Home- and Community-Based Services (HCBS) Waiver Member Handbook



For members enrolled in the MyCare Ohio HCBS Waiver

Revised August 2024





Table of Contents

Nondiscrimination Notice
Welcome
Introduction9
Rights and responsibilities
Waiver person-centered service plan development
Waiver service coordination
Transition period
Self-direction
Reporting incidents
What to do if any of these things happen?
MyCare Waiver Consumer Handbook Acknowledgement

Nondiscrimination Notice

Molina Healthcare of Ohio (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 665-4623; TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator 200 Oceangate Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, **HHH Building** Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at http://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.





ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (855) 665-4623, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free.

SPANISH

ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted sin costo. Llame al (855) 665-4623, TTY: 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.

CHINESE

注意:如果您說中文,您可以獲得免費的語言協助服務。請撥打(855) 665-4623,電傳打字機 (TTY):711,服務時間為:週一至週五,當地時間上午8a.m.至晚上8p.m.。此為免付費電話。

TAGALOG

ATENSYON: Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na mga libreng serbisyo ng tulong sa wika. Tumawag sa (855) 665-4623, TTY: 711, Lunes – Biyernes, 8 a.m. hanggang 8 p.m. lokal na oras. Libre ang tawag.

FRENCH

ATTENTION: si vous ne parlez pas français, des services d'assistance linguistique sont mis à votre disposition gratuitement. Appelez le (855) 665-4623, ATS: 711, du lundi au vendredi, de 8 heures à 20 heures, heure locale. L'appel est gratuit.

VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Gọi theo số (855) 665-4623, TTY: 711, thứ Hai - thứ Sáu, 8 giờ sáng đến 8 giờ tối, giờ địa phương. Cuộc gọi này miễn phí.

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufen Sie uns an unter: (855) 665-4623, TTY: 711, Montag bis Freitag, 8:00 bis 20:00 Uhr Ortszeit. Der Anruf ist kostenlos.

KOREAN

참고: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. (855) 665-4623번 또는 TTY 711번으로 월요일~금요일, 오전 8시~오후 8시(현지 시간 기준)에 연락해 주시기 바랍니다. 통화는 무료입니다.

RUSSIAN

ВНИМАНИЕ! Если вы говорите на русском языке, вам бесплатно доступны услуги переводчика. Звоните по номеру (855) 665-4623, телетайп: 711, с понедельника по пятницу с 8:00 до 20:00 по местному времени. Звонок бесплатный.

ARABIC

تنبيه: إذا كنت تتحدث اللغة العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل على الرقم 4623-665 (855)، وبالنسبة إلى مستخدمي أجهزة الهواتف النصية (TTY)/أجهزة الاتصال للصُم والبُكم (TDD)، يمكنهم الاتصال على الرقم 711 من الإثنين إلى الجمعة، من الساعة 8 صباحًا إلى 8 مساءً، بالتوقيت القياسي الشرقي. هذا الاتصال مجاني.

ITALIAN

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiami il numero (855) 665-4623, TTY: 711, dal lunedì al venerdì, dalle 8:00 alle 20:00, ora locale. La chiamata è gratuita.

PORTUGUESE

ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência no idioma. Ligue para o número (855) 665-4623, TTY: 711, de segunda a sexta-feira, das 08:00 às 22:00, hora local. A chamada é gratuita.

FRENCH CREOLE

ATANSYON: Si w pale kreyòl ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele (855) 665-4623, TTY: 711, Lendi – Vandredi, 8 a.m. a 8 p.m. lè lokal. Apèl la gratis.

POLISH

UWAGA: jeśli mówisz w języku polski, możesz skorzystać z bezpłatnych usług językowych. Zadzwoń pod numer (855) 665-4623, TTY: 711. Połączenia można wykonywać od poniedziałku do piątku w godzinach od 8:00 do 20:00 czasu lokalnego. Połączenie jest bezpłatne.

HINDI

ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएँ, आपके लिए निःशुल्क उपलब्ध हैं. (855) 665-4623 पर कॉल करें, TTY: 711, सोमवार-शुक्रवार, सुबह 8 बजे से रात 8 बजे तक स्थानीय समय पर. कॉल निःशुल्क है.

