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Department of
Medicaid

Ohio Home Care Waiver Handbook

A resource guide for Ohioans enrolled on the
Ohio Home Care Waiver



**Fill out the information below.
Keep it on hand for easy access.**

Case Managers: Please help with filling in the blanks or attach your card to this page.

My Case Management Agency

24- Hour Toll-Free Phone Number

My Case Manager's Name and Phone Number

Managed Care Plan (MCP) (if applicable)

MCP Care Manager and Phone Number (if applicable)

Medicaid Consumer Hotline:

1 (800) 324-8680

How to use this Handbook

This handbook provides important information about the Ohio Home Care Waiver.

The information in the handbook should help answer basic questions you have.

If you cannot find answers to your questions in this handbook, contact your case manager who is available to assist you.

You will receive a new copy of this document each year during your annual assessment.

This handbook is prepared by:

The Ohio Department of Medicaid Bureau of Clinical Operations

For more information, contact the

Medicaid Consumer Hotline:

1 (800) 324-8680

Introduction

The Ohio Home Care Waiver is a home and community-based service program administered by the Ohio Department of Medicaid.

This waiver provides certain services that allow you to receive supports outside of a hospital or nursing facility.

Ohio Home Care Waiver Services:

- Adult Day Health Services
- Community Integration Service
- Community Transition Service
- Personal Emergency Response System
- Home Care Attendant
- Home Delivered Meals
- Home Maintenance and Chore Service
- Home Modification Service
- Out-of-Home Respite
- Personal Care Aide
- Supplemental Adaptive and Assistive Devices
- Supplemental Transportation Services
- Waiver Nursing

Your Rights

As an individual enrolled on the Ohio Home Care Waiver, you have the right to:

- Be fully informed of all your rights, responsibilities, and what it means to be on a waiver
- Be treated with dignity and respect
- Receive assistance from your case manager
 - » What is a case manager? A person assigned to you to help with coordinating services that meet your needs.
- Have private meetings with your case manager
- Be protected from abuse, neglect and mistreatment
- Receive information that is timely, accurate and easy to understand
- Choose Medicaid-approved providers who will provide safe, appropriate and high-quality services
- Control how your services are delivered
- Speak in confidence with your case manager and know that your information will be kept confidential
- Participate in the development of your Person-Centered Services Plan
- Request a state hearing to appeal any decisions made by your case management agency or the Ohio Department of Medicaid about your waiver eligibility or benefits

- See any files or records related to your health care
- Be informed about how to report concerns with your case manager, services or providers to the Ohio Department of Medicaid

You and your authorized representative (if applicable) direct your waiver services.

- What is an authorized representative? An authorized representative is a person age 18 or older whom you have authorized in writing to make decisions on your behalf about your Ohio Home Care Waiver services.

Your Responsibilities

As an individual enrolled on the Ohio Home Care Waiver, 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 implementation
- Keeping scheduled appointments
- Reporting problems, concerns, changes or incidents to your case manager
- 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 members of your care team.

A complete list of your rights and responsibilities is listed in the Ohio Administrative Code. Learn more online at codes.ohio.gov/oac/5160-45-03 or request a printed copy from your case manager.

Case Management

All individuals enrolled on an Ohio Medicaid waiver receive case management services.

Case management connects you to services and supports that help you get the care you need in an environment where you can be the most independent.

Case management activities include:

- Monitoring your health and welfare
- Periodically assessing your needs, service goals and objectives
- Annually assessing your waiver program eligibility
- Coordinating meetings with you and your care team
- Authorizing waiver services that meet your needs

- Providing referrals and connecting you to services and providers
- Monitoring the delivery of all services identified in your person-centered service 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 or work
- Educating you on how to identify and report incidents, and working with you to develop prevention plans to reduce risks
- Assisting you to develop a meaningful backup plan in the event your provider is unable to or does not show up for work
 - » What is a backup plan? This plan includes one or more people who are able to meet your needs and respond immediately if your regularly scheduled provider is unable to work his or her shift(s).

Changing your case manager or your case management agency:

You may request a change in your case manager or case management agency. . If you would like to change either, please submit a justification with your change request. These changes are approved on a case-by-case basis. The Department of Medicaid will notify you of whether your request has been approved or declined.

To request a change, submit your request in one of the following ways:

- Send an e-mail: caremanagement@medicaid.ohio.gov
- Send a fax: 614-466-6945
- Mail your request to:
Ohio Department of Medicaid
Bureau of Clinical Operations
Attn: CMA Change
P.O. Box 43214
Columbus, OH 43215

Reporting Incidents

Be sure to report any incidents:

An incident is any event that is inconsistent with your routine care and is harmful or potentially harmful to you. You or a member of your care team should notify your case manager within 24 hours of an incident.

Ohio Medicaid, its case management agencies, and its provider oversight agency perform activities to make sure that you are protected from harm.

Incident investigation and follow up includes:

- Making sure you are healthy and safe, and medical attention is sought as needed
- Taking steps to prevent incidents from reoccurring
- Identifying patterns to determine whether you or your providers could benefit from safety education

- Confirming you have the necessary services to remain healthy and safe
- Making sure providers know how to keep you safe and cause no harm
- Educating you on how to report incidents when they occur

Person-Centered Service Plan

Your person-centered service plan is a written outline of your waiver services, other Medicaid services, and all other services (paid and unpaid) needed to keep you safely in your home.

The plan identifies goals and outcomes related to your health and the treatments and services you receive.

How is your plan developed?

Your case manager works with you and your care team to develop a person-centered service plan.

Care team members include your natural supports, an authorized representative (if applicable), providers, your physician, and any others who you would like to include who are involved in your care.

Your case manager will also:

- Document communication records and/or team meeting minutes in the planning process
- Authorize and assist with arranging services with your service providers and other caregivers

- Ensure the plan details the amount, frequency, scope, and duration of your services
- Assist with identifying and contacting all providers and agencies that are involved in your care
- Schedule meetings, disseminate important information, complete plan updates, maintain documentation, and facilitate collaboration among team members

The person-centered service plan will be updated as often as necessary to continue to reflect your needs.

Your person-centered service plan will address all the following:

- Your care, including your medical and personal care needs
- Your strengths
- Identified goals and desired outcomes
- The setting where you choose to receive your care
- Upkeep of your home environment, including adaptations as applicable
- How you will access your community, including transportation
- Physical, mental, and behavioral health needs, including any applicable interventions
- School, work, or other day activities

- Medication procurement and management
- Medical and personal care supplies, including equipment
- Backup and emergency plans
- Case management services

Your Providers

You have the right to choose your Medicaid state plan and waiver service providers. The case management agency is responsible for making sure that you are able to choose your providers and assisting you in making a choice, if necessary.

You may choose agency and/or non-agency providers.

Find a Provider:

Go online: myohiohcp.org

Call the Medicaid Consumer Hotline: 1 (800) 324-8680