You Matter to Molina: Disability Awareness and Sensitivity Training

2025 | Molina Healthcare of Ohio, Inc.

MOLINA HEALTHCARE

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0325

AGENDA

Agenda

- Provider Resources
- Availity Essentials Portal
- Who Are People with Disabilities?
- Disability and Culture
- Functional Limitations and Aging
- The Diversity of Disability
- Health Equity
- Barriers to Accessing Health Care
- Communicating with Individuals with Disabilities
- Person-Centered Model
- What's Covered by Molina?
- Contact Molina

Provider Resources

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Provider Relations

Satisfaction

- Provider Relations Representatives and Engagement Teams
- Annual Assessment of Provider Satisfaction
- The You Matter to Molina Program that includes Monthly Forums, surveys and an Information Page on the Provider Website

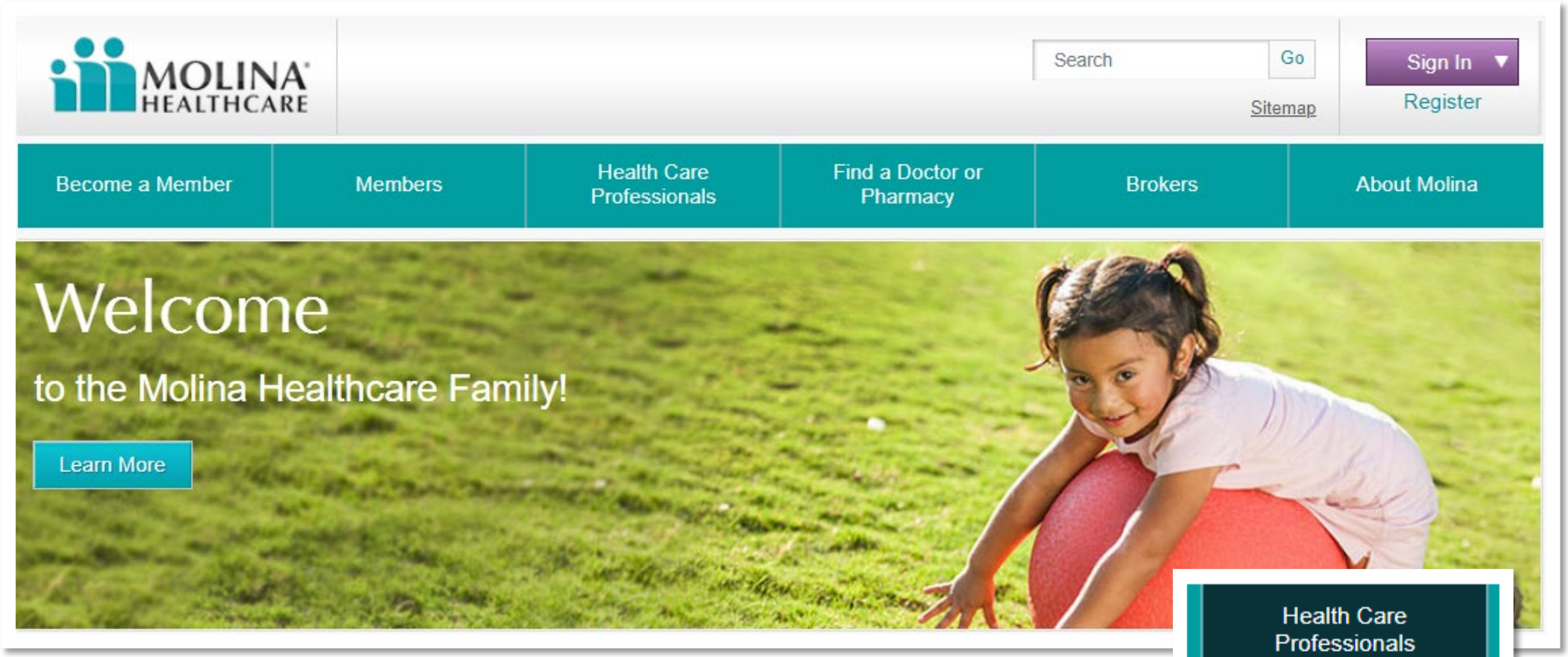
Communication

- Provider Bulletin and Provider Newsletters
- Online Provider Manuals
- Online Trainings, Health Resources and Provider Resource Guides
- Secure Messaging on the Availity Essentials Portal

Technology

- 24-hour Provider Portal
- Online Prior Authorization (PA) and Claim Dispute Submission
- PA Lookup Tool on Provider Portal and Provider Website
- MCG Auto-Authorization for Advanced Imaging PA Submission
- Availity Essentials Overpayments

Provider Website



Molina has a Provider Website for each line of business, available under the Health Care Professionals drop-down menu.

Find the Provider Website at MolinaHealthcare.com.

Provider Online Resources

Molina's Provider Website has a variety of online resources:

- Provider Manual
- Dental Manual
- Claims Information
- You Matter to Molina Page and a Claims Payment Systemic Errors (CPSE) Page
- Contact Information
- Provider Online Directory

- Availity Essentials Portal
- Member Rights and Responsibilities
- Preventive and Clinical Care Guidelines
- Prior Authorization Information
- Claim Dispute
- Provider Communications: Provider Bulletins and Provider Newsletters
- Fraud, Waste and Abuse Information
- Advanced Directives
- Molina Payment Policies
  Molina Clinical Policies
- Pharmacy Information
- Health Insurance Portability and Accountability Act (HIPAA)
- Frequently Used Forms

Provider Manual Highlights

Provider Manuals are specific to each line of business. Each Provider Manual is customarily updated annually but may be updated more frequently. Information in the Provider Manual includes:

- Benefits and Covered Services
- Claims and Compensation
- Member Appeals and Grievances
- Credentialing and Recredentialing
- Delegation Oversight
- Enrollment and Disenrollment
- Eligibility
- Health Care Services
- Interpreter Services
- HIPAA
- Member Rights and Responsibilities
- Preventive Health Guidelines
- Quality Improvement
- Transportation Services
- Referral and Authorizations
- Provider Responsibilities
- Pharmacy
- Address and Phone Numbers
- Provider Data Accuracy
- Long-Term Services and Supports

Provider Bulletin

A monthly Provider Bulletin is sent to Molina's provider network to share news and updates.

The Provider Bulletin includes:

- Prior authorization changes
- Training opportunities
- Updates to the Availity Essentials Portal
- You Matter to Molina Corner
- Changes in policies that could affect:
  - Claim submissions
  - Billing procedures
  - Payment
  - Disputes & Appeals (Reconsiderations)

To join our distribution list, visit our Provider Website at MolinaHealthcare.com and under the "Communications" tab, on the "Provider Bulletin" page select "click here."

You Matter to Molina

At Molina of Ohio, our providers matter! Our "You Matter to Molina" program connects us directly to our entire network of providers as we support their efforts to delivery high-quality and efficient health care for Molina members.

- The program gives providers access to monthly Provider Bulletins, newsletters, trainings, surveys, presentations, videos, resource documents, reference guides and more.
- Free access to the PsychHub platform offering free mental health educational courses and CEU opportunities for providers, as well as patient-facing resources.
- Availity Essentials Portal access and training resources.
- Learn more now at MolinaHealthcare.com/OH/YouMatterToMolina.

Thank you for being part of the Molina family.

Who are People with Disabilities?

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Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a civil rights law that prohibits discrimination against individuals with disabilities. The purpose of the law is to make sure that people with disabilities have the same rights and opportunities as everyone else. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, state and local government services and telecommunications.

Healthcare providers covered under ADA include:

- Private hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists and health clinics.
- All private healthcare providers, regardless of size.
- Providers of both physical and mental health care.

