

# Home & Community-Based Services Waiver **Member Handbook**

For Members Enrolled in the MyCare Ohio Home and Community-Based  
Services Waiver



[MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals)



# Welcome

Welcome! This handbook was prepared to give you an overview of the MyCare Ohio Home and Community-Based Services Waiver (Waiver) with Molina Dual Options MyCare Ohio. It is a supplement to your Member Handbook and is intended to provide you with the basic information you need to know about the Waiver. Please refer to your Member Handbook for other important information.

As a member of Molina Dual Options MyCare Ohio, you will receive care management, which is extra help to coordinate your care and make sure you get the services you need. Your **Care Manager** will be assigned by Molina Dual Options MyCare Ohio to work with you and a Team of professionals to make sure you get what you need.

Now that you are enrolled in the Waiver, you will also have a **Waiver Service Coordinator** to help you with issues that arise while you're on the Waiver. This may be someone different than your Care Manager.

The team of professionals mentioned above is called your **Care Team**, and will be led by your Care Manager. Members of the Care Team may consist of you, your primary care provider, your Waiver Service Coordinator, Medical Specialists as needed, and others as requested by you, such as, family members, and other caregivers and supports. Let your Waiver Service Coordinator know if there is anyone specific that you want to be included on your Team.

Your Waiver Service Coordinator will review your understanding of this material every year during your annual reassessment. Please refer to it often for information or for answers to questions. If you do not find your answer here, do not hesitate to ask your Waiver Service Coordinator. He or she is always available to assist you.

My Care Manager: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Please refer to your Member Handbook for how to contact your Care Manager during non-business hours, and other important numbers that are available 24-hours a day, 7 days a week.*

Waiver Services Coordinator: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 687-7862 or for hearing impaired TTY 7-1-1, from 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit [www.MolinaHealthcare.com/duals](http://www.MolinaHealthcare.com/duals). A waiver services coordinator or a care manager can be contacted at any time at (855) 895-9986.



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# Introduction

MyCare Ohio Waiver services provided through Molina Dual Options MyCare Ohio are designed to meet the needs of members 18 years or older, who are fully eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and who are determined by the State of Ohio, or its designee, to meet an intermediate or skilled level of care. These services help individuals to live and function independently.

The following Waiver services are available, as applicable to your needs:

- Out of Home Respite Services
- Adult Day Health Services
- Home Medical Equipment & Supplemental Adaptive & Assistive Devices
- Waiver Transportation
- Chore Services
- Social Work Counseling
- Emergency Response Services
- Home Modification Maintenance & Repair
- Personal Care Services
- Homemaker Services
- Waiver Nursing Services
- Home Delivered Meals
- Alternative Meals Service
- Pest Control
- Assisted Living Services
- Home Care Attendant
- Choices Home Care Attendant
- Enhanced Community Living Services
- Nutritional Consultation
- Independent Living Assistance
- Community Transition



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# Rights and Responsibilities

## Rights

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

- Be fully informed of all of your rights and responsibilities.
- Be treated with dignity and respect.
- Have your Waiver Services Coordinator explain what it means to be on MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your Waiver Services Coordinator or Care Manager when you need it.
- Have a private meeting with your Waiver Services Coordinator or Care Manager.
- 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 Services Plan.
- Address problems, concerns and issues about your services, Waiver Services Coordinator, Care Manager, and providers, and suggest changes *without fear*.
- See files or records related to your health care.
- Challenge decisions about your care with which you do not agree.
- Be fully informed about how to contact the Ohio Department of Medicaid with concerns, issues or inquiries: Medicaid Consumer Hotline (800) 324-8680.
- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: (800) 282-1206).
- Request a different Waiver Service Coordinator entity. Ask your Care Manager if you have questions about how to change to another Waiver Service Coordinator.

Molina Dual Options MyCare Ohio recognizes both your right to choose your own Waiver Service Coordinator and the importance of your Waiver Service Coordinator's role in coordination of waiver services. Here are the available Waiver Service Coordinators:

- ▶ Regional Area Agency on Aging (AAA)
  - Council on Aging of Southwestern Ohio (Cincinnati Area) - (800) 252-0155
  - Area Agency on Aging, PSA 2 (Dayton Area) - (800) 258-7277
  - Central Ohio Area Agency on Aging (Columbus Area) - (800) 589-7277
  - Area Agency on Aging Region 9 (Montgomery County) - (800) 589-7277



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- ▶ Molina Waiver Services Specialist
- ▶ Molina Care Managers acting in the capacity of Waiver Service Coordinator as requested by the member
- ▶ Choose from available home & community-based services determined necessary to meet your needs.
- ▶ Choose from among available Medicaid-authorized plan-contracted non-agency or participant-directed 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).

