Welcome

OhioRISE Program
Member Handbook

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AetnaBetterHealth.com/OhioRISE

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OhioRISE | aetna

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

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)**
988 Suicide and Crisis Lifeline Those experiencing a behavioral or mental health crisis, and their loved ones, can reach out to the 988 Suicide and Crisis Lifeline. This easy to remember three-digit number ensures confidential, cost-free, 24/7 support for Ohioans experiencing distress.	Suicide and Crisis Line: Call or text **988** Chat online at **988Lifeline.org**
Mobile Response Support Services (MRSS) Can provide immediate behavioral health services at home or at another safe location for people 21 years old and under.	MRSS: **888-418-MRSS (6777)** Suicide and Crisis Line: Call or text **988** Chat online at **988Lifeline.org**

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 دې خبرتيا د پوهيدو په برخه کې ستاسو سره د مرستې لپاره، د غوښتنې په صورت کې د ژبې اړوند مرسته، د ژباړې خدمتونه، او مرستندويه کومکونه او خدمتونه پرته له کوم لګښت څخه شتون لري. په شته خدمتونو کې شفاهي ژباړه، ليکلي ژباړه، او مرستندويه کومکونه شامل دي، خو تر دې پورې محدود ندي. تاسو کولی شئ د Aetna Better Health تليفون کولو سره د دې خدماتو او/يا فرعي مرستو غوښتنه وکړئ **1-833-711-0773 (TTY: 711)** په 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) Plan by Aetna Better Health of Ohio.

OhioRISE is a Medicaid managed care program for youth experiencing behavioral health issues like:

- Mental health needs
- Substance use concerns
- Problems at school
- Involvement with court systems
- Safety issues that may involve child protective services
- Problems with friends or family relationships

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 as healthy as possible. We'll also coordinate with any doctors and special services you use to make sure they all work together. And you can do it all close to home! We've helped many people in Ohio and across the country.

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 enrolled in an Ohio Medicaid managed care organization (MCO), you should have received a member ID card from your MCO that shows your OhioRISE enrollment. Use the card for physical and behavioral health services. The card is good as long as you are a member of OhioRISE. Please contact your MCO if:

- You have not received your card yet
- Any of the information on the card is wrong
- You lose your ID 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*	**1-800-462-3589**	**www.anthem.com/oh**
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**

If you are enrolled in traditional Medicaid, you should have received a member ID card from the Ohio Department of Medicaid (ODM) that shows your OhioRISE enrollment. You will use this card for your behavioral health services. This card is good as long as you are a member of OhioRISE. You will continue to use your Fee for Service (FFS) card for physical health services. Please contact the Medicaid Consumer Hotline at **1-800-324-8680 (TTY: 711)** if:

- You have not received your card yet
- Any of the information on the card is wrong
- You lose your card

Always Keep Your ID Card(s) With You

You will need your card, or cards, each time you get behavioral healthcare services.
This means that you need your card when you:

- See a provider for counseling
- Get psychological testing
- Go to a hospital for inpatient psychiatric services
- Get crisis intervention services

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
- Not enrolled in a MyCare Ohio plan
- Need significant behavioral health treatment as determined by the CANS (Child and Adolescent Needs and Strengths) assessment or an inpatient behavioral health admission

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. For information on your traditional Medicaid, contact the Medicaid Consumer Hotline at **800-324-8680 (TTY: 711)**

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 below. If you are not a member of an MCO, contact the Medicaid Consumer Hotline at **800-324-8680 (TTY: 711)** for help.

Below is information for each managed care organization (MCO):

Managed Care Organization	Phone Number	Website
AmeriHealth Caritas Ohio	**833-764-7700**	**amerihealthcaritasoh.com**
Anthem BlueCross BlueShield	**800-462-3589**	**anthem.com/oh**
Buckeye Health Plan	**866-246-4358**	**buckeyehealthplan.com**
CareSource	**800-488-0134**	**caresource.com**
Humana Healthy Horizons of Ohio	**877-856-5702**	**humana.com/HealthyOhio**
Molina HealthCare of Ohio	**855-665-4623**	**molinahealthcare.com**
United Healthcare Community Plan	**800-895-2017**	**uhccommunityplan.com**

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

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	Prior approval is needed beyond six weeks
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 when you are experiencing significant behavioral or emotional distress. The service is available 24 hours a day, 365 days a year, and is delivered to the home, school, or another location in the community. Call **888-418-MRSS (6777) (TTY: 711)** or the **988 Suicide & Crisis Line** by dialing **988** or chat with a counselor at **988lifeline.org/chat/** to reach the MRSS provider in your community.

