

Medicaid Waiver Home and Community-Based Services

An Overview of Ohio's Medicaid HCBS
Programs

Bureau of Long-Term Services and Support

HCBS Policy

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MEDICAID BASICS

OVERVIEW

Medicaid Basics

Medicaid Waivers: Home and Community-Based Services

Ohio Medicaid HCBS Programs

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MEDICAID BASICS

- A national health care program directed by the federal Centers for Medicare and Medicaid (CMS) under the U.S. Department of Health and Human Services.
- Created in 1965 in Title XIX of the Social Security Act.
- Rules are in the Code of Federal Regulations (CFR) Title 42—Public Health.
- Designed for people with low-income levels and special populations:
 - People with disabilities.
 - Children.
 - Pregnant women.
 - Some older adults.
- Every state and U.S. territory have their own Medicaid program.

MEDICAID BASICS



Medicaid is different than Medicare.

Medicare is operated on a federal level and covers people 65 and older.

Medicaid is operated on a state level and covers people of all ages, special populations and people with low incomes.

OHIO MEDICAID BASE ELIGIBILITY

People seeking Medicaid must meet these criteria:

- Be a United States citizen or meet Medicaid citizenship requirements.
- Have or get a Social Security number.
- Be an Ohio resident.
- Meet financial requirements.



The above list is a basic criteria. Some Medicaid programs have additional eligibility rules. Regulations can be found here:

[5160:1 | Ohio Department of Medicaid | Eligibility](#)

 **RESOURCE****Ohio****Benefits
Program**

[Ohio Medicaid - Benefits - Long-term Care - Home \(ohiohelps.org\).](https://ohiohelps.org/ohio-medicaid-benefits-long-term-care-home)

Ohio Benefits Long Term Services and Supports (OBLTSS) is a network connecting people to information, resources and community-based long-term care. Available on the site are resources, training videos, portals to services, and applications.

Support navigators are available to answers questions, connect people to community resources, and provide information on applying for Medicaid.

MEDICAID WAIVERS: HOME AND COMMUNITY-BASED SERVICES

Medicaid Waivers are called Home and Community Based Services (HCBS).

Older adults, people with physical disabilities and people with developmental disabilities sometimes need more than what traditional Medicaid offers. These types of services are called long term services and supports (LTSS).

The Social Security Act allows for Medicaid funding to be used for LTSS in section 1915 of the Act. Certain Medicaid requirements are “waived” for flexibility in service provision.

Specifically, section *1915(c)* allows states to meet the needs of people who prefer to get LTSS in their home or community, rather than in an institutional setting. Programs are sometimes referred to as “HCBS 1915(c)” programs.

STATE MEDICAID WAIVERS

Medicaid Waiver programs are optional for states.

States design their own waiver programs using CMS templates and core service definitions.

States identify who will be served in each program and how many people can be served.

CMS approves programs for 5 years. On year 3, states submit an evidence package of program progress. At the end of the 5 years, states can elect to renew the program.

States can amend a waiver program at any time.

CMS may request additional information or complete a state review at any time.

FEDERAL EXPECTATIONS FOR STATE WAIVER PROGRAMS

A state Medicaid agency must:

- Show that waiver services will not cost more than services in a facility.
- Ensure the protection of people's health and welfare.
- Define provider standards to meet the needs of the target population.
- Ensure services are authorized in and follow a person-centered plan of care.

STATE WAIVER REQUEST AND APPLICATION

All waiver programs are designed using the same application template. Components of the program are written in 10 appendices.

When the entire application is completed, the document is a detailed description of how the program meets federal and state requirements in each category of the appendices.

The state Medicaid agency is responsible for oversight of the program.



Resource

CMS posts all state waiver programs. You can search for Ohio's applications here: [State Waivers List | Medicaid](#). The application is the authoritative document for the entire program and can be up to 250+ pages.

APPENDICES

- Appendix A: Waiver Administration and Operation.
- Appendix B: Participant Access and Eligibility.
- Appendix C: Participant Services.
- Appendix D: Participant-Centered Planning and Service Delivery.
- Appendix E: Participant Direction of Services.
- Appendix F: Participant Rights.
- Appendix G: Participant Safeguards.
- Appendix H: Systems Improvement.
- Appendix I: Financial Accountability.
- Appendix J: Cost Neutrality Demonstration.

FUNDING WAIVER PROGRAMS

- Funding for waiver programs is determined through legislative appropriations.
- Costs are shared with the federal government. States pay a certain percentage. This is called federal medical assistance percentage (FMAP).
- Programs are Fee for Service (FFS) meaning services are billed separately and not bundled like a long-term care facility.
- Reimbursement for services provided can not duplicate other federal entitlement programs such as Early Periodic Screening Diagnostic and Treatment (EPSDT), Individuals with Disabilities Education Act (IDEA) services, Vocational Rehabilitation, etc.
- The number of participants is determined through state funding appropriations.
- Since HCBS is not considered an entitlement program, enrollment may be limited based on state resources.

