



Ohio Home Care Program

THE OHIO HOME CARE PROGRAM

CONSUMER HANDBOOK

CASE MANAGEMENT

FOR THE OHIO DEPARTMENT OF JOB AND
FAMILY SERVICES/BUREAU OF HOME AND
COMMUNITY SERVICES

Revised 04/2007

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The Ohio Home Care Program
Regional Office Information

OHC Program, Region 1
81-A Center Rhoads Drive
Centerville, Ohio 45459
800-538-4218 – TOLL FREE
937-435-1161 – PHONE
937-435-0980 – FAX

OHC Program, Region 2
6100 Channingway Blvd. Suite 700
Columbus, Ohio 43232
800-616-3718 – TOLL FREE
614-751-7777 – PHONE
614-751-7770 – FAX

OHC Program, Region 3
4450 Belden Village Street Suite 504
Canton, Ohio 44718
800-423-1046 – TOLL FREE
330-492-4530 – PHONE
330-492-0776 – FAX

OHC Program, Region 4
4141 Rockside Road Suite 210
Seven Hills, Ohio 44131
800-442-1857 – TOLL FREE
216-532-2000 - OFFICE
216-532-2001 – FAX

Web: www.ohiohcp.org

YOUR CASE MANAGER IS:

VOICE MAIL NUMBER:

ODJFS Web: www.state.oh.us/odhs/medicaid/bcltcs/index.stm

What is the Ohio Home Care Program (OHC)?

The Ohio Department of Job and Family Services (ODJFS) administers the Ohio Home Care Program through the Bureau of Home and Community Services (BHCS).

The Department of Job and Family Services has contracted with CareStar, a privately owned business, to provide case management for the Ohio Home Care Program. Case management will assist to improve access to and delivery of home health services. The Ohio Home Care Program will provide you with a Case Manager and a list of service providers and community resources to help you in your home care choices. There is no charge to the consumer for the case management services of the OHC Program. The Ohio Department of Job and Family Services has provided this for you to ensure that you have access to the needed services.

Your Case Manager (CM) will act as a Team Leader to coordinate services and systems so that you have access to the services needed to keep you safely in the community. Case Management promotes self-sufficiency and personal responsibility by encouraging you to actively participate in the planning and delivering of home health services.

The OHC Program will continuously monitor the effectiveness of your home health services and with your involvement make changes necessary to achieve positive outcomes. Those individuals and agencies, paid and non-paid, that contribute to your care will be expected to serve as contributing members on your Home Care Team

Consumer Rights

The following is a statement of the rights of individuals receiving case management services. This is an outline of the basic tenets that should be followed in providing services. All individuals who receive services funded by Ohio Department of Job and Family Services are entitled to the following rights.

Consumers of Ohio Home Care Programs have:

- The right to be fully informed of all rights and responsibilities.
- The right to be treated with dignity and respect.
- The right to have services/supports explained to you by the Case Management Agency (CMA) so that you can understand them.
- The right to receive a timely response from the CMA.
- The right to be protected from abuse, neglect, and mistreatment.
- The rights to be kept informed and receive accurate and easily understood information.
- The right to choose an authorized Medicaid approved provider that will provide appropriate high-quality services.
- The right to talk in confidence and have health care information protected.
- The right to self-determination and participation in the development of the all services plan.
- The right to voice complaints and suggest changes in service or staff without fear of restraint or discrimination.
- The right to question the process for any decision related to eligibility or funding from ODJFS by filing an appeal.
- The right to see any files/records related to health care.
- The right to be fully informed of the ODJFS agency departments established to receive complaints or inquiries. (OJDFS, Bureau of Home and Community Services: (614) 466-6742 and ODJFS, Consumer Hot Line: (800) 324-8680).

