### 1. What are the eligibility requirements?

1. Eligible for Medicaid Parts A and B benefits under Medicaid; age 18+, must be enrolled in the MyCare demonstration; Intermediate or Skilled LOC; Require NF or hospital in the absence of MyCare waiver; require at least one waiver service monthly; not reside in NF or ICF/IID.

2. Ages 60+ or ICF‐IID Level of Care, All Ages

3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJS or at the local county board of DD.

### 2. What services are available?

- Adult day health
- Alternative meals
- Assisted living service
- Child care home care attendant
- Home delivered meals
- Home modification
- Community Transition
- Enhanced community living
- Home care attendant
- Home delivered meals
- Homeemaker
- Home medical equipment and supplies
- Independent living assistance
- Minor Home Modification, Maintenance and Repair
- Non-medical transportation
- Nutritional consultation
- Out of Home Respite
- Personal Care
- Personal Emergency Response System
- Pest control
- Social work and counseling
- Non-emergency medical Transportation
- Waiver Nursing
- Community transition
- Assisted living services
- Adult day support
- Assistive Technology
- Career planning
- Community Transition
- Environmental accessibility adaptations
- Group employment support
- Homemaker/personal care
- Home‐delivered Meals
- Individual employment support
- Informal respite
- Money management
- Non-medical transportation
- Participant-Directed homemaker/personal care
- Remote Supports
- Respite (residential and community)
- Specialized medical equipment and supplies
- Transportation
- Vocational habilitation
- Waiver nursing delegation
- Adult day supports
- Assistive Technology
- Career planning
- Environmental accessibility adaptations
- Group employment support
- Individual employment support
- Non-medical transportation
- Participant-Directed homemaker/personal care
- Participant-directed goods and services
- Participant/Family stability assistance
- Respite (residential and community)
- Support brokerage
- Transportation
- Vocational habilitation
- Waiver nursing delegation

### 3. How and where do I request a waiver?

1. Eligible individuals currently on one of the 3 ODA or ODM NF/based waivers will be transitioned to the MyCare waiver; automates MyCare members who transition to MyCare who are not transitioning from an ODA or ODM waiver should ask their MyCare Plan Care Manager or Service Coordinator. An ODM form must be submitted.

2. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJS). Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLS) at (844) 644-6582.

3. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJS) or at the regional FAA Office. Requests can also be made by calling Ohio Benefits Long Term Services and Supports (OBLS) at (844) 644-6582.

4. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local County Department of Job and Family Services (CDJS) or at the local county board of DD.

5. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJS or at the local county board of DD.

6. The ODM 02399 form is used to request the waiver and can be obtained and submitted at the local CDJS or at the local county board of DD.

### 4. Who administers the waiver?

1. The Ohio Department of Medicaid (ODM) administers this waiver.

2. ODM contracts with MyCare Managed Care Plans.

3. PASSPORT Administrative Agencies (PAAs) provide Administrative case management services.