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Ohio Administrative Code

Rule 173-42-06 PASSPORT program (medicaid-funded component): individuals' choices and responsibilities.

Effective: November 5, 2026

(A) Person-centered planning:

(1) The individual is subject to rule 5160-44-02 of the Administrative Code. To comply with that rule, the individual and AGE's designee have flexibility to meet by telephone, video conference, or in person to develop the individual's person-centered services plan (plan).

(2) AGE's designee shall draft the plan according to the requirements in rule 5160-44-02 of the Administrative Code.

(3) Choices and responsibilities for the individual:

(a) The individual may choose a team of people to join the individual and AGE's designee in the meeting in paragraph (A)(1) of this rule.

(b) The individual shall cooperate with, and show respect to, AGE's designee to facilitate the following:

(i) Assessing the individual and visiting the individual's home to determine the individual's eligibility for the PASSPORT program, enroll the individual into the PASSPORT program, and determine the individual's service needs.

(ii) Recruiting, selecting, and dismissing the individual's providers. 42 C.F.R. 431.51↗ allows an individual to choose the providers from whom the individual wants to receive services, so long as each provider the individual chooses is qualified and willing to provide the services the individual needs.

(iii) Developing and maintaining back-up plans that meet the individual's needs.

(c) After the plan is developed, the individual shall do the following:

(i) Understand the services authorized in the individual's person-centered services plan.

(ii) Use the services AGE's designee authorizes in the approved plan.

(iii) Notify AGE's designee if the individual desires to change the provider from whom the individual receives services.

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(iv) Notify AGE's designee of any significant change that may affect the individual's service needs so that AGE's designee may update the plan. Significant changes include the following:

(a) The provider does not provide an authorized service at the time, or for the period of time, authorized by AGE's designee.

(b) The individual moves to another address.

(c) The individual repeatedly refuses to receive services.

(4) The medicaid-funded component of the PASSPORT program only pays for services authorized in the plan.

(B) General responsibilities for the individual regarding providers:

(1) Treating providers with respect.

(2) Allowing AGE's designee to exchange information with any of the individual's service providers on a need-to-know basis.

(3) Neither requesting, nor offering assistance to, a provider to engage in unethical, unprofessional, disrespectful, or illegal behavior when providing a service.

(4) Reporting any incident involving the provider to AGE's designee. In turn, AGE's designee is subject to the incident-reporting requirements in rule 5160-44-05 of the Administrative Code.

(5) Notifying AGE's designee if the provider (or if an agency provider, the provider's staff) misses a scheduled service episode.

(6) Notifying the provider if the individual is going to miss a scheduled service episode, unless the provider is already informed of the individual's absence.

(7) Providing the provider (or, if an agency provider, the provider's staff) with the individual's unique identifier to verify that the provider (or the provider's staff) provided a service immediately following the conclusion of each episode.

(8) Verifying when each episode of service begins and ends, and if Chapter 5160-32↗ of the Administrative Code requires using electronic visit verification (EVV), verifying when each episode of service begins and ends by using the provider's chosen EVV method.

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(9) Working with AGE's designee to resolve problems and concerns. If requested by the individual, AGE's designee shall act as a facilitator to resolve conflicts between the individual and the provider.

(C) Qualifications for individuals to direct participant-directed providers:

(1) An individual qualifies to direct a participant-directed provider if AGE's designee determines that all of the following are met:

(a) The provider is qualified and willing to provide the services the individual needs.

(b) The individual successfully completes any training that AGE or its designee determines is necessary for the individual to direct a participant-directed provider.

(c) AGE's designee determines that the individual is able to direct a provider (i.e., perform the responsibilities of an employer) based upon an assessment by AGE's designee of the individual's strengths and weaknesses related to the individual's ability to direct a provider and understanding of all of the following:

(i) The services authorized in the individual's person-centered services plan.

(ii) The service activities the medicaid-funded component of the PASSPORT program covers for each service the individual would receive.

(iii) The methods for hiring and firing a participant-directed provider and selecting and dismissing agency and non-agency providers.

(iv) How to review databases and check criminal records according to Chapter 173-9↗ of the Administrative Code.

(v) The methods for developing written or electronic activity plans with providers.

(vi) How to determine the necessary skills for a provider to meet the individual's specific needs and the options for providers to acquire those skills.

