

# Ohio Home and Community Based Services Waiver Comparison Chart

This is a segment of a larger ODM HCBS Comparison Chart

	MyCare Ohio	Ohio Home Care Waiver	PASSPORT Waiver	Individuals Option Waiver	Level One	S.E.L.F.
<h1 style="font-size: 48px; margin: 0;">1</h1> <p style="margin: 0;"><b>What are the eligibility requirements</b></p>	<p>Eligible for Medicare Parts A,B,&amp;D, and full benefits under Medicaid</p> <p style="text-align: center;">Age 18+</p> <p>Reside in a demonstration county</p> <p>Must be enrolled in the MyCare demonstration</p> <p>Intermediate or Skilled LOC</p> <p>Require NF or hospital in the absence of MyCare waiver</p> <p>Require at least one waiver service monthly</p> <p>Not reside in NF or CF-IID</p>	<p style="text-align: center;">Specific Financial Criteria</p> <p style="text-align: center;">Intermediate or Skilled Level of Care</p> <p style="text-align: center;">Age 59 or younger</p>	<p style="text-align: center;">Specific Financial Criteria</p> <p style="text-align: center;">Intermediate Level of Care</p> <p style="text-align: center;">Ages 60 +</p>	<p style="text-align: center;">Specific Financial Criteria</p> <p style="text-align: center;">ICF/IID Level of Care</p> <p style="text-align: center;">All Ages</p>	<p style="text-align: center;">Specific Financial Criteria</p> <p style="text-align: center;">ICF/IID Level of Care</p> <p style="text-align: center;">All Ages</p>	<p style="text-align: center;">Specific Financial Criteria</p> <p style="text-align: center;">ICF/DD Level of Care</p> <p style="text-align: center;">All Ages (reserve capacity of 100 SELF waiver allocations for children with intensive behavioral needs is state funded)</p> <p>*Participant–directed model *Cost limitations for the SELF waiver are \$25,000/year for children (defined as under age 22) and \$40,000/year for adults</p>
<h1 style="font-size: 48px; margin: 0;">2</h1> <p style="margin: 0;"><b>What services are available</b></p>	<ul style="list-style-type: none"> <li>• Adult day health</li> <li>• Alternative meals</li> <li>• Assisted living service</li> <li>• Choices home care attendant</li> <li>• Chore</li> <li>• Emergency response</li> <li>• Enhanced community living</li> <li>• Home care attendant</li> <li>• Home delivered meals</li> <li>• Home medical equipment and supplemental adaptive and assistive devices</li> <li>• Home modification, maintenance and repair</li> <li>• Homemaker</li> <li>• Independent living assistance</li> <li>• Nutritional consultation</li> <li>• Out-of-home respite</li> <li>• Personal care aide</li> <li>• Pest control</li> <li>• Social work counseling</li> <li>• Waiver nursing</li> <li>• Waiver transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Services</li> <li>• Personal Care Assistance</li> <li>• Skilled Therapy Services</li> <li>• Home Modifications</li> <li>• Home Delivered Meals</li> <li>• Adult Day Health Care</li> <li>• Respite Care</li> <li>• Supplemental Transportation</li> <li>• Adaptive/Assistive Devices</li> <li>• Emergency Response Systems</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced Community Living Service</li> <li>• Homemaker / Personal Care</li> <li>• Adult Day Health</li> <li>• Envmtl. access. adpt.</li> <li>• Transportation</li> <li>• Non-Med. Transportation</li> <li>• Personal emergency response systems</li> <li>• Specialized medical equipment &amp; supplies</li> <li>• Chore services</li> <li>• Social work &amp; counseling</li> <li>• Nutritional consultation</li> <li>• Home-delivered meals</li> <li>• Indepdt. Living Assist.</li> <li>• Community Transition</li> <li>• Choices home care attendant</li> <li>• Pest control</li> <li>• Alternative meal service</li> <li>• Out-of-home respite</li> <li>• Waiver nursing</li> <li>• Home care attendant service</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaker/Personal Care</li> <li>• Home Modifications and Adaptions</li> <li>• Transportation</li> <li>• Respite Care</li> <li>• Social Work</li> <li>• Home-delivered Meals</li> <li>• Nutrition</li> <li>• Interpreter Services</li> <li>• Specialized Adaptive or Assistive Medical Equipment and Supplies</li> <li>• Adult Day Services</li> <li>• Supported Employment</li> </ul>	<ul style="list-style-type: none"> <li>• Homemaker / Personal Care</li> <li>• Respite – Institutional</li> <li>• Respite – Informal</li> <li>• Transportation</li> <li>• Personal emergency response system (PERS)</li> <li>• Specialized medical equipment &amp; supplies</li> <li>• Environmental accessibility adaptations</li> <li>• Emergency Assistance</li> <li>• Supported Employment</li> <li>• Day Habilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Support Brokerage</li> <li>• Community Inclusion (Personal Assistance, Transportation)</li> <li>• Integrated Employment</li> <li>• Functional Behavioral Assessment</li> <li>• Clinical/Therapeutic Intervention</li> <li>• Participant-Directed Goods &amp; Services</li> <li>• Participant/Family Stability Assistance</li> <li>• Remote Monitoring &amp; Equipment</li> <li>• Residential Respite</li> <li>• Community Respite</li> <li>• Adult Day Supports</li> <li>• Vocational Habilitation</li> <li>• Supported Employment-enclave</li> <li>• Non-Medical Transportation</li> </ul>

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<p><b>3</b></p> <p><b>How do I apply and where</b></p>	<p>Eligible individual currently on one of the 5 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver automatically.</p> <p>MyCare Ohio members who transition from an ODA or ODM waiver should ask their MyCare Plan Care Manager or Waiver Service Coordinator.</p> <p>An ODM 02399 form must be submitted.</p>	<p>The ODJFS 02399 form is required to make application and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS)</p>	<p>The ODJFS 02399 form is required to make application and can be obtained and submitted at the local County Department of Job and Family Services (CDJFS) or at the regional PAA office</p>	<p>The ODJFS 02399 form is required to make application 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</p>	<p>The ODJFS 02399 form is required to make application and can be obtained and submitted at the local CDJFS or at the local county board of DD</p>	<p>The ODJFS 02399 form is required to make application and can be obtained and submitted at the local CDJF) or at the local county board of DD</p>
<p><b>4</b></p> <p><b>Who administers this waiver</b></p>	<p>The <b>Ohio Department of Medicaid (ODM)</b> administers this waiver. ODM contracts with MyCare Managed Care Plans</p>	<p>The <b>Ohio Department of Medicaid (ODM)</b> administers this waiver program. ODM contracts with a Case Management Agencies to provide administrative case management services.</p>	<p>The <b>Ohio Department of Aging (ODA)</b> administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program.</p> <p>Passport Administrative Agencies (PAA) act as regional administrators and provide case management services.</p>	<p>The <b>Department of Developmental Disabilities (DODD)</b> administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program.</p>	<p>The <b>Department of Developmental Disabilities (DODD)</b> administers the day to day operations of this waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program.</p> <p>Local County boards of DD provide case management services.</p>	<p>The <b>Department of Developmental Disabilities (DODD)</b> administers the day to day operations of the SELF waiver program as outlined in the interagency agreement with ODM, who has the overall responsibility for the program.</p>