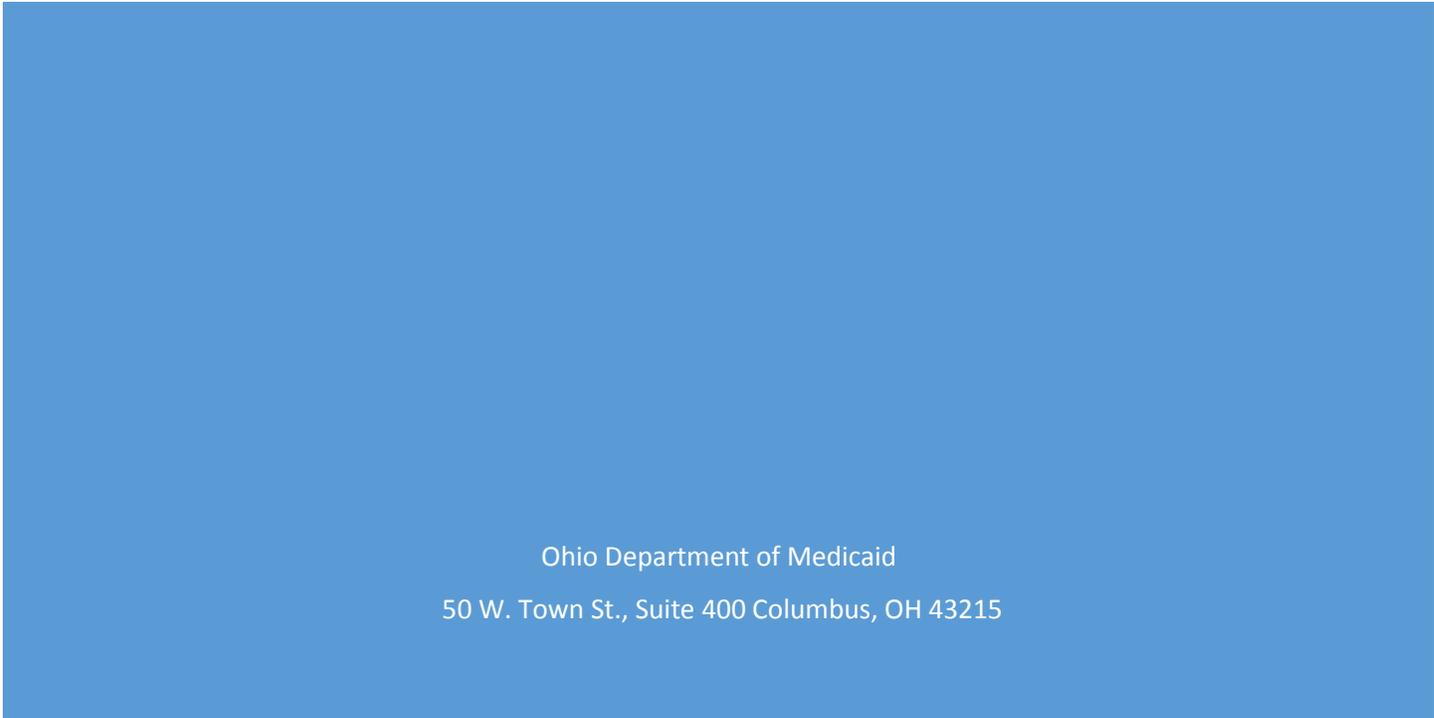


PROTECTION FROM HARM TRAINING

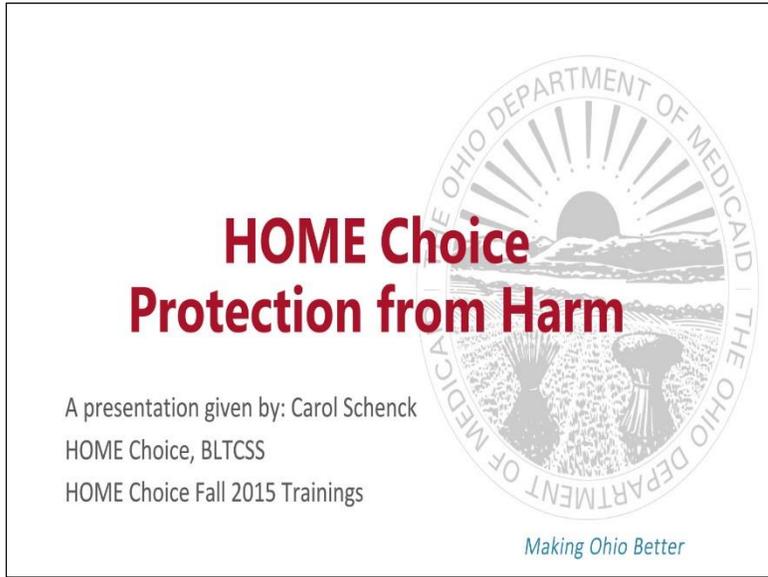


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Contents

Protection from Harm	2
HOME Choice Protection from Harm Introduction.....	2
Ohio HOME Choice Background.....	3
Ohio HOME Choice – Who is included?.....	4
A Quality Management System	5
Quality Management/Protection from Harm	6
Critical Incident Reporting System	7
What to Report – What is an Incident?	8
Incident Types	9
Incident Process – Incident Reporter	10
Incident Reporter.....	11
Incident Reporter continued	12
Incident Process – Case Manager	13
HOME Choice Operations Unit.....	14
Incident Types	15
Incident Types continued	16
Incident Types continued 2	17
Incident Types continued 3	18
Incident Types continued 4	19
Incident Types continued 5	20
Incident Types continued 6	21
Incident Types continued 7	22
Quality Management/Protection from Harm	23
The Concept of Risk Assessment and Mitigation	24
Risk Assessment/Mitigation Protocol Process	25
Back up Strategy	26
Back up Plans	27
HOME Choice Contact Information	28
Conclusion and Thank You	29

Protection from Harm



HOME Choice Protection from Harm Introduction

Hi, my name is Carol Schenck. I work for the HOME Choice program at the Ohio Department of Medicaid. I am going to speak with you today about the HOME Choice Protection from Harm strategy, which includes the HOME Choice incident reporting process among other things.

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Ohio HOME Choice

- A federal Money Follows the Person (MFP) grant program
- A transition program established in 2008
- Goal to transition 2000 people out of institutional setting and back into community settings
- As of November 24, 2015 a total of 7,225 have been transitioned through HOME Choice
 - » 2nd in the nation for total transitions completed
