



Ohio Administrative Code

Rule 5160-31-03 PASSPORT HCBS waiver program: eligibility and enrollment.

Effective: [September 22, 2025](#)

(A) The "Ohio department of aging (ODA)" is the agency responsible for daily operations for the pre-admission screening system providing options and resources today (PASSPORT) home and community-based services (HCBS) waiver. ODA will operate this waiver pursuant to an interagency agreement with the Ohio department of medicaid (ODM) in accordance with sections 5162.35 and 173.52 of the Revised Code. ODA will establish processes and procedures to enroll individuals on the waiver that is in accordance with rule 173-42-03 of the Administrative Code.

(B) An individual is eligible for the medicaid-funded component of the PASSPORT program only if the individual meets all of the following criteria:

(1) The individual is determined eligible for medicaid in accordance with Chapters 5160:1-1 to 5160:1-6 of the Administrative Code.

(2) The needed services are not readily available through another source at the level required to allow the individual to live in the community.

(3) The individual agrees to participate in PASSPORT and not be simultaneously enrolled in the state-funded component of the PASSPORT program, the state-funded component of the assisted living program, another medicaid home and community-based program, the residential state supplement (RSS) program, or the program of all inclusive care for the elderly (PACE) while enrolled in PASSPORT.

(4) The individual's health related needs can be safely met in a home and community-based setting as determined by ODA or its designee.

(5) The individual agrees to participate in the development of a person-centered services plan in accordance with the process and requirements set forth in rule 5160-44-02 of the Administrative Code.



(6) The individual:

(a) Has a need for and agrees to receive at least one waiver service monthly that is otherwise unavailable through another source (including, but not limited to, private pay, community resources and the medicaid state plan) in an amount sufficient to meet the individual's assessed needs; or

(b) Has a need for:

(i) Continuous nursing services for more than four hours in length,

(ii) At least one waiver service annually, and

(iii) Monthly monitoring of the individual's health and welfare through a combination of telephonic and in-person contacts with the case manager and agrees to cooperate with the monthly monitoring.

(7) The individual resides in a setting that possesses the home and community-based setting characteristics set forth in rule 5160-44-01 of the Administrative Code and that is not a hospital, nursing facility (NF), intermediate care facility for individuals with an intellectual disability (ICF-IID), or another licensed or certified facility, any facility covered by section 1616(e) of the Social Security Act (42 U.S.C. 1382(e) (January 1, 2025) residential care facility or another group living arrangement subject to state licensure or certification.

(8) The individual is age sixty years or older at the time of enrollment.

(9) The individual is determined to meet the criteria for an intermediate or skilled level of care in accordance with rule 5160-3-08 of the Administrative Code and, in the absence of PASSPORT, requires NF services as defined in 42 C.F.R. 440.40 (as in effect on October 1, 2024).

(C) To be enrolled and maintain enrollment in PASSPORT, the individual will meet all of the following criteria:

(1) The individual is determined eligible for PASSPORT in accordance with paragraph (B) of this



rule.

(2) The services in the person-centered services plan are approved by one of the medical practitioners in paragraphs (C)(2)(a) to (C)(2)(c) of this rule, acting within their scope of practice. Approval may be verbal or written and is to be obtained prior to initial enrollment. Written approval may be satisfied via electronic signature.

(a) A licensed physician;

(b) A licensed certified nurse practitioner;

(c) A licensed physician assistant.

(3) The individual cost limit does not exceed fourteen thousand and seven hundred dollars per month for waiver services.

(a) At the time of enrollment, the initial cost of waiver services in the person-centered services plan does not exceed the cost limit.

(b) The ongoing cost of waiver services in the person-centered services plan may not exceed the cost limit unless otherwise approved by ODA.

(4) There is an available PASSPORT slot that does not exceed the CMS-authorized limit for individuals enrolled for the waiver program year.

(D) If, at any time, the individual does not meet the criteria in paragraph (B) or paragraph (C) of this rule, the individual will be denied enrollment or disenrolled from PASSPORT. In such instances, the individual is notified of their hearing rights in accordance with division 5101:6 of the Administrative Code.