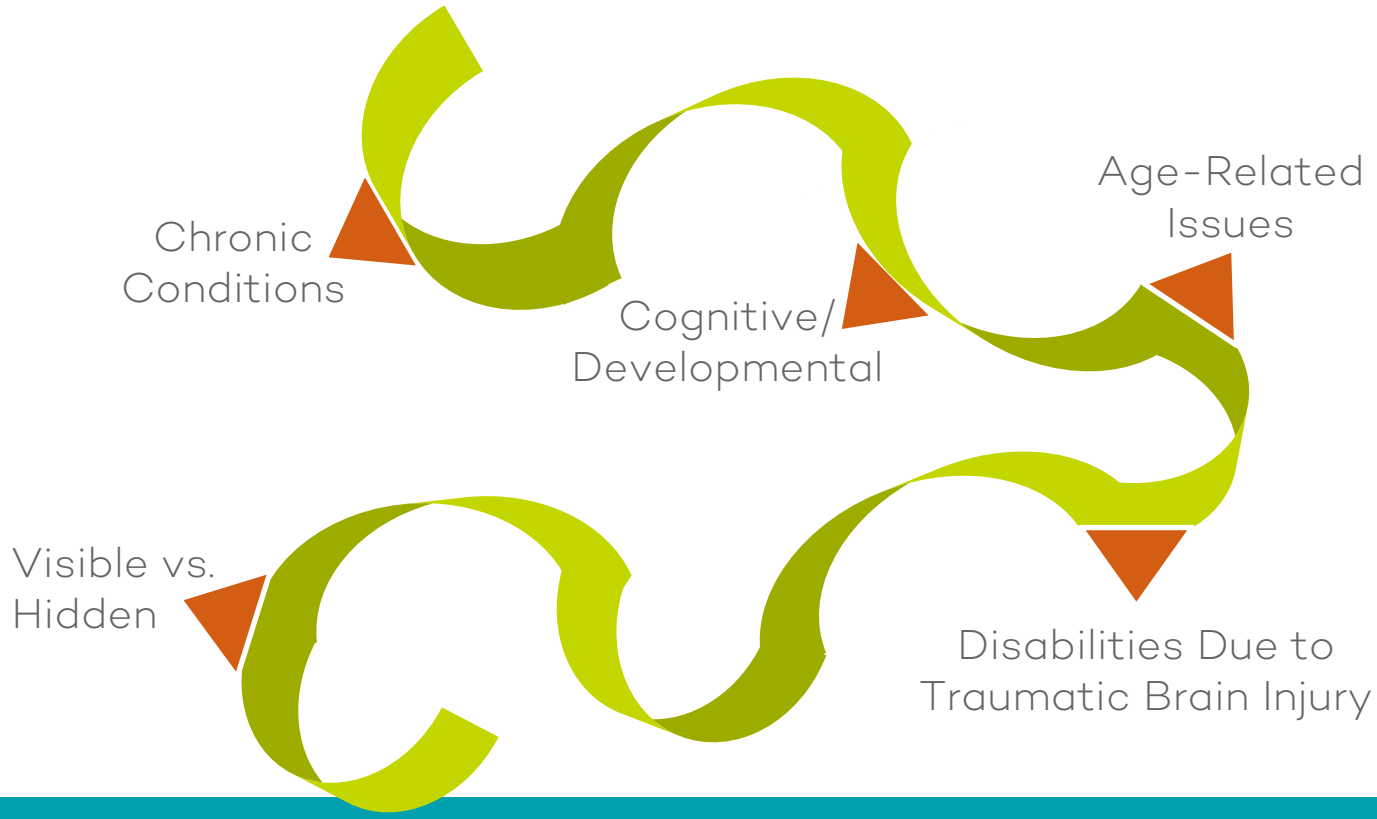
Find additional ADA information on the ADA Website or the Molina Provider Education Series Americans with Disabilities Act (ADA).

ADA, Continued

A person with a disability is someone who:

- Has a physical or mental impairment that substantially limits one or more major life activities.
- Has a history or record of such an impairment (such as cancer that is in remission).
- Is perceived by others as having such an impairment (such as a person who has scars from a severe burn).

There are a wide variety of disabilities, and the ADA does not list all of them. Examples include:



Developmental Disabilities

Developmental Disabilities happen before the age of 18 and may include:

- Cerebral Palsy
- Autism
- Epilepsy
- Down Syndrome
- Cognitive or Intellectual Disabilities
- Other Physical Disabilities (Spina Bifida, etc.)

Age Related Issues

The ADA is meant to protect and ensure equal access for people whether they are born with a disability or have acquired one because of an accident or aging.

These can include:

- Mobility disabilities such as those requiring the use of a wheelchair, walker or cane
- Increased Chronic Conditions
- Deafness or hearing loss
- Blindness or low vision

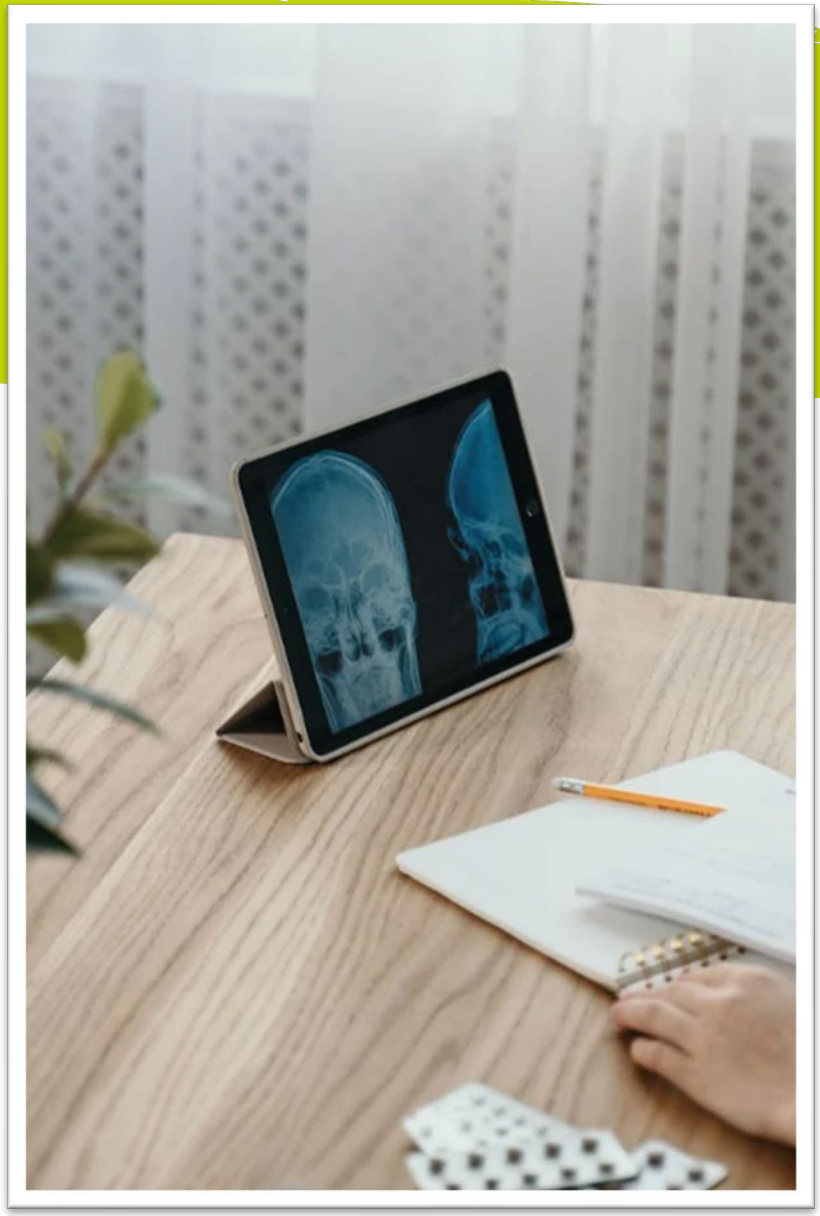
Note: The U.S. Census Bureau reported that in 2020, nearly half of those aged 85 and over report having serious difficulty walking or climbing stairs.

Disabilities Due to Traumatic Brain Injury

Traumatic brain injury means an acquired injury to the brain caused by an external physical force or by other medical conditions, including but not limited to stroke, anoxia, infectious disease, aneurysm, brain tumors and neurological insults resulting from medical or surgical treatments.