RECAP

- Medicaid is a national health care program that services special populations and certain income levels.
- Medicaid Waiver programs “waive” certain Medicaid requirements for flexibility of services provided.
- Waiver programs are called Home and Community Based Services (HCBS) because they offer long term supports and services (LTSS) in the community and not a facility.
- States design their own HCBS programs and must meet federal assurances.
- States appropriate funding for the program through their legislature.
- States must show the program costs less than what is provided in a facility.

OHIO HCBS PROGRAMS

ADMINISTRATION AND OPERATION



The state Medicaid agency:

- Has ultimate administrative authority and responsibility for all waiver programs.
- May operate a waiver program or delegate operation to another state agency through a written agreement.
- May authorize county, regional and non state organizations to perform specific operating tasks in the program if the state Medicaid agency maintains authority.

OPERATING AGENCY

A designated operating agency ensures the program meets federal and state requirements. Federal regulations apply equally to all Medicaid programs.

The waiver application will describe the roles and responsibilities of the state Medicaid agency and the operating agency.

Responsibilities delegated may include:

- Assessment.
- Enrollment.
- Care coordination.
- Program provider oversight activities.

OHIO OPERATING AGENCIES

Ohio has eight HCBS 1915(c) programs listed below under the state agency that operates the program.

		
<p>Ohio Home Care Waiver</p> <p>MyCare Ohio</p> <p>OhioRISE</p>	<p>Assisted Living</p> <p>PASSPORT</p>	<p>Individual Options (IO)</p> <p>Level One</p> <p>SELF</p>

 **RESOURCE**

All Ohio HCBS program policy and procedure is developed through Ohio Administrative Code (OAC).

State operating agencies develop rules in sync with Ohio Medicaid rule. Below are links to agency rules who currently operate programs.

[5160 | Ohio Department of Medicaid](#)

[173 | Department of Aging](#)

[5123 | Department of Developmental Disabilities](#)

OHIO CARE COORDINATION

All HCBS programs have care coordination agencies who are responsible for case management. Case management must be considered “conflict free”. This means care coordination entities must be separate from service providers.

While Ohio care coordination has different titles, the role is the same across programs.

Operating Agency	Program	Care Coordination Entity
Ohio Medicaid	Ohio Home Care	Case Management Agency (CMA)
Ohio Medicaid	MyCare OhioRISE	Managed care entity (MCE)
Ohio Department of Aging	Assisted Living PASSPORT	PASSPORT administrative agencies (PAA)
Ohio Department of Developmental Disabilities	Individual Options Level One SELF	County Board of Developmental Disabilities (CBDD): Service and Support Administrators (SSA)

CARE COORDINATOR

Federal code for the HCBS programs directs what a care coordinator must do. process. Every state program has care coordination with the same underlying role.

That role is:

- Complete the person-centered planning process ensuring the person served is in the driver's seat.
- Develop the person-centered service plan (PCSP) to reflect the experience of the person and the choices they have made.

PERSON CENTERED PLANNING



Person-centered planning requirements apply equally to all Ohio HCBS programs.

Each program has included federal requirements into policy and procedure.



RECAP

- Ohio Medicaid has authority and responsibility for all Medicaid HCBS programs.
- Ohio Medicaid may delegate operation of a program to another state agency.
- County and regional entities may also have roles.
- An operating agency ensures the program follows state and federal requirements.
- Designated operating agencies for Ohio's 8 HCBS programs are:
 - Ohio Department of Medicaid
 - Ohio Department of Aging
 - Ohio Department of Developmental Disabilities.
- All programs have care coordination entities who facilitate person-centered planning and develop a written plan.

PARTICIPANT POPULATION

There are several factors that determine what population will be served in a waiver program.

1. Evaluation of level of care people must have to be eligible.
2. Re-evaluation of level of care.
3. Target group and subgroup of people to be served including age limits.
4. Cost limits per person.
5. Medicaid eligibility group (financial).
6. Minimum number of services needed, and frequency needed.

POPULATIONS SERVED IN OHIO

CAPACITY

- States:
 - Identify the maximum number of unduplicated participants served in each waiver year (calculations based on legislative appropriations).
 - Identify the geographic location as statewide or limited. If a state declares a program as statewide, then services must be available in all parts of the state.
- A person can only be enrolled in one program at a time.
- Waiver enrollment does not transfer from state to state.
- States can reserve capacity for special groups such as military families and those needing emergency placement.
- Some programs offer dual eligibility for people who have Medicaid and Medicare.

