



# Welcome

## OhioRISE Program 2022 Waiver Member Handbook

Date of Issuance July 1, 2022

[AetnaBetterHealth.com/OhioRISE](https://AetnaBetterHealth.com/OhioRISE)

1115850-OHR-EN



# **Aetna Better Health® of Ohio**

Member Services

**1-833-711-0773 (TTY: 711)**

Website

**[AetnaBetterHealth.com/OhioRISE](https://AetnaBetterHealth.com/OhioRISE)**

Hours of operation

**7 a.m. to 8 p.m. Monday - Friday**

Address

**7400 W. Campus Road, Suite 200  
New Albany, OH 43054**

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### Important Contacts

OhioRISE Plan Member Services	<b>1-833-711-0773 (TTY: 711)</b> Representatives available from 7 a.m. to 8 p.m. Monday through Friday.
24-hour Nurse Line for members enrolled in a managed care organization	Contact your Medicaid managed care organization, their 24/7 nurse line phone number is on your ID card. If you need help getting this information, you can call OhioRISE Member Services toll free at <b>1-833-711-0773 (TTY: 711)</b>
Prior Authorization	<b>1-833-711-0773 (TTY: 711)</b>
Language Services	<b>1-833-711-0773 (TTY: 711)</b> Representatives available from 7 a.m. to 8 p.m. Monday through Friday.
Appeals and Grievances	<b>1-833-711-0773 (TTY: 711)</b>
Medicaid Consumer Hotline	<b>1-800-324-8680 (TTY: 711)</b>
Crisis Behavioral Hotline (Ohio CareLine) and Mobile Response Support Services (MRSS)	<b>1-800-720-9616</b>

Aetna Better Health of Ohio follows state and federal civil rights laws that protect you from discrimination or unfair treatment. We do not treat people unfairly because of a person's age, race, color, national origin, religion, sex, gender identity, sexual orientation, religion, marital status, mental or physical disability, medical history, health status, genetic information, evidence of insurability, or geographic location. If you would like to file a complaint, please contact Aetna Better Health by mail, phone, or email at:

Aetna Better Health  
7400 W Campus Rd, Suite 200  
New Albany, OH 43054  
Phone: **1-833-711-0773 (TTY: 711)**  
Email: **MedicaidCRCoordinator@aetna.com**

If you would like to file a complaint with the Health and Human Services Office for Civil Rights, please go to <https://ocrportal.hhs.gov/ocrsmartscreen/main.jsf> or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
1-800-368-1019, TDD: 1-800-537-7697

**ENGLISH:** To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to, oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling Aetna Better Health Member Services at 1-833-711-0773 (TTY: 711).

**SPANISH:** Para ayudarle a entender este aviso, disponemos de asistencia lingüística, servicios de interpretación y ayudas y servicios auxiliares si los solicita, sin costo alguno para usted. Los servicios disponibles incluyen, entre otros, traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando al Departamento de Servicios para Miembros de Aetna Better Health al 1-833-711-0773 (TTY: 711).

**NEPALI:** यो सूचना तपाईंलाई बुझ्न सहायता गर्न तपाईंको निम्ति निःशुल्क रूपमा आग्रह गर्नुभएअनुसार भाषाको सहायता, अनुवादका सेवाहरू र थप सहायता र सेवाहरू उपलब्ध छन्। समावेश भएका सेवाहरू उपलब्ध छन् तर मौखिक अनुवाद, लिखित अनुवाद र थप सहायतामा सीमित छैनन्। तपाईंले 1-833-711-0773 (TTY: 711) मा Aetna Better Health सदस्य सेवाहरूमा फोन गरेर यी सेवाहरू र/वा थप सहायता आग्रह गर्न सक्नुहुन्छ।

**ARABIC:**

مساعدتك في فهم هذا الإخطار، تتوفر المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات والخدمات المعينة عند الطلب مجاناً. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر، الترجمة الشفوية والترجمة الكتابية والمساعدات المعينة. يمكنك طلب هذه الخدمات و/أو المساعدات الإضافية عن طريق الاتصال بخدمات أعضاء Aetna Better Health على الرقم 1-833-711-0773 (TTY: ) (711)

**SOMALI:** Si lagaaga caawiyo fahanka ogaysiiskan, kaalmada luqadda, adeegyada turjumaada hadalka ah, iyo qalabka kaalmada naafada iyo adeegyada waxaa la heli karaa marka la codsado iyagoon kharash kugu taagnayn adiga. Adeegyada la heli karo waxaa ku jira, laakiin kuma xadidna, turjumaada hadalka, turjumaada qoran, iyo qalabka kaalmada naafada. Waxaad codsan kartaa adeegyada iyo/ama qalabka kaalmada naafada addoo soo wacaya Adeegyada Xubinta Aetna Better Health lambarka 1-833-711-0773 (TTY: 711).

**RUSSIAN:** Если вам нужна помощь в понимании данного уведомления, вы можете обратиться за языковой поддержкой, услугами устного перевода, а также вспомогательными средствами и услугами, которые по запросу оказываются бесплатно. Доступные услуги включают, помимо прочего, устный перевод, письменный перевод и вспомогательные средства. Вы можете обратиться за данными услугами и/или вспомогательными средствами в отдел обслуживания участников Aetna Better Health по телефону 1-833-711-0773 (TTY: 711).

**FRENCH:** Pour vous aider à bien comprendre cet avis, vous pouvez faire appel à des services gratuits d'interprétation et d'aide auxiliaire. Par exemple, vous pouvez vous faire traduire un texte par oral ou par écrit, ou encore bénéficier d'autres services auxiliaires. Pour solliciter ces services et/ou une aide auxiliaire, appelez le service réservé aux membres Aetna Better Health au 1-833-711-0773 (TTY : 711).

**VIETNAMESE:** Để giúp quý vị hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ thông dịch, và các dịch vụ và hỗ trợ phụ trợ được cung cấp miễn phí theo yêu cầu cho quý vị. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn, dịch nói, dịch văn bản và các hỗ trợ phụ trợ. Quý vị có thể yêu cầu các dịch vụ này và/hoặc hỗ trợ phụ trợ bằng cách gọi cho Dịch vụ Hội viên của Aetna Better Health theo số 1-833-711-0773 (TTY: 711).

**SWAHILI:** Ili kukusaidia kuelewa ilani hii, usaidizi wa lugha, huduma za ukalimani na vifaa vya kusikia na huduma zinapatikana ukiomba bila malipo yoyote. Huduma hizi ni pamoja na, bila kuishia kwa hizi tu, tafsiri ya mdomo, tafsiri ya maandishi na vifaa vya kusikia. Unaweza kuomba huduma hizi na/au vifaa vya kusikia kwa kupigia simu Aetna Better Health Member Services kwa nambari 1-833-711-0773 (TTY: 711).

**UKRANIAN:** Щоб допомогти вам зрозуміти це повідомлення, за запитом вам безкоштовно може надаватися мовна допомога, послуги перекладу, а також допоміжні засоби й послуги. Такі послуги включають, крім іншого, усний переклад, письмовий переклад та допоміжні засоби. Ви можете замовити ці послуги та/або допоміжні засоби, зателефонувавши в службу підтримки учасників Aetna Better Health за номером 1-833-711-0773 (TTY: 711).

**CHINESE (TRADITIONAL):** 為幫助您理解本通知，我們可應您的要求免費提供語言協助、口譯服務以及輔助設備和服務。提供的服務包括但不限於口譯、筆譯以及輔助設備。您可致電 Aetna Better Health 會員服務部，要求獲得這些服務和/或輔助設備，電話號碼為：1-833-711-0773 (TTY : 711)。

**KINYARWANDA:** Kugira ngo ufashwe gusobanukirwa neza iri tangazo, ubufasha mu by'ururimi, serivisi z'ubusemuzi n'ibikoresho bifasha abafite ubumuga bwo kutumva na serivisi bijyanye biboneka bisabwe kandi nta mafaranga wishyuzwa. Serivisi ziboneka harimo, ariko ntabwo zigarukira gusa ku, busemuzi, ubusemuzi bw'inyandiko n'ibikoresho bifasha abafite ubumuga bwo kutumva. Ushobora gusaba izo serivisi cyangwa ibikoresho bifasha abafite ubumuga bwo kutumva uhamagaye Aetna Better Health Member Services kuri 1-833-711-0773 (TTY: 711).

