



**Ohio Department
of Medicaid**

MyCare Ohio Advisory Workgroup

May 2, 2025



**Department of
Medicaid**

Next Generation MyCare

Housekeeping

A few housekeeping reminders before we begin.



All participants are muted.



You can use the meeting chat feature to ask questions. To ask a question, type in the chat box and select the arrow in the bottom right corner to send.



The presentation from today's session will be emailed out after this session.

Access, Inclusion, And Reasonable Accommodation

The Ohio Department of Medicaid is committed to providing access, inclusion, and reasonable accommodation in its services, activities, programs, and employment opportunities in accordance with the Americans with Disabilities Act (ADA), Title VI of the Civil Rights Act, and other applicable laws.



Interpreter and written information

To request an **interpreter, written information** in a language other than English or in other formats such as **large print, audio, and accessible electronic formats**, or a reasonable accommodation due to a disability, please contact Ohio Medicaid's Civil Rights/ADA Coordinator at 614-995-9981/TTY 711, fax 614-644-1434, or email: ODM_EEO_EmployeeRelations@medicaid.ohio.gov. **Requests should be made at least three business days prior to the scheduled event.**



Recording

Unless Ohio Medicaid's Civil Rights/ADA Coordinator approves in advance, individuals **may not record** the meeting using the recording function in Teams, GoToMeeting, Zoom, or any virtual meeting platform used by the department, nor may individuals utilize artificial intelligence technologies to transcribe meetings.



Grievance

If you believe Ohio Medicaid has failed to provide these services or discriminated in another way, you can **file a grievance** with Ohio Medicaid's Civil Rights Coordinator or file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights, or both. Further information on these processes and Ohio Medicaid's compliance with civil rights and other applicable laws can be found in our [Notice of Nondiscrimination](#).

MyCare Ohio Advisory Workgroup

This meeting will touch a variety of topics.

Agenda



**MyCare Ohio Overview
Continued and
Enrollment Scenarios**
20 minutes



A continued overview of the current MyCare Ohio program and waiver and a look into the changes to come.



**Enrollment Letter
Updates**
20 minutes



An update on feedback received on enrollment letters.



**MyCare Rules and
Policies Overview**
15 minutes



A deeper dive into MyCare Ohio rules updates and policies.



**Wrap-Up
and Next Steps**
5 minutes



Explain what comes next and answer any outstanding questions.

MyCare Ohio Overview Continued and Enrollment Scenarios

How Are Members Impacted by This Announcement?

Plan selection considerations for MyCare Ohio members.

Next Generation MyCare plan selection **does not immediately impact** current members of the MyCare Ohio program. Current MyCare Ohio members will not lose coverage and will continue to receive services with their current MyCare Ohio plan until the Next Generation MyCare plans begin serving members in January 2026.

How Are Members Impacted by This Announcement?(Cont.)

Plan selection impacts for MyCare Ohio members.



MyCare Ohio members enrolled in **Aetna Better Health of Ohio** or **United Healthcare Community Plan**

- Continue to receive services through that plan until January 2026.
- Need to select a Next Generation MyCare plan, which will begin serving them in January 2026.
- Receive enrollment information in the mail from ODM ahead of the 2026 plan year for members to select from one of the Next Generation MyCare plans available.



MyCare Ohio members enrolled in **Buckeye Health Plan, CareSource, or Molina HealthCare of Ohio**

- Continue to receive services through your current plan.
- Stay with your current plan unless you take action to select a different Next Generation MyCare Plan.
- Receive enrollment information in the mail from ODM ahead of the 2026 plan year.

To select a plan for your Medicaid, Medicare, and prescription drug benefits, you can contact Medicare at 1-800-Medicare.

Enrollment Scenarios Between 4/23/25 and 12/31/2025 (before Go-Live)

Current Medicaid-only MyCare Members living in one of the 29 MyCare counties enrolled in a continuing plan.

Eligibility

Selection Process and Enrollment

Effective Date & Benefit Alignment



Member is currently in the MyCare program receiving benefits from a continuing MyCare Plan.



This member receives materials regarding open enrollment.



During the open enrollment period, this member calls in to make an alternate Next Generation MyCare Plan selection.

