

5101:3-49-01

Non-medicaid-funded Ohio access success project.

(A) This rule sets forth the eligibility requirements and benefit limitations for the non-medicaid-funded Ohio access success project.

(B) Definitions:

(1) "Fiscal year" is defined as the fiscal year of this state, as specified in section 9.34 of the Revised Code.

(2) "Individual" is defined as a nursing facility (NF) resident who is seeking non-medicaid Ohio access success project benefits.

(3) "Nursing Facility" and "NF" are defined as a facility or a distinct part of a facility as defined in division (M) of section 5111.20 of the Revised Code.

(4) "Non-medicaid-funded Ohio access success project" is defined as the portion of the Ohio access success project that is authorized to pay for relocation expenses with non-medicaid program funds.

(5) "ODJFS" is defined as the Ohio department of job and family services.

(6) "ODA" is defined as the Ohio department of aging.

(7) "Relocation" is defined as transition from a NF into the community as set forth in section 5111.97 of the Revised Code.

(C) The non-medicaid-funded Ohio access success project benefit shall be used to purchase goods and services to assist in the relocation of the individual from a NF to a community setting. Goods and services include, but are not limited to rental deposits, utility deposits, moving expenses, home modifications and debts to facilitate the securing of residence in a community setting. A maximum, one-time benefit of two thousand dollars can be spent at the time of relocation.

(D) The application process for the non-medicaid-funded Ohio access success project requires:

(1) Completion by ODJFS or its designee of the "non-medicaid Ohio access success project referral"; and

(2) A face-to-face interview with the individual and ODJFS or its designee.

(E) In order to qualify for non-medicaid-funded Ohio access success project benefits an individual must:

(1) Be a recipient of medicaid-funded NF services at the time of application;

(2) Need the level of care provided by the NF;

- (3) Not meet the ICF-MR level of care as set forth in rule 5101:3-3-07 of the Administrative Code;
- (4) Have a determination by ODJFS or its designee that the projected monthly cost of services for the individual in the community as set forth in paragraph (F) of this rule shall not exceed eighty per cent of the average monthly medicaid costs of a medicaid recipient residing in a NF as described in paragraph (G) of this rule; and
- (5) Not qualify for Ohio access success project benefits that are reimbursable by medicaid.
- (F) The calculation of projected monthly service costs for the individual in the community shall include all of the following:

 - (1) The average medicaid per member per month costs for hospital and physician services as determined by ODJFS;
 - (2) The average medicaid per member per month costs for pharmacy services as determined by ODJFS; and
 - (3) The individual's assessed monthly need for medicaid-covered services including, but not limited to home health services, transportation, adaptive equipment and durable medical equipment.
- (G) The calculation of average monthly costs for an individual residing in a NF shall be the sum of:

 - (1) The average medicaid per diem paid to all NFs as of July first of the state fiscal year in which eligibility is being determined under this rule; and
 - (2) The average per member per month medicaid costs for medicaid services not covered in paragraph (G)(1) of this rule for a NF resident.
- (H) An individual applying for or receiving benefits under the non-medicaid Ohio access success project shall retain the right to appropriate notice for a hearing in accordance with division-level designation 5101:6 of the Administrative Code.
- (I) ODJFS has the authority to limit the number of individuals participating in the non-medicaid Ohio access success project to the extent funds are available. ODJFS may direct the available funds toward the relocation of individuals at the greatest risk of remaining in the NF.

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