The term traumatic brain injury is used for head injuries that result in impairments in one or more areas such as:

- Cognition
- Language
- Memory
- Attention
- Reasoning
- Abstract thinking
- Judgment
- Problem-solving
- Sensory, perceptual and motor abilities
- Psychosocial behavior
- Physical functions
- Information processing
- Speech



Chronic Conditions

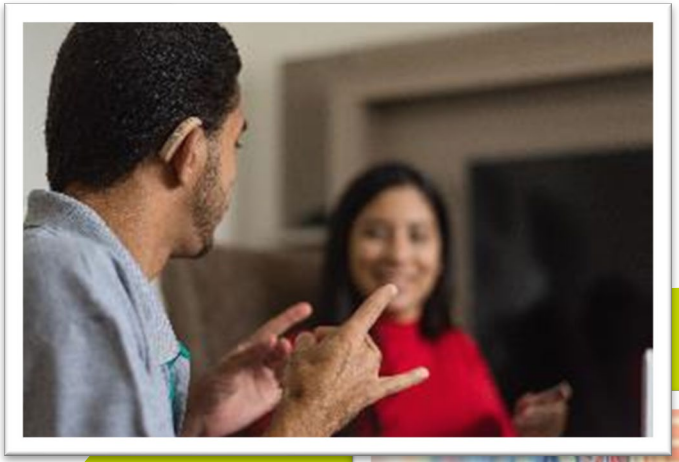
Chronic Conditions can become disabling or result in an activity limitation.

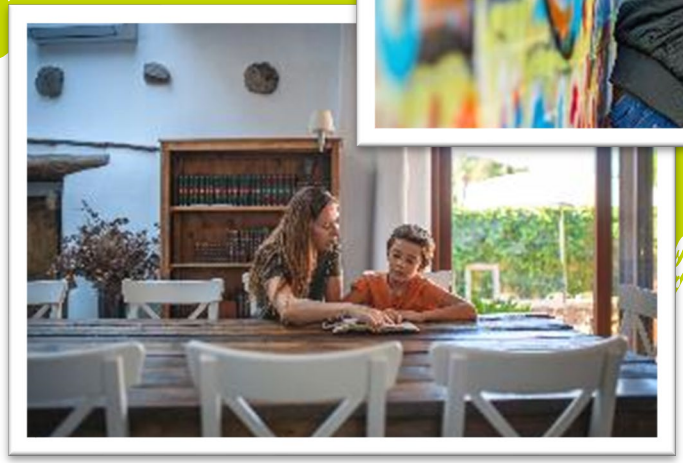
Chronic Conditions can include:

- Diabetes
- Asthma
- Cancer
- HIV (Human Immunodeficiency Virus)

Visible vs. Hidden Disabilities

Many disabilities are hidden and may require some type of accommodation for access.

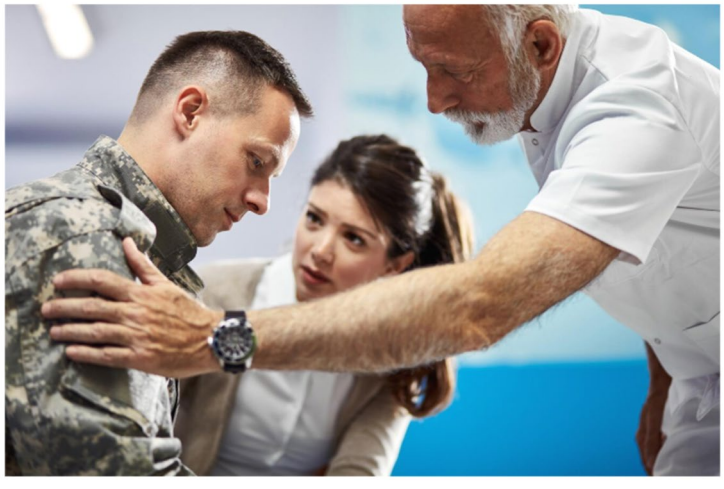




Hidden disabilities may include, but are not limited to:

- Significant allergies or chemical sensitivities
- Results from emotional trauma
- Psychiatric conditions
- Learning disabilities
- Major depressive disorder
- Vision or hearing loss
- Post-traumatic stress disorder

Returning Service Members with Disabilities



The ADA uses different standards than the military and the Department of Veterans Affairs in determining disability status.

- The ADA covers people with a physical or mental impairment that substantially limits one or more major life activities such as walking, speaking, lifting, hearing, seeing, reading, eating, sleeping, concentrating or working.

- Major life activities also include the operation of major bodily functions such as brain, immune system, respiratory, neurological, digestive and circulatory functions.

Find out more information on the ADA: Know Your Rights – Returning Service Members with Disabilities Website.

Disability and Culture

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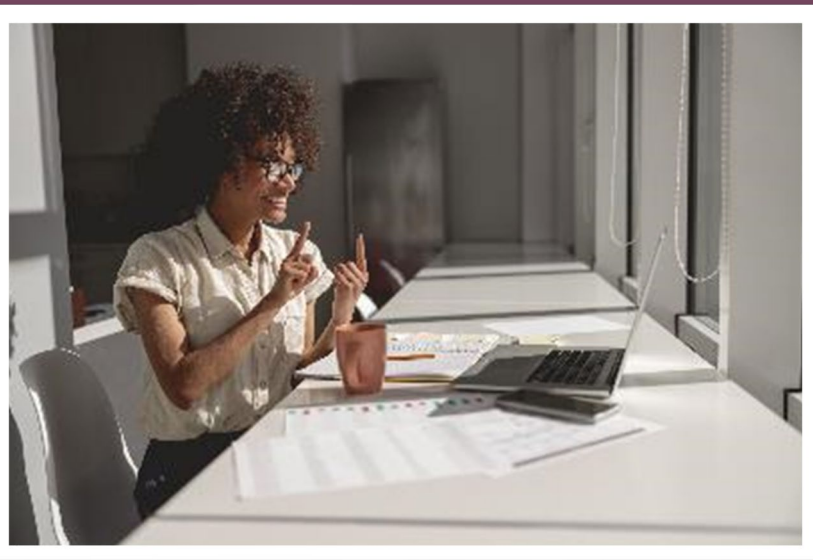
Statistics

Disability affects approximately 61 million people. Current statistics estimate about one in four Americans (27%) have some type of disability or activity limitation. Disability affects more than one billion people worldwide.

This disability rate is higher in communities of color, low income and rural areas.

The rate does not account for those who don't "identify" as a person with a disability such as:

- Aging populations who have difficulty accepting their growing functional limitations.
- Persons of different ethnicities and culture concerned about the stereotypes and discrimination associated with having a disability.



Learn more on the Centers for Disease Control and Prevention [Disability Impacts All of Us](#) Website.

Functional Limitations and Aging

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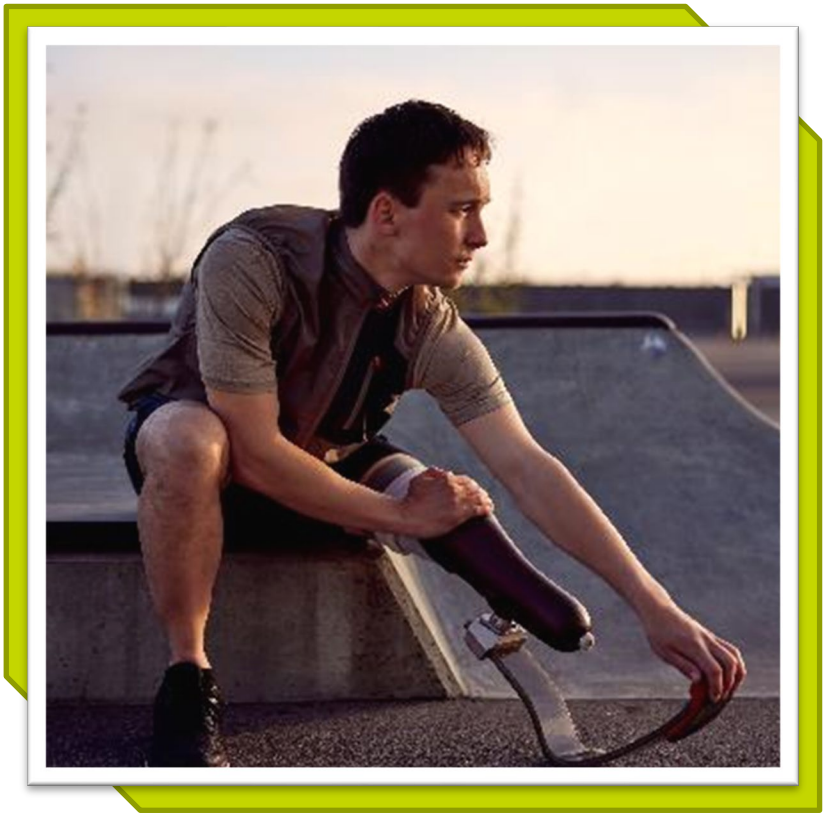
Medical Advancements and Technology

Medical advancements and technology help restore and improve function in people who have developed a disability.