OR

Member does not take any action regarding open enrollment and receives Next Generation MyCare benefits from their current plan on 1/1/26.



If an alternate plan selection was made via Medicare Open Enrollment, the member will be enrolled into their selected Next Generation MyCare Plan for a 1/1/26 effective date.

OR

If an alternate section was made via Medicaid Open Enrollment:

If the selected plan is not currently available in the member's county, they will have a 1/1/26 effective date and need to align their benefits.

If the selected plan is currently available in the member's county, then the effective date is the first of the following month and the member will automatically enroll in the same Next Generation MyCare Plan and receive Medicaid only benefits from the Next Generation MyCare Plan starting 1/1/26.

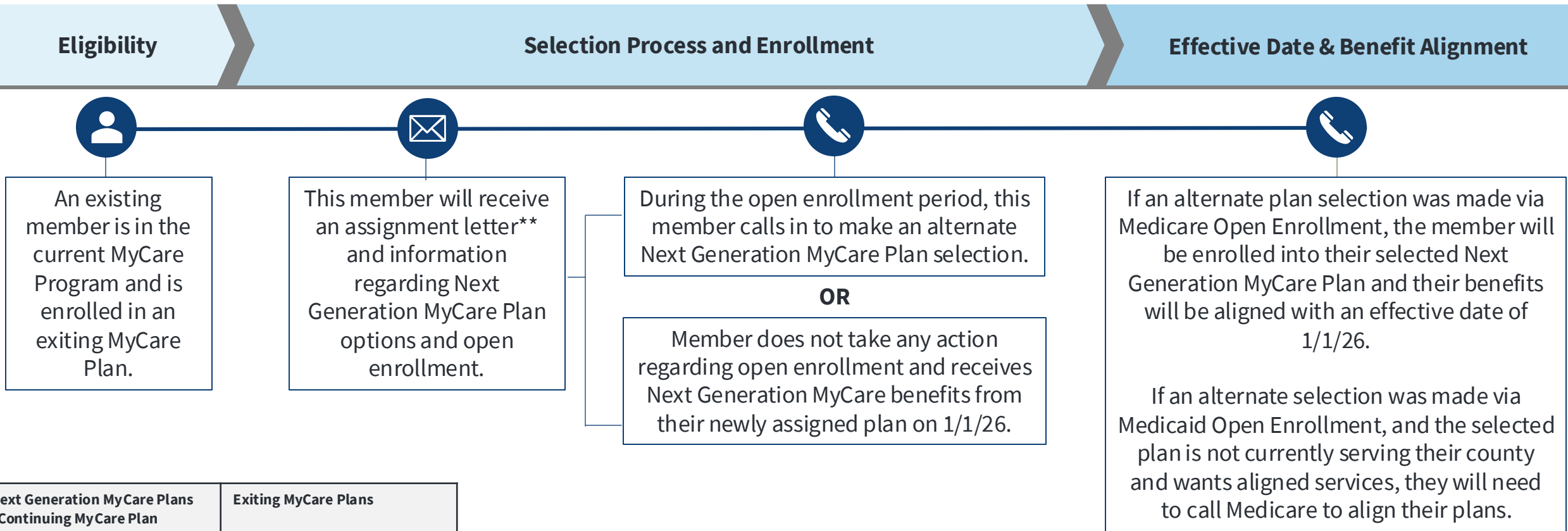
If Member would like to have integrated benefits, they will need to contact Medicare, a Medicare broker, or the associated Next Generation MyCare Plan once the Next Generation MyCare program goes live on 1/1/2026 and request to have their services aligned.

Next Generation MyCare Plans *Continuing MyCare Plan	Exiting MyCare Plans
Anthem Blue Cross and Blue Shield Buckeye Health Plan* CareSource* Molina HealthCare of Ohio*	Aetna Better Health of Ohio United Healthcare Community Plan

All members will be able to change their Next Generation MyCare Plan leading up to go-live through Medicare and Medicaid open enrollment.

Enrollment Scenarios Between 4/23/25 and 12/31/2025 (before Go-Live)

Members living in one of the 29 MyCare counties enrolled in an exiting plan and will need to be enrolled in a Next Generation MyCare Plan for 1/1/26.



