODA's designee completes the financial assessment and has no reason to doubt that the individual meets the financial eligibility criteria for the medicaid-funded component of the PASSPORT program under rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code; and,
- (5) After ODA's designee assesses the individual according to rule 5101:1-39-24 of the Administrative Code, the individual pays any patient liability amount that ODA's designee determines the individual shall pay to the entity to which ODA's designee instructs the individual to pay.

(B) Loss of medicaid financial eligibility: Only an individual who meets all the following criteria is eligible for the state-funded component of the PASSPORT program on the basis of losing medicaid financial eligibility:

- (1) The individual has had his or her enrollment in the medicaid-funded component of the PASSPORT program terminated due to the loss of medicaid financial eligibility, as determined by the CDJFS;
- (2) ODA's designee has determined that the individual still needs the home and community-based services he or she received under the medicaid-funded component of the PASSPORT program because it is temporarily necessary to protect the individual's health and safety until the individual transfers to other community-based long-term care services or to a nursing facility; and,
- (3) After ODA's designee assesses the individual according to rule 5101:1-39-24 of the Administrative Code, the individual pays any patient liability amount that ODA's designee determines the individual shall pay to the entity to which ODA's designee instructs the individual to pay.

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

~~(A)~~(1) The individual ~~is~~ has been enrolled in the ~~nonwaiver-funded~~ state-funded component of the PASSPORT home-care program on 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" at the time the program was renamed and the "PASSPORT grandparented home care program;")

~~(B)~~(2) ~~Prior to~~ Before the individual's initial enrollment in the state-funded component of the PASSPORT grandparented home-care 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 HCBS program or the Ohio home care waiver program described in Chapter 5101:3-12 of the Administrative Code, and also one of the following:

~~(1)~~(a) If the individual is at least sixty years of age, the individual has fully complied with the application and enrollment procedures for the medicaid-funded component of the PASSPORT HCBS program and was determined to be ineligible for the medicaid-funded component of the PASSPORT HCBS program. ~~The PAA ODA's designee~~ shall disenroll any such individual from the state-funded component of the PASSPORT grandparented home-care program who is found to be eligible for enrollment in the medicaid-funded component of the PASSPORT HCBS program. An individual's failure or refusal to cooperate in providing either ~~the PAA ODA's designee~~ or a CDJFS with the information and documentation necessary to establish the individual's eligibility for the medicaid-funded component of the PASSPORT HCBS program constitutes a failure to meet this eligibility criterion; or,

~~(2)~~(b) If the individual is no older than fifty-nine years of age, the individual has fully complied with the application and enrollment procedures for Ohio home care waiver ~~services~~ program and was determined to be ineligible for the Ohio home care waiver program. ~~The PAA ODA's designee~~ shall disenroll any individual from the state-funded component of the PASSPORT grandparented home-care program who is found to be eligible for the Ohio home care waiver program. An individual's failure or refusal to cooperate in providing ODJFS or a CDJFS with the information and the documentation necessary to

establish the individual's eligibility for the Ohio home care waiver program constitutes a failure to meet this eligibility criterion.

~~(C)~~(3) ~~The PAA~~ ODA's designee and a physician have determined that the individual needs an intermediate level of care, as defined in rule 5101:3-3-06 of the Administrative Code, or a skilled level of care, as defined in rule 5101:3-3-05 of the Administrative Code;

~~(D)~~(4) The individual is financially eligible for the state-funded component of the PASSPORT grandparented home care program based upon a documented inability of the individual to pay for nursing facility care without assistance from the medicaid program. ~~The PAA~~ ODA's 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 grandparented home care program. Countable income and assets are determined pursuant to ~~Chapter 5101:1-39~~ rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code and the medicaid eligibility manual. ~~The PAA~~ ODA's designee shall calculate the inability to pay for nursing facility care in accordance with one of the following:

~~(1)~~(a) If the most recent period of continuous ~~enrollment~~ enrollment in the state-funded component of the PASSPORT grandparented home care program for the individual began ~~prior to~~ before April 1, 1988, the individual shall document that the individual 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; or,

~~(2)~~(b) If the most recent period of continuous enrollment in the state-funded component of the PASSPORT grandparented home care program for the individual began on or after April 1, 1988, the individual shall document that the individual 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.

~~(E)~~(5) ~~The individual has an approved plan of care developed by the PAA~~ ODA's designee that serves the county of the individual's residence has approved a service plan for the individual; that is signed by the individual's physician; ~~and that is approved by the PAA;~~

~~(F)~~(6) The individual's approved ~~plan of care~~ service plan indicates that the total projected cost of services counted in the ~~care~~ service plan cost cap calculation

is less than six thousand dollars for a six-month period;

~~(G)~~(7) The individual agrees to receive ~~PASSPORT-funded~~ home and community-based services only from approved PASSPORT ODA-certified providers, and agrees to cooperate with the PAA ODA's designee in establishing and re-establishing eligibility for the medicaid-funded component of the PASSPORT HCBS program, the Ohio home care program, and/or the state-funded component of the PASSPORT grandparented home care program, when requested by the PAA ODA's designee; and,

~~(H)~~(8) The participation of the individual in the state-funded component of the PASSPORT grandparented home care program, as an alternative to admission to a nursing facility placement, does not present, in the professional judgment of the PAA ODA's designee, a threat to the health and safety of the individual.

(D) If, at any time, a consumer enrolled in the state-funded component of the PASSPORT program on the basis of presumptive eligibility no longer meets all the criteria under paragraph (A) of this rule, the consumer is no longer eligible for the state-funded component of the PASSPORT program.

(E) If, at any time, a consumer enrolled in the state-funded component of the PASSPORT program on the basis of losing medicaid financial eligibility no longer meets all the criteria under paragraph (B) of this rule, the consumer is no longer eligible for the state-funded component of the PASSPORT program.

(F) An individual who is eligible for the state-funded component of the PASSPORT program because the individual meets all the criteria under paragraph (A) of this rule may not participate in the state-funded component of the PASSPORT program for more than three months.

(G) An individual who is eligible for the state-funded component of the PASSPORT program because the individual meets all the criteria under paragraph (B) of this rule may not participate in the state-funded component of the PASSPORT program for more than thirty days.

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Effective:

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Certification

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Date

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