OhioRISE Program

Member Handbook

Version 2.0

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OhioRISE | aetna

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Aetna Better Health® of Ohio

OhioRISE Member Services
833-711-0773 (TTY: 711)

Website
AetnaBetterHealth.com/OhioRISE

Hours of operation
7 a.m. to 8 p.m. Monday - Friday

Address
PO Box 818051
Cleveland, OH 44181-8051

Use the space below to record your personal information for easy access when needed.

Personal Information

My member ID number

My OhioRISE provider and phone number(s)

My primary care provider and phone number

AetnaBetterHealth.com/OhioRISE

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Important Contacts

Contact OhioRISE Member Services to get help with: General OhioRISE Information Prior Authorization Approval for a service or prescription that may be required Language Services Getting OhioRISE information in the language you understand best Auxiliary Aids & Services Ways to communicate with people who are hard of hearing and/or Deaf. Appeals and Grievances If you are unhappy with a health plan decision	**833-711-0773** (TTY: **711**) 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 managed care organization. Their 24/7 nurse line phone number is on your ID card. If you need help with getting this information, call OhioRISE Member Services at **833-711-0773 (TTY: 711)**.
Medicaid Consumer Hotline For Ohio Medicaid members to learn more about their health plans	**800-324-8680** (TTY: **711**)
Mobile Response Support Services (MRSS) Individuals aged 20 and under who are experiencing a behavioral or mental health crisis—and their families—can contact 988 for immediate support. Trained responders are available to provide on-site behavioral health services in the home or at another safe location.	Call or text **988.** Chat online at **988Lifeline.org**

If you don't speak English, you can get free help with language services. Call the toll-free number **833-711-0773 (TTY: 711)** between. 7 a.m. to 8 p.m. Eastern time, Monday through Friday.

To help you understand this notice, we offer free language help, interpretation services, and other aids. These include oral and written translation, and other aids. You can ask for these services by calling OhioRISE Member Services at the toll-free number **833-711-0773 (TTY: 711)** between. 7 a.m. to 8 p.m. Eastern time, Monday through Friday.

If you have hearing problems, call TDD 7-1-1.

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 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 مجانًا. 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
(TTY: 711) 1-833-711-0773.

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)**.

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)**.

PASHTO: په دي خبرتيا د پوهيدو په برخه کي ستاسو سره د مرستي لپاره، د غوښتني په صورت کي د ژبي اړوند مرسته، د ژباړي خدمتونه، او مرستندويه کومکونه او خدمتونه پرته له کوم لګښت څخه شتون لري. په شته خدمتونو کي شفاهي ژباړه، ليکلي ژباړه، او مرستندويه کومکونه شامل دي، خو تر دي پورې محدود ندي. تاسو کولی شئ د Aetna Better Health تليفون کولو سره د دې خدماتو او/يا فرعي مرستو غوښتنه وکړئ **(TTY: 711) 0773-711-833-1**. د غړو خدمات ته په

DARI:
برای کمک به درک و فهم این اطلاعیه، کمک زبان، خدمات ترجمه، و کمک‌ها و خدمات کمکی بدون هیچ هزینه‌ای برای شما در دسترس هستند. خدمات موجود شامل ترجمه شفاهی، ترجمه کتبی و مساعدت های کمکی، اما محدود به آن نمی شود. می توانید این خدمات و/یا مساعدت های کمکی را با تماس گرفتن با Aetna Better Health Member Services به شماره **1-833-711-0773 (TTY:** **711)** درخواست کنید.

TIGRINYA: ነዚ ምልክታ ንምርዳእ ንኽሕግዘኩም፣ ሓገዝ ቋንቋ፣ ኣገልግሎት ትርጉም፣ ከምኡ'ውን ሓገዝቲ ስንኩላትን ኣገልግሎታትን ብሕቶ ብዘይ ዝኾነ ወጻኢታት ይርከቡ። ዝርከቡ ኣገልግሎታት፣ ኣፋዊ ትርጉም፣ ጽሑፋዊ ትርጉምን ሓገዝቲ ስንኩላትን ዘጠቓልሉ ኮይኖም፣ ኣብዚ ጥራይ ዝተሓጽሩ ኣይኮኑን። ነዞም ኣገልግሎታትን/ወይ ሓገዝቲ ስንኩላትን ናብ Aetna Better Health ኣገልግሎት ብስልኪ ቁጽሪ **1-833-711-0773 (TTY:- 711)** ብምድዋል ክትሓቱ ትኽእሉ ኢኹም።

UZBEK: Bu bildirishnomani tushunishingizga yordam berish uchun so‘rovingiz asosida til bo‘yicha yordam, tarjimon xizmatlari, yordamchi vositalar va xizmatlar sizga bepul taqdim etiladi. Xizmatlar quyidagilarni o‘z ichiga oladi, lekin faqat shular bilan cheklanmaydi: og‘zaki tarjima, yozma tarjima, yordamchi vositalar. Bu xizmatlar va/yoki yordamchi vositalarni **1-833-711-0773 (TTY: 711)** raqami orqali Aetna Better Health a’zolarga yordam xizmatiga telefon qilish orqali so‘rashingiz mumkin.

HAITIAN CREOLE: Pou ede w konprann avi sa a, gen asistans lengwistik, sèvis entèpretasyon, ak èd ak sèvis oksilyè ki disponib sou demann, gratis, pou ou. Sèvis ki disponib yo gen ladan yo, san se pa sa yo sèlman, tradiksyon oral, tradiksyon ekri, ak èd oksilyè. Ou ka mande sèvis sa yo ak/oswa èd oksilyè yo lè w rele Sèvis ki disponib pou Manm Aetna Better Health yo nan **1-833-711-0773 (TTY: 711)**.

Welcome

Welcome to the OhioRISE (Resilience through Integrated Systems and Excellence) program! You are now a member of OhioRISE.

OhioRISE is a Medicaid program that helps kids and teens under 21 with:

- Behavioral health needs
- Substance use problems
- School issues
- Court involvement
- Safety concerns with child protective services
- Problems with friends or family

We want to help you do well at school, home, and in your community. We'll make sure you get the care you need to be healthy. We'll also work with your doctors and special services to make sure everything is coordinated. And you can get all this help close to home! We've helped many people in Ohio and across the country.

Remember, you must get services from facilities and providers in OhioRISE network. These providers agree to work with your health plan to give you the care you need.

You can only use providers that are not in OhioRISE's network for:

- Emergency services
- Federally qualified health centers (FQHC) or rural health clinics (RHC)
- Certified nurse midwives or certified nurse practitioners (if applicable)
- An out-of-network provider that OhioRISE has approved for you

OhioRISE Member Services is here to help you. You can call us toll-free at **833-711-0773 (TTY: 711)** between. 7 a.m. to 8 p.m. Eastern time, Monday through Friday.