## Grievances, Appeals, and Hearing Rights

**Grievance to the Plan:** Grievances are “complaints” about certain types of problems. You may file a grievance directly with us by contacting Member Services. Some examples could include poor quality of care, poor customer service, or even a complaint about your Waiver Service Coordinator.

**Appeal to the Plan:** You have the right to appeal actions regarding your MyCare Ohio Waiver services including: denial of services; reduction, suspension, or termination of authorized services before the authorized services are received and before the authorization period has ended; denial of request for a specific plan contracted non-agency or participant-directed waiver service provider; and our failure to make a timely decision on a request to cover a service or a grievance issue. If we take an action for which you have appeal rights, we will notify you how to request an appeal. Simply follow the instructions on the notice.

**Appeal to the State:** You will receive a hearing notice from the State for actions regarding your eligibility to participate in the MyCare Ohio Waiver. You will receive a hearing notice from us for actions we take regarding your MyCare Ohio Waiver services including: reduction, suspension, or termination of authorized services before the authorized services are received and before the authorization period has ended; denial of services; or denial of request for a specific plan-contracted non-agency or participant-directed waiver service provider. State hearings are held by a hearing officer from the Ohio Department of Job and Family Services. Simply follow the instructions on the notice.

**Continuation of Medicaid Services:** With some exceptions, if you timely appeal a proposed action to reduce, suspend, or stop a service you were authorized to receive before the authorized services are received and before the authorization period has ended, the service may continue for a limited period of time. When one of these actions is being proposed, you will receive a notice that includes detailed information about the circumstances, process, and timeframes that may allow you to continue to receive services.

**Expedited Appeal:** If you are requesting an appeal, and you believe the standard time frame to make a decision may seriously jeopardize your life, health, or ability to function, you may request the appeal process be expedited so a decision on your appeal can be made faster than usual. The notice you receive about the action will include details on the process and time frame for this provision.

Your Member Handbook also provides further details regarding grievances, appeals and state hearings.



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# Responsibilities

You, or your authorized representative, are the cornerstone to ensuring that you get the Waiver services you need. Being a member or authorized representative of a member has many important responsibilities. Specifically, you or your authorized representative is responsible for:

- Communicating openly and honestly with your Waiver Service Coordinator, Care Manager, providers, and other members of your Care Team.
- Providing accurate and complete information, including your medical history.
- Actively participating in the process to develop your service plan, and implementing 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 Manager, and Care Team to resolve problems or concerns.
- Refusing to participate in dishonest or illegal activities involving your service providers, and other caregivers.
- Communicating to your Waiver Service Coordinator, 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.
- Promptly reporting incidents to your Care Manager and appropriate agencies as explained in the “Reporting Incidents” section of this handbook.

# Waiver Service Plan Development

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 to address your specific needs, and revised as often as necessary to continue to meet your needs.

The Waiver 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 consumer enrolled in the MyCare Ohio Waiver, you may exercise choice and control over the provision of Waiver services you receive by actively participating in the service planning process. You can help decide who should participate in the service planning process.



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Your Waiver Service Coordinator is responsible for ensuring all of your identified needs are included and addressed in your Waiver Service Plan. That includes exploring with you all feasible services and service settings available to meet your specific needs.

After your service plan is developed and approved, your Waiver Service Coordinator will help arrange for the delivery of services to implement the plan.

## 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 services from unpaid caregivers (such as neighbors, friends, family, etc.).

Your service plan documents how your needs will be met. It must address, but is not limited to, all of the following:

- Your care, including your medical and personal care needs
- How your living environment will be kept clean and safe
- Mental/behavioral health, including any behavior interventions
- School, work, or other daytime activities
- Home modifications and/or adaptations
- Medication management
- Medical and personal care supplies, including equipment
- Back-up plan for when a provider is unable to furnish services as scheduled

Your service plan will identify 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 service plan is necessary for your service providers to be paid and to help your Waiver Service Coordinator ensure that you are getting the services you need.

## Waiver Service Coordination

All members enrolled with Molina Dual Options MyCare Ohio in the MyCare Ohio Waiver will receive assistance with coordinating their waiver services.