**CHINESE (SIMPLIFIED):** 为帮助您理解本通知，我们可应您的请求免费提供语言援助、口译服务以及辅助设备和服务。提供的服务包括但不限于口译、笔译以及辅助设备。您可致电 Aetna Better Health 会员服务部，请求获得这些服务和/或辅助设备，电话号码为：1-833-711-0773 (TTY: 711)。

**PASHTO:**

په دې خبرتيا د پوهيدو په برخه كې ستاسو سره د مرستې لپاره، د غوښتنې په صورت كې د ژبې اړوند مرسته، د ژباړې خدمتونه، او مرستندويه كومكونه او خدمتونه پرته له كوم لگښت څخه شتون لري. په شته خدمتونو كې شفاهي ژباړه، ليكلي ژباړه، او مرستندويه كومكونه شامل دي، خو تر دې پورې محدود ندي. تاسو كولى شئ د Aetna Better Health د غړو خدمات ته په (TTY: 711) 0773-711-833-1 تليفون كولو سره د دې خدماتو او/يا فرعي مرستو غوښتنه وكړئ

**AMHARIC:** ይህን ማሰቢያ እንዲረዱት ሊያገዝዎ የሚያስችሉ የቋንቋ እርዳታ፣ የትርጉም አገልግሎቶች፣ እና ተያያዥ ድጋፎች እና አገልግሎቶች ሲጠይቁ እርስዎ ምንም ወጪ ሳያወጡ ማግኘት ይችላሉ። ያሉት አገልግሎቶች የቃል ትርጉም፣ የጽሁፍ ትርጉም፣ እና ተያያዥ ድጋፎች እና ሌሎችን ይጨምራል። እነዚህን አገልግሎቶች እና/ወይም ተያያዥ ድጋፎችን ወደ Aetna Better Health የአባል አገልግሎቶች በ 1-833-711-0773 (TTY: 711) በመደወል መጠየቅ ይችላሉ።

**GUJARATI:** આ સૂચનાને સમજવામાં તમારી મદદ કરવા માટે, ભાષા સહાય, દુભાષિયા સેવાઓ અને વધારાની સહાય અને સેવાઓ વિનંતી કરવા પર તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. ઉપલબ્ધ સેવાઓમાં મૌખિક અનુવાદ, લેખિત અનુવાદ અને વધારાની સહાયનો સમાવેશ થાય છે, પરંતુ સેવાઓ એટલા સુધી મર્યાદિત નથી. તમે Aetna Better Health Member Servicesને 1-833-711-0773 (TTY: 711) પર કૉલ કરીને આ સેવાઓ અને/અથવા વધારાની સહાયની વિનંતી કરી શકો છો.

## **Introduction**

OhioRISE, a specialized managed care program that focuses on children and youth who have complex behavioral health and multisystem needs, features a new Medicaid 1915(c) home and community-based services waiver. A waiver is a program that helps keep individuals stay in their homes and communities, rather than being placed in a facility or institution. Aetna Better Health of Ohio (the OhioRISE plan) is the Ohio Department of Medicaid's partner for the OhioRISE Waiver. This handbook provides you with the information you need to know about the benefits and services offered under the OhioRISE Waiver. Every year your waiver eligibility will be redetermined. At that time, this handbook will be reviewed with you again.

Children and youth enrolled in the OhioRISE Waiver will have their behavioral healthcare services covered by OhioRISE and will also receive additional services through the OhioRISE Waiver. These services include Out-of-Home Respite, Transitional Services and Supports (TSS), and Secondary Flex Funds. The purpose of these waiver services is to avoid institutionalization and custody relinquishment by preventing adverse health and life outcomes for members with a serious emotional disturbance and functional limitations. See pages <<enter page number>> for more information on these services.

The OhioRISE Waiver has a \$15,000 limit for the cost of waiver services that can be provided in the 365 days from your OhioRISE Waiver enrollment date. Other OhioRISE and Medicaid benefits do not count toward the waiver cost limit.

To find more details about your other OhioRISE benefits outside of the waiver services described in document:

- Call Member Services at **1-833-711-0771 (TTY: 711)** from Monday through Friday 7 a.m. to 8 p.m.
- Read information in your OhioRISE Member Handbook.
- Get more information at **AetnaBetterHealth/OhioRISE.com**.

## **Member Services**

Member Services is here to help you. We are here from 7 a.m. to 8 p.m. Monday through Friday. Our toll-free phone number is **1-833-711-0773 (TTY: 711)**.

Call if you have questions about being an OhioRISE Plan member, what kind of care you can get, or how to get care.

Member Services can:

- Explain your rights and responsibilities as an OhioRISE Plan member.
- Help you find a provider.
- Assist you with scheduling transportation.
- Help you get services, answer your questions, or solve a problem you may have with your care.

- Assist with getting documents in other formats or languages.
- Update your personal information.
- Tell you about your benefits and services (what is covered and not covered).
- Assist you in making appointments.
- Let you know the help available to you and your family based on where you live.
- Assist you with filing a complaint about your health plan or providers.
- Tell you about fraud, waste, and abuse policies and procedures and help you report fraud, waste and abuse.

Member Services needs your help too. We value your ideas and suggestions on ways to improve our service to you. Do you have an idea on how we can work better for you? Please call Member Services at **1-833-711-0773 (TTY: 711)** or write to:

Aetna Better Health of Ohio  
 c/o OhioRISE Plan  
 Attention: Member Services  
 7400 West Campus Rd, Suite 200  
 New Albany, OH 43054

At times you will be invited to attend special member events to learn about the OhioRISE Plan. We'll let you know about each ahead of time, and we hope to see you when you're free. The events will help you get to know the OhioRISE team and learn about your healthcare services.

The Member Services department will be closed on these holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Day

### **Eligibility and Enrollment**

The purpose of a Medicaid home- and community-based services (HCBS) 1915(c) waiver is to provide services to members who have a Level of Care that would make them eligible to receive services in an institutional facility. The OhioRISE waiver services are linked to Inpatient Psychiatric type of institution/facility. The waiver is designed to provide members who meet Inpatient Psychiatric Level of Care criteria, along with the additional eligibility criteria, with the supports needed to live in the community instead of an institution.



In addition to meeting Medicaid and OhioRISE program eligibility, a child or youth must also meet the following requirements to be eligible for the OhioRISE Waiver:

- Have an Inpatient Psychiatric Level of Care.
- Have a diagnosis of a Serious Emotional Disturbance (also known as SED).
- Have documented functional limitations<sup>1</sup>.
- Need at least one of the OhioRISE waiver services.
- Have waiver needs which are less than or equal to the waiver service cost limit of \$15,000.

OhioRISE eligibility at the time of initial enrollment is limited to children and youth ages 20 or younger. However, once enrolled, a young person can continue enrollment in the OhioRISE Waiver through age 22.

Once an individual chooses to apply for the OhioRISE Waiver, they will go through the waiver eligibility assessment process, which will be conducted by a care management entity (CME). ODM will determine waiver eligibility based on the assessment conducted by the CME.

If the waiver eligibility assessment shows a child or youth is eligible for the OhioRISE Waiver and they are currently enrolled in Medicaid, they will be enrolled in the waiver by the Ohio Department of Medicaid (ODM), and if they are not already enrolled in a managed care organization (MCO) they will be asked to select an MCO for enrollment.

If the waiver eligibility assessment shows a child or youth is not eligible for the OhioRISE Waiver, a denial notice with hearing rights will be issued to their mailing address.