Next Generation MyCare Plans *Continuing MyCare Plan	Exiting MyCare Plans
Anthem Blue Cross and Blue Shield Buckeye Health Plan* CareSource* Molina HealthCare of Ohio*	Aetna Better Health of Ohio United Healthcare Community Plan

** The assignment letter will include Next Generation MyCare Plans.

All members will be able to change their Next Generation MyCare Plan leading up to go-live through Medicare and Medicaid open enrollment.

How Are Providers Impacted by This Announcement?

Key considerations for MyCare Ohio providers.

The Next Generation MyCare plan selection **does not immediately impact** current providers of the MyCare Ohio program. Current MyCare Ohio providers can **continue to provide services** to MyCare Ohio members as they do today until the transition to the Next Generation MyCare plans in January 2026.

Next Generation MyCare Plan Contracting

Ohio Medicaid providers interested in contracting with the Next Generation MyCare plans can do so by contacting the plan(s) they wish to contract with:

- [Anthem Blue Cross and Blue Shield](#)
- [Buckeye Health Plan](#)
- [CareSource](#)
- [Molina HealthCare of Ohio](#)

Enrollment Letter Updates

MyCare Rules and Policies Overview

Ohio Laws & Administrative Rules

What are they and how do they impact MyCare?

There are several resources that are utilized and can be tapped to find additional information regarding Ohio laws and administrative rules. These rules help shape the MyCare Ohio program and provide critical definitions around MyCare policies.

The resources we will be covering today include:

- The Ohio Administrative Code (OAC)
- The Ohio Revised Code (ORC)
- The Medicaid State Plan
- The Code of Federal Regulations (CFR)
- The Register of Ohio Rule Look-Up Tool
- The Social Security Act and United States Code
- Medicaid State Waivers
- Clearance and Business Impact Analysis (BIA) Processes

The Ohio Administrative Code?

What is the Ohio Administrative Code (OAC)?

The **Ohio Administrative Code (OAC)** is the set of **administrative rules** that are adopted by the state agencies in Ohio. OAC provides details about how state laws from the Ohio Revised Code (ORC) and federal rules and regulations- U.S. Code, The Social Security Act, and the Code of Federal Regulations (CFR)- are **implemented and enforced** by the **state agencies**- including the Ohio Department of Medicaid.

MyCare Ohio rules are available in Chapter 5160-58 <https://codes.ohio.gov/ohio-administrative-code/chapter-5160-58>.

You can view the Ohio Administrative Code in a couple of places:

- The codes.ohio.gov site contains all the rules by agency number:
 - ODM: 5160
 - Ohio Department of Job and Family Services: 5101
 - Ohio Department of Aging: 173



This website publishes administrative rules on their effective dates, as designated by the adopting state agencies, colleges, and universities.

5160 | Ohio Department of Medicaid

Ohio Administrative Code

Chapter

[Chapter 5160-1 | General Provisions](#)

[Chapter 5160-2 | Hospital Services](#)

[Chapter 5160-3 | Long-Term Care Facilities; Nursing Facilities; Intermediate Care Facilities for Individuals with Intellectual Disabilities.](#)

[Chapter 5160-4 | Medical and Surgical Services](#)

[Chapter 5160-5 | Dental Services](#)

[Chapter 5160-6 | Eye Care Services](#)

[Chapter 5160-7 | Podiatric Services](#)

[Chapter 5160-8 | Therapeutic and Diagnostic Services](#)

[Chapter 5160-9 | Pharmacy Services](#)

[Chapter 5160-10 | Medical Supplies, Durable Medical Equipment, Orthoses, and Prosthesis Providers](#)

[Chapter 5160-11 | Independent Laboratory and X-Ray Services](#)

[Chapter 5160-12 | Ohio Medicaid State Plan Home Health and Nursing Services](#)



This website publishes administrative rules on their effective dates, as designated by the adopting state agencies, colleges, and universities.

Chapter 5160-58 | MyCare Ohio

Ohio Administrative Code / 5160

[Expand All](#)[Close All](#)

Rule

Rule 5160-58-01 | MyCare Ohio plans: definitions.

