

173-40-02

Eligibility criteria for the state-funded PASSPORT program.

(A) Presumptive: Only an individual who meets all the following criteria is eligible for the state-funded component of the PASSPORT program on the basis of presumptive eligibility:

(1) First time only: The individual was not previously enrolled in the state-funded component of the PASSPORT program.

(1)(2) Consultation: The individual has participated in a long-term care consultation under section 173.42 of the Revised Code and Chapter 173-43 of the Administrative Code.

(3) Financial eligibility:

(2)(a) The individual ~~completes~~ completed and ~~submits~~ submitted forms JFS07200 and JFS02399 to the CDJFS to apply for the medicaid-funded component of the PASSPORT program and the application is still pending because the CDJFS has not yet made a final determination on his or her financial eligibility. (If the the CDJFS had already determined that he or she was eligible to participate in the medicaid-funded component of the PASSPORT program, he or she would be enrolled in the medicaid-funded component of the PASSPORT program and no longer be eligible for the state-funded component of the PASSPORT program. If the CDJFS had already determined that he or she was not financially eligible to participate in the medicaid-funded PASSPORT program, he or she would also not be eligible to participate in the state-funded component of the PASSPORT program.)

(b) The individual agreed that, if he or she is enrolled into the state-funded component of the PASSPORT program, then the CDJFS determines that the individual is financially eligible for the medicaid-funded component of the PASSPORT program, that he or she would immediately be transferred to the medicaid-funded component of the PASSPORT program.

(c) The individual is actively assisting the CDJFS in determining if he or she is financially eligible to participate in the medicaid-funded component of the PASSPORT program by expeditiously providing the CDJFS with copies of any financial records the CDJFS may need to make its financial eligibility determination.

(d) ODA (or ODA's designee) completed form ODA1115 and determined that the CDJFS will most likely determine that the individual meets the financial eligibility criteria for the medicaid-funded component of the

PASSPORT program listed in rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code, and ODA (or ODA's designee) has no reason to doubt that determination.

(4) Non-financial eligibility:

~~(3)~~(a) ODA (or ODA's designee) and the individual complete completed form ODA1116, which indicates and the form indicated that the individual chooses chose to enroll in the state-funded component of the PASSPORT program, names named the individual's representative (if any), and indicates indicated the individual's individual authorization authorized ODA (or ODA's designee) to release information;.

~~(4)~~(b) ODA (or ODA's designee) has determined that the individual meets the non-financial eligibility criteria for the medicaid-funded component of the PASSPORT program under, which are listed in rule 5101:3-31-03 of the Administrative Code;.

~~(5) ODA's designee completes form ODA1115 and the form indicates that the individual meets the financial eligibility criteria for the medicaid-funded component of the PASSPORT program under rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code; and,~~

~~(6)~~(5) Patient liability: After ODA (or ODA's designee) assesses assessed the individual's income and resources using the methodology described in paragraphs (C)(2) and (C)(3) of according to rule 5101:1-39-24 of the Administrative Code to determine if, the individual should pays pay any patient liability amount that ODA's designee determines and the individual shall agreed to pay make, and does make, any patient liability payment as it becomes due to the entity to which ODA's designee instructs the individual to pay.

(B) Loss of medicaid financial eligibility: Only an individual who meets all the following criteria is eligible for the state-funded component of the PASSPORT program on the basis of losing medicaid financial eligibility:

(1) Financial eligibility:

~~(1)~~(a) The individual has had his or her enrollment in the medicaid-funded component of the PASSPORT program terminated due to the loss of medicaid financial eligibility, as determined by the CDJFS;.

~~(2)~~(b) ODA (or ODA's designee) has determined that the individual still needs the home and community-based services he or she received under

the medicaid-funded component of the PASSPORT program because it is temporarily necessary to protect the individual's health and safety until the individual transfers to other community-based long-term care services or to a nursing facility; ~~and,~~

~~(3)(2) Patient liability: After ODA (or ODA's designee) assesses~~ assessed the individual's income and resources using the methodology described in paragraphs (C)(2) and (C)(3) of ~~according to~~ rule 5101:1-39-24 of the Administrative Code to determine if; the individual should ~~pays~~ pay any patient liability ~~amount that ODA's designee determines~~ and the individual ~~shall agreed to pay make, and does make, any patient liability payment as it becomes due to the entity to which ODA's designee instructs the individual to pay.~~

(C) Grandparented: Only an individual who meets all the following criteria is eligible for the state-funded component of the PASSPORT program on the basis of a grandparented status:

(1) The individual has been enrolled in the state-funded component of the PASSPORT program ~~on~~ since September 1, 1991. (For the individual enrolled in the state-funded component of the PASSPORT program on this basis, the program was formerly known as the "PASSPORT state home care program" and the "PASSPORT grandparented home care program;")

