

2026

**CareSource® MyCare
Ohio (HMO D-SNP)**

*Home and Community-Based
(HCBS) Waiver Member
Handbook*

*For members enrolled in the
MyCare Ohio HCBS Waiver*

Revised for January 2026



Welcome

This handbook gives an overview of the MyCare Ohio Home and Community-Based Services (HCBS) waiver with CareSource® MyCare Ohio (HMO D-SNP). This handbook talks about long-term services and supports including waiver services for those who meet a certain level of care (more about level of care on page 4) and provides more detail for members enrolled in the waiver about what to expect. It will cover topics such as:

- Services Are Covered by the Waiver
- Providers Can Offer Waiver Services
- Waiver Service Coordination
- Difference between Waiver Services and traditional Medicare/Medicaid

As a member of CareSource MyCare Ohio, you receive Care Coordination to help coordinate your care and make sure you get the health care services you need. Now that you are enrolled in the waiver, you also have a Waiver Service Coordinator to help you access HCBS services under the waiver.

Waiver Service Coordination is provided by the Area Agency on Aging.

The team of professionals that help coordinate your care is called your Care Team and will be led by your Care Coordinator. Members of the Care Team may include you, your primary care provider (PCP), your Waiver Service Coordinator, medical specialists and others you request, such as family members, other caregivers, and supports. Let your Care Coordinator or Waiver Service Coordinator know if there is anyone specific you want to be part of your Care Team.

Support available: The below services are available to you to support any additional needs you may have:

- Oral interpretation.
- Translation services.
- Auxiliary aids and services.
- Written information in alternative formats including braille and large print.

My Care Coordinator: _____

Phone number: _____



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. To 8 p.m. Eastern Time (ET). The call is free. For more information, visit **CareSource.com/MyCare-SNP**. A Waiver Service Coordinator can be contacted any time at 1-866-206-7861.

Please refer to your Member Handbook for how to contact your Care Coordinator during non-business hours. In your Member Handbook you can also find other important numbers that are available 24/7.

My Waiver Services Coordinator: _____

Phone number: _____

If you need to request a MyCare Ohio Member Handbook with information about services covered by the plan, you can call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET).



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Introduction

MyCare Ohio Waiver services provided through CareSource MyCare Ohio are designed for members who are 21 or older, eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and meet the nursing facility level of care (either intermediate or skilled), but prefer to remain in their homes. The MyCare Ohio waiver offers members options to safely live at home and in the community on their own.

If you are joining the MyCare Ohio waiver and receive services in another waiver like PASSPORT, Ohio Home Care Waiver, or the Assisted Living Waiver, your waiver services did not change. Only the name of the program you receive services through has changed. For more about the changes from another waiver to MyCare Ohio, see page 15.

The following waiver services are available to help you meet your needs:

Adult day health services	Alternative meals service*
Assisted living services	Choices home care attendant*
Community integration	Community transition
Emergency response services	Enhanced community living services
Home care attendant*	Home-delivered meals
Home maintenance and chore services*	Home medical equipment and supplemental adaptive and assistive devices*
Home modification*	Homemaker services
Nutritional consultation	Out-of-home respite services
Personal care services*	Self-directed goods and services*
Social work counseling	Structured family caregiving
Waiver nursing services*	Waiver transportation

*Self-direction is available with this service. Self-direction is described further starting on page 19.



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Waiver Services Glossary

The following types of care may be part of a person-centered care plan under the MyCare Ohio waiver.

Adult day health services— A service which includes fun and learning programs to support a person's health and independence goals, and 1-2 meals per day at a certified community-based center. Sometimes, health status monitoring, skilled therapy services, and transportation to and from the center are included in the service.

Alternative meals service— A self-directed service which allows up to two meals per day from a non-traditional provider, such as a restaurant, but not an adult day center. For more information about self-direction see the section in this handbook on that topic.

Assisted living services— Assisted living offers more protections than living in one's home, but it offers a homelike space for the person compared with nursing facilities. Medicaid cannot pay for the room and board component; people usually pay for this using their own incomes such as social security. The MyCare Ohio waiver pays for the services component like help with making meals, toileting, dressing, grooming, etc. You might, at times, hear assisted living facilities also called "residential care facilities." These terms are interchangeable.

Choices home care attendant— Choices home care attendant (CHCA) services are flexible self-directed services which allow the waiver member the ability to hire a provider to deliver personal care services, provide home maintenance and chore services, community transportation services, and several other services. While it is like personal care, one major difference is that CHCA is only self-directed, whereas personal care may or may not be self-directed. For more on self-direction, see the self-direction section in this handbook.