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It is important that you receive the Waiver services you need so long as your health and welfare is not placed at risk. You will be contacted by either your Waiver Services Coordinator or Care Manager, and receive an in-person visit to review your care needs within no more than 90 days after you are enrolled in the MyCare Ohio Waiver.

**Waiver service coordination** includes, but is not limited to, the following:

- Monitoring your health and welfare
- At least annually, assessing your needs, goals, and objectives
- Scheduling, coordinating and facilitating meetings with you and your care team
- Authorizing Waiver services in the amount, scope, and duration to meet your needs
- Linking and referring you to needed service providers
- Working with you and your care team to develop your Service Plan
- Monitoring the delivery of all services identified in your Service Plan
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to, significant life milestones such as entering/exiting school, work, etc.
- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence.
- Assisting you to develop a meaningful backup plan in the event your provider is unable to show up for work. A backup plan includes one or more persons who are able to provide your care and that can respond quickly if your regularly scheduled provider is unable to work his or her shift(s).

## When should you call your Waiver Service Coordinator?

Whenever any of the following happens:

- Your services are not meeting your needs
- Your home situation changes
- Your health changes, which includes an accident or fall
- You make a trip to the emergency room
- You are admitted to a hospital or nursing home
- You are unhappy with a provider or service
- You want to change your provider or service
- You have any other concern or problem



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- You believe the current service plan is no longer meeting your needs, and you need more services to stay safely in your home.
- To report an “Incident” (described later in this handbook)

If you can't reach your Waiver Service Coordinator, you can contact your Care Manager at (855) 687-7862. You can also call Member Services at (855) 687-7862 or for hearing impaired TTY/TDD 7-1-1 with any concerns or problems.

## Transition Period

This section applies to individuals who were enrolled on any of the Medicaid waivers (PASSPORT, Choices, Assisted Living, Ohio Home Care, or Transitions Carve-Out) immediately prior to enrolling on the MyCare Ohio Waiver.

In order to minimize service disruption, your existing service levels and providers will be maintained for a pre-determined amount of time, depending upon the type of service. Your services and service providers will remain in place for a limited time, with some exceptions as follows.

### Exceptions:

During the transition period, change from the existing services or provider can occur in the following circumstances:

1. You request a change;
2. There is a significant change in your health or functioning status (e.g., your condition, or your needs);
3. Your provider gives notice of their intent to discontinue services;
4. Provider performance issues are identified that affect your health & welfare.

So long as one of the above exceptions does not apply, your existing service levels and providers will be maintained while you are enrolled on the MyCare Ohio Waiver as follows:

### Direct care Waiver services:

Personal care, Waiver Nursing, Home Care Attendant, Choices Home Care Attendant, Out-of-Home Respite, Enhanced Community Living, Adult Day Health Services, Social Work Counseling, Independent Living Assistance.

If you were receiving any of these Medicaid waiver services while enrolled on one of the Medicaid waivers immediately prior to enrolling on the MyCare Ohio Waiver, you can continue to receive these services at the same authorized level and with the same service provider(s) for at least 365 days from the date you enrolled in the MyCare Ohio Waiver.



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### Assisted Living Waiver services:

If you were receiving Assisted Living service while enrolled on the Assisted Living Medicaid Waiver immediately prior to enrolling on the MyCare Ohio Waiver, you can continue to receive the authorized Assisted Living service from the same provider for the entire time you are enrolled in the MyCare Ohio Waiver.

### All other Waiver services:

For all other Waiver services that you were receiving while enrolled on one of the Medicaid waivers immediately prior to enrolling on the MyCare Ohio Waiver, those services can be maintained at the same authorized level for at least 365 days after enrollment in the MyCare Ohio Waiver. The same service provider(s) can be maintained for at least 90 days.

### **End of Transition Period:**

Just because the transition period ends, does not necessarily mean that your services or providers will change. Molina Dual Options MyCare Ohio only has the option to make changes to your services after this period.

Prior to the conclusion of the transition period, Your Waiver Services Coordinator will meet with you to review your care plan and discuss any needed changes in services or providers. If a change in provider is required for any reason, you will be provided with information regarding other available providers.

## **Consumer-Directed Opportunities**

If you have a need for certain services, as determined by your Waiver Care Manager and Care Team, you, or your Authorized Representative, may have the option to self-direct some of your services.

Self-directing services includes assuming **Employer Authority and/or Budget Authority**.

