



Live Well

MyCare Waiver Handbook



AetnaBetterHealth.com/Ohio

Aetna Better Health® of Ohio

Home- and Community-Based Services (HCBS) Waiver Member Handbook

For members enrolled in the MyCare Ohio
HCBS Waiver

Revised March 2023

Welcome

Welcome! This handbook was prepared to give you an overview of the MyCare Ohio Home- and Community-Based Services (HCBS) Waiver (Waiver) with Aetna Better Health of Ohio. It is a supplement to your Member Handbook, intended to provide you with basic information about the Waiver. Please refer to your Member Handbook for other important information.

As a member of Aetna Better Health of Ohio, you will receive care management, which is extra help to coordinate your care and make sure you get the services you need. Your care manager will be assigned by Aetna Better Health of Ohio to work with you and a team of professionals to ensure you get what you need.

Now that you are enrolled in the waiver, you will also have a waiver service coordinator to help you with potential issues that may arise while enrolled. This may be the same person or someone different than your care manager.

The team of professionals mentioned above is called your care team and will be led by your care manager. Members of the care team may consist of you, your primary care provider, your waiver service coordinator, medical specialists, and others as requested by you, such as family members, other caregivers, and supports. Let your care manager or waiver service coordinator know if there is anyone specific you want to include on your care team.

Your waiver service coordinator will review the content in this handbook every year during your annual reassessment. Please refer to it often for information or answers to questions. If you do not find clarity here, do not hesitate to ask your waiver service coordinator. He or she is always available to assist you.

My care manager: _____

Phone number: _____

Please refer to your Member Handbook for how to contact your care manager during non-business hours. Here you can also find other important numbers that are available 24/7.

My waiver services coordinator: _____

Phone number: _____

Support available:

The below services are available to you to support any additional needs you may have:

- Oral interpretation.
- Translation services.
- Auxiliary aids and services.
- Written information in alternative formats including braille and large print.

Introduction

MyCare Ohio Waiver services provided through Aetna Better Health of Ohio are designed to meet the needs of members who are 18 years or older, eligible for both Medicare and Medicaid, enrolled in a MyCare Ohio Plan, and determined to meet an intermediate or skilled level of care. These services help individuals to live at home independently and safely.

The following Waiver services are available, as applicable to your needs:

- Adult day health services.
- Alternative meals service*.
- Assisted living services.
- Choices home care attendant*.
- Community integration.
- Community transition.
- Emergency response services.
- Enhanced community living services.
- Home care attendant.
- Home-delivered meals.
- Home maintenance and chore services*.
- Home medical equipment and supplemental adaptive and assistive devices*.
- Home modification*.
- Homemaker services.
- Nutritional consultation.
- Out-of-home respite services.
- Personal care services*.
- Social work counseling.
- Waiver nursing services.
- Waiver transportation.

*Self-direction is available with this service. Self-direction is described further starting on page 14.



If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**. The call is free. **For more information**, visit **[AetnaBetterHealth.com/Ohio](https://www.aetnabetterhealth.com/Ohio)**. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.

Rights and responsibilities

Rights

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

- Be fully informed of all your rights and responsibilities.
- Be treated with dignity and respect.
- Have your waiver service coordinator explain what it means to be on the MyCare Ohio Waiver and work with you to plan the services you will receive.
- Receive assistance from your waiver service coordinator or care manager when you need it.
- Have a private meeting with your waiver service coordinator or care manager.
- Be protected from abuse, neglect, and mistreatment.
- Be kept informed and receive information that is accurate and easy to understand.
- Control how your services are delivered.
- Speak in confidence and know that your healthcare information is kept confidential.
- Participate in developing your person-centered services plan and receive a copy of it.
- Address problems, concerns, and issues about your services, care team, and providers, and the ability to suggest changes without fear.
- See files or records related to your healthcare.
- Challenge decisions about your care with which you do not agree. Please review your Member Handbook for details regarding grievances, appeals, and state hearings.
- Be fully informed about how to contact the Ohio Department of Medicaid (ODM) Medicaid Consumer Hotline with concerns, issues, or inquiries: 800-324-8680.

