Ohio
Department of Medicaid
John R. Kasich, Governor
John B. McCarthy, Director

WAIVER HANDBOOK

For Ohioans enrolled on the:

OHIO HOME CARE WAIVER

or

TRANSITIONS CARVE-OUT WAIVER

Fill out the information below and keep on hand for easy access.

My Case Management Agency

24-Hour Toll-Free Phone Number

My Case Manager's Name & Phone Number

My Case Manager Supervisor's Name & Phone Number

The **OHIO DEPARTMENT OF MEDICAID** (ODM) prepared this handbook as an overview of basic information about the **OHIO HOME CARE** and **TRANSITIONS CARVE-OUT** waivers.

As an Ohioan on an ODM-administered waiver, you will be assigned a Case Manager.

You will receive a new handbook every year during your annual assessment. Please refer to it often for background information or for answers to questions.

If you do not find your answer here, we encourage you to consult your Case Manager. He or she is always available to assist you with your long-term care services and supports needs.

INTRODUCTION

ODM administers and operates two home and community-based services waiver programs: the **OHIO HOME CARE WAIVER** and the **TRANSITIONS CARVE-OUT WAIVER**.

These waivers provide individuals on Medicaid with certain services that allow them to receive long-term care outside of a hospital or nursing facility.

The **OHIO HOME CARE WAIVER** is designed to meet the needs of individuals from birth through age 59 who are eligible for Medicaid and have been assessed as having an intermediate or skilled level of care. Without the services available through the waiver benefit, these individuals are at risk for hospital or nursing home placement.

The **TRANSITIONS CARVE-OUT WAIVER*** is for individuals on the Ohio Home Care Waiver who reach age 60. Eligibility criteria also require having an intermediate or skilled level of care.

*This waiver is not open to new enrollees.

BOTH WAIVERS OFFER THE FOLLOWING BENEFITS:

- Waiver nursing services
- Personal care aide services
- Home modifications
- Home-delivered meals
- Adult day health care
- Out-of-home respite
- Supplemental transportation
- Supplemental adaptive/assistive devices
- Emergency response services
- Home care attendant services

YOUR RIGHTS

As an individual enrolled on an ODM-administered home and community-based services waiver, you have the right to:

- Be fully informed of all of your rights and responsibilities.
- Be treated with dignity and respect.
- Have your Case Manager explain what it means to be on a waiver and work with you to plan the services you will receive.

YOUR RIGHTS, continued...

- Receive assistance from your Case Manager when you need it.
- Have a private meeting with your Case Manager.
- Be protected from abuse, neglect and mistreatment.
- Be kept informed and receive information that is accurate and easy to understand.
- Choose an authorized Medicaid-approved provider that will provide safe, appropriate and high-quality services.
- Control how your services are delivered.
- Speak in confidence and know that your health care information will be kept confidential.
- Self-determine and participate in developing your All Services Plan.
- Request a change in case management agencies.
- Appeal any decisions made by ODM about your waiver eligibility or benefits by requesting a state hearing.
- See any files or records related to your health care.

YOUR RIGHTS, continued...

- Be fully informed about how to report any concerns, issues or questions about your Case Manager, your services or providers to ODM.

ODM Bureau of Long-Term Care Services and Supports: (614) 466-6742

Ohio Medicaid Consumer Hotline: (800) 324-8680

Ohio Dept. of Aging Long-Term Care Ombudsman: (800) 282-1206

STATE HEARING RIGHTS

Your Case Manager must issue state hearing rights for all service changes, including increases and decreases in services, as well as any denial of a waiver service you have requested.

If you disagree with an action or decision that has been made regarding your waiver eligibility, care, or services, you may ask for a state hearing.

A state hearing is a meeting consisting of you, ODM, or the case management agency who made the decision which you are appealing, and an objective hearing officer.

YOUR RESPONSIBILITIES

You (or your authorized representative) are the **DIRECTOR** of your waiver services. With that come important responsibilities.

SPECIFICALLY, YOU ARE RESPONSIBLE FOR:

- Communicating openly and honestly with your Case Manager, providers and other members of your care team.
- Providing accurate and complete information, including your medical history.
- Actively participating in your service planning and its implementation.
- Keeping scheduled appointments
- Reporting problems, concerns, changes or incidents to your Case Manager. [An incident is any event that is inconsistent with your routine care and is harmful or potentially harmful to you.]
- Informing your Case Manager if you want or need to change services or providers.
- Respecting the rights of your providers.
- Working with your care team to resolve problems or concerns.
- Refusing to participate in dishonest or illegal activities involving your providers, caregivers or team members.

CASE MANAGEMENT

All individuals enrolled on the ODM-administered waiver programs receive **CASE MANAGEMENT SERVICES.** These services assist you with authorization and connect you to services and supports necessary so you can remain in the least restrictive environment while maintaining the greatest amount of independence and human dignity.

