

5101:3-45-15**Provisions for transferring consumers receiving core-plus benefit package services to ODJFS-administered waivers.**

- (A) Upon approval by the centers for medicare and medicaid services (CMS) of the renewal of the Ohio home care waiver, the amendment of the transitions MR/DD waiver, and the new transitions carve-out waiver, each consumer receiving core-plus benefit package services for any time period during the one hundred and twenty days preceding the effective date of this rule will have an eligibility determination made pursuant to the ODJFS-administered waiver eligibility criteria set forth in rules 5101:3-46-02, 5101:3-47-02 and 5101:3-50-02 of the Administrative Code, to determine if the consumer is eligible for one of the ODJFS-administered waivers. If determined eligible, the consumer may choose to be transferred to the appropriate ODJFS-administered waiver.
- (B) Consumers who are determined to be ineligible for an ODJFS-administered waiver as a result of the process set forth in paragraph (A) of this rule will be given notice and hearing rights in accordance with division-level designation 5101:6 of the Administrative Code. Consumers will also be directed to other available services including, but not limited to, the home health or private duty nursing services set forth in Chapter 5101:3-12 of the Administrative Code.

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under:	119.03
Statutory Authority:	5111.02
Rule Amplifies:	5111.01, 5111.02, 5111.85