

WAIVER 101

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CAUTION CURVES AHEAD

- The Medicaid system can be complex at points, but today we will stick to the basics of waivers. There will be a time for questions at the end. Case specific questions or questions not from today's session can be sent to your SSA or to me at ataylor@knoxdd.com.
- I can only speak for Knox and Coshocton Counties, people served by other counties will need to inquire at their local county boards for specifics and local options.



MEDICAID VS. MEDICARE

Medicaid

- Medicaid is a federal and state program that provides health coverage to some individuals who have limited income and resources.
- Because Medicaid is run by each individual state, the specific eligibility requirements and programs available vary from state to state.
- A Medicaid waiver is a provision in Medicaid law which allows the federal government to waive rules that usually apply to the Medicaid program.

Medicare

- Medicare is a federal program that provides health care to all individuals over the age of 65 as well as people with disabilities under the age of 65.
- If you're eligible for both Medicare and Medicaid, you can have and use both for the services you need.
- [What is a Medicaid Waiver? Your Guide to Medicaid Home and Community Based Services | AssistedLiving.org](#)

WHAT IS A “WAIVER”?

- Medicaid waivers allow individuals with disabilities and chronic conditions to receive care in their homes and communities rather than in long-term care facilities, hospitals or intermediate care facilities. These waivers also allow individuals to have more control over their care and remain active in their community.
- HCBS Waivers- Home and Community Based Service Waivers.
- Individuals must require a specific level of care and meet the financial criteria in order to enroll on an Ohio home and community-based care waiver

[HCBS Waivers | Medicaid \(ohio.gov\)](#)

LEVEL OF CARE

- A level of care is a non-financial eligibility component of the Medicaid long-term care programs.
- A Medicaid home and community-based services waiver that requires a nursing facility-based level of care provides services as an alternative to nursing facilities, hospitals or rehabilitation facilities.
- The Ohio Department of Medicaid and the Ohio Department of Aging administer the waivers that require a nursing facility level of care. They include the **Ohio Home Care Waiver, PASSPORT Waiver, and Assisted Living Waiver.**
- The developmental disabilities level of care is necessary for enrollment into a Medicaid home and community based services (HCBS) waiver as an alternative to an intermediate care facility for individuals with intellectual disabilities.
- The Ohio Department of Developmental Disabilities administers the waivers that require a developmental disabilities level of care. They include the **Individual Options Waiver, Level 1 Waiver and SELF Waiver.** www.Medicaid.ohio.gov

SERVICES

“It is all about the fit”

LOCAL RESOURCES

- Provided by levy support for local DD boards.
- Some examples in Knox and Coshocton Counties are:
 - **Family Resource**- Typically up to \$1000 each year, application and reimbursement meant for non-waiver individuals who are remaining in their home of origin.
 - **Employment First**- Potential funding source for services that can't be billed to OOD or waiver that have direct tie to obtaining or maintaining community-based employment.
 - **Self-Determination**- Potential funding source for services that can't be billed to waiver to help an individual learn or experience training in self-advocacy or self-determination.
 - **Supported Living**- Potential funding source for outstanding assessed needs/services that cannot be billed to waivers.
- Typically more flexible than waiver funding, does not require Medicaid eligibility and does not require the provider of services to be a certified Medicaid provider.
- Operated under local policies and procedures and accessed through your assigned SSA and based on assessed needs, local due process would apply.

LEVEL 1 WAIVER

- The Level One Waiver is a good fit for people who do not need a lot of paid staff to provide services. Usually people using a Level One Waiver need help with a few things, or they have people who can help them with some of the things they need.
- Funding is determined based on assessed need (has “hard” financial caps)
- The Level One Waiver is for people with developmental disabilities who
 - Are eligible for Medicaid
 - Have a developmental disabilities Level of Care
 - Have demonstrated and assessed needs from a waiver waitlist assessment
 - Have ongoing need for waiver services
 - There are no age requirements.

