

5101:3-32-03

**Eligibility for enrollment for the choices program.**

A consumer electing to participate in the choices program must meet all of the following criteria:

- (A) The consumer must be age sixty or older at time of enrollment.
- (B) The consumer must have an intermediate or skilled level of care in accordance with rule 5101:3-3-05 or rule 5101:3-3-06 of the Administrative Code.
- (C) In the absence of the choices program, the consumer would require nursing facility (NF) services as defined in 42 CFR 440.40 and 42 CFR 440.150 (as amended October 1, 2004).
- (D) The consumer must meet medicaid financial eligibility as determined by the CDJFS in accordance with rules ~~5101:1-39-94~~ 5101:1-38-01.6 and 5101:1-39-95 of the Administrative Code.
- (E) While receiving choices program services, the consumer must reside in ~~Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway or Union counties~~the service area defined in the approved 1915(c) waiver for the choices program in a setting which is not a keys Keyes amendment facility which means an institution, foster home or group living arrangement in which (as determined by the state) a significant number of recipients of supplemental security income benefits is residing or is likely to reside, a hospital, nor or a NF, as defined in rule 5101:3-31-02 of the Administrative Code.
- (F) The consumer must be willing and capable of directing provider activities. Capability must be demonstrated through a consumer certification process conducted by the ~~COAAA~~PASSPORT administrative agency (PAA). To obtain certification, the consumer or his or her designee must meet all of the following:
  - (1) Attend all required training;
  - (2) Demonstrate all skills necessary to supervise direct service workers, including but not limited to:
    - (a) ~~Understanding~~An understanding of what service activities are covered and the corresponding provider requirements, including criminal records check requirements; and
    - (b) Methods for selecting and dismissing providers; and

- (c) Methods for entering into written agreements with providers for specific activities and corresponding payment rates; and
  - (d) Methods for training providers to meet the consumer's specific needs; and
  - (e) Methods for supervising and monitoring providers' performance of specific activities, including written approval of provider time sheets and billing invoices; and
  - (f) Development of a reliable service delivery back-up plan for situations in which a provider is unable to deliver the agreed-upon service(s); and
  - (g) Methods for lodging complaints, including use of the regional and state long term care ombudsman, and familiarity with the state's Ohio department of aging (ODA) ombudsman long term care complaint line; and
  - (h) Familiarity with state appeal and fair hearing request procedures; and
  - (i) Record keeping and ability to manage service delivery.
- (3) Agree to actively participate with the case manager in the development, monitoring and revision of the service plan.
- (4) Agree to inform the case manager of negotiated rates prior to delivery of choices services. ODA and/or ~~COAAPAA~~ retains the authority to approve negotiated rates.
- (5) The consumer must use a payroll agent under contract with the ~~COAAPAA~~ to process all individual service provider claims.
- (G) The choices program has not reached the HCFA-center for medicaid and medicare services (CMS) authorized limit of participants for the current year.
- ~~(H) The consumer is not enrolled in a medicare or medicaid certified hospice program.~~
- ~~(H)~~(H) The cost of the twelve-month service plan does not exceed the cost cap. The "cost cap" is a dollar amount adjusted for inflation equal to ~~the per cent of~~ the total medicaid cost including consumer copayment for ~~nf~~ nursing facility services for the most recent state fiscal year for which data is available as set forth in in rule 5101:3-31-03 of the Administrative Code.

~~(I)~~(I) The attending physician must verbally approve the ~~serveie~~ service plan prior to choices enrollment and sign the service plan within thirty days of the enrollment date.

Effective:

R.C. 119.032 review dates: 04/15/2005

---

Certification

---

Date

Promulgated Under: 119.03  
Statutory Authority: 173.40, 5111.02  
Rule Amplifies: 173.40, 5111.01, 5111.02  
Prior Effective Dates: 5101:3-1-06.4 (Emer.), 1/1/04, 5101:3-32-02 (Emer.),  
8/30/01, 5101:3-32-03 (Emer.), 8/30/01, 5101:3-32-04  
(Emer.), 8/30/01, 5101:3-32-05 (Emer.), 8/30/01,  
5101:3-32-06 (Emer.), 8/30/01, 5101:3-32-07 (Emer.),  
8/30/01. 5101:3-32-08 (Emer.), 8/30/01