The Provider Directory lists all the network providers where you can get services. You can ask for a printed copy of the Provider Directory by calling OhioRISE Member Services at **833-711-0773 (TTY: 711**), or by returning the flyer you received with your new member materials.

OhioRISE Member Services

OhioRISE Member Services can help you:

- Update your personal information
- Find a provider
- Learn what benefits are covered
- Find the services you need
- Solve any problems you have with your care
- Get documents in formats or languages you can understand
- Make appointments

- Understand your rights as an OhioRISE member
- File a complaint about your health plan or providers

The OhioRISE Member Services is 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

During holidays and after-hours Member Services agents can take your calls.
There will always be someone available to help you at **833-711-0773 (TTY: 711).**

Identification (ID) Cards

If you are in a managed care organization (MCO), your MCO will send you an ID card. This card shows you are in both the MCO and OhioRISE. Show this card to your provider when you need physical or behavioral health services. Your MCO will cover your physical health services, and OhioRISE will cover your behavioral health services.

Contact your MCO if:

- You did not get your new card
- The information on the card is wrong
- You lose your card

Ohio Medicaid managed care organizations (MCOs) can be contacted at:

Managed Care Organization	Phone Number	Website
AmeriHealth Caritas	**1-833-764-7700**	**www.amerihealthcaritasoh.com**
Anthem BCBS*	**844-912-0938**	**www.anthem.com/oh/medicaid**
Buckeye	**1-866-246-4358**	**www.buckeyehealthplan.com/**
CareSource	**1-800-488-0134**	**www.caresource.com/**
Humana	**1-877-856-5702**	**Humana.com/HealthyOhio**
Molina	**1-855-665-4623**	**www.molinahealthcare.com/**
United HealthCare	**1-800-895-2017**	**www.uhccommunityplan.com**

OR

If you have traditional Medicaid, you will get an ID card from the Ohio Department of Medicaid (ODM). This card shows you are in OhioRISE and have traditional Medicaid. Show this card to your provider when you need physical or behavioral health services. Medicaid will cover your physical health services, and OhioRISE will cover your behavioral health services.

Contact the Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 711) if:

- You did not get your new card
- The information on the card is wrong
- You lose your card

Always Keep Your ID Card With You

You will need your ID card every time you get services. This means you need your ID card when you:

- See your behavioral health provider
- See your primary care provider or any other provider
- Go to an emergency room
- Need behavioral health or substance abuse services
- Go to a hospital for any reason
- Get counseling services
- Get crisis intervention services

System of Care

OhioRISE is built on a System of Care approach that places you and your family/caregiver at the center of all decisions. This means that you and your family help make decisions about the care you receive. Services are planned to be close to home, focused on the you and your family's needs, and guided by what you want.

The System of Care connects you and your family to many kinds of community-based supports, such as behavioral health services, peer support, respite care, and care coordination. These services are in your community whenever possible, so families can stay together and you can stay in your home and school.

Working together is a big part of the System of Care. Families, schools, service providers, and community groups all partner to support each you. OhioRISE believes that families and youth know what works best for them, so you are included in planning and making choices. Care Coordinators help create a plan that fits your strengths, needs, and goals.

OhioRISE also makes sure that services respect each family's culture and language. Providers are trained to understand different backgrounds and ways of life. This helps every youth and family feel welcome, understood, and supported.

Eligibility for OhioRISE

You may be eligible for OhioRISE because you are:

- Under the age of 21
- Enrolled in Ohio Medicaid or be determined eligible for Medicaid
- Need significant behavioral health treatment as determined by the CANS (Child and Adolescent Needs and Strengths) assessment or an inpatient behavioral health admission

Eligibility for OhioRISE and Other Programs

OhioRISE is designed to work with other services your child may already have. Here's how:

Developmental Disabilities (DD) Waivers: If your child has a DD waiver, they may still be in OhioRISE. OhioRISE helps coordinate care between systems, so your child gets the support they need.

Home and Community-Based Services (HCBS): OhioRISE has its own HCBS waiver for children with very high needs. If your child qualifies, they can get extra help like respite care or support during transitions.

Child Custody or Protective Services: Children in custody or involved with child protective services can also qualify to be in OhioRISE.

OhioRISE is here to bring services together, so families don't have to navigate everything alone. Your care coordinator can help make sure all programs work together for your child.

Physical Health Services

Your physical health services are covered by your managed care organization (MCO) or traditional Medicaid. These services include dental, vision, wellness checks, shots, and visits to your primary care provider.

If you have questions about your physical health services coverage through your MCO, refer to the MCO member handbook. You can also contact the MCO using the information above on page 11. If you are not in an MCO, contact the Medicaid Consumer Hotline at **800-324-8680 (TTY: 711)** for help.

Getting Care

You need to use one of our network providers to get behavioral healthcare services.

Provider directory: You can request a printed copy of our provider directory. Just call Member Services

at **833-711-0773 (TTY: 711)**.

The provider directory is also online at **AetnaBetterHealth.com/OhioRISE**.

Click on the 'Find a Provider' ribbon on the top righthand side of the page. From there you can search behavioral health providers, specialists, and facilities in your area. The online provider directory gives the provider's name, address, telephone numbers, professional credentials, specialty and board certification status.

If you want help finding a provider for any of our services, call Member Services at **833-711-0773 (TTY: 711)**. We will be happy to help you. You also can call Member Services if you want a provider to be added to our network. We will try to make that happen.

You may see an out-of-network provider if you need special care and we do not have a network provider with the right specialty. The provider must first get approval from us to see you, or you may be billed. See pages 13-16 on getting prior approval (prior authorization) for services.

If you are unable to leave your home

If you can't leave your home to get care, we can help. Call Member Services at **1-833-711-0773 (TTY: 711)**. We will have a care coordinator work with you to make sure you get the care you need.

Services Covered by OhioRISE

Call Member Services right away if you have any behavioral health appointments or services scheduled. After you join OhioRISE, you might be able to see a provider that is not in OhioRISE network. Call before you get care.

As an OhioRISE member, you will get all necessary Medicaid-covered services for free. Medically necessary means you need the services to prevent, diagnose, or treat a medical condition. As an OhioRISE member, you pay nothing for medically necessary Medicaid-covered behavioral health services you need. The OhioRISE plan covers inpatient and outpatient behavioral health services typically covered by traditional Medicaid. It also offers other services only covered by the OhioRISE program.

OhioRISE cannot pay for services that are not necessary or covered by Medicaid. If you have a question about a service, call OhioRISE Member Services at **833-711-0773 (TTY: 711).**

Some services need approval before they are provided.