If a child or youth is not eligible for the waiver and they are already enrolled in Ohio Medicaid, eligibility for the OhioRISE Program that is separate from the OhioRISE Waiver can be explored for them.

If the waiver eligibility assessment shows a child or youth is eligible for the OhioRISE Waiver, but they are not already enrolled in Medicaid, a Medicaid application needs to be submitted for them. ODM will determine Medicaid eligibility.

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<sup>1</sup> Functional limitations are certain intensive behaviors a child or youth has that leads to health and safety concerns for them and individuals around them, including in their home and community. These limitations and behaviors substantially limit or interfere with the child or youth's role in their family, school, or community and tend to result in institutionalization or custody relinquishment to the custody of the child welfare system.

- If the young person is determined to be eligible for Medicaid, ODM will enroll them in Medicaid, the OhioRISE Program, the OhioRISE Waiver, and the young person and their caregivers will be asked to select an MCO.
- If the young person is determined to not be eligible for Medicaid, a denial notice with hearing rights will be issued to the child or youth's mailing address.

**IMPORTANT!**

Members cannot be enrolled in both the OhioRISE Waiver and another 1915(c) waiver, such as the Ohio Home Care Waiver, at the same time.

**Enrollment criteria checklist (create a checklist graphic)**

**Diagnosis of Serious Emotional Disturbance (SED)**

Examples: Depressive Disorders, Trauma-and-Stressor-Related Disorders, Feeding and Eating Disorders, and Paraphilic Disorders

**Have a qualifying Level of Care (LOC)**

Must meet Inpatient Psychiatric Level of Care criteria **Documentation of specific functional limitations.**

**Examples:**

- The child/youth's persistent physical abuse or violence that results in physical injury or emotional distress to caregivers, family members, others in the home and community; or physical destruction of property that impacts the child/youth's housing stability.
- The child/youth's history of suicidal ideation with intent, or history of suicide attempts, within the past 6 months.
- The child/youth's sexually problematic behavior(s) that creates a safety risk for themselves or others without a high level of direct supervision.
- The child/youth's suspension or expulsion from school; or withdrawal from school, daycare, or preschool program as the result of the

child/youth's actions/intensive behaviors.

- Law enforcement or child welfare contact involvement due to the child/youth's intensive behaviors.
- The child/youth has a history of victimization or exploitation, including human trafficking within the past 12 months, and re-victimization may be imminent. This may include physical or sexual abuse, sexual exploitation, or violent crime.

**Have waiver needs that are less than or equal to the waiver service cost limit of \$15,000**

**Age 20 or younger**

Enrollment must occur at or before age 20. OhioRISE Waiver will allow continued enrollment in the program through age 22.

**Use Care Coordination**

- Tier 1: Limited Care Coordination
- Tier 2: Moderate Care Coordination
- Tier 3: Intensive Care Coordination

**Meets all other Medicaid and OhioRISE Program eligibility criteria**

Including having a demonstrated need for an OhioRISE Waiver service.

## Services Covered under OhioRISE Waiver

As an OhioRISE member enrolled in the OhioRISE Waiver, you will have access to medically necessary Medicaid-covered behavioral health services to support living in a community-based setting. These services include:

- Out-Of-Home Respite.
- Transitional Services and Supports (TSS).
- Secondary Flex Funds for customized goods and services, including emergency flex funds.

### Service Coverage/Limitations

Service	Coverage/Limitations	Prior Approval
Out-Of-Home Respite	90 days in a 365-day period	Need prior approval on Child and Family-Centered Care Plan
Transitional Services and Supports	Covered	Need prior approval on Child and Family-Centered Care Plan
Secondary Flex Funds	\$3,000 limit in a 365-day period.	Need prior approval on Child and Family-Centered Care Plan
Emergency Flex Funds	\$2,000 limit in 365-day period	Need prior approval on Child and Family-Centered Care Plan

**Out-of-Home Respite** is a short-term service to provide relief for those who provide you care. These services must be delivered outside of your primary residence. It may be provided on a planned or emergency basis as described in your Child and Family-Centered Care Plan. Out-of-Home Respite is in addition to behavioral health respite (which is available to all OhioRISE members). However, these services cannot be provided on the same day.

**Transitional Supports and Services (TSS)** provides stability supports for you and your primary caregiver and/or family. TSS is used to support you and your family in understanding, managing, and transitioning to long-term solutions for behavior challenges. TSS is used to stabilize you and your family during a transition of care and is not intended to de-escalate crises. This short-term support is available when you have a change in circumstance, including enrolling on the waiver after an institutional placement or a change between custodians and/or caregivers. An initial 72 hours may be approved on your Child and Family-Centered Care Plan. Additional hours may be approved if there is a need. Your Child and Family-Centered Care Plan will need to be updated, reviewed, and approved by the OhioRISE Plan before additional TSS services are provided. TSS services can include:

- Training and skill-building.
- Assistance in participating in the community.
- Help with coping skills.
- Other family stabilization activities are related to the transition.

**Secondary Flex Funds** are used for services, equipment, or supplies that are not covered by Medicaid but are recommended by your Child and Family Team as something to benefit you and help you achieve your goals. Your care coordinator is responsible for talking about Secondary Flex Funds with you, your family, and your Child and Family Team. They will explain how to ask for Secondary Flex Funds through the care coordination process.

For Secondary Flex Funds to be approved, they need to meet the following criteria:

- Reduce the need for other Medicaid services.
- Support and encourage your participation in the community.
- Increase your safety in the home.

Secondary Flex Funds service cannot be used to pay for:

- Experimental treatments.
- Items used solely for entertainment or recreational purposes.
- Tobacco or alcoholic products.
- Items of the same type for the same individual unless there is a documented change in the item's condition that warrants replacement.
- Home modifications that are of general utility or that add to the total square footage of the home.
- Items or treatments that are illegal or otherwise excluded through federal or state regulations.
- The costs of room and board.

Your Child and Family Team will work with you to identify the service, equipment, or supply you need, show that it meets the requirements, and recommend a specific provider or vendor. Your care coordinator will include this information in your Child and Family-Centered Care Plan and send it to the OhioRISE Plan for approval. When approved, the OhioRISE Plan will work with your care coordinator and the provider or vendor you chose to arrange for the item or service. Once approved, goods will be purchased by a vendor and shipped to the member. For a service, the care coordinator will help you schedule the service. To be approved for Secondary Flex Funds, you cannot have the ability to buy the service or item with other funds or resources.

Secondary Flex Funds is a service that's only for OhioRISE 1915(c) Waiver enrollees. It includes up to \$3,000 in funds that can be used in a 365-day period for additional services, equipment, or supplies that are not otherwise allowable through the Medicaid.

If the Secondary Flex Funds have been used and an emergency need occurs, Emergency Flex Funds of up to \$2,000 may be approved. The \$2,000 in Emergency Flex Funds does not count towards the waiver cost limit.

Primary Flex Funds are available to all members of OhioRISE and must be used prior to accessing Secondary Flex Funds. Like Secondary Flex Funds, Primary Flex Funds are also used for services, equipment, or supplies that are not usually covered by Medicaid but are recommended to benefit you by your Child and Family Team. The total amount of Primary Flex Funds you may use in a 365-day period is \$1,500.

### **Participant-Directed Budget Authority for Primary and Secondary Flex Funds**

You can exercise participant directed "budget authority" for the use of OhioRISE Primary and Secondary Flex Funds. You or your parent/guardian may determine the amount of your available budget spent on the goods/services being purchased to meet your identified needs. Individuals interested in exercising budget authority for Primary and Secondary Flex Funds may access information from the care coordinator responsible for waiver care coordination and/or the OhioRISE Plan. While adhering to the service cost limitations, individuals may determine a budget which can be used for the purchase of goods and services, not otherwise accessible, to meet a documented need in the Child and Family-Centered Care Plan. The OhioRISE Plan's contracted Financial Management Services (FMS) vendor, along with the OhioRISE Plan and the care management entity (CME), support the individual in accessing the needed good or service.

