



## **MEDICAID ELIGIBILITY MANUAL TRANSMITTAL LETTER NO. 143**

**To: All Medicaid Eligibility Manual Holders**

**From: Barbara R. Sears, Director**

**Subject: Determining Patient Liability for Individuals Receiving LTC Services**

This MEMTL contains two rules that have been rescinded from Chapter 5160:1-3 of the Administrative Code and two new rules that have been added to Chapter 5160:1-6 of the Administrative Code, adopted under 111.15 of the Revised Code.

The effective date is September 1, 2017.

### **Chapter 3 Medicaid for the Aged, Blind, or Disabled (ABD)**

#### **5160:1-3-04.3 Medicaid: determining patient liability.**

This rule is rescinded and the language is found in new rules 5160:1-6-07 and 5160:1-6-07.1 of the Administrative Code.

#### **5160:1-3-04.4 Medicaid: income and patient liability determinations for individuals under the assisted living home and community based waiver.**

This rule is rescinded and the language is found in new rule 5160:1-6-07.1 of the Administrative Code.

### **Chapter 6 Long-Term Care**

#### **5160:1-6-07 Medicaid: post-eligibility treatment of income for individuals in medical institutions.**

This new rule replaces rules 5160:1-3-04.3 and 5160:1-3-04.4 of the Administrative Code. Changes to the rule include describing only the post-eligibility treatment of income (PETI), commonly known as patient liability, calculation for those receiving long-term care (LTC) services in a medical institution. The calculation for patient liability is different for those who receive long-term care services through a Home and Community Based Services (HCBS) waiver or the Program for All-Inclusive Care for the Elderly (PACE). The rule is revised to list out required income exclusions per federal law. Rule references have been updated.

**5160:1-6-07.1 Medicaid: post-eligibility treatment of income for individuals receiving services through a home and community-based services (HCBS) waiver or the program of all-inclusive care for the elderly (PACE).**

This new rule replaces OAC rule 5160:1-3-04.3. Changes to the rule include describing only the post-eligibility treatment of income (PETI), commonly known as patient liability, calculation for those receiving long-term care services through a Home and Community Based Services (HCBS) waiver, the Assisted Living Waiver (which is an HCBS waiver), or the Program for All-Inclusive Care for the Elderly (PACE) program. The rule is revised to also list out required income exclusions per federal law. Rule references have been updated.

**The information is also available online at:**

**[www.medicaid.ohio.gov](http://www.medicaid.ohio.gov)**