<u>173-50-02</u> Eligibility.

Only an individual who meets and maintains the following criteria is eligible to become a consumer of the PACE program:

- (A) The individual is at least 55 years of age;
- (B) The individual resides within the service area;
- (C) ODA has determined that the individual is eligible for medicaid benefits for intermediate nursing facility level of care or skilled nursing facility level of care;
 - (1) At least once per year, ODA shall review to make certain that each participant of the PACE program continues to meet the state medicaid nursing facility level of care.
 - (2) ODA may permanently waive the requirement to perform the review mentioned in paragraph (C)(1) of this rule if there is no reasonable expectation of improvement or significant change in the participant's condition of health.
- (D) At the time of initial enrollment, the individual resides in the community without jeopardizing their health or safety;
- (E) The individual maintains medicaid eligibility either under the financial eligibility standard or under a needs allowance for an individual who has moved from an institutional setting to a non-institutional setting;
- (F) The individual agrees to only obtain medicaid benefits through the PACE program during the period of enrollment in the PACE program;
- (G) If the individual receives medicare benefits, the individual agrees to only obtain those medicare benefits through the PACE program during the period of enrollment in the PACE program; and,
- (H) The individual is not enrolled in any of the following:
 - (1) Another medicaid managed care program (MMC);
 - (2) A hospice program;
 - (3) The primary alternative care and treatment (PACT) program;
 - (4) A medicaid waiver program for home and community-based services (HCBS);
 - (5) The residential state supplement (RSS) program; or,
 - (6) A nursing facility that is certified by medicaid while medicaid is covering the costs of the benefits provided to the individual by that nursing facility.

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