**Employer Authority** means you will assume responsibilities of being your worker's employer. You will be responsible to recruit, hire, train, direct, and even terminate that worker from providing care to you if necessary. The option to have Employer Authority may only be available if your Waiver Care Manager and Care Team determined that you need either of the following services:

- Individual Personal Care service; or
- Individual Choices Home Care Attendant service

**Budget Authority** means you will assume responsibility for establishing a rate of pay with the service provider(s) within certain parameters, and scheduling when and how services are to be provided to you within the budgeted amount established by you and your Waiver Services Coordinator. The option to have Budget Authority may only be available if your Waiver Care Manager and Care Team determined you need any of the following services:

- Choices Home Care Attendant service
- Alternative Meals service
- Pest control



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- Minor home modification, maintenance and repair
- Home Medical Equipment and Supplemental Adaptive and Assistive devices service

The responsibilities of directing your worker requires certain abilities. Before you may self-direct your care, your ability and willingness to learn about the expectations of an employer must first be considered.

### **How to Request Self-Direction of Your Services:**

If you believe self-directing services is right for you, and are interested in directing your own care, you should tell your Waiver Service Coordinator.

### **Self-Directing Services in Previous Medicaid Waiver:**

If you were already participating as a self-directed consumer through a Medicaid waiver immediately before enrolling into the MyCare Ohio Waiver, you will keep your current provider for up to one year with the same service amount at the same rate, unless any of the following happens:

- You no longer have an assessed need for one of these services;
- You or your authorized representative is no longer able to fulfill the responsibilities of the employer;
- You no longer have an authorized representative, if required;
- Your health and welfare are at risk as determined by your Waiver Service Coordinator.

## **Reporting Incidents**

### **Incident Investigation and Reporting**

Molina Dual Options 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. The activities include:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensure medical attention is sought.
- Looking into **incidents** to ensure everything is done to keep you healthy and safe 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 you have the needed services to remain safe and healthy.
- Making sure providers know how to keep you safe and cause no harm to you.
- Making sure you know how to report incidents when they occur.



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## What are Incidents?

An “Incident” is when you encounter an alleged, suspected or actual event that is inconsistent with the member’s routine care and/or service delivery. Incidents include, but are not limited to the events described below:

- Abuse: The infliction (by one’s self or others) of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish.
  - Physical abuse is the intentional use of physical force resulting in injury, pain or impairment. It includes pushing, hitting, slapping, pinching and other ways of physically harming a person. It can also mean placing you in incorrect positions, force feeding, restraining or giving medication without your knowledge.
  - Emotional abuse occurs when a person is threatened, humiliated, intimidated or otherwise psychologically hurt. It includes the violation of your right to make decisions and/or the loss of your privacy.
  - Sexual abuse includes rape or other unwanted, nonconsensual sexual contact, but it can also mean forced or coerced nudity, exhibitionism and other non-touching sexual situations, regardless of the age of the perpetrator
- Neglect: When someone has a duty to do so, but fails to provide goods, services, or treatment necessary to assure your health and welfare.
- Exploitation: the unlawful or improper act of using a member or a member’s resources for monetary or personal benefit, profit, or gain.
- Misappropriation: depriving, defrauding or otherwise obtaining the money, or real or personal property (including medication) belonging to you by any means prohibited by law.
- Death of a member.
- Hospitalization or emergency department visit (including observation) as a result of any of the following:
  - a. Accident, injury or fall;
  - b. Injury or illness of an unknown cause or origin;
  - c. Reoccurrence of an illness or medical condition within seven calendar days of the member’s discharge from a hospital.
- Use of restraint, seclusion and/or restrictive intervention your Care Manager did not authorize.
- An unexpected crisis in the member’s family or environment resulting in an inability to assure your health and welfare in your primary place of residence.
- Services delivered that you were not expecting, or in a manner in which you did not expect including, but not limited to, medication administration errors involving the member.



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- Actions on your part that place your health and welfare or the health and welfare of others at risk including, but not limited to any of the following:
  - a. Activities that involve law enforcement;
  - b. Misuse of medications;
  - c. Member's use of illegal substances.

## 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 the member's Waiver Service Coordinator**, and depending on the nature of the incident, to the appropriate authorities.

If the incident is very serious and you believe your health and welfare is in jeopardy, then not only should you notify your Waiver Service Coordinator, but also notify the appropriate authorities.

The appropriate authority is dependent upon the nature of the incident. Examples of appropriate authorities include, but are not limited to the following:

**Medical Emergency** - If you have a medical emergency, call your doctor or 911. Situations causing you concern should be referred to your Waiver Service Coordinator. It is best to bring these concerns to your Waiver Service Coordinator before they become an emergency.