INDIVIDUAL OPTIONS WAIVER (IO)

- This waiver is often called the IO Waiver for short. The IO Waiver is a good fit for people who may need a lot of help in their home. It can also be a good fit for people who need many different kinds of services.
- Funding Ranges are determined by the Ohio Developmental Disabilities Profile (ODDP).
- The Individual Options Waiver is for people with developmental disabilities who
 - Are eligible for Medicaid
 - Have a developmental disabilities Level of Care
 - Have demonstrated and assessed needs from a waiver waitlist assessment
 - Have ongoing need for waiver services
 - There are no age requirements

SELF-EMPOWERED LIFE FUNDING (SELF) WAIVER

- This waiver is usually called the SELF Waiver. It is good fit for people who want to be in charge of some of their services. If you have a SELF Waiver, then you can be in charge of hiring and training the people that provide services to you. You can manage your budget for the services you want.
- Has “hard” financial caps
- The SELF Waiver is for people with developmental disabilities who
 - Are eligible for Medicaid
 - Have a developmental disabilities Level of Care
 - Have demonstrated and assessed needs from a waiver waitlist assessment
 - Have ongoing need for waiver services
 - There are no age requirements
 - can be healthy and safe while using the SELF Waiver,
 - and are able to manage money in a budget, manage their support staff for at least one waiver service, or can choose someone to do these things for them.

THINGS THAT WAIVERS CAN SUPPORT

- 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
- [NEW+Waiver+Comparison+Chart+Final+4.29.22.pdf \(ohio.gov\)](#)
- The payment rates for each service is defined in rule (under a SELF Waiver there is the ability to self-direct the budget and negotiate a provider's rate of pay in some circumstances). The units of service, or the amount time the service will be performed over a 12-month period, in order to meet the needs identified is contained in the individual service plan (ISP) as a result of the assessed need.

WHAT IF I HAVE A NEED?

- You should have conversations and complete planning on a regular basis with your assigned SSA about your life, desired outcomes, services and needs—particularly if you or your guardian believe you have an unmet need.
- The Home and Community-Based Services Waivers Waiting List Rule, [OAC 5123-9-04](#), became effective September 1, 2018. The rule established a mechanism to review, reduce and respond to the existing waiver waitlist and to manage potential needs ongoing.
- The Ohio Assessment for Immediate Need and Current Need is also known as the Waiting List Assessment. The Waiting List Assessment (WLA) focuses on identifying what services a person needs now and what services they may need in the next 12 months. A person will be placed on the waiting list for home and community-based services waivers if these needs cannot be met with county board services or other community-based services.

WAIT LIST ASSESSMENT PROCESS

- Completed as soon as possible, at least within 30 days of the request.
- Individuals, guardians and supporters are welcome to participate.
- Results of the WLA are provided by mail (and also email if we have your email address).
- The WLA results letter includes the OACB Old to New Brochure (that explains the new wait list process), OACB FAQ based on your specific results and local due process brochure.
- The WLA results letter is also sent with a hearing request notice and information on how to appeal the results to the Bureau of State Hearings.
- Appeals filed with the Bureau of State Hearings require a set hearing date in which both the county board and the person (and/or guardian) present their positions and an impartial hearings officer makes a decision.
- The determination of the hearing officer on an appeal can be appealed one final time as a desk review at the Bureau of State Hearings.
- **You can continue to be assessed anytime you believe you have an additional current or immediate need in the future**

Potential Outcomes of a Wait List Assessment (WLA)

Immediate need- defined as a situation that creates a risk of substantial harm to a person, caregiver, or another person if action is not taken within 30 calendar days to reduce the risk.

Current need- defined as an unmet need for home and community-based services within 12 months, as determined by a county board based upon assessment of the person using the waiting list assessment tool.

No Identified Need- There was no identified, substantial unmet need identified by the wait list assessment.

Needs that can be met by alternative resources- The assessment identified potential needs but it is believed that those needs can be met by alternative resources. Services like local funding, community-based supports, natural supports or services available under general Medicaid can be accessed to meet the identified need outside of additional waiver services.

Meet Jaime

Hello! My name is Jaime. Recently, I had a conversation with my county board to talk about my needs. We completed the Waiting List Assessment, and we discovered I have "Immediate Needs." This means that I have needs right now, and if those needs are not met within 30 days, I will be at serious risk of harm.