CASE MANAGEMENT INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING FUNCTIONS:

- Monitoring your health and welfare.
- Periodically assessing your needs, service goals and objectives.
- Annually assessing your program eligibility.
- Scheduling, coordinating and facilitating meetings with you and your care team.
- Authorizing waiver services in the amount, scope, and duration that meet your needs.
- Linking and referring you to needed service providers.

CASE MANAGEMENT SERVICES, continued...

- Working with you and your care team to develop your All Services Plan.
- Monitoring the delivery of all services identified in your All Services Plan .
- Transition planning for significant changes including those changes that occur prior to enrollment on the waiver program and at significant life milestones such as entering/ exiting school, work, etc.
- Informing you how to identify and report incidents, and working with you to develop prevention plans to reduce risks or re-occurrence of risks.
- Assisting you to develop a meaningful backup plan in the event your provider is unable or does not show up for work. A backup plan includes one or more people who are able to provide your care and respond immediately if your regularly scheduled provider is unable to work his or her shift(s).

ALL SERVICE PLAN DEVELOPMENT

Service planning and care coordination address your changing circumstances and/or medical conditions over time.

ALL SERVICE PLAN DEVELOPMENT, continued...

The service planning process must be tailored and revised as often as necessary to continue to meet your needs.

The **ALL SERVICES PLAN** is a written outline of your waiver services, other Medicaid services, and all other services (paid and unpaid) necessary to keep you safely in your home.

This plan identifies goals, objectives and outcomes related to your health and the treatments and services you receive. It also details the coordinated efforts of your care team.

Your Case Manager develops the comprehensive All Services Plan in collaboration with your care team. Your care team members, at a minimum, include you, unpaid caregiver(s), your authorized representative (if applicable), providers, physician, and your Case Manager. Your Case Manager documents communication records and/or team meeting minutes in the planning process.

ALL SERVICE PLAN DEVELOPMENT, continued...

Your Case Manager will then authorize and assist you with arranging and initiating services. This includes communicating, collaborating and negotiating with you, formal service providers and informal caregivers.

Your Case Manager will assist you with identifying providers and contact all providers and agencies that are participating (or will participate) in meeting your needs. The Case Manager will also help to schedule meetings, disseminate important information, complete plan updates, maintain documentation, and mediate disagreements among team members.

ALL SERVICE PLAN CONTENTS

Your Case Manager is responsible for ensuring that all of your identified needs are included in your All Services Plan. This includes all services/ supports you receive from other sources that help meet your needs.

Your All Services Plan also details the amount, frequency and duration of your services.

Service planning includes arranging for services that support and enhance, but do not replace what is already completed by unpaid caregivers. The All Services Plan documents that each need is being addressed.

YOUR ALL SERVICES PLAN MUST ADDRESS ALL OF THE FOLLOWING:

- Your care, including your medical and personal care needs.
- Care of your home.
- Community access, including transportation.
- Mental/behavioral health, including any behavior interventions.
- School, work, or other day activities.
- Home modifications and/or adaptations.
- Medication management, including obtaining needed medications.
- Medical and personal care supplies, including equipment.
- Backup and disaster/emergency plans.
- Case Management services.

YOUR ALL SERVICES PLAN IS A PAYMENT AUTHORIZATION AND SERVICE COORDINATION DOCUMENT.

YOUR PROVIDERS

FREE CHOICE OF PROVIDER

You have the right to select the provider of your choice for any Medicaid state plan and/or waiver service.

The Case Management Agency is responsible for ensuring that you are afforded this right and assisting you, to the extent needed, in the selection process. You can select any combination of agency and/or non-agency providers.

PROVIDER SEARCH OPTIONS:

- Ohio Department of Medicaid website: medicaid.ohio.gov
- Public Consulting Group (PCG): http://ohiohcbs.pcgus.com
- OhioHCP website: www.myohiohcp.org
- The Medicaid Consumer Hotline **(800) 324-8680**

INCIDENT INVESTIGATION AND REPORTING

ODM, its case management agencies and its provider oversight agency, Public Consulting Group (PCG), perform incident reporting and investigation activities to ensure that you are protected and safe from harm.

ACTIVITIES INCLUDE:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensuring medical attention is sought.
- Looking into incidents (situations that may cause harm or potential harm to you or rule violations that cause the provider to be non-compliant with services) to ensure that 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 that you have the needed services to remain safe and healthy.
- Making sure providers know how to keep you safe and cause no harm.
- Making sure that you know how to report incidents when they occur.

For more information about this handbook, please contact:

The Ohio Department of Medicaid

Bureau of Long-Term Care Services and Supports:

(614) 466-6742