See pages 13-16 for how to get approval for services. Your provider can also get a list of services that need approval on the Aetna Better Health of Ohio Provider Portal. This list may change. You or your provider can call **833-711-0773 (TTY: 711)** to get the latest list of services that need approval. You do not need to get approval for emergency services.

OhioRISE Services

Service	Coverage/ Limitations	Prior Approval
Assertive Community Treatment for Adults	Covered	No prior approval needed for first 180 days

Behavioral Health Emergency Services Provided in an Emergency Room	Covered by your physical health benefit	No prior approval needed
Behavioral Health Services provided through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)	Covered	No prior approval needed
Care Coordination	Covered	No prior approval needed
Community Psychiatric Supportive Treatment	Covered	No prior approval needed
Crisis Services	Covered	No prior approval needed
Diagnostic Evaluation and Assessment	Covered/1 per year for certain evaluations	No prior approval needed unless limitation met
Drug Testing and Other Select Laboratory Services	Covered	No prior approval needed
Electroconvulsive Therapy	Covered	Prior approval needed
Health Behavior Assessment and Intervention	Covered	No prior approval needed
Home Visits with Behavioral Health Providers	Covered	No prior approval needed
Inpatient Hospital Substance Use Disorder Services	Covered	Prior approval needed
Inpatient Hospital Psychiatric Services	Covered	Prior approval needed
Intensive Home-Based Treatment for Children/Adolescents	Covered	No prior approval needed for first 180 days
Medication-Assisted Treatment for Addiction	Covered	No prior approval needed
Mobile Response Stabilization Services	Covered	Prior approval is needed beyond six weeks
Behavioral Health Nursing Services	Covered	No prior approval needed

Office Visits with Behavioral Health Providers	Covered	No prior approval needed
Opioid Treatment Program (OTP) Services	Covered	No prior approval needed
Physician or Pharmacist Administered Drugs	Covered	No prior approval needed
Psychiatric Residential Treatment Facility (PRTF) Services	Covered	Prior approval needed
Psychological Testing	Covered/20 visits per calendar year	No prior approval needed for first 20 visits per year
Psychosocial Rehabilitation	Covered	No prior approval needed
Psychotherapy and Counseling	Covered	No prior approval needed
Psychiatry Services	Covered	No prior approval needed
Behavioral Health Respite Services	Covered	Prior approval needed only after first 90 days
Medication-Assisted Treatment for Addiction	Covered	No prior approval needed
Mobile Response Stabilization Services	Covered	No prior approval needed
Behavioral Health Nursing Services	Covered	No prior approval needed
Screening Brief Intervention and Referral to Treatment (SBIRT) Services may include: • ASSIST -Alcohol, Smoking and Substance Involvement Screening Test • TAPS – Tobacco, Alcohol, Prescription medicine, and other Substances Tool • USAUDIT – Alcohol Use Disorders Identification Test adapted for US • BSTAD – Brief Screener for Alcohol, Tobacco and Other Drugs	Covered/1 of each screening type per year	No prior approval needed unless limit is met
Smoking and Tobacco Use Cessation	Covered	No prior approval needed

Substance Use Assessment	Covered/2 assessments per year	No prior approval needed
Substance Use Case Management	Covered	No prior approval needed
Substance Use Intensive Outpatient	Covered	No prior approval needed
Substance Use Partial Hospitalization	Covered	Prior approval needed
Substance Use Peer Recovery Support	Covered/Up to 4 hours per day	No prior approval needed unless limit is met
Substance Use Residential Treatment	Covered/Up to 30 consecutive days for the first 2 stays per calendar year	No prior approval needed unless limit is met
Substance Use Therapy	Covered	No prior approval needed
Substance Use Withdrawal Management	Covered	No prior approval needed
Telehealth Services for Behavioral Health	Covered	No prior approval needed
Therapeutic Behavioral Service	Covered	No prior approval needed
Primary Flex Funds	Covered	Primary flex funds need prior approval through the Child and Family Care Plan Review process
Services not included in OhioRISE, but covered by your managed care organization (MCO) or traditional Medicaid: • Applied Behavioral Analysis, (ABA) for autism treatment • Behavioral health related emergency department visits	Not covered	Contact your care coordinator, traditional Medicaid, or MCO for more information on these services

Services Only Covered by OhioRISE

OhioRISE offers behavioral health services that are only available through the plan. These services are growing across the state. Call OhioRISE Member Services at **833-711-0773 (TTY: 711)** for details.

- OhioRISE members are assigned a care coordinator experienced in working with children, youth, and families/caregivers. They help you:
- Learn what services or community supports that you or your family/caregivers may need that OhioRISE can help connect you with.
- Get services and resources.
- Make sure that all of your other doctors and healthcare providers are aware and involved with your OhioRISE care plan Network with all your providers.
- **Intensive Home-Based Treatment (IHBT)** – Intensive, short-term services within your home to help stabilize and improve your health.
- **Psychiatric Residential Treatment Facilities (PRTFs)** – Provides intensive treatment for young people with behavioral health needs. PRTFs work with you and your family to develop the knowledge and skills to safely manage your needs in the community.
- **Behavioral Health Respite Services** – Provides short-term relief for your primary caregivers in your home or community. If you are eligible for respite services, you could get help from someone who is licensed to help with your daily activities at home and transportation to activities in your community.
- **Primary Flex Funds** – Up to $1,500 in a 365-day period to buy services or supplies to help you:
  - Reduce the need for other services
  - Keep you and your family safe at home
  - Help you be better integrated into the community
- **Mobile Response and Stabilization Services (MRSS)** – Provides fast in-person care for all Ohio youth age 20 and under experiencing significant behavioral or emotional distress. The service is available statewide, and is delivered to the home, school, or another location in the community. Call **988** or chat with a counselor at **988lifeline.org/chat/** to reach the Regional Mobile Response and Stabilization Services (MRSS) Provider in your area.

Services Not Covered by OhioRISE

OhioRISE will not pay for these services that Medicaid does not cover:

- Biofeedback services
- Experimental services and procedures, including drugs and equipment, that are not covered by Medicaid and not standard practice
- Inpatient treatment to stop using drugs and/or alcohol (inpatient detoxification services in a general hospital are covered)
- Services covered by Medicare or another insurance

If you have a question about whether a service is covered, please call OhioRISE Member Services at **833-711-0773 (TTY: 711).**

OhioRISE checks if services are medically necessary when needed. They will review all service requests from your provider. If you have a question about whether a service is covered, please call OhioRISE Member Services at **833-711-0773 (TTY: 711).**

Emergency Services

What are emergency services?

