CareSource® MyCare Ohio (HMO D-SNP

Self-Direction Member Handbook



Table of Contents

Introduction to Self-Direction	3
Benefits of Self-Direction	3
Deciding on Self-Direction	3
CareSource MyCare Ohio Care Coordination	3
Your Options with Self-Direction	4
Program Guidelines and Member Responsibilities	4
Get Involved with Self-Direction	6
What is a Person-Centered Care Plan?	6
Services Available Under MyCare Waiver Self-Direction	7
Process for Requesting a Service	9
Use the Waiver Self-Direction Budget Sheet	9
Key Terms in the Budget Sheet	9
Self-Directed Goods and Services Decisions	9
Self-Direction Employer and Employee Enrollment	10
Using the Financial Management System (FMS)	11
We're Here to Support You	12





This handbook gives an overview of self-direction services available through CareSource® MyCare Ohio (HMO D-SNP). Self-direction is available for eligible MyCare Ohio Home and Community-Based Services (HCBS) waiver members.

Introduction to Self-Direction

The goal of self-direction is to support anyone, at any age, with any disability, in need of long-term care services so they can maintain their independence at home.

With self-direction, you have control over your services and support. You choose the qualified providers who support you. You choose the services you need. You decide what this support and care looks like. You're in the driver's seat when it comes to making decisions about your care. This handbook empowers you to make informed decisions about your care and navigate the self-directed services available to you.

Benefits of Self-Direction

Choosing self-direction means you are making more decisions on your own. It's not a decision to make lightly. These are some of the benefits of self-directing your care:

- Choice and control
- Empowerment
- Flexibility

- Need-based budget
- Personalized care
- Family involvement

You get to make informed decisions about your care. You can choose your caregivers and customize your care experience.

Deciding on Self-Direction

First, complete the self-direction exploration tool with your Care Coordinator to learn what self-direction may look like for your care. The tool provides resources for deciding if you want to self-direct. It can help start the conversations about self-direction for your care. It can also help look into the level of support you may need.

If the following apply to you, self-direction may be the right choice for you.

- ✓ You want more control over your life.
- ✓ You want more control over the services you get.
- ✓ You have someone you would like to hire as your caregiver.
- ✓ You feel like your current care and services are not working for you.
- ✓ You live in an area where it's not possible to get care from a traditional care agency.

CareSource MyCare Ohio Care Coordination

Each CareSource MyCare Ohio member has a Care Coordinator. Your Care Coordinator will work with you one-on-one at no additional cost. Through self-direction, you will work closely with your Care Coordinator to set up your care. Your Care Coordinator can also help you schedule health-related appointments, answer questions about your plan benefits and much more.

Your Options with Self-Direction

You can self-direct using budget authority or employer authority.

Budget Authority

Employer Authority

Determine how funding is spent on your services and supports.

With budget authority, you:

- Have oversight to how your funds are spent and allocated.
- Decide how much to pay your caregivers.
- Focus your spending on the services and support that is most helpful to you.

Control over who you hire and how you manage those services.

With employer authority, you:

- Have the ability to monitor and evaluate how well your caregivers are doing.
- Select caregivers who fit your needs and preferences.
- Make sure your caregivers get the training needed to meet your specific needs.
- Create your own care routines and schedules.
- Adjust your care arrangements as needed.

You can choose a representative to support you with employer-and budget related tasks. The representative cannot be the employer or caregiver.

Program Guidelines and Member Responsibilities

If you're enrolled in self-direction, you (the member) are the employer. You also have support from your Care Coordinator, the Financial Management Services (FMS) and any others you may delegate as your representative. As a member, please be aware of the program guidelines and your responsibilities, which include:

- Hiring the provider.
- Training the provider.
- Signing time sheets.
- Using the Financial Management Services Company (PPL) for payroll and compliance.

Employer Responsibilities

As the employer, you have the following responsibilities:

- 1. Identify, select and dismiss caregiver(s).
- Enter into written agreements with caregiver(s) for specific activities and training.
- 3. Train caregivers to meet your needs and verify that training is completed.
- 4. Determine caregiver(s) wages.
- 5. Schedule services.
- 6. Oversee the caregiver(s)' performance.
- 7. Approve the caregiver(s)' time sheets and other documents needed for payment as determined by the FMS.

For more information or other questions, contact us at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET) or visit CareSource.com/MyCare-SNP.

- 8. Decide spending within the approved self-directed budget.
- 9. Participate in self-direction reviews.