### **Child and Family Team (CFT)**

Your Child and Family Team is a group of people, including you and your family/caregivers, natural supports (relatives, friends, and neighbors), and formal helpers (teachers, therapists, and other professionals) who play an essential role in your life. You will work with your care coordinator to decide who you would like to have join your Child and Family Team. Your care coordinator will work cooperatively with you and your Child and Family Team to develop, implement, monitor, and evaluate your Child and Family-Centered Care Plan.

### **Child and Family-Centered Care Plan (CFCP) Development**

Your Child and Family Team will work with you and your family to build a Child and Family-Centered Care Plan based on your choices, goals, and preferences. Your care plan will be written with your care coordinator. It will identify all needed services and

supports to assist you in meeting your goals. This will occur during your first Child and Family Team meeting, which will occur within 30 days of your enrollment on the OhioRISE Waiver. Your care plan will be updated with you and your Child and Family Team regularly and any time you experience a significant life change. Any services being added to the care plan will need reviewed and approved by the OhioRISE Plan before the provider can start their services.

**The Child and Family-Centered Care Plan includes:**

- Family Vision
  - The vision of your whole family.
  - Where your family wants to be in the future.
  - Provides a focus for activities and measures progress.
  - Includes input from every member of your team.
  
- Strengths include your:
  - Activities.
  - Interests.
  - Natural abilities.
  - How to use your strengths to make changes.
  
- Needs
  - Your safety.
  - Risks.
  - Emotional and/or clinical needs.
  - Other conditions such as housing, recreation, financial, medical, legal, and spiritual.
  - Educational.
  - Planning to permanently stay with my family.
  - Community safety.
  - Family and caregiver support.
  - Transition needs.

In addition, your Child and Family Team will assist you in creating an Individual Safety and Crisis Plan. This plan will determine specific steps to ensure you and your family's safety and reduce the risk of harm in the home and community. This plan will also include specific interventions and de-escalation strategies for your individual needs, including information about when to call your care coordinator or Mobile Response Stabilization Services (MRSS). The goal of this plan is to keep you safe.

As an OhioRISE Waiver member, your care coordinator will work with you to create a backup plan to ensure you don't go without scheduled waiver services. The backup plan can include another waiver service provider or natural supports who can provide

substitute coverage for waiver services when the planned provider is unable to or unresponsive in providing a scheduled service.

Your care coordinator is responsible for discussing the services available to you under the OhioRISE Plan and the OhioRISE Waiver while creating your Child and Family-Centered Care Plan. Your Child and Family Team will work with you to identify needed waiver services, show that they meet the requirements, and recommend specific providers and/or vendors. Your care coordinator will submit the Child and Family-Centered Care Plan to the OhioRISE Plan for approval. If any of the waiver services listed on your plan were unable to be approved, your care coordinator will meet with you and your Child and Family Team to update your care plan. You will be notified of your rights to appeal the decision if your waiver service requests are not approved.

### **Annual Level of Care Eligibility Determination/Freedom of Choice**

Your eligibility for the OhioRISE Waiver must be determined at least every 365 days. A certified Ohio Children's Initiative CANS assessor at your local care management entity (CME) will complete an Ohio Children's Initiative CANS, including an inpatient psychiatric level of care (IP LOC) assessment. This assessment will use criteria to determine if you continue to meet the level of care required for eligibility for the OhioRISE Waiver. You may need to have this assessment completed earlier if you experience a significant change in the situation impacting your health and welfare. Once the assessment is completed, ODM will review and determine continued enrollment eligibility.

After reviewing this Waiver Handbook with your care coordinator, you or your parent/guardian will be asked to sign a Freedom of Choice form. This form describes your rights and understanding of those rights. You can choose to either be enrolled on the waiver and receive waiver services, or you can deny enrollment on the waiver and receive needed services in an institution. As a waiver member, you have the right to choose your service providers from enrolled and available Medicaid waiver service providers that are contracted with the OhioRISE Plan. If you have any questions about the Waiver Handbook or your rights, your care coordinator will be able to explain them to you before you or your parent/guardian sign the Freedom of Choice form.

### **Disenrollment**

The Ohio Children's Initiative CANS Inpatient Psychiatric Level of Care will be completed once every 365 days for continued OhioRISE Waiver eligibility.

You may be determined ineligible for the OhioRISE Waiver and be disenrolled due to the following reasons:

- You no longer meet the OhioRISE Waiver eligibility.
- You no longer meet the Inpatient Psychiatric Level of Care.

- You reside in an institution for more than 90 consecutive days.
- You reach age 23.

If you no longer meet the eligibility of the waiver but still meet the eligibility for Medicaid and OhioRISE, you may continue to be enrolled in the OhioRISE Plan. If you are no longer eligible for the OhioRISE Waiver or the OhioRISE Plan due to your age, but you are still eligible for Medicaid, you will remain enrolled in Medicaid. However, if you no longer meet eligibility for the OhioRISE Waiver, the OhioRISE Plan, or Medicaid, you will be disenrolled from all three.

At least thirty days before disenrollment, your care coordinator will work with you to develop a Transition of Care plan to help meet your needs for 90 days following your disenrollment. If you remain enrolled in OhioRISE after disenrolling from the OhioRISE Waiver, the Transition of Care plan will identify supports to replace your OhioRISE Waiver services with other behavioral health services.

You will be given information about hearing rights at the time of denial of waiver eligibility and at the time of disenrollment.

### **Member Rights**

As a member of OhioRISE, you have the following rights:

- To receive all information and services that OhioRISE must provide.
- To be treated with respect and with regard for your dignity and privacy.
- To be sure that your medical record information is kept private.
- To be given information about your health. This information may also be available to someone who you have legally approved to have the information or who you have said should be reached in an emergency when it is not in the best interest of your health to give it to you.
- To discuss medically necessary treatment options for your condition(s), no matter the cost or benefit coverage.
- To participate with providers in making decisions relating to your healthcare.
- To be able to take part in decisions about your healthcare as long as the decisions are in your best interest.
- To get information on any medical care treatment, given to you in a way that you can understand.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, ease, or revenge as specified in federal and state regulations.
- To ask, and get, a copy of your medical records, and to be able to ask that the record be changed/corrected if needed.



- To say “yes” or “no” to having any information about you given out unless OhioRISE must do so by law.
- To say “no” to treatment or therapy. If you say no, the provider or an OhioRISE care coordinator must talk to you about what could happen, and they must put a note in your medical record about it.
- To file an appeal, a grievance (complaint), or state hearing. See page 33 of this handbook to learn more.
- To get help free of charge from OhioRISE and its providers if you do not speak English or need help in understanding information.
- To get all written member information from OhioRISE:
  - At no cost to you.
  - In the prevalent non-English languages of members in OhioRISE’s service area.
  - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To get help with sign language if you are deaf or hard of hearing.
- To be told if the healthcare provider you see is a student and to be able to refuse their care.
- To be told of any of the care you might get is experimental care and to be able to refuse to be part of the care.
- To make advance directives (a living will).
- To file any complaint about not following your advance directive with the Ohio Department of Health.
- To be free to carry out your rights and know that OhioRISE, OhioRISE’s providers, or the Ohio Department of Medicaid will not hold this against you.
- To know that OhioRISE must follow all federal and state laws, and other laws about privacy that apply.
- To choose the provider that gives you care whenever possible and appropriate.
- To get a second opinion from a qualified provider in OhioRISE’s network. If a qualified provider is not able to see you, OhioRISE must set up a visit with a provider not in our network.
- To get information about OhioRISE from us.

Contact the Ohio Department of Medicaid and/or the United States Department of Health and Human Services Office of Civil Rights at the addresses below with any complaint of discrimination based on race, ethnicity, religion, gender, gender identity, sexual orientation, age, disability, national origin, military status, genetic information, ancestry, health status or need for health services.