 - » 1st in the nation for transitions of individuals with mental health and/or substance use disorders

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Ohio HOME Choice Background

Let me first give a little background about the HOME Choice Program.

HOME Choice the name Ohio gave to its federal Money Follows the Person, or MFP grant project. The funding came from the Deficit Reduction Act of 2005 and was expanded under the American Care Act of 2010. States participating in MFP designed their own program to assist institutionalized individuals to return to the community. HOME Choice was established in Ohio in 2008 with the goal of transitioning 2000 people out of institutional settings and back in to community settings. As of November 24, 2015, 7,225 individuals have been transitioned by HOME Choice. A transition means that an individual applied and was accepted to HOME Choice, worked with the transition team to find housing or to overcome other obstacles in returning to the community and agree to work with the HOME Choice in the community to enhance community sustainability.

Ohio ranks second in the nation with regards to total number of transitions accomplished and first in the nation for the total number of transitions of individuals with mental health and substance use disorders.

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Ohio HOME Choice

- Designed to work with ALL populations and disability types
- **Not** a waiver program
- A wrap around program to Ohio's existing infrastructure of services and supports
- Available to individuals enrolled on a Medicaid waiver and to those who do not need the level of services of a waiver
- Offers "extra" services to individuals for the first 365 days post discharge

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Ohio HOME Choice – Who is included?

