

173-51-02

Eligibility criteria for the state-funded assisted living program.

(A) Only an individual who meets all of the following criteria is eligible for the state-funded component of the assisted living program:

(1) First-time only: The individual was not previously enrolled in the state-funded component of the assisted living program or 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 criteria:

~~(2)~~(a) The individual completes and submits forms JFS07200 and JFS02399 to the CDJFS to apply for the medicaid-funded component of the assisted living 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 CDJFS had already determined that he or she was eligible to participate in the medicaid-funded component of the assisted living program, he or she would be enrolled in the medicaid-funded component of the assisted living program. If the CDJFS had already determined that he or she was not financially eligible to participate in the medicaid-funded component of the assisted living program, he or she would also not be eligible to participate in the state-funded component of the assisted living program.)

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

~~(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 assisted living program, names named the individual's representative (if any), and indicates indicated that 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 assisted living program, under which are listed in rule 5101:3-33-03 of the Administrative Code;

(c) The individual agreed to reside in an Ohio licensed residential care facility that is authorized by a valid provider agreement to participate in the medicaid-funded component of the assisted living program while receiving assisted living services under the state-funded component of the assisted living program.

~~(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 assisted living program under rules 5101:1-38-01.6 and 5101:1-38-01.8 of the Administrative Code;~~

~~(6)~~(5) Patient liability: After ODA (or ODA's designee) assesses assessed the individual's income and resources using the methodology described in paragraph (C)(4) of according to rule 5101:1-39-24.1 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; and;

~~(7) While receiving assisted living services under the state-funded component of the assisted living program, the individual resides in an Ohio licensed residential care facility that is authorized by a valid provider agreement to participate in the medicaid-funded component of the assisted living program.~~

(B) If, at any time, a consumer enrolled in the state-funded component of the assisted living program 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 this rule, the consumer is no longer eligible for the state-funded component of the assisted living program.

- (C) An individual who is eligible for the state-funded component of the assisted living program may not participate in the state-funded component of the assisted living program for more than ~~three months~~ ninety days.

Effective: 09/10/2012

R.C. 119.032 review dates: 06/11/2012 and 09/10/2017

CERTIFIED ELECTRONICALLY

Certification

08/27/2012

Date

Promulgated Under: 111.15
Statutory Authority: 173.01, 173.02, 5111.89
Rule Amplifies: 5111.89, 5111.892
Prior Effective Dates: 09/29/2011 (Emer.), 12/29/2011