Emergency services give you immediate help with problems that need to be treated right away by a provider. Some examples are:

- Thinking about self-harm or suicide
- Doing harm to yourself or someone else
- Feeling out of control
- Seeing or hearing things that are not there
- Drug or medication overdose
- Post stabilization services, which are services provided after an emergency medical condition.

Who pays for emergency services?

- Your managed care organization (MCO) or traditional Medicaid covers physical and behavioral health visits to an emergency department (ED)
- OhioRISE covers any other behavioral health emergencies

If You Have a Crisis That Needs Immediate Attention:

- Call 911 for life-threatening emergencies.
- Call or text 988 or chat with a counselor at **988lifeline.org/chat/** to reach the Regional MRSS Provider in your community. You can talk to a trained specialist for free help. Call if you have:
    - Thoughts of suicide or hurting yourself or someone else.
    - A behavioral health or substance use crisis.
    - Any kind of emotional distress.
- Go to the nearest emergency room or urgent care center
- Call your doctor

If you are in a managed care organization (MCO), contact your MCO's 24-hour nurse line to talk with a medical professional. Look on your Medicaid ID card for this phone number.

Additional Resources for Members

Aetna Better Health of Ohio offers extra resources for OhioRISE Plan members. These behavioral health resources are in addition to the benefits covered under the OhioRISE Health Plan. For more information,

you can visit the Aetna Better Health of Ohio OhioRISE Website (**https://www.aetnabetterhealth.com/ohiorise/index.html** click 'Behavioral health services,' and see member resources at the bottom of the page.

You can also ask your assigned OhioRISE Care Coordinator or call OhioRISE Member Services at **833-711-0773 (TTY: 711)** for the current list of additional resources.

If you are enrolled in a managed care organization (MCO), you may also be eligible for additional resources through that plan. Contact your MCO for more information.

CANS (Child and Adolescent Needs and Strengths) Assessment

CANS is a tool that helps decide if you can join OhioRISE. It collects information about your experiences, strengths, and needs. This information is used to make a plan to support you based on what matters to you. The CANS is updated regularly to track your progress and find more help if needed.

Levels of Care Coordination

There are three levels, or "tiers," of care coordination. The level recommended for you depends on:

- **Your Strengths and Needs**: What you shared during your CANS assessment.
- Input from Your Child and Family Team (CFT): What your team thinks is best for you.
- Input from Your Care Coordinator: Their professional opinion.

You and your CFT can choose a different level if needed. This can change based on your situation. The goal is to make sure you get the services and support that best meet your needs and priorities.

What are the three levels (or tiers) of care coordination?

Intensive Care Coordination (Tier 3) helps youth with complex behavioral health needs. This level is for those who might need help to avoid hospital stays or out-of-home treatment. Services are coordinated between home, school, and community. You will get a care coordinator from a Care Management Entity (CME) in your community. The care coordinator will help you form a Child and Family Team (CFT). Together, you will create a Child and Family Centered Care Plan (CFCP). The CFT will meet with you often, sometimes weekly, to make sure everything is going well.

Factors that might indicate you need Tier 3 care coordination:

- Long-standing, complex behavioral health needs
- Complex behavioral health conditions
- Risk of being hospitalized
- Need for out-of-home treatment
- Difficulty understanding or accessing services and supports
- Needs not being met by current resources

Moderate Care Coordination (Tier 2) is for youth with moderate behavioral health needs. This level provides less intensive help to set up and manage services in the community. You will get a care coordinator from a Care Management Entity (CME) in your community. They will help you form a Child and Family Team (CFT) and organize services across home, school, and community. Together, you will

create a Child and Family Centered Care Plan (CFCP) that meets your specific needs. The CFT will meet with you at least every 60 days to make sure everything is going well.

Factors that might indicate you need Tier 2 care coordination:

- Moderate complexity in conditions
- Understanding what services and supports work for you but having difficulty accessing them
- Needing multiple responses or resources at one time
- Needing help communicating and coordinating between multiple agencies and providers

Limited Care Coordination (Tier 1) is for youth who don't need as much help. These youth might already have some services and just need help coordinating them or getting more support. You will get an Aetna care coordinator to work with you. They will help you form a Child and Family Team (CFT). Together, you will create a Child and Family Centered Care Plan (CFCP). The CFT will meet with you every 90 days to coordinate services between home, school, and the community.

Factors that might indicate you need Tier 1 care coordination:

- Experiencing any level of complex conditions but having the resources to address them
- Likely receiving basic services
- Having access to supports and services

How do you know what level of care coordination is right for you?

Your care coordination needs are identified through your CANS assessment and decided on by you and your Child and Family Team (CFT). Your care coordination needs can change over time. When your needs change, your level of care coordination can also change.

Care Coordination

What is care coordination?

Care coordination means making a list of what you need and figuring out how to meet those needs with the help of people who are working with you on your behavioral health goals.

Here's what it looks like:

- **Teamwork**: Your doctors, therapists, and family or friends work together to help you.
- **Medication Help**: Making sure you get your medications, stay on schedule, and get help if they aren't working.
- **Setting Goals**: Helping you set and reach your treatment goals.
- **Sharing Info**: Making sure everyone knows what they need to help you.
- **Connecting to Programs**: Linking you with helpful programs in your community.

You will get a care coordinator who knows how to help kids, teens, families, and caregivers with behavioral health needs. This person:

- Works in your community
- Knows the services available through the OhioRISE program

OhioRISE care coordination brings together all the important people you trust to create the best care plan for you. This can include family members, counselors, and community members. They work with the OhioRISE care coordinator to make sure the plan is followed and everyone stays informed.

Your care coordinator is trained to help you in these ways:

- **Family Voice and Choice**: Making sure your needs and concerns are heard.
- **Team-Based**: Creating a Child and Family Team (CFT) with people who support you and your family.
- **Natural Supports**: Using people already in your life to help and support you.
- **Collaboration**: Everyone working together with your best interests in mind.
- **Culturally Competent**: Respecting your identity, background, and beliefs.
- **Individualized**: Making a plan just for you and your goals.
- **Strengths-Based**: Focusing on what you are good at and what you know.
- **Unconditional**: Never giving up on helping you, no matter what setbacks happen.
- **Outcome-Based**: Helping you meet the goals you set for your life through OhioRISE.

Changing Your OhioRISE Care Coordinator

You and your caregiver/family can choose your care coordinator, whether provided by Aetna or by a CME. You can speak with your care coordinator or ask to talk with their supervisor if you want to make a change, and they will help you.

Child and Family Team (CFT)

The Child and Family Team (CFT) includes your OhioRISE care coordinator and people that you trust. The CFT meets with you and your family/caregiver to see what is important to you and what you need help with. The team then helps you and your family/caregiver create a **Child and Family-Centered Care Plan (CFCP)**.