Ohio's MFP grant program has a somewhat unique design compared to other states. Ohio decided to work with all ages and all disability types. This means that Ohio HOME Choice works to assist individuals as young as infants through older adults. HOME Choice is not a waiver program, but instead is a wraparound program that provides an additional layer of service and supports for individuals in their first 365 days back in the community. A HOME Choice participant has to be enrolled in Medicaid and may be enrolled on one of the home and community based waivers, which are the Ohio HOME Care Waiver, the PASSPORT Waiver, waivers offered by the Department of Developmental Disabilities and the MyCare waivers. Or, for those individuals who do not meet the eligibility requirements of a waiver, they could receive state plan services or the equivalent of these services through one of the five Medicaid Managed Care plans.

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A Quality Management System

- CMS Policy Guidance
- Every state must have a **Quality Management System** consistent with the waiver requirements for all MFP participants

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A Quality Management System

The Center for Medicare and Medicaid Services known as CMS issued a directive in 2013 that said, “For every service and program that serves an MFP individual, the state must have a quality management system consistent with the waiver requirements.” So, in 2013, HOME Choice Operations embarked on the development of a quality management system for program participants NOT on a waiver.

A quality management system is synonymous as a Protection from Harm strategy and I use these two terms interchangeably.

Like so many other processes with HOME Choice, there is a route to be used for participants enrolled on a waiver and one for those who are non-waiver participants. This is true for a Protection from Harm strategy. Ever since Ohio's HOME Choice inception, incidents that occurred with waiver participants followed, and will continue to follow, the waiver Protection from Harm route and process in place for that particular waiver. The focus of this talk is the Protection from Harm process for non-waiver participants.



Quality Management/Protection from Harm

According to CMS, a Protection from Harm strategy consists of three requirements that are put in place to assure the health and welfare of a HOME Choice participant. These three quality requirements are a critical incident reporting system, a risk assessment and mitigation process and a back up strategy. I will review each of these three components, beginning with a critical incident reporting system for non-waiver participants.

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Critical Incident Reporting System

What to Report?

Who Reports?

When to Report?

How to Report?

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Critical Incident Reporting System

A Critical Incident Reporting system is a system or standardized process, which addresses the following:

- Which types of events or incidents must be reported?
- Who is required to report these incidents? Who receives and responds to the incident reports?
- What are the timeframes are for reporting, responding and investigating incidents, and
- What is the information that needs to be included in the report and what format and system is used to create and follow incidents through the process?

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What to Report?

Q. What is an incident?

A. An incident is a situation may cause harm, have the potential to cause harm or has caused harm to a HOME Choice enrolled participant. They are alleged, suspected or actual events that are not consistent with routine care or routine service delivery.



What to Report – What is an Incident?

As far as what to report, this is the definition of an incident:

“An incident is a situation that may cause harm, have the potential to cause harm or has caused harm to a HOME Choice enrolled participant. They are alleged, suspected or actual events that are not consistent with routine care or routine service delivery.”

Please note that the incident definition refers to an ENROLLED HOME Choice participant or those that have been moved back to the community. Prior to enrollment, when a participant is still residing in the nursing home and any incident occurs, like a fall or an injury, the incident is reported, tracked and monitored by the nursing facility process through the Ohio Department of Health or through the complaint process by the Long Term Care Ombudsman program.