The Ohio Department of Medicaid  
Office of Human Resources, Employee Relations  
P.O. Box 182709  
Columbus, Ohio 43218-2709  
E-mail: **ODM\_EmployeeRelations@medicaid.ohio.gov**  
Fax: **614-644-1434**

Office for Civil Rights  
United States Department of Health and Human Services  
233 N. Michigan Ave. – Suite 240  
Chicago, Illinois 60601  
Ph: **312-886-2359 (TTY: 312-353-5693)**

### **Member Opportunities**

As an OhioRISE Waiver member you will:

- Have the ability to direct your budget as described in the services section page 11 of this handbook
- Be able to work with your care coordinator to identify which waiver services will help meet your needs and work towards your goals.

As an OhioRISE Waiver member, we encourage you to:

- Be an active participant in the Child and Family Team and communicate your needs while creating the Child and Family-Centered Care Plan.
- Communicate openly and honestly with your care coordinator, providers, and other members of your Child and Family Team.
- Provide accurate and complete information, including your medical history.
- Actively participating in the process to develop your Child and Family-Centered Care Plan and implementing the plan.
- Provide your signature on the Child and Family-Centered Care Plan, or other document requested by your care coordinator, indicating your agreement with the service plan.
- Keep scheduled appointments.
- Report problems, concerns, or changes to your care coordinator.
- Inform your care coordinator if you want or need to change services or providers.
- Work respectfully with your service providers.
- Work cooperatively with your care coordinator and Child and Family Team to resolve problems or concerns.

Please note that to remain enrolled on the waiver, you will need to continue using your waiver services listed on your Child and Family-Centered Care Plan at least once per month and follow all the Ohio Department of Medicaid's (ODM) requirements. You and your caregiver (if applicable) will also need to participate in the waiver eligibility determination process every 365-days.

### **Reporting Incidents**

A critical incident is an event that may cause harm to you or that indicates risk (such as abuse, neglect, or exploitation) to your health or welfare.

If you experience any of the following, please report the incident to your care coordinator right away:

- Theft.
- Severe injury or fall resulting in the need for medical treatment.
- Medical or psychiatric emergency, including suicide attempt.
- Medication error resulting in serious consequences.
- Inappropriate or unprofessional conduct by a provider/agency.
- Physical or mental abuse.
- Sexual abuse.
- Neglect or mistreatment.
- Destruction of property.
- Eviction or loss of home.
- Provider office closure.
- Cancellation of utilities.

These are only a few examples of critical incidents. If you are unsure whether or not an incident should be reported, please contact your care coordinator. Your care coordinator will follow up with you, your family, and any involved practitioner/provider as soon as possible, but no more than twenty-four (24) hours from discovering or being notified of the incident.

### **Appeals, Grievances, and State Hearings**

If you are unhappy with OhioRISE or our providers, or do not agree with a decision we made, contact us as soon as possible. You, or someone you want to speak for you, can contact us. If you want someone to speak for you, you will need to let us know. The OhioRISE Plan wants to help.

To contact us, you can:

- Call Member Services at **1-833-711-0773 (TTY: 711)**.
- Fill out the form Standard Appeal Form in your waiver member handbook, on page 33. You can call Member Services to ask for a printed copy.
- Visit our website at [AetnaBetterHealth.com/OhioRISE](http://AetnaBetterHealth.com/OhioRISE).
- Write a letter telling us what you are unhappy about. Please include your first and last name, the number from the front of your member ID card, your address, and your telephone number. You should also send any information that helps explain your problem.

Mail the form or your letter to:

Aetna Better Health of Ohio  
c/o OhioRISE Plan  
Appeal and Grievance Department  
PO Box 81139  
5801 Postal Road  
Cleveland, OH 44181  
Fax: **1-833-928-1259**

OhioRISE will send you something in writing if we:

- Deny a request to cover a service for you.
- Reduce, suspend, or stop services before you receive all the services that were approved.
- Deny payment for a service you received that is not covered by OhioRISE.

We will also send you something in writing when we:

- Decide to cover a service requested for you.
- Answer something you told us you were unhappy about.

## **Appeals**

If you do not agree with the decision or action listed in the response letter, you can contact us **within 60 calendar days** to ask that we change our decision or action. This is called an **appeal**.

The 60-day period begins on the day after the mailing date on the letter. If we have decided to reduce, suspend, or stop services before all the approved services are received, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we do not change our decision or action because of your appeal, we will notify you of your right to request a state hearing. **You may only request a state hearing after you have gone through the OhioRISE appeal process.**

If you or your provider believes that waiting 15 calendar days to decide your appeal could seriously risk your life or health, you or your provider should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 24 hours of receiving all required information) on your appeal. This is called an **expedited appeal**. You do not have to request an expedited appeal in writing. We will notify you and your provider of our decision orally and in writing.

### **Grievances**

If you are unhappy with OhioRISE or our providers, this is called a **grievance**. OhioRISE will give you an answer to your grievance by phone, or by mail, if we can't reach you by phone. We will give you an answer within the following time frames:

- Two working days for grievances about not being able to get medical care.
- Thirty calendar days for all other grievances except grievances about getting a bill for care you have received.
- Sixty calendar days for grievances about getting a bill for care you have received.

If we need more time to make a decision for either an appeal or a grievance, we will send you a letter telling you that we need to take up to 14 more calendar days. That letter also will explain why we need more time. If you think we need more time to make a decision on your appeal or grievance, you can also ask us to take up to 14 calendar days.

You also have the right to file a complaint **at any time** by contacting the:

Ohio Department of Medicaid  
Bureau of Managed Care Compliance and Oversight  
P.O. Box 182709  
Columbus, Ohio 43218-2709  
**1-800-324-8680 (TTY: 711)**

Ohio Department of Insurance  
50 W. Town Street  
3<sup>rd</sup> Floor – Suite 300  
Columbus, Ohio 43215  
**1-800-686-1526**

### **State Hearings**

A state hearing is a meeting with you or someone you want to speak on your behalf along with representatives from the County Department of Job and Family Services, the OhioRISE Plan, and the hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). In this meeting, you will explain why you think OhioRISE did not make the right decision and OhioRISE will explain the reasons for making our decision. The hearing officer will listen and then make a decision based on the rules and the information given.

The OhioRISE Plan will notify you of your right to request a state hearing if:

- We do not change our decision or action because of your appeal.
- A decision is made to propose enrollment or continue enrollment in the OhioRISE Coordinated Services Program.
- A decision is made to deny your request to change your OhioRISE Coordinated Services Program provider.

### **You may only request a state hearing after you have gone through OhioRISE's appeal process.**

If you want a state hearing, you, or someone you want to speak on your behalf, must request a hearing **within 90 calendar days**. The 90-day periods begin on the mail date included on the hearing form. If your appeal was about a decision to reduce, suspend, or stop services before all the approved services are received, your letter will tell you how you can keep receiving the services if you choose to and when you may have to pay for the services.

To request a state hearing you can:

- Sign and return the state hearing form to the address or fax number listed on the form.
- Call the Bureau of State Hearings at **1-866-635-3748**.
- Submit your request via e-mail at **[bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov)**.
- Submit your request through the Bureau of State Hearings SHARE Portal at **<https://hearings.jfs.ohio.gov/SHARE>**. (Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request.)

If you need legal assistance, you can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by calling **1-866-LAW-OHIO (1-866-529-6446)** or by searching the Legal Aid directory at [www.ohiolegalhelp.org/find-legal-help](http://www.ohiolegalhelp.org/find-legal-help) on the internet.

State hearing decisions are usually issued no later than 70 calendar days after the request is received. However, the OhioRISE Plan or the Bureau of State Hearings may decide that the health condition meets the criteria for an expedited decision. An expedited decision will be issued as quickly as needed, but no later than three business days after the request is received. Expedited decisions are for situations when making the decision within the standard time frame could seriously jeopardize your life, your health, or your ability to attain, maintain or regain maximum function.

