

Home & Community-Based
Services (HCBS) Waiver)

Member Handbook

For members enrolled in the
MyCare Ohio HCBS Waiver

Revised October 2024






CareSource[®]
Health Care with Heart



Welcome

Welcome! This handbook was prepared to give you an overview of the MyCare Ohio Home- and Community-Based Services (HCBS) Waiver (Waiver) with CareSource® MyCare Ohio (Medicare-Medicaid Plan). It is a supplement to your Member Handbook, intended to provide you with basic information about the Waiver. Please refer to your Member Handbook for other important information.

As a member of CareSource 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 CareSource MyCare Ohio to work with you and a team of professionals to ensure 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 (PCP), 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 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 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. In your Member Handbook you can also find other important numbers that are available 24/7.

My 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.



INTRODUCTION

MyCare Ohio Waiver services provided through CareSource 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. Your waiver services have not changed, only the name of the program they are delivered through has changed.

The following Waiver services are available, as applicable to your needs:

- Adult day health services.
- Alternative meals service*.
- Assisted living services.
- Choices home care attendant*.
- Community integration.
- Community transition.
- Emergency response services.
- Enhanced community living services.
- Home care attendant.*
- Home-delivered meals.
- Home maintenance and chore services*.
- Home medical equipment and supplemental adaptive and assistive devices*.
- Home modification*.
- Homemaker services.
- Nutritional consultation.
- Out-of-home respite services.
- Personal care services*.
- Self-directed goods and services*.
- Social work counseling.
- Waiver nursing services.*
- Waiver transportation.

*Self-direction is available with this service. Self-direction is described further starting on page 10.



RIGHTS AND RESPONSIBILITIES

Rights

As a member enrolled in the MyCare Ohio Waiver, you have the right to:

- Be fully informed of all your rights and responsibilities.
- Be treated with dignity and respect.
- Have your Waiver Service Coordinator explain what it means to be on the MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your Waiver Service Coordinator or Care Manager when you need it.
- Have a private meeting with your Waiver Service 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 healthcare information is kept confidential.
- Participate in developing your person-centered services plan and receive a copy of it.
- Address problems, concerns, and issues about your services, Care Team, and providers, and the ability to suggest changes without fear.
- See files or records related to your healthcare and the right to amend a record.
- 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 (ODM) 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 Coordination entity. Ask your Care Manager or contact Member Services if you have questions about how to do so.
- Choose from available home- and 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).



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.

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 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 the following:

- Your strengths, goals, and desired outcomes.
- Your medical, behavioral health, and personal care needs and how those will be met.
- 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.
- 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.
- Services or safety measures to mitigate any risks for you, including accommodations or modifications needed in the setting where you receive 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.



WAIVER SERVICE COORDINATION

All members enrolled with CareSource MyCare Ohio in the MyCare Ohio Waiver 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 your Waiver Service 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.
- Working with you and your Care Team to develop your person-centered service plan.
- Authorizing waiver services in the amount, scope, and duration to meet your needs.
- Assisting you in finding needed service providers, including when a provider has given notice to leave or becomes unavailable.
- Monitoring the delivery of all waiver services identified in your person-centered service plan.
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to life milestones like entering or 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 12.
- 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.

When should you call your waiver service coordinator?

Call your Waiver Service Coordinator any time one of the following occurs:

- Your services are not meeting your needs.
- You are unhappy with a provider or service.
- You want to change your provider or service.
- 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 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.
- You believe you need more services to stay safely in your home.
- To report an “incident”. Incidents are described further starting on page 12.
- If a service provider does not show or cancels a service.

If you can't reach your Waiver Service Coordinator, you can contact your Care Manager at **1-866-206-7861**. You can also call Member Services at **1-855-475-3163 (TTY: 1-800-750-0750 or 711)** with any concerns or problems.

TRANSITION PERIOD

Transition to the MyCare Ohio Waiver

If you were enrolled in PASSPORT, Assisted Living, or Ohio Home Care Medicaid Waiver immediately prior to enrolling in 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:

- You request a change.
- There is a significant change in your health, your condition, or your needs.
- Your provider gives notice of their intent to discontinue services.
- 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 cares 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 services, you can continue to receive the same authorized service from the same provider while you are enrolled in the MyCare Ohio Waiver.



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.

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 in 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 MyCare 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-DIRECTION

You can manage your waiver services, using self-direction.

Self-directing includes employer authority and budget authority. You can choose a representative to help you self-direct.

Employer authority means you are your caregiver's employer. You can recruit, hire, train, schedule, manage, and dismiss caregivers. These services can be managed with employer authority:

- Choices home care attendant
- Home care attendant;
- Personal care aide; or
- Waiver nursing.

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:

- Alternative meals;
- Home maintenance and chore;
- Home medical equipment and supplemental adaptive and assistive devices;
- Home modifications;
- Self-directed goods and services.

Self-directed services are paid for by a Financial Management Services (FMS) vendor. They will pay your caregiver with your approval. The FMS also pays invoices for other services listed above. They will issue you a pay card to purchase self-directed goods and services when authorized.

Your waiver service coordinator or care manager will talk to you about self-direction so you can decide if it is right for you. They have many more resources ready to support you with self-direction.