Representative Responsibilities

If you choose a representative to assist with employer tasks, they will have the following responsibilities:

- 1. Assist you and you caregiver, if applicable, to enroll in self-direction.
- 2. Identify, select and dismiss caregivers.
- 3. Develop written agreements with caregivers for specific activities and training expectations.
- 4. Train caregiver(s) to meet your needs and verify that training is completed.
- 5. Schedule services.
- 6. Supervise the caregiver(s)' performance.
- 7. Approve the caregiver(s)' timesheets and other documents needed for payment as determined by the FMS.

Employee Responsibilities

The caregiver, as your employee, has the following responsibilities:

- 1. Enroll through the FMS, Ohio Department of Medicaid (ODM) or Ohio Department of Aging (ODA) as required.
- 2. Enter into written agreements with you for specific activities and training. expectations.
- Participating in training required by you.
- 4. Meet ODM's conditions of participation when enrolled through ODM or the FMS.
- 5. Document all services provided.
- 6. Utilize the FMS system for recording time and submitting timecards.
- 7. Participate in self-direction reviews.

Financial Management Service Responsibilities (PPL)

The Financial Management Service (PPL) has the following responsibilities:

- 1. Assist you to enroll in self direction
- 2. Assist your caregiver to enroll in self direction, if applicable.
- 3. Verify caregiver's eligibility including completing criminal record checks when enrolling caregivers.
- 4. Supply the time keeping and payment system for all self-directed services.
- 5. Provider information on payment for self-directed services.
- 6. Process payroll.

Care Coordinator Responsibilities

Your Care Coordinator has the following responsibilities:

- 1. Provide information on self-direction, self-directed services and self-directed budgets.
- 2. Support you in identifying a caregiver and representative if needed.
- 3. Authorize services and overtime when appropriate.
- 4. Submit authorizations to the FMS for service payment.
- 5. Assist with self-direction reviews and improvement plans as requested.

Get Involved with Self-Direction

If you're interested in self-directing your care talk with your Care Coordinator.

- 1. Tell them about your care needs and preferences. Your Care Coordinator can share the different services and support available to you.
- 2. After you review these options, work with your Care Coordinator to make a person-centered service plan. Talk through the services you would like to include in your plan.
- 3. If you and your Care Coordinator identify that self-direction is right for you, they will support you in the logistics of self-directing your care. They can help you find a caregiver and understanding roles and responsibilities.

What is a Person-Centered Care Plan?

This is a detailed plan you will put together with your Care Coordinator. The following information is outlined as a part of the plan:

- Contact information
- Relevant medical history
- Cultural considerations
- Assessment of health, social and functional needs
- · Details that are important for your safety, privacy, health and well-being
- Goals based on preferences and health needs
- Roles and responsibilities of support and care team
- Advance care planning information

This is not a complete list. Your Care Coordinator will help you develop your care plan.

Services Available Under MyCare Waiver Self-Direction

These are the services that can be self-directed under MyCare Waiver Self-Direction:

Service Name	Description	
Home Care Attendant (HCAS/N HCAS/PC) S5125	These are trained, non-nursing staff who help with skilled nursing services such as medicine administration, g-tube feeding and care.	
	Home care attendants also help with activities of daily living (ADL), instrumental activities of daily living (IADL) and other support services for the individual.	
	These services might include but are not limited to:	
	 Body care: moving around, eating, showering and grooming. Home support: cleaning and cooking meals Correspondence and paying bills. Accessing the community: getting rides to where you need to go, including running errands. 	
Waiver Nursing (LPN) T1003	Waiver nurses provide skilled nursing tasks. They may also provide some personal care support.	
Personal Care Aide T1019	Personal care aides help with activities of daily living (ADL), instrumental activities of daily living (IADL) and other support services for the individual.	
	They can help with services including:	
	 Helping you care for your body, including hygiene, moving around and grooming. Caring for your home and personal affairs, like cleaning and making meals, correspondence and paying bills. Accessing the community, including getting rides to where you need to go and running errands. Taking medication, including reminders, helping read dosage instructions or organizing medications for easy access. 	
Goods/Services	These funds may be used towards services, equipment and	
T2028	supplies that are not available or covered through Medicaid, the waiver or other sources.	
	You have up to \$2,500 in funds for this service per 365 days.	
	These are some examples of how you may be able to use these funds:	
	Paying for camps and gym membershipsBuying household appliances	

