



Home & Community-Based Services Waiver Member Handbook

For Members Enrolled in the
MyCare Ohio
Home and Community-Based Services Waiver
(Revised March, 2023)

United
Healthcare
Community Plan

+MyCareOhio
Connecting Medicare + Medicaid

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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 UnitedHealthcare Connected® for MyCare Ohio (Medicare-Medicaid Plan). It is a supplement to your Member Handbook and is intended to provide you with the basic information about the Waiver. Please refer to your Member Handbook for other important information.

As a member of UnitedHealthcare Connected for MyCare Ohio, 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 UnitedHealthcare Connected for MyCare Ohio 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 potential issues that may arise while enrolled. This may be the same person or 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, 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 that you want to include on your Care Team.

Your Waiver Service Coordinator will review the content in this handbook every year during your annual reassessment. Please refer to it often for information or for answers to questions. If you do not find clarity 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. Here you can also find other important numbers that are available 24/7.

Waiver Services Coordinator _____

Phone Number: _____

Support available:

The below services are available to you to support any additional needs you may have:

- Oral interpretation.
- Translation services.
- Auxiliary aids and services.
- Written information in alternative formats including braille and large print.



If you have questions, please call UnitedHealthcare Connected® for MyCare Ohio at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). The call is free. **For more information**, visit **UHCCommunityPlan.com** or other digital option. A waiver services coordinator or a care manager can be contacted at any time at **1-800-542-8630 (TTY 711)**.

Introduction

MyCare Ohio Waiver services provided through UnitedHealthcare Connected for MyCare Ohio are designed to meet the needs of members who are 18 years or older, eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and determined to meet an intermediate or skilled level of care. These services help individuals to live at home independently and safely.

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

*Self-direction is available with this service. Self-direction is described further starting on page 7.



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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, care team, and the ability to suggest changes without fear.
- See files or records related to your health care.
- Challenge decisions about your care with which you do not agree. Please review your Member Handbook for details regarding grievances, appeals, and state hearings.
- Be fully informed about how to contact the Ohio Department of Medicaid Consumer Hotline with concerns, issues, or inquiries: **1-800-324-8680**.
- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: **1-800-282-1206**.
- Request a different Waiver Service Coordinator entity. Ask your Care Manager or contact Member Services if you have questions about how to do so.
- Choose from available home & community-based services determined necessary to meet your needs.
- Choose from available 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).

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Responsibilities

You are the key player in ensuring you get the waiver services you need. As a member, you have many important responsibilities. You can appoint an authorized representative to help with many aspects of your waiver service planning and delivery. Specifically, you and your authorized representative, if you choose to appoint one, are responsible for:

- Communicating openly and honestly with your care team.
- Providing accurate and complete information, including your medical history, regardless of who is paying for your medical services.
- Actively participating in the process to develop and implement your person-centered service plan.
- Providing your signature on the person-centered service plan or other document requested by your waiver service coordinator, indicating your agreement with the 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.
- Telling your waiver service coordinator or care manager about 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.

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 and revised as often as necessary to best address 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.



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As a member enrolled in the MyCare Ohio Waiver, you have choice and control over the provision of Waiver services you receive by actively participating in the service planning process. You 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 helping you explore all services available to meet your specific needs. You will have the opportunity to identify how you want the services noted at the introduction of this handbook to be delivered, including finding the setting that best meets your needs.

The Waiver service coordinator will also help you decide what types of providers you want rendering your services, based on how involved you want to be in managing their services. The MyCare Ohio Waiver has the following available providers:

- Self-directed: You hire and manage the provider or the service budget.
- Provider-managed: An agency provider identifies and manages staff.
- Non-agency: Independent providers who manage themselves.

All providers must be enrolled with ODM and contracted with your MyCare plan. If you find a provider who is not enrolled or contracted, the MyCare plan can assist the provider with the enrollment and contracting process.

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 plan is developed and approved, your waiver service coordinator will continue to help by arranging the start of services and making sure services are delivered to meet your needs, according to the plan.

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 help from people such as neighbors, friends, family, etc. Person-centered service plans are updated at least once each year or as your needs change.

Your person-centered service plan documents how your needs will be met and where you choose to receive services. It must address all of the following:

- Your medical, behavioral health, and personal care needs and how those will be met.

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- Services that may be needed to keep your environment clean and safe, including any adaptations necessary to meet your needs.
- Services that may be needed to help you maintain participation in school, work, or other activities.
- Strengths, goals and desired outcomes.
- Services or safety measures to mitigate any risks for you, including accommodations or modifications needed in the setting where you receive services.
- Medical and personal care supplies you need, and how you will receive those, including medications and equipment.
- Back-up plan for when a paid provider is unavailable for services.