If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit

AetnaBetterHealth.com/Ohio. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.



- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: 800-282-1206.
- Request a different waiver service coordination entity. Ask your care manager or contact Member Services if you have questions about how to do so.
- Choose from available home- and community-based services determined necessary to meet your needs.
- Choose from available waiver service providers who will provide safe, appropriate, and high-quality services necessary to meet your needs.
- Choose to receive waiver home- and community-based services in lieu of institutional services (e.g., nursing facility).

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Responsibilities

You are the key player in ensuring you get the waiver services you need. As a member, you have many important responsibilities. You can appoint an authorized representative to help with many aspects of your waiver service planning and delivery. Specifically, you and your authorized representative, if you choose to appoint one, are responsible for:

- Communicating openly and honestly with your care team.
- Providing accurate and complete information, including your medical history, regardless of who is paying for your medical services.
- Actively participating in the process to develop and implement your person-centered service plan.
- Providing your signature on the person-centered service plan or other document requested by your waiver service coordinator, indicating your agreement with the plan.
- Keeping scheduled appointments.
- Reporting problems, concerns, or changes to your waiver service coordinator.
- Informing your waiver service coordinator if you want or need to change services or providers.
- Working respectfully with your service providers.
- Working cooperatively with your waiver service coordinator, care manager, and care team to resolve problems or concerns.
- Refusing to participate in dishonest or illegal activities involving your service providers and other caregivers.
- Telling your waiver service coordinator or care manager about any changes in your condition or situation that you feel are significant, such as death of a caregiver, planning a change of residence, someone mistreating you, etc.

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Waiver person-centered service plan development

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

The person-centered service plan is a written outline of your waiver services necessary to keep you safely in the community. It identifies goals, objectives, and outcomes related to your health, as well as the treatments and services you receive.

As a member enrolled in the MyCare Ohio Waiver, you have choice and control over the provision of waiver services you receive by actively participating in the service planning process. You decide who should participate in the service planning process.

Your waiver service coordinator is responsible for ensuring all your identified needs are included and addressed in your person-centered service plan. That includes helping you explore all services available to meet your specific needs. You will have the opportunity to identify how you want the services noted at the introduction of this handbook to be delivered, including finding the setting that best meets your needs.

The waiver service coordinator will also help you decide what types of providers you want rendering your services, based on how involved you want to be in managing their services. The MyCare Ohio Waiver has the following available providers:

- Self-directed: You hire and manage the provider or the service budget.
- Provider-managed: An agency provider identifies and manages staff.
- Non-agency: Independent providers who manage themselves.

All providers must be enrolled with ODM and contracted with your MyCare plan. If you find a provider who is not enrolled or contracted, the MyCare plan can assist the provider with the enrollment and contracting process.

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You and the service providers identified on your person-centered service plan must sign the service plan, or other document requested by your care manager or waiver service coordinator, to indicate agreement with the plan.

After your plan is developed and approved, your waiver service coordinator will continue to help by arranging the start of services and making sure services are delivered to meet your needs, according to the plan.

Person-centered service plan contents

During the service planning process, you will identify all the services and supports you receive from any sources other than the MyCare Ohio Waiver that help meet your needs so they can be considered in the development of the plan.

Service planning includes identifying and arranging for waiver services that support but do not replace help from people such as neighbors, friends, family, etc. Person-centered service plans are updated at least once each year or as your needs change.

Your person-centered service plan documents how your needs will be met and where you choose to receive services. It must address all the following:

- Your strengths, goals, and desired outcomes.
- Your medical, behavioral health, and personal care needs and how those will be met.
- Services that may be needed to keep your environment clean and safe, including any adaptations necessary to meet your needs.
- Services that may be needed to help you maintain participation in school, work, or other activities.
- Medical and personal care supplies you need and how you will receive those, including medications and equipment.
- Back-up plan for when a paid provider is unavailable for services.
- Services or safety measures to mitigate any risks for you, including accommodations or modifications needed in the setting where you receive services.