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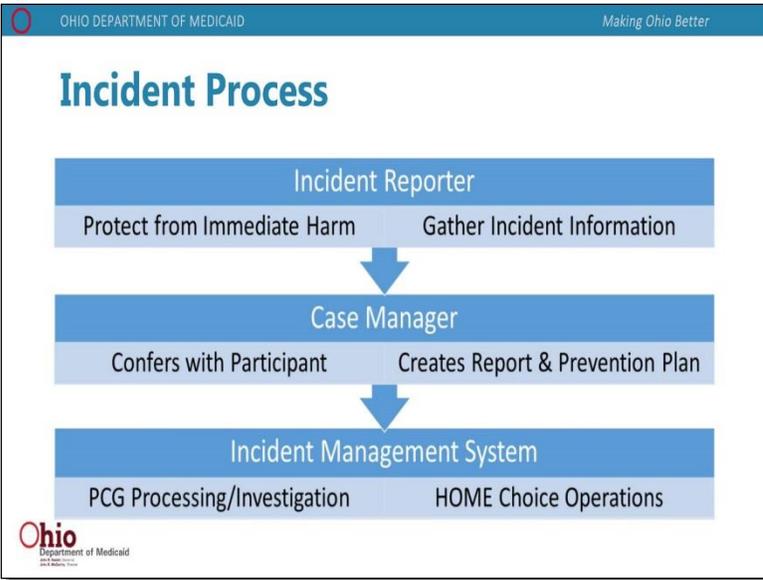
Incident Types

- Abuse
- Accident /Injury
- Back Up Plan Failure
- Death
- Environmental Emergency
- Exacerbation of Health Problems
- Exploitation
- Hospitalization
- Inappropriate Services/Unmet Need
- Involvement with Criminal Justice System
- Location Unknown
- Loss of Caregiver
- Loss of Housing
- Loss of Income
- Medication Administration Error
- Neglect
- Nursing Facility Readmission
- Other
- Sentenced to Jail /Prison
- Substance Abuse/Overdose
- Suicidal Thoughts/Attempts
- Theft of Medication, Money or Personal Property
- Victim of a Crime, Other



Incident Types

Here is a list of the 23 incident types for HOME Choice. We will discuss each of these incident types in a little bit more detail, a little later, but I wanted you to see the full list for now. The list of incidents types varies slightly from waiver to waiver and the same holds true for HOME Choice. Many of the incident types on this list are the same as some of the waiver program incident types, but some types are unique to HOME Choice because of CMS data reporting requirements.



Incident Process – Incident Reporter

This chart represents the flow of the incident reporting process. The process starts with a transition coordinator, a HOME Choice service provider or case manager being informed that an incident has occurred. For the sake of this discussion with this process, I am going to call the person who is first informed that an incident has occurred, the incident reporter. The first order of business for the incident reporter is to ensure that the participant is out of immediate harm, which may mean seeking immediate medical attention for the participant by calling the squad or the doctor. Once the participant is no longer in immediate harm, the next priority for the incident reporter is to collect details about the incident.

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Incident Reporter

- Collection of incident information
 - » Participant's name
 - » Description of the incident
 - » Date and time of the incident
 - » Participants current location
 - » What actions taken to secure safety
 - » Other key people involved
 - » Perpetrator
 - » Who reported information to you

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Incident Reporter

The incident reporter needs to collect the five w's...the who, what, when, where and why of the incident.

The incident reporter will want to note the name of the HOME Choice participant who experienced the incident and a summary of what happened, gathering as much detail about the incident as possible. Not all incidents have just occurred. A participant may be telling you about an event that took place days, weeks or even months ago. Try to get the participant to pin down the date or the approximate date and time that the actual event occurred.

Find out where the incident took place and where the participant is now, especially if they are no longer in their residence due to a move to new housing or hospitalization. Find out what was done at the time to stabilize the situation, like maybe, the police were called or medical attention was sought. Also find out if others, family, friends, or strangers were involved. Was there a perpetrator that the individual can identify either by name or role; like for example the taxi driver? Sometimes incidents are not reported to you by the individual.

For example, a provider goes to visit an individual but the individual does not answer their door. A neighbor in the hall may offer that the participant was taken to the hospital by squad the day before. Be sure to note who provided you with the incident information.

This list above is an example of the types of information that could be appropriate for any particular incident. Your list may change depending on the incident specifications.

