



Ohio Administrative Code

Rule 5160-58-03.2 MyCare Ohio waiver: member choice, control, responsibilities and participant direction.

Effective: January 1, 2026

(A) A member may choose to receive MyCare Ohio waiver services from any combination of providers on the provider panel of the MyCare Ohio plan selected by the member pursuant to paragraph (B) of rule 5160-58-04 of the Administrative Code.

(B) A member receiving waiver services from any MyCare Ohio waiver provider :

(1) Participates with the waiver service coordinator in the development of the person-centered services plan as defined in rule 5160-44-02 of the Administrative Code.

(2) Decides who from their interdisciplinary care management team participates in the development of the person-centered services plan.

(3) Communicates to the service provider and, as appropriate, the provider's management staff, personal preferences about the way duties, tasks and procedures are to be performed.

(4) Works collaboratively with the waiver service coordinator and the provider to identify and secure additional service provider orientation, training and/or continuing education within the provider's scope of practice to meet the member's specific needs.

(5) Does not direct the provider to act in a manner that is contrary to any relevant MyCare Ohio waiver requirements, medicaid rules and regulations, or the provider's policies and procedures.

(6) Understands and adheres to the incident management and reporting responsibilities of the member as set forth in rule 5160-44-05 of the Administrative Code.

(7) Communicates to the waiver service coordinator and MyCare Ohio plan care manager any significant changes, as applicable, as defined in rule 5160-58-01 of the Administrative Code, that may affect service provision or result in a need for more or fewer hours of service.



- (8) Signs a complete and accurate timesheet or other documentation, as appropriate, to verify services have been furnished. The member cannot approve blank timesheets, or timesheets that were completed before services were furnished. Verification may be written or electronic at the discretion of the MyCare Ohio plan. If the individual is unable to provide the signature required to verify a service at the time of the service, the individual submits an electronic signature or standard signature via regular mail, or otherwise provides a signature in no instance any later than at the next face-to-face visit with the provider.
- (9) Participates in the recruitment, selection and dismissal of providers in collaboration with the interdisciplinary care management team.
- (10) Notifies the provider if the member is going to miss a scheduled visit in the manner specified by the waiver services coordinator.
- (11) Notifies the waiver service coordinator if the assigned provider misses a scheduled visit.
- (12) Notifies the waiver service coordinator when any change in provider is necessary. Notification includes the desired end date of the current provider.
- (13) Participates in the monitoring of the performance of the provider.
- (14) Understands and abides by the rules governing the MyCare Ohio program.
- (C) Members who choose to exercise self-direction for their waiver services, as outlined in paragraph (F) of rule 5160-58-04 of the Administrative Code have the following additional requirements as appropriate to the service being furnished:
- (1) Taking a proactive role in the delivery of their MyCare Ohio waiver services. This includes identifying and recruiting prospective providers, training on tasks to meet the member's needs and preferences, and scheduling and managing the delivery of services.
- (2) Designating a location in their home in which the member and, as appropriate, the provider can



safely store a copy of the member's records in a manner that protects the confidentiality of the records, and for the purpose of contributing to the continuity of the member's care.

(3) Working with ODM's designated financial management service and the waiver service coordinator and MyCare Ohio care , as applicable, to coordinate the authorized service delivery.

(D) Members who elect self-directed services demonstrate the ability and willingness to:

(1) Understand the service elements the provider furnishes;

(2) Understand how to direct the provider; and

(3) Perform employer-related responsibilities, including:

(a) Completing required training;

(b) Selecting and dismissing self-directed service providers;

(c) Entering into written agreements with self-directed service providers for specific activities;

(d) Training self-directed service providers to meet the member's specific needs;

(e) Supervising and monitoring the self-directed service provider's performance of specific activities, including written approval of the provider's time sheets;

(f) Managing the self-directed service provider when they furnish a service.

(E) If the waiver service coordinator, in consultation with the interdisciplinary care management team, determines that the member or the member's authorized representative cannot meet the requirements set forth in paragraph (C) or (D) of this rule, or the health and welfare of the member cannot be ensured, the waiver service coordinator may require the member to receive services from agency or non-agency providers. The member is afforded notice and hearing rights in accordance with division 5101:6 of the Administrative Code.