

173-50-03

**PACE: enrollment process.**

## (A) Oversight:

- (1) ODA manages the enrollment for PACE.
- (2) ODA determines if a slot is available in PACE ~~in which to enroll an applicant.~~
- (3) ODA reserves the right to restrict enrollment based upon funding appropriated for PACE.
- (4) ODA reserves the right to increase or decrease the maximum number of PACE slots.

## (B) Enrollment process, in general:

- (1) To begin the enrollment process, a person may apply through either ODM's administrative agency or a PACE organization.
- (2) ODM's administrative agency and the PACE organization shall coordinate efforts regarding the enrollment process.

## (C) Enrollment process when a person initially contacts ODM's administrative agency to apply for enrollment into PACE:

- (1) The applicant shall ~~complete form JFS07200 and form ODM02398 (or, instead of form ODM02398, form ODM02399)~~ apply for medicaid (unless already enrolled in medicaid) with the assistance of ODM's administrative agency.
- (2) After ~~form JFS07200 is completed~~ the applicant applies, ODM's administrative agency shall determine if the applicant meets ~~the all~~ financial eligibility requirements for medicaid in Chapters 5160:1-1 to 5160:1-6 of the Administrative Code.
- (3) If ODM's administrative agency determines the applicant does not meet ~~the all~~ financial eligibility requirements, it shall send a notice of denial and appeal rights to the applicant (or the authorized representative) ~~in accordance to~~ Chapters 5101:6-1 to 5101:6-9 of the Administrative Code. It shall also send a notice of denial to ODA and the PACE organization.
- (4) ODM's administrative agency may help the applicant ~~complete, or partially complete, form ODM02398 (or form ODM02399). Afterwards, it shall forward the form (or the information on the form) to~~ apply, or partially apply for PACE and notify the PACE organization of the application.

- (5) Once a PACE organization receives the ~~form (or the information from the form)~~ application, it shall contact the applicant to complete the ~~form application~~, if necessary, and to provide the applicant with an in-person assessment to determine eligibility for PACE.
  - (6) Once the in-person assessment is ~~fully~~ completed, the PACE organization shall forward the information from its assessment to ODA.
  - (7) After receiving the information, ODA shall determine if the applicant meets ~~the~~ all eligibility requirements in rule 173-50-02 of the Administrative Code.
  - (8) If ODA determines ~~that~~ an applicant meets ~~the~~ all eligibility requirements, then:
    - (a) ODA shall notify the PACE organization of its determination.
    - (b) Once the PACE organization receives the determination from ODA, it shall notify the applicant (or the authorized representative) of the approval of enrollment into PACE and provide the applicant (or the authorized representative) with an enrollment agreement to sign.
    - (c) In order to be enrolled into the program, the applicant shall sign the enrollment agreement and return it to the PACE organization.
    - (d) The applicant's enrollment into PACE is effective the first day of the month following the ~~date that day~~ day ODA determined ~~that~~ the applicant met ~~the~~ all eligibility requirements and the PACE organization received the signed enrollment agreement.
  - (9) If ODA determines ~~that~~ an applicant does not meet ~~the~~ all eligibility requirements, then:
    - (a) ODA shall notify the PACE organization of its determination.
    - (b) ODA shall provide the applicant (or the authorized representative) with a notice of denial and appeal rights in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.
- (D) Enrollment process when a person initially contacts a PACE organization to apply for PACE:
- (1) The PACE organization shall provide the applicant with an in-person assessment to determine if the applicant meets the non-financial eligibility requirements for PACE.