This service is also available through managed care organizations (MCO) and traditional Medicaid.

Emergency Services

What are emergency services?
Emergency services provide immediate help for a problem that must be treated right away by a provider. Some examples include:

- 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 requires attention right away:

- Call 911 for immediate, life-threatening emergencies
- Call or text 988 as a resource if you are experiencing a behavioral or mental health crisis
- Go to the nearest emergency room or other urgent care center

If you think you need emergency services, but want to talk with someone first, you can:

- Call your doctor
- Call the Ohio CareLine Behavioral Health Crisis Hotline at **800-720-9616**.
- Call or text 988 Suicide & Crisis Lifeline or chat with a counselor at **988lifeline.org/chat/** to reach the MRSS provider in your community

If you are experiencing a mental health or addiction crisis. You can reach a trained specialist who can offer free help. Call if you have:

- Thoughts of suicide or hurting yourself or someone else
- Mental health or substance use crisis
- Any kind of emotional distress
- If you are enrolled 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 additional resources for OhioRISE Plan members. These behavioral health resources are offered by Aetna in addition to the behavioral health benefits covered under the OhioRISE Health Plan. For information on the available additional resources, you can visit the Aetna Better Health of Ohio OhioRISE Website (**www.aetnabetterhealth.com/ohiorise**), click 'Behavioral health services' and see member resources toward 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.

Care Coordination

What is care coordination?

Care coordination includes listing your needs and how to meet those needs with the people who are working with you to meet your behavioral health goals.

What this looks like:

- Teamwork between your behavioral health providers
- Making sure you can get your medications
- Helping you to stay on schedule with your medications
- Helping if medications are not working well for you
- Setting treatment goals and helping you meet them
- Sharing information
- Helping you when you need to make changes to your treatment or goals
- Connecting you with programs where you live

You will be offered a care coordinator who has experience helping children, youth, families, and caregivers with behavioral health issues who:

- Works in your community
- Knows the services you can get through the OhioRISE program and your managed care organization (MCO) or traditional Medicaid.

OhioRISE care coordination brings together all the important people that you trust to put together a care plan that is best for you. Family members, counselors, and members of the community are some of the people who could work together to help plan the care that you need. They then work with an OhioRISE care coordinator to carry out the plan and keep everyone on the same page.

Your care coordinator is trained to give you help that is:

- Founded on Family Voice and Choice – ensures your needs and concerns are heard.
- Team Based – ensures you have a Child and Family Team (CFT) that includes people who help and support you and your family.
- Focused on Natural Supports – people that are already part of your life to help and support you and your family.
- Collaboration – everyone working together with your interest in mind.
- Culturally Competent – honors how you identify, how you grew up, and what you believe.
- Individualized – a plan made just for you and your goals.
- Strengths-based – focuses on what you are good at and what you know.
- Unconditional – no matter what setbacks happen, your care coordinator will not give up on helping you.
- Outcome-based – OhioRISE helps you meet the goals you set for your life.

CANS (Child and Adolescent Needs and Strengths) Assessment

The CANS is an assessment tool. It helps determine eligibility for OhioRISE and gathers information about your experiences, strengths, and needs. This information is also used to help create a meaningful plan to support you, based on what is important to you. The CANS is updated regularly to track your progress and find additional help, if needed.

Levels of Care Coordination

There are three levels or "tiers" of care coordination. The level of care coordination that is recommended for you is based on:

- The strengths and needs you shared during your CANS assessment
- Input from your Child and Family Team (CFT)
- Input from your care coordinator

You and your CFT may choose a different level of care coordination than what is recommended. This may depend on your situation at the time and can be changed. The goal is to make sure you receive the services and supports that best meet your needs and priorities.

What are the three levels (or tiers) of care coordination?
Care coordination is driven by your needs and developed through a planning process.

Intensive Care Coordination (Tier 3) helps support youth who have complex behavioral health needs. Youth who are in this tier may need help setting up and managing services and supports to keep them out of the hospital or out of home treatment facilities. Services and supports may need to be coordinated between home, school, and community. You will be assigned to a care coordinator from a Care Management Entity (CME) in your community. The care coordinator works with you to identify your child and family team (CFT). You, the care coordinator, and the CFT meet to develop your Child and Family Centered Care Plan (CFCP). This is what we call an individualized, team-based approach. The CFT will meet

with you as often as necessary to coordinate the services needed between home, school and the community. These meetings are at least every 30 days but maybe as frequently as weekly.

