What is the Ohio Home Care Waiver?
The Ohio Home Care Waiver program provides in-home long-term care services for financially eligible individuals (people under age 60) who otherwise would be at risk for hospital or nursing home placement.

The Ohio Home Care Waiver gives you:
• Services and supports to help you remain independent in the setting of your choice.
• Greater choice and control over your care.
• A Medicaid card that entitles you to the full range of Medicaid benefits, including hospitalization, physician care, prescription drugs and many other types of services.

Who is eligible for the Ohio Home Care Waiver?
In order to be eligible for the program, you must be:
• Age 59 or younger (under age 60). Those enrolled in the Ohio Home Care Waiver program transfer to the PASSPORT program when they turn age 60.
• Financially eligible for Medicaid (low-income).
• In need of skilled or intermediate care: hands-on help with dressing, bathing, toileting, grooming, eating or mobility. A physician must certify the level of care needed.

A Council on Aging case manager will meet with you to determine your eligibility. If you qualify, your case manager will work with you and your family to develop a service plan that meets your individual needs.

How do I apply for the Ohio Home Care Waiver?
You must apply for the Ohio Home Care Waiver at your county’s Department of Job and Family Services. That department will initiate the process of your application and notify Council on Aging of your approval. We will contact you to schedule an assessment for the program.

Call for more information: (800) 252-0155.
continued on back...
Ohio Home Care Waiver
FACT SHEET (Cont.)

Services and Benefits
The goal of the Ohio Home Care Waiver is to help eligible individuals receive services at home, instead of in a hospital or nursing facility. Depending on your needs, you may receive nursing services, personal care or daily living assistance, and skilled therapies such as physical, occupational, behavioral/mental health, or speech therapy.

Your case manager works with you and everyone involved in your care to develop a Person Centered Service Plan based on your needs. Your case manager will call or visit you regularly, and conduct a reassessment of your eligibility and needs at least once a year.

Adult Day Health Center Services: Adult Day Health Center Services are available for both half- and full-day services.

Emergency Response Services: An Emergency Response System is available to individuals who can be left unattended for periods of time but who are able to summon emergency assistance if needed. A phone or internet line is required.

Home-delivered Meal Services: Dietary-appropriate home-delivered meals are used when an individual needs assistance with meal preparation but can eat independently.

Home Modification Services: Home modifications that are required to increase an individual’s independence or ability to access their home.

Waiver Nursing Services: Waiver nursing services are available to individuals who have intermittent or continuous skilled nursing needs. Tasks may include personal care and incidental home-making relevant to the individual’s care.

Out-of-Home Respite Services: Out of home respite services must include an overnight stay in an intermediate care facility, nursing facility, or other approved licensed facility.

Personal Care Aide Services: Personal care services (to help with activities of daily living such as bathing, dressing and grooming) are available to individuals as an intermittent or continuous service.

Supplemental Adaptive and Assistive Device Services: Adaptive and assistive devices and vehicle modifications that are required to increase an individual’s independence or ability to access their home.

Supplemental Transportation Services: Supplemental transportation services are available to help individuals access the community (however, they cannot be used for transportation to medical appointments).