Rehabilitative and assistive technology can enable individuals to:

- Care for themselves and their families
- Work
- Learn in typical school environments
- Access information through digital devices
- Participate fully in community life

Assistive Technology can include:

- Screen readers, enlargers and magnifiers
- Powered wheelchairs
- Hearing aids
- Prosthetic limbs
- White canes
- Therapeutic footwear

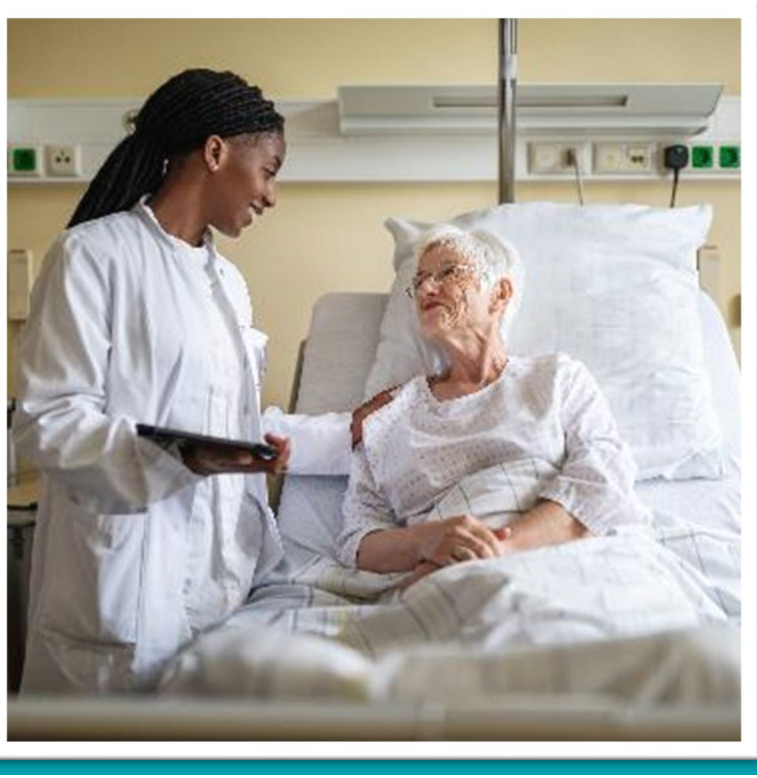
Low awareness, high costs, limited physical access, inadequate product range, procurement challenges, workforce capacity gaps, inadequate policy, insufficient funding and sociodemographic obstacles are all barriers impacting access to assistive technology.

Aging Populations

Medical advancements and technology have resulted in longer lifespans. Most people will age into disability or activity limitations. We are all likely to have a disability or know someone with a disability.

The Center for Elders and the Court, a part of the National Center for State Courts noted:

- From 2000 to 2030 the population of Americans aged 65 and older will double.
- By 2030, persons aged 65 and older will make up 20% of the population.



As we age, we are more likely to experience functional limitations in:

- Seeing
- Hearing
- Mobility
- Communication
- Cognition
- Self-Care
- Energy

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Find out more on the Demographics of the Aging Population Website.

The Diversity of Disability

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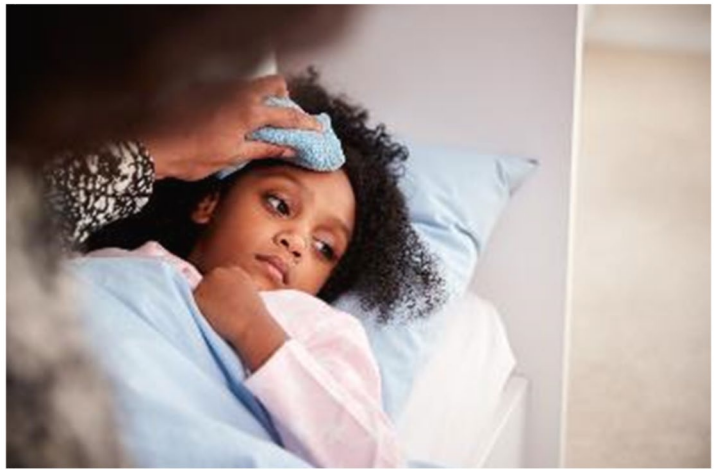
Temporary Disabilities and Limitations

More people have disabilities and limitations than is commonly realized.

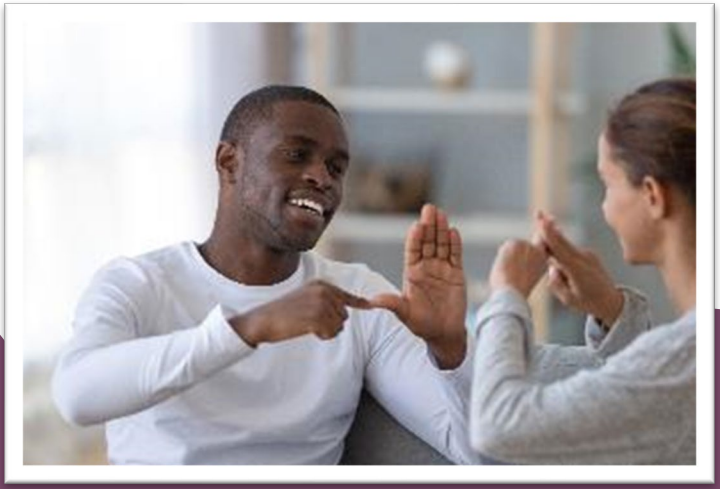
Many of us may experience temporary activity limitations throughout our lives as a result of injuries, surgery or short-term medical conditions.



Examples of temporary limitations can include:

- Pregnancy
- Broken limbs
- Illnesses
- Weight-Related Conditions
- Concussions

Diversity in Disability Populations



Disability effects every race, culture, sexual orientation, income and gender. There is no "The Disabled" – the types of disability are as diverse as our population. It is important to realize there is no "one size fits all."

Two people with the same disability may have significantly different needs that can be based on their:

- Abilities
- Histories
- Personalities
- Attitudes
- Resources

When developing services for people with disabilities, we must remember how many people live with disability and functional limitations. Removing barriers and providing policies and procedures to access health care services is useful to people of all cultures, languages, sizes, ages and abilities.

Health Equity

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Health Equity: People with Disabilities

According to the United Nations Convention on the Rights of Persons with Disabilities, people "... with disabilities include those who have long-term physical, mental, intellectual or sensory [such as hearing or vision] impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

People with disabilities experience significant disadvantages when it comes to health such as:

- Adults with disabilities are three times more likely to have heart disease, stroke, diabetes or cancer than adults without disabilities.
- Adults with disabilities are more likely than adults without disabilities to be current smokers.
- Women with disabilities are less likely than women without disabilities to have received a mammogram during the past 2 years.

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Find out more on the CDC Disability Inclusion Website.

Health Equity: Disability Inclusion

Disability inclusion means understanding the relationship between people's functions and their participation in society. It is making sure everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires.

Although disability is associated with health conditions, how someone functions, their independence and engagement in society can vary depending on several factors:

- Severity of the disability
- Family and community support
- Social and cultural influences and expectations
- Their surroundings, both natural and built
- Availability of assistive technology

Compared to people without disabilities, people with disabilities have less access to health care, have more depression and anxiety, are less physically active and engage more often in risky health behaviors.