Community integration— Community integration is a service focused on helping members remain in their homes for as long as possible. It offers independent living assistance and community support coaching. Independent living assistance provides supports to help the member remain in their homes, such as: reminders to take their medications, help with applying for programs like Home Energy Assistance Program (HEAP) and subsidized housing, keeping track of and getting needed groceries, and assisting with personal and business correspondence. Community support coaching helps prepare the member to take over these and other similar tasks themselves.



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Community transition— This service is commonly associated with the HOME Choice program. It helps individuals who are moving from a nursing facility back into the community, and it is available to MyCare Ohio members. It pays for one-time expenses to help with the move such as security deposits and utility deposit fees.

Emergency response services— Emergency response services (ERS) help MyCare Ohio waiver members with a device that monitors member safety and communicates with a central monitoring station. The member must be able to communicate hands-free with the staff at the monitoring station. Staff at the station respond to an individual's alarm signal via the member's emergency response equipment.

Enhanced community living services— Enhanced community living (ECL) services are only available for people living in multi-family housing settings. In an ECL, a team of nurses identify a modifiable health risk and offer care to lessen that risk and/or better manage a chronic condition to prevent hospitalizations. ECL requires measurable goals and daily well-checks from the provider.

Home care attendant— Home care attendant services are a range of tasks and support that help people with special needs stay in their homes. They are sometimes confused with personal care services; however, they differ. Home care attendant services can include personal care tasks, but they are more involved and clinical in nature and are offered by a variety of professionals, including home health aides, licensed nurses, and other health care practitioners. A home care attendant commonly helps an individual with self-administration of their medications but can also assist with personal care, household chores, making meals, household management, health care, respite care, and protective services if approved in the person-centered care plan.

Home-delivered meals— Home-delivered meals is a meal delivery service based on a person's care plan. The service safely prepares meals, or makes sure meals are prepared to meet the person's dietary or specialized nutritional needs. Meals can be hot or cold—freshly made or prepackaged. Therapeutic and kosher meals can be provided, if needed.

Home maintenance and chore services— This service helps maintain a clean, sanitary, and safe place to live by doing tasks in the person's home that the person is unable to do. This service is not for daily homemaking tasks or regular tasks like taking out the trash or mowing the lawn. It includes minor home maintenance and repair, heavy household cleaning, pest control and



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related tasks to prevent, suppress, eradicate or remove pests posing a threat to the person's health and welfare.

Home medical equipment and supplemental adaptive and assistive devices— Home Medical Equipment and Supplemental Adaptive and Assistive Device Services are medical equipment, devices, supplies, and vehicle modifications for a vehicle owned by the individual, a family member, or someone who resides in the same household as the individual, that helps the individual function with greater independence, remain in their home, and reduces the need for caregiver assistance.

Home modification— Home modifications are changes to the member's home to ensure the individual's health, welfare, safety, and to function with greater independence in the home. Such adaptations include: the installation of ramps, grab-bars, widening of doorways, modification of bathroom or kitchen facilities, or the installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies for the member. It also includes service calls, the repair of previous modifications, and the cost of parts and labor.

Homemaker services— Services consist of general household tasks like meal preparation, taking out the trash, vacuuming, mopping, and dusting by a qualified homemaker when needed by the member.

Nutritional consultation— Nutritional consultation services are services that provide help to person who has special dietary needs. Nutritional consultation considers the individual's health, cultural, religious, ethnic and socioeconomic background, as well as food preferences or health-related restrictions.

Out-of-home respite services— Out-of-Home Respite Services are services delivered to people outside of their homes to provide a break to the caregivers who normally provide care for MyCare Ohio waiver individuals. The service must include an overnight stay and offer waiver nursing and personal care services. It must also include three meals a day which meet the member's dietary needs.

Personal care services— Personal care services are the most common waiver service used by MyCare Ohio waiver members. Personal care services include hands-on assistance with daily personal care activities like bathing, dressing, grooming, nail care, hair care, oral hygiene, shaving, deodorant application, skin care, foot care, feeding, toileting, assisting with walking, positioning in bed, transferring, range of motion exercises, and making sure the individual is



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eating, drinking, and using the bathroom. Personal care services do not include services offered by a licensed health professional to perform clinical tasks. A personal care aide can be employed by a home health agency or as an independent provider. They can be family members or self-directed caregivers. Family members, who are legally responsible for the waiver member, are subject to a few additional rules to be the paid caregiver. See the section on “Legally Responsible Family Members” for more information.