Rule 5160-58-01.1 | MyCare Ohio plans: application of general managed care rules.

Rule 5160-58-02 | MyCare Ohio plans: eligibility and enrollment.

Rule 5160-58-02.1 | MyCare Ohio plans: termination of enrollment.

Rule 5160-58-02.2 | MyCare Ohio waiver: eligibility and enrollment.

Rule 5160-58-03 | MyCare Ohio plans: covered services.

Rule 5160-58-03.1 | MyCare Ohio plans: primary care and utilization management.

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

Rule 5160-58-04 | MyCare Ohio waiver: covered services and providers.

Rule 5160-58-08.4 | Appeals and grievances for "MyCare Ohio".

The Register of Ohio Rule Look-Up Tool


How can I search for and look up Ohio administrative rules?

Entering a **rule number** shows its **history**, a **PDF** copy of the rule, and the **documents associated** with the rule filing, including communication announcements, public hearing notice, business impact analysis, and appendices.

<https://www.registerofohio.state.oh.us/>

[About the Register](#)[Administrative Rule Making in Ohio](#)[Participate in Rule Making](#)[Agency Rule-Making Guides](#)[How to Read a Rule](#)[Ohio Administrative Code](#)

Rule Number Quick Search

[\[Advanced Search \]](#)Rule Number [Search](#)

Public Notices

- [Upcoming Hearings on Proposed Rules](#)
- [Hearing Summary Reports submitted before 12/07/18](#)
- [Agricultural Commodity Marketing Programs](#)
- [EPA Final Filing Notices](#)
- [Liability Insurance Certifications](#)
- [Ohio Judicial Conference RC 2329.66 Memorandum](#)

This Week's Public Hearings

[\[Hearings Search \]](#)

Unemployment Compensation Review Commission

04/18/2025 12:00 PM

Rhodes Tower, 30 East Broad Street, 31st floor Review Commission Hearing Room, Columbus, Ohio 43215

[VIEW NOTICE](#)[ADD TO CALENDAR](#)

Resources

- [LSC Rule Drafting Manual](#)



[Print Rule Detail](#)

Filings for Rule Number 5160-58-01

Title	MyCare Ohio plans: definitions.
Agency	Ohio Department of Medicaid
Division	
Contact	Tommi Potter
Phone	614-752-3877

Actions

Active	Historical											Public Notice	RSFA Amend	Rule	Appendix	Hearing	CSI Business	CSI Record	CSI Agency or Respon
Title												PL	RA	R	A	MSR	CO	CR	CA
MyCare Ohio plans: definitions.		04/10/2024	Final File	Amendment	119.03		04/20/2024		N										
MyCare Ohio plans: definitions.		01/19/2024	Original File	Amendment	119.03	02/20/2024			N	PL	RA	R		MSR					
MyCare Ohio plans: definitions.		07/08/2022	Final File	Amendment	119.03		07/18/2022		Y										
MyCare Ohio plans: definitions.		04/15/2022	Original File	Amendment	119.03	05/16/2022			Y	PL	RA	R		MSR					
MyCare Ohio plans: definitions.		10/02/2020	Final File	Amendment	119.03		10/12/2020		N										
MyCare Ohio plans: definitions.		07/28/2020	Original File	Amendment	119.03	08/28/2020			N	PL	RA	R		MSR					
MyCare Ohio plans: definitions.		06/12/2020	Emergency	Amendment	119.03		06/12/2020	10/11/2020	N										
MyCare Ohio plans: definitions.		06/19/2017	Final File	Rescission	119.03		07/01/2017		Y										
MyCare Ohio plans: definitions.		06/19/2017	Final File	New	119.03		07/01/2017		N										
MyCare Ohio plans: definitions.		04/14/2017	Original File	Rescission	119.03	05/15/2017			Y	PL	RA	R							
MyCare Ohio plans: definitions.		04/14/2017	Original File	New	119.03	05/15/2017			N	PL	RA	R							
MyCare Ohio plans: definitions.		02/04/2014	Final File	New	119.03		03/01/2014		N										
MyCare Ohio plans: definitions.		11/29/2013	Original File	New	119.03	12/30/2013			N	PL	RA	R					20		

The Ohio Revised Code

What is the Ohio Revised Code and where can I find more information?