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Find out more on the CDC Health Equity for People with Disabilities Website.

Health Equity for Everyone

Health equity is achieved when everyone has the opportunity to be as healthy as possible. Health inequities are reflected in differences in length of life, quality of life, rates of disease, disability and death, severity of disease and access to treatment.

The National Council on Disability (NCD) Framework, on the National Council on Disabilities Website, begins with five core areas that are viewed as foundational for achieving health equity for people with disabilities.

1. Designating people with disabilities as a Special Medically Underserved Population (SMUP) under the Public Health Services Act.
2. Designating people with disabilities as a Health Disparity Population under the Minority Health and Health Disparities Research and Education Act.
3. Requiring comprehensive disability clinical-care curricula in all US medical, nursing and other healthcare professional schools and requiring disability competency education and training of medical, nursing and other healthcare professionals.
4. Requiring the use of accessible medical and diagnostic equipment.
5. Improving data collection concerning healthcare for people with disabilities across the lifespan.

The Department of Health and Human Services has designated people with disabilities as a health disparity population through the Healthy People 2030 initiative.

Barriers to Accessing Health Care

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Barriers to Accessing Health Care

People with disabilities have compared getting health care to maneuvering through a mine field.

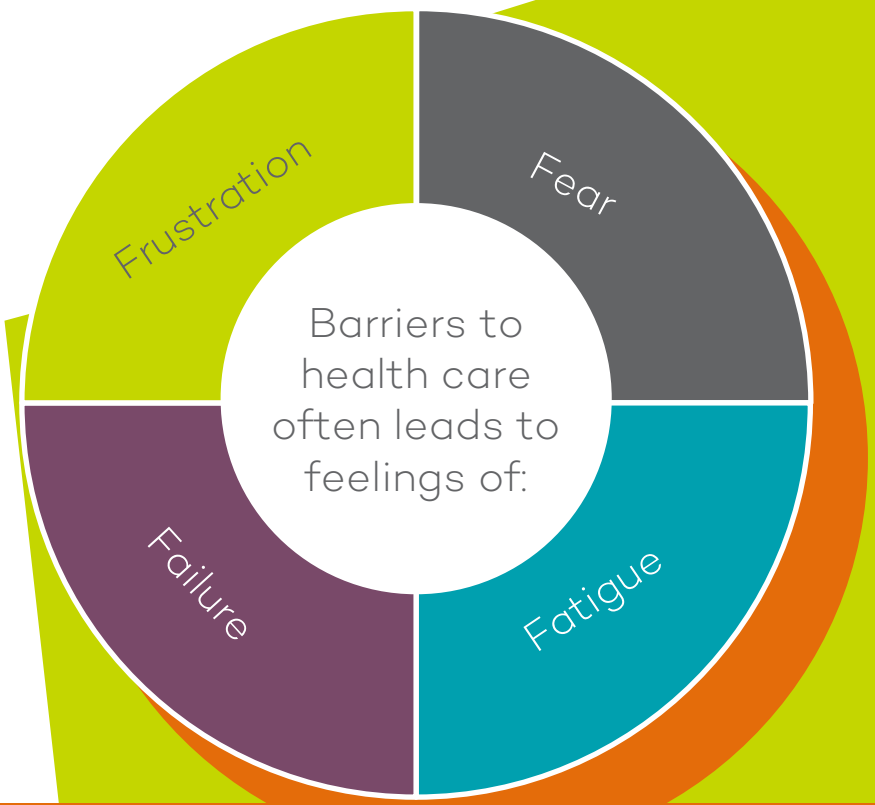
Often, more than one barrier occurs at a time. The most common barriers include:		
Attitude: Stereotyping and Stigma	Social: Conditions in which people are born, live or work	
Transportation: Inability to drive or lack of public transportation	Programmatic: Inconvenient scheduling, lack of equipment, etc.	
Communication: Written and verbal limitations, language barriers	Policy: Lack of awareness or enforcement of existing laws and regulations	
Structural: Obstacles that prevent or block mobility, e.g., the absence of a scale that accommodates a wheelchair	Physical: Mobility concerns for the individual, e.g., joint stiffness that causes pain when moving	Access to care: Geographic provider shortages, limited appointments and lack of insurance

Find additional information on the CDC Common Barriers to Participation Experienced by People with Disabilities Website.

Barriers to Accessing Health Care, Continued

Frustration, Fear, Failure and Fatigue may result in putting off care that can result in:

- Delayed diagnosis
- More extensive health care
- Shortened life span
- Worsening conditions
- More expensive health care



Reducing Barriers to Accessing Health Care

Reducing barriers to accessing health care can include:

- On-site alternate formats of reading materials such as Braille
- Assistive listening devices
- Accessible restrooms
- Lowered countertops
- Interpreters
- Portable floor lifts
- Wheelchair-accessible scales

By reducing or eliminating barriers to access, we can improve health and quality of life for people with disabilities.

- Physical access (getting to, into and through buildings)
- Communication access (communicating with health care providers and understanding information)
- Medical equipment and supply access

Service Animals

Under the ADA, service animals are permitted to accompany a person with a disability anywhere the public is allowed to go. Service animals are defined as dogs that are trained to do work or perform tasks for people with disabilities including a physical, sensory, psychiatric, intellectual or other mental conditions.

Service Animal Accommodations

There are a variety of accommodations that may be necessary, including:

- Larger exam room.
- Ensure enough available space in the waiting room.
- Do not pet/distract the service animal.
- Focus on the person, not the service animal.

Inquiries Regarding Service Animal

Inquiries you can make regarding a service animal:

- Is this animal required because of a disability? (Unless the need for the animal is obvious).
- What work or task has this animal been trained to perform? (You cannot ask that the animal demonstrate its ability to perform a task).

Certification Requirements

A public entity or private business may not require or request proof that the animal has been certified, trained or licensed as a service animal, nor is the animal required to wear an identifying vest.

Note: Provision of emotional support, well-being, comfort or companionship does not meet the definition of a service animal.

Communicating with Individuals with Disabilities

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Preferred Terminology

Use	Don't Use
• Person who uses a wheelchair	Wheelchair-bound, confined to a wheelchair
• Person who uses a communication device • Person who uses an alternative method of communication	Is non-verbal, can't talk, dumb, deaf-mute (implies an intellectual disability)

Emphasize abilities, not limitations: Choosing language that emphasizes what people can do instead of what they can't do is empowering.

In general, refer to the person first and the disability second: A person isn't a disability, condition or diagnosis. A person has a disability, condition or diagnosis.

Use	Don't Use
• Person with a disability • People with disabilities	Disabled person, the disabled
• Man with paraplegia	Paraplegic, paraplegic man
• Person with a learning disability	Slow learner, retard, mentally retarded, feebleminded, idiot
• Student receiving special education services	Special education student
• A person of short stature or little person	Dwarf, midget

Preferred Terminology, Continued

Use language that emphasizes the need for accessibility rather than the presence of a disability.

Use	Don't Use
• Accessible parking	Handicapped parking
• Accessible restroom	Disabled restroom

Use	Don't Use
• People without disabilities	Normal, healthy, able-bodied, whole
• She is a child without disabilities	She is a normal child

Describing people without disabilities: In discussions that include people both with and without disabilities, do not use words that imply negative stereotypes of those with disabilities.

Do not use condescending euphemisms: Terms like differently-abled, challenged, handi-capable or special are often considered condescending.

Preferred Terminology, Continued

Do not use language that perpetuates negative stereotypes about disabilities.