## Advocacy Organizations

### Mental Health America

Addressing trauma in children

[mha.ohio.gov/Families-Children-and-Adults/For-Children/Addressing-Trauma](http://mha.ohio.gov/Families-Children-and-Adults/For-Children/Addressing-Trauma)

Please note the justification on all of these will be updated. We used the approved content from the website.

### Boys Town National Hotline®

For teens, parents and families:

Call **1-800-448-3000** or text VOICE to **20121**.

[www.boystown.org/hotline/Pages/default.aspx](http://www.boystown.org/hotline/Pages/default.aspx)

### Report child abuse and neglect

The Ohio Department of Job and Family Services has launched **1-855-O-H-CHILD (1-855-642-4453)**. This is an automated phone directory. It links you to a child welfare or law enforcement office in your county. You don't have to give your name.

[jfs.ohio.gov/ocf/reportchildabuseandneglect.stm](http://jfs.ohio.gov/ocf/reportchildabuseandneglect.stm)

### Depression

Learn more about depression from the National Institute of Mental Health.

[www.nimh.nih.gov/health/publications/depression/index.shtml](http://www.nimh.nih.gov/health/publications/depression/index.shtml)

### Early childhood mental health

[mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health](http://mha.ohio.gov/Schools-and-Communities/Educators/Early-Childhood-Mental-Health)

### **Facts for Families Guide**

Check this guide for information on topics that affect kids, teens and their families.

**[www.aacap.org/AACAP/Families and Youth/Facts for Families/Layout/FFF\\_Guide-01.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/Layout/FFF_Guide-01.aspx)**

### **Moving into Adulthood Resources Center**

Find information about topics ranging from attention-deficit/hyperactivity disorder (ADHD) in college students to self-injury in adolescents.

**[www.aacap.org/aacap/Families and Youth/Resource Centers/Moving Into Adulthood Resource Center/Home.aspx](http://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Moving_Into_Adulthood_Resource_Center/Home.aspx)**

### **National Alliance on Mental Illness (NAMI)**

HelpLine and website Call **1-800-950-6264** Monday through Friday, 10 a.m. to 6 p.m. ET or email **[Info@NAMI.org](mailto:Info@NAMI.org)**. **<https://helplinefaqs.nami.org/>**

### **Childhelp® National Child Abuse Hotline**

**1-800-422-4453**

**<https://www.childhelp.org/>**

### **National Domestic Violence Hotline**

**1-800-799-7233 (TTY: 1-800-787-3224)**

**[www.thehotline.org](http://www.thehotline.org)**

### **National Sexual Assault Hotline**

**1-800-656-4673**

**<https://rainn.org>**

### **Ohio Department of Job and Family Services**

Check the website to learn about local services.

**<https://jfs.ohio.gov/>**

### **Drug and alcohol resources**

Do you or someone you love use substances like drugs or alcohol? Problems with substance use are common, and you're not alone. Talk with your doctor right away. You also can check these resources for support:

### **Alcoholics Anonymous®**

**website**

**[www.aa.org/](http://www.aa.org/)**



## **Ohio Start Program for substance use disorders**

**<https://ohiostart.org/>**

## **Ohio substance abuse helplines for drug and alcohol addiction**

**<https://addictionresource.com/addiction-and-rehab-hotlines/ohio-numbers/>**

## **SAMHSA's National Helpline**

For drug and alcohol treatment referral and service information: **1-800-662-HELP (1-800-662-4357) (TTY: 1-800-487-4889).**

**[www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)**

## **SAMHSA website**

**[www.samhsa.gov/find-treatment](http://www.samhsa.gov/find-treatment)**

## **Smoking (nicotine and tobacco) resources**

Whether you're a cigarette or e-cigarette smoker (or you use a vaping device), we can help you quit. It's not easy. But with the right plan and support, you can reach your goal. Just check out these resources to start:

### **Ohio Department of Health: E-cigarettes**

The teen "My Life, My Quit" line can be texted or called at **1-855-891-9989**. Help is also available at **[mylifemyquit.com](http://mylifemyquit.com)**. The adult Ohio Tobacco Quit Line is **800-QUIT-NOW (784-8669)**.

### **Ohio Department of Health: Tobacco use prevention and cessation**

**1-800-QUIT-NOW (1-800-784-8669)**: Call 24 hours a day, 7 days a week if you're an Ohio resident aged 13 and over

**<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/tobacco-use-prevention-and-cessation>**

## **Smokefree.gov**

**[smokefree.gov/](http://smokefree.gov/)**

## **Smoking Cessation Trust**

**[smokingcessationtrust.org/about/](http://smokingcessationtrust.org/about/)**

## **Human trafficking**

Human trafficking includes two different types of crime:

- **Labor trafficking** happens when people are compelled to work or provide services through the use of force, fraud, or coercion.
- **Sex trafficking** happens when people are compelled to engage in

commercial sex through the use of force, fraud or coercion. If the person is under age 18, force, fraud or coercion aren't needed to make it a crime.

### **What is human trafficking?**

**[www.acf.hhs.gov/otip/about/what-human-trafficking](http://www.acf.hhs.gov/otip/about/what-human-trafficking)**

### **National Human Trafficking Hotline**

Call **1-888-373-7888 (TTY: 711)** or text **233733**.

**[humantraffickinghotline.org/state/ohio](http://humantraffickinghotline.org/state/ohio)**

### **Human trafficking awareness materials**

**[humantraffickinghotline.org/get-involved/downloadable-resources](http://humantraffickinghotline.org/get-involved/downloadable-resources)**

### **Transition-age youth**

Need help with the transition from childhood to adulthood? This group is called transition-age youth (16 to 21 years of age). Resources can be hard to find, and you may not know where to start. Check these links to learn more about help and support during this time:

### **Teens and young adults**

**[mha.ohio.gov/Families-Children-and-Adults/For-Teens-and-Young-Adults](http://mha.ohio.gov/Families-Children-and-Adults/For-Teens-and-Young-Adults)**

### **Ohio Department of Job and Family Services**

**[jfs.ohio.gov/ocf/olderyouthinitiatives.stm](http://jfs.ohio.gov/ocf/olderyouthinitiatives.stm)**

### **Wraparound Ohio: Tools and resources for youth, young adults and families**

**[wraparoundohio.org/youth-and-young-adult-organizations-resources/](http://wraparoundohio.org/youth-and-young-adult-organizations-resources/)**

### **State agencies**

Ohio Bold Beginning!

This website is the premier way for Ohio's parents, grandparents, caretakers, teachers and childcare providers to access all things related to early childhood in Ohio's state agencies.

**[boldbeginning.ohio.gov/wps/portal/gov/bold/families](http://boldbeginning.ohio.gov/wps/portal/gov/bold/families)**

### **Ohio Department of Developmental Disabilities**

**[dodd.ohio.gov/wps/portal/gov/dodd/](http://dodd.ohio.gov/wps/portal/gov/dodd/)**

### **Ohio Department of Health**

**[odh.ohio.gov/wps/portal/gov/odh/home](http://odh.ohio.gov/wps/portal/gov/odh/home)**

**Ohio Department of Job and Family Services**  
**1-877-852-0010**  
**[jfs.ohio.gov/](http://jfs.ohio.gov/)**

**Ohio Department of Medicaid Consumer Hotline**  
**1-800-324-8680**  
**[medicaid.ohio.gov/wps/portal/gov/medicaid/](http://medicaid.ohio.gov/wps/portal/gov/medicaid/)**

**Ohio Attorney General – Medicaid Fraud Waste and Abuse**  
**1-800-642-2873**  
**[www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud](http://www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud)**

**Ohio Department of Mental Health and Addiction Services**  
**1-888-636-4889**  
**[mha.ohio.gov/](http://mha.ohio.gov/)**

### **Community partners**

We work with our local partners to ensure you get the support you need. Here's a list of Ohio resources you might find useful:

