



Home & Community-Based Services Waiver
Member Handbook

For Members Enrolled in the MyCare Ohio
Home and Community-Based Services Waiver




CareSource[®]
Health Care with Heart



Welcome

Welcome! This handbook gives you an overview of the Home and Community-Based Services Waiver (also referred to as “Waiver”) with the CareSource® MyCare Ohio (Medicare-Medicaid Plan). This waiver handbook is a supplement to your member handbook and provides you with basic information about the Waiver. Please refer to your member handbook for other important information about your CareSource MyCare Ohio plan.

As a member of CareSource MyCare Ohio, you will receive Care Management, which is extra help to coordinate your care and make sure you get the services you need. Your **Care Manager** will be assigned by CareSource MyCare Ohio to work with you and a team of professionals (“Care Team”) to make sure you get what you need.

Your **Care Team** and will be led by your Care Manager. Members of your Care Team can include you, your primary care provider, medical specialists and others as requested by you. This could mean family members, significant friends, caregivers and other support people you choose. Let your Care Manager know if there is anyone specific that you want to be included on your team.

Your Care Manager will review this handbook with you every year during your annual reassessment. Please refer to it often for information or for answers to questions. If you do not find your answer here, do not hesitate to ask your Care Manager. He or she is always available to assist you.

My Care Manager: _____

Phone Number: _____

If you need to reach your Care Manager during non-business hours, please contact 1-866-206-7861.



INTRODUCTION

CareSource MyCare Ohio provides Ohio MyCare waiver services designed to meet the needs of members 18 years or older, who are eligible for both Medicare and Medicaid and enrolled in a MyCare Ohio Plan. Those who qualify for waiver services meet the need for an intermediate or skilled level of care. The goal of waiver services is to help individuals live as independently as possible in their own home or community.

The following waiver services are available, as needed:

- Out of Home Respite Services
- Adult Day Health Services
- Home Medical Equipment & Supplemental Adaptive & Assistive Devices
- Waiver Transportation
- Chore Services
- Social Work Counseling
- Emergency Response Services
- Home Modification Maintenance & Repair
- Personal Care Services
- Homemaker Services
- Waiver Nursing Services
- Home Delivered Meals
- Alternative Meals Service
- Pest Control
- Assisted Living Services
- Home Care Attendant
- Choices Home Care Attendant
- Enhanced Community Living Services
- Nutritional Consultation
- Independent Living Assistance
- Community Transition



RIGHTS AND RESPONSIBILITIES

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

- Be fully informed of all of your rights and responsibilities.
- Be treated with dignity and respect.
- Have your Care Manager explain what it means to be on MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your Care Manager when you need it.
- Have a private meeting with your Care Manager.
- Be protected from abuse, neglect and mistreatment.
- Be kept informed and receive information that is accurate and easy to understand.
- Control how your services are delivered.
- Speak in confidence and know that your health care information is kept confidential.
- Participate in developing your Services Plan.
- Address problems, concerns and issues about your services, Care Manager and providers, and suggest changes *without* fear.
- View files or records related to your health care.
- Challenge decisions about your care with which you do not agree.
- Be fully informed about how to contact the Ohio Department of Medicaid with concerns, issues or inquiries: Medicaid Consumer Hotline 1-800-324-8680.
- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: 1-800-282-1206.



- Request a different Care Manager. Here are the available Area Agencies on Aging that provide Care Management services on behalf of CareSource:

Western Reserve Area Agency on Aging (10A)
1700 E. 13th Street, Suite 114
Cleveland, OH 44114

Direction Home Area Agency on Aging (10B)
1550 Corporate Woods Pky
Uniontown, OH 44685

Area Agency on Aging 11, Inc.
5555 Youngstown-Warren Road, Suite 2685
Niles, OH 44446

- Choose from the available home & community-based services as necessary to meet your needs.
- Choose to receive waiver home and community-based services instead of institutional services (e.g., nursing facility).
- Choose from a list of Medicaid-approved providers that are part of the CareSource network. These may include providers not part of the Area Agency on Aging.
- Participate in self-directed waiver services with providers who deliver safe, appropriate and high-quality services.

Grievances, Appeals and Hearing Rights

Grievance to the Plan:

Grievances are “complaints” about problems that are not related to benefits or coverage. You may file a grievance at any time directly with us by contacting Member Services. Some examples could include poor quality of care, poor customer service, or even a complaint about your Care Manager.

