

Ohio Medicaid Waiver Comparison Chart - Enrollment Figures for October 2016 (SFY17)

Waiver Program Control#	MyCare Ohio OH1035.R00	Ohio Home Care Waiver 0337	PASSPORT Waiver 0198	Assisted Living Waiver 0446	Transitions DD Waiver 0383	Individual Options Waiver 0231	Level One Waiver 0380	S.E.L.F. 0877
Unduplicated Capacity (SFY17)	See below	7,400	33,753	4,842	2,000	23,600	16,600	2,000
Enrolled October 2016 (SFY17)	26,583	5,656	20,061	2,976	1,100	20,521	14,759	892
Avg. Individual Waiver Costs 372 Report (SFY14)	Managed Care Waiver	\$18,290	\$8,061	\$11,393	\$21,270	\$65,979	\$12,013	\$11,570
1. What are the eligibility requirements?	1. Eligible for Medicare Parts A,B,&D, and full benefits under Medicaid; age 18+; Reside in a demonstration county; 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 CF-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	1. Specific Financial Criteria, ICF/IID Level of Care, All Ages; reserve capacity of 100 SELF waiver allocations for children w/ intensive behavioral needs is state funded. *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) are sufficient to assure individual's health and welfare.
2. What services are available?	<ul style="list-style-type: none"> • Adult day health • Alternative meals • Assisted living service • Choices home care attendant • Chore * Community Transition • Emergency response • Enhanced community living • Home care attendant • Home delivered meals • Home medical equipment and supplemental adaptive and assistive devices • Home modification, maintenance and repair • Homemaker • Independent living assistance • Nutritional consultation • Out-of-home respite • Personal care aide • Pest control • Social work counseling • Waiver nursing • Waiver transportation 	<ul style="list-style-type: none"> • Adult day health • Emergency response • Home care attendant • Home delivered meals • 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 • Chores • Community transition • Enhanced community living • Environmental accessibility adaptation • Home care attendant • Home delivered meals • Homemaker/personal care • Independent living assistance • Non-medical transportation • Nutritional consultation • Out-of-home respite • Personal emergency response systems • Pest control • Social work and counseling • Specialized medical equipment and supplies • Transportation • Waiver nursing 	<ul style="list-style-type: none"> • Assisted living services • Community transition (for nursing home residents only) 	<ul style="list-style-type: none"> • Adult day health • Emergency response services • Home modification • Home-delivered meals • Out-of-home respite • Personal care aide • Supplemental adaptive and assistive devices • Supplemental transportation • Waiver nursing 	<ul style="list-style-type: none"> • Adaptive and assistive equipment • Adult day support • Adult family living • Adult foster care • Community respite • Environmental accessibility adaptations • Homemaker/personal care • Home-delivered meals • Interpreter • Non-medical transportation • Nutrition • Remote monitoring and equipment • Residential respite • Social work • Supported employment (community and enclave) • Transportation • Vocational habilitation * Waiver nursing 	<ul style="list-style-type: none"> • Community Respite * Environmental accessibility adaptations • Habilitation (adult day support and vocational) • Homemaker/personal care • Home-Delivered Meals • Informal Respite • Non-medical transportation • Personal emergency response system (PERS) • Residential Respite • Remote Monitoring and Equipment * Specialized medical equipment and supplies • Supported employment (adaptive equipment, community and enclave) • Transportation 	<ul style="list-style-type: none"> • Clinical/therapeutic intervention • Community inclusion • Functional behavioral assessment • Habilitation (adult day support and vocational) * Integrated employment * Non-medical transportation * Participant-directed goods and services • Participant/family stability assistance • Remote monitoring and equipment • Respite (residential and community) • Support brokerage • Supported employment (enclave)
3. How and where do I request a waiver?	3. Eligible individual currently on one of the 5 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver automatically. MyCare Ohio members who transition from an ODA or ODM waiver should ask their MyCare Plan Care Manager or Waiver Service Coordinator. An ODM 02399 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)	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.	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.	3. Closed to new enrollment effective 7/1/15. Transitions DD will be phased out between 7/1/15 - 6/30/17.	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. ODM Administers this waiver. ODM contracts with MyCare Managed Care Plans <u>Unduplicated Capacity</u> 3/1/15-2/29/16 39,365 3/1/16-2/28/17 41,700 3/1/17 - 2/28/18 44,038 3/1/18-2/28/19 46,360	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.	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.