The **Ohio Revised Code (ORC)** is the **collection of state laws for Ohio** which are passed by the **Ohio Legislature** and signed into law by the Governor. **ORC gives authority to some parts of Medicaid**, including the authority to create and apply Ohio Administrative Code rules. They are available at <https://codes.ohio.gov/ohio-revised-code>. Public program laws are available under Title 51. ORC sections for Medicaid are available in Chapters 5160 through 5168.



The Legislative Service Commission staff updates the Revised Code on an ongoing basis, as it completes its act review of enacted legislation. Updates may be slower during some times of the year, depending on the volume of enacted legislation.

Ohio Revised Code

Title

General Provisions

Title 1 | State Government

Title 3 | Counties

Title 5 | Townships

Title 7 | Municipal Corporations

Title 9 | Agriculture-Animals-Fences

Title 11 | Banks-Savings and Loan Associations

Title 13 | Commercial Transactions

Title 15 | Conservation of Natural Resources

Title 17 | Corporations-Partnerships

Title 19 | Courts-Municipal-Mayor's-County

Title 21 | Courts-Probate-Juvenile



OHIO LAWS & ADMINISTRATIVE RULES

LEGISLATIVE SERVICE COMMISSION

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Keyword Search



[Chapter 5149 | Adult Parole Authority](#)

[Chapter 5153 | County Children Services](#)

[Chapter 5155 | County Homes](#)

[Chapter 5160 | Medical Assistance Programs](#)

[Chapter 5161 | Children's Health Insurance Program](#)

[Chapter 5162 | Medicaid and Medicaid Funds](#)

[Chapter 5163 | Medicaid Eligibility](#)

[Chapter 5164 | Medicaid State Plan Services](#)

[Chapter 5165 | Medicaid Coverage Of Nursing Facility Services](#)

[Chapter 5166 | Federal Medicaid Waiver Programs](#)

[Chapter 5167 | Medicaid Managed Care](#)

[Chapter 5168 | Hospital Care Assurance Program; Health Care Franchise Permit Fees](#)

[Chapter 5180 | Department of Children and Youth](#)

The Code of Federal Regulations

What is the Code of Federal Regulations (CFR)?

The **Code of Federal Regulations (CFR)** is the **regulations from the federal agencies**. The CFR includes the Centers for Medicare and Medicaid Services and the Department of Health and Human Services.

Title 42 Part 435 outlines **eligibility**, Part 438 outlines **managed care**, and 422 provides information about **Medicare**. Title 45 Part 164 outlines the **Health Insurance Portability and Accountability Act (HIPAA)** information.



Code of Federal Regulations

A point in time eCFR system



Title 42

Displaying title 42, up to date as of 4/16/2025. Title 42 was last amended 4/15/2025. [view historical versions](#)

Enter a search term or CFR reference (eg. fishing or 1 CFR 1.1)



Title 42 / Chapter IV / Subchapter C / Part 435 [View Full Text](#)

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Published Edition

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▼ Chapter IV	Centers for Medicare & Medicaid Services, Department of Health and Human Services	400 – 699
▼ Subchapter C	Medical Assistance Programs	430 – 456
▼ Part 435	Eligibility in the States, District of Columbia, the Northern Mariana Islands, and American Samoa	435.2 – 435.1205
▼ Subpart A	General Provisions and Definitions	435.2 – 435.10
§ 435.2	Purpose and applicability.	
§ 435.3	Basis.	
§ 435.4	Definitions and use of terms.	
§ 435.10	State plan requirements.	
► Subpart B	Mandatory Coverage	435.100 – 435.172
► Subpart C	Options for Coverage	435.200 – 435.236
► Subpart D	Optional Coverage of the Medically Needy	435.300 – 435.350
► Subpart E	General Eligibility Requirements	435.400 – 435.407
► Subpart F	Categorical Requirements for Eligibility	435.500 – 435.541
► Subpart G	General Financial Eligibility Requirements and Options	435.600 – 435.640

The Social Security Act and United States Code

What is it and where can I find more information?

