



We have the legal right of way.

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## COMMUNITY INTEGRATION:

### Disenrollment from Ohio Home Care Waiver Based on Change in Level of Care

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Many people with disabilities need comprehensive care. As an alternative to institutional care in a hospital or nursing facility, people with disabilities who are enrolled on the Ohio Home Care Waiver program can get services in their own homes. These services include nursing and aide services, home modifications, home-delivered meals, transportation and adaptive/assistive devices.

To be eligible for the Ohio Home Care Waiver, you must meet “nursing facility level of care” criteria. Once enrolled on the Ohio Home Care Waiver, your level of care is reassessed at least annually, and more frequently if there is a significant change in your situation.

If your reassessment determines that you no longer meet nursing facility level of care, you may be disenrolled from the Ohio Home Care Waiver. Sometimes this happens because the agency believes you meet “DD level of care” instead (this is sometimes still called “ICF/MR or ICF/IID level of care”). If this happens, you have several options:

#### 1. Appeal the Level of Care Determination and Disenrollment

You have the right to appeal by requesting a state hearing with the Ohio Department of Job and Family Services, Bureau of State Hearings. If the Bureau receives your hearing request within 15 days of the mailing date on your notice, you can keep your current services in place until your hearing decision is issued. At the hearing, you should show why you still meet “nursing facility level of care” criteria. You will need to show either (1) you meet the skilled level of care or (2) you do not meet the DD level of care and you meet the intermediate level of care. You could also make both arguments. See DRO factsheets “Medicaid: Level of Care” and “FAQ: Medicaid State Hearings and Administrative Appeals” for more information.

#### 2. Seek Waiver Services From Your County Board of Developmental Disabilities

People who meet the DD level of care are eligible for a different group of waivers: the Individual Options (IO), Level One, and Self Empowered Life Funding (SELF) waivers.

These waivers are administered by the county boards of developmental disabilities. They offer similar services to those on the Ohio Home Care waiver; however, the IO waiver is the only waiver that covers nursing services. Nursing services may be possible to access through other insurance (for example, Medicaid insurance). Information on aide and nursing services covered by Medicaid insurance is below.

While you can ask for one of these waivers from your county board, there are often long waiting lists. You can ask to be placed on the waiting lists, but it could be years before you receive a waiver. If you need services immediately, you can ask the county board to determine that you are in an “emergency” situation and that it enroll you on a waiver. People who meet “emergency status” receive first priority for the waivers administered by the county boards. If the county board denies your request for emergency status, you have the right to appeal by requesting a state hearing with the Bureau of State Hearings. See factsheet “FAQ: Waiting lists, priority status and emergency status” for more information. You can also ask your county board to provide you a state-funded waiver.

### **3. Seek Non-Waiver Services From Your County DD Board**

You can also ask the county board to provide non-waiver funding to help you (the counties may call this funding by different names, such as Family Support, Family Support Services, Family Resources, Supported Living, Local Levy Monies, etc.). County boards are not required to provide such funding, but may do so when they have available resources. There may also be waiting lists.

If you are denied non-waiver funding, you may appeal this decision using the process outlined in Ohio Administrative Code 5123:2-1-12. See factsheet “Filing a Complaint with a County Board of Developmental Disabilities” for more information.

### **4. Verify Your Medicaid Insurance Coverage and Request Home Health and/or Private Duty Nursing (PDN) Services**

You should verify whether you will lose your Medicaid healthcare insurance if you are disenrolled from the Ohio Home Care Waiver (you may be able to maintain Medicaid eligibility if you enroll in a different waiver, even if it is the Level One waiver, which has limited funding). You can ask your waiver case manager for help with this, contact your local department of job and family services, or call the Ohio Medicaid Consumer Hotline at 800-324-8680.

If you are able to keep your Medicaid healthcare insurance, it is possible that you would be eligible for services covered under the Medicaid benefit package (these are sometimes called “State Plan” or “Card” services). These services are not waiver services. Services covered include home health aide, home health nursing, or Private Duty Nursing (PDN) services. Also, mandatory services for children (under age 21) are available through Ohio’s Early Periodic Screening, Diagnosis and Treatment (EPSDT) program, which is called Healthchek. You can ask your current aide or nursing provider to submit requests for these services, or call Disability Rights Ohio for more information.

You may also have coverage options other than those listed above.

Please contact Disability Rights Ohio if you have questions. Our phone number is 800-282-9181. Select option 2 for the intake department.