173-42-01 **Enrollment process for PASSPORT home and community-based services medicaid waiver program.**

(A) The purpose of this rule is to establish ~~the standards and procedures for enrollment in~~ the <u>enrollment process for the</u> PASSPORT home and community-based services medicaid waiver program.

(B) Definitions <u>for this rule</u>:

    (1) "CDJFS" means ~~the local~~ <u>"</u>county department of job and family services.<u>"</u>

    (2) "Nursing ~~Facility"~~ <u>facility"</u> has the same meaning as in section 5111.20 of the Revised Code.

    (3) "ODJFS" means <u>"</u>the Ohio department of job and family services.<u>"</u>

    (4) "~~PAA"~~ ~~means the local~~ <u>"</u>PASSPORT administrative agency<u>" ("PAA") has the same meaning as in section 173.42 of the Revised Code.</u>

    (5) "PASSPORT ~~HCBS waiver~~ program" <u>("PASSPORT")</u> ~~means the PASSPORT home and community-based services medicaid waiver program as described in Chapter 5101:3-31 of the Administrative~~ <u>means the program created under section 173.40 of the Revised</u> Code.

    (6) "Authorized representative" means a person, eighteen years of age or older, acting on behalf of an individual who is applying for or receiving medical assistance. An authorized representative may be a family member, attorney, hospital social worker, or any other person chosen to act on the individual's behalf. In accordance with rule 5101:1-38-01.2 of the Administrative Code, the individual must provide a written statement naming the authorized representative and the duties which the named authorized representative may perform on the individual's behalf.

(C) An individual may contact either the CDJFS or the PAA to start the enrollment process. The two agencies shall coordinate processing the request for enrollment into ~~the~~ PASSPORT ~~HCBS waiver program~~.

    (1) An individual who makes initial contact with the CDJFS must complete the application for home and community-based services using the medicaid application JFS 07200 "Request for Cash, Food Stamp, and Medical Assistance" form and the JFS 02399 "Request for Medicaid Home and Community-Based Services (HCBS)" form. The CDJFS must notify the PAA of the individuals' application for waiver services. The PAA must initiate

contact with the individual to complete the enrollment process.

(2) An individual who makes initial contact with the PAA will receive an in person assessment to determine eligibility for ~~the~~ PASSPORT ~~HCBS waiver program~~. The PAA may assist the individual in applying for medicaid financial eligibility, if not already initiated, by completing the medicaid application JFS 07200 "Request for Cash, Food Stamp, and Medical Assistance" form and securing the individual's or authorized representative's signature on the JFS 02399 "Request for Medicaid Home and Community-Based Services (HCBS)" form. The PAA may submit these forms to the CDJFS on behalf of the individual.

(D) The PAA must ensure that the following conditions are met before an individual may be enrolled in ~~the~~ PASSPORT ~~HCBS waiver program~~:

(1) The CDJFS must determine that the individual meets the financial eligibility requirements for medicaid coverage of home and community-based services specified in Chapters 5101:1-37 to 5101:1-39 of the Administrative Code; and.

(2) The PAA must determine that the individual meets the eligibility requirements for enrollment into ~~the~~ PASSPORT ~~HCBS waiver program~~ specified in rule 5101:3-31-03 of the Administrative Code.

(3) Because the United States centers for medicare and medicaid services limits the number of slots available for enrollment in ~~the~~ PASSPORT ~~HCBS waiver program~~, and the Ohio department of aging is responsible for managing enrollment into the program, the PAA must determine that there is a slot available before an individual may be enrolled in the program.

(E) Any applicant for PASSPORT ~~HCBS waiver program~~ services is entitled to notice and hearing rights as set forth in section 5101.35 of the Revised Code and division-level designation 5101:6 of the Administrative Code.

(1) The PAA must notify the individual and authorized representative, if any, of the approval for enrollment for an individual determined to meet all PASSPORT ~~HCBS waiver program~~ eligibility criteria.

(2) If the PAA determines that the individual does not meet the criteria for enrollment into ~~the~~ PASSPORT ~~HCBS waiver program~~, the PAA must notify the CDJFS of the results, and the CDJFS must send notice of denial of the ~~waiver~~ application to the individual and authorized representative, if any.

(3) If the CDJFS determines the individual does not meet the financial eligibility criteria, the CDJFS must send notice of denial of the ~~waiver~~ application to the individual and authorized representative, if any, and notify the PAA.

(F) If an individual meets all the non-financial eligibility criteria, but a slot is not available for enrollment in ~~the~~ PASSPORT ~~HCBS waiver program~~, the individual must be placed on a waiting list according to the later of the individual's signature date on the JFS 02399 "Request for Medicaid Home and Community-Based Services (HCBS)" form or the date all non-financial eligibility criteria have been met.

(1) With the exception of the circumstance specified in paragraph (F)(2) of this rule, the PAA must remove each individual from the waiting list to be enrolled in ~~the~~ PASSPORT ~~HCBS waiver program~~ according to the chronological order of the date the individual was placed on the waiting list.

(2) The PAA must offer enrollment to an individual on the waiting list residing in a nursing facility according to the chronological order of the date the individual was placed on the waiting list, and prior to all other individuals on the waiting list who are not residents of a nursing facility ~~pursuant to section 206.66.64 of Amended Substitute House Bill 66 and the 126th General Assembly~~.

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Certification

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