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Incident Reporter

- Report information to the participant's case manager
- Report Immediately!
 - » Case manager responsible for submitting a formal incident report within 24 hours of being notified
- Provide your contact information
- Complete Change in Status Form, if necessary

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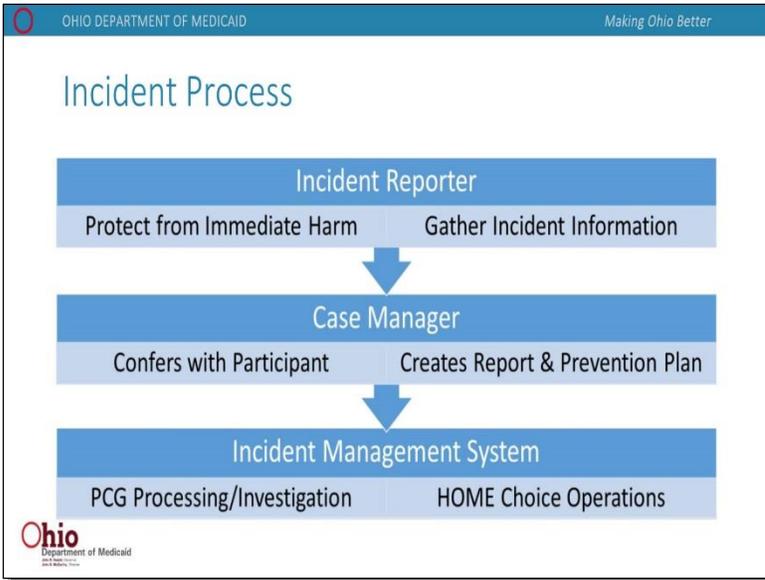
Incident Reporter continued

Once all of the particulars about the incident have been collected, the incident reporter needs to forward this information to the participant's case manager whether the case manager is a waiver case manager, a MyCare case manager or a HOME Choice case manager.

Reporting should take place immediately as the incident report needs to be submitted within 24 hours of the discovery that the incident took place. When an incident reporter is forwarding all the pertinent incident information to the case manager, it is very important to provide your own name and contact information.

This is important so that the case manager can document the source of the information and can easily get back to the incident reporter with questions.

Many incidents represent situations, which require the submission of a Change in Status Form to HOME Choice Operations. Some examples of these types of incidents are hospitalizations, nursing facility readmissions or a change of address maybe due to some sort of environmental emergency. Complete and submit the Change in Status Form and then be sure to let the case manager know that you have done so when you inform them of the incident.



Incident Process – Case Manager

Once the details have been forwarded to the case manager, the case manager is the one who is responsible for the creation of the incident report. In addition to demographic information about the participant, the report has four narrative sections that need to be completed.

The first section is a full description of the incident.

The next section requires a description of the immediate actions that took place to stabilize the situation; for example, the squad was called and the participant was taken to the ER at ABC Hospital.

The third section of the report is the follow up actions that need to take place to bring closure to this incident; for example, the participant will make an appointment with his doctor or the participant will call the police to complete a police report.

The final section of the report is a prevention plan.

The case manager creates the prevention plan with input from the participant. The goal is to create a strategy that will reduce the risk of the incident reoccurring or prevent the incident from ever happening again. The HOME Choice case manager creates a draft of the prevention plan at the time the incident report is input in to the Public Consulting Group, or PCG's incident management system, which is the last bar in this process.

PCG receives, reviews, processes and investigates all incidents created for non-waiver HOME Choice participants. During their processing, PCG forwards all incident reports to the HOME Choice Operations Unit.

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HOME Choice Operations Unit

- Incident Reports are forwarded to Operations Unit
- 100% of the Incident Reports are reviewed
- Most reports are forwarded on to the appropriate CLA
- CLA may provide input with prevention planning



HOME Choice Operations Unit

Every incident report is reviewed by the HOME Choice compliance manager. Many of the incidents are also forwarded to the community living administrator (or CLA) assigned to that individual. This is done so that the CLA is aware of what the issues and concerns are with the particular participant and can also offer input into the individual's prevention plan. The prevention plan, which is originally drafted by the case manager, is modified, updated and eventually finalized during the PCG investigation process.