Use	Don't Use
• He has a diagnosis of bipolar disorder • He is living with bipolar disorder	He is (a) bipolar, he is (a) manic-depressive
• Attempted suicide	Unsuccessful suicide
• Died by suicide	Committed suicide
• Is receiving mental health services	Mental health patient/case
• Person with schizophrenia	Schizophrenic, schizo
• Person with substance use disorder • Person experiencing alcohol/drug problem	Addict, abuser, junkie
• She has a mental health condition or psychiatric disability	Mentally ill, emotionally disturbed, insane, nuts, crazy
• He has polio • She has multiple sclerosis	Afflicted, stricken, victim
• He has arthritis • She has cerebral palsy	Arthritic, spastic, palsied, crippled
• A person with spinal curvature	Humpback, hunchback
• A congenital disability	Birth defect

Communicating with Individuals with Disabilities

Effective communication is a critical component for ensuring the health and wellness of our members. Seniors and members with disabilities may require different communication techniques.

Communication with a person with disabilities, whether it be written, spoken or some other format, should be as effective as communicating with others. Communication methods must be as clear and understandable to people with disabilities as it is for people who do not have disabilities.

- Offer assistance with sensitivity and respect. Wait for the response, then listen to or ask for instructions.
- Questions are encouraged. Always ask when you are unsure of what to do.
- Treat adults as adults. Avoid patronizing with voice inflections, pats on the head or touching assistive devices.
- It is an appropriate offer to shake hands when introduced to a person with a disability. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is also an acceptable greeting.

Individuals Who are Blind or Have Low Vision

Tips for communicating and providing accommodations for individuals who are blind or have low vision:

- Speak to the individual when you approach them.
- When conversing in a group, remember to identify yourself and the person to whom you are speaking.
- State clearly who you are – speak in a normal tone of voice.
- Verbally describe your physical appearance for the individual.
- Provide assistance to individuals to fill out forms with medical history and insurance information. Don't assume a companion will help them.
- Provide a confidential setting to fill out the forms.
- Allow service animals to go with them. Never touch or distract a service dog without first asking the owner.
- Be descriptive when giving directions. Verbally give the person information that is visually obvious. For example, if you are approaching steps, mention how many steps.
- Explain what doctors and nurses are doing during a procedure and keep them informed of what is happening in the room.
- Let the person know Molina may be able to provide transportation to their medical appointments at no cost.
- Provide structural accessibility to a person who may use a white cane or a service animal. Keep the path of travel clear from the entrance of the building to the physician's office.
- Call the person's pharmacy to ensure they can provide drug information labeling in the format that works best for them.
- Let the person know that Molina will provide any healthcare-related information they need in an alternate format, i.e., Braille, large font or audio, at no cost to them.

Members Who are Deaf or Hard of Hearing

Tips for communicating with individuals who are deaf or hard of hearing:

- It is appropriate to tap a person who is deaf gently on the arm or shoulder to gain their attention.
- Look directly at the individual, face the light, speak clearly, in a normal tone of voice and keep your hands away from your face. Use body language, it offers important clues about what you are saying.
- Ask about the best way to communicate and arrange for a sign language interpreter if needed. If the person uses an interpreter, speak directly to the person who is deaf, not the interpreter.
- When calling an individual who is hard of hearing, let the phone ring longer than usual. Speak clearly and be prepared to repeat who you are, and the reason for the call, if asked.
- Rephrase rather than repeat. If the person does not understand you, then try using different words to express your ideas. Short sentences tend to be understood better.

- Many people who are deaf prefer to use text messaging or a Video Relay Service (VRS) to communicate. The phone number you dial may be a relay operator that will use ASL to communicate your information.
- TTY is not as common but still used by some. If you do not have a TTY you can dial “711” to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.

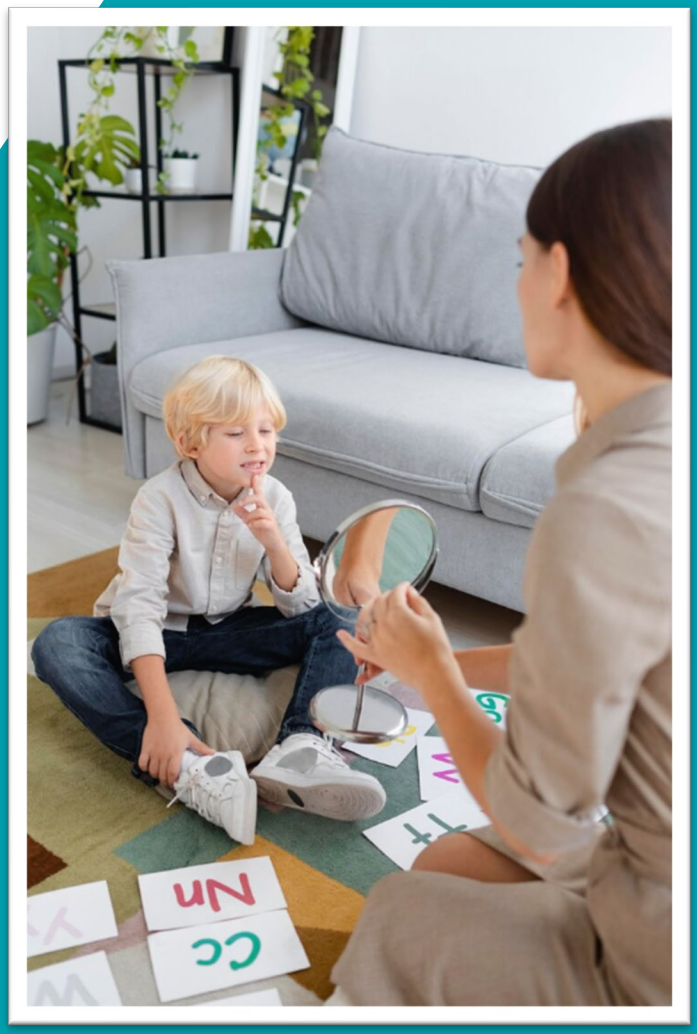
Individuals with Mobility Impairments

Tips For communicating with individuals with mobility impairments:

- If possible, put yourself in the wheelchair user's eye level, or take a few steps backward so the other person does not have to "look up" at you.
- Do not lean on a wheelchair or any other assistive device.
- Do not assume the individual wants to be pushed. Ask first and respect their answer.
- Offer assistance if the individual appears to be having difficulty opening a door but wait for the response and respect their answer.
- When calling, allow the phone to ring longer to allow extra time for them to reach the telephone.

Individuals with Speech Disabilities

Tips for communicating with individuals with speech impairments:



- If you do not understand something the individual says, do not pretend that you do. Ask the individual to repeat what they said and then repeat it back to confirm your understanding.
- Be patient. Take as much time as necessary.
- NEVER assume a person has a cognitive or intellectual disability when they have difficulty with speech.
- Try to ask questions which require only short answers or a nod of the head.
- Concentrate on what the individual is saying.
- Do not speak for the individual or attempt to finish their sentences.
- If you are having difficulty understanding the individual, consider writing as an alternative means of communicating, but first ask the individual if this is acceptable.

Individuals with Cognitive or Intellectual Disabilities

Tips for communicating with individuals with cognitive or intellectual disabilities:

- If you are in a public area with many distractions, consider moving to a quiet or private location.
- Speak in concise sentences and use simple language.
- Be prepared to repeat what you say orally, in writing or with pictures.
- Offer assistance for completing forms or help with understanding written instructions.
- Provide extra time for decision-making. Wait for the individual to accept the offer of assistance. Do not "over-assist" or be patronizing.
- Be patient, flexible and supportive. Take time to understand the individual and make sure the individual understands you.

Individuals who are Seniors

Tips for communicating with seniors:

- Directly face seniors when speaking.
- Communicate clearly. Speak at a moderate pace and volume.
- Speak in concise sentences and use basic vocabulary.
- Listen to what the older individual is communicating. Ask for clarification, if needed.
- Ask older individuals to repeat back instructions or vital information to avoid any misunderstanding.
- Always provide written instructions using clear, simple language and summarize main points.
- Be mindful and respectful of cultural and generational differences, which could influence an older individual's perception of illness, willingness to adhere to medical regimens and ability to communicate with health care providers.

Find additional communication information in the: Tips for Communicating with People with Disabilities & Seniors

Person-Centered Model Training

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Person-Centered Model vs. Medical Model

Person-Centered Model: Supporting

- The alignment of people, services and systems to ensure the person (patient) has access to the full benefits of community living and to receive services in a way that facilitates the achievement of the person's (patient's) desired outcomes.