Common examples of situations creating a serious risk of harm include, but are not limited to:

My primary caregiver is going away and nobody else is available to take their place.

My behavior creates a serious risk of harm to myself or others.

My level of personal or medical care needs is so high that I am at serious risk of harm.

What happens next?

My county board will work with me to link me with services and supports to meet my "Immediate Needs." These services could be paid for by the county board, by a waiver, or through community-based alternative services, such as those offered by another government agency.

Will I be put on the waiting list?

NO. *I am not put on the waiting list because my county board must take action to meet my needs within 30 days. If I was on the waiting list before September 1, 2018, I will be removed, and my county board will take action to meet my needs as soon as possible.*

- If I disagree with the outcome of my assessment, I have the right to appeal. My county board will give me information about how to make an appeal.*
- No matter what the outcome of my assessment, if my needs change, I can ask my county board to go through the assessment process again.*

Meet Kim

Hi! My name is Kim. Recently, I had a conversation with my county board to talk about my needs. We completed the Waiting List Assessment, and we discovered I have "Current Needs." This means that I have needs right now or I will have needs some time in the next 12 months, but I am not at serious risk of harm if no action is taken within 30 days.

After talking it over with my county board, we have come up with a plan to meet all of my assessed needs without a waiver. This means I don't have to wait for services because I can have all of my needs met without a waiver.

What happens next?

My county board will work with me to link me with services and supports to meet all of my "Current Needs" without a waiver. These services could be offered by the county board or be community-based alternative services, such as those offered by another government agency.

Will I be put on the waiting list?

NO. I am not put on the waiting list because my needs can be met with non-waiver resources. If I was on the waiting list before September 1, 2018, I will be removed.

- If I disagree with the outcome of my assessment, I have the right to appeal. My county board will give me information about how to make an appeal.
- No matter what the outcome of my assessment, if my needs change, I can ask my county board to go through the assessment process again.

Meet Tracy

Hey there! My name is Tracy. Recently, I had a conversation with my county board to talk about my needs. We completed the Waiting List Assessment, and we discovered I have "Current Needs." This means that I have needs right now or I will have needs at some point in the next 12 months, but I am not at serious risk of harm if no action is taken within 30 days.

After talking it over with my county board, we have come up with a plan to meet some of my assessed needs without a waiver. However, we also determined that some of my other needs cannot be met unless I get a waiver. This means **I need a waiver for all of my needs to be met.**

What happens next?

My county board will work with me to link me with services and supports to meet my "Current Needs" as much as possible without a waiver. These services could be offered by the county board, or they could be community-based alternative services, such as those offered by another government agency.

Will I be put on the waiting list?

If my county board is unable to immediately enroll me on an available waiver, then **YES**, I will be put on the waiting list. If I was already on the waiting list before September 1, 2018, I will keep my original date of request. If I was not already on the list, I will be placed on the list with a new "status date."

- If I disagree with the outcome of my assessment, I have the right to appeal. My county board will give me information about how to make an appeal.
- No matter what the outcome of my assessment, if my needs change, **I can ask my county board to go through the assessment process again.**

Meet Alex

*Howdy! My name is Alex. Recently, I had a conversation with my county board to talk about my needs. We completed the Waiting List Assessment and we discovered **I do not have any unmet needs at this time**. This means that I will not have any needs in the next 12 months, and I am not at serious risk of harm if no action is taken within 30 days.*

After talking it over with my county board, we have agreed to stay in touch in the months and years ahead in case I have any unmet needs in the future. Even though I don't have any unmet needs today, my county board is always available to help me find services if that should change.

What happens next?

If my needs change, I should contact my county board as soon as possible to discuss my situation. My county board can link me to services and supports to meet my needs, and if necessary, complete a new assessment at that time.