Self-directed goods and services— This service allows the member to obtain their own services, equipment, or supplies not otherwise provided through traditional Medicare/Medicaid or waiver services to supplement and enhance them. It must be linked to a need identified in the member’s person-centered care plan and help the member remain in the community living independently. These services are only available through self-direction. For more about self-direction, see the section in this handbook on that topic.

Structured family caregiving— Structured family caregiving (SFC) is like personal care services, but it serves as a complement to traditional personal care aid services. SFC services are provided by an agency, and they reimburse the caregiver who resides with the waiver member. A key difference is that the agency focuses on engaging the caregiver and connecting them with other caregivers in similar situations to offer caregiver supports to prevent burnout.

Social work counseling— Social work counseling services are transitional services provided to the person, their authorized representative, caregiver and/or family member on a short-term basis to promote the person’s physical, social and emotional well-being. Social work counseling services are usually provided in the member’s home and can include crisis interventions, grief counseling or other social service interventions that support the person’s health and welfare.

Waiver nursing services— Waiver nursing is part-time, intermittent and/or continuous nursing services provided to people who require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN. This service is sometime confused with private duty nursing or home health nursing. Private duty nursing is a state plan service; therefore, members do not need to be on the MyCare Ohio waiver to receive them. Waiver nursing services can fill in gaps where private duty nursing is exhausted, and it is available exclusively to waiver members like you. Home health nursing is a focused type of nursing aimed at helping a person recover from an injury or illness. Private duty and waiver nursing are focused more on maintaining the person’s health and safety to facilitate independence in the community.



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Waiver transportation— Waiver transportation services help a member enrolled in the MyCare Ohio waiver remain independent by providing transportation services to community activities or medical appointments when the ride isn't available to them under traditional Medicaid or transportation to services that cannot be accessed through any other means, allowing an individual to utilize waiver services outlined in the individual's Person-Centered Service Plan (PCSP).

Rights and Responsibilities

Rights

As a member enrolled in the MyCare Ohio Waiver, you have the right to:

- Be fully informed of all your rights and responsibilities.
- Be treated with dignity and respect.
- Have your Waiver Service Coordinator explain what it means to be on the MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your Waiver Service Coordinator or Care Coordinator when you need it.
- Have a private meeting with your Waiver Service Coordinator or Care Coordinator.
- Be protected from abuse, neglect, and mistreatment.
- Be kept informed and receive information that is accurate and easy to understand.
- Control how your services are delivered.
- Speak in confidence and know that your health care information is kept confidential.
- Participate in developing your person-centered services plan and receive a copy of it.
- Address problems, concerns, and issues about your services, Care Team, and providers, and the ability to suggest changes without fear.
- See files or records related to your health care and the right to amend a record.
- Challenge decisions about your care with which you do not agree. Please review your Member Handbook for details regarding grievances, appeals, and state hearings.
- Be fully informed about how to contact the Ohio Medicaid Consumer Hotline with concerns, issues, or inquiries: 1-800-324-8680.
- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: 1-800-282-1206.
- Request a different Waiver Service Coordination entity. Ask your Care Coordinator or contact Member Services if you have questions about how to do so.



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- Choose from available home and community-based services determined necessary to meet your needs.
- Choose from available waiver service providers who will provide safe, appropriate, and high-quality services necessary to meet your needs.
- Choose to receive waiver home and community-based services in lieu of institutional services (e.g., nursing facility).

Responsibilities

You are the key player in ensuring you get the waiver services you need. As a member, you appoint an authorized representative to help with many aspects of your waiver service planning and delivery. Specifically, you and your authorized representative, if you choose to appoint one, are responsible for:

- Communicating openly and honestly with your Care Team.
- Providing accurate and complete information, including your medical history, regardless of who is paying for your medical services.
- Actively participating in the process to develop and implement your person-centered service plan.
- Providing your signature on the person-centered service plan or other document requested by your Waiver Service Coordinator, indicating your agreement with the plan.
- Keeping scheduled appointments.
- Reporting problems, concerns, or changes to your Waiver Service Coordinator.
- Informing your Waiver Service Coordinator if you want or need to change services or providers.
- Working respectfully with your service providers.
- Working cooperatively with your Waiver Service Coordinator, Care Coordinator, and Care Team to resolve problems or concerns.
- Refusing to participate in dishonest or illegal activities involving your service providers and other caregivers.
- Telling your Waiver Service Coordinator or Care Coordinator about any changes in your condition or situation that you feel are significant, such as death of a caregiver, planning a change of residence, someone mistreating you, etc.