**American Academy of Pediatrics, Ohio Chapter**  
**[ohioaap.org/](http://ohioaap.org/)**

**The Center for Community Solutions**  
**[www.communitysolutions.com/](http://www.communitysolutions.com/)**

**Children's Advocacy/Multi-System Youth Coalition**  
**[www.communitysolutions.com/collaborations/multi-system-youth-coalition/](http://www.communitysolutions.com/collaborations/multi-system-youth-coalition/)**

**Children's Defense Fund, Ohio**  
**[DFOhio.org](http://DFOhio.org)**

**After a disaster**  
**[mha.ohio.gov/Families-Children-and-Adults/Family-Supports/After-a-Disaster](http://mha.ohio.gov/Families-Children-and-Adults/Family-Supports/After-a-Disaster)**

**Emergency preparedness**  
**[mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Emergency-](http://mha.ohio.gov/Health-Professionals/About-Mental-Health-and-Addiction-Treatment/Emergency-)**

**Groundwork Ohio**  
[www.groundworkohio.org](http://www.groundworkohio.org)

**Mental Health America of Ohio**  
[mhaohio.org/](http://mhaohio.org/)

**Youth Move National**  
[youthmovenational.org/](http://youthmovenational.org/)

**Ohio Association of County Behavioral Health Authorities (OACBHA)**  
Map, list and contacts to all Alcohol, Drug Addiction and Mental Health Services Boards  
[www.oacbha.org/](http://www.oacbha.org/)

**Ohio Association of County Boards Serving People with Developmental Disabilities (OACBDD)**  
[www.oacbdd.org/](http://www.oacbdd.org/)

**Ohio Children's Alliance**  
Out-of-home placement, foster care and behavioral health providers  
[www.ohiochildrensalliance.org/](http://www.ohiochildrensalliance.org/)

**Ohio Children's Hospital Association**  
[ohiochildrenshospitals.org/](http://ohiochildrenshospitals.org/)

**The Ohio Council of Behavioral Health and Family Services Providers**  
[www.theohiocouncil.org](http://www.theohiocouncil.org)

**Ohio Hospital Association**  
[ohiohospitals.org](http://ohiohospitals.org)

**Ohio Job and Family Services Directors' Association (OJFSDA)**  
[www.ojfsda.org/aws/OJFSD/pt/sp/home\\_page](http://www.ojfsda.org/aws/OJFSD/pt/sp/home_page)

**Ohio Psychiatric Physicians Association**  
[www.ohiopsychiatry.org](http://www.ohiopsychiatry.org)

**Ohio Psychological Association**  
[ohpsych.org/](http://ohpsych.org/)

**Public Children Services Association of Ohio (PCSAO)**  
[www.pcsao.org/](http://www.pcsao.org/)

**Mental Health and Addiction Advocacy Coalition**  
[mhaadvocacy.org](http://mhaadvocacy.org)

**Ohio Kinship and Adoption Navigator**  
[ohiokan.jfs.ohio.gov/](http://ohiokan.jfs.ohio.gov/)

**Ohio Family & Children First**  
[www.fcf.ohio.gov/](http://www.fcf.ohio.gov/)

**RedTreehouse.org**  
[www.RedTreehouse.org/](http://www.RedTreehouse.org/)

**The ARC<sup>®</sup>, Ohio**  
[www.TheArcOfohio.org/](http://www.TheArcOfohio.org/)

**State Medicaid website**  
Ohio Department of Medicaid  
[www.ohiomh.com/](http://www.ohiomh.com/)

**Your other Medicaid health benefits**  
[www.ohiomh.com](http://www.ohiomh.com)

**Information about physical health**  
American Academy of Pediatrics, Ohio Chapter  
[ohioaap.org/](http://ohioaap.org/)

**American Diabetes Association**  
Learn how you can improve life with diabetes.  
[www.diabetes.org/](http://www.diabetes.org/)

**Arthritis Foundation**  
Get info and tools to live a better life with arthritis.  
[www.arthritis.org/local-offices/oh](http://www.arthritis.org/local-offices/oh)

**American Heart Association**  
Learn how to prevent heart disease, as well as ways to be heart healthy.  
[www.heart.org/en/healthy-living](http://www.heart.org/en/healthy-living)

**Early childhood education programs**  
Ohio Department of Job and Family Services  
[jfs.ohio.gov/cdc/families.stm](http://jfs.ohio.gov/cdc/families.stm)

**Ohio Head Start Program**

**[www.nhsa.org/why-head-start/head-start-locator](http://www.nhsa.org/why-head-start/head-start-locator)**

**Early Childhood Resource Center**

**[www.ecresourcecenter.org/wba/content/spark/what-is-spark/](http://www.ecresourcecenter.org/wba/content/spark/what-is-spark/)**

**United Way and 211**

United Way focuses on creating community-based and community-led solutions for a good quality of life. Call **211** for help with food, housing, jobs, healthcare, counseling and more.

**[www.unitedway.org/local/united-states/ohio](http://www.unitedway.org/local/united-states/ohio)**

**[www.211.org/about-us/your-local-211](http://www.211.org/about-us/your-local-211)**

**Centers for Disease Control and Prevention**

**[www.cdc.gov/reproductivehealth/index.html](http://www.cdc.gov/reproductivehealth/index.html)**

**Clark County Combined Health District**

**[www.ccchd.com/ccchd/get-tested/reprohlth.html](http://www.ccchd.com/ccchd/get-tested/reprohlth.html)**

**Ohio State University Wexner Medical Center**

Learn more about sexual health at the Center for Women’s Health. Need an appointment? Call **614- 293-2076**.

**[wexnermedical.osu.edu/center-for-womens-health/sexual-health](http://wexnermedical.osu.edu/center-for-womens-health/sexual-health)**

**Ohio Department of Health**

**[odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts](http://odh.ohio.gov/wps/portal/gov/odh/find-local-health-districts)**

**Learning resources**

Disabilities Rights Ohio

**[www.disabilityrightsohio.org/special-education](http://www.disabilityrightsohio.org/special-education)**

Ohio Center for Autism and Low Incidence (OCALI)

**[www.ocali.org/](http://www.ocali.org/)**

**Ohio Department of Education**

**[education.ohio.gov/](http://education.ohio.gov/)**

**Ohio Department of Education: Special education**

**[education.ohio.gov/Topics/Special-Education](http://education.ohio.gov/Topics/Special-Education)**

**Ohio Interagency Work Group on Autism: Resources and services**

**[iwg-autism.org/resources.php?resource\\_cat\\_id=3&resource\\_cat\\_sub\\_id=7](http://iwg-autism.org/resources.php?resource_cat_id=3&resource_cat_sub_id=7)**

**Ohio Network of Children’s Advocacy Centers (NCAC)**

**[www.oncac.org/](http://www.oncac.org/)**

## Definitions

The list below includes definitions for healthcare terms.