JAPANESE

注目:日本語を話す場合は、言語支援サービスを無料でご利用いただけます。月曜日から金曜日の午前8時~午後8時(現地時間)に、(855)665-4623、TTY:711までお電話ください。通話は無料です。

Welcome

Welcome! This handbook was prepared to give you an overview of the MyCare Ohio Home- and Community-Based Services (HCBS) Waiver (Waiver) with Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan). It is a supplement to your Member Handbook, intended to provide you with basic information 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 ensure 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 potential issues that may arise while enrolled. This may be the same person or someone different than your care manager.

Please refer to your Member Handbook for how to contact your care manager during non-business hours. In your

Member Handbook you can also find other important numbers that are available 24/7.

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, and others as requested by you, such as family members, other caregivers, and supports. Let your care manager or waiver service coordinator know if there is anyone specific you want to include on your care team.

Your waiver service coordinator will review the content in this handbook every year during your annual reassessment. Please refer to it often for information or answers to questions. If you do not find clarity here, do not hesitate to ask your waiver service coordinator. He or she is always available to assist you.

My care manager:	
Phone number:	_

My waiver services coordinator:

Phone number:

Support available:

The below services are available to you to support any additional needs you may have:

- Oral interpretation.
- Translation services.
- Auxiliary aids and services.
- Written information in alternative formats including braille and large print.

If you have questions, please call Molina Dual Options MyCare Ohio at (855) 665-4623 or TTY/TDD 711, from Monday - Friday, 8 a.m. to 8 p.m. local time. The call is free. For more information, visit

MolinaHealthcare.com/Duals. A waiver service coordinator or a care manager can be contacted at any

time at (855) 895-9986 or TTY 711.

Introduction

MyCare Ohio Waiver services provided through Molina Dual Options MyCare Ohio are designed to meet the needs of members who are 18 years or older, eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and determined to meet an intermediate or skilled level of care. These services help individuals to live at home independently and safely. Your waiver services have not changed, only the name of the program they are delivered through has changed.

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

- Adult day health services.
- Alternative meals service*.
- Assisted living services.
- Choices home care attendant*.
- Community integration.
- Community transition.
- Emergency response services.
- Enhanced community living services.
- Home care attendant*.
- Home-delivered meals.
- Home maintenance and chore services*.

- Home medical equipment and supplemental adaptive and assistive devices*.
- Home modification*.
- Homemaker services.
- Nutritional consultation.
- Out-of-home respite services.
- Personal care services*.
- Self-directed goods and services*.
- Social work counseling.
- Waiver nursing services*.
- Waiver transportation.

^{*}Self-direction is available with this service. Self-direction is described further starting on page 18.





Rights and responsibilities

Rights

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

- Be fully informed of all your rights and responsibilities.
- Be treated with dignity and respect.
- Have your waiver service coordinator explain what it means to be on the MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your waiver service coordinator or care manager when you need it.
- Have a private meeting with your waiver service 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 healthcare information is kept confidential.
- Participate in developing your person-centered services plan and receive a copy of it.
- Address problems, concerns, and issues about your services, care team, and providers, and the ability to suggest changes without fear.
- See files or records related to your healthcare and the right to amend a record.
- Challenge decisions about your care with which you do not agree. Please review your Member Handbook for details regarding grievances, appeals, and state hearings.
- Be fully informed about how to contact the Ohio Department of Medicaid (ODM) Medicaid Consumer Hotline with concerns, issues, or inquiries: 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 coordination entity. Ask your care manager or contact Member Services if you have questions about how to do so.
- Choose from available home- and community-based services determined necessary to meet your needs.
- Choose from available 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).

Responsibilities

You are the key player in ensuring you get the waiver services you need. As a member, you have many important responsibilities. You can appoint an authorized representative to help with many aspects of your waiver service planning and delivery. Specifically, you and your authorized representative, if you choose to appoint one, are responsible for:

- Communicating openly and honestly with your care team.
- Providing accurate and complete information, including your medical history, regardless of who is paying for your medical services.
- Actively participating in the process to develop and implement your person-centered service plan.
- Providing your signature on the person-centered service plan or other document requested by your waiver service coordinator, indicating your agreement with 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.
- Telling your waiver service coordinator or care manager about 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.



Waiver person-centered 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 and revised as often as necessary to best address your needs.