(2) Before the individual's initial enrollment in the state-funded component of the PASSPORT program, and at least once every twelve months of enrollment thereafter, the individual has applied for and was denied eligibility for either the medicaid-funded component of the PASSPORT program or the Ohio home care waiver program described in Chapter 5101:3-12 of the Administrative Code, and also one of the following:

(a) If the individual is at least sixty years of age, the individual has fully complied with the application and enrollment procedures for the medicaid-funded component of the PASSPORT program and was determined to be ineligible for the medicaid-funded component of the PASSPORT program. ODA (or ODA's designee) shall disenroll any such individual from the state-funded component of the PASSPORT program who is found to be eligible for enrollment in the medicaid-funded component of the PASSPORT program. An individual's failure or refusal to cooperate in providing either ODA (or ODA's designee) or a CDJFS with the information and documentation necessary to establish the individual's eligibility for the medicaid-funded component of the PASSPORT program constitutes a failure to meet this eligibility criterion; or,

- (b) If the individual is no older than fifty-nine years of age, the individual has fully complied with the application and enrollment procedures for Ohio home care waiver program and was determined to be ineligible for the Ohio home care waiver program. ODA (or ODA's designee) shall disenroll any individual from the state-funded component of the PASSPORT program who is found to be eligible for the Ohio home care waiver program. An individual's failure or refusal to cooperate in providing ODJFS or a CDJFS with the information and the documentation necessary to establish the individual's eligibility for the Ohio home care waiver program constitutes a failure to meet this eligibility criterion.
- (3) ODA (or ODA's designee) and a physician have determined that the individual needs an intermediate level of care, as defined in rule 5101:3-3-06 of the Administrative Code, or a skilled level of care, as defined in rule 5101:3-3-05 of the Administrative Code;
- (4) The individual is financially eligible for the state-funded component of the PASSPORT program based upon a documented inability of the individual to pay for nursing facility care without assistance from the medicaid program. ODA (or ODA's designee) shall only consider the individual's income and assets when determining the individual's financial eligibility for the state-funded component of the PASSPORT program. Countable income and assets are determined pursuant to rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code and the medicaid eligibility manual. ODA (or ODA's designee) shall calculate the inability to pay for nursing facility care in accordance with one of the following:
- (a) If the most recent period of continuous enrollment in the state-funded component of the PASSPORT program for the individual began before April 1, 1988, the individual shall document that the individual lacks eleven thousand, seven hundred, and nine dollars in income and assets available within a ninety-day period to pay for nursing facility care without assistance from the medicaid program; or,
- (b) If the most recent period of continuous enrollment in the state-funded component of the PASSPORT program for the individual began on or after April 1, 1988, the individual shall document that the individual lacks five thousand, eight hundred, fifty-four dollars, and fifty cents in income and assets available within a forty-five day period to pay for nursing facility care without assistance from the medicaid program.
- (5) ODA (or ODA's designee) that serves the county of the individual's residence

has approved a service plan for the individual that is signed by the individual's physician;.

- (6) The individual's approved service plan indicates that the total projected cost of services counted in the service plan cost cap calculation is less than six thousand dollars for a six-month period;.
 - (7) The individual agrees to receive home and community-based services only from ODA-certified providers, and agrees to cooperate with ODA (or ODA's designee) in establishing and re-establishing eligibility for the medicaid-funded component of the PASSPORT program, the Ohio home care program, and/or the state-funded component of the PASSPORT program, when requested by ODA's designee; ~~and,.~~
 - (8) The participation of the individual in the state-funded component of the PASSPORT program, as an alternative to admission to a nursing facility, does not present, in the professional judgment of ODA (or ODA's designee), a threat to the health and safety of the individual.
- (D) If, at any time, a consumer enrolled in the state-funded component of the PASSPORT program on the basis of presumptive eligibility no longer meets all the criteria under paragraph (A) of this rule, unless the only criterion the consumer no longer meets is the patient-liability criterion listed in paragraph (A)(5) of the rule, the consumer is no longer eligible for the state-funded component of the PASSPORT program.
- (E) If, at any time, a consumer enrolled in the state-funded component of the PASSPORT program on the basis of losing medicaid financial eligibility no longer meets all the criteria under paragraph (B) of this rule, unless the only criterion the consumer no longer meets is the patient-liability criterion listed in paragraph (B)(2) of this rule, the consumer is no longer eligible for the state-funded component of the PASSPORT program.
- (F) An individual who is eligible for the state-funded component of the PASSPORT program because the individual meets all the criteria under paragraph (A) of this rule may not participate in the state-funded component of the PASSPORT program for more than ~~three months~~ ninety days.
- (G) An individual who is eligible for the state-funded component of the PASSPORT program because the individual meets all the criteria under paragraph (B) of this rule may not participate in the state-funded component of the PASSPORT program for more than thirty days.

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Certification

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