



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.



My Case Management Agency



24-Hour Toll-Free Phone Number



My Case Manager's Phone Number



My Case Manager Supervisor's Phone Number

****Case Managers:**

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

How to use this Handbook:

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

The information here should help answer any basic questions you may have.

If you cannot find the answers to your questions in this handbook, contact your **case manager** who is always available to help you with your long-term care needs.



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 Long-Term Care Services and Supports**

For more information, contact: (614) 466-6742

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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 long-term care outside of a hospital or nursing facility.



Benefits of the Ohio Home Care Waiver:

- » 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 the Ohio Home Care 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.
- » Receive assistance from your case manager.
- »  **What is a case manager?** A person assigned to you to help with in coordinating your service needs.
- » 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.
- » Participate in developing your Person-Centered Plan.
- » Request a change in case management agencies
- » Request a state hearing to appeal any decisions made

by your case management agency or Ohio Medicaid about your waiver eligibility or benefits.

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

You or your authorized representative are the director of your waiver services.



What is an authorized representative? An authorized representative is a person age 18 or older whom you have chosen to make decisions on your behalf about your Ohio Medicaid coverage.

Your Responsibilities

- » 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 team members.

A complete list of your rights and responsibilities is listed in Ohio Administrative Code.

Learn more online: <http://codes.ohio.gov/oac/5160-45-03>

You may also ask your case manager for a printed copy.

Case Management

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



What is case management? 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.

These services 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.
- » 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.
- » 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.
- » 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 management agency:

Each year, you will have the chance to change your case management agency. This happens during what is called an open enrollment period.

You may request a change outside of the open enrollment period. Changes are approved on a case-by-case basis.

A committee meets monthly to review requests and will

notify you of whether your request is approved or declined.

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

Send an E-mail: BHCP@medicaid.ohio.gov

Send a Fax: 614-466-6945

Mail Your Request: Ohio Department of Medicaid
Bureau of Long-Term Care
Attn: CMA Change
P.O. Box 43214
Columbus, OH 43215

Be Sure to Report Any Incidents:

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



What is an incident? 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.

Incident investigation and reporting include:

- » 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 if you or your providers could benefit from education in a particular area.

- » Confirming that you have the needed services to remain safe and healthy.
- » 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.

This 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 your care team to develop the comprehensive person-centered service plan.

-  **Care team members:** you, your natural supports, an authorized representative (if applicable), providers, and your physician.

Your case manager will also:

- » Document communication records and/or team meeting minutes in the planning process.
- » Authorize and assist you with arranging services through collaboration with you, service providers and other caregivers.

- » Assist you with identifying and contacting all providers and agencies that are involved in your care.
- » Help to schedule meetings, disseminate important information, complete plan updates, maintain documentation, and mediate disagreements among team members.

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

The plan also details the amount, frequency and duration of your services, including those that support the care provided by unpaid caregivers.

Your person-centered service plan must address all of the following:

- » Your care, including your medical and personal care needs.
- » Your strengths.
- » Your identified goals and desired outcomes.
- » Setting where you choose to receive your care.
- » Care of your home.
- » Community access, including transportation.
- » Mental/behavioral health, including any behavior interventions.
- » School, work, or other day activities.
- » Home adaptations.

- » 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 to choose your Medicaid state plan and/or waiver service providers. The case management agency is responsible for making sure that you are able to choose your own provider and helping you to make a choice.

You may choose any combination of agency and/or non-agency providers.

Find a Provider:

Go online: <http://www.ohiohcp.org/consumer.html>

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