The **Social Security Act** defines several parts of the Medicaid program, and the **United States Code** is the collection of **Federal Laws** which include **laws about Medicaid**, including the Social Security Act. The websites below can assist in research on how they may impact Medicaid.

The **Social Security Act website** can be found [here](#).

The **United States Code website** can be found [here](#).



Compilation Of The Social Security Laws



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VOLUME I

SOCIAL SECURITY ACT

Title I	Grants to States for Old-Age Assistance for the Aged
Title II	Federal Old-Age, Survivors, and Disability Insurance Benefits
Title III	Grants to States for Unemployment Compensation Administration
Title IV	Grants to States for Aid and Services to Needy Families with Children and for Child-Welfare Services
Title V	Maternal and Child Health Services Block Grant
Title VI	Temporary State Fiscal Relief
Title VII	Administration
Title VIII	Special Benefits for Certain World War II Veterans
Title IX	Miscellaneous Provisions Relating to Employment Security
Title X	Grants to States for Aid to the Blind
Title XI	General Provisions, Peer Review, and Administrative Simplification
Title XII	Advances to State Unemployment Funds
Title XIII	Reconversion Unemployment Benefits for Seamen
Title XIV	Grants to States for Aid to the Permanently and Totally Disabled
Title XV	Unemployment Compensation for Federal Employees
Title XVI	Grants to States for Aid to the Aged, Blind, or Disabled
Title XVII	Supplemental Security Income for the Aged, Blind, and Disabled
Title XVIII	Grants for Planning Comprehensive Action to Combat Mental Retardation
Title XIX	Health Insurance for the Aged and Disabled
Title XX	Grants to States for Medical Assistance Programs
Title XXI	Block Grants to States for Social Services
Title XXII	State Children's Health Insurance Program

INDEX TO THE SOCIAL SECURITY ACT

^[1]This table of contents does not appear in the law.

United States Code

[HELP](#)

About the United States Code

The United States Code is the codification by subject matter of the general and permanent laws of the United States. It is divided by broad subjects into 53 titles and published by the Office of the Law Revision Counsel of the U.S. House of Representatives. The U.S. Code was first published in 1926. The next main edition was published in 1934, and subsequent main editions have been published every six years since 1934. In between editions, annual cumulative supplements are published in order to present the most current information.

This site contains virtual main editions of the U.S. Code. The information contained in the U.S. Code has been provided to GPO by the Office of the Law Revision Counsel of the U.S. House of Representatives. While every effort has been made to ensure that the U.S. Code on this site is accurate, those using it for legal research should verify their results against the printed version of the U.S. Code available through the Government Publishing Office.

Of the 53 titles, the following titles have been enacted into [positive \(statutory\) law](#): 1, 3, 4, 5, 9, 10, 11, 13, 14, 17, 18, 23, 28, 31, 32, 35, 36, 37, 38, 39, 40, 41, 44, 46, 49, 51, and 54. When a title of the Code was enacted into positive law, the text of the title became legal evidence of the law. Titles that have not been enacted into positive law are only prima facie evidence of the law. In that case, the Statutes at Large still govern. Note: Title 52 is an editorially-created title, and Title 53 is currently reserved. For the current list of titles, see <http://uscode.house.gov>.

The U.S. Code does not include regulations issued by executive branch agencies, decisions of the Federal courts, treaties, or laws enacted by State or local governments. Regulations issued by executive branch agencies are available in the Code of Federal Regulations. Proposed and recently adopted regulations may be found in the Federal Register. [Read More](#)

Browse the United States Code

[+ 2023](#)[+ 2022](#)[+ 2021](#)[+ 2020](#)

Clearance and Business Impact Analysis (BIA) Processes

What are the Clearance and BIA processes, and how can I submit comments?

If rules meet certain criteria, they must be submitted through the Common Sense Initiative Office (CSIO) for public comment for a process called **Business Impact Analysis** (BIA). Some of the Chapter 58 rules meet the criteria for BIA, so they will enter both the Clearance and the BIA processes; all of the Chapter 58 rules will go through the Clearance process. **The Clearance and BIA process is time-limited, usually 1-2 weeks.** Announcements will provide the deadlines by which comments should be submitted.