If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Ohio**. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.



Your person-centered service plan identifies the specific tasks and activities your service provider(s) will deliver to meet your needs. It will also specify how much, how often, and how long you will receive the services. The person-centered service plan is necessary for your service providers to be paid and to help your waiver service coordinator ensure you are getting the services you need.

If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Ohio**. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.



Waiver service coordination

All members enrolled with Aetna Better Health of Ohio in the MyCare Ohio Waiver receive assistance with coordinating their waiver services.

One of the roles of the waiver service coordinator is to make sure you receive the waiver services you need. You will be contacted by your waiver service coordinator or care manager and receive an in-person visit to review your care needs no more than 75 days after you are enrolled in the MyCare Ohio Waiver, or sooner upon request, and at least every six months as agreed upon in your person-centered service plan.

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

- Monitoring your health and welfare.
- Assessing your needs, goals, and objectives at least annually.
- Scheduling, coordinating, and facilitating meetings with you and your care team.
- Working with you and your care team to develop your person-centered service plan.
- Authorizing waiver services in the amount, scope, and duration to meet your needs.
- Assisting you in finding needed service providers, including when a provider has given notice to leave or becomes unavailable.
- Monitoring the delivery of all waiver services identified in your person-centered service plan.
- Ensuring adjustments are made as appropriate in the event you encounter significant changes, including but not limited to life milestones like entering or exiting school, work, etc.
- Identifying and reporting incidents, as well as prevention planning to reduce the risk of reoccurrence. Incidents are described further starting on page 16.

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- Assisting you in the development of a meaningful backup plan if there is an interruption or delay in services provided by your person-centered plan. This may include identifying persons who are able to meet your needs and respond quickly if your regular provider is unable to deliver services.

When should you call your waiver service coordinator?

Call your waiver service coordinator any time one of the following occurs:

- Your services are not meeting your needs.
- You are unhappy with a provider or service.
- You want to change your provider or service.
- Your home situation changes.
- Your health changes.
- You have an accident, fall, or go to the emergency room.
- You are admitted to a hospital or nursing home.
- You have any concern or problem with the care you are receiving.
- You believe the current person-centered service plan is no longer meeting your needs.
- You believe you need more services to stay safely in your home.
- To report an “incident”.
- If a service provider does not show or cancels a service.

If you can't reach your waiver service coordinator, you can contact your care manager at **1-855-364-0974 (TTY: 711)**. You can also call Member Services at **1-855-364-0974 (TTY: 711)** with any concerns or problems.



If you have questions, please call Aetna Better Health of Ohio at **1-855-364-0974 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit **AetnaBetterHealth.com/Ohio**. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.

Transition period

Transition to the MyCare Ohio Waiver

If you were enrolled on PASSPORT, Assisted Living, or Ohio Home Care Medicaid Waiver immediately prior to enrolling on the MyCare Ohio Waiver, the MyCare plan will continue your services to minimize service disruptions.

Your existing services and providers will be maintained for a period of time, depending upon the type of service. Your services and service providers will remain in place, except in the following situations:

- You request a change.
- There is a significant change in your health, your condition, or your needs.
- Your provider gives notice of their intent to discontinue services.
- Issues are identified that affect your health and welfare.

So long as none of the above exceptions apply, your existing service levels and providers will be maintained while you are enrolled on the MyCare Ohio Waiver as follows:

Direct Care services:

Personal care, waiver nursing, home care attendant, Choices home care attendant, out-of-home respite, enhanced community living, adult day health services, social work counseling, community integration.

If you were receiving any of these direct care services, you can continue to receive these services at the same authorized level and with the same service provider(