- (2) The PACE organization may help the applicant apply for medicaid ~~financial eligibility or may help the applicant complete form JFS07200 and may secure the applicant's signature (or authorized representative's signature) for form ODM02398 (or, instead of form ODM02398, form ODM02399) (unless the applicant is already enrolled in medicaid) and PACE. The PACE organization may submit the forms to ODM's administrative agency on the applicant's behalf.~~
- (3) After ~~form JFS07200~~ the application is received, ODM's ~~designee~~ administrative agency shall determine if the applicant meets ~~the~~ all financial eligibility requirements for medicaid in Chapters 5160:1-1 to 5160:1-6 of the Administrative Code.
- (4) If ODM's administrative agency determines ~~that~~ the applicant does not meet ~~the~~ all financial eligibility requirements, it shall send a notice of denial and appeal rights to the applicant (or the authorized representative) in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code. It shall also send a notice of denial to ODA and the PACE organization.
- (5) After completing the in-person assessment, the PACE organization shall submit the information from its assessment to ODA.
- (6) After receiving the information, ODA shall determine if the applicant meets ~~the~~ all eligibility requirements in rule 173-50-02 of the Administrative Code.
- (7) If ODA determines ~~that~~ an applicant meets ~~the~~ all eligibility requirements, then:
- (a) ODA shall notify the PACE organization of its determination.
  - (b) Once the PACE organization receives the determination from ODA, it shall notify the applicant (or the authorized representative) of the approval of enrollment into PACE and provide the applicant (or the authorized representative) with an enrollment agreement to sign.
  - (c) In order to be enrolled into the program, the applicant shall sign the enrollment agreement and return it to the PACE organization.
  - (d) The applicant's enrollment into PACE is effective the first day of the month following the ~~date that day~~ ODA determines the applicant meets the all eligibility requirements and the PACE organization received the signed enrollment agreement.
- (8) If ODA determines ~~that~~ an applicant does not meet ~~the~~ all eligibility requirements, then:

- (a) ODA shall notify the PACE organization of its determination.
  - (b) ODA shall provide the applicant (or the authorized representative) with a notice of denial and appeal rights in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.
- (E) No available slot: If a slot is not available in PACE, the PACE organization ~~may~~ shall enroll the ~~eligible individual applicant~~ when a slot does become available (if the individual continues to meet the eligibility requirements for PACE to want to enroll in the PACE) by one of two means: the unified waiting list or the home-first component of PACE.
- (1) Unified waiting list: If the applicant meets the non-financial eligibility requirements for enrollment into PACE, but a slot in the program is not available, the PACE organization shall place the applicant on the unified waiting list under the terms of rule 173-44-04 of the Administrative Code.
  - (2) Home first: If the applicant meets all requirements for the home first component of PACE in section 173.501 of the Revised Code, the PACE organization shall enroll the applicant in PACE before enrolling any applicant from the unified waiting list in PACE.
- ~~(a) The PACE organization shall enroll an eligible individual who qualifies for the home first component of PACE before any eligible individual on the unified waiting list.~~
  - ~~(b) An eligible individual qualifies for the home first component of PACE if the eligible individual meets both of the following sets of requirements:~~
    - ~~(i) The PACE organization determines that the individual meets all the eligibility requirements in rule 173-50-02 of the Administrative Code.~~
    - ~~(ii) The individual meets at least one of the following four sets of requirements:~~
      - ~~(a) The individual resides in a nursing facility.~~
      - ~~(b) A physician has determined and documented in writing that the individual has a medical condition that, unless ODA's designee or the PACE organization enrolls the individual into a home and community-based program such as PACE, the individual will require admission to a nursing facility in fewer than thirty days after the physician's determination.~~

~~(c) The individual has been hospitalized and a physician has determined and documented in writing that, unless the ODA's designee or the PACE organization enrolls the individual in a home and community-based program such as PACE, the individual is to be transported directly from the hospital to a nursing facility and admitted.~~

~~(d) Both of the following apply:~~

~~(i) The individual is the subject of a report made under section 5101.61 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to the CDJFS under section 5126.31 of the Revised Code or has made a request for adult protective services as defined in section 5101.60 of the Revised Code; and,~~

~~(ii) ODM's administrative agency or ODA's designee have jointly documented in writing that, unless the ODA's designee or the PACE organization enrolls the individual into a home and community-based program such as PACE, the individual should be admitted to a nursing facility.~~

~~(F) Definitions for this rule:~~

~~"Form JFS07200" means "JFS07200 (9/2014) 'Request for Cash, Food, and Medical Assistance'," which is a form the Ohio department of job and family services makes available to the general public free of charge on [www.odjfs.state.oh.us/forms/inter.asp](http://www.odjfs.state.oh.us/forms/inter.asp).~~

~~"Form ODM02398" means "ODM02398 (7/2014) 'Program for All-Inclusive Care for The elderly (PACE) Referral'," which is a form ODM makes available to the general public free of charge on [medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx](http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx).~~

~~"Form ODM02399" means "ODM02399 (7/2014) 'Request for Medical Home and Community-Based Services (HCBS)'," which is a form ODM makes available to the general public free of charge on [medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx](http://medicaid.ohio.gov/RESOURCES/Publications/MedicaidForms.aspx).~~

Effective:

Five Year Review (FYR) Dates: 8/14/2018

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Certification

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Date

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