You can sign up for **notification about rules that are going through these processes** [here](#). You can select which agencies you want to receive announcements from. You can also submit comments about ODM rules going through the Clearance process by emailing them to Rules@medicaid.ohio.gov. All Clearance and BIA comments are responded to by ODM. Rules which are available for comment are listed online at medicaid.ohio.gov.



Draft Rules Submitted to the [Common Sense Initiative Office \(CSIO\)](#):

- *No Draft Available*

To submit comments on draft BIA rules please send an email to Rules@medicaid.ohio.gov and CSIPublicComments@governor.ohio.gov.

Comments on draft rules are public record, please do not submit any protected health information.

Draft Rules Not Submitted to the CSIO (non-BIA Rules):

- [ODM: ERF 213890: Treatment of Rental Income FYRR Comment Period 4/17/2025 to 4/24/2025](#)
- [ODM: ERF 212070: Specialized Recovery Service Program \(SRS\) OAC 5160-43-08, Payment Rule Modification Comment Period 4/15/2025 to 4/22/2025](#)

To submit comments on draft rules please send an email to Rules@Medicaid.Ohio.gov. Comments on draft rules are public record, please do not submit any protected health information.

Rules Notification Sign Up

To receive notifications of Ohio Department of Medicaid rule changes, please subscribe via the Common Sense Initiative eNotifications Sign Up. The Department of Medicaid will use this list to notify subscribers when draft rules are posted for public comment.

<https://governor.ohio.gov/priorities/common-sense-initiative/enotifications>

- [Revised Rules Inventory Ohio Department of Medicaid](#)

Rule Related Sites

- [Common Sense Initiative Office](#)
- [Joint Committee on Agency Rule Review](#)
- [LAWriter](#)
- [Ohio Legislative Service Commission](#)
- [Register of Ohio](#)
- [RuleWatch Ohio](#)

Medicaid Forms

Ohio Department of Medicaid Forms Library

For Medicaid Vendors

Provides information on invoices and computer use.

Request for Proposals

The Ohio Department of Medicaid is committed to using competitive procurement

The State Plan

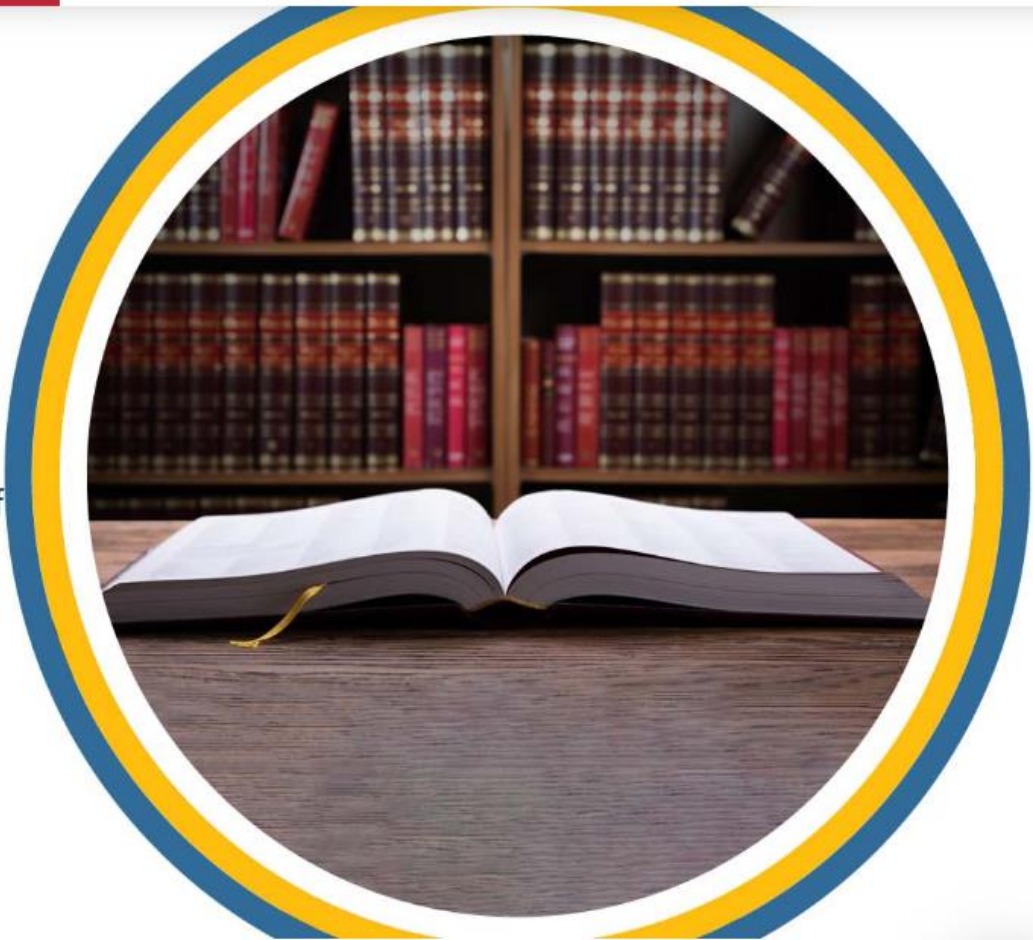
What is it and how does MyCare impact it?

