



## Ohio Administrative Code

### Rule 5160-36-03 Program of all-inclusive care for the elderly (PACE) eligibility.

Effective: October 17, 2020

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(A) To be eligible and maintain eligibility for PACE an individual shall meet the requirements for PACE participant eligibility set forth in rule 173-50-02 of the Administrative Code.

(B) Individuals seeking enrollment in PACE through medicaid shall be determined by their county department of job and family services (CDJFS) to be eligible for Ohio medicaid in accordance with Chapters 5160:1-3 to 5160:1-6 of the Administrative Code.

(C) If a PACE participant who is also enrolled in medicaid has a period of continuous institutionalization as defined in rule 5160:1-6-01.1 of the Administrative Code that individual's patient liability amount is to be recalculated by the appropriate CDJFS as directed in rule 5160:1-6-07.1 of the Administrative Code.

(D) Participants who fail or cease to meet the eligibility requirements in paragraph (A) of this rule shall be denied enrollment in PACE.

(E) PACE participants who no longer meet the medicaid eligibility requirements in paragraph (B) of this rule shall be given the opportunity to remain enrolled in PACE as a medicare only or as a private pay participant.

(F) Participants who no longer meet the medicaid financial eligibility criteria but choose to remain enrolled in PACE through private resources shall be charged no less than the medicaid rate for services by the PACE organization.

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