Complaints

If at any time you have a complaint about any of your Ohio Home Care services, you should first talk with:

Your Case Manager, _____
Available at: _____
Voice mail _____ or
E-mail _____

If you are not satisfied with his/her response, address your concern(s) to:

Clinical Supervisor, _____
is available at your Regional Office, see page 2 for contact numbers. If concern(s) persist, contact:

Clinical Manager, _____
is available at your Regional Office, see page 2 for contact numbers

Director of Clinical Services, Deborah Wilson at 614-751-7777 or 1-800-616-3718 EXT 3124 or email dwilson@ohiohcp.org

Director of Program Management, Daryl Shrider at 614-751-7777 or 1-800-616-3718 EXT 3119 or email dshrider@ohiohcp.org

Director of Provider Management, Susan Arnoczky at 614-751-7777 or 1-800-616-3718 EXT 3121 or email sarnoczky@ohiohcp.org

If your concern is still not resolved contact:

Director of Operations, Carol Price at 614-751-7777 or 1-800-616-3718 EXT 3122 or email cprice@ohiohcp.org

If your concern is still not resolved contact:

The Ohio Medicaid Consumer Hot Line:
800-324-8680.

Case Management Services

are available to Consumers receiving:

- **Ohio Home Care Waiver** ... is the benefit package which consists of nursing services, personal care assistance services and/or skilled therapy services plus one or more waiver specific service such as: home modifications, home delivered meals, adult day health care, respite care, supplemental transportation, adaptive/assistive devices, and emergency response systems. It is designed to meet the needs of consumers eligible for Medicaid who have been assessed to require an intermediate or skilled level of care. Without the services available through the Waiver benefit, these consumers are at risk for hospital or nursing home placement. Consumers approved for the OHC Waiver benefit may receive care and services at home or they may choose to receive their care in a nursing facility.
- **Transitions MRDD Waiver** ... is the benefit package which consists of all of the services as listed above however it is designed to meet the needs of consumers eligible for Medicaid who have been assessed to require an ICFMR/DD (intermediate care facility for the mentally retarded/ developmentally delayed) level of care. This Waiver is not open to new enrollees. You must first be on the OHC Waiver and be “transitioned” due to level of care considerations.
- **Transitions Carve Out Waiver**...is the benefit package which consists of all of the services as listed above however it is designed to meet the needs of consumers who are age 60 and over. Eligibility criteria requires having either an intermediate or skilled level of care. This Waiver is not open to new enrollees. You must first be on the OHC Waiver and be “transitioned” due reaching age 60.

Commonly Asked Questions

1. Who will be my OHC Case Manager?

Your Case Manager will be a Registered Nurse or a Licensed Social Worker. He/she has completed special training to be able to coordinate the services that you may need. He/she will serve as the leader for your Home Care Team.

2. When should I call my OHC Case Manager?

You should contact your OHC Case Manager when:

- Your services are not meeting your needs
- Your home situation changes
- Your health changes, which includes an accident or fall
- You make a trip to the emergency room or are treated for an infection
- You are admitted to a hospital or nursing home
- You are unhappy with a provider or a service
- You want to change a provider or service
- You have questions about community resources
- You have any other concern or problem

3. How do I reach my Case Manager?

You may contact your Case Manager by calling the office number found on page 5. The business hours are 8:00 am until 5:00 pm Monday – Friday; however, for urgent issues, follow the phone prompts to obtain after hours assistance. If your Case Manager is not in the office, you may leave a message on his/her voice mail or speak with a supervisor. Your Case Manager will give you his/her direct voice mail number written on pages 2 and 5. This gives you an opportunity to leave a message for him/her without speaking to office personnel. Case Managers respond to all voice messages by the end of the next business day. Urgent issues should be brought to the immediate attention of a supervisor.

4. How often will I receive a visit from my OHCP Case Manager?

Your OHCP Case Manager will contact and visit you more frequently when you are first approved for the Ohio Home Care Waiver program, then the frequency of visits may be reduced. If a problem occurs, like a trip to the hospital, your Case Manager may make an extra visit. Your Case Manager will establish a schedule

with you but never hesitate to call your Case Manager anytime you have any questions or concerns.

5. What will my OHCP Case Manager help me do?

Depending on your program, your Case Manager can help you:

- find a nurse or personal care assistance services provider or change to a different provider.
- arrange for meals to be delivered or have an emergency response system installed if medically indicated.
- coordinate respite care relief if there is an urgent need for the primary caregiver to be out of the home.
- talk with school officials or community agencies to help resolve any troubling issues
- inform you of your choices if your services or living

arrangements are not meeting your needs.

- assist in obtaining equipment, home modification and adaptive/assistive equipment.