Moderate Care Coordination (Tier 2) is designed to help support youth with more moderate behavioral health needs. Youth in this tier need less intensive help. Help is required to set up and manage the services and supports received in the community. You will be assigned to a care coordinator from a Care Management Entity (CME) in your community who will work with you to identify your child and family team (CFT) and will help to organize services and supports across home, school and community. You develop your Child and Family Centered Care Plan (CFCP) with your CFT and care coordinator that is specific to meet your needs. This is called an individualized, team-based approach. The CFT will meet with you as often as necessary to coordinate the services needed between home, school and the community. The meetings occur at least every 60 days, if not more often.

Limited Care Coordination (Tier 1) helps youth who do not need as much help. These youth may already have services in place and need help coordinating them or getting more supports. You will be assigned an Aetna care coordinator to work with you. The care coordinator will help you identify your CFT. You and the CFT develop a CFCP. The CFT will meet with you as often as necessary to coordinate the services needed between home, school and the community. Meetings are usually every 90 days.

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

Care coordination needs are identified through your CANS assessment and decided on by you and your CFT. Your care coordination needs can change. When your needs change, your level of care coordination can change. Some common things that may indicate a particular level of care coordination is right for you.

Intensive Care Coordination (Tier 3)

- You may have long standing, complex mental health needs
- You may have complex behavioral health conditions
- You may be at risk of being hospitalized
- You may need out of home treatment
- You may be having difficulty understanding or getting access to services and supports
- Your needs are not being met by the resources that have been provided

Moderate Care Coordination (Tier 2)

- You experience moderate complexity in conditions
- You understand what services and supports will work for you but do not have easy access to them
- You may need multiple responses or resources at one time
- You may need help communicating and/or coordinating between multiple agencies and providers

Limited Care Coordination (Tier 1)

- You may be experiencing any level of complex conditions but have the resources to address it
- You are likely receiving basic services
- You have access to supports and services

OhioRISE care coordination will make sure you have a voice during all phases of care coordination and that your choices are the priority. Your care coordinator will work with you and your Child and Family Team (CFT) to develop your CFCP. The CFT will then work to help you get the professional services and natural supports in place to meet your needs now and as they change over time.

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 may be a good option for you if you have trouble with getting to a doctor's office. You can see your doctor via telehealth for many behavioral health issues and screenings.

A telehealth visit is just like a visit to your doctor's office. You may speak with a nurse or medical assistant first, or you may have to wait for your doctor in a virtual waiting room.

To get ready for a telehealth visit, you need:

- A reliable cell phone or computer with video. If your cell phone can take a "selfie," then it usually can be used for a telehealth visit.
- A current email address.
- The app used by the office. Your doctor will let you know if they use a special app for the visit. You should download the app and set up your account before the visit and be able to get a text message or email.

After meeting with your doctor, you may need to stay on the call for more instructions. Please let your provider end the call.

Your OhioRISE care coordinator can help you find providers and services that use telehealth.

Transportation

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.

If you are enrolled in traditional Medicaid, the County Department of Job and Family Services (CDJFS) provides transportation through the Non-Emergency Transportation (NET) program. 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 mental health and substance use disorders. All other pharmacy services and benefits are provided through Gainwell Technologies. Call Gainwell OhioRISE Member Services at **833-491-0344 (TTY: 833-655-2437)** for more details.

OhioRISE Waiver

The OhioRISE program includes a home and community-based services (HCBS) waiver for those who qualify. The waiver aims to:

- Reduce risks and poor health and life outcomes for children with severe emotional and functional challenges.
- Provide the supports needed for a youth to remain in the community and avoid institutional placement.

If you are enrolled with the OhioRISE Waiver, you will be eligible to receive additional services. These services include Out-of-Home Respite, Transitional Services and Supports (TSS), and Secondary Flex Funds. They are outlined in the OhioRISE Waiver Member Handbook. Your care coordinator will help you understand requirements for a waiver and waiver services. Members enrolled in the OhioRISE Waiver are also enrolled with the OhioRISE plan for their behavioral healthcare services.

Your Membership Rights

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

- To receive all information and services that OhioRISE must provide.
- To be treated with respect and your privacy protected.
- To be sure that your medical records will be kept private.
- To be given details about your health. This may be shared with a parent, guardian, or someone who you have chosen to have the information or should be reached in an emergency.
- To discuss medically necessary treatment options, no matter the cost or benefit coverage.