Your person-centered service plan identifies 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 that you are getting the services you need.

Waiver Service Coordination

All members enrolled with UnitedHealthcare Connected for MyCare Ohio in the MyCare Ohio Waiver will receive assistance with coordinating their waiver services.

One of the roles of the Waiver service coordinator is to make sure you receive the waiver services you need. 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, and at least every six months as agreed upon in your person-centered service plan.

Waiver service coordination includes, but is not limited to, the following:

- Monitoring your health and welfare
- Assessing your needs, goals, and objectives at least annually.
- Scheduling, coordinating and facilitating meetings with you and your care team
- Authorizing Waiver services in the amount, scope, and duration to meet your needs
- Working with you and your care team to develop your person-centered service plan.
- Monitoring the delivery of all Waiver services identified in your person-centered service plan



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- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to, life milestones like entering/exiting school, work, etc.
 - Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence. Incidents are described further starting on page 10.
 - Assisting you in finding needed service providers, including when a provider has given notice to leave or becomes unavailable.
 - Assisting you in the development of a meaningful backup plan if there is an interruption or delay in services provided by your person-centered plan. This may include identifying persons who are able to meet your needs and respond quickly if your regular provider is unable to deliver services.

Your person-centered service plan identifies 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.

When should you call your Waiver Service Coordinator?

Call your Waiver service coordinator anytime one of the following occurs:

- Your services are not meeting your needs
- Your home situation changes
- Your health changes
- You have an accident, fall, or go 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 concern or problem with the care you are receiving
- You believe the current person-centered service plan is no longer meeting your needs
- To report an “Incident”
- You believe you need more services to stay safely in your home
- If a service provider does not show or cancels a service.



If you have questions, please call UnitedHealthcare Connected® for MyCare Ohio at **1-877-542-9236 (TTY 711)**, 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week). The call is free. **For more information**, visit **UHCCommunityPlan.com** or other digital option. A waiver services coordinator or a care manager can be contacted at any time at **1-800-542-8630 (TTY 711)**.

If you can't reach your Waiver Service Coordinator, you can contact your Care Manager at **1-800-542-8630** (TTY **711**). You can also call Member Services at **1-877-542-9236** (TTY **711**), 8 a.m.–8 p.m. local time, Monday–Friday (voicemail available 24 hours a day, 7 days a week) with any concerns or problems.

Transition Period — Transition to the MyCare Ohio Waiver

If you were enrolled on PASSPORT, Assisted Living, or Ohio Home Care Medicaid Waiver immediately prior to enrolling on the MyCare Ohio Waiver, the MyCare plan will continue your services to minimize service disruptions.

Your existing services and providers will be maintained for a period of time, depending upon the type of service. Your services and service providers will remain in place except in the following situations:

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. Issues are identified that affect your health and welfare.

So long as none of the above exceptions apply, your existing service levels and providers will be maintained while you are enrolled on the MyCare Ohio Waiver as follows:

Direct Care 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 direct care services, 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 services:

If you were receiving Assisted Living service, you can continue to receive the same authorized service from the same provider while you are enrolled in the MyCare Ohio Waiver.

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Self-directed services:

If you were already self-directing your services through a Medicaid Waiver, you may keep your current provider for at least 365 days with the same service amount at the same rate, unless your Waiver service coordinator determines:

- You no longer need these services
- You and your authorized representative can no longer be the employer.
- You no longer have an authorized representative, if needed.

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:

Before any services or providers are changed, your waiver service coordinator will meet with you to review your person-centered service plan and discuss any needed changes. If a change in provider is required for any reason, you will be provided with information regarding other available providers.

Transitions from the MyCare Ohio Waiver:

Similar to when you begin services with the MyCare Ohio Waiver, your Waiver service coordinator and care manager will work with you to safely transition your services if you leave the MyCare Ohio Waiver. At any point, if you are disenrolled from MyCare for reasons such as moving out of a My Care county or losing Medicare eligibility, your MyCare Waiver service coordinator will work with your new Waiver entity to ensure a smooth transition, allowing you to continue to receive necessary care and remain independent in your community.

Self-Directed Opportunities

If you have a need for certain Waiver services, as determined by your Waiver service coordinator 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**.



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Employer Authority means you will assume responsibilities of being your provider's employer. You will be responsible to recruit, hire, train, direct, and even terminate that provider, 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:

- Personal Care service; or
- Choices Home Care Attendant service

Budget Authority means you will assume responsibility for establishing a rate of pay and scheduling when services are provided within certain parameters. 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
- Home maintenance and chore service
- Home modification
- Home medical equipment and supplemental adaptive and assistive devices service

Employer Responsibilities:

Before you can 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 be processing payroll for your provider. 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 to help you set up an account and 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, tell your Waiver Service Coordinator or Care Manager.