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Incident Types

- **Abuse*** – includes any of the following:
 - » Emotional/Mental Abuse
 - » Physical Abuse
 - » Sexual Abuse
 - » Verbal Abuse
 - Mandated reporting requirement
- **Accident/Injury** – unexpected accident, injury or fall that requires medical assessment or treatment.

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Incident Types

Since we have walked through the incident reporting process, now let's go through each incident type with a little more detail.

One general thing that I want to say about incident type is, do not get overly hung up on what type or category an incident should be assigned. Knowing what category an incident belongs in is less important, that just reporting an incident. The incident category can always be modified. This first incident category is abuse.

Abuse can be the result of emotional or mental abuse, physical abuse, sexual abuse or verbal abuse. Abuse is an incident type with a mandated reporting requirement. Mandated reporters must adhere to the legal standard for their licensing body.

Accident / injury is an unexpected accident, injury or fall that requires medical assessment or treatment.

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Incident Types, continued

- **Back-up Plan Failure** – identified back-ups fail or unable/unavailable to provide crucial support
- **Death** - for any reason. Change in Status (CIS) necessary.
- **Environmental Emergency** - power outage, fire, flood, etc. disrupting living situation. Change in Status (CIS) may be necessary.

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Incident Types continued

Back-up Plan Failure is identified back ups that fail, are unable or unavailable to provide necessary support.

Death is another incident category. All deaths of HOME Choice participants are incidents, which require investigation. This is also an incident type that requires a Change in Status Form to be submitted to HOME Choice operations.

Environmental Emergency is any power outage, fire, flood, storm or weather condition that disrupts a participant's living situation and may result in a Change in Status Form.

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Incident Types, continued

- **Exacerbation of Health Problems** – increase in the severity of disease or its signs/symptoms
- **Exploitation*** - using a person for profit or advantage
 - Mandated reporting requirement
- **Hospitalization** – an unplanned admission Change in Status (CIS) necessary.

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Incident Types continued 2

Exacerbation of Health Problems is the situation where there is an increase in the severity of the disease or the signs and symptoms of the disease.

Exploitation* is defined as using a person for one's own profit or advantage. As with abuse reports, mandated reporters must adhere to the legal standard for their licensing body.

Hospitalizations are incident reports. All unplanned admissions require incident reports and also the submission of the Change in Status Form. Planned hospital admissions, for example if a participant is having scheduled knee replacement surgery, is not considered an incident.

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Incident Types, continued

- **Inappropriate Services/Unmet Need** – services not in place to meet an identified need
- **Involvement with Criminal Justice System** –as a witness to a crime, involved in actual criminal activity, etc.
- **Location Unknown** - whereabouts are unknown, missing Change in Status (CIS) necessary
- **Loss of Caregiver** – impacts ability to remain in the community or impacts health and safety

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Incident Types continued 3

Inappropriate services/unmet needs. This is a category that covers services that are not in place to meet an identified need or services that may be in place, but are unavailable. For example, this incident category can be used to report a lack of nursing or home health aide services in a geographic area to meet the needs of an individual. This category can also be used to report a deficiency in the service provided by a HOME Choice service provider.

Involvement with Criminal Justice System. This category is used to report if a participant is a witness to a crime or involved in actual criminal activity.

Location Unknown. This incident category is to be used when the whereabouts of the participant is unknown; the participant is missing, or has run away from home. This category is used to report youth participants who run away.

Loss of Caregiver is when a participant is reliant on a caregiver and the loss of that caregiver impacts their ability to remain in the community or impacts their health and safety.

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Incident Types, continued

- **Loss of Housing** - homelessness or the reasonable threat of homelessness Change in Status (CIS) may be necessary.
- **Loss of Income** – end of primary source of income
- **Medication Administration Error** – wrong amount, form, and/or timeframe that result in illness/injury or medical intervention

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Incident Types continued 4

The loss of housing, homelessness or the reasonable threat of homelessness would require an incident report.