	Paying for expenses for a service dog	
	This is not a complete list. Use the checklist below this table to make decisions related to purchasing good or services. Talk to your Care Coordinator for more information.	
Home Modification Services S5165	Use the funds under this service to pay for physical changes to your home that are needed to access or move in the home and/or increase independence.	
	You have up to \$10,000 in funds for this service each calendar year.	
	These are some examples of how you may be able to use these funds:	
	Installing wheelchair rampsInstalling handrailsInstalling stairlifts	
	This is not a complete list. Talk to your Care Coordinator for more information.	
Waiver Nursing (RN) T1002	Waiver nurses provide skilled nursing tasks. They may also provide some personal care support.	
Choices Home Care Attendant T2025 UB	Attendants help you with activities of daily living (ADL), instrumental activities of daily living (IADL) and other support services for the individual.	
.1020 02	They can help with services including:	
	 Helping you care for your body, including hygiene, moving around and grooming. Caring for your home and personal affairs, like cleaning and making meals, correspondence and paying bills. Accessing the community, including getting rides to where you need to go and running errands. Taking medication, including reminders, helping read dosage instructions or organizing medications for easy access. Help with money management, Help with home maintenance and chores. 	
	They can also provide and bill for transportation with prior approval.	
Alternative Meals S5170 U3	This allows you to choose the supplier or source that provides your meals. This includes prepared meals from the grocery store, restaurants or other suppliers. Other options are also available. Talk to your Care Coordinator.	

Home Medical Equipment and Supplies	Use funds under this service to buy medical equipment, supplies or other devices to help increase independence. Services are
T2029	approved per item.

Process for Requesting a Service

When you request a service, you will use the waiver self-direction budget sheet. Please note, renewals are considered new requests and also follow this process.

Use the Waiver Self-Direction Budget Sheet

You and your Care Coordinator will use the budget sheet provided by the Ohio Department of Medicaid to help you plan the hourly wages and hours for your caregiver. This will outline if you are over or under budget.

Your Care Coordinator will work with you to insert information into the budget worksheet. The Care Coordinator will enter information related to your service authorization, and then you will work with your provider to determine the number of hours and rates paid to providers for the services.

Key Terms in the Budget Sheet

- The maximum fee for service hourly rate and maximum overtime hourly rate are based on the maximum rate allowed for the service as listed in the related Ohio Administrative Code (OAC) Rule. This amount is used for determining the budget and is not a limit for wage setting.
- The maximum budget available for each of the services is based on the
 maximum rate allowed for the service as listed in the related Ohio Administrative
 Code (OAC) Rule. This amount is used for determining the budget and is not a
 limit
- Total budget available for self-directed services is calculated using the information provided.

Self-Directed Goods and Services Decisions

Use this checklist to determine if the item or service <u>can</u> be purchased using self-directed goods and services funds.

- ✓ The item or service covers an assessed need.
- ✓ The item or service increases your independence, safety and ability to stay engaged in the community.
- ✓ The item or service decreases your need for other Medicaid services.
- ✓ The item or service covers the costs of services, equipment or supplies that are not available through other sources.

If the funds are being used for the following reasons, the item or service **cannot** be covered.

- X Experimental treatments
- X Entertainment or recreational use only

- X Rent, utilities or internet service
- X An item or service that is prohibited by federal or state regulations

If the item or service can be covered, you will follow this process:

- 1. Your Care Coordinator will update your person-centered service plan and submit authorization to the Financial Management Service (FMS), called Public Partnerships, LLC (PPL).
- 2. The FMS will load the authorized amount to your pay card or check. Once received, you will need to call to activate your funds.
- 3. Purchase the item or service within 30 days of authorization.
- 4. Submit a receipt or invoice to your Care Coordinator within 10 days of the purchase with the FMS pay card.
- 5. Your Care Coordinator will then upload the receipt or invoice to the FMS record and update the person-centered service plan with the covered item. Your Care Coordinator must do this within 10 days of your submission of the receipt or invoice.

Self-Direction Employer and Employee Enrollment

Self-direction allows you to take control of your care by hiring and managing your own care. In this situation the 'Employer' is you — the person receiving care. The 'Employee' is the caregiver or direct care worker who is hired by the employer to help support their care.

You may already have someone in mind that you would like to serve as your caregiver. Your caregiver has to be certified. Their eligibility will be validated and they will need to pass a background check. If you don't have someone in mind to serve as your caregiver, talk with your Care Coordinator. They can help you find a certified self-directed provider to support your care. Caregivers can work under conditional employment for up to 60 days while waiting on their background check.