Appeal to the Plan:

An appeal is a formal way of asking us to review our decision and change it if you think we made a mistake. You have the right to appeal actions taken or decisions made about your waiver services by CareSource MyCare Ohio. Examples include a denial of services or a reduction, suspension, or termination of approved services before they are received and before the authorization period has ended. It could also be a denial of a request for a specific provider in the CareSource network or our failure to make a timely decision on a request to cover a service or resolve a complaint (grievance). If we take an action and you have appeal rights, we will notify you how to request an appeal.



You can contact us **within 60 calendar days** to ask that we change our decision/action.

Appeal to the State:

If we do not change our decision or action as a result 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 our appeal process.** The timeframe for you to request a state hearing has changed from 90 calendar days to 120 calendar days.

State hearings are held by a hearing officer from the Ohio Department of Job and Family Services.

Continuation of Medicaid Services:

In some cases if you appeal a proposed action to reduce, suspend, or stop a service you were authorized to receive before the services are received and before the authorization period has ended, the service may continue for a limited period of time. You will receive a notice that includes detailed information about the circumstances, process, and timeframes that may allow you to continue to receive services.

Expedited Appeal:

If you are requesting an appeal, and you believe the standard time frame to make a decision may seriously jeopardize your life, health, or ability to function, you may request the appeal process be expedited so a decision on your appeal can be made faster than usual. The notice you receive about the action will include details on the process and time frame for this provision.

You will find more details on both grievances and appeals in your CareSource Member Handbook.

Responsibilities

You, or your authorized representative, play a very important part in getting the waiver services you need. Being a member or authorized representative of a member has many important responsibilities. Specifically, you or your authorized representative is responsible for:

- Communicating openly and honestly with your Care Manager, providers and other members of your Care Team.
- Providing accurate and complete information, including your medical history.
- Actively participating in the process to develop your service plan and implementing the plan.



- Keeping scheduled appointments.
- Reporting problems, concerns, or changes to your Care Manager.
- Informing your Care Manager if you want or need to change services or providers.
- Working respectfully with your service providers.
- Working cooperatively with your Care Manager and Care Team to resolve problems or concerns.
- Refusing to participate in dishonest or illegal activities involving your service providers and other caregivers.
- Communicating significant changes in your condition or situation to your Care Manager. Examples would be death of a caregiver, planning a change of residence, someone mistreating you, etc.





WAIVER SERVICE PLAN DEVELOPMENT

Service planning and care coordination help to address changes you may encounter with your personal circumstances and/or medical conditions over time. The service planning process must be tailored to your specific needs, and revised as often as necessary to continue to meet your needs.

The Waiver Service Plan is a written outline of your waiver services necessary to keep you safe in the community. It identifies goals, objectives, and outcomes related to your health, as well as the treatments and services you receive.

As a consumer enrolled in the MyCare Ohio Waiver, you may exercise choice and control over the provision of waiver services you receive by actively participating in the service planning process. You can help decide who is needed to participate in the service planning process.

Your Care Manager is responsible for ensuring all of your identified needs are included and addressed in your Waiver Service Plan. This includes exploring with you all feasible services and service settings available to meet your specific needs.

After your service plan is developed and approved, your Care Manager will help arrange for the delivery of services to implement the plan.

Service Plan Contents

The service planning process is the time to identify all the services and supports you receive from any sources other than the MyCare Ohio Waiver that help meet your needs. It's best to consider all these services when developing a comprehensive service plan.

Service planning includes identifying and arranging for waiver services that support you in your home, but do not replace services from unpaid caregivers (such as neighbors, friends, family, etc.). It's best to keep your informal support in place to work together with your waiver services.

Your service plan documents how your needs will be met. It must address, but is not limited to, all of the following:

- Your care, including your medical and personal care needs
- How your living environment will be kept clean and safe
- Mental/behavioral health, including any behavior interventions
- School, work or other daytime activities



- Home modifications and/or adaptations
- Medication management
- Medical and personal care supplies, including equipment
- Back-up plan for when a provider is unable to furnish services as scheduled

Your service plan will identify the specific tasks and activities your service provider(s) will deliver to meet your needs. It will also specify how much, how often, and how long you will receive the services.

The service plan is necessary for your service providers to be paid and to help your Care Manager ensure that you are getting the services you need.

CARE MANAGEMENT AND SERVICE COORDINATION

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

It is important that you receive the waiver services you need so long as your health and welfare is not placed at risk. You will be contacted by your Care Manager and receive an in-person visit to review your care needs within 75 days after you are enrolled in the MyCare Ohio Waiver.

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

- Monitoring your health and welfare
- Assessing your needs, goals, and objectives at least annually
- Scheduling, coordinating and facilitating meetings with you and your care team
- Authorizing waiver services in the amount, scope, and duration to meet your needs
- Linking and referring you to needed service providers
- Working with you and your care team to develop your Service Plan
- Monitoring the delivery of all services identified in your Service Plan
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to, significant life milestones such as entering/exiting school, work, etc.



- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence.
- Assisting you to develop a meaningful backup plan in the event your provider is unable to show up for work. A backup plan includes one or more persons who are able to provide your care and that can respond quickly if your regularly scheduled provider is unable to work his or her shift(s).

When should you call your Care Manager?

Whenever any of the following happens:

- 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
- You are admitted to a hospital or nursing home
- You are unhappy with a provider or service
- You want to change your provider or service(s)
- You have any other concern or problem
- You believe the current service plan is no longer meeting your needs, and you need more/different services to stay safely in your home.
- To report an “Incident” (described later in this handbook)

If you can't reach your Care Manager, call Member Services at 1-855-475-3163 (TTY: 1-800-750-0750 or 711), 8 a.m. – 8 p.m. Monday through Friday. If it's after hours or you have an urgent health concern, call CareSource24[®], our nurse advice line, at 1-866-206-8761.



TRANSITION PERIOD

This section applies to individuals who were enrolled in any of the Medicaid waivers (PASSPORT, Choices, Assisted Living, Ohio Home Care, or Transitions Carve-Out) immediately prior to enrolling in the MyCare Ohio Waiver.

In order to minimize service disruption, your existing service levels and providers will be maintained for a pre-determined amount of time, depending upon the type of service. Your services and service providers will remain in place for a limited time, with some exceptions, as follows.

Exceptions:

During the transition period, change from the existing services or provider can occur in the following circumstances:

1. You request a change;
2. There is a significant change in your health or functioning status (e.g., your condition, or your needs);
3. Your provider gives notice of their intent to discontinue services;
4. Provider performance issues are identified that affect your health & welfare;
5. After completion of a comprehensive assessment.

So long as one of the above exceptions does not apply, your existing service levels and providers will be maintained while you are enrolled on the MyCare Ohio Waiver as follows:

Direct Care waiver services:

Personal Care, Waiver Nursing, Home Care Attendant, Choices Home Care Attendant, Out-of-Home Respite, Enhanced Community Living, Adult Day Health Services, Social Work Counseling, Independent Living Assistance.

If you were receiving any of these Medicaid waiver services while enrolled in one of the Medicaid waivers immediately prior to enrolling in the MyCare Ohio Waiver, you can continue to receive these services at the same authorized level and with the same service provider(s) following Ohio Department of Medicaid transition timeframes.

Assisted Living waiver services:

If you were receiving Assisted Living service while enrolled in the Assisted Living Medicaid Waiver immediately prior to enrolling in the MyCare Ohio Waiver, you can continue to receive the authorized Assisted Living service from the same provider for the entire time you are enrolled in the MyCare Ohio Waiver.

**All other waiver services:**

For all other waiver services that you were receiving while enrolled in one of the Medicaid waivers immediately prior to enrolling on the MyCare Ohio Waiver, those services can be maintained at the same authorized level for at least 365 days after enrollment in the MyCare Ohio Waiver. The same service provider(s) can be maintained for at least 90 days.

End of Transition Period:

The end of the transition period does not necessarily mean that your services or providers will change. CareSource MyCare Ohio has the option to make changes to your services after this period.

Before your transition period ends, your Care Manager will meet with you to review your care plan and discuss any needed changes in services or providers. If a change in provider is required for any reason, you will be given information regarding other available providers.





SELF-DIRECTION: IS THIS THE RIGHT CHOICE?

If you are receiving waiver services today, you can get more involved in exactly what services you receive and who provides them for you. Self-Direction gives you or your authorized representative both control and flexibility to choose what works for you.

Self-direction can give you **Employer Authority and/or Budget Authority**.

Employer Authority means you will hire a provider, determine the tasks and schedule that works for you. This option is available to you for the following services:

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

Budget Authority means you will set the pay rate for the provider(s) and work within the budget approved by your CareSource Care Manager.

- Choices Home Care Attendant
- Alternative Meals service
- Pest control
- Minor home modification, maintenance and repair
- Home Medical Equipment and Supplemental Adaptive and Assistive devices service

If you enjoy making your own decisions, or have help available for decision-making, a self-direction plan might be the path for you. You will want to learn about the requirements for the providers and consider your willingness to budget. You will have help with payroll and expense tracking.

How to Request Self-Direction of Your Services:

If you believe self-direction is right for you, please tell your Care Manager.

