

173-50-02

Eligibility criteria.

(A) A person may enroll in PACE only if the person:

- (1) Is at least fifty-five years of age;
- (2) Resides within a PACE organization's service area;
- (3) Requires intermediate level of care under rule 5101:3-3-05 of the Administrative Code or skilled level of care under rule 5101:3-3-06 of the Administrative Code;
- (4) Resides in a non-institutional setting (e.g., house, apartment) without jeopardizing his/her health or safety;
- (5) Maintains medicaid eligibility either under the financial eligibility standard or under a needs allowance if the person has moved from an institutional setting to a non-institutional setting, or pays for the premiums and patient-liability costs;
- (6) Agrees to obtain medicaid services, if any, or medicare services, if any, only through the PACE organization during the period of enrollment in PACE; and,
- (7) Is not enrolled in the following (or will discontinue enrollment in the following ~~to transfer to~~ upon enrollment in PACE):
 - (a) A medicaid managed-care program other than PACE;
 - (b) A hospice program;
 - (c) The primary alternative care and treatment (PACT) program;
 - (d) A medicaid waiver program (e.g., PASSPORT, choices, or assisted living);
 - (e) The residential state supplement (RSS) program; or,
 - (f) A nursing facility that is certified by medicaid while medicaid is covering the person's nursing facility expenses.

- (B) At least once per year, ODA shall assess whether each participant continues to require an intermediate level of care under rule 5101:3-3-05 of the Administrative Code or a skilled level of care under rule 5101:3-3-06 of the Administrative Code. ODA may permanently waive the requirement to perform the assessment if ~~there is no reasonable expectation of improvement or significant change in the participant's condition of health~~ ODA does not reasonably expect the participant's health to improve or significantly change.
- (C) If, at any time, a participant in PACE no longer meets the criteria in paragraph (A) of rule 173-50-05 of the Administrative Code, the PACE organization may use the process for involuntary disenrollment described in that rule. However, a participant who may no longer meet the financial eligibility criteria for medicaid may remain eligible for PACE as long as the participant pays the premiums and the patient-liability costs incurred while using PACE. (For more information see rule 173-50-05 of the Administrative Code; 42 C.F.R. 460.150 (d); and 42 C.F.R. 460.160 (a) (October 1, 2011 edition).)

Effective:

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Certification

Date

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