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Reporting Incidents

Incident Investigation and Reporting

UnitedHealthcare Connected for MyCare Ohio 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 your health and safety 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 providers know how to keep you safe and cause no harm to you.
- Informing you of the findings from the investigation of a critical incident and potentially developing a prevention plan to lessen the risk of the incident happening again.

What are Incidents?

"Incident" means an alleged, suspected, or actual event that is inconsistent with your routine care of, or service delivery. Critical incidents include any of the following:

- Abuse: the injury, confinement, control, intimidation, or punishment of an individual that has resulted in physical harm, pain, fear, or mental anguish. Abuse includes, but is not limited to physical, emotional, verbal, or sexual abuse, or the use of restraint, seclusion, or restrictive intervention without authorization.
- Neglect: when it is a duty to do so, failing to provide treatment, care, goods, or services necessary to maintain your health and welfare, including self-neglect.
- Exploitation: the unlawful or improper act of using a member or a member's resources using manipulation, intimidation, threats, deception, or coercion for monetary or personal benefit, profit, or gain.
- Misappropriation: depriving, defrauding or otherwise obtaining money or real or personal property (including prescribed medication) belonging to you by any means prohibited by law that could impact your health and welfare.
- Unnatural or accidental death.
- Self-harm or suicide attempt.



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- Being lost or missing, putting your health and welfare at risk.
- Any of the following prescribed medication issues:
 - Provider error;
 - Issue resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization.
- Other reportable incidents reviewed by the care manager but not investigated include:
 - Natural death
 - Member or family member behavior, action, or inaction resulting in the creation of, or adjustment to, a health and safety action plan.
- The health and welfare at risk due to any of the following:
 - Loss of the individual’s paid or unpaid caregiver
 - Prescribed medication issue not resulting in EMS response, emergency room visit, or hospitalizations
 - Eviction from your place of residence
- Suicide attempt that does not result in emergency room treatment, in-patient observation, or hospital admission.

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**.

If the incident is serious in nature and you believe your health and welfare is in jeopardy, you should also notify the appropriate authorities. If you are unsure who to contact, ask your waiver service coordinator. The appropriate authority is dependent upon the nature of the incident.

Examples of serious incidents 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 communicated to your Waiver Service Coordinator. It is best to bring these concerns to them 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 Adult Protective Services in the county where the individual resides or where the incident occurred. During non-business hours contact local law enforcement. To find the phone number for your local APS agency, click or visit jfs.ohio.gov/county/County_Directory.pdf.



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Criminal Activity – If the incident involves conduct you believe may be criminal, call your Local law enforcement.

Medicaid Fraud – If you suspect the incident involves Medicaid fraud, you can file a complaint with the Ohio Attorney General contact them at ohioattorneygeneral.gov/About-AG/Contact.

Legal Guardian – if the incident involves a Legal Guardian, you can contact your local probate court. To find your local court, click or visit supremecourt.ohio.gov/courts/judicial-system/Ohio-trial-courts/.

Advocacy Agencies

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

Concerns about UnitedHealthcare Connected for MyCare Ohio - If you have concerns about UnitedHealthcare Connected for MyCare Ohio, contact your **Care Manager or Member Services**.

If you feel that UnitedHealthcare Connected for MyCare Ohio does not address your concern, you may seek assistance from the Ohio Department of Medicaid by contacting the **Medicaid Consumer Hotline** at ohiomh.com/ or call **1-800-324-8680**.

Ombudsman – The Ohio long term care Ombudsmen voice member needs and concerns regarding long-term care services to nursing homes, home health agencies, and other providers. They will work with the UnitedHealthcare Connected for MyCare Ohio 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** or email OhioOmbudsman@age.ohio.gov 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 ohiosilc.org/.

Legal Aid – Provides legal assistance to protect, and enforce the legal rights of low-income Ohioans. Call **1-866-LAW-OHIO (529-6446)**.

Disability Rights Ohio – advocate for the human, civil, and legal rights of people with disabilities in Ohio. For more information, go to disabilityrightsohio.org/ or call **1-614-466-7264** or **1-800-282-9181**.



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MyCare Waiver Consumer Handbook Acknowledgement

I have received the UnitedHealthcare Connected for MyCare Ohio HCBS Waiver Member Handbook. It includes information about my rights and protections, and how to report alleged incidents.