**Abuse, Neglect, Exploitation of an Adult (age 60 or older)** - If the incident involves abuse, exploitation or neglect of an adult age 60 or older, contact the County Department of Job and Family Services (CDJFS) in the county where the adult resides or where the incident occurred. During non-business hours, contact local law enforcement. To find the phone number and location of the county agency, go to [http://jfs.ohio.gov/county/County\\_Directory.pdf](http://jfs.ohio.gov/county/County_Directory.pdf). If you are unsure, ask your Waiver Services Coordinator.

**Criminal Activity** - If the incident involves conduct that is possibly criminal, call your Local law enforcement. If you are unsure, ask your Waiver Services Coordinator.

**Facility Licensure** - If the incident involves a provider regulated by the Ohio Department of Health (ODH), or other licensure, or certification board, or accreditation body, report the allegation to that entity. To convey a complaint about a Nursing Homes/Health Care, Long-term Care Facility, go to <http://www.odh.ohio.gov/contactus.aspx>. If you are unsure, ask the Ombudsman or your Waiver Services Coordinator.

**Medicaid Fraud** - If you suspect the incident involves Medicaid fraud, you can file a complaint with the Ohio Attorney General at <http://www.ohioattorneygeneral.gov/individuals-and-families/victims/report-medicaid-fraud.aspx>.

You also have the right to report your concerns to Molina Dual Options MyCare Ohio. When reporting suspected incidences, please leave a detailed message including the names and phone numbers of the parties involved. You do not have to leave your name if you do not wish to do so.



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Molina Healthcare of Ohio, Inc.  
Confidential Compliance Hotline: (866) 606-3889  
Online: <https://molinahealthcare.alertline.com/gcs/welcome>

If you are unsure, ask your Waiver Services Coordinator.

**Legal Guardian** – if the incident involves a Legal Guardian, you can contact your local probate court. To find your local court, click on <http://www.probatect.org/ohioprobatecourts/courtlinks.htm#alphabetical>

## Advocacy Agencies

**Here are some organizations that can educate you, assist you, and help advocate for your interests.**

**Concerns about Molina Dual Options MyCare Ohio** - If you have concerns about Molina Dual Options MyCare Ohio, contact your **Care Manager or Member Services**.

If you feel that Molina Dual Options MyCare Ohio does not address your concern, you may seek assistance from the Ohio Department of Medicaid by contacting the **Medicaid Consumer Hotline** at <http://www.ohiomh.com/> or call (800) 324-8680.

**Ombudsman** - The Ohio long term care Ombudsmen take complaints about long-term care services, voice clients' needs and concerns to nursing homes, home health agencies, and other providers of long-term care. They will work with the Molina Dual Options 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 consumers. To find the program serving your community, go to <http://aging.ohio.gov/services/ombudsman/regional.aspx> or call the state office at (800) 282-1206 for assistance.

**Ohio Association of Centers for Independent Living** – can help ensure people with disabilities have complete access to the communities in which they wish to live, and have opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, go to <http://www.oacil.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** – advocate for the human, civil, and legal rights of people with disabilities in Ohio. For more information, go to <http://www.disabilityrightsohio.org/> or call (614) 466-7264 or (800) 282-9181.



**If you have questions**, please call Molina Dual Options MyCare Ohio at (855) 687-7862 or for hearing impaired TTY 7-1-1, from 8 a.m. to 8 p.m. Monday through Friday. The call is free. **For more information**, visit [www.MolinaHealthcare.com/duals](http://www.MolinaHealthcare.com/duals). A waiver services coordinator or a care manager can be contacted at any time at (855) 895-9986.



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I have received the Molina Dual Options MyCare Ohio HCBS Waiver Member Handbook. It includes information about my Rights and protections, and how to report alleged incidents.

My Care Manager or Waiver Service Coordinator has verbally reviewed the content of the Handbook with me.

I understand I have the option to receive institutional care (e.g., nursing facility) or Waiver services in the community.

I am freely choosing to receive MyCare Ohio home and community-based Waiver services rather than services in an institution.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or authorized Representative)

*(MyCare Ohio Plan must maintain a copy of this signed and dated page for their records and for auditing purposes)*



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P.O. Box 349020  
Columbus, OH 43234-9020

[MolinaHealthcare.com/Duals](https://www.MolinaHealthcare.com/Duals)