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Waiver Person-Centered Service Plan Development

Overview

Service planning and Care Coordination help to address changes you may encounter with your personal circumstances and/or medical conditions over time. The service planning process must be tailored and revised as often as necessary to best address your needs.

The person-centered service plan is a written outline of your waiver services necessary to keep you safely in the community. It identifies goals, objectives, and outcomes related to your health, as well as the treatments and services you receive.

As a member enrolled in the MyCare Ohio Waiver, you have choice and control over the provision of waiver services you receive by actively participating in the service planning process. You decide who should participate in that process.

Your Waiver Service Coordinator is responsible for ensuring all your identified needs are included and addressed in your person-centered service plan. That includes helping you explore all services available to meet your specific needs. You will have the opportunity to identify how you want the services noted earlier in this handbook to be delivered, including finding the setting that best meets your needs.

The Waiver Service Coordinator will also help you decide what types of providers you want rendering your services, based on how involved you want to be in managing their services. The MyCare Ohio Waiver has the following available providers:

- Self-directed: You hire and manage the provider or the service budget.
- Provider-managed: An agency provider identifies and manages staff.
- Non-agency: Independent providers who manage themselves.

All providers must be enrolled with ODM and contracted with your MyCare Ohio plan. If you find a provider who is not enrolled or contracted, your MyCare Ohio plan can assist the provider with the enrollment and contracting process. If you are transitioning from another waiver like PASSPORT, Ohio Home Care Waiver, or the Assisted Living waiver, we will continue to pay your previous providers even if they are not in our network through the transition period. For more about the transition period see the section of this handbook on that topic.



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You and the service providers identified on your person-centered service plan must sign the service plan, or other document requested by your Care Coordinator or Waiver Service Coordinator, to indicate agreement with the plan.

After your plan is developed and approved, your Waiver Service Coordinator will continue to help by arranging the start of services and making sure services are delivered to meet your needs, according to the plan.

Person-centered service plan contents

During the service planning process, you will identify all the services and supports you receive from any sources other than the MyCare Ohio waiver that help meet your needs so they can be considered in the development of the plan.

Service planning includes identifying and arranging for waiver services that support but do not replace help from people such as neighbors, friends, family, etc. Person-centered service plans are updated at least once each year or as your needs change.

Your person-centered service plan documents how your needs will be met and where you choose to receive services. It must address all the following:

- Your strengths, goals, and desired outcomes.
- Your medical, behavioral health, and personal care needs and how those will be met.
- Services that may be needed to keep your environment clean and safe, including any adaptations necessary to meet your needs.
- Services that may be needed to help you maintain participation in school, work, or other activities.
- Medical and personal care supplies you need and how you will receive those, including medications and equipment.
- Back-up plan for when a paid provider is unavailable for services.
- Services or safety measures to mitigate any risks for you, including accommodations or modifications needed in the setting where you receive services.

Your person-centered service plan identifies the specific tasks and activities your service provider(s) will deliver to meet your needs. It will also specify how much, how often, and how long you will receive the services. The person-centered service plan is necessary for your service providers to be paid and to help your Waiver Service Coordinator ensure you are getting the services you need



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Waiver Service Coordination

All members enrolled with CareSource MyCare Ohio in the MyCare Ohio waiver receive assistance with coordinating their waiver services. Waiver Service Coordination is provided by the Area Agencies on Aging, working together with the Care Coordinator and the rest of the interdisciplinary Care Team. The Waiver Service Coordinator helps assess and check on waiver services, takes part in creating and updating the person-centered care plan that focuses on the person's needs, and teaches about resources and services available to members. CareSource will also assign a Care Coordinator to work collaboratively with the waiver services coordination.

One of the roles of the Waiver Service Coordinator is to make sure you receive the waiver services you need. You will be contacted by your Waiver Service Coordinator or Care Coordinator and receive an in-person visit to review your care needs no more (than <90 days>) after you are enrolled in the MyCare Ohio waiver, or sooner upon request. Your Waiver Service Coordinator is required to visit you in person as needed, up to one time every two months, with telephone contact as needed, up to once every 30 days.