- To join with providers in making decisions about your health, as long as it is in your best interest.
- To get details on any medical care treatment, given in a way that is easy for you to understand.
- To be sure others cannot hear or see you when you are getting medical care.
- To be free from any form of restraint or seclusion used as force, discipline, ease, or revenge.
- To get a copy of your medical records and request changes, if needed.
- To say "yes" or "no" to sharing any information about you, unless required by OhioRISE by law.
- To say "no" to treatment or therapy. If you say no, the provider must talk to you about what could happen and note it in your medical record.
- To file an appeal, a grievance (complaint) or request a state hearing. See page 27 of this handbook to learn more.
- To get all written member information from OhioRISE:
    - At no cost to you.
    - Translated if needed.
    - In other ways, to meet special needs. You can get oral interpretation and sign language at no cost if needed.
- To be told if the healthcare provider you see is a student and to refuse their care, if wanted.
- To be told when any of your care is experimental and to be allowed to refuse that care.
- To make advance directives (a living will). See page 26 to learn more about advance directives.
- To file a complaint about not following your advance directive with the Ohio Department of Health.
- To be free to exercise your rights with no reprisal from providers or the plan.
- To know that OhioRISE must follow all federal and state laws.
- To choose your provider whenever possible.
- To get a second opinion from a network provider. If a network provider is not available OhioRISE will arrange for one outside the network.
- To get information about OhioRISE from us.

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

Ohio Department of Medicaid
Office of Human Resources, Employee Relations
P.O. Box 182709
Columbus, Ohio 43218-2709

Email: **ODM_EmployeeRelations@medicaid.ohio.gov**
Fax: **1-614-644-1434**
Office for Civil Rights

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

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

OhioRISE will send you a letter if we:

- Deny a request to cover a service for you
- Reduce, suspend, or stop services before you receive them
- 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.

If you are unhappy with OhioRISE or our providers, or do not agree with a decision we made, contact us as soon as possible. Someone you choose can also contact us for you. If you want someone to speak for you, let us know ahead of time. To contact us, you can:

- Call OhioRISE Member Services at **833-711-0773 (TTY: 711)**.
- Fill out the Standard Appeal 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 about what you are unhappy with. Include:
    - Your first and last name
    - The number from the front of your member ID card
    - Your address
    - Your telephone number
    - You should also attach 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**.

Ohio Medicaid Managed Care Entity

Member Appeal Form

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

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

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

Contact and submission information for MCEs can be found on the following page of this document..

Section I – Member Information		
Member Name		**Date of Request** (mm/dd/yyyy)
Member ID Number	**Member Phone**	**Date of Birth** (mm/dd/yyyy)
Member Address		
Reason For Request ☐ Service(s) denied, reduced, or ended Payment or claim denied	☐Untimely decision on prior authorization request ☐Other (explain):	
☐ I believe waiting on this decision could seriously jeopardize my life, physical or mental health, or ability to attain, maintain or regain maximum function. I understand by checking this box that it may reduce the amount of time that myself and/or provider have to send in additional information regarding my appeal unless an extension is requested. If no extension is requested and meets criteria, I will receive a decision within 72 hours. ☐ I believe waiting on this decision would not jeopardize my health. Unless an extension is requested, I will receive a decision on my appeal within 15 calendar days.		
Section II – Description of Specific Issue *Please state all details relating to your request including names, dates, places, provider information, and prior authorization request number if known. Attach another sheet of paper to this form if more space is needed.*		
By signing below, you agree that the information provided is true and correct.		
Member's Signature		**Date** (mm/dd/yyyy)
If someone else is completing this form for you, you are giving written consent for the person named below to submit on your behalf. By signing below, your authorized representative agrees that the information provided is true and correct.		

Member's Authorized Representative Name (if applicable)	**Relationship to Member**
Authorized Representative Signature (if applicable)	
☐ *Check this box if you are a provider submitting this form on behalf of a member. In accordance with Ohio Administrative Code rule 5160-26-08.4, any provider acting on the member's behalf must have the member's written consent to file an appeal. The MCE will begin processing the appeal upon receipt of written consent.*	

