1. What are the eligibility requirements?

1. Eligible for Medicaid parts and full benefits under Medicaid; age 18+, must be enrolled in the MyCare demonstration; Intermediate or Skilled LOD; Requires NF or hospital in the absence of MyCare waiver; require at least one service monthly. May not reside in NF or ICF-ID.

2. What services are available?

- Adult day health
- Alternative meals
- Assisted living service
- Choose home care attendant
- Home delivered meals
- Home modifications
- Community transition
- Enhanced community living
- Home care attendant
- Home delivered meals
- Homemaker
- Home medical equipment and supplies
- Independent living assistance
- Minor Home Modification, Maintenance and Repair
- Non-medical transportation
- Nutrition
- Participant-Directed homemaker/personal care
- Participant Direct Support Providers
- Adult day supports
- Assistive Technology
- Career planning
- Community transition
- Environmental accessibility adaptations
- Group employment support
- Homemaker/personal care
- Home-delivered Meals
- Individual employment support
- Money management
- Personal care
- Personal Emergency Response System
- Pest control
- Social work and counseling
- Non-emergency medical Transportation
- Respite
- Social shared living
- Specialized medical equipment and supplies
- Social work
- Transportation
- Vocational habilitation
- Water conservation
- Waiver nursing
- Vocational habilitation
- Waiver nursing delegation

3. How and where do I request a waiver?

3. Eligible individuals currently on one of the 3 ODA or ODM NF-based waivers will be transitioned to the MyCare waiver; automatically, MyCare members who are transitioning to MyCare who are not transitioning from an ODA or ODM waiver will need to ask their MyCare Plan Care Manager or Service Coordinator. An ODA or ODM waiver should ask their MyCare who are not transitioning from an ODA or ODM waiver.

4. Who administers the waiver?

4. The Ohio Department of Medicaid (ODM) administers this waiver. ODM contracts with MyCare Managed Care Plans.

5. How will I pay for these services?

5. Payment is made directly to the service provider by Medicaid. Participation in the Medicaid program requires that individuals sign an agreement to make payments to the service provider.

6. Is prior approval required for services?

6. Prior approval is required for services. Providers must submit a request for payment in advance of the service or supplies delivery.

7. Are there limits on how much money I can spend for services?

7. Yes, the Ohio Department of Medicaid establishes limits on how much money you can spend for services. These limits are known as 'cost limitations.'

8. How can I get other services?

8. Individuals can get other services outside of the MyCare waiver program by contacting their local county board of DD or other appropriate agency.

9. How will the services I receive be monitored?

9. Services will be monitored by the responsible agency to ensure that the services are being provided as needed and in accordance with the individual's needs.

10. Who can I call to get help?

10. You can contact your MyCare Plan Care Manager or Service Coordinator at (844) 664-6582 or visit the MyCare website at mycare.ohio.gov for help.

11. Where can I find more information?

11. You can find more information about the MyCare waiver program on the Ohio Department of Medicaid (ODM) website at odm.ohio.gov, the MyCare Plan website at mycare.ohio.gov, or by contacting your MyCare Plan Care Manager or Service Coordinator.