TARGET GROUP OPTIONS

For 1915(c) programs, the following target and subgroups can be identified:

1. Aged or Disabled, or Both

1. Subgroups:

- Brain Injury
- HIV/AIDS
- Medically Fragile
- Technology Dependent

2. Intellectual Disability or Developmental Disability or Both

1. Subgroups:

- Autism
- Developmental Disability
- Intellectual Disability

3. Mental Illness

1. Subgroups:

- Mental Illness
- Serious Emotional Disturbance

OHIO POPULATIONS SERVED

Older adults and people with physical disabilities:

People with developmental disabilities:

People with complex behavioral health needs ages 0-20 years

Ohio Home Care Waiver
Assisted Living
PASSPORT
MyCare Ohio

Individual Options
Level One
Self-Empowered Life
Funding (SELF)

OhioRISE 1915(c)

LEVEL OF CARE- NURSING FACILITY

Level of Care (LOC) is a category of support a person needs. Ohio uses different levels for different programs.

Nursing Facility -NF

- Intermediate and skilled loc. The person has need for assistance in activities of daily living and/or taking medications. The person may need skilled nursing or rehabilitation services.
- Services are an alternative to institutional care.



★ Resource

[Chapter 5160-3 | Long-Term Care Facilities; Nursing Facilities; Intermediate Care Facilities for Individuals with Intellectual Disabilities.](#)

LEVEL OF CARE- DEVELOPMENTAL DISABILITIES

Developmental Disability- DD

- The presence of a substantial developmental delay or a severe, chronic disability.
- Services are an alternative to institutional care.
- Also called Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IDD) LOC.



Resource

[Chapter 5123-8 | Developmental Disabilities Level of Care](#)

LEVEL OF CARE- MENTAL ILLNESS

Serious Emotional Disturbance / Hospital- Inpatient Psychiatric

- Diagnosis of Serious Emotional Disturbance and documentation of functional limitations.
- Services are an alternative to institutional care.



[Chapter 5160-59 | OhioRISE](#)

ADDITIONAL ELIGIBILITY CRITERIA FOR WAIVER PROGRAMS

In addition to meeting LOC criteria, the following are standard requirements for enrollment:

- Currently enrolled in Medicaid.
- The person needs and uses at least one waiver service monthly.
- Services offered in the program can meet the health-related needs of the person while ensuring their safety.
- The person chooses the waiver program in lieu of receiving facility and institutional care.

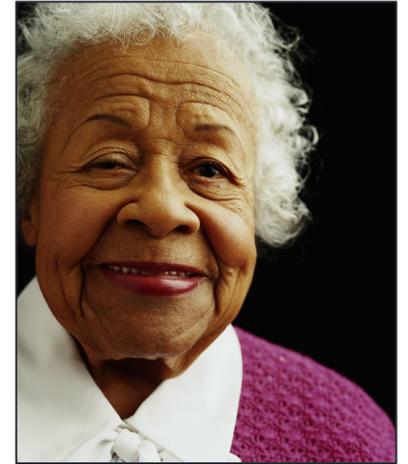
OHIO NF LOC PROGRAMS

Assisted Living- serves people aged 21 and older who live in an Ohio Department of Aging certified licensed residential care facility. [Rule 5160-33-03 - Ohio Administrative Code | Ohio Laws.](#)

MyCare Ohio-serves people aged 18 and older who meet a hospital or nursing level of care. Managed care plans provide services. MyCare Ohio is in certain counties only. [Rule 5160-58-02 - Ohio Administrative Code | Ohio Laws.](#)

Ohio Home Care-serves people aged 0-59 with physical disabilities in the home. [Rule 5160-46-02 - Ohio Administrative Code | Ohio Laws.](#)

PASSPORT-serves people aged 60 and older, and people with physical disabilities aged 60-64. Services are provided in the home instead of a nursing home. [Rule 5160-31-03 - Ohio Administrative Code | Ohio Laws.](#)



OHIO DD LOC PROGRAMS



Individual Options (IO)- serves people who need the support of many different services. [Rule 5160-40-01 - Ohio Administrative Code | Ohio Laws.](#)

Level One- serves people who do not need many paid support staff to provide services. [Rule 5160-42-01 - Ohio Administrative Code | Ohio Laws.](#)

Self-Empowered Life Funding (SELF)- serves people who want to self-direct their services. [Rule 5160-41-17 - Ohio Administrative Code | Ohio Laws.](#)

[5123 | Department of Developmental Disabilities](#)



★ RESOURCE

Additional resources for the NF and DD waivers is available on the ODM website. These documents compare program eligibility, administrative agencies and services.

[Home- and Community-Based Services | Medicaid \(ohio.gov\)](#)

Resources



OHIORISE



The OhioRISE Waiver is a specialized waiver service system for youth with complex behavioral health and multi-system needs. It operates in a managed care environment.