Waiver Service Coordination includes, but is not limited to, the following:

- Monitoring your health and welfare.
- Assessing your needs, goals, and objectives at least annually.
- Scheduling, coordinating, and facilitating meetings with you and your Care Team.
- Working with you and your Care Team to develop your person-centered service plan.
- Authorizing waiver services in the amount, scope, and duration to meet your needs.
- Assisting you in finding needed service providers, including when a provider has given notice to leave or becomes unavailable.
- Monitoring the delivery of all waiver services identified in your person-centered service plan.
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to life milestones like entering or exiting school, work, etc.
- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence. Incidents are described further starting on page 16.
- Assisting you in the development of a meaningful backup plan if there is an interruption or delay in services provided by your person-centered plan. This may include identifying



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persons who are able to meet your needs and respond quickly if your regular provider is unable to deliver services.

When should you call your Waiver Service Coordinator?

Waiver Service Coordination (WSC) is provided by the Area Agencies on Aging, working together with the Care Coordinator and the rest of the interdisciplinary Care Team.

The **Waiver Service Coordinator** helps assess and check on waiver services, takes part in creating and updating the person-centered care plan that focuses on the person's needs, and teaches about resources and services available to members.

The **Care Coordinator** is available to assist with non-waiver services as well and collaboratively address any issues with the WSC and the interdisciplinary team.

Call your Waiver Service Coordinator any time one of the following occurs:

- Your services are not meeting your needs.
- You are unhappy with a provider or service.
- You want to change your provider or service.
- Your home situation changes.
- Your health changes.
- You have an accident, fall, or go to the emergency room.
- You are admitted to a hospital or nursing home.
- You have any concern or problem with the care you are receiving.
- You believe the current person-centered service plan is no longer meeting your needs.
- You believe you need more services to stay safely in your home.
- To report an "incident." Incidents are described further starting on page <22>.
- If a service provider does not show or cancels a service.

If you can't reach your Waiver Service Coordinator, you can contact your Care Coordinator at **1-866-206-7861**. You can also call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m. Eastern Time (ET) with any concerns or problems.



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Transition Period

If you are enrolled in the MyCare Ohio waiver, you may have already been with a MyCare Ohio plan prior to becoming eligible for waiver services. It's also possible that you were on another waiver such as PASSPORT, Assisted Living Waiver, or Ohio Home Care Waiver prior to switching over to MyCare Ohio. This section addresses the second scenario when a member was previously on another waiver—even if it was for only a very short time.

The MyCare Ohio program has several safeguards in place to ensure the transition is as smooth as possible. The most important of these safeguards involves guaranteeing access to a member's providers for a certain period of time. Typically, someone enrolled with a plan like a MyCare Ohio plan must receive health care services including waiver services from providers who are in network with that plan. However, when transitioning from another waiver to the MyCare Ohio waiver, the MyCare Ohio plan must pay for services at least the regular Medicaid rate for a certain period of time even if the provider is out of the MyCare Ohio plan's network. The time period depends on the service, ranging from honoring existing prior authorizations for certain procedures to allowing continued access to a provider indefinitely in cases such as assisted living where the service provider is also the member's home. The table of transition requirements for non-waiver services is included below:

Transition Requirement	MyCare Ohio Waiver Transition Period
Physician	180 days
Durable Medical Equipment	Must honor prior authorizations when item has not been delivered and must review ongoing prior authorizations for medical necessity
Scheduled Surgeries	Must honor specified provider
Chemotherapy/Radiation	Treatment initiated prior to enrollment must be authorized through the course of treatment with the specified provider
Organ, Bone Marrow, Hematopoietic Stem Cell Transplant	Must honor specified provider
Dialysis Treatment	180 days with same provider and level of service; and person-centered care plan



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Transition Requirement	MyCare Ohio Waiver Transition Period
	documents successful transition planning for new provider
Vision and Dental	Must honor prior authorization when item has not been delivered
Medicaid Community Behavioral Health Organizations	Maintain current provider, level of services documents in the behavioral health plan of care at the time of enrollment for 180 days. Medicaid rate applies during transition.
Pregnancy-Related Services	Allow an out-of-network provider if the member is in her third trimester of pregnancy and/or has an established relationship with an obstetrician and/or delivery hospital.
Specialized Recovery Services (SRS)	Maintain service at current level and current providers at current Medicaid reimbursement rates for 180 days after initial enrollment.

