

5101:3-1-06 Home and Community-Based Service Waivers: General Description.

Effective Date: January 1, 2004.

- (A) Section 2176 of Public Law 97-35, the Omnibus Budget Reconciliation Act of 1981, established a waiver program under which states can be reimbursed for providing home and community-based services (HCBS). Under the HCBS waivers, states can designate specific target populations who can receive a wider range of HCBS than normally covered under the state plan. Waiver requests submitted by the states to the secretary of the department of health and human services may be approved for a three-year period; each waiver may be renewed for five-year periods.
- (B) Eligibility for HCBS waiver programs is limited to medicaid recipients who, in the absence of home and community services, would require long-term care in a nursing facility (NF), intermediate care facility for the mentally retarded (ICF-MR) or hospital as designated by the specific waiver.
- (C) Regular HCBS waivers must be limited to one of the following target groups or any subgroup thereof that the state may define:
 - (1) Aged or disabled, or both; or
 - (2) Mentally retarded or developmentally disabled, or both; or
 - (3) Mentally ill.
- (D) At no time during the term of a HCBS waiver may the number of individuals approved to receive waiver services exceed the specific number annually allocated in the waiver.
- (E) Descriptions, approval information and reimbursement rates for each of the HCBS waivers can be found as follows:
 - (1) PASSPORT HCBS waiver information can be found in rule 5101:3-1-06.1 of the Administrative Code.
 - (2) Individual options and residential facility HCBS waiver service maximum payment standards can be found in rule 5101: 3-1-06.2 of the Administrative Code.
 - (3) ODJFS-administered HCBS waiver information can be found in rule 5101:3-1-06.3 of the Administrative Code.
 - (4) Choices HCBS waiver information can be found in rule 5101:3-1-06.4 of the Administrative Code.

Effective: 01/01/2004

R.C. 119.032 review dates: 01/01/2009

Certification: CERTIFIED ELECTRONICALLY

Date: 12/22/2003

Promulgated Under: 119.03

Statutory Authority: 173.40, 5111.02

Rule Amplifies: 173.40, 5111.01, 5111.02

5101:3-1-06.4 Home and community-based service waivers: choices.

Effective date: July 1, 2005

- (A) ~~The department received approval for a new demonstration~~The choices waiver ~~effective March 6, 2000, to provide~~provides home and community-based services (HCBS) to persons aged sixty and over who reside in ~~Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway or Union counties~~ the service area defined in the approved 1915(c) waiver for the choices program and who require intermediate or skilled care ~~in a program known as choices~~and are enrolled in the waiver.
- (1) The choices HCBS waiver services and program eligibility criteria are set forth in Chapter 5101:3-32 of the Administrative Code.
 - (2) Financial eligibility for the choices HCBS waiver program is determined in accordance with Chapter 5101:1-39 of the Administrative Code.
 - (3) Maximum allowable reimbursement rates for the choices HCBS waiver program are listed in appendix A of this rule. Choices HCBS reimbursement must be provided in accordance with paragraphs (A) to (C) of rule 5101:3-1-60 of the Administrative Code.

Appendix A- Choices Waiver Rates

[Click here to view 5101:3-1-06.4 Appendix A- Choices Waiver Rates.](#)

Effective: July 1, 2005

R.C. 119.032 review dates: 04/15/2005

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 173.40, 5111.02

Rule Amplifies: 173.40, 5111.01, 5111.02

Prior Effective Dates: 5101:3-1-06.4 (Emer.), 1/1/04, 5101.3-32-02 (Emer.), 8/30/01, 5101:3-32-03 (Emer.), 8/30/01, 5101:3-32-04 (Emer.), 8/30/01, 5101:3-32-05 (Emer.), 8/30/01, 5101:3-32-06 (Emer.), 8/30/01, 5101:3-32-07 (Emer.), 8/30/01, 5101:3-32-08 (Emer.), 8/30/01