



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

HOME & COMMUNITY-BASED SERVICES

WAIVER MEMBER HANDBOOK 2022



mmp.buckeyehealthplan.com
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Welcome

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

As a member of Buckeye Health Plan, 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 Buckeye Health Plan 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 enrolled in 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, 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 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 Buckeye Health Plan at 1-866-549-8289, TTY: 711, Monday – Friday 8am-8pm. The call is free. For more information, visit mmp.buckeyehealthplan.com. A waiver services coordinator or a care manager can be contacted at any time at 1-866-549-8289.

Introduction

MyCare Ohio Waiver services provided through Buckeye Health Plan 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 and Supplemental Adaptive and Assistive Devices
- Waiver Transportation
- Home Maintenance and Chore Services
- Social Work Counseling
- Emergency Response Services
- Home Modification
- Personal Care Services
- Homemaker Services
- Waiver Nursing Services
- Home Delivered Meals
- Alternative Meals Service
- Assisted Living Services
- Home Care Attendant
- Choices Home Care Attendant
- Enhanced Community Living Services
- Nutritional Consultation
- Community Integration
- 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 person-centered services plan, and receive a copy of your 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.



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- Request a different Waiver Service Coordinator entity. Ask your Care Manager if you have questions about how to change to another Waiver Service Coordinator.

Here are the available Waiver Service Coordinators:

Area Office on Aging of NWO, Inc.
2155 Arlington Avenue
Toledo, OH 43609-1997
419-382-0624

Western Reserve Area Agency on Aging
1700 E. 13th St., Suite 114
Cleveland, OH 44114
216-621-0303

Area Agency on Aging, PSA2
40 West Second Street, Suite 400
Dayton, OH 45402
1-800-258-7277

- 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 when the member expresses dissatisfaction about any matter other than an adverse benefit determination. You may file a grievance directly with us by contacting Member Services. An example may include, but are not limited to, poor quality of care or services provided, poor customer service, a complaint about your Waiver Service Coordinator or even failure to respect the member's rights regardless of whether remedial action is requested.

Appeal to the Plan: You have the right to appeal adverse benefit determinations regarding your MyCare Ohio Waiver services including: denial or limited authorization of requested services; reduction, suspension, or termination of authorized services before the authorized services are received and before the authorization period has ended;



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denial of payment for a service not covered by Medicaid including a service denied through the prior authorization process as not medically necessary; denial of request for a specific plan contracted non-agency or participant-directed waiver service provider; our failure to provide services in a timely manner as specified in rule; and our failure to act within resolution timeframes. If we make an adverse benefit determination 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. For adverse benefit determinations that you have the right to appeal to the plan, depending on the outcome of your appeal and the appeal resolution determined by the plan, you will receive a notice from us that includes your right to a state hearing. MyCare Ohio members must first exhaust the plan appeal process for adverse benefit determinations before being granted a state hearing. 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 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 are 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 person-centered service plan, and implementing the plan.
- Providing your signature on the person-centered service plan, or other document requested by your Waiver Service Coordinator, indicating your agreement with the service 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.



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

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

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



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

Your person-centered 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
- Services that may be needed to keep your environment clean and safe
- Behavioral health, including any behavior interventions
- Services that may be needed to help you maintain activities with 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 person-centered 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 person-centered 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.



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Waiver Service Coordination

All members enrolled with Buckeye Health Plan in the MyCare Ohio Waiver will receive assistance with coordinating their waiver services.

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 no more than 75 days after you are enrolled in the MyCare Ohio Waiver, or sooner upon request.

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 person-centered service plan
- Monitoring the delivery of all 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, 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).



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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 with the care you are receiving
- You believe the current person-centered 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 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 1-866-549-8289 TTY: 711. You can also call Member Services at 1-866-849-8289 with any concerns or problems.



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Transition Period

This section applies to individuals who were enrolled on any of the Medicaid waivers (PASSPORT, Assisted Living, or Ohio Home Care) 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, 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, Community Integration.

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.

Assisted Living Waiver services:



If you have questions, please call Buckeye Health Plan at 1-866-549-8289, TTY: 711, Monday – Friday 8am-8pm. The call is free. For more information, visit mmp.buckeyehealthplan.com. A waiver services coordinator or a care manager can be contacted at any time at 1-866-549-8289.

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. 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.