6. What is a Home Care Team?

The individuals and agencies that help you remain in your home make up your Home Care Team. In addition to you and your Ohio Home Care Program Case Manager, your Home Care Team will include all of your Medicaid providers, other community resources, family member and volunteers.

7. What are State Plan Home Care Services?

State Plan Services are nursing services, personal care assistance services, and Skilled therapy services available to all eligible Medicaid consumers.

8. What is the individual cost range?

The Home Care Team establishes goals and identifies services based on the consumer's functional abilities, living conditions, and medical necessity. The cost range is the amount of money approved to be spent on your Medicaid home care needs for a specified period.

9. What are Personal Care Assistance Services?

Personal Care Assistance services are services paid for by Medicaid, which assist consumers in carrying out the normal activities of daily life. They are activities that would typically be self performed if functional ability was present. They may include bathing, dressing, grooming, hair care, oral hygiene, skin care, feeding, toileting, assisting with walking, positioning, and transfers. General household activities that are essential to the consumer's health and safety, such as,

preparation and cleanup of meals, laundry, bed making, dusting, vacuuming, errands and other routine chores may also be included.

10. What is an All Services Plan?

This is the document that you and your Case Manager develop with the input of the Home care Team. The All Services Plan (ASP) lists your goals, the needed services, the service providers, the cost of services and who is liable for payment, your decision regarding consumer options, and your home care team members. The All Services Plan is used by your providers as authorization for their billing. It is important that the consumer and providers receive a copy of the All Services Plan and understand its contents.

11. If I don't use all the services or hours calculated in my monthly cost, can I save them for use in a future month?

No! The services must be provided as stated on the All Services Plan because they were determined to be medically necessary. There is no "banking" of hours; however, if in a future month a need develops, the All Service Plan can be adjusted.

12. What should I do if my nurse or aide doesn't arrive when I'm expecting him/her?

If your service is provided by an agency, call the agency. Do not delay. They may have back-up help available or assist you with other arrangements. If any provider including a Non-Agency Provider does not show up to provide services, call the provider, notify your Case Manager and go to your back-up plan.

13. Why do I need a back-up caregiver or plan?

Unforeseen circumstances, such as, sickness and inclement weather may prevent your nurse or aide from providing services. Be prepared and do not risk your safety.

14. What should I do if I have a complaint about any of my services or providers?

If you have a complaint, let the individual or agency know why you are not pleased. If the situation is not resolved contact your

Case Manager.

15. Can I choose my providers?

Yes! As director of your Home Care Team, it is very important that you have an opportunity to choose your team members. Your Case Manager can supply a listing of providers and will help you identify some important issues to consider when making such choices.

16. What do I do if a service is denied, or a decision is made and I don't agree?

The Ohio Department of Job and Family Services offers you an appeal process. You will receive a notice of the denial and be given an opportunity to appeal the decision at a State hearing. A form will be mailed to you called "Notice of Right to a State Hearing" for you to complete. Your Case Manager or Clinical Supervisor may assist you during this process. When you ask for an appeal, you will be given a chance to explain why you disagree in a hearing with an objective Hearing Officer. You will be assigned a time and date to attend a hearing at your local county office, or you can request to participate by telephone in the hearing from your home, if you are unable to leave your home. If you request a State hearing within 15 days of notification, your services may continue during the hearing process. Within a few weeks, the Hearing Office will mail you their decision. If you still disagree, you have the right to make an Administrative Appeal of their decision. For additional information, contact Ohio Legal Rights at 614-466-7264 or 1-800-282-9181.

17. What if I'm not pleased with my Case Manager?

If you are not pleased with your Case Manager, please talk about your feelings with him/her. If you do not get the results you expect or if you are not comfortable talking with him/her, contact the Supervisor. The complaint procedure is explained on page five (5).

18. Who should I call if I have an emergency?

If you have a medical emergency, call your doctor or 911. Situations that cause you concern should be referred to your service provider and your Case Manager. It is best to bring these concerns to your Case Manager before they become an emergency.

19. Will I have any privacy?

Receiving health related services in the community does involve allowing agencies and individuals access to your private home. This access should not exceed what is minimally necessary. Your records are protected by Case Management policy and federal standards (HIPAA) from any unauthorized or unnecessary disclosure.

20. Now that I have Case Management services, do I have to continue my involvement with the County Department of Job and Family Services?

