

## TO BE RESCINDED

5101:3-12-02 **Ohio home care program - general provisions.**

- (A) The purpose of the Ohio home care program is to provide home care services to medicaid eligible consumers who require such services due to their functional abilities and/or medical condition.
- (B) Under the Ohio home care program, consumers are eligible to receive home care services through only one home care benefit package at a time. Only consumers who meet the eligibility criteria set forth in rule 5101:3-12-04 of the Administrative Code are eligible for the ODHS-administered home care benefit packages described in rule 5101:3-12-03 of the Administrative Code.
- (C) The Ohio home care program consists of three ODHS-administered home care benefit packages: core, core-plus and ODHS-administered waiver. The amount and/or scope of services covered, and the utilization management and service coordination are progressively more extensive and comprehensive in each of the three ODHS-administered home care benefit packages.
- (D) The Ohio home care program also includes three additional home care benefit packages: The PASSPORT HCBS waiver program, which is administered by the Ohio department of aging (ODA) in accordance with Chapter 5101:3-31 of the Administrative Code, and the individual options HCBS waiver program and the residential facility HCBS waiver program, which are administered by the Ohio department of mental retardation and developmental disabilities (ODMR/DD) in accordance with Chapters 5101:3-40 and 5101:3-43 of the Administrative Code.
- (1) Consumers enrolled in waiver programs not administered by ODHS will access all of their medicaid covered home care services through the waiver program under which they are enrolled in accordance with the agreements between ODHS and ODA and between ODHS and ODMR/DD.
- (2) ODHS will assure that consumers enrolled in waiver programs not administered by ODHS will receive core home care services from providers reimbursed by ODHS when the services are appropriate and medically necessary as determined by ODHS in accordance with the agreements between ODHS and ODA and between ODHS and ODMR/DD.
- (E) Coverage for services under any of the three ODHS-administered home care benefit packages as defined in rule 5101:3-12-03 of the Administrative Code is contingent upon whether all of the following criteria are met:
- (1) The service must be medically necessary as defined in rule 5101:3-1-01 of the

Administrative Code or the consumer's functional abilities must justify the need for services;

- (2) The service must be provided to a consumer in the consumer's place of residence or any other noninstitutional setting in the community (i.e., any setting that is not a nursing facility (NF), intermediate care facility for the mentally retarded and/or developmentally disabled (ICF-MR) or hospital);
  - (3) The service must be ordered by the consumer's treating physician in accordance with the plan of care and the all services plan, if applicable;
  - (4) The service must be provided by individuals acting within their scope of practice; and
  - (5) The service must be provided in accordance with the specific requirements set forth in rules 5101:3-12-06 and 5101:3-12-07 of the Administrative Code.
- (F) All consumers receiving services through the Ohio home care program shall retain the right to appropriate notice and an opportunity for a hearing in accordance with Chapters 5101:6-1 to 5101:6-9 of the Administrative Code when a denial of or change in benefits occurs.

Effective:

R.C. 119.032 review dates: 03/24/2006

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Certification

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Date

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Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02, 5111.85  
Prior Effective Dates: 4/7/77, 12/21/77, 6/1/80, 5/1/87, 4/1/88, 5/15/89,  
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