The table of transition requirements for waiver and other long-term care services includes:

Transition Requirements	MyCare Ohio Waiver Transition Period
Medicaid Home Health and Private Duty Nursing	Maintain service at the current level and with current providers at current Medicaid reimbursement rates. Changes may not occur for 180 days unless a significant change occurs (as defined in OAC rule 5160-45-01) or member expresses a desire to self-direct.
Assisted Living Waiver Service	Provider maintained at current Medicaid rate
Medicaid Nursing Facility Services	Provider maintained at current Medicaid rate
Waiver Services Such As: <ul style="list-style-type: none"> • Personal Care • Waiver Nursing • Home Care Attendant • Choices Home Care Attendant • Out-of-Home Respite • Enhanced Community Living • Adult Day Health Services • Waiver Social Work Counseling 	Maintain service at the current level and with current providers at current Medicaid reimbursement rates. MyCare Ohio plan-initiated changes cannot occur for 180 days unless a significant change occurs (as defined in OAC rule 5160-45-01) or member expresses a desire to self-direct services.



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Transition Requirements	MyCare Ohio Waiver Transition Period
<ul style="list-style-type: none"> • Independent Living Assistance 	
All Other Waiver Services	Maintain services at the current level for 180 days and existing service provider at existing rate for 90 days. MyCare Ohio plan-initiated change in service provider can only occur after an in-home assessment and plan for the transition to a new provider.

Legally Responsible Individuals

For MyCare Ohio members on the waiver, the choice of who will provide services like personal care or waiver nursing can be very personal. Since these caregivers are helping members with activities of daily living such as eating, dressing, and toileting, members often feel more comfortable receiving those services from someone they already know and trust—such as a relative. In general, there is nothing prohibiting Ohio Medicaid reimbursement for waiver services being rendered by a family member, but the one area with some limitations regards family members who are legally responsible for the waiver member.

Some common examples of legal responsibility include people who are the member's authorized representative, general or health care power of attorney, guardian appointed by the court, or spouse. They cannot usually also be paid by the MyCare Ohio plan for rendering waiver services, but there are some exceptions when they can. Following is a summary of the rules regarding legally responsible family members being able to provide waiver services to a member:

- 1. It only applies to some services.** In the MyCare Ohio waiver, the only services for which a legally responsible individual can be paid are homemaker, personal care services, waiver nursing, structured family caregiving, and self-directed services such as self-directed personal care and choices home care attendant. For more information on these services, check the section of this handbook which explains them further.
- 2. When the caregiver is the spouse, there must be no other willing and able provider.** If waiver services can be met by another provider such as a home health agency, the member's spouse cannot be the paid caregiver for the MyCare Ohio member's waiver services. Other available caregivers are searched for at a minimum of every 4 months. We use our internal provider sourcing tool, ODM's PCG Match tool and outreach to providers via phone or email.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. To 8 p.m. Eastern Time (ET). The call is free. For more information, visit **CareSource.com/MyCare-SNP**. A Waiver Service Coordinator can be contacted any time at 1-866-206-7861.

3. **When the caregiver is the spouse, the payment must be for services that go beyond what they would normally do.** The federal government requires that legally responsible family members who are spouses must only be paid for hands-on assistance with care that is more than activities the spouse would ordinarily perform—such as bathing, turning, toileting, transferring, dressing, grooming, etc. The term for this is called “extraordinary care.” A member’s spouse may not be able to be paid for homemaking services if they would ordinarily be cleaning their house anyway, but assisting your spouse with getting dressed would be considered extraordinary care. To show the need for extraordinary care, the spouse must fill out the “extraordinary care instrument” found on the ODM [website](#). Legally responsible individuals who are not the MyCare Ohio waiver member’s spouse do not have to fill out the form.
4. **Legally responsible individuals must be employed by a home health agency or be a self-directed caregiver to be reimbursed for waiver services.** A legally responsible individual for a MyCare Ohio waiver member cannot be an independent provider when providing services to the member. They must be employed by a home health agency which is either Medicare certified or otherwise certified (usually by the Ohio Department of Aging). The other option they have is to provide waiver services through the self-directed or participant-directed delivery system. For more about this, see the [Self-Direction Services and Information](#) website.



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Self-Direction

Self-direction is not a distinct service in your person-centered care plan. Rather, it is a different way you can receive those services. Services that can be self-directed are marked with an asterisk on page <4>. This gives you more control and autonomy over how you receive services and who comes into your home. Self-direction comes with a budget that you can manage to pay your providers at a rate you negotiate to best meet your needs.