Yes! In order to receive Case Management services, you must be eligible for Ohio Medicaid. This is determined by the County Department of Job and Family Services. It is very important that you respond to any communication from the county and keep all appointments as scheduled.

21. Will anyone other than my Case Manager check with me to see if I am satisfied with my home care?

OHC Quality Improvement and the Ohio Department of Job and Family Services will be making phone calls and conducting visits to consumers. You may be contacted. We welcome your involvement and value your opinion.

22. Do I have to have an OHCP Case Manager?

The Ohio Department of Job and Family Services and OHCP must follow the rules that govern the Ohio Home Care Program. The frequency of contacts and home visits are included in these rules.

23. I have the Waiver with a “patient liability”. What does this mean?

When the County Department of Job and Family Services determines financial eligibility and it is found that the monthly income exceeds the allowable amount, a patient liability is assessed. This is the amount of money that you will need to spend out of your pocket toward your needed Waiver services. Your Case Manager will assist you in identifying which service and provider will receive your liability payment. You will receive your Medicaid card on the first of the month automatically

Home Care Options

For consumers receiving Ohio, Home Care, Transitions Carve-Out and Transitions MR/DD Waivers, the following may apply:

- Skilled Therapy, Skilled Nursing and Personal Care Assistance services may be provided by a Medicare Certified Home Health Agency.
- Skilled Nursing services and Personal Care Assistance services may be provided by a Medicare Certified Home Health Agency, a JCAHO accredited agency or a CHAP accredited agency.
- Skilled Therapy services may be provided by any family member if they do so as an employee of a Medicare Certified Home Health Agency.
- Skilled Nursing services may be provided by any qualified family member if they do so as an employee or a Medicare Certified Home Health Agency, a JCAHO accredited agency or a CHAP accredited agency.

For consumers receiving Ohio Home Care and Transitions Carve-Out Waivers, the following may apply:

- Skilled Nursing services and Personal Care Assistance Services may be provided by a family member as a non-agency provider if the family member is:
 - Not the consumer's legally responsible party (spouse, parent of a minor, or legal guardian)
 - Not the consumer's foster parent

For consumer's receiving Transitions MR/DD Waiver, the following may apply:

- Skilled Nursing and Personal Care Assistance services may be provided by a non-agency provider who is not the consumer's immediate relative including: husband or wife; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, stepsister, half-brother, or half-sister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; or spouse of grandparent or grandchild.

Provider Management Services

The Ohio Home Care Program assists those individuals and agencies that provide Medicaid services to consumers through the following areas:

Provider Enrollment assists in the identification and utilization of qualified Medicaid providers by:

- Helping consumers and provider applicants understand the Ohio Home Care Rules and the enrollment process
- Assisting applicants with the completion of the Medicaid Provider Application and forwarding the completed application to the State for issuance of a Medicaid Provider Number.
- Maintaining a database of active Medicaid providers and making this database accessible to consumers
- Identifying under-served areas and recruiting service providers to better meet consumer needs
- Supplying education to the providers to assure their continued participation in the Ohio Home Care Program

Provider Monitoring assists in assuring that providers are in compliance with State program requirements and directives by:

- Completing an annual structural review for every non-agency provider which includes an audit of the provider's billing and a review of the provider's performance
- Tracking the updated/annual criminal background check
- Assuring compliance with plans of corrections submitted by providers in response to identified need for performance improvement

Incident Investigation and Reporting provides assurance that consumers are protected from situations that may result in harm, injury or loss by:

- Investigating consumer incidents and provider occurrences for substantiation of risk, identification of violation and violator, establishment of a prevention plan and a provider plan of correction, when appropriate
- Reviewing incidents and occurrences for patterns and trends that may identify the need for further education, processes, or regulation
- Completing reports and making recommendations to assist the State with the assuring that consumers receive appropriate services and are protected from harm

HOME CARE PROVIDERS

There are generally three types of home care providers: agency providers, Waiver service providers, and Non-agency providers.

