



Ohio Administrative Code

Rule 5160-46-02 Ohio home care waiver program: eligibility and enrollment.

Effective: September 22, 2025

(A) An individual is eligible for enrollment in the Ohio home care waiver program only if the individual meets all of the following criteria:

- (1) The individual is between the ages of birth through age fifty-nine years.
- (2) The individual is determined eligible for Ohio medicaid in accordance with Chapters 5160:1-1 to 5160:1-6 of the Administrative Code.
- (3) The individual participates in an in-person initial comprehensive assessment to determine if the individual has needs that can be met through the Ohio home care waiver program.
- (4) The individual is determined to have a nursing facility (NF) -based level of care (i.e., intermediate or skilled) in accordance with rule 5160-3-08 of the Administrative Code.
- (5) The individual in the absence of the Ohio home care waiver program, would require hospitalization or institutionalization in a NF to meet the individual's needs.
- (6) The individual:
 - (a) Has a need for and agrees to receive at least one waiver service monthly that is otherwise unavailable through another source (including, but not limited to, private pay, community resources and the medicaid state plan) in an amount sufficient to meet the individual's assessed needs; or
 - (b) Has a need for:
 - (i) Continuous nursing services for more than four hours in length,
 - (ii) At least one waiver service annually, and



(iii) Monthly monitoring of the individual's health and welfare through a combination of telephonic and in-person contacts with the case manager and agrees to cooperate with the monthly monitoring.

(7) The individual is able to establish residency in a place that possesses the home and community-based setting characteristics set forth in rule 5160-44-01 of the Administrative Code, and that is not a hospital, NF, intermediate care facility for individuals with an intellectual disability (ICF-IID) or another licensed or certified facility, any facility covered by section 1616(e) of the Social Security Act (42 U.S.C. 1382(e) (January 1, 2025)), residential care facility, adult foster home, or another group living arrangement subject to state licensure or certification.

(8) The individual's needs can be safely met through the Ohio home care waiver in a home or community setting as determined by the Ohio department of medicaid (ODM) or its designee.

(B) To be enrolled and maintain enrollment in the Ohio home care waiver program, the individual will meet all of the following criteria:

(1) The individual is determined eligible for the Ohio home care waiver program in accordance with paragraph (A) of this rule.

(2) The individual resides in a setting that possesses the home and community-based setting characteristics set forth in rule 5160-44-01 of the Administrative Code, and that is not a hospital, NF, intermediate care facility for individuals with an intellectual disability (ICF-IID) or another licensed or certified facility, any facility covered by section 1616(e) of the Social Security Act (42 U.S.C. 1382(e) (January 1, 2025)), residential care facility, or another group living arrangement subject to state licensure or certification.

(3) The individual's health and welfare can be ensured while enrolled on the waiver.

(4) The individual participates in the development and implementation of a person-centered services plan in accordance with the process and requirements set forth in rule 5160-44-02 of the Administrative Code.



(5) The individual agrees to and receives case management services from ODM or its designee including, but not limited to:

(a) Annual and other assessments, as needed,

(b) Home safety evaluations,

(c) Contact with the case manager including, but not limited to telephone communications and in-person visits.

(6) The individual participates in telephonic and in-person quality assurance and participant satisfaction activities during their enrollment on the Ohio home care waiver program.

(7) The individual cooperates with the in-person eligibility comprehensive assessment at least annually, and more frequently if there is a significant change in the individual's situation that may impact the individual's health and welfare.

(8) The individual signs an agreement confirming the individual has been informed of service alternatives, choice of qualified providers available in the Ohio home care waiver program, and the options of institutional and community-based care, and elects to receive Ohio home care waiver services. If the individual is unable to provide a signature at the time of enrollment, the individual is to submit an electronic signature or standard signature via regular mail, or otherwise in no instance any later than at the next in-person visit with the case manager.

(9) The individual cost limit does not exceed fourteen thousand and seven hundred dollars per month for waiver services. Waiver services excluded from the cost limit are community transition, home maintenance and chore, home modification, self-directed goods and services, supplemental adaptive and assistive device, and vehicle modification.

(a) At the time of enrollment, the initial cost of waiver services in the person-centered services plan does not exceed the cost limit.

(b) The ongoing cost of waiver services in the person-centered services plan may not exceed the cost



limit unless otherwise approved by ODM.

(10) There is an available Ohio home care waiver program slot that does not exceed the centers for medicare and medicaid (CMS)-authorized limit for individuals enrolled for the waiver program year.

(C) An individual is given priority for assessment to determine eligibility for enrollment in the Ohio home care waiver when ODM is made aware that the individual meets the criteria for any of the priority categories set forth in paragraphs (C)(1) to (C)(6) of this rule.

(1) The individual is under twenty-one years of age, and at the time of application:

(a) Received inpatient hospital services for at least fourteen consecutive days; or

(b) Had at least three inpatient hospital stays during the preceding twelve months.

(2) The individual is at least twenty-one but less than sixty years of age and received inpatient hospital services for at least fourteen consecutive days immediately preceding the date of application.

(3) The individual is under sixty years of age and received private duty nursing services in accordance with rule 5160-12-02 of the Administrative Code for at least twelve consecutive months immediately preceding application.

(4) The individual is under sixty years of age, lives in the community and is at imminent risk of institutionalization due to the documented loss of a primary caregiver. Written evidence is needed that substantiates the primary caregiver is unavailable to provide care and support, and the individual would need care in an inpatient hospital setting or a nursing facility (NF).

(5) The individual is under sixty years of age and resides in a medicaid-funded NF at the time of application.

(6) The individual is determined by ODM to be eligible for the HOME choice ("Helping Ohioans



Move, Expanding Choice") program in accordance with Chapter 5160-51 of the Administrative Code.

(D) If at any time the individual does not meet the criteria in paragraph (A) or paragraph (B) of this rule, the individual will be denied enrollment or disenrolled from the Ohio home care waiver program. In such instances, the individual is notified of their hearing rights in accordance with division 5101:6 of the Administrative Code.

(E) Individuals will be disenrolled from the Ohio home care waiver program no later than one hundred and twenty calendar days following their sixtieth birthday. Individuals are offered the opportunity to transition to the pre-admission screening system providing options and resources today (PASSPORT) waiver if all program eligibility criteria are met in accordance with rule 5160-31-03 of the Administrative Code.