Your CFT can include:

- You
- Your family and caregiver(s)
- Behavioral health providers
- Your care coordinator
- Anyone important in your life

You and your family/caregiver decide who else you want to include on your team. It can also include:

- Teachers
- Other family members
- Friends
- Healthcare providers

- Coaches
- Members of your community
- A care coordinator from your managed care organization (MCO)
- People from other groups you may be involved with

The size of your team and the role of each team member is decided by the:

- Goals you set
- Needs of you and your family or caregiver
- Resources needed to support you

Child and Family-Centered Care Plan (CFCP)

With the help of your care coordinator, you will work on building your **Child and Family-Centered Care Plan (CFCP).** The plan will reflect the choices, goals, and preferences of you and your family/caregivers.

The Child and Family-Centered Care Plan includes:

- Youth and Family/Caregiver Vision
  - Defines where you and your family want to be in the future
  - Helps to set goals and measure progress for activities.
  - Includes input from every member of your team
- Your Strengths
  - Things that are going well
  - Skills and talents
  - Interests and goals
  - Things you want to improve
- Your Needs
  - Areas where you need support
  - How you are functioning in your family, school, job, and community
  - How you are coping with any difficult life experiences
  - Cultural needs
  - Your needs as you become an adult
  - Safety concerns
- Areas where your family/caregivers need support

CANS Assessment Information

Your Child and Family Team will work with you and your family/caregivers to decide which findings from the CANS assessment need action to help you feel better. The CFT will:

- Consider your strengths and includes your vision while addressing needs.
- Identify who is responsible for which actions.
- Detail how to help you build skills for your long-term goals for the future.

Safety and Crisis Planning

- A plan to help keep you and your family safe and plan for crisis
- Updates to your safety and crisis plan are categorized by strengths, needs, and new information is obtained.
- Includes details about who to call for different types of situations (when to call your care coordinator, Mobile Response Stabilization Services (MRSS) emergency help, etc.)

Ongoing Individualized Planning

- Includes you and your family's strengths.
- Develops short- and long-term goals and ways to reach them.
- Plans for everyday living, not just behavioral health.
- Encourages and supports service where you feel most comfortable.
- Make changes as you move closer to your vision.

You or your family can call us if you have questions or need help reaching your care coordinator. Please contact OhioRISE Member Services at **833-711-0773 (TTY: 711)** for help.

How your managed care organization and OhioRISE care coordinators work together

Your OhioRISE care coordinator will work with your managed care organization (MCO) to coordinate the care services that you need. Your MCO care coordinator will:

- Be a part of the Child and Family Team if you and your family/caregiver wants them to be included.
- Work with Aetna or the care management entity (CME) to coordinate care, like scheduling rides to healthcare visits, and getting physical health services.
- Work with your OhioRISE care coordinator to coordinate services during transitions.

OhioRISE partners with your MCO when you experience changes between care settings, providers, child-serving systems, and community providers. OhioRISE will work with your MCO care coordinator to ensure that ongoing care is not interrupted and that you receive the care you need during a change.

Your OhioRISE care coordinator will work with your Medicaid providers to make sure that you receive the care and services that are right for you.

Telehealth

Telehealth is when you get health care using audio and/or video. Instead of going to the office for your appointment, you stay at home or school and use your smartphone, tablet, or computer to see and talk to your doctors and therapists. Telehealth is free and removes the stress of needing transportation.

You can use telehealth to see behavioral health professionals for many needs, follow-up appointments, and screenings.

Check with your providers to see if they offer telehealth. Your OhioRISE care coordinator can also help you find providers and services that use telehealth.

Transportation

If you need to travel 30 miles or more from your home to get services and you are in managed care, your managed care organization (MCO) can give you a ride to and from an OhioRISE service. Call your MCO for more information, on page 11 and to schedule a ride.

Your OhioRISE care coordinator can help with transportation questions and issues. Please contact OhioRISE Member Services at **833-711-0773 (TTY: 711)** for assistance.

Your managed care organization (MCO) can provide transportation to and from a OhioRISE service. Call your MCO for more information (on page 10) and/or to schedule a ride.

Besides the transportation help from OhioRISE, you can get rides for certain services through the local county department of job and family services Non-Emergency Transportation (NET) program. Call your county department of job and family services for questions or help with NET services.

Call your CDJFS for more details and/or to schedule a ride. Contact information can be found at this link: **jfs.ohio.gov/about/local-agencies-directory**

Pharmacy Services (Prescription Drugs)

OhioRISE covers the medications your doctor gives you in the office to treat behavioral health and substance use disorders. Ohio Medicaid uses Gainwell as the pharmacy manager for all other pharmacy services. Contact Gainwell for more information on page 33.

OhioRISE Waiver

The OhioRISE program has a home and community-based services (HCBS) waiver. This waiver aims to:

- Reduce risks and poor health for youth with severe emotional and functional challenges.
- Provide support to help youth stay in the community and avoid being placed in institutions.

If you are enrolled in the OhioRISE Waiver, you can get extra services. These services include:

- Out-of-Home Respite
- Transitional Services and Supports (TSS)
- Secondary Flex Funds

These services are explained in the OhioRISE Waiver Member Handbook. Your care coordinator will help you understand the requirements for the waiver and the services. Members in the OhioRISE Waiver are also enrolled in the OhioRISE plan for their behavioral healthcare services.

Your Membership Rights

As a member of OhioRISE, you have these rights:

- To get all the information and services that OhioRISE must provide to you.
- To be treated with respect and have your dignity and privacy protected.
- To have your medical records kept private.
- To get information about your health. This can also be given to someone you trust or in an emergency.
- To talk about all treatment options for your condition, no matter the cost.
- To help make decisions about your health care with your providers.
- To take part in decisions about your health care if it's in your best interest. You should get information about treatments and alternatives in a way you can understand.
- To make sure no one can hear or see you when you get medical care.
- To be free from any form of restraint or seclusion used as punishment or for convenience.
- To ask for and get a copy of your medical records, and to ask for changes if needed.
- To say "yes" or "no" to sharing your information unless OhioRISE is required by law. To say "no" to treatment or therapy, and to be informed about the consequences.
- To file an appeal, a complaint, or request a state hearing. Check the handbook for more details on page 30.
- To get free help from OhioRISE you don't speak English or need help understanding information.
- To get all written information for free from OhioRISE.
- To get information translated into different languages.
- To get information in large print or braille.
- To get help with sign language if you are hearing impaired.
- To know if your healthcare provider is a student and to say no to their care.
- To know about any experimental care and to say no to it.
- To make advance directives (a living will). See page 28 to learn more.
- To file a complaint with the Ohio Department of Health if your advance directive is not followed.
- To use your rights without being punished by OhioRISE or the Ohio Department of Medicaid.
- To know that all federal and state privacy laws will be followed.
- To choose your healthcare provider whenever possible.
- If you are a woman, to see a woman's health provider in the OhioRISE network for covered services.
- To get a second opinion from a qualified provider in the OhioRISE network. If not available, they must arrange a visit with a provider outside the network.
- To get information about OhioRISE from us.
- To contact the Ohio Department of Medicaid or the U.S. Department of Health and Human Services Office of Civil Rights with any discrimination complaints 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, at:

