

5160-50-02

Transitions carve-out waiver program: eligibility and enrollment.

(A) Enrollment on the transitions carve-out waiver is available only to individuals who, on the effective date of this rule, were enrolled on the Ohio home care waiver or are participating in the HOME choice (helping Ohioans move, expanding choice) demonstration program. Transfer from the Ohio home care waiver to the transitions carve-out waiver will occur after ODM or its designee determines the criteria in paragraphs (B) and (C) are met.

(B) To be eligible for enrollment in the transitions carve-out waiver program, an individual must meet all of the following requirements:

(1) Be age sixty or older;

(2) Be determined eligible for Ohio medicaid in accordance with rules 5160:1-2-01.6 and 5160:1-3-24 of the Administrative Code;

(3) Participate in an assessment to determine if the individual has needs that can be met through the transitions carve-out waiver program;

(4) Be determined to have a nursing facility (NF) -based level of care (i.e., intermediate or skilled) in accordance with rule 5160-3-08 of the Administrative Code;

(5) In the absence of the transitions carve-out waiver program, require hospitalization or institutionalization in a NF to meet his or her needs;

(6) Be determined to require and agree to receive at least one waiver service monthly that is otherwise unavailable through another source (including, but not limited to, private pay, community resources and/or the medicaid state plan) in an amount sufficient to meet the individual's assessed needs;

(7) Be able to establish residency in a place that is not a hospital, NF, intermediate care facility for individuals with an intellectual disability (ICF-IID) or another licensed/certified facility, any facility covered by section 1616(e) of the Social Security Act (42 U.S.C. 1382(e) (March 2, 2004)), residential care facility, adult foster home or another group living arrangement subject to state licensure or certification.

(8) Sign an agreement prior to waiver enrollment confirming that the individual has been informed of service alternatives, choice of qualified providers available in the transitions carve-out waiver program and the options of institutional and community-based care, and he or she elects to receive transitions carve-out waiver services; and

(9) Have needs that can be safely met through the transitions carve-out waiver in a home or community setting as determined by ODM or its designee.

(C) Subject to paragraph (H) of this rule, to be enrolled and maintain enrollment in the transitions carve-out waiver program, an individual must be determined by ODM or its designee to meet all of the following requirements:

(1) Be determined eligible for the transitions carve-out waiver program in accordance with paragraph (B) of this rule;

(2) Not reside in a hospital, NF, intermediate care facility for individuals with an intellectual disability (ICF-IID) or another licensed/certified facility, any facility covered by section 1616(e) of the Social Security Act (42 U.S.C. 1382(e) (March 2, 2004)), residential care facility, adult foster home or another group living arrangement subject to state licensure or certification.

(3) Have his or her health and welfare assured while enrolled on the waiver;

(4) Participate in the development and implementation of a person-centered all services plan, and consent to the plan by signing and dating it;

(5) Agree to and receive case management services from ODM or its designee including, but not limited to:

(a) Annual and other assessments, as needed.

(b) Home safety evaluations.

(c) Contact with the case manager and/or the individual's team members, including, but not limited to telephone communications, and face-to-face and in-home visits; and

(6) Agree to and participate in quality assurance and participant satisfaction activities during his or her enrollment on the transitions carve-out waiver program including, but not limited to, face-to-face visits.

(D) If an individual fails to meet any of the requirements set forth in paragraph (B) and/or paragraph (C) of this rule, the individual shall be denied enrollment on the transitions carve-out waiver program.

(E) Once enrolled on the transitions carve-out waiver program, an individual's NF level of care shall be reassessed at least annually, and more frequently if there is a significant change in the individual's situation that may impact his or her health and welfare. If the reassessment determines the individual no longer meets the requirements set forth in paragraph (B) and/or paragraph (C) of this rule, he or she shall be disenrolled from the transitions carve-out waiver program.

(F) If, at any other time, it is determined that an individual enrolled on the transitions carve-out waiver program no longer meets the requirements set forth in paragraph

(B) and/or paragraph (C) of this rule, he or she shall be disenrolled from the transitions carve-out waiver program. Reassessment pursuant to paragraph (E) is not required to make this determination.

(G) If an individual is denied enrollment in the transitions carve-out waiver program pursuant to paragraph (D) of this rule, or is disenrolled from the waiver pursuant to paragraph (E) or (F) of this rule, the individual shall be afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.

(H) The number of individuals enrolled in the transitions carve-out waiver shall not exceed the centers for medicare and medicaid services (CMS) -authorized limit for the waiver program year.

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Date

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