If you have questions, please call Buckeye Health Plan at 1-866-549-8289, TTY: 711, Monday – Friday 8am-8pm. The call is free. For more information, visit mmp.buckeyehealthplan.com. A waiver services coordinator or a care manager can be contacted at any time at 1-866-549-8289.

Self-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 Service Coordinator, 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 Service Coordinator, Care Manager, and Care Team determined you need any of the following services:

- Choices home care attendant service
- Alternative meals service
- Pest control jobs, and maintenance/repair jobs furnished under the Home Maintenance and Chore service
- Home modification
- Home medical equipment and supplemental adaptive and assistive devices service



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Employer Responsibilities:

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. When you chose to exercise employer authority you must utilize the MyCare Ohio Financial Management Services (FMS) vendor who will processing payroll for your worker. In addition, you must establish an eMail account so you can access and use the on-line FMS vendor's timesheet approval system. If you are unable to establish an eMail account of your own, you may appoint a trusted friend or family member as your authorized representative who has eMail to help you set up your account with the FMS vendor an help you approve timesheets (however, this may not be your employee).

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 or Care Manager.

Self-Directing Services in Previous Medicaid Waiver:

If you were already self-directing your services through a Medicaid waiver immediately before enrolling into the MyCare Ohio Waiver, you may 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.



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Reporting Incidents

Incident Investigation and Reporting

Buckeye Health Plan 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.
- Informing you of the findings from the investigation of a critical incident, including, if the incident is substantiated, and a prevention plan may be developed to help lessen the risk of the incident happening again.

What are Incidents?

An “Incident” is when you encounter an alleged, suspected or actual event that is inconsistent your routine care and/or service delivery. Incidents include any of the following:

- Abuse: the injury, confinement, control, intimidation, or punishment of an individual, including self-abuse, that has resulted in physical harm, pain, fear, or mental anguish. Abuse includes:
 - (a) Physical, emotional, verbal and/or sexual abuse, the use of unauthorized restraint, seclusion, or restrictive intervention; or
 - (b) The use of authorized restraint, seclusion, or restrictive intervention that results in, or could reasonably be expected to result in, physical harm, pain, fear, or mental anguish to the individual.
- Neglect: When someone has a duty to do so, but fails to provide goods, care, services, or treatment necessary to maintain your health and welfare, including self-neglect.



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- 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 prescribed medication) belonging to you by any means prohibited by law.
- Unexplained Death of a member.
- Your health and welfare is at risk due to any of the following:
 - (b) Activities that involve law enforcement;
 - (c) Health and welfare is in immediate and serious jeopardy;
 - (d) An unexpected crisis in the individual's family or environment resulting in an inability to ensure the individual's health and welfare in his or her residence; or
 - (e) You cannot be located.
- Any of the following prescribed medication issues:
 - (a) Provider error;
 - (b) Individual's misuse resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization; or
 - (c) Individual's repeated refusal to take a prescribed medication resulting in EMS response, emergency room visit, or hospitalization.
- Death other than unexplained death
- Individual or family behavior, action, or inaction resulting in the creation of, or adjustment to, a health and safety action plan
- The health and welfare of the individual is at risk due to the loss of an individual's caregiver
- Any of the following prescribed medication issues:
 - (a) Individual's misuse not resulting in EMS response, emergency room visit or hospitalization; or
 - (b) Individual's repeated refusal to take prescribed medications not resulting in EMS response, emergency room visit, or hospitalization
- Hospitalization that results in an adjustment to the person-centered services plan;
- Eviction from your place of residence.



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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**, 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/CountyDirectory.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. 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/About-AG/Contact>. 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, go to <https://www.supremecourt.ohio.gov/JudSystem/trialCourts/>



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Advocacy Agencies

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

Concerns about Buckeye Health Plan - If you have concerns about Buckeye Health Plan, contact your **Care Manager or Member Services**.

If you feel that Buckeye Health Plan 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 Buckeye Health Plan 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 1-800-282-1206 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.ohiosilc.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 1-800-282-9181.



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I have received the Buckeye Health Plan 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)



If you have questions, please call Buckeye Health Plan at 1-866-549-8289, TTY: 711, Monday – Friday 8am-8pm. The call is free. For more information, visit mmp.buckeyehealthplan.com. A waiver services coordinator or a care manager can be contacted at any time at 1-866-549-8289.



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