

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) The individual participated in an in-person assessment with ODA's designee;
- (2) 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;
- (3) The individual has applied for the medicaid-funded component of the assisted living program (or, if the medicaid-funded component is terminated under division (C)(2) of section 5111.89 of the Revised Code, the unified long-term services and support medicaid waiver component);
- (4) ODA's designee has determined that the individual meets the non-financial eligibility requirements of the medicaid-funded component of the assisted living program in accordance with rule 5101:3-33-03 of the Administrative Code (or, if the medicaid-funded component is terminated under division (C)(2) of section 5111.89 of the Revised Code, the unified long-term services and support medicaid waiver component);
- (5) The individual cooperates with the CDJFS in determining medicaid financial eligibility;
- (6) ODA's designee has no reason to doubt that the individual meets the financial eligibility requirements of the medicaid-funded component of the assisted living program (or, if the medicaid-funded component is terminated under division (C)(2) of section 5111.89 of the Revised Code, the unified long-term services and support medicaid waiver component);
- (7) If ODA's designee established whether or not the individual is required to pay a patient liability amount, the individual pays the amount required to the entity to which ODA's designee instructs the individual to pay; and,
- (8) While receiving assisted living services under the state-funded component of the assisted living program, the individual resides in a residential care facility that is authorized by a valid provider agreement to participate in the medicaid-funded component of the assisted living program, including both of the following:
  - (a) A residential care facility that is owned or operated by a metropolitan housing authority that has a contract with the United States department of housing and urban development to receive an operating subsidy or rental assistance for residents of the facility; and,
  - (b) A county or district home licensed as a residential care facility.

- (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, 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 ninety days.

Effective:

R.C. 119.032 review dates:

---

Certification

---

Date

Promulgated Under:	111.15
Statutory Authority:	173.01, 173.02, 5111.89
Rule Amplifies:	5111.89, 5111.892