Program eligibility: [Rule 5160-59-04 - Ohio Administrative Code | Ohio Laws](#)

- Enrolled in Medicaid.
- Age 0 – 20 at the time of enrollment.
- Have a Serious Emotional Disturbance diagnosis.
- Have documented Functional Limitations.
- Functional intervention needed, as assessed by the Child and Adolescent Needs and Strengths (CANS) tool.

While OhioRISE is a waiver program, it is authorized under 1915(b) and 1915(c) of the SSA and has variances from a standard 1915(c) program.

ENROLLMENT

People can request an HCBS waiver several ways. A detailed process is in Ohio rule. To read the rule click here: [Rule 5160:1-2-03 - Ohio Administrative Code | Ohio Laws](#).

The rule outlines the ways to submit a request:

- Make the request on a person's application for medical assistance (Medicaid).
- Submit a form called ODM 02399 "Request for Medicaid Home and Community-Based Services (HCBS) Waiver" (rev. 8/2018) to the County Department of Job and Family Services.
- Make the request verbally or in writing to the administrative agency (Ohio Medicaid).
- Make the request verbally or in writing to any Ohio Medicaid approved long-term services and supports agency.

RECAP

- States designate who programs serve and how many people can be served based on budget allocations.
- 1915(c) programs focus on people who are aging, have physical or developmental disabilities or mental health diagnoses.
- Ohio HCBS programs serve people who meet one of these levels of care:
 - Nursing Facility
 - Developmental Disabilities
 - Hospital-Inpatient Psychiatric
- In addition to meeting level of care, people must also be enrolled in Medicaid, have a need for a service monthly, and their health needs can be met safely in the program.
- The person exercises freedom of choice in choosing the program over a facility or institution.



ENROLLMENT: LOCAL RESOURCES

DD Waivers **County Board of Developmental Disabilities (CBDD)**

Each county has a CBDD serving as the main contact for people seeking services. [Find Your County Board | Department of Developmental Disabilities \(ohio.gov\)](#).

NF Waivers **Regional PASSPORT Administrative Agencies (PAA's)**

To find a regional agency go here: [Local Office | Department of Aging \(ohio.gov\)](#).

For any program: County Department of Job and Family Services (CDJFS)

To find a local agency go here: [County Directory \(ohio.gov\)](#)

RESOURCES

ADDITIONAL RESOURCES



[Ohio Department of Medicaid](#)

Healthcare for low-income Ohioans



[Ohio Department of Veterans Services](#)

Empowering the veteran and military community in Ohio



[Ohio Department of Aging](#)

Services and supports for older adults



[Ohio Department of Mental Health and Addiction Services](#)

Mental health and wellness for Ohioans



[Ohio Department of Job and Family Services](#)

Employment assistance, food and cash assistance



[HOME Choice](#)

Helping Ohioans Move, Expanding Choice



[Ohio Department of Health](#)

Improving the public health of the State of Ohio



[Brain Injury Association of Ohio](#)

Advocacy and Education for Ohioans with brain injury

ADDITIONAL RESOURCES



[Ohio Department of Developmental Disabilities](#)

Services and supports for individuals with developmental disabilities



[Opportunities for Ohioans with Disabilities](#)

Equal employment and Independence for individuals with disabilities



[211 Information and Referral Services](#)

24-hour information and referral



[Federal Health Insurance Exchange](#)

Explore health insurance coverage options



[Ohio Benefits](#)

Helping Ohioans find and apply for benefits



[Ohio Health Insurance Exchange](#)

Explore health insurance coverage options



[Ohio Senior Health Insurance Information Program \(OSHIIP\)](#)

Provides Medicare beneficiaries with free and objective health information about Medicare coverage and options

MEDICAID CONTACTS

For any question about Ohio Medicaid, a person can ask for help on the Contact us web page. These requests are routed to the right bureau for response.



[Contact Us | Medicaid \(ohio.gov\)](https://www.ohio.gov/contact-us/medicaid)

Ohio Benefits

OBLTSS@medicaid.ohio.gov

MyCare

CareManagement@medicaid.ohio.gov

HCBS Waivers

[HCBSPolicy@medicaid.ohio.gov.](mailto:HCBSPolicy@medicaid.ohio.gov)

Home health and private duty nursing

[HomeHealthPolicy@medicaid.ohio.gov.](mailto:HomeHealthPolicy@medicaid.ohio.gov)

OhioRISE

[OhioRISEPolicy@medicaid.ohio.gov.](mailto:OhioRISEPolicy@medicaid.ohio.gov)

ODM Behavioral Health team

[BHPolicy@Medicaid.Ohio.gov,](mailto:BHPolicy@Medicaid.Ohio.gov)