

5160-36-03**Medicaid funded program of all-inclusive care for the elderly (PACE) eligibility.**

- (A) To be eligible and maintain eligibility for PACE, an individual will meet the requirements for PACE participant eligibility set forth in rule 173-50-02 of the Administrative Code and will have been determined to be eligible for medicaid in accordance with Chapters 5160:1-3 to 5160:1-6 of the Administrative Code.
- (B) If a PACE participant who is also enrolled in medicaid has a continuous period of institutionalization as defined in rule 5160:1-6-01.1 of the Administrative Code, that individual's patient liability amount is to be calculated by the county department of job and family services as directed in rule 5160:1-6-07.1 of the Administrative Code.
- (C) Individuals who fail to meet the eligibility requirements in paragraph (A) of this rule will not be enrolled as a medicaid participant in PACE.
- (1) Once enrolled, participants who no longer meet the eligibility requirements in paragraph (A) of this rule will be involuntarily disenrolled from the medicaid-funded component of PACE pursuant to rule 173-50-05 of the Administrative Code.
- (2) An individual who no longer meets medicaid eligibility requirements in paragraph (A) of this rule may continue non-medicaid funded enrollment in PACE as defined within 173-50-02 of the Administrative Code.
- (D) PACE eligibility and enrollment for persons who are either medicaid enrollees or non-medicaid enrollees are described in Chapter 173.50 of the Revised Code.

Effective:

Five Year Review (FYR) Dates:

Certification

Date

Promulgated Under:	119.03
Statutory Authority:	5164.02
Rule Amplifies:	5162.35, 173.50