

Ohio Medicaid Waiver Comparison Chart – Enrollment figures for August 2022 SFY 2022

| Waiver Program Control# | MyCare Ohio OH1035. | Ohio Home Care Waiver 0337 | PASSPORT Waiver 0198 | Assisted Living Waiver 0446 | Individual Options Waiver 0231 | Level One Waiver 0380 | S.E.L.F. 0877 |
|---|--|--|---|---|---|--|--|
| Unduplicated Capacity (SFY 22) | 38,262 | 10,212 | 37,863 | 5,583 | 28,300 | 19,766 | 3,600 |
| Unduplicated Enrollment for Waiver Year 2022/ Enrollment for current month | 37,064 Aug: 32,848 | 7,468 Aug: 7,341 | 19,261 Aug: 18,729 | 3,574 Aug: 3,390 | 24,087 Aug: 23,980 | 15,849 Aug: 15,678 | 2,018 Aug: 1,988 |
| Avg. Individual Waiver Costs 372 Report (SFY 21) | Managed Care Waiver | \$17,223.48 | \$10,723 | \$11,587.03 | \$65,813.01 | \$11,397.69 | \$14,780.78 |
| 1. What are the eligibility requirements? | 1. Eligible for Medicare Parts and full benefits under Medicaid; age 18+; must be enrolled in the MyCare demonstration; Intermediate or Skilled LOC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly; not reside in NF or ICF-IID. | 1. Specific Financial Criteria, Nursing Facility Level of Care, Age 59 or younger | 1. Specific Financial Criteria, Nursing Facility Level of Care, Ages 60+ | 1. Specific Financial Criteria, Nursing Facility Level of Care, age 21 or older | 1. Specific Financial Criteria; ICF/IID Level of Care; All Ages | 1. Specific Financial Criteria; ICF/IID Level of Care; All Ages | 1. Specific Financial Criteria; ICF/IID Level of Care, All Ages *Participant-directed model *Cost limitations for the SELF waiver are \$30,000/year for children (defined as under age 22) and \$45,000/year for adults |
| 2. What services are available? | <ul style="list-style-type: none"> • Adult day health • Alternative meals • Assisted living service • Choices home care attendant • Community Integration • Community Transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Homemaker • Home Modification • Home medical equipment supplemental adaptive and assistive devices • Nutritional consultation • Out-of-home respite • Personal care aide • Personal emergency response system • Social work counseling • Waiver nursing • Waiver transportation | <ul style="list-style-type: none"> • Adult day health • Community Integration • Community Transition • Emergency response • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing | <ul style="list-style-type: none"> • Adult day health • Alternative meal service • Choices home care attendant • Community Integration • Community transition • Enhanced community living • Home care attendant • Home delivered meals • Home maintenance and chore • Home modification • Homemaker • Home medical equipment and supplies • Non-medical transportation • Nutritional consultation • Out of Home Respite • Personal Care • Personal Emergency Response System • Social work and counseling • Non-emergency medical Transportation • Waiver Nursing | <ul style="list-style-type: none"> • Assisted living services • Community transition | <ul style="list-style-type: none"> • Adult day support • Assistive Technology • Career planning • Community Transition • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-delivered meals • Individual employment support • Interpreter • Money management • Non-medical transportation • Nutrition • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Shared living • Specialized medical equipment and supplies • Social work • Transportation • Vocational habilitation • Waiver nursing delegation | <ul style="list-style-type: none"> • Adult day supports • Assistive Technology • Career planning • Environmental accessibility adaptations • Group employment support • Homemaker/personal care • Home-Delivered Meals • Individual employment support • Informal respite • Money management • Non-medical transportation • Participant-Directed homemaker/personal care • Remote Supports • Respite (residential and community) • Specialized medical equipment and supplies • Transportation • Vocational habilitation • Waiver nursing delegation | <ul style="list-style-type: none"> • Adult day supports • Assistive Technology • Career planning • Clinical/therapeutic intervention • Functional behavioral assessment • Group employment support • Individual employment support • Non-medical transportation • Participant-Directed homemaker/personal care • Participant-directed goods and services • Participant/family stability assistance • Remote Supports • Respite (residential and community) • Support brokerage • Transportation • Vocational habilitation • Waiver nursing delegation |
| 3. How and where do I request a waiver? | 3. Eligible individuals currently on one of the 3 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver automatically. MyCare members who transition to MyCare who are not transitioning from an ODA or ODM waiver should ask their MyCare Plan Care Manager or Service Coordinator. An ODM form must be submitted. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS). Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA Office. Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA office. Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLTSS) at (844) 644-6582. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the local county board of DD. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county board of DD. | 3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJFS or at the local county board of DD. |
| 4. Who administers the waiver? | 4. The Ohio Department of Medicaid (ODM) administers this waiver. ODM contracts with MyCare Managed Care Plans. | 4. The Ohio Department of Medicaid (ODM) administers this waiver program. ODM contracts with Case Management Agencies to provide administrative case management services. | 4. ODA operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. PASSPORT Administrative Agencies (PAAs) provide Administrative case management services. | 4. ODA operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. PASSPORT Administrative Agencies (PAAs) provide Administrative case management services. | 4. DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services. | 4. DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services. | 4. DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services. |