The **State Plan** is the contract that state Medicaid programs have with the Centers for Medicare and Medicaid Services (CMS) which outlines how each state operates its Medicaid program, including types of Medicaid covered in the state, benefits that the program offers, and if a state operates its Medicaid program using fee-for service (FFS), managed care, or a mixture of payers. Ohio's State Plan is a series of **form templates** which are publicly available [here](#). MyCare rule updates will not require changes to the state plan, unlike other Medicaid program changes.



Medicaid State Plan

The State Plan is a comprehensive written statement that describes the nature and scope of the Ohio Medicaid program and assures that it is administered in conformity with federal requirements and regulations.



The information provided on this page is for informational purposes only, and ODM disclaims any obligation or liability based upon its use. The formally adopted state plan, statutes, and rules governing the Ohio Medicaid program prevail over any conflicting information provided here.

Please note: The State Plan files on this site are in PDF format only. You must have Acrobat Reader to open the following files. If you do not have Acrobat Reader, get it [here](#).


MyCare Waivers

What are MyCare Waivers and where can I find a list of state waivers?

A waiver gives a **state permission to operate a program** that is not specifically outlined in the State Plan or may differ from what is outlined in the State Plan. The waivers are updated periodically and are **available for public comment when changes are made**. Navigate to www.medicaid.gov to find the state waivers list.

MyCare Waivers

What are MyCare Waivers and where can I find a list of state waivers?

 An official website of the United States government [Here's how you know](#) ▼

Medicaid.gov
Keeping America Healthy

Search Medicaid.gov



FAQs

Federal Policy Guidance

Resources for States ▼

Medicaid ▼

CHIP ▼

Basic Health Program

State Overviews ▼

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State Waivers List

Section 1115 demonstrations and waiver authorities in section 1915 of the Social Security Act are vehicles states can use to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). All current and concluded state programs authorized under these authorities may be accessed using the below dynamic list. Learn more about the section [1915\(b\)](#), section [1915\(c\)](#), and section [1115 authorities](#).

Wrap-up and Next Steps

Next Steps

Please help us make the MyCare Ohio advisory workgroup successful by completing the below action items.



Check your email for information ahead of next meeting.



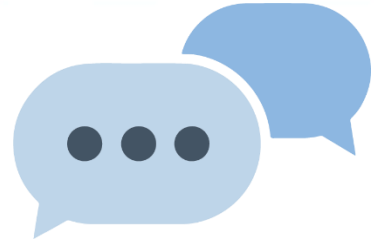
Think of **questions or topics** for the discussion during these meetings and enter them via chat or email the Managed Care Integrated Care Policy email (IntegratedCarePolicy@medicaid.ohio.gov).



Share information about **MyCare Ohio** with your community.

Thank You For Coming!

Keep in contact with us in between meetings.



**Share your
thoughts or
questions.**



Additional questions or comments related to the **MyCare Ohio program**:

- Email us at MyCareConversionQuestions@medicaid.ohio.gov.
- Send us a letter to:
Ohio Department of Medicaid
MyCare Ohio program
PO Box 182709
Columbus, OH 43218-2709