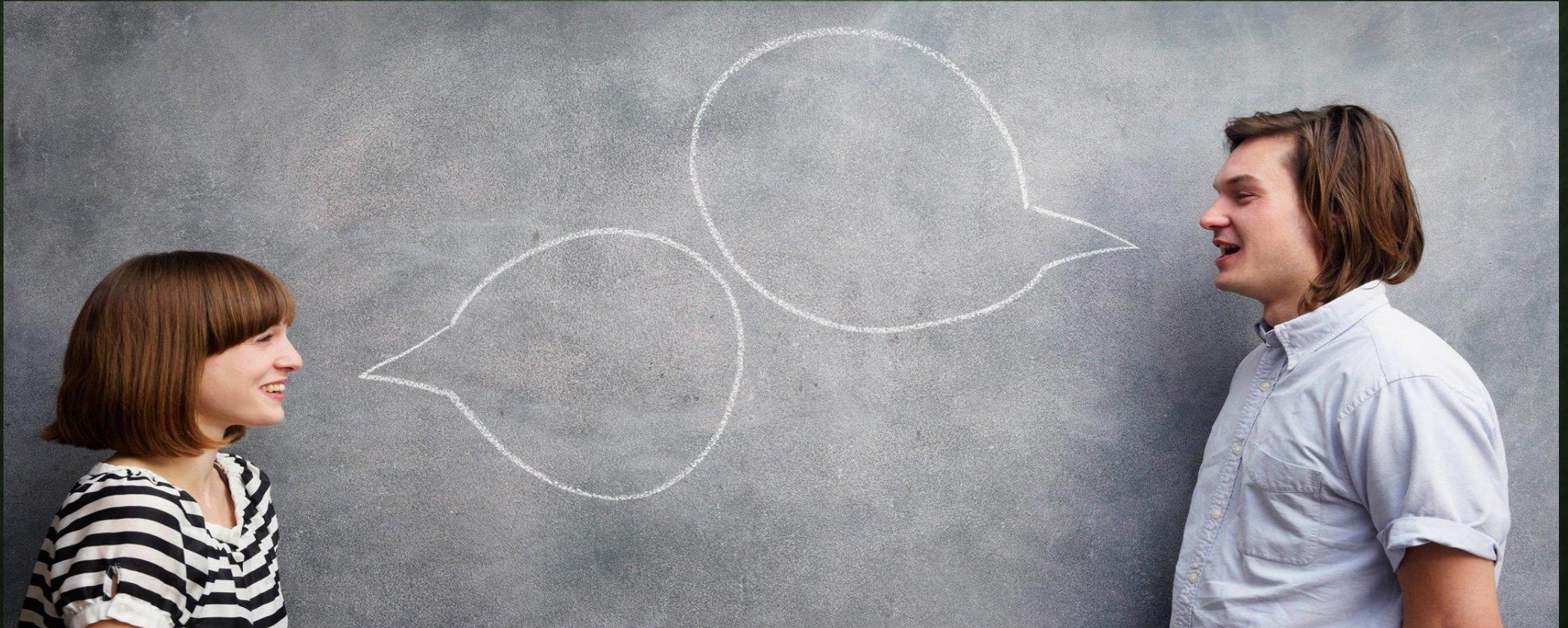
Will I be put on the waiting list?

NO. I am not put on the waiting list because I do not have any unmet needs at this time. If I was on the waiting list before September 1, 2018, I will be removed.

- *If I disagree with the outcome of my assessment, I have the right to appeal. My county board will give me information about how to make an appeal.*
- *No matter what the outcome of my assessment, if my needs change at any point in the future, I can ask my county board to go through the assessment process again.*

THE KEYS?

- Conversation, Relationship and Transparency



PRESENTATION RESOURCES/LINKS

[What is a Medicaid Waiver? Your Guide to Medicaid Home and Community Based Services | AssistedLiving.org](#)

<https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/hcbs/waivers/hcbs-waivers>

www.Medicaid.ohio.gov

<https://NEW+Waiver+Comparison+Chart+Final+4.29.22.pdf> (ohio.gov)

“From Old to New- Ohio’s DD Waiver Waitlist and You”

[FourFriends-Brochure.pdf](#) (netdna-ssl.com)

Ohio Department of Developmental Disabilities- www.dodd.ohio.gov

Thank
you !!!
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