

TO BE RESCINDED

173-50-02

PACE: eligibility requirements.

(A) A person may enroll in PACE only if the person meets all the following requirements:

- (1) The person is at least fifty-five years of age.
- (2) The person resides within a PACE organization's service area.
- (3) The person requires intermediate level of care under rule 5160-3-05 of the Administrative Code or skilled level of care under rule 5160-3-08 of the Administrative Code.
- (4) At the time of initial enrollment, the person resides in a non-institutional setting (e.g., house, apartment) without jeopardizing his or her health or safety.
- (5) The person 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 the premiums and any post-eligibility treatment of income (i.e., patient liability or share of cost) ODM may require in rule 5160:1-6-07.1 of the Administrative Code.
- (6) The person agrees to obtain medicaid services, if any, or medicare services, if any, only through the PACE organization during the period of enrollment in PACE.
- (7) The person is not enrolled in one or more of the following (or will discontinue being enrolled in one or more of the following 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 or assisted living).
 - (e) The residential state supplement (RSS) program.
 - (f) A nursing facility certified by medicaid while medicaid is covering the person's nursing facility expenses.

(B) 42 C.F.R. 460.160 requires ODA to assess, at least once per year, whether each participant continues to require an intermediate level of care under rule 5160-3-05 of the Administrative Code or a skilled level of care under rule 5160-3-06 of the

Administrative Code. ODA may permanently waive the requirement to perform this assessment if 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 requirements 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 no longer meets the financial eligibility requirements for medicaid may remain eligible for PACE as long as the participant pays the premiums and 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).)

Effective:

Five Year Review (FYR) Dates: 6/30/2020

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 121.07, 173.01, 173.02, 173.50
Rule Amplifies: 173.50; 42 C.F.R. 460.150, 460.160
Prior Effective Dates: 03/28/2009, 02/17/2013, 08/01/2016, 11/01/2018