AGENCIES

Home care agencies are companies that have a provider agreement with the Ohio Department of Job and Family Services and have been issued a Medicaid provider number. They must be either Medicare certified or accredited by JCAHO or CHAP. As such, they must provide services according to established standards of practice. They are reviewed periodically to ensure that they are following Medicare guidelines and/or the accreditation standards. Agencies must provide supervision and training of Licensed Practical Nurses and Personal Care Assistance service providers (home health aides). They have liability insurance and their employees are covered under Workers Compensation and are usually bonded against loss of property. Agencies are the employer of the individuals performing the in-home services. As such, they handle all employment activities including hiring, firing, scheduling, and paying. JCAHO and CHAP accredited agencies may not provide all services to all consumers. It is necessary to have all agency services authorized by your Case Manager before the services are provided.

WAIVER SERVICES PROVIDERS

Waiver services providers are companies that provide the additional services available only to Waiver consumers including: home delivered meals, emergency response systems, supplemental transportation, home modifications, adaptive/assistive devices, adult day health care, and out-of-home respite. They have a contract with the Ohio Department of Job and Family Services as an established business with a Medicaid provider number. The individuals that deliver meals, install emergency response systems, or etc are employees of that business. The management of that business must fulfill all employment responsibilities including hiring, firing, supervising, scheduling and paying. Only approved Medicaid Waiver providers can provide Waiver services and all such services must be prior authorized by your Case Manager.

NON-AGENCY PROVIDERS

Individuals may obtain a Medicaid provider number from the Ohio Department of Job and Family Services. They are then eligible to provide home care services directly to the consumer. These individuals are contracted by ODJFS so they are essentially self-employed. They are responsible for their own billing, taxes, etc. The consumer provides direct supervision for the non-agency provider. The Ohio Home Care Program provides some oversight and monitoring. All Non-Agency Nurse providers must have a current license and adhere to the standards established by the Ohio Nursing Board. **Non-agency Personal Care Assistance providers must have completed either:**

- home health aide training program and competency evaluation (HHA),
- nursing home training program and competency evaluation (STNA), or
- consumer specific training option

All Non-Agency Providers must complete an annual criminal background investigation and structural review as part of Case Management monitoring. Non-agency providers must understand and follow the rules and Conditions of Participation that have been established by the Ohio Department of Job and Family Services. If a consumer chooses to receive services from a non-agency provider he/she must be willing to:

- **Participate in development of his/her All Services Plan**
- **Participate in selection of service providers**
- **Select, evaluate and dismiss non-agency provider**
- **Participate in the training and supervision of non-agency providers**
- **Obtain Case Manager approval before adding or making changes in providers or services**
- **Approve individual provider time sheets in writing**
- **Develop a back-up plan for individual provider absences and emergencies and submit to the Case Manager**
- **Notify the CM if any problems or concerns arise**
- **Demonstrate to the Case Manager that there are sufficient skills to direct his/her own care.**

Consumer Responsibilities

We consider you the DIRECTOR of your Ohio Home Care Program Services. When you are well informed, participate in care decisions, and communicate openly with team members, your services will be as effective as possible.

The following is a statement of the responsibilities of individuals receiving Case Management Services.

Consumers/Guardians of The Ohio Home Care Program should:

- Communicate openly and honestly with Case Managers, Providers, and other members of the Home Care Team
- Provide accurate and complete information.
- Actively participate in the planning, implementing and resolving of any problems or concerns.
- Inform your Case Manager if problems or concerns arise and before you initiate any changes regarding your choice of providers or need of services.
- Cooperate with your home care team toward the resolution of any problem or concern.
- Refuse participation in any fraudulent or dishonest practices by providers, caregivers and any team members.

Consumer Name: _____
Last First

Consumer Agreement

_____ I have reviewed and agree with the Consumer Rights and Responsibilities:

_____ I agree to allow the exchange of information regarding my health, safety, home care and social services among the members of my Home Care Team, Case Management Agencies, Representatives of the Ohio Department of Job and Family Services, State/Federal employees involved in company audits, and community agencies proposed to or currently providing me with services.

_____ I understand that when selecting the consumer option to have services provided by a Non-Agency Provider it is the responsibility of the consumer to select, train, supervise, and dismiss the Non-Agency Provider.

_____ I understand that all services and providers must be prior authorized/approved by the Case Manager.

_____ I understand that this is a Medicaid program and I must meet and maintain Medicaid eligibility in order to participate.

_____ Date

_____ Consumer's Signature