Self-Directing Services in Previous Medicaid Waiver:

If you were already participating as a self-directed consumer through a Medicaid waiver immediately before enrolling into the MyCare Ohio Waiver, you will keep your current provider for up to one year with the same service amount at the same rate, unless any of the following happens:

- You no longer have a need for one of these services;
- You or your authorized representative is no longer able to fulfill the responsibilities of the employer;



- You no longer have an authorized representative, if required;
- Your health and welfare are at risk as determined by your Care Manager.

REPORTING INCIDENTS

Incident Investigation and Reporting

CareSource MyCare Ohio and the State of Ohio's contractor are required to perform incident investigation activities to ensure you are protected and safe from harm.

The activities include:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensure medical attention is sought.
- Looking into incidents to ensure everything is done to keep you healthy and safe and prevent incidents from happening again.
- Looking for patterns to see if you or your providers could benefit from education in a particular area.
- Making sure you have the needed services to remain safe and healthy.
- Making sure providers know how to keep you safe and cause no harm to you.
- Making sure you know how to report incidents when they occur.

What are Incidents?

An "Incident" is when you encounter an alleged, suspected or actual event that is inconsistent with the member's routine care and/or service delivery. Incidents include, but are not limited to the events described below:

- Abuse: The infliction (by one's self or others) of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain or mental anguish.
 - Physical abuse is the intentional use of physical force resulting in injury, pain or impairment. It includes pushing, hitting, slapping, pinching and other ways of physically harming a person. It can also mean placing you in incorrect positions, force feeding, restraining or giving medication without your knowledge.
 - Emotional abuse occurs when a person is threatened, humiliated, intimidated or otherwise psychologically hurt. It includes the violation of your right to make decisions and/or the loss of your privacy.



- Sexual abuse includes rape or other unwanted, nonconsensual sexual contact, but it can also mean forced or coerced nudity, exhibitionism and other non-touching sexual situations, regardless of the age of the perpetrator.
- Neglect: When someone has a duty to do so, but fails to provide goods, services, or treatment necessary to assure your health and welfare.
- Exploitation: the unlawful or improper act of using a member or a member's resources for monetary or personal benefit, profit, or gain.
- Misappropriation: depriving, defrauding or otherwise obtaining the money, or real or personal property (including medication) belonging to you by any means prohibited by law.
- Death of a member.
- Hospitalization or emergency department visit (including observation) as a result of any of the following:
 - (a) Accident, injury or fall;
 - (b) Injury or illness of an unknown cause or origin;
 - (c) Reoccurrence of an illness or medical condition within seven calendar days of the member's discharge from a hospital.
- Use of restraint, seclusion and/or restrictive intervention your Care Manager did not authorize.
- An unexpected crisis in the member's family or environment resulting in an inability to assure your health and welfare in your primary place of residence.
- Services delivered that you were not expecting, or in a manner in which you did not expect including, but not limited to, medication administration errors involving the member.
- Actions on your part that place your health and welfare or the health and welfare of others at risk including, but not limited to any of the following:
 - (a) Activities that involve law enforcement;
 - (b) Misuse of medications;
 - (c) Member's use of illegal substances.



What to do if any of these things happen?

How To Report an Incident – You and/or your authorized representative or legal guardian should **report incidents to your/the member’s Care Manager**, and depending on the nature of the incident, to the appropriate authorities.

Talk to your Care Manager about situations that concern you. Do your best to bring these concerns to your Care Manager before they become an emergency.

If the incident is very serious and you believe your health and welfare is in jeopardy, then not only should you notify your Care Manager, but also notify the appropriate authorities.

The appropriate authority is dependent upon the nature of the incident. Examples of appropriate authorities include, but are not limited to the following:

Medical Emergency – If you have a medical emergency, call your doctor or 911. If you need help deciding where to go for care or if you have a question about your health you can call CareSource24 at 1-866-206-7861.

Abuse, Neglect, Exploitation of an Adult (age 60 or older) – If the incident involves abuse, exploitation or neglect of an adult age 60 or older, contact the County Department of Job and Family Services (CDJFS) in the county where the adult resides or where the incident occurred. During non-business hours, contact local law enforcement. To find the phone number and location of the county agency, go to http://jfs.ohio.gov/county/County_Directory.pdf. If you are unsure, ask your Care Manager.

Criminal Activity – If the incident involves conduct that is possibly criminal, call your local law enforcement. If you are unsure, ask your Care Manager.

Facility Licensure – If the incident involves a provider regulated by the Ohio Department of Health (ODH), or other licensure, or certification board, or accreditation body, report the allegation to that entity. To convey a complaint about a Nursing Home/Health Care, Long-term Care Facility, go to odh.ohio.gov/wps/portal/gov/odh/know-our-programs/complaints-nursing-home-and-healthcare-facilities/ If you are unsure, ask the Ombudsman or your Care Manager.