With the increased flexibility comes more responsibility for the member who chooses to self-direct. This puts you in the position of being the employer of the providers, and you must hire, fire, and train as well as manage the budget provided to you for the self-directed services. To assist you, the Medicaid program contracts with a financial management service (FMS) to provide administrative support such as conducting provider background checks, tax documents, and keeping track of provider hours worked. Your Waiver Service Coordinator and CareSource MyCare Ohio are also here to help, but as the employer, you are primarily responsible for managing the self-directed caregivers when they provide a service.

If you are interested in self-direction, inform your Waiver Service Coordinator, and they will assist you getting more information and with signing up. More information can also be found on the [Self-Direction Services and Information](#) page on the Ohio Department of Medicaid website.



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Reporting Incidents

What Are Incidents?

An incident is an alleged, suspected, or actual event that is inconsistent with your routine care and/or service delivery. Critical incidents include any of the following:

- **Abuse:** hurting, limiting freedom of, controlling, using fear to make someone behave a certain way, or punishing a member, that results in physical harm, pain, fear, or mental anguish. Abuse includes physical, emotional, verbal, and/or sexual abuse, the use of restraint, seclusion, or restrictive intervention without authorization.
- **Neglect:** when it is a duty to do so, failing to provide treatment, care, goods, or services necessary to maintain your health and welfare, including self-neglect.
- **Exploitation:** the unlawful or improper act of using a member or a member's resources using manipulation, fear tactics, threats, lies, or pressure for monetary or personal benefit, profit, or gain.
- **Misappropriation:** keeping things from, tricking or otherwise getting money or real or personal property (including prescribed medication) belonging to you by any means prohibited by law that could impact your health and welfare.
- Unnatural or accidental death.
- Self-harm or suicide attempt.
- Being lost or missing, putting your health and welfare at risk.
- Any of the following prescribed medication issues:
 - Provider error.
- Issue resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization.

Other reportable incidents reviewed by the Care Coordinator but not investigated include:

- Natural death.
- Member or family member behavior, action, or inaction resulting in the creation of or adjustment to, a health and safety action plan.
- Health and welfare at risk due to any of the following:
 - Loss of a paid or unpaid caregiver.
 - Prescribed medication issues not resulting in EMS response, emergency room visit, or hospitalization.



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- Eviction from your place of residence.
- Suicide attempt that does not result in emergency room treatment, in-patient observation, or hospital admission.

Incident Reporting and Investigation

Reporting - What to do if any of these things happen?

How to report an incident: You and/or your authorized representative or legal guardian should report incidents to your Waiver Service Coordinator or your Care Coordinator. If the incident is serious in nature and you believe your health and welfare is in jeopardy, you should also notify the appropriate authorities, like the emergency department, law enforcement, or licensing boards. If you are unsure who to contact, ask your Waiver Service Coordinator. Who you should contact depends on the nature of the incident. Examples of serious incidents include but are not limited to the following:

- Medical emergency: If you have a medical emergency, call your doctor or 911. Tell your Waiver Service Coordinator if you have health issues that may result in a medical emergency. It is best to bring these concerns to them before they become an emergency.
- Abuse, neglect, or exploitation of an adult over 60: If the incident involves the abuse, exploitation, or neglect of an adult age 60 or older, contact Adult Protective Services (APS) in the county where the individual resides or where the incident occurred or the Ohio APS Hotline 1-855-OHIO-APS (1-855-644-6277). During non-business hours, contact local law enforcement. To find the number for your local APS agency, click or visit jfs.ohio.gov/county/County_Directory.pdf.
- Criminal activity: If the incident involves conduct you believe is against the law, call your local law enforcement.
- Medicaid fraud: If you suspect the incident involves Medicaid fraud, file a complaint with the Ohio Attorney General. To contact them, click or visit www.ohioattorneygeneral.gov/About-AG/Contact.
- Legal guardian: If the incident involves a legal guardian, you can contact your local probate court. To find your local court, click or visit www.supremecourt.ohio.gov/courts/judicial-system/ohio-trial-courts/



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. To 8 p.m. Eastern Time (ET). The call is free. For more information, visit **CareSource.com/MyCare-SNP**. A Waiver Service Coordinator can be contacted any time at 1-866-206-7861.

