<u>Enrollment process for medicaid-funded component of the assisted living waiver program.</u>

- (A) The purpose of this rule is to outline the requirement that must be met for an individual to enroll in the medicaid-funded component of the assisted living waiver program.
- (B) To be eligible for enrollment, an individual must:
 - (1) Have been determined to meet the eligibility requirements set forth in rule 5160-33-03 of the Administrative Code; and
 - (2) Upon initial and continued enrollment, reside in an approved living unit in a licensed residential care facility (RCF) certified by the Ohio department of aging (ODA) that possesses the home and community-based setting characteristics set forth in rule 5160-44-01 of the Administrative Code.
- (C) If the individual has been determined eligible and the medicaid component of the assisted living waiver program has not reached the centers for medicare and medicaid services (CMS) authorized limit of participants for the current year, the individual shall be enrolled in accordance with the assisted living waiver program's home first component, if applicable, and rule 173-38-03 of the Administrative Code.
- (D) Pursuant to chapters 5160:1-3 to 5160:1-6 of the Administrative Code, if an individual is determined eligible for medicaid by the county department of job and family services, the individual shall not enroll in the assisted living waiver program until ODA's designee establishes a waiver program enrollment date and authorizes the provision of waiver services by an ODA certified assisted living provider. The waiver program enrollment date shall in no way restrict retroactive eligibility for non-assisted living waiver services available to individuals through the medicaid state plan.
- (E) Any applicant for the assisted living waiver program is entitled to notice and hearing rights as set forth in section 5101.35 of the Revised Code and division 5101:6 of the Administrative Code.

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