Advanced Directive	A document that tells your healthcare provider and family how you wish to be cared for.
Appeal	A request that you, your provider or representative can make when you do not agree with OhioRISE's decision to deny, reduce and/or end a covered benefit or service.
Behavioral Health Services	Mental health and substance use services which are provided to members with emotional, psychological, substance use, psychiatric symptoms and/or disorders. These services are provided in the member's primary care physician (PCP) office by the member's PCP as part of primary care service.
Child and Family Team (CFT)	A CFT is a team that is comprised of <b>family members, friends, foster parents, legal custodians, community specialists and other interested people identified by the child or youth and their family. These individuals</b> join together to empower, motivate and strengthen the child or youth and their family. The CFT also develops a plan of care and protection together. This plan aims to achieve child and youth safety, permanency, and well-being.
Covered Services (Covered Care/Care)	Medical care services or supplies which OhioRISE will pay. This care is described in this Handbook.
Emergency Services	Services for a medical or behavioral problem that must be treated right away by a provider.
Experimental/ Investigational	Care or a supply is experimental or investigational if it includes, but is not limited to, any of the following: <ul style="list-style-type: none"> <li>• It is in the testing stage or in early field trials on animals or humans.</li> <li>• It is under clinical investigation by health professionals or is undergoing clinical trial by any governmental agency.</li> </ul>
Functional limitations	<ul style="list-style-type: none"> <li>• Certain intensive behaviors a child or youth has that leads to health and safety concerns for them and individuals around them, including in their home and community. These limitations and behaviors substantially limit or interfere with the child or youth's role in their family, school, or community and tend to result in institutionalization or custody relinquishment to the custody of the child welfare system.</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Examples:</b> <ul style="list-style-type: none"> <li>○ The child/youth’s persistent physical abuse or violence that results in physical injury or emotional distress to caregivers, family members, others in the home and community; or physical destruction of property that impacts the child/youth’s housing stability.</li> <li>○ The child/youth’s history of suicidal ideation with intent, or history of suicide attempts, within the past six months.</li> <li>○ The child/youth’s sexually problematic behavior(s) that creates a safety risk for themselves or others without a high level of direct supervision.</li> <li>○ The child/youth’s suspension or expulsion from school; or withdrawal from school, daycare, or preschool program as the result of the child/youth’s actions/intensive behaviors.</li> <li>○ Law enforcement or child welfare contact involvement due to the child/youth’s intensive behaviors.</li> <li>○ The child/youth has a history of victimization or exploitation, including human trafficking within the past 12 months, and re-victimization may be imminent. This may include physical or sexual abuse, sexual exploitation, or violent crime.</li> </ul> </li> </ul>
Fee-for-Service	A traditional method of paying for medical services covered by Medicaid in which providers are paid for each service they provide.
Grievance	When you let us know you are not satisfied with a provider, OhioRISE, or a benefit, you can file a grievance in writing or tell us verbally. Someone you appoint can file a grievance for you.
Managed Care Organizations (MCO)	MCOs are contracted with the Ohio Department of Medicaid (ODM) to provide physical health services.
Medically Necessary (Medically Needed/Needed)	<p>Medically necessary means you need the services to prevent, diagnose, or treat a health condition. It is the use of services or supplies by a provider that are needed to find or treat a member’s illness or injury. The OhioRISE plan must also be sure that the care is:</p> <ul style="list-style-type: none"> <li>• Consistent with the symptoms, diagnosis, and treatment of the member’s condition, disease, ailment or injury.</li> </ul>



	<ul style="list-style-type: none"> <li>• Appropriate with regards to standards of good medical practice.</li> <li>• Not solely for the convenience of the member or their provider.</li> <li>• The most appropriate supply or level of service that can be safely given to the member. For members in the hospital, it also means the member’s medical symptoms or condition cannot be diagnosed or treated safely outside of a hospital.</li> </ul>
Member	Any person who gets services from ODM and who has OhioRISE coverage.
Member Handbook (Handbook)	This book as well as any amendment or related document(s) sent together with this book that tell you about your coverage and your rights.
Member Services	OhioRISE staff that can answer questions about your benefits. The toll-free number is <b>1-833-711-0773 (TTY: 711)</b> .
Prior authorization/ Preauthorized	OhioRISE prior approval needed to pay for certain services.
Primary Care Physician (PCP)	The doctor who gives you your primary healthcare. This doctor will arrange for most other care you need as well. Since OhioRISE only provides your behavioral health services, your PCP is not covered as part of this plan.
Provider Directory	A list of providers that have contracted OhioRISE to provide care to OhioRISE members.
Service Area	The geographic area where you can get care under the OhioRISE program.
Specialized Behavioral Health Services	Include services provided by psychiatrists, psychologists, licensed clinical social workers, licensed professional counselors, licensed addiction counselors, mental health clinics, mental health rehabilitation service providers (public or private) and rehabilitation substance use centers.
State Hearing	This is a meeting with you or someone you want to speak on your behalf, someone from the County Department of Job and Family Services, someone from OhioRISE, and a hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS).
You, Your	Refers to a member.

## OhioRISE 1915(c) Waiver Freedom of Choice Form

I have received the OhioRISE Waiver Handbook. It includes information about my rights and protections, how to contact my care coordinator, and how to report alleged incidents.

My care coordinator has verbally reviewed the content of the OhioRISE 1915(c) Waiver Handbook with me.

I understand I have the option to receive the services I need either as a resident in an institution (e.g., inpatient psychiatric facility) or to receive waiver services while residing in the community. By signing this document, I am freely choosing to receive OhioRISE 1915(c) Waiver services rather than the services that would be available while residing in an institution.

I understand I have been informed of service alternatives and choice of qualified providers available in the OhioRISE Plan's provider panel. If a change in provider is required for any reason, information will be provided to me regarding other available providers. By signing this document, I am freely choosing to receive my services from my choice of enrolled and available Medicaid waiver service providers for the OhioRISE 1915(c) Waiver.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or guardian/authorized representative)

*(OhioRISE Plan and the care management entity (CME), if applicable, must maintain a copy of this signed and dated page for their records and for auditing purposes.)*

Ohio Medicaid Managed Care Entity  
**Member Appeal Form**

If you do not agree with a decision made by your managed care entity (MCE), you should contact the MCE as soon as possible. You, or someone you want to speak for you can contact the MCE using this form.

**Instructions:** Complete Sections I and II of this form entirely, describe the issue(s) in as much detail as possible, and submit the completed form to the appropriate MCE. To ensure a decision can be made by the MCE, the following documentation should be submitted with the form:

- Attach *copies* of any records you wish to submit (do not send originals).
- If you have someone else submit for you, you must give your consent below.

<b>Section I – Member Information</b>		
<b>Member Name</b>	<b>Date of Request</b> (mm/dd/yyyy)	
<b>Member ID Number</b>	<b>Member Phone Number</b>	<b>Date of Birth</b> (mm/dd/yyyy)
<b>Member Address</b>		
<b>Reason For Request</b> <input type="checkbox"/> Service(s) denied, reduced, or ended <input type="checkbox"/> Untimely decision on prior authorization request <input type="checkbox"/> Payment or claim denied <input type="checkbox"/> Other (explain):		
<input type="checkbox"/> I believe waiting on this decision could seriously jeopardize my life, physical or mental health, or ability to attain, maintain or regain maximum function. I understand by checking this box that it may reduce the amount of time that myself and/or provider have to send in additional information regarding my appeal unless an extension is requested. If no extension is requested and meets criteria, I will receive a decision within 72 hours. <input type="checkbox"/> I believe waiting on this decision would not jeopardize my health. Unless an extension is requested, I will receive a decision on my appeal within 15 calendar days.		
<b>Section II – Description of Specific Issue</b>		
<i>Please state all details relating to your request including names, dates, places, provider information, and prior authorization request number if known. Attach another sheet of paper to this form if more space is needed.</i>		
<i>By signing below, you agree that the information provided is true and correct.</i>		
<b>Member’s Signature</b>	<b>Date</b> (mm/dd/yyyy)	
<i>If someone else is completing this form for you, you are giving written consent for the person named below to submit on your behalf. By signing below, your authorized representative agrees that the information provided is true and correct.</i>		
<b>Member’s Authorized Representative Name</b> (if applicable)	<b>Relationship to Member</b>	
<b>Authorized Representative Signature</b> (if applicable)		
<input type="checkbox"/> <i>Check this box if you are a provider submitting this form on behalf of a member. In accordance with Ohio Administrative Code rule 5160-26-08.4, any provider acting on the member’s behalf must have the member’s written consent to file an appeal. The MCE will begin processing the appeal upon receipt of written consent.</i>		
<b>Contact and Submission Information</b>		
<MCE contact information will be inserted here (fax or email information to be gathered from MCEs at later date)>		

[AetnaBetterHealth.com/OhioRISE](https://www.AetnaBetterHealth.com/OhioRISE)

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