

Ohio DD Waiver Guide

A practical handbook for individuals, families, guardians, and referral professionals

Your community. Your goals. Your support.

This guide explains Ohio developmental-disabilities (DD) waivers in clear language and helps you prepare for the next conversation with your county board, Service and Support Administrator (SSA), and provider team.

Connect with United Living Services

qualitycare@unitedlivingservices.org

330-445-4135

www.ulservices.org

Participant & Family-Friendly • Referral-Professional Ready

Prepared August 2026 | Educational resource—always confirm current eligibility, authorizations, provider certifications, and service availability with the appropriate Ohio agencies.



Ohio DD waivers are Medicaid-funded programs that can help a person with a developmental disability receive supports in the community—at home, with family, with a roommate, or through Ohio Shared Living. Ohio administers three DD waivers: Individual Options (IO), Level One, and Self-Empowered Life Funding (SELF).

A simple way to think about a waiver

A waiver is not a single service or a guaranteed benefit. It is a Medicaid funding pathway. Services are selected through assessment and documented in the person-centered service plan.

How United Living Services can help

United Living Services provides care and support connected with Ohio DODD services and education programs for youth and adults. We work with participants, families, guardians, county boards, SSAs, and referral partners to understand goals, coordinate next steps, and explore appropriate supports.

Use this handbook to

- Prepare for a first call or referral.
- Understand the waiver pathway and the roles of the county board and SSA.
- Organize questions about services, schedules, safeguards, and education supports.
- Create a productive conversation around the person's strengths, preferences, and outcomes.

Important

United Living Services does not determine Medicaid or waiver eligibility, approve funding, or assign waivers. Decisions are made through Ohio Medicaid, DODD, and the county board process.



The three Ohio DD waivers

The right waiver depends on assessed needs, Medicaid eligibility, available funding, service plan requirements, and—in the case of SELF—the ability to direct services or choose a representative to do so.

Waiver	Plain-language fit	What makes it distinct
Individual Options (IO)	For people who need a broader range or intensity of community supports.	Generally the most comprehensive DD waiver option; services are chosen through the individual service plan.
Level One	For people whose needs can be met with a more limited set of waiver supports.	May include several core community supports, subject to waiver and service limits.
SELF	For people who want to direct at least one service themselves or through a chosen representative.	Requires participant direction; the participant/representative may use employer and/or budget authority for designated services.

About SELF funding limits

A waiver span is usually 12 months. DODD lists SELF limits of \$62,136 per span for adults and \$41,424 for children, with some service-specific limits. Limits and program rules can change—verify them with DODD or the county board before planning.

Provider match matters

A provider's actual services, staffing, geography, certification, capacity, and authorization must align with the person's approved plan. Ask early whether a provider can meet the person's preferred schedule, communication needs, health/safety needs, and transportation or community goals.



Getting started

The county board of developmental disabilities is the local starting point for many Ohio DD services. A Service and Support Administrator (SSA) helps coordinate assessment, planning, and connections to supports.

A typical pathway

1	Contact your county board Ask about eligibility, intake, and a waiver waiting-list assessment if waiver services may be needed.
2	Confirm Medicaid pathway Waivers require Medicaid eligibility. The county board and local benefits resources can explain the next steps and documentation.
3	Complete assessments The process considers developmental-disability eligibility, level of care, functional needs, health and welfare, and requested services.
4	Build a person-centered plan With the SSA, identify outcomes, needed supports, providers, safeguards, and how services will be delivered.
5	Authorize and begin services Services start only after the appropriate approvals and authorizations are in place. Keep copies of plans and contact information.

If you are a referral professional

With the person's consent and any required releases, share a concise referral that names the person's goals, current supports, communication needs, risk/safety considerations, diagnoses or assessments available, preferred contact, guardian status if applicable, and the urgency of the need. Never delay an emergency response while waiting for a waiver process.



Services and supports

Approved services differ by waiver and by the individual service plan. The examples below describe common support areas rather than a promise of coverage or availability.

Support area	Examples to discuss
Daily living & personal care	Homemaker/personal care, routines, meal support, skill-building, wellness, and in-home supports.
Respite & family stability	Short-term caregiver relief and planning that supports family stability.
Community life	Community inclusion, adult day support, transportation, relationship-building, and meaningful activities.
Employment & adulthood	Career planning, vocational habilitation, individual or group employment supports, and work-readiness goals.
Health, behavior & technology	Nursing-related supports where authorized, clinical/therapeutic intervention, functional behavioral assessment, assistive technology, remote supports, and safety tools.
Home & transition	Environmental accessibility adaptations, transition-related planning, and supports that promote safe community living.

Youth and adult education programs

When speaking with United Living Services, ask how education programs may support the person's age, goals, transition planning, independent-living skills, community participation, and family engagement. Confirm program eligibility, location, schedule, and whether a service is waiver-funded, privately paid, school-connected, or funded another way.