The person-centered 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 member enrolled in the MyCare Ohio Waiver, you have choice and control over the provision of waiver services you receive by actively participating in the service planning process. You decide who should participate in the service planning process.

Your waiver service coordinator is responsible for ensuring all your identified needs are included and addressed in your person-centered service plan. That includes helping you explore all services available to meet your specific needs. You will have the opportunity to identify how you want the services noted at the introduction of this handbook to be delivered, including finding the setting that best meets your needs.

The waiver service coordinator will also help you decide what types of providers you want rendering your services, based on how involved you want to be in managing their services. The MyCare Ohio Waiver has the following available providers:

- **Self-directed:** You hire and manage the provider or the service budget.
- **Provider-managed:** An agency provider identifies and manages staff.
- Non-agency: Independent providers who manage themselves.

All providers must be enrolled with ODM and contracted with your MyCare plan. If you find a provider who is not enrolled or contracted, the MyCare plan can assist the provider with the enrollment and contracting process.

You and the service providers identified on your person-centered service plan must sign the service plan, or other document requested by your care manager or waiver service coordinator, to indicate agreement with the plan.

After your plan is developed and approved, your waiver service coordinator will continue to help by arranging the start of services and making sure services are delivered to meet your needs, according to the plan.

Person-centered 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 help from people such as neighbors, friends, family, etc. Person-centered service plans are updated at least once each year or as your needs change.

Your person-centered service plan documents how your needs will be met and where you choose to receive services. It must address all the following:

- Your strengths, goals, and desired outcomes.
- Your medical, behavioral health, and personal care needs and how those will be met.
- Services that may be needed to keep your environment clean and safe, including any adaptations necessary to meet your needs.
- Services that may be needed to help you maintain participation in school, work, or other activities.
- Medical and personal care supplies you need and how you will receive those, including medications and equipment.
- Back-up plan for when a paid provider is unavailable for services.
- Services or safety measures to mitigate any risks for you, including accommodations or modifications needed in the setting where you receive services.

Your person-centered service plan identifies 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 personcentered service plan is necessary for your service providers to be paid and to help your waiver service coordinator ensure you are getting the services you need.



Waiver service coordination

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

One of the roles of the waiver service coordinator is to make sure you receive the waiver services you need. You will be contacted by your waiver service coordinator or care manager and receive an in-person visit to review your care needs no more than 75 days after you are enrolled in the MyCare Ohio Waiver, or sooner upon request, and at least every six months as agreed upon in your person-centered service plan.

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

- Monitoring your health and welfare.
- Assessing your needs, goals, and objectives at least annually.
- Scheduling, coordinating, and facilitating meetings with you and your care team.
- Working with you and your care team to develop your person-centered service plan.
- Authorizing waiver services in the amount, scope, and duration to meet your needs.
- Assisting you in finding needed service providers, including when a provider has given notice to leave or becomes unavailable.
- Monitoring the delivery of all waiver services identified in your person-centered service plan.
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to life milestones like entering or exiting school, work, etc.
- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence. Incidents are described further starting on **page 19**.
- Assisting you in the development of a meaningful backup plan if there is an interruption or delay in services provided by your person-centered plan. This may include identifying persons who are able to meet your needs and respond quickly if your regular provider is unable to deliver services.

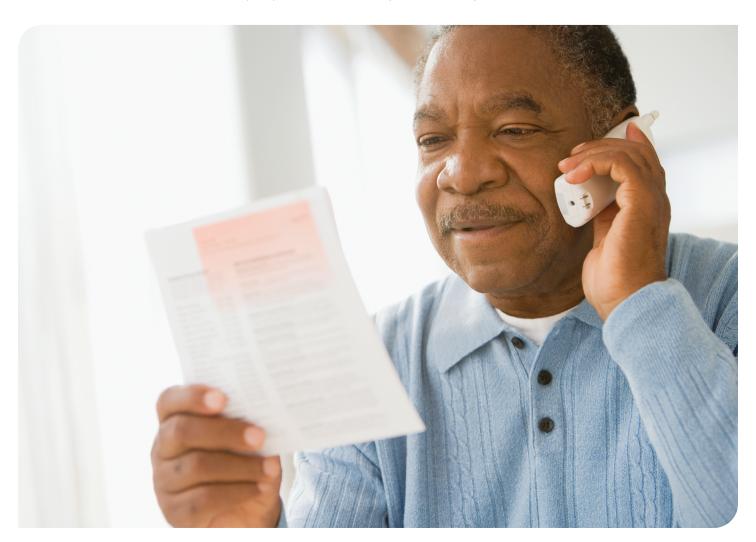
When should you call your waiver service coordinator?