Please note, family members such as a spouse or relative can serve as self-directed caregivers, but direct care worker rules still apply, and hours are limited. A spouse or relative can work a maximum of 40 hours a week for paid care. Relatives are considered parents of adult children, adult children, grandparents, grandchildren, great-grandparents, great-grandchildren, brothers, sisters, aunts, uncles, nephews, nieces and step-relations.

If you have questions about directing your care to a caregiver, talk to your Care Coordinator. Your Care Coordinator will help you and your provider with the enrollment process.

Below are the detailed steps for both self-direction employer and employee enrollment.

To Enroll as Self-Direction Employer:

- 1. Talk to your Care Coordinator about self-direction.
- 2. Enroll in self-direction.
- 3. Your Care Coordinator completes the referral and submits it to the PPL.
- 4. PPL reaches out to you to fill out your MyAccount profile. Fill out your enrollment paperwork.
- 5. Once the paperwork is filled out, PPL will finalize your enrollment. Then they will send you a self-direction employer welcome letter.

To Enroll a Caregiver as a Self-Direction Employee:

- 1. Tell your Care Coordinator that a caregiver has been chosen.
- 2. Your Care Coordinator completes the referral and submits it to the Public Partnerships, LLC (PPL).
- 3. PPL reaches out to the caregiver to fill out the MyAccount profile and start the enrollment paperwork.
- 4. Once all the paperwork is filled out, PPL will finalize the enrollment. Then they will send a self-direction caregiver welcome letter.
- 5. PPL will tell you and your caregiver that the process is complete.
- 6. Your Care Coordinator updates your person-centered service plan and sends authorization to PPL.

Using the Financial Management System (FMS)

The financial management system called PPL is used for setting up all the details for coordinating your care at home. You and your caregiver can select the services and support you need for meeting your care needs. You can determine a budget and decide how much to pay for services. You can also manage the spending and hours of your caregiver.

What will we use PPL for?

- Payroll This is where your caregiver will input their time. Then, PPL processes payroll for your caregiver using money from your budget.
- Tax requirements PPL handles all employment-related taxes for you (federal, state, local and unemployment).
- Budget management this is where you can track your spending and see your budget.

Paying your Caregiver

When setting up your care, you will fill out the Pay Rate Form. Once it's submitted and accepted, caregivers will get their weekly paychecks based on how prompt they are with submitting their timecards in PPL. The timecards track the hours worked. Any delays in submitting timecards can cause delays in getting paychecks. Payments are managed by PPL and are not processed through the Ohio Department of Medicaid or CareSource MyCare Ohio.

PPL Required Forms

Below is a list of key forms and agreements that need to be completed by you as the employer and by the caregiver as employee

Required Employer Forms	Required Employee (Caregiver) Forms
Declaration of Tax Representative	Difficulty of Care Form
 Employer/Payer Appointment of 	 FLSA Live-in Exemption
Agent	Employment Eligibility Verification (I-
 IRS Application for Employer 	9)
Identification Number	IRS Form W-4
 ODJFS Agent Authorization Form 	Self-Directed Caregiver Agreement
Self-Direction Employer	Self-Directed Caregiver Enrollment
Agreement	Form
PPL Contact Sheet	Self-Directed Caregiver Services and
Representative Form: (if	Wages Form
applicable)	Tax Exemptions Form
	 Employee's Withholding Exemption
	Certificate

Employer and Employee Agreement

You will receive a *welcome letter and agreement* from PPL. Please keep a copy of this agreement, including any updates. This document defines your expectations for the caregiver when providing self-directed service. Share this information with your Care Coordinator who can keep a copy in your waiver services file.

We're Here to Support You

We look forward to helping you with navigating self-directed services. There are additional resources for you to learn more on the Ohio Department of Medicaid website at: https://medicaid.ohio.gov/families-and-individuals/self-direction.

We are also here to help. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

Get free help in your language with interpreters and other written materials. Get free aids and support if you have a disability. Call 1-855-475-3163 (TTY: 1-833-711-4711 or 711).



Obtenga ayuda gratuita en su idioma a través de intérpretes y otros materiales en formato escrito. Obtenga ayudas y apoyo gratuitos si tiene una discapacidad. Llame 1-855-475-3163 (TTY: 1-833-711-4711 o 711).

احصل على مساعدة مجانية بلغتك من خلال المترجمين الفوريين والمواد المكتوبة الأخرى. إذا كنت من ذوي الاحتياجات الخاصة، ستحصل على المساعدات والدعم مجانًا. اتصل على الرقم 3163-475-475-1-1 (TTY: "الهاتف النصى للصم وضعاف السمع" 4711-833-1 أو 711).

