

173-50-02

PACE: eligibility requirements.

(A) A person may enroll in PACE only if the person meets all the following requirements:

- (1) The person is at least fifty-five years of age.
- (2) The person resides within a PACE organization's service area.
- (3) The person requires intermediate level of care under rule 5160-3-05 of the Administrative Code or skilled level of care under rule ~~5160-3-06~~ 5160-3-08 of the Administrative Code.
- (4) At the time of initial enrollment, The ~~the~~ person resides in a non-institutional setting (e.g., house, apartment) without jeopardizing his or her health or safety.
- (5) The person maintains medicaid eligibility either under the financial eligibility standard or under a needs allowance if the person has moved from an institutional setting to a non-institutional setting, or pays ~~for~~ the premiums and any post-eligibility treatment of income (patient liability costs i.e., patient liability or share of cost) ODM may require in rule 5160:1-6-07.1 of the Administrative Code.
- (6) The person agrees to obtain medicaid services, if any, or medicare services, if any, only through the PACE organization during the period of enrollment in PACE.
- (7) The person is not enrolled in one or more of the following (or will discontinue being enrolled in one or more of the following upon enrollment in PACE):
 - (a) A medicaid managed-care program other than PACE.
 - (b) A hospice program.
 - (c) The primary alternative care and treatment (PACT) program.
 - (d) A medicaid waiver program (e.g., PASSPORT or assisted living).
 - (e) The residential state supplement (RSS) program.
 - (f) A nursing facility certified by medicaid while medicaid is covering the person's nursing facility expenses.

(B) 42 C.F.R. 460.160 requires ODA to assess. At ~~at~~ least once per year, ~~ODA shall assess~~ whether each participant continues to require an intermediate level of care under rule 5160-3-05 of the Administrative Code or a skilled level of care under rule 5160-3-06 of the Administrative Code. ODA may permanently waive the requirement to perform

~~the~~this assessment if ODA does not reasonably expect the participant's health to improve or significantly change.

- (C) If, at any time, a participant in PACE no longer meets the requirements in paragraph (A) of rule 173-50-05 of the Administrative Code, the PACE organization may use the process for involuntary disenrollment described in that rule. However, a participant who ~~may~~ no longer ~~meet~~meets the financial eligibility requirements for medicaid may remain eligible for PACE as long as the participant pays the premiums and ~~the patient-liability costs~~ incurred while using PACE. (For more information, see rule 173-50-05 of the Administrative Code; 42 C.F.R. 460.150 (d) and 42 C.F.R. 460.160 (a) ~~(October 1, 2015).~~)

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CERTIFIED ELECTRONICALLY

Certification

10/22/2018

Date

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