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

Mental Health Parity and Addiction Equity Act: As a member of Ohio Medicaid, you have the right to fair and equal coverage for mental health and substance use disorder services. The Mental Health Parity and Addiction Equity Act ensures that your insurance cannot treat mental health or addiction services differently than physical health services. This means things like co-pays, limits on visits, and approvals for care must be no more restrictive than what's required for medical care. If you feel your mental health benefits are being unfairly limited, you can ask questions, file a complaint, or request help through the Ohio Department of Insurance or OhioRISE.

Advance Directives

Your provider may ask if you have an advance directive. Advance directives are instructions you can make about your medical care if you are ages 18 and older. They are used when you cannot say what you want or speak for yourself due to an accident or illness.

You will get medical care even if you do not have an advance directive. You have the right to make your medical decisions. You can refuse care. Advance directives help providers know what you want when you cannot tell them. There are four types of advance directives in Ohio. It is up to you whether you want to have all or just one.

Living will

A living will (or an instruction directive) lists your wishes for medical treatment if you are very ill and may not recover, or if you cannot speak for yourself. It tells your doctors what treatment you do or do not want. This could include treatment or care that would keep you alive when there is no chance of recovery.

Declaration for mental health treatment

A declaration for mental health treatment is more focused on mental or behavioral healthcare. It allows you to pick a person who will make mental health treatment decisions for you if you are unable to make them yourself. The person can decide on medication and treatment for you.

Do not resuscitate order

A Do Not Resuscitate Comfort Care (DNRCC) and Do Not Resuscitate Comfort Care-Arrest (DNRCC-Arrest) allow you to make your choices about CPR known to emergency services staff, healthcare facilities and doctors.

Durable power of attorney for medical care

A Durable Power of Attorney for Medical Care document allows you to choose your "healthcare representative." This is the person who will make healthcare decisions for you if you are unable to make them yourself. They will speak for you based on what you want, or what is in your best interests. This goes into effect if you are unable to make healthcare decisions.

Advance directives are important for everyone, they let you say what type of end of life care you do and do not want for yourself. However, you must be at least 18 or older to set them up.

If you have an advance directive:

- Keep a copy of your advance directive for yourself.
- Give a copy to the person you choose to be your medical power of attorney.
- Give a copy to each one of your providers.
- Take a copy with you if you must go to the hospital or emergency room.

You can also talk to your provider if you need help or have questions. We will help you find a provider that will carry out your advance directive instructions. You can file a complaint if your advance directive is not followed.

Call OhioRISE Member Services at **833-711-0073 (TTY: 711)** for help. You may also visit **ohiohospitals.org/news-media/advance-directives** for details on advance directives. If the state law changes, we will tell you about it no later than ninety (90) days after the effective date of the change.

OhioRISE Member Ombudsperson

Our team follows the highest standards of ethics set by the International Ombuds Association. An ombudsperson is:

- Independent: They work for you, even though they are part of our team.
- Confidential: They keep your concerns private and will only share details with those you choose unless there is a risk of harm, or the law requires it.
- Fair: They do not take sides.
- Friendly: They make you feel comfortable. Conversations are open and off the record. The ombudsperson is here to help with your concerns about OhioRISE. You can talk about any issue that affects your health and well-being. After hearing your concerns, we will work with you to find solutions.

Here are some things an ombudsperson can do:

- Give advice and support on your rights as an, OhioRISE plan member
- Listen to your concerns in a confidential and non-judgmental way
- Help find options and solutions
- Share your concerns and ideas with our team to improve the program
- Help you file a formal complaint if you want

To reach the Ombuds Office, call OhioRISE Member Services at **833-711-0773 (TTY: 711**) and ask for the Ombuds.

Appeals and Grievances

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 choose to speak for you, can contact us. If you want someone to speak for you, let us know ahead of time. OhioRISE wants to help.

To contact us, you can:

- Call OhioRISE Member Services at **833-711-0773 (TTY: 711)**.
- Fill out the form in your member handbook on pages 29-30.
- You can call OhioRISE Member Services to ask for a printed copy.
- Visit our website at **aetnabetterhealth.com/ohiorise/medicaid-grievance-appeal.html.**
- Write a letter telling us what you are unhappy about. Please include your first and last name, the number from the front of your OhioRISE 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

You can also fax the form or letter to **833-928-1259**.

OhioRISE will send you a letter in writing if we decide to:

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

We will also send you a letter if we:

- Decide on whether to cover a service requested for you or
- Give you an answer to something you told us you were unhappy about.

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 one of these forms. For OhioRISE appeals use **https://www.aetnabetterhealth.com/ohiorise/medicaid-grievance-appeal.html** or for appeals to your managed care entity (MCE) use **https://dam.assets.ohio.gov/image/upload/medicaid.ohio.gov/Providers/ManagedCare/PolicyGuidance/Standard-Member-Appeal-Form.pdf**

Appeals

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

The 60-day period starts the day after the mailing date on the letter. If we decide to reduce, suspend, or stop services, your letter will tell you how to keep getting the services and when you might have to pay for them. We must give you an answer to your appeal in writing within 15 days from the date you contacted us, unless we tell you a different date. If we do not change our decision or action because of your appeal, we will tell you about your right to request a state hearing. **You can only request a state hearing after you have gone through the appeal OhioRISE appeal process.**

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

We will notify you of your right to request a state hearing if a decision is made to deny your appeal.

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 cannot reach you by phone. We will give you an answer within these time frames:

- Two working days for grievances if about not being able to get services.
- Thirty calendar days for all other grievances except grievances about bills for care you received.
- Sixty calendar days for grievances about bills for care you received.

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

800-324-8680

Ohio Department of Insurance

50 W. Town Street

3rd Floor – Suite 300

Columbus, Ohio 43215

800-686-1526

State Hearings

A state hearing is a meeting with you (or someone you choose to speak for you), someone from OhioRISE and a 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 made the wrong decision, and OhioRISE will explain why we made our decision. The hearing officer will listen and then decide who is right based on the rules and the information given.

OhioRISE will notify you of your right to request a state hearing if we do not change our decision or action because of your appeal.