Call your waiver service coordinator any time one of the following occurs:

- Your services are not meeting your needs.
- You are unhappy with a provider or service.
- You want to change your provider or service.
- Your home situation changes.
- Your health changes.
- You have an accident, fall, or go to the emergency room.

- You are admitted to a hospital or nursing home.
- You have any concern or problem with the care you are receiving.
- You believe the current person-centered service plan is no longer meeting your needs.
- You believe you need more services to stay safely in your home.
- To report an "incident". Incidents are described further starting on page 19.
- If a service provider does not show or cancels a service.

If you can't reach your waiver service coordinator, you can contact your care manager at (855) 895-9986 or TTY 711. You can also call Member Services at (855) 665-4623 with any concerns or problems.





Transition period

Transition to the MyCare Ohio Waiver

If you were enrolled in PASSPORT, Assisted Living, or Ohio Home Care Medicaid Waiver immediately prior to enrolling in the MyCare Ohio Waiver, the MyCare plan will continue your services to minimize service disruptions.

Your existing services and providers will be maintained for a period of time, depending upon the type of service. Your services and service providers will remain in place, except in the following situations:

- You request a change.
- There is a significant change in your health, your condition, or your needs.
- Your provider gives notice of their intent to discontinue services.
- Issues are identified that affect your health and welfare.

So long as none of the above exceptions apply, your existing service levels and providers will be maintained while you are enrolled on the MyCare Ohio Waiver as follows:

Direct Care 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, community integration.

If you were receiving any of these direct care services, 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.

Assisted Living services:

If you were receiving Assisted Living services, you can continue to receive the same authorized service from the same provider while you are enrolled in the MyCare Ohio Waiver.

Self-directed services:

If you were already self-directing your services through a Medicaid waiver, you may keep your current provider for at least 365 days with the same service amount at the same rate, unless your waiver service coordinator determines:

- You no longer need these services.
- You and your authorized representative can no longer be the employer.

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 in 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:

Before any services or providers are changed, your waiver service coordinator will meet with you to review your person-centered service plan and discuss any needed changes. If a change in provider is required for any reason, you will be provided with information regarding other available providers.

Transitions from the MyCare Ohio Waiver:

Similar to when you begin services with the MyCare Ohio Waiver, your waiver service coordinator and care manager will work with you to safely transition your services if you leave the MyCare Ohio Waiver. At any point, if you are disenrolled from MyCare for reasons such as moving out of a MyCare county or losing Medicare eligibility, your MyCare waiver service coordinator will work with your new waiver entity to ensure a smooth transition, allowing you to continue to receive necessary care and remain independent in your community.



Self-direction

You can manage your waiver services using self-direction.

Self-directing includes employer authority and budget authority. You can choose a representative to help you selfdirect.

Employer authority means you are your caregiver's employer. You can recruit, hire, train, schedule, manage, and dismiss caregivers. These services can be managed with employer authority:

- Choices home care attendant;
- Home care attendant;
- Personal care aide; or
- Waiver nursing.

Budget authority means you manage available your waiver budget to best meet your needs. This includes setting your caregiver's wages. The services listed above and these services can be self-directed with budget authority:

- Alternative meals;
- Home maintenance and chore;
- Home medical equipment and supplemental adaptive and assistive devices
- Home modifications;
- Self-directed goods and services.

Self-directed services are paid for by a Financial Management Services (FMS) vendor. They will pay your caregiver with your approval. The FMS also pays invoices for other services listed above. They will issue you a pay card to purchase self-directed goods and services when authorized.

Your waiver service coordinator or care manager will talk to you about self-direction so you can decide if it is right for you. They have many more resources ready to support you with self- direction.

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. These activities include:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensure medical attention is sought.
- Looking into incidents to ensure your health and safety 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 providers know how to keep you safe and cause no harm to you.
- Informing you of the findings from the investigation of a critical incident and potentially developing a prevention plan to lessen the risk of the incident happening again.

What are incidents?

