

173-38-03

Enrollment process for the medicaid-funded assisted living program.

- (A) Initial contact: To determine if an applicant individual who applies for the medicaid-funded component of the assisted living program meets the eligibility criteria for the program under rule 5101:3-33-03 of the Administrative Code, the CDJFS shall determine if the applicant individual meets the medicaid financial eligibility criteria required by that rule and ODA's designee shall determine if the applicant individual meets the non-financial eligibility required by that rule. An applicant individual may initially contact either the CDJFS or ODA's designee to begin the enrollment process. The two agencies shall coordinate processing the request for enrollment into the medicaid-funded component of the assisted living program:
- (1) CDJFS: The applicant individual who makes initial contact with the CDJFS shall complete forms JFS07200 and JFS02399. The CDJFS shall determine if the applicant individual meets the program's financial eligibility criteria and shall notify ODA's designee of the applicant's individual's application. In response, ODA's designee shall initiate contact with the applicant individual to perform an in-person assessment to determine if the applicant individual meets the non-financial eligibility criteria.
- (2) ODA's designee: The applicant individual who makes initial contact with ODA's designee shall complete forms JFS07200 and JFS02399 and submit the forms to the CDJFS. ODA's designee may help the applicant individual complete the forms and may forward the completed forms to the CDJFS on behalf of the applicant individual. ODA's designee shall perform an in-person assessment to determine if the applicant individual meets the non-financial eligibility criteria.
- (B) If determined ineligible: If the CDJFS or ODA's designee determines that the applicant individual does not meet the eligibility criteria for the program under rule 5101:3-33-03 of the Administrative Code, the applicant individual is ineligible to enroll in the program.
- (1) CDJFS: If the CDJFS determines that the applicant individual does not meet the financial eligibility criteria, it shall notify ODA's designee and send to the individual a notice of denial and hearing rights under section 5101.35 of the Revised Code and division 5101:6 of the Administrative Code to the applicant individual and also notify ODA's designee.
- (2) ODA's designee: If ODA's designee determines that the applicant individual does not meet the non-financial eligibility criteria, it shall notify the CDJFS and, in turn, the CDJFS shall send to the applicant individual a notice of denial and hearing rights under section 5101.35 of the Revised Code and

~~division 5101:6 of the Administrative Code and also notify the CDJFS. In turn, the CDJFS shall send a notice of denial and hearing rights to the applicant.~~

(C) If determined eligible:

- (1) ~~Waiver~~ Medicaid waiver program enrollment date: Pursuant to rule 5101:1-38-01.6 of the Administrative Code, ODA's designee shall establish the individual's medicaid waiver program enrollment date in the following manner:

(a) ~~If the applicant currently receives medicaid services, either as a consumer of the PASSPORT program, the choices program, the Ohio home care program, or the transitions program, or as a nursing facility resident,~~ ODA's designee shall establish the medicaid waiver program enrollment date as the latter of:

(i) The date ODA's designee determined that the applicant met all non-financial eligibility criteria under rule 5101:3-33-03 of the Administrative Code; ~~or,~~

(ii) The date the applicant becomes a resident of a residential care facility that is licensed by the department of health and certified by ODA as an assisted living provider; or,

(iii) The date the CDJFS determined that the individual met all medicaid financial eligibility criteria required under rules 5101:3-38-01.6 and 5101:3-38-01.8 of the Administrative Code.

~~(b) If the applicant does not currently receive medicaid services, ODA's designee shall establish the waiver program enrollment date the applicant is eligible to enroll as the latter of:~~

~~(i) The date ODA's designee determined that the applicant met all non-financial eligibility criteria under rule 5101:3-33-03 of the Administrative Code; or,~~

~~(ii) The date the CDJFS notified ODA's designee that the applicant met all medicaid financial eligibility criteria required by rule 5101:3-33-03 of the Administrative Code.~~

~~(e)~~ (b) Pursuant to paragraph (E)(6)(d) of rule 173-39-02 of the Administrative Code, the medicaid-funded component of the assisted living program shall not pay for any service provided to an ~~applicant~~ individual before

ODA's designee enrolls the applicant individual into the program and before the case manager authorizes the service in the consumer's service plan.

