

5123:2-13-02

Individual options waiver - Eligibility criteria for initial and continued enrollment.

(A) The purpose of this rule is to establish eligibility criteria for initial and continued enrollment in the individual options waiver.

(B) Eligibility criteria

In order to be eligible for the individual options waiver, the individual shall meet the following criteria:

(1) Except as provided in paragraph (B)(2) of this rule, the individual must be determined to have an ICF/MR level of care pursuant to rule 5101:3-3-07 of the Administrative Code and choose to receive home and community-based waiver services as an alternative to services provided in an ICF/MR.

(2) The individual is not required to be determined to have an ICF/MR level of care pursuant to rule 5101:3-3-07 of the Administrative Code if either of the following apply:

(a) The individual resides in a general nursing facility, requires specialized services as determined in accordance with rule 5123:2-14-01 of the Administrative Code and chooses to receive home and community-based waiver services as an alternative to services provided in a general nursing facility.

(b) The individual was deinstitutionalized from a general nursing facility as a result of the preadmission screening and resident review process mandated by Pub. L. 100-203, Nursing Home Reform Act, Omnibus Budget Reconciliation Act (OBRA), 1987, as amended by OBRA, 1990, 42 U.S.C. Section 1396(e)(7) and requires specialized services as determined in accordance with rule 5123:2-14-01 of the Administrative Code.

(3) The individual must meet the financial medicaid eligibility criteria set forth in Chapter 5101:1-39 of the Administrative Code.

(4) The individual's health and welfare needs, met by formal supports, informal supports and home and community-based services, must be assured.

(5) The projected annual cost of home and community-based services for the individual must not cause the aggregate cost cap for home and community-based services set forth in the individual options waiver as approved by the centers for medicare and medicaid services to be exceeded. If the annual cost of an individual's home and community-based services is projected to cause the aggregate cost cap to be exceeded, the individual shall be denied enrollment.

(C) Other requirements

An individual who is eligible for the individual options waiver must, in addition to the requirements of this rule, meet all requirements set forth in any rule governing a specific individual options waiver service in order to receive that service.

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Certification

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Date

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