

5101:3-51-02

**HOME choice ("Helping Ohioans Move, Expanding Choice") demonstration program: individual eligibility for services and participant hearing rights.**

The requirements set forth in this rule begin when the Ohio department of job and family services (ODJFS) receives approval of the HOME choice demonstration program from the centers for medicare and medicaid services (CMS), or on the effective date of this rule, whichever is later. The requirements shall remain in effect through the duration of the HOME choice demonstration program.

The HOME choice demonstration program is a multi-system demonstration funded through a CMS money follows the person (MFP) demonstration grant. The HOME choice demonstration program transitions qualifying individuals currently residing in nursing facilities, ICFs-MR and hospitals to a community setting. The HOME choice demonstration program provides additional services to enhance existing medicaid state plan and home and community-based services (HCBS) that will enable qualified consumers to safely and successfully integrate into community life. The HOME choice demonstration program shall begin when ODJFS receives approval of the HOME choice demonstration program from CMS, or on the effective date of this rule, whichever is later, and open enrollment shall end on September 30, 2011. Any participant who qualifies prior to September 30, 2011 shall be entitled to receive HOME choice demonstration program services for three hundred sixty-five days beginning on the day the participant moves from an institutional setting into the community.

(A) To be eligible for the HOME choice demonstration program, an individual:

- (1) Must continuously reside in a NF, ICF-MR and/or hospital, or a combination thereof, for a period of at least six months. If the hospital is an institution for mental diseases, the individual must be under age twenty-one or over age sixty-five.
- (2) Must be receiving medicaid benefits for inpatient services furnished by the institutional setting for at least thirty days prior to discharge from the NF, ICF-MR or hospital.
- (3) Must have an institutional level of care as defined in rule 5101:3-51-01 of the Administrative Code.
- (4) Must be determined eligible for Ohio medicaid in accordance with rule 5101:1-38-01.6 of the Administrative Code.
- (5) May be enrolled on an ODJFS-, ODA- or ODMR/DD-administered HCBS waiver.
- (6) Must have available housing in a qualified residence in the community prior to leaving the institutional setting.
- (7) Must agree to participate in the HOME choice demonstration program by

signing an ODJFS-approved HOME choice demonstration program informed consent form.

- (8) Must participate in the development of an all service plan, service plan or individual service plan (ISP) if the individual is enrolled on an ODJFS- ODA- or ODMR/DD-administered HCBS waiver, respectively, or a non-waiver HOME choice service plan if the individual is not enrolled on an HCBS waiver.
- (9) Must accept the all service plan, service plan, ISP or non-waiver HOME choice service plan, as appropriate, by signing and dating the plan.
- (10) Must agree to participate in quality management and evaluation activities during the individual's tenure in the HOME choice demonstration program, and for up to one year after completion of the HOME choice demonstration period.
- (B) If an individual fails to meet any of the required eligibility criteria set forth in paragraph (A) of this rule, the individual shall be denied enrollment on the HOME choice demonstration program. In such instances, the individual shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (C) Except for pre-transition services, an individual enrolled on the HOME choice demonstration program shall be eligible for qualified, demonstration and supplemental HOME choice demonstration program services for three hundred sixty-five days beginning on the day the individual moves from the institutional setting into the community.
- (D) If, at any time, an individual enrolled on the HOME choice demonstration program ceases to meet any of the required eligibility criteria set forth in paragraph (A) of this rule, the individual shall be disenrolled from the HOME choice demonstration program. In such instances, the individual shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (E) If, at any time, an individual enrolled on the HOME choice demonstration program fails to meet the criteria for any HOME choice demonstration program service(s) established on his or her all services plan, service plan, ISP or non-waiver HOME choice demonstration program service plan, as appropriate, and as those services are defined in rule 5101:3-51-04 of the Administrative Code, the individual shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.
- (F) If an individual is enrolled on an HCBS waiver and fails to meet the criteria for HCBS waiver services and/or medicaid state plan services as established on his or her all services plan, service plan, or ISP, as appropriate, the individual shall be afforded notice and hearing rights in accordance with the procedures set forth by

the state agency administering the specific HCBS waiver.

Effective: 07/01/2008

R.C. 119.032 review dates: 07/01/2013

CERTIFIED ELECTRONICALLY

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Certification

06/20/2008

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Date

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Rule Amplifies: 5111.01, 5111.02, 5111.85, Section 309.30.70 of Am.  
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