



Ohio Administrative Code

Rule 5160-58-05 MyCare Ohio: care coordination.

Effective: January 1, 2026

(A) Member care coordination.

(1) All MyCare Ohio members are assigned a care coordinator to assist with management of their care and navigation of services in accordance with 42 CFR 422.101, as applicable. MyCare Ohio members who are not receiving long-term care services through the MyCare Ohio waiver or in a nursing facility may choose not to participate in care coordination.

(a) Care coordinator outreach frequency may vary based on a member's needs.

(b) Members may request a change in care coordinator through their MyCare Ohio plan (MCOP).

(2) MyCare Ohio members are assured of access to medical advice, behavioral health crisis, and care management support through a centralized, toll-free telephonic system.

(a) Calls are answered by or forwarded to members' care coordinators or other team members designated to act on behalf of the care coordinator.

(b) The MyCare Ohio plan (MCOP) ensures the care coordinator or designee can access to the member's person-centered care plan, ensures the member's health welfare, and safety is considered when determining resolution and completion in address of the member's needs or concerns, including in-person support, if warranted.

(3) MyCare Ohio members are assigned a waiver services coordinator if enrolled in the MyCare Ohio home and community-based services waiver in accordance with rule 5160-58-04 of the Administrative Code. In some situations, the care coordinator and waiver services coordinator may be the same person.

(B) Interdisciplinary care team.



- (1) The interdisciplinary team works together to achieve common health care goals with the member.
- (2) The interdisciplinary team creates comprehensive individualized care plans that consider all aspects of the member's medical, social, and behavioral needs and preferences.
- (3) The care coordinator may be part of a member's interdisciplinary care team for the purpose of providing support with care coordination activities and assisting the member with navigation of the healthcare system.

(C) MyCare Ohio plan.

(1) The MCOP may choose to delegate all or some care coordination activities to the area agency on aging (AAA) for all members, or to another entity for members under the age of sixty years. If a member selects or requests a change in their waiver services coordination entity, or if the MCOP of the Ohio department of medicaid (ODM) identifies a performance issue affecting the member's health, safety, or welfare, the MCOP then assists by linking the member with another waiver service coordination entity or performs the function themselves, if the member so chooses.

(2) For waiver services coordination the MCOP:

- (a) Contracts with the area agency on aging (AAA). The AAA acts as the primary waiver service coordination entity for members aged sixty years and older who are also enrolled in the MyCare Ohio HCBS program;
- (b) May contract with the AAA for members under the age of sixty years who are enrolled in the MyCare Ohio HCBS program or with other entities which have experience working with people who have disabilities; or
- (c) May contract with another care coordination entity if the member requests that care coordination activities are not provided by the AAA.
- (d) MCOPs are responsible for ensuring that members' waiver services meet members' needs through



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delegation oversight activities regardless of the delegation model.