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)



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UnitedHealthcare Community Plan of Ohio, Inc. does not discriminate because of sex, age, race, color, disability or national origin.

If you believe that we have failed to provide these services or discriminated in another way on the basis of sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

- **Online:** UHC_Civil_Rights@uhc.com
- **Mail:** Civil Rights Coordinator. UnitedHealthcare Civil Rights Grievance. P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call 1-877-542-9236 (TTY 711) from 8 a.m. to 8 p.m. Monday through Friday (voicemail available 24 hours a day/7 days a week).

You can also file a complaint with the U.S. Dept. of Health and Human Services.

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Phone:** Toll-free 1-800-368-1019, 800-537-7697 (TDD)
- **Mail:** U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-877-542-9236 (TTY 711) from 8 a.m. to 8 p.m. Monday through Friday (voicemail available 24 hours a day/7 days a week).

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call 1-877-542-9236, TTY 711.

ATENCIÓN: si habla **español (Spanish)**, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-542-9236, TTY 711.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請致電：1-877-542-9236 (TTY) 711。

LƯU Ý: Nếu quý vị nói Tiếng **Việt (Vietnamese)**, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số 1-877-542-9236, TTY 711.

참고: **한국어(Korean)**를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 1-877-542-9236, TTY 711 로 전화하십시오.

ATENSYON: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa 1-877-542-9236, TTY 711.

ВНИМАНИЕ: Если вы говорите по-**русском (Russian)**, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел 1-877-542-9236, TTY 711.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم 1-877-542-9236، الهاتف النصي 711.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nan 1-877-542-9236, TTY 711.

ATTENTION : Si vous parlez **français (French)**, vous pouvez obtenir une assistance linguistique gratuite. Appelez le 1-877-542-9236, TTY 711.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniłiśmy darmowe usługi tłumacza. Prosimy zadzwonić pod numer 1-877-542-9236, TTY 711.

ATENÇÃO: Se fala **português (Portuguese)**, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-542-9236, TTY 711.

ATTENZIONE: se parla **italiano (Italian)**, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero 1-877-542-9236, TTY 711.

HINWEIS: Wenn Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie: 1-877-542-9236, TTY 711.

ご注意: **日本語 (Japanese)** をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号1-877-542-9236、またはTTY 711 (聴覚障害者・難聴者の方用)までご連絡ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. 1-877-542-9236 تماس بگیرید، TTY 711.

ध्यान दें: यदि आप **हिन्दी (Hindi)** भाषा बोलते हैं तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कॉल करें 1-877-542-9236, TTY 711.

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau 1-877-542-9236, TTY 711.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខ 1-877-542-9236។ TTY 711។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kaniam. Maidawat nga awagan iti 1-877-542-9236, TTY 711.

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné (Navajo)** Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódííłnih 1-877-542-9236, TTY 711.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac 1-877-542-9236, TTY 711.

ध्यान दिनुहोस्: यदि तपाईं नेपाली (Nepali) भाषा बोल्नुहुन्छ भने तपाईंको लागि निःशुल्क भाषा सहायता सेवाहरू उपलब्ध छन्। कृपया 1-877-542-9236, TTY 711, मा फोन गर्नुहोस्।

XIYYEEFFANNOO: Afaan **Kushaitii (Cushite)** dubbattu yoo ta'e, tajaajilli gargaarsa afaanii, kanfaltii malee isiniif ni argama. Maaloo lak. 1-877-542-9236 n TTY 711 n bilbila'a.

LET OP: Als u **Nederlands (Dutch)** spreekt, kunt u gratis gebruikmaken van taalhulpdiensten. Bel 1-877-542-9236, TTY 711.

WICHTIG: Wann du **Deutsch schwetzscht (Pennsylvania Dutch)** un Hilf witt mit Englisch, kenne mer dich helfe, unni as es dich ennich ebbes koschte zellt. Ruf 1-877-542-9236, TTY 711 aa.

ATENȚIE: Dacă vorbiți limba **română (Romanian)**, aveți la dispoziție servicii de asistență lingvistică gratuite. Sunați la 1-877-542-9236, TTY 711.

УВАГА: Якщо ви не говорите **українською (Ukrainian)** мовою, ви можете скористатися безкоштовними послугами перекладача. Телефонуйте за номером 1-877-542-9236, TTY 711.

သတိမူရန် - သင်သည် မြန်မာ (Burmese) စကားပြောတတ်လျှင်၊ ဘာသာစကားအကူအညီအား အခမဲ့ရယူနိုင်ပါသည်။ ကျေးဇူးပြုပြီး 1-877-542-9236၊ TTY 711 သို့ ခေါ်ဆိုပါ။