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

If you want a state hearing, you (or someone you choose to speak for you) must request a hearing **within 90 days**. The 90 days start the day after the hearing form is mailed. If your appeal was about reducing, suspending, or stopping services before you get all the approved services, the letter will tell you how to keep getting the services and when you might have to pay for them.

To request a hearing:

- Sign and return the state hearing form to the address or fax number listed on the form.
- Call the Bureau of State Hearings at 866-635-3748.
- Submit your request online at **https://hearings.jfs.ohio.gov/apps/SHARE/#_frmLogin**
- Submit your request via email at **bsh@jfs.ohio.gov**.
- If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1-800-589-5888.
- State hearing decisions are usually made within 70 days after the request is received. However, if your health condition needs a faster decision, an expedited decision will be made as quickly as needed, but no later than three working days after the request is received. Expedited decisions are for situations when waiting could seriously harm your life, health, or ability to function.

Fraud, Waste, and Abuse

Sometimes people choose to commit Medicaid fraud, waste, and abuse. The following acts are the most common types:

- Members selling or lending their Medicaid ID card to someone else.
- Members trying to get drugs or services they do not need.
- Members forging or altering prescriptions they receive from their providers.
- Providers billing for services they didn't provide.
- Providers giving services members do not need.
- Verbal, physical, mental, or sexual abuse by providers.

Call our fraud, waste, and abuse hotline to report these types of acts right away. You can do this confidentially. We do not need to know who you are. You can call us to report fraud, waste, and abuse at **833-711-0073 (TTY: 711**). You can also report suspected fraud, waste, or abuse to:

Aetna Better Health of Ohio online at **AetnaBetterHealth.com/OhioRISE**.

Ohio Attorney General's Office Medicaid Fraud Control Unit (MFCU) by phone at **800-282-0515** or **614-466-0722** or online at **ohioattorneygeneral.gov/**

Individuals-and-Families/Victims/Submit-a-Tip/Report-Medicaid-Fraud.

The Ohio Auditor of State (AOS) by phone at **866-FRAUD-OH (866-372-8364)** or email **fraudohio@ohioauditor.gov**.

Child Abuse and Neglect

You should contact your county Child Protective Services Agency to report the abuse or neglect of children and youth. Ohio has a central number that will link you to child welfare or law enforcement in your county. The statewide number is **855-O-H-CHILD (855-642-4453)**. If abuse or neglect happened in your family, communicate this with your care coordinator. Your care coordinator will need to report and document the incident. They also will work to support you and your family to prevent future incidents and to assure the health and safety of members.

Accidental Injury or Illness

If you need to see a doctor because of an injury or illness caused by someone else or a business, you must call Member Services to let us know. For example, if you are hurt in a car crash and need specialized behavioral healthcare as a result of the accident, another insurance company might pay the medical bills. When you call, tell us the name of the person who caused the accident, their insurance details, and their attorney, if they have one.

Other Health Insurance

If you or anyone in your family has health insurance with another company, you must call Member Services and your county caseworker to tell them about it. For example, if you have health insurance through your job or if your children have health insurance through their other parent, you need to call Member Services. It is also important to tell Member Services and your county caseworker if you lose health insurance that you previously reported. Not giving us this information can cause problems with getting care and paying medical bills.

Can My OhioRISE Membership End

Loss of Medicaid Eligibility

If you lose eligibility for Medicaid, you will be disenrolled from OhioRISE. It is important that you keep your appointments with the County Department of Job and Family Services (CDJFS). If you miss a visit or do not give them the information they ask for, you can lose your Medicaid eligibility. If this happens, you will be disenrolled from OhioRISE and you would no longer have access to the OhioRISE benefits.

Automatic Renewal of OhioRISE Membership

Can My Membership in OhioRISE End?

You may be disenrolled from the plan for certain reasons. These include:

- Turning 21 years old.
- Not having an eligible CANS in the last two years.
- Losing Medicaid eligibility.
- Being incarcerated.

What Happens When My Membership in OhioRISE Ends?

Our OhioRISE care coordinators work with other health plans, providers, and care management entities (CMEs) to ensure your care continues when you leave OhioRISE. We will give you details about other resources and how to receive care.

Just Cause Request

Sometimes you may need to end your membership with a plan for a special reason. This is called a Just Cause membership termination. You or your parent/guardian can file a Just Cause request by calling the Medicaid Consumer Hotline at **800-324-8680 (TTY: 711)**. ODM will review the request to see if you qualify. Here are some reasons you can file a Just Cause request:

- You move out of the OhioRISE plan's service area.
- The OhioRISE plan does not cover the services you need for moral or religious reasons.
- You need related services at the same time, but not all are available in the OhioRISE plan's network, and your doctor says getting them separately would be risky.
- You have experienced poor quality of care, and the services are not available from another provider in the OhioRISE plan's network.
- You cannot access medically necessary Medicaid-covered services, or the type of providers experienced in dealing with your care needs.
- After 365 days of continuous enrollment in the OhioRISE plan, you can request disenrollment if you:
    - Have not had a CANS assessment meeting the eligibility criteria.
    - Have not used any of the covered services, except care coordination, provided through the OhioRISE plan.

The Ohio Department of Medicaid (ODM) will review your request and decide if you meet a Just Cause reason. You will get a letter with the decision. If your Just Cause request is denied, ODM will send you details about your state hearing rights to appeal the decision.

Other Information

OhioRISE provides services to our members because of a contract with the Ohio Department of Medicaid (ODM). If you want to review the contract or get more information about OhioRISE, visit **https://managedcare.medicaid.ohio.gov/managed-care/ohiorise/00-ohiorise**.

Additional information can be found on the OhioRISE website at **AetnaBetterHealth.com/OhioRISE** including information to join the Youth Advisory Council and the Member and Family Advisory Council.