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(vii) The methods for supervising and monitoring the provider's performance of specific activities, including written or electronic approval of the provider's time sheets.

(viii) How to work with AGE's designee to develop a back-up plan for providing a service if a provider is unable to provide the agreed-upon service.

(ix) How to seek assistance from the state or regional long-term care ombudsman program to resolve a problem or concern with a provider.

(x) The state appeal and fair hearing request procedures.

(xi) How to verify when each episode of service begins and ends, and to do so by using EVV, if Chapter 5160-32↗ of the Administrative Code requires participant-directed providers to use EVV.

(xii) Records-retention requirements.

(2) AGE's designee shall retain records of its assessment and determination under paragraph (C)(1)(c) of this rule.

(D) Choices and responsibilities regarding participant-directed providers: If AGE's designee authorizes a participant-directed provider for the individual in the person-centered services plan, the following additional responsibilities apply:

(1) Responsibilities for AGE's designee:

(a) Providing the individual with the following information in a manner that is most effective for the individual:

(i) A list of the individual's choices and responsibilities listed in this rule.

(ii) The provider's requirements under Chapter 173-39↗ of the Administrative Code.

(iii) Information on the PASSPORT program.

(b) Reviewing the information listed under paragraphs (D)(2) and (D)(3) of this rule with the individual and offer assistance to help the individual understand the information.

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(c) Helping the individual recruit, hire, retain, and fire the individual's participant-directed provider.

(d) Communicating with the individual in a manner that protects the individual's confidentiality.

(e) Helping the individual identify the an appropriate method for the individual to verify that the provider provides each episode of service according to the person-centered services plan, retain records on verified services, and provide (or give access to) those records to the participant-directed provider.

(f) Revising the person-centered services plan to remove authorization for a participant-directed provider if both of the following occur:

(i) Either the individual fails to comply with the responsibilities for individuals under paragraphs (D)(2) and (D)(3) of this rule or the individual's health and safety cannot be assured by a participant-directed provider.

(ii) AGE's designee notifies the individual that it no longer authorizes the individual to receive a service from a participant-directed provider and the individual's right to a hearing on this matter under division 5101:6↗ of the Administrative Code.

(2) Responsibilities for the individual and AGE's designee to perform together:

(a) For any person the individual has under final consideration to hire as the individual's participant-directed provider, the individual may seek the assistance of AGE's designee to comply with section 173.38 of the Revised Code and Chapter 173-9↗ of the Administrative Code.

(b) The individual and AGE's designee shall work together to develop a back-up plan for providing a service if the provider cannot, or does not, meet the provider's obligation to provide a service to the individual.

(c) The individual shall consult with AGE's designee to determine what, if any, skills the provider needs to meet the individual's specific needs, training the provider needs to obtain those skills, deadline to impose on the provider to complete the training, and means for the provider to access the training. The individual may participate in the training.

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(d) The individual shall work with the financial management service that AGE's designee provides for individuals who direct participant-directed providers under the medicaid-funded component of the PASSPORT program.

(e) The individual shall work with AGE's designee to ensure that the person-centered services plan reflects the primary method to verify when each episode of service begins and ends, including EVV, if Chapter 5160-32↗ of the Administrative Code obligates participant-directed providers to use EVV.

(3) Responsibilities for the individual:

(a) The individual shall develop an activity plan with the provider, date the plan, and provide the individual's unique identifier to authenticate the plan, in a manner that does not conflict with the person-centered services plan.

(b) The individual shall designate a location in the individual's home in which the provider may safely store a copy of the individual's activity plan in a manner that protects the individual's confidentiality. (Having a copy of the activity plan in the individual's home contributes to the provider's ability to adhere to the activity plan.)

(c) No individual may verify blank time sheets or time sheets that the provider (or the provider's staff) completes before providing services.

(E) Authorized representative: If an individual has an authorized representative, the individual's authorized representative may represent the individual for any purpose under this rule.

(F) Definitions for this rule:

"Agency provider," 'non-agency provider," and "participant-directed provider" have the same meanings as in rule 173-39-01 of the Administrative Code.

"Electronic visit verification" (EVV) has the same meaning as in Chapter 5160-32↗ of the Administrative Code.

"Financial management service" has the same meaning as in rule 5160-31-02 of the Administrative Code.

"Unique identifier" has the same meaning as in rule 173-39-01 of the Administrative Code.