Medicaid Fraud – If you suspect the incident involves Medicaid fraud, you can file a complaint with the Ohio Attorney General at www.ohioattorneygeneral.gov/About-AG/Service-Divisions/Health-Care-Fraud/Report-Medicaid-Fraud. If you are unsure, ask your Care Manager.



CareSource has a program to handle cases of fraud. We monitor and take action on any provider, pharmacy or member fraud, waste or abuse. Help us by reporting questionable situations. You can report your concerns to us by:

- Calling us at **1-855-475-3163** (TTY for the hearing impaired: **1-800-750-0750 or 711**)
- Visiting our website at caresource.com/oh/members/tools-resources/fraud-waste-abuse/mycare and completing the Fraud, Waste and Abuse Reporting Form
- Sending us a letter addressed to:

CareSource MyCare Ohio
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

You do not have to give us your name when you write or call. There are other ways you may contact us that are not anonymous. If you are not concerned about giving your name, you may also use one of the following means to contact us:

- Fraud email: **fraud@caresource.com**
- Fraud fax: **1-800-418-0248**

When you report fraud, waste or abuse, please give us as many details as you can, including names and phone numbers. You may remain anonymous. If you do, we will not be able to call you back for more information. Your report will be kept confidential to the extent permitted by law.

*Most email systems are not protected from third parties.

Legal Guardian – if the incident involves a Legal Guardian, you can contact your local probate court. To find your local court, visit the website for your county.



AGENCIES TO HELP YOU

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

Concerns about CareSource MyCare Ohio – If you have concerns about CareSource MyCare Ohio, contact your **Care Manager or Member Services**. If you feel that CareSource MyCare Ohio does not address your concern, you may seek assistance from the Ohio Department of Medicaid by contacting the **Medicaid Consumer Hotline** at www.ohiomh.com/ or call 1-800-324-8680.

Ombudsman – The Ohio Long Term Care Ombudsmen take complaints about long-term care services, voice clients' needs and concerns to nursing homes, home health agencies, and other providers of long-term care. They will work with the CareSource MyCare Ohio long-term care provider and you, your family, or other representatives to resolve problems and concerns you may have about the quality of services you receive. Regional Long-term Care Ombudsman Programs help safeguard consumers. To find the program serving your community, go to <https://aging.ohio.gov/Ombudsman> or call the state office at 1-800-282-1206 for assistance.

Ohio Association of Centers for Independent Living – can help ensure people with disabilities have complete access to the communities in which they wish to live, and have opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, go to www.ohiosilc.org/centers-for-independent-living/

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

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



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

My Care Manager has verbally reviewed the content of the Handbook with me.

I understand I have the option to receive institutional care (e.g., nursing facility) or waiver services in the community.

I am freely choosing to receive MyCare Ohio home and community-based waiver services rather than services in an institution.

Member's Signature: _____ Date: _____
(or authorized Representative)



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

My Care Manager has verbally reviewed the content of the Handbook with me.

I understand I have the option to receive institutional care (e.g., nursing facility) or waiver services in the community.

I am freely choosing to receive MyCare Ohio home and community-based waiver services rather than services in an institution.

Member's Signature: _____ Date: _____
(or authorized Representative)

(MyCare Ohio Plan must maintain a copy of this signed and dated page for their records and for auditing purposes)

CARESOURCE COPY

Notice of Non-Discrimination



CareSource complies with applicable state and federal civil rights laws and does not discriminate on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status. CareSource does not exclude people or treat them differently because of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status.

CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-855-475-3163 (TTY: 1-800-750-0750 or 711).

If you believe that CareSource has failed to provide the above mentioned services to you or discriminated in another way on the basis of age, gender, gender identity, color, race, disability, national origin, marital status, sexual preference, religious affiliation, health status, or public assistance status, you may file a grievance, with:

CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F
HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ENGLISH

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-475-3163 (TTY: 1-800-750-0750).

SPANISH

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-475-3163 (TTY: 1-800-750-0750).

CHINESE

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-475-3163 (TTY: 1-800-750-0750)。

GERMAN

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-475-3163 (TTY: 1-800-750-0750).

ARABIC

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-475-3163 (رقم هاتف الصم والبكم: 1-800-750-0750).

PENNSYLVANIA DUTCH

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-475-3163 (TTY: 1-800-750-0750).

RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-475-3163 (телетайп: 1-800-750-0750).

FRENCH

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/OROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

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