As would the loss of income or the end of their primary source of income for one of our participants.

Medication Administration Errors are if the wrong amount, form, or timeframe of a medication dosage is given to or taken by the participant and results in illness, injury or medical intervention and then therefore is an incident.

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Incident Types, continued

- **Neglect*** – inaction that adversely affects health and/or safety
*Mandated Reporting Requirement
- **Nursing Facility Readmission** – admission to a NF, ICF, a residential treatment facility or a hospice facility Change in Status (CIS) necessary
- **Other** – Used for ER visits, individual's behavior, significant decline in mental health status, etc.

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Incident Types continued 5

Neglect* is defined as the inaction by family, friend or professional that adversely affects the health and/or safety of an individual. Neglect also has mandated reporting requirements so mandated reporters need to follow the requirements of their licensing body.

Nursing Facility Readmissions – Readmissions to a NF, ICF, a Residential Treatment Facility or an in-patient hospice facility is an incident and also a situation where a change in status form is necessary.

Other is a catchall incident category. It can be used to report ER visits, individual's behavior, a significant decline in mental health status, or other situations that do not appear to be a good fit in another category.

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Incident Types, continued

- **Sentenced to Jail/Prison** – sentenced to serve time in jail/prison facility, or court ordered to participation in residential treatment
- **Substance Abuse/Overdose** – accidental or intentional use of a drug greater than normally used or illegal substances with serious consequences
- **Suicidal Thoughts/Attempts** – communicates or attempts to take his/her life

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Incident Types continued 6

Sentenced to jail/prison – sentenced to serve time in jail or prison, or court ordered participation in residential treatment facilities are incidents that belong in this category.

Substance abuse/overdose – the accidental or intentional use of drugs greater than normally used, or the use of illegal substances to the extent that it places ones own health and welfare in jeopardy are incident reports.

Suicidal thoughts and/or attempts is when a participant communicates thoughts about taking his own life or actually attempts to take his or her own life. The participant's team will want to be informed of credible threats so that prevention plans can be put in place. An example of a prevention step is the addition of social work/counseling to the individual's service plan, to proactively discuss isolation issues and hopefully reduce the likelihood of attempts to take one's life.

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Incident Types, continued

- **Theft** - includes any of the following:
 - » Medication
 - » Money
 - » Personal Property
- **Victim of a Crime/Other** - victim of an illegal action in a way not captured by another category

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Incident Types continued 7

Theft includes the following: theft of medication, money, or personal property. All of these are all incidents. And the final category is...

Victim of a Crime/Other – when a participant is the victim of an illegal action that was not captured by another category.

By reviewing the roles and responsibilities of the incident reporting system and the HOME Choice incident types, we have covered the first prong of the CMS designed protection from harm system.

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Quality Management/Protection from Harm

- 1 • Critical Incident Reporting System
- 2 • Risk Assessment & Mitigation Protocol
- 3 • Back up Strategy

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Quality Management/Protection from Harm

The second prong of a Protection from Harm strategy according to CMS is to have a risk assessment and mitigation protocol.

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Risk Assessment and Mitigation

- What are the participant's needs?
- What challenges may be encountered while living in the community?
- How can putting services in place help overcome challenges and reduce risks?
- What community supports exist?

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The Concept of Risk Assessment and Mitigation

Risk assessment and mitigation is a sophisticated sounding term but it actually is a very basic concept. It means we evaluate our participant's needs and come up with a plan to meet those needs. We ask ourselves, "What does this participant need to stay in the community?" When the current needs have been assessed, we evaluate with our participant what services and supports can be put in place to meet those needs. All services that are available are considered, both formal and informal.

Formal supports that could be considered to meet the participant's needs may include HOME health services provided by waivers, state plan or managed care, HOME Choice services, regional services offered by community providers which may include legal advice, financial assistance, payee services and much more.