Medical Model: Fixing

- Set of procedures in which all doctors are trained. It includes complaint, history, physical examination, ancillary tests if needed, diagnosis, treatment and prognosis with and without treatment.
- Embodies basic assumptions about medicine that drive research and theorizing about physical or psychological difficulties on a basis of causation and remediation.

Person-Centered Model Definitions

Molina embraces a person-centered, community-focused approach that assists us in identifying our members' unique needs, enabling us to support our members with life experiences and interactions that are important to the member and connect them with local services and resources that are important for them in reaching their healthcare and lifetime goals.

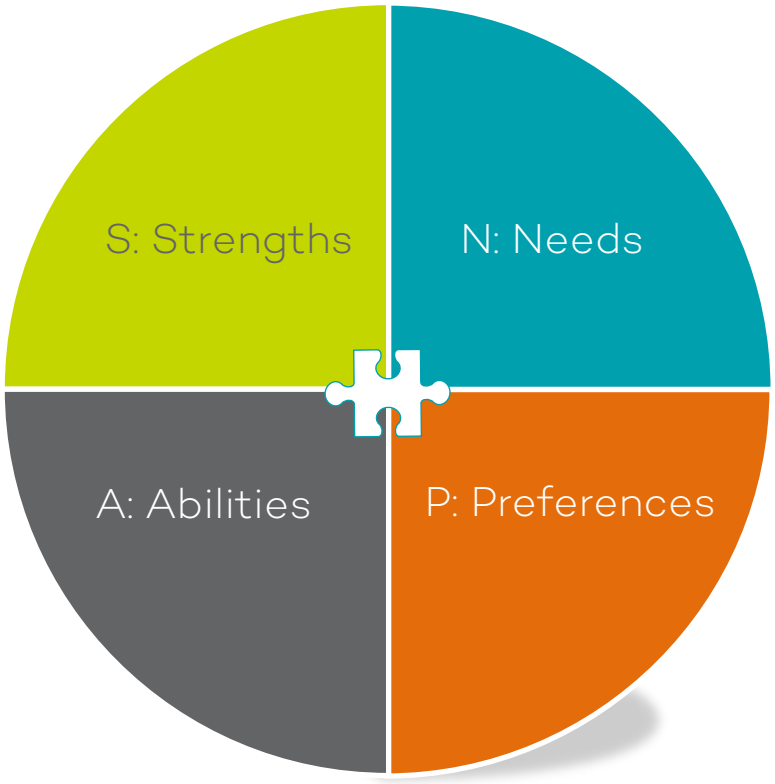
The person-centered model, developed by the member with support from Molina Care Coordination, describes the person-centered goals, objectives and interventions selected by the individual and team to support the member in their community of choice.

The person-centered model addresses the assessed needs of the individual by identifying medically-necessary services, natural supports, medical and professional staff and community resources.

Learn more in OAC 5160-44-02 Nursing facility-based level of care home and community-based service programs; person-centered planning.

Core Elements to the Person-Centered Model Approach

Consider the Support Needs Approach for Patients (SNAP).



Person-centered planning, without person-centered thinking throughout the system, results in better paper or files, but not necessarily better/fulfilling lives.

Person-Centered Model Concepts

Effective communication and collaboration is the cornerstone of person-centered care.

- Reflect on the individual's strengths and preferences.
- Consider the whole person, not just their diagnosis.
- Consider the clinical and support needs of the individual.
- Include the individual's goals and desired outcomes.
- Address risk factors.
- Implement backup plans.
- Share in decision-making and communicate openly.
- Ask open-ended questions.
- Show curiosity and avoid the perception of judgement.

It is also important to note that person-centered care is intended to complement, not replace, the role of the provider's expertise and improve the treatment relationship and outcomes through active collaboration.

Person-Centered Model Thinking

A foundational principle: Requiring consistency in language, values and actions, that reveals respect, views the person and their loved ones as experts in their own lives and equally emphasizes quality of life, wellbeing and informed choice.

Basic point of reference is what matters most to the person, not to you as the professional.

The person is the expert in their own life.

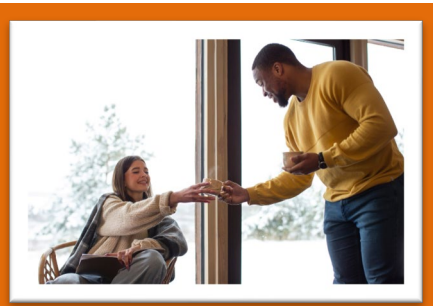
Everyone has value, and deserves engagement that is dignified and respectful, no matter what their condition.

Underlying belief that the person's life provides the context that must be the basis of planning.

Person-Centered Thinking Skills

A set of value-based skills that reinforce continuous learning and practices that:

- Works at every level in the organization
- Builds a culture of learning, partnership and accountability
- Helps us support rather than fix
- Affirms our belief that everyone can learn
- Works for all humans


Person-Centered Model Planning

Involves what is important to the person in addition to what is important for the person.

Focus is on the person's individual life choices, dreams and aspirations.

Touches on non-clinical areas including relationships, community life inclusion, competitive employment, finances, wellness, education and other areas, to the same degree of access as individuals not receiving Home and Community-Based Services (HCBS).

In Summary

Person-Centered principles are about thriving, not just surviving.

The person is at the center of making all their life and health choices.

Take the time to know what is **important to** the member, follow with helping the member understand what is **important for** them

Person-Centered Model focuses on a "Nothing about us, without us" mindset.

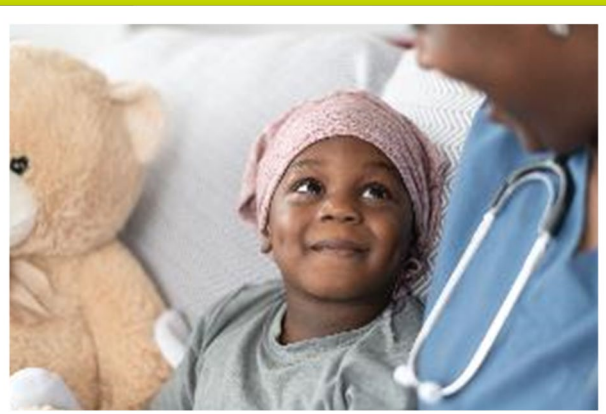
Person-Centered Model Resources:

- Video Link: Larry's Story, Person Centered Planning (youtube.com)
- Tools: Person Centered Thinking Tools Procedure | dds (dc.gov)
- Join the Person-Centered Community: The Learning Community for Person Centered Practices | TLCPCP.com

What's Covered by Molina?

MOLINA HEALTHCARE

Benefits



Molina covers a variety of benefits for our members, including but not limited to:

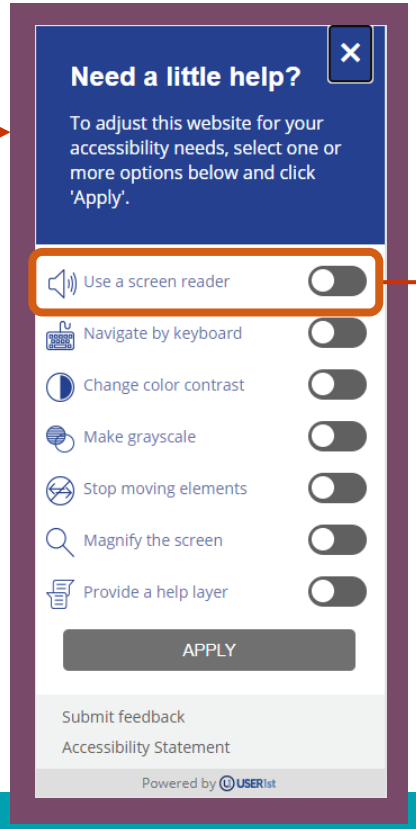
- Material in an alternate/accessible format
- Interpreter services for members who are deaf/blind
- Autism spectrum disorder services
- Behavioral health services (including mental health and substance use disorder treatment services)
- Chemotherapy services
- Developmental therapy services for children aged birth to six years
- Durable Medical Equipment to assist with mobility
- Coordination with OhioRISE program services
- Physical and occupational therapy
- Podiatry (foot) services for members with diabetes
- Respite services
- Screening and counseling for obesity
- Services for children with medical disabilities
- Speech and hearing services, including hearing aids
- Transportation
- Vision services

Find additional information on member benefits in our Provider Manuals on our Provider Website, based on specific line of business.