~~(d)(c)~~ The applicant's individual's medicaid waiver program enrollment date for the assisted living waiver program may differ from the date the CDJFS determines that the applicant individual is eligible for medicaid coverage, which is established according to Chapters 5101:1-37 and 5101:1-39 rules 5101:3-38-01.6 and 5101:3-38-01.8 of the Administrative Code.

(2) ~~No waiting list~~Available slot: If a waiver slot in the medicaid-funded component of the assisted living program is available, and if ODA's designee has established the applicant's individual's medicaid waiver program enrollment date, ODA's designee may enroll the applicant individual into the program. ODA's designee shall not place the individual on the unified waiting list.

(3) ~~Waiting list~~No available slot: ~~If a slot in the program is not available for an eligible applicant, ODA's designee shall place the applicant on the unified waiting list according to the terms of rule 173-44-04 of the Administrative Code.~~ If a waiver slot is not available in the medicaid-funded component of the assisted living program because the current number of enrolled individuals has reached the maximum number of waiver slots the United States secretary of health and human services allows for the program, ODA's designee may enroll the eligible individual when a waiver slot does become available by one of two means: the unified waiting list of the home-first component or the medicaid-funded component of the assisted living program:

(a) Unified waiting list: ODA's designee shall place the individual on the unified waiting list according to the terms of rule 173-44-04 of the Administrative Code, unless the individual qualifies for the home first component of the medicaid-funded component of the assisted living program, as addressed in paragraph (C)(3)(b) of this rule.

(b) Home first:

(i) ODA's designee shall enroll an eligible individual who qualifies for the home first component of the medicaid-funded component of the assisted living program before any eligible individual on the unified waiting list.

(ii) An eligible individual qualifies for the home first component of the medicaid-funded component of the assisted living program if the eligible individual meets both of the following sets of criteria:

(a) ODA's designee has determined that the individual meets all the eligibility criteria in rule 5101:3-33-03 of the Administrative Code; and,

(b) The individual meets at least one of the following four sets of criteria:

(i) The individual resides in a nursing facility.

(ii) A physician has determined and documented in writing that the individual has a medical condition that, unless ODA's designee enrolls the individual in a home and community-based program such as the medicaid-funded component of the assisted living program, the individual will require admission to a nursing facility in fewer than thirty days after the physician's determination.

(iii) Both of the following apply:

(A) The individual is the subject of a report made under section 5101.61 of the Revised Code regarding abuse, neglect, or exploitation or such a report referred to adult protective services under section 5126.31 of the Revised Code; or has made a request to adult protective services, as defined in section 5101.60 of the Revised Code.

(B) A CDJFS and ODA's designee have jointly documented in writing that, unless CDJFS and ODA's designee enroll the individual into a home and community-based services program such as the medicaid-funded component of the assisted living program, the individual should be admitted to a nursing facility.

(iv) The individual has resided in a residential care facility for at least six months immediately before applying for the medicaid-funded component of the assisted living program and is at risk of imminent admission to a nursing facility because the costs of residing in the residential care facility have depleted the individual's resources so that the individual is unable to continue to afford the cost of residing in the residential care facility.

(D) An authorized representative may represent an ~~applicant~~ individual in the enrollment process.

(E) Definitions for this rule:

- (1) "Authorized representative" has the same meaning as in rule 5101:3-33-02 of the Administrative Code.
- (2) "Form JFS02399" means "form JFS02399 'Request for Medicaid Home and Community-Based Services (HCBS).'"
- (3) "Form JFS07200" means "form JFS07200 'Request for Cash, Food ~~Stamp~~, and Medical Assistance.'"

Effective:

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Certification

Date

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