

## HOME- AND COMMUNITY-BASED WAIVERS THAT MAY BE APPROPRIATE FOR OHIOANS WITH DEVELOPMENTAL DISABILITIES

Waiver	Level One	Individual Options (IO)	Self-Empowered Life Funding (SELF)	Ohio Home Care
<b>Eligibility</b>	All Ages Specific Financial Criteria ICF/IID Level of Care	All Ages Specific Financial Criteria ICF/IID Level of Care	All Ages Specific Financial Criteria ICF/IID Level of Care *Participant-directed model *Cost limitations for the SELF waiver are \$30,000/year for children (defined as under age 22) and \$45,000/year for adults.	Birth thru age 59 Specific Financial Criteria Nursing Facility Level of Care
<b>Services</b>	<ul style="list-style-type: none"> <li>-Adult Day Supports</li> <li>-Assistive Technology</li> <li>-Career Planning</li> <li>-Environmental Accessibility &amp; Adaptations</li> <li>-Group Employment Support</li> <li>-Homemaker/Personal Care</li> <li>-Home-delivered Meals</li> <li>-Individual Employment Support</li> <li>-Informal Respite</li> <li>-Money Management</li> <li>-Non-medical Transportation</li> <li>-Participant-directed Homemaker/Personal Care</li> <li>-Remote Supports</li> <li>-Respite (residential &amp; community)</li> <li>-Specialized Medical Equipment &amp; Supplies</li> <li>-Transportation</li> <li>-Vocational Habilitation</li> <li>-Waiver Nursing Delegation</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Supports</li> <li>-Assistive Technology</li> <li>-Career Planning</li> <li>-Community Transition</li> <li>-Environmental Accessibility Adaptations</li> <li>-Group Employment Support</li> <li>-Homemaker/Personal Care</li> <li>-Home-delivered Meals</li> <li>-Individual Employment Support</li> <li>-Interpreter</li> <li>-Money Management</li> <li>-Non-medical Transportation</li> <li>-Nutrition</li> <li>-Participant-directed Homemaker/Personal Care</li> <li>-Remote Supports</li> <li>-Respite (residential &amp; community)</li> <li>-Shared Living</li> <li>-Specialized Medical Equipment &amp; Supplies</li> <li>-Social Work</li> <li>-Transportation</li> <li>-Vocational Habilitation</li> <li>-Waiver Nursing Delegation</li> <li>-Waiver Nursing</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Supports</li> <li>-Assistive Technology</li> <li>-Career Planning</li> <li>-Clinical/Therapeutic Intervention</li> <li>-Functional Behavioral Assessment</li> <li>-Group Employment Support</li> <li>-Individual Employment Support</li> <li>-Non-medical Transportation</li> <li>-Participant-directed Homemaker/Personal care</li> <li>-Participant-directed Goods &amp; Services</li> <li>-Participant/Family Stability Assistance</li> <li>-Remote Supports</li> <li>-Respite (residential &amp; community)</li> <li>-Support Brokerage</li> <li>-Transportation</li> <li>-Vocational Habilitation</li> <li>-Waiver Nursing Delegation</li> </ul>	<ul style="list-style-type: none"> <li>-Adult Day Health</li> <li>-Community Integration</li> <li>-Community Transition</li> <li>-Emergency Response</li> <li>-Home Care Attendant</li> <li>-Home-delivered Meals</li> <li>-Home Maintenance &amp; Chores</li> <li>-Home Modification</li> <li>-Out-of-Home Respite</li> <li>-Personal Care Aide</li> <li>-Supplemental Adaptive &amp; Assistive Devices</li> <li>-Supplemental Transportation</li> <li>-Waiver Nursing</li> </ul>
<b>Administered by</b>	Ohio Department of DD	Ohio Department of DD	Ohio Department of DD	Ohio Department of Medicaid
<b>Where to apply</b>	Local County Board of DD	Local County Board of DD	Local County Board of DD	Local CDJFS or Ohio Benefits Long-Term Services & Supports (OBLTSS) 844/644-6582