Contact and Submission Information		
OhioRISE | aetna	Phone: 833-711-0773 Fax: 833-928-1259	Appeal and Grievance Department PO Box 81139 5801 Postal Road Cleveland, OH 44181
Anthem	Phone: 844-912-0938 Fax: 866-387-2968 Email: **ohioga@anthem.com**	Medical Appeals Anthem Blue Cross & Blue Shield PO Box 62429 Virginia Beach, VA 23466
AmeriHealth Caritas Ohio	Phone: 833-641-3290 Fax: 833-329-2164	PO Box 7346 London, KY 40742
buckeye health plan	Phone: 866-246-4358 Fax: 866-719-5404	4349 Easton Way, Suite 120 Columbus, OH 43219
CareSource	Phone: 800-488-0134 Fax: 937-531-2398	Form may also be submitted on the member or provider portal
Humana Healthy Horizons in Ohio	Fax: 800-949-2961	Humana Healthy Horizons Attn: Grievance and Appeal Department PO Box 14546 Lexington, KY 40512
MOLINA HEALTHCARE	Phone: 800-642-4168 Fax: 866-713-1891	Molina Healthcare of Ohio Attn: Grievance and Appeal Department PO Box 349020 Columbus, OH 43234
United Healthcare Community Plan	Standard Fax: 801-994-1082 Expedited Fax: 801-994-1261	UnitedHealthcare Community Plan Appeals and Grievances Department PO Box 31364 Salt Lake City, UT 84131
gainwell (SPBM)	Phone: 833-679-5491 Email: **OH_MCD_PBM_GA@gainwelltechnologies.com**	

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Appeals and Grievances

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 you can keep receiving the services and
- when you may have to pay for them.

Unless we tell you a different date, we must give you an answer to your appeal in writing within 15 days from the date you contacted us. If we do not change our decision, we will notify you of 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 times:

- Two working days for grievances if about not being able to get medical care.
- 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.

State Hearings

A state hearing is a meeting with you or someone you want to speak on your behalf along with representatives from:

- Bureau of State Hearings within the Ohio Department of Job and Family Services (ODJFS).
- Aetna Better Health of Ohio (Aetna).
- Your local county Department of Job and Family Services (if needed).
- Ohio Department of Medicaid (if needed).

The hearing officer will ask each party questions, will listen, and then make a decision based on the rules and the information given.

You may only request a state hearing after you have gone through the appeal process with Aetna OhioRISE described under the appeals section of this manual.

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

To request a state hearing you can:

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

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

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

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** 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 for a problem caused by someone else, call OhioRISE Member Services. 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 have health insurance with another company, it is **very important** to call OhioRISE Member Services and tell us. If you lose your health insurance, tell Member Services and your local County Department of Job and Family Services (CDJFS). Not telling us can cause problems with getting care and paying bills.

If you lose health insurance, you will get a paper called a "certificate of creditable coverage". This paper says you do not have insurance anymore. Keep a copy for your records. You might need to show it later.

Loss of Medicaid Eligibility

It is important that you keep your appointments with the County Department of Job and Family Services (CDJFS). If you 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.

If you lose your benefits but they are started again within days, you will automatically become a member again.

Can My Membership in OhioRISE end?

You may be disenrolled from OhioRISE for certain reasons. Reasons include:

- Not meeting eligibility requirements, like turning 21 years old
- Loss of Medicaid eligibility
- Incarceration

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

A Just Cause request is filed by a member and/or their parent/guardian by calling the Medicaid Consumer Hotline at **800-324-8680 (TTY:711)**. ODM then reviews the request to determine eligibility. There are many reasons a Just Cause request can be filed:

- The member moves out of the OhioRISE plan's service area.
- The OhioRISE plan does not, for moral or religious reasons, cover the services the member seeks.
- The member needs related services to be performed at the same time, not all related services are available within the OhioRISE plan's network, and the member's primary care provider or another provider determines that receiving services separately would subject the member to unnecessary risk.

- The member has experienced poor quality of care, and the services are not available from another provider within the OhioRISE plan's network.
- The member cannot access medically necessary Medicaid-covered services or cannot access the type of providers experienced in dealing with the youth's care needs.
- After 365 days of continuous enrollment in the OhioRISE plan, disenrollment may be requested if the member:
    - Has not had a CANS assessment meeting the eligibility criteria or
    - Has not utilized any of the covered services, excluding 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 that OhioRISE has with the Ohio Department of Medicaid (ODM). If you want to contact ODM, you can call or write to:

Ohio Department of Medicaid
Office of Strategic Initiatives
P.O. Box 182709
Columbus, Ohio 43218-2709
Phone: **800-324-8680 (TTY: 711)**

You can also contact the ODM through their website at **medicaid.ohio.gov**.

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 request to change or leave a plan outside of the open enrollment period.
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 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.