Preparing for your planning meeting

The strongest service plans begin with the person's own voice: what a good day looks like, what matters most, and what help is needed to live safely and meaningfully.

Bring or have ready

- Medicaid information and insurance cards, if available
- Contact details for guardian, family, school team, clinicians, or current providers
- Recent evaluations, support plans, medication or health information, and behavior/safety plans
- A short list of strengths, interests, routines, cultural preferences, communication preferences, and important relationships
- A description of unmet needs: what is happening, when, how often, and what support would make a difference

Questions to ask

- Which waiver or non-waiver supports should we explore, and why?
- Who is our SSA or main point of contact? How do we reach them after hours for urgent plan questions?
- What services are proposed, how often, and what outcomes will they support?
- Which providers are qualified and currently able to deliver the authorized service?
- How will the plan protect health, safety, choice, privacy, and community participation?
- When will the plan be reviewed, and how do we request a change if needs change?

A useful goal statement

"I want support to participate in my community twice a week, build daily-living skills, and explore work or education opportunities in a way that respects my communication style and health needs."



Rights, choice, and safety

Participants should be treated with dignity and respect, be included in decisions about their supports, and receive services that align with their authorized plan. Families, guardians, and referral partners can help by making sure the participant's preferences and voice remain central.

Good practice looks like

- Explaining options in a way the person understands, including accessible communication supports.
- Using the individual service plan as the shared roadmap for what, when, and how supports are delivered.
- Respecting privacy and sharing information only with appropriate consent or legal authority.
- Reporting health, safety, suspected abuse, neglect, exploitation, or other urgent concerns through the appropriate channels.
- Reviewing services when goals, health needs, living arrangements, school/work status, or caregiver circumstances change.

When something is not working

Start by documenting the concern—what happened, dates/times, who was involved, and the effect on the person. Contact the provider supervisor and SSA as appropriate, ask for a plan review, and keep copies of communications. For immediate danger or a medical emergency, call 911.

Choice includes questions

You can ask what alternatives exist, whether a different provider may be available, how a service can be adjusted, and what review or appeal options apply. Your county board and DODD can explain the official process for your situation.



Referral partner checklist

This page is designed for hospitals, schools, care managers, behavioral-health teams, social-service organizations, and other community partners making a thoughtful referral.

- Obtain appropriate consent/release before sharing protected information.
- Confirm the person's preferred name, pronouns, contact method, and whether a guardian or authorized representative is involved.
- Describe the requested outcome—not only the diagnosis or service label.
- State urgency factually, including any imminent discharge, housing, caregiver, health, or safety timeline.
- Include available assessments and current plans; identify what is missing rather than guessing.
- Name current providers and services to avoid duplication or gaps.
- Share communication, sensory, mobility, cultural, language, and accessibility needs.
- Ask United Living Services about fit, availability, next steps, and the information needed for an informed intake.

Referral contact

United Living Services

qualitycare@unitedlivingservices.org | 330-445-4135

www.ulservices.org

What United Living Services will clarify with you

The appropriate contact pathway, information needed for a referral or intake, service and education-program fit, and practical next steps. Service delivery remains subject to required authorizations, certifications, staffing, and availability.



Resource directory

Use official sources for the most current waiver rules, service definitions, eligibility standards, waiting-list procedures, and provider information.

Ohio Department of Developmental Disabilities (DODD)

dodd.ohio.gov

Official information on Ohio DD waivers and services.

Ohio DD Waivers

dodd.ohio.gov/waivers-and-services/waivers

Overview of IO, Level One, and SELF waivers.

SELF Waiver

dodd.ohio.gov/waivers-and-services/waivers/1-self-waiver

Eligibility, participant direction, and current funding-limit information.

Your County Board of DD

Search “Ohio county board developmental disabilities”

Local intake, eligibility, waiting-list assessment, SSA services, and planning support.

Ohio Medicaid

medicaid.ohio.gov

Medicaid eligibility and program information.

Guide note

This handbook is an educational overview prepared for United Living Services. It is not legal, medical, financial, Medicaid, or eligibility advice and does not replace official notices or person-specific guidance from Ohio Medicaid, DODD, a county board, or an SSA.



Let's plan the next step together.

United Living Services supports youth and adults as they pursue meaningful care, education, community connection, and greater independence.

Contact United Living Services

Email qualitycare@unitedlivingservices.org

Phone 330-445-4135

Website www.ulservices.org

For individuals & families

Reach out to discuss your goals, questions about DODD-connected supports, and education program interests. We will help identify an appropriate next conversation.

For referral professionals

Contact us to discuss referral fit, information needed for intake, and coordination with the participant's authorized support team.

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