Investigation

CareSource MyCare Ohio and the State of Ohio's contractor are required to perform incident investigation activities to ensure you are protected and safe from harm. These activities include:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensure medical attention is sought.
- Looking into incidents to ensure your health and safety and prevent incidents from happening again.
- Looking for patterns to see if you or your providers could benefit from education in a particular area.
- Making sure providers know how to keep you safe and cause no harm to you.
- Informing you of the findings from the investigation of a critical incident and potentially developing a prevention plan to lessen the risk of the incident happening again.

Organizations that can educate you and advocate for your interests.

- Concerns about CareSource MyCare Ohio: If you have concerns about CareSource MyCare Ohio, contact your Care Coordinator or Member Services. If you feel that CareSource MyCare Ohio does not address your concerns, you may seek assistance from ODM by contacting the Medicaid Consumer Hotline. Click or visit www.ohiomh.com or call 1-800-324-8680.
- Ombudsman: The Ohio Long-term Care Ombudsmen voice member needs and concerns regarding long-term care services to nursing homes, home health agencies, and other providers. They will work with the CareSource MyCare Ohio, long-term care provider, and you, your family, or other representatives to resolve problems and concerns you may have about the quality of services you receive. Regional long-term care ombudsman programs help safeguard individuals. Call the state office at 1-800-282-1206 or email OhioOmbudsman@age.ohio.gov for assistance.
- Ohio Association of Centers for Independent Living (CIL): CILs help ensure people with disabilities have complete access to the communities in which they wish to live as well as opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, click or go to www.ohiosilc.org/.
- Legal Aid: Provides legal assistance to protect and enforce the legal rights of low-income Ohioans. Call 1-866-LAW-OHIO.
- Disability Rights Ohio: Advocates for the human, civil, and legal rights of people with disabilities in Ohio. For more information, click or go to www.disabilityrightsohio.org/ or call 1-614-466-7264 or 1-800-282-9181.



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Department of Medicaid

Next Generation MyCare

CareSource® MyCare Ohio (HMO D-SNP) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. To 8 p.m. Eastern Time (ET). The call is free. For more information, visit **CareSource.com/MyCare-SNP**. A Waiver Service Coordinator can be contacted any time at 1-866-206-7861.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم **1-855-475-3163 (TTY: 1-833-711-4711 أو 711)**.

通过口译员和其他书面材料，获得您所使用语言的免费帮助。如果您有残疾，可以获得免费的辅助设备和支持。请致电：**1-855-475-3163 (TTY 专线：1-833-711-4711 或 711)**。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen. Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: **1-855-475-3163 (TTY: 1-833-711-4711 oder 711)**.

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le **1-855-475-3163 (TTY: 1-833-711-4711 ou le 711)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi **1-855-475-3163 (TTY: 1-833-711-4711 hoặc 711)**.

Grick Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe mitaus Koscht wann du en Behinderung hoscht. Ruf **1-855-475-3163 (TTY: 1-833-711-4711 odder 711)**.

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसेबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें **1-855-475-3163 (TTY: 1-833-711-4711 या 711)**।

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. **1-855-475-3163 (TTY: 1-833-711-4711 또는 711)** 로 문의하세요.

በአስተርጓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያግኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድጋፍ ያግኙ። ወደ **1-855-475-3163 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba irànlówó ọfẹ ní èdè rẹ pẹlú àwọn ògbifò àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn irànlówó àti àtílẹ̀yìn ọfẹ bí o bá ní àìlera kan. Pe **1-855-475-3163 (TTY: 1-833-711-4711 tàbí 711)**.

Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa **1-855-475-3163 (TTY: 1-833-711-4711 o 711)**.

موڤر كولى شو ستاسو د روغتيا پاملرني په اړه ستاسو په ژبه كې او د نورو ښو (يعني فارميتونو) له لارې له تاسو سره وړيا مرسته وكړو. آيا زموږ د موادو لوستلو لپاره ملاتړ يا مرستې ته اړتيا لرئ؟ آيا تاسو له موږ سره خبرو كولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711) يا 711**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711)**.

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। **1-855-475-3163 (TTY: 1-833-711-4711 वा 711)** मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သို့မဟုတ် 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jermalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.

H6396_OH-SNP-M-4151482_C

ODM Approved: 08/31/2025



**Department of
Medicaid**

Next Generation MyCare



Non-Discrimination Notice

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** if you need any of this help. We are open Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, OH 45401
Phone: 1-844-539-1732 (TTY: 711)
Fax: 1-844-417-6254
Email: CivilRightsCoordinator@CareSource.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Mail: U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Mail the complaint form found at
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov

You can find this notice at **CareSource.com**.



