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 service per month; not reside in NF or ICF-ID.

2. What services are available?

- Adult day health
- Alternative meals
- Assisted living service
- Chairs home care attendant
- Community Integration
- Community Transition
- Enhanced community living
- Home care attendant
- Home delivered meals
- Home maintenance and chore
- Home modification
- Out-of-home respite
- Personal care aide
- Supplemental adaptive and assistive devices
- Supplemental transportation
- Waiver nursing
- Adult day health
- Alternative meal service
- Choices home care attendant
- Community Integration
- Community Transition
- Enhanced community living
- Home care attendant
- Home delivered meals
- Home maintenance and chore
- Home modification
- Homemaker
- Home medical equipment and supplies
- Non-medical transportation
- Nutritional consultation
- Out of Home Respite
- Personal Care
- Personal Emergency Response System
- Social work and counseling
- Non-emergency medical Transportation
- Waiver Nursing
- Adult day support
- Assistive Technology
- Career planning
- Community Transition
- Environmental accessibility adaptations
- Group employment support
- Homemaker/personal care
- Home-delivered meals
- Individual employment support
- Interpreter
- Money management
- Non-medical transportation
- Nutrition
- 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
- Clinical/Therapeutic intervention
- Functional behavioral assessment
- Group employment support
- Individual employment support
- Non-medical transportation
- Participant-Directed homemaker/personal care
- Participant-directed goods and services
- Participant/family stability assistance
- Remote Supports
- Respite (residential and community)
- Support brokerage
- Transportation
- 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 not transitioning from an ODA or ODM waiver should ask their MyCare Plan Manager or Service Coordinator. An ODM form must be submitted.

4. Who administers the waiver?

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

- ODOD contracts with Case Management Agencies to provide administrative case management services.
- ODA operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. PASSPORT Administrative Agencies (PAAs) provide Administrative case management services.
- 4DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services.
- 4DODD operates this waiver program as outlined in the interagency agreement with ODM, which has overall responsibility for the program. County boards of developmental disabilities provide administrative case management services.

5. Average Individual Waiver Costs (SFY 20)

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