REPORTING INCIDENTS

Incident investigation and reporting

CareSource 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. These 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?

An "incident" is an alleged, suspected, or actual event that is inconsistent with your routine care and/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 physical, emotional, verbal, and/or sexual abuse, 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.
- 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.
 - Health and welfare at risk due to any of the following:
 - Loss of a paid or unpaid caregiver.
 - Prescribed medication issues not resulting in EMS response, emergency room visit, or hospitalization.
 - 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, or exploitation of an adult over 60: If the incident involves the abuse, exploitation, or neglect of an adult age 60 or older, contact Adult Protective Services (APS) in the county where the individual resides or where the incident occurred. During non-business hours, contact local law enforcement. To find the number for your local APS agency, click or visit https://jfs.ohio.gov/county/County_Directory.pdf.

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, file a complaint with the Ohio Attorney General. To contact them, click or visit www.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 www.supremecourt.ohio.gov/courts/judicial-system/ohio-trial-courts/.



ADVOCACY AGENCIES

Organizations that can educate you and advocate for your interests.

Concerns about CareSource MyCare Ohio: If you have concerns about CareSource MyCare Ohio, contact your Care Manager or Member Services. If you feel that CareSource MyCare Ohio does not address your concerns, you may seek assistance from ODM by contacting the Medicaid Consumer Hotline. Click or visit www.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 CareSource 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 (CIL): CILs help ensure people with disabilities have complete access to the communities in which they wish to live as well as opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, click or go to www.ohiosilc.org/.

Legal Aid: Provides legal assistance to protect and enforce the legal rights of low-income Ohioans. Call 1-866-LAW-OHIO.

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





MyCare Waiver Consumer Handbook Acknowledgement

I have received the CareSource MyCare Ohio 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 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)

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 مجاناً. اتصل على الرقم **1-855-475-3163 (TTY: 1-833-711-4711 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)**.

Nhận trợ giúp miễn phí bằng ngôn ngữ của quý vị với thông dịch viên và các tài liệu bằng văn bản khác. Nhận 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 Hilfe mitaus Koscht in dei Schprooch mit Iwwersetzer un annere schriftliche Dinge. Grick Aids un Hilfe 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 डिसेबिलिटी 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.

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

Gba ìrànṣíwọ́ ọ̀fẹ́ ní èdè rẹ̀ pẹ̀lú àwọn ògbifẹ̀ àti àwọn ohun èlò mírán tí a kọ sílẹ̀. Gba àwọn ìrànṣíwọ́ àti àtílẹ̀yìn ọ̀fẹ́ 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)**.

موڤر كولى شو ستاسو د روغتيا پاملرني په اړه ستاسو په ژبه كې او د نورو بنو (يعني فارميتونو) له لارې له تاسو سره وړيا مرسته وكړو. آيا زموږ د موادو لوستلو لپاره ملاتړ يا مرستې ته اړتيا لرئ؟ آيا تاسو له موږ سره خبرو كولو لپاره د ژبې خدمتونه غواړئ؟ زنگ ووهئ په **1-855-475-3163 (TTY: 1-833-711-4711) يا 711**.

వ్యాఖ్యాతలు మరియు ఇతర రాతపూర్వక మెటీరియల్స్‌తో మీ భాషలో ఉచిత సహాయాన్ని పొందండి. ఒకవేళ మీకు వైకల్యం ఉంటే, ఉచిత ఉపకరణాలు మరియు మద్దతు పొందండి. కాల్ చేయండి: **1-855-475-3163 (TTY: 1-833-711-4711 | టీ + 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)**.



Non-Discrimination Notice

We follow all state and federal civil rights laws. We do not discriminate, exclude, or treat people differently based on race, color, national origin, disability, age, religion, sex (which includes pregnancy, gender, gender identity, sexual preference, and sexual orientation), or based on marital, health, or public assistance status. We want all people to have a fair and just chance to be as healthy as they can be.

We offer free aids, services, and reasonable modifications if you have a disability. We can get a sign language interpreter. This helps you talk with us or to your providers. Get your printed materials in large print, audio, or braille at no cost. We can also help if you speak a language other than English. We can get an interpreter who speaks your language. Or get printed materials in your language. You can get this all at no cost to you. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** if you need any of this help. We are open Monday through Friday, 8 a.m. to 8 p.m. We are here for you.

You may file a grievance if we did not provide these services to you or if you think we discriminated in any other way.

Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, OH 45401
Phone: 1-844-539-1732 (TTY: 711)
Fax: 1-844-417-6254
Email: CivilRightsCoordinator@CareSource.com

You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights.

Mail: U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F, HHH Building
Washington, D.C. 20201
Mail the complaint form found at
www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf.
Phone: 1-800-368-1019 (TTY: 1-800-537-7697)
Online: ocrportal.hhs.gov

You can find this notice at **CareSource.com**.

CareSource MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

MyCareOhio
Connecting Medicare + Medicaid

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ODM Approved: 11/7/2024

Member Services

1-855-475-3163

(TTY: 1-833-711-4711 or 711)

8 a.m. to 8 p.m., Monday – Friday

CareSource.com/MyCare