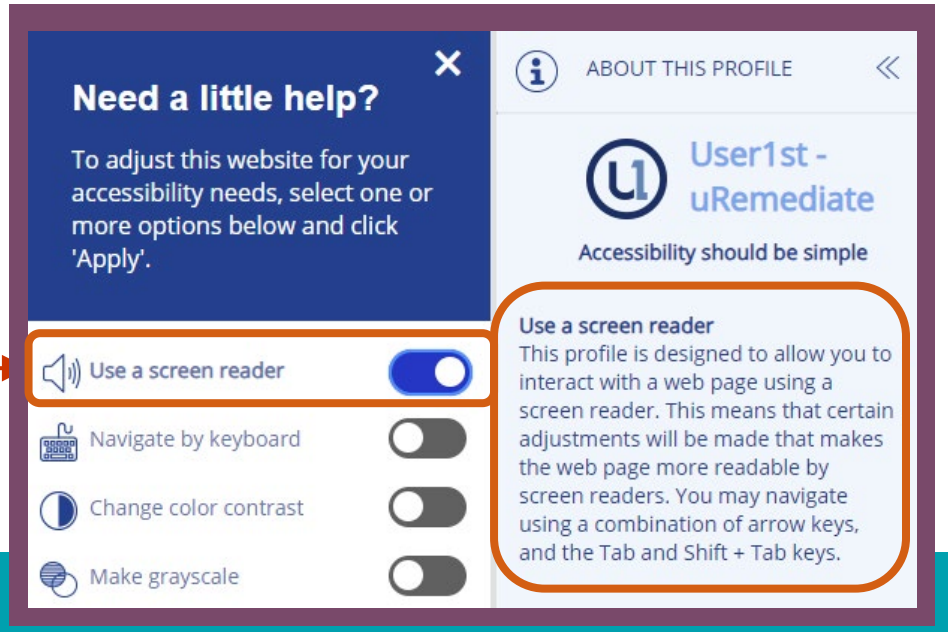
Molina Website Accessibility Tool

Select the Accessibility icon on the Molina Website to open the accessibility menu.

The accessibility menu provides a list of accessibility profiles that will change the website based on the needs of the viewer.



Select an option to learn more about the accessibility profile.



References

References

- ADA: Introduction to the Americans with Disabilities Act
- ADA: Know Your Rights: Returning Service Members with Disabilities
- ADA National Network: What is the Americans with Disabilities Act (ADA)?
- ADA National Network: Guidelines for Writing About People with Disabilities
- CDC: Common Barriers to Participation Experienced by People with Disabilities
- CDC: Disability Impacts All of Us
- CDC: Disability Inclusion
- CDC: Health Equity for People with Disabilities
- CDC: National Center for Health Statistics
- Center for Elders and the Courts: Demographics of the Aging Population
- Molina Provider Education Series: Americans with Disabilities Act
- Molina Provider Education Series: Communicating with People with Disabilities & Seniors
- Molina Provider Education Series: Members who are blind or have low vision
- Molina Provider Education Series: Service Animals
- Molina Member Website: What's Covered
- National Council on Disability: Framework to End Health Disparities of People with Disabilities
- National Institute of Child Health and Human Development: How does rehabilitative technology benefit people with disabilities?
- National Library of Medicine: Understanding how SNAP enables identification, expression and discussion of patient support needs
- Ohio Department of Education & Workforce: Traumatic Brain Injury
- U.S. Department of Health and Human Services: Healthy People 2023: People with Disabilities
- World Health Organization: Assistive Technology

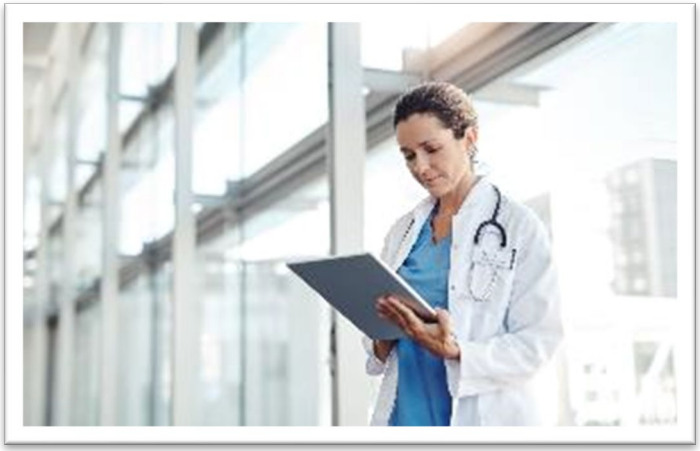
Contact Molina

MOLINA HEALTHCARE

Molina Provider Training Survey

The Molina Provider Relations Team hopes you have found this training session beneficial.

Please share your feedback with us so we can continue to provide you with excellent customer service!



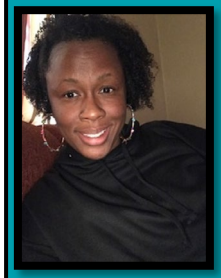
Please take a few minutes to complete the Molina Provider Training survey to provide feedback on this session. The survey is located on the You Matter to Molina Page of our Provider Website, under the "Communications" tab.

Molina wants to hear about what other topics you'd like training on in the future.

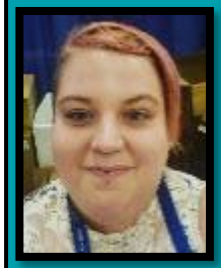
Molina of Ohio Provider Relations Contact Information

Molina has designated email addresses based on provider types to help get your questions answered more efficiently or to connect you to training opportunities:


Jeanneen


Yevette


Alex


Mariah


Sarah

Provider Type	PS Rep.	Email Address
Physician groups, Specialists, FQHC Non-BH Providers, Advanced Imaging/ Radiology, Ambulatory Surgical Centers, Anesthesiologists and Hospitalists	Jeanneen Williams	OHProviderRelationsPhysician@MolinaHealthcare.com
Skilled Nursing, Long Term Acute Care, Hospice and Assisted Living Facilities	Yevette Wright	OHProviderRelationsNF@MolinaHealthcare.com
Home Health Agencies, Waiver (LTSS), Laboratories, Ancillary Dialysis Centers and Durable Medical Equipment	Alexandrea Grier	OHMyCareLTSS@MolinaHealthcare.com
BH Providers (ODMHAS, CMHC, 84/95) and FQHC BH Providers	Mariah Vinson	BHProviderRelations@MolinaHealthcare.com
Multi-Specialty and assists with all provider types	Sarah Stevens	OHProviderRelations@MolinaHealthcare.com

Molina Provider Relations Contact Information, Continued


Jeremy


Christopher


Andrea


Crysta


Bill

Contact information for hospital-affiliated providers or groups:

Hospital Region	Representative	Email Address
All State	Jeremy Swingle	OHProvider.RelationsHospital@MolinaHealthcare.com
All State	Christopher Jones	OHProvider.RelationsHospital@MolinaHealthcare.com
East Region	Andrea Williams	OHProvider.RelationsHospital@MolinaHealthcare.com
West Region	Crysta Davis	OHProvider.RelationsHospital@MolinaHealthcare.com

Contact information for our Provider Advisory Council (PAC):

Provider Region	Representative	Email Address
All State	William Caine	OHProviderRelations@MolinaHealthcare.com

For general inquiries, questions or to identify your specific representative:

Email Address
OHProviderRelations@MolinaHealthcare.com

Contact information for Practice Transformation Team providers or groups:

Provider Region	Representative	Email Address
All State	Sonya Adams	OHProviderServicesPET@MolinaHealthcare.com
All State	Shard'e Stubbs	OHProviderServicesPET@MolinaHealthcare.com

Thank You

Questions?

Open Discussion