An "incident" is an alleged, suspected, or actual event that is inconsistent with your routine care and/or service delivery. Critical incidents include any of the following:

- Abuse: the injury, confinement, control, intimidation, or punishment of an individual, that has resulted in physical harm, pain, fear, or mental anguish. Abuse includes physical, emotional, verbal, and/or sexual abuse, the use of restraint, seclusion, or restrictive intervention without authorization.
- Neglect: when it is a duty to do so, failing to provide treatment, care, goods, or services necessary to maintain your health and welfare, including self-neglect.
- Exploitation: the unlawful or improper act of using a member or a member's resources using manipulation, intimidation, threats, deception, or coercion for monetary or personal benefit, profit, or gain.
- Misappropriation: depriving, defrauding or otherwise obtaining money or real or personal property (including prescribed medication) belonging to you by any means prohibited by law that could impact your health and welfare.
- Unnatural or accidental death.
- Self-harm or suicide attempt.
- Being lost or missing, putting your health and welfare at risk.
- Any of the following prescribed medication issues:
 - o Provider error.
 - o Issue resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization.
- Other reportable incidents reviewed by the care manager but not investigated include:
 - o Natural death.
 - o Member or family member behavior, action, or inaction resulting in the creation of or adjustment to, a health and safety action plan.
 - o Health and welfare at risk due to any of the following:
 - Loss of a paid or unpaid caregiver.



Prescribed medication issues not resulting in EMS response, emergency room visit, or hospitalization. Liviction from your place of residence. Suicide attempt that does not result in emergency room treatment, in-patient observation, or hospital admission.		
Suicide attempt that does not result in emergency room treatment, in-patient observation, or hospital		• Prescribed medication issues not resulting in EMS response, emergency room visit, or hospitalization.
		Eviction from your place of residence.
	Э	

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 your waiver service coordinator or your care manager. If the incident is serious in nature and you believe your health and welfare is in jeopardy, you should also notify the appropriate authorities. If you are unsure who to contact, ask your waiver service coordinator. The appropriate authority is dependent upon the nature of the incident. Examples of serious incidents 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 communicated to your waiver service coordinator. It is best to bring these concerns to them before they become an emergency.

Abuse, neglect, or exploitation of an adult over 60: If the incident involves the abuse, exploitation, or neglect of an adult age 60 or older, contact Adult Protective Services (APS) in the county where the individual resides or where the incident occurred. During non-business hours, contact local law enforcement. To find the number for your local APS agency, click or visit https://jfs.ohio.gov/county/County/Directory.pdf.

Criminal activity: If the incident involves conduct you believe may be criminal, call your local law enforcement.

Medicaid fraud: If you suspect the incident involves Medicaid fraud, file a complaint with the Ohio Attorney General. To contact them, click or visit http://www.ohioattorneygeneral.gov/About-AG/Contact.

Legal guardian: If the incident involves a legal guardian, you can contact your local probate court. To find your local court, click or visit https://www.supremecourt.ohio.gov/courts/judicial-system/ohio-trial-courts/.

Organizations that can educate you and 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 concerns, you may seek assistance from ODM by contacting the Medicaid Consumer Hotline. Click or visit http://www.ohiomh.com/ or call 800-324-8680.

Ombudsman: The Ohio Long-term Care Ombudsmen voice member needs and concerns regarding long-term care services to nursing homes, home health agencies, and other providers. 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 individuals. Call the state office at 800-282-1206 or email OhioOmbudsman@age.ohio.gov for assistance.

Ohio Association of Centers for Independent Living (CIL): CILs help ensure people with disabilities have complete access to the communities in which they wish to live as well as opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, click or go to https://www.ohiosilc.org/.

Legal Aid: Provides legal assistance to protect and enforce the legal rights of low-income Ohioans. Call 866-LAW-OHIO.

Disability Rights Ohio: Advocates for the human, civil, and legal rights of people with disabilities in Ohio. For more information, click or go to http://www.disabilityrightsohio.org/ or call 614- 466-7264 or 800-282-9181.



MyCare Waiver Consumer Handbook Acknowledgement

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.

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 Signature:			
(Or Authorized Representative)			
Data			
Date:			
(MyCare Ohio Plan must maintain a cop	v of this signed and dated pa	age for their records and for au	uditing nurnos

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



MyCareOhio
Connecting Medicare + Medicaid

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