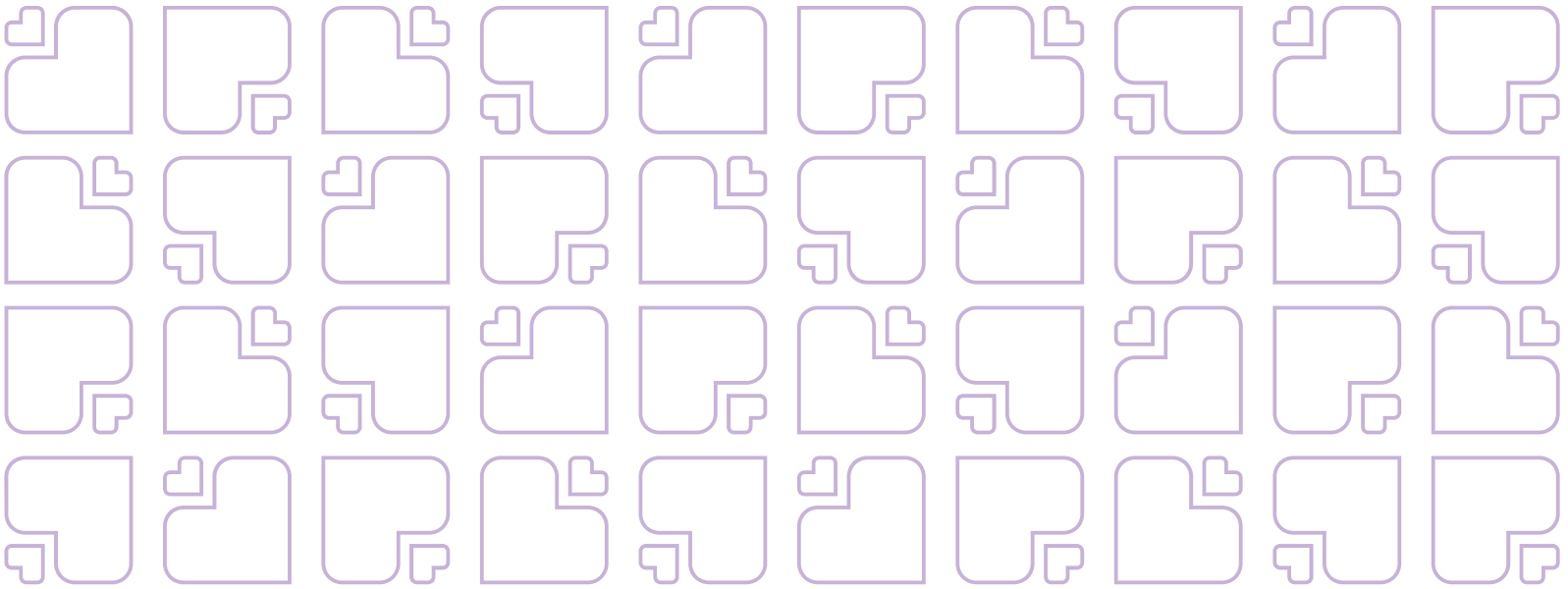
Definitions

The list below includes definitions for healthcare terms.

Advance Directive	A document for adult members that tells healthcare provider and family/caregivers how they want to be cared for when they cannot make decisions for themselves.
Aetna Better Health® of Ohio	A health plan that provides Medicare and Medicaid benefits in Ohio.
Appeal	A request that a member, their provider, or representative can make when they do not agree with Aetna Better Health® of Ohio's decision to deny, reduce, and/or end a covered benefit or service.
Behavioral Health Services	Mental health and substance use services for members with emotional, psychological, substance use, and/or psychiatric symptoms/disorders.
Care Coordination	Working with licensed providers to organize member care activities. Member information is shared with all the people a member works with to meet behavioral health goals. Those people can include family/caregivers, doctors, friends, teachers, and other people who support the member.
Child and Family Team (CFT)	A team that includes family members, friends, foster parents, caregivers, community supports, and others chosen by the youth and their family/caregiver. They make a care plan to keep you safe, healthy, and well.
Child and Family-Centered Care Plan (CFCP)	A plan made with member input, showing their choices, goals, and preferences. The plan includes member needs and areas where caregivers need support. A plan can include CANS Assessment Information, Safety and Crisis Planning and Ongoing Individualized Planning.
Child and Adolescent Needs and Strengths (CANS) Assessment	An assessment tool that helps determine eligibility for OhioRISE and gathers information about your experiences, strengths, and needs. This information is used to help create a meaningful plan to support members. The CANS is updated regularly to track member progress and find additional help, if needed.
Covered Services (Covered Care/Care)	Medical care services or supplies that OhioRISE will pay for. Care details are described in this handbook.
Emergency medical condition	A medical condition with urgent symptoms, such as emergency behavioral health issue or pain that must be treated right away by a provider.

Emergency Services	Services for a medical or behavioral problem that must be treated right away by a provider.
Just Cause	A member or family request to disenroll from the OhioRISE program. See page 38 for more information.
Traditional Medicaid	A way of paying for medical services where providers are paid for each service they perform.
Grievance	When a member is not happy with an OhioRISE provider, benefit, or a service, they can file a grievance in writing or verbally. Another person can also file a grievance on behalf of a member.
Managed Care Organizations (MCO)	MCOs contracted with Ohio Department of Medicaid (ODM) to provide physical health services.
Medically Necessary (Medically Needed/Needed)	Services needed to prevent, diagnose, or treat a health condition. The care is: • Consistent with the symptoms, diagnosis, and treatment of your condition. • Appropriate and follows good medical practice. • Not just for the convenience of the member or provider. • The most suitable service that can be safely given to the member. For members in the hospital, it also means the member's symptoms or condition cannot be treated safely outside of a hospital.
Member	Any person who is enrolled in OhioRISE.
Member Handbook (Handbook)	This book or related documents sent with this book that tells members about their coverage and rights.
OhioRISE Member Services	OhioRISE staff that can answer questions about member benefits. The toll-free number is 833-711-0773 (TTY: 711).
OhioRISE Plan	OhioRISE is a statewide Medicaid health plan through Aetna Better Health® of Ohio that provides and coordinates behavioral healthcare for children and youth.
Multisystem or Multisystem Youth	Children and youth under the age of 20 in need of services from two or more community or state systems like child protective services, mental health and addiction, developmental disabilities, schools, and juvenile court.
Post-stabilization care services	Covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition, or to improve or resolve the member's condition.
Prior authorization/ Preauthorized	OhioRISE prior approval needed to pay for certain services.

Primary Care Provider (PCP)	The provider who gives a member primary healthcare.
Provider Directory	A list of providers that have contracted OhioRISE to provide care to OhioRISE members.
Service Area	The geographic area where members can get care under the OhioRISE program.
Specialty Care Doctor/Specialist	A doctor with a specific area of expertise, who gives healthcare to members within their field.
State Hearing	A meeting with a member or someone who can speak on behalf of a member, along with representatives from: • Aetna Better Health of Ohio (Aetna). • County Department of Job and Family Services (if needed). • Hearing officer from the Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS). • Ohio Department of Medicaid (if needed). In this meeting, the member will explain why they think Aetna did not make the right decision and Aetna will explain the reasons for making the decision. The hearing officer will listen and then decide based on the rules and information given.
Wraparound Care	This process brings together all the important people that a member trusts to put together a care plan that is best for them. Family members, counselors, and members of the community are some of the people who could work together to help. They then work with an OhioRISE care coordinator to carry out the plan and keep everyone on the same page.
You, Your	Refers to an OhioRISE member.



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