The participant's informal support network is also considered. Could the participant's family, friends or neighbors be utilized to provide the needed assistance?

Another consideration in developing a plan to meet the needs of the participant is, could the participant meet this need for himself? Perhaps if the participant was provided education or instruction, equipment or support this need would no longer exist.

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Risk Assessment / Mitigation Protocol

- Discharge Planning
- Contacts with the Participant
- Service Planning
 - » HOME Choice Services
 - » Waiver or State Plan Services
 - » Community Services
- Incident Report Prevention Planning

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Risk Assessment/Mitigation Protocol Process

The process of evaluation of a participant's needs happens every time a HOME Choice provider meets with participant, from the first meetings that take place in the nursing facility, through the discharge planning process and also when the participant is out in the community. Every time we meet with a HOME Choice participant, we assess their current needs and the methods in place to meet these needs. Needs can change over a period of time depending on the particular circumstances.

For example, a participant could have their banking and bill-paying needs met by a family member, until that family member gets sick and is no longer able to do that task. Now banking and bill paying becomes an unmet need. Through discussion and examination of options with the individual, a new plan is formulated.

A critical time to evaluate if a participant has an unmet need is when a participant experiences an incident. The prevention plan that is created by the case manager and submitted with the report, addresses solutions to the identified problem. For example, if a participant experiences a hospitalization due to their mishandling of their prescription medication, the case manager may ensure that a weekly nursing visit be added to the participant's service plan upon discharge from the hospital.

The purpose of the weekly nursing visit would be to set up and monitor the participant's medication compliance.

Risk assessment and risk mitigation is a vital loop of continuous evaluation and adjustment.

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Quality Management/Protection from Harm

- 1 • Critical Incident Reporting System
- 2 • Risk Assessment & Mitigation Protocol
- 3 • **Back up Strategy**

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Back up Strategy

The third prong of a Protection from Harm system as defined by CMS is a back up plan strategy.

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Back up Plans

- Individualized
- Available 24/7 – On call, live assistance
- Participation and Education of individual – who to call for what

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Back up Plans

CMS requires all individuals who are participating in HOME Choice have an individualized back up plan, like those folks enrolled on a waiver. The HOME Choice case manager works with the participant to create their own unique strategy as to what to do in cases of an emergency. Through discussions of various scenarios, key contacts are identified and preferred approaches to handling these situations are documented on a form called the Emergency Response Plan/ Back up Plan.

The plan is then posted in a prominent place, like on the participant's refrigerator, for ease of access and to remind the participant and the case manager to review frequently and keep contacts and strategies up to date. It is encouraged that all HOME Choice service providers review the plan with the individual to ensure that it is thorough and accurate.

One contact that is always included on the Emergency Response Plan/Back up Plan is the inclusion of the HOME Choice case manager's name and contact information. Also included is a phone number for Care Star that has 24/7 access. A live person is always available to take a call from a participant and offer assistance. Having 24/7 access to live help is a requirement of CMS.

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HOME Choice Contact Information

- **Phone Number:** 1-888-221-1560
- **Email:** HOME_CHOICE@medicaid.ohio.gov
- **Website:** <http://medicaid.ohio.gov/HomeChoice>

- Carol Schenck
HOME Choice Compliance Manager
(614) 387-7755
Carol.Schenck@Medicaid.ohio.gov



HOME Choice Contact Information

That concludes our talk on the Protection from Harm Strategy that is in operation to serve and protect our non-Waiver HOME Choice participants. Please contact me if you have any concerns or comments about the information that was provided here.



Conclusion and Thank You

Making Ohio Better is the motto of the Ohio Department of Medicaid and what everyone in the agency strives to achieve daily. The HOME Choice unit has modified this motto slightly. We like to say, "HOME Choice is making Ohio better, one transition at a time". Thank you for your work with the HOME Choice program and making it such a success for individuals we serve and for the state as well.