通过口译员和其他书面材料, 获得您所使用语言的免费帮助。 如果您有残疾, 可以获得免费的辅助设 备和支持。 请致电:1-855-475-3163(TTY **专线:** 1-833-711-4711 **或** 711)。

Erhalten Sie kostenlose Hilfe in Ihrer Sprache durch Dolmetscher und andere schriftliche Unterlagen, Beziehen Sie kostenlose Hilfsmittel und Unterstützung, wenn Sie eine Behinderung haben. Rufen Sie folgende Telefonnummer an: 1-855-475-3163 (TTY: 1-833-711-4711 oder 711).

Obtenez une aide gratuite dans votre langue grâce à des interprètes et à d'autres documents écrits. Si vous souffrez d'un handicap, vous bénéficiez d'aides et d'assistance gratuites. Appelez le 1-855-475-3163 (TTY: 1-833-711-4711 ou le 711).

Nhân trở giúp miễn phí bằng ngôn ngữ của quý vi với thông dịch viên và các tài liêu bằng văn bản khác. Nhân trợ giúp và hỗ trợ miễn phí nếu quý vị bị khuyết tật. Gọi 1-855-475-3163 (TTY: 1-833-711-4711 hoặc 711).

Grick Helfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Helfe mitaus Koscht wann du en Behinderung hoscht. Ruf 1-855-475-3163 (TTY: 1-833-711-4711 odder 711).

आपकी भाषा के इंटरप्रेटर तथा आपकी भाषा में अन्य लिखित सामग्रियों संबंधी फ्री मदद पाएं। यदि आपको कोई डिसएबिलिटी हो, तो मुफ्त सहायता और सपोर्ट प्राप्त करें। कॉल करें 1-855-475-3163 (TTY: 1-833-711-4711 या 711).

통역사와 기타 서면 자료의 도움을 귀하의 언어로 무료로 받으세요. 장애가 있을 경우, 보조와 지원을 무료로 받으세요. 1-855-475-3163 (TTY: 1-833-711-4711 또는 711). 로 문의하세요.

በአስተርዓሚዎች እና በሌሎች የጽሑፍ ቁሳቁሶች በቋንቋዎ ከክፍያ ነፃ እርዳታ ያማኙ። የአካል ጉዳት ካለብዎት ከክፍያ ነፃ እርዳታ እና ድ*ጋ*ፍ ያግኙ። ወደ **1-855-475-3163 (TTY: 1-833-711-4711 ወይም 711)** ይደውሉ።

Gba ìrànlówó òfé ní èdè re pèlú àwon ògbifò àti àwon ohun èlò míràn tí a ko sílè. Gba àwon ìrànlówó àti àtìléyìn òfé bí o bá ní àìlera kan. Pe 1-855-475-3163 (TTY: 1-833-711-4711 tàbí 711). Makakuha ng libreng tulong sa wika mo gamit ang mga interpreter at mga ibang nakasulat na materyales. Makakuha ng mga libreng pantulong at suporta kung may kapansanan ka. Tumawag sa 1-855-475-3163 (TTY: 1-833-711-4711 o 711).

موږ کولی شو ستاسو د روغتیا پاملرنې په اړه ستاسو په ژبه کې او د نورو بڼو (یعني فارمیټونو) له لارې له تاسو سره وړیا مرسته وکړو. آیا زموږ د موادو لوستلو لپاره ملاتړ یا مرستې ته اړتیا لرئ؟ آیا تاسو له موږ سره خبرو کولو لپاره د ژبې خدمتونه غواړئ؟ زنګ وو هئ په 3163-475-475-1 (4711-4711-333-1 یا 711.)

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్ తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మధ్ధతు పొందండి. కాల్ చేయండి: 1-855-475-3163 (TTY: 1-833-711-4711 లేదా 711).

दोभाषे र अन्य लिखित सामग्रीहरूको माध्यमद्वारा आफ्नो भाषामा निःशुल्क मद्दत प्राप्त गर्नुहोस्। तपाईंलाई अशक्तता छ भने निःशुल्क सहायता र समर्थन प्राप्त गर्नुहोस्। 1-855-475-3163 (TTY: 1-833-711-4711 वा 711) मा कल गर्नुहोस्।

သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163** (TTY: **1-833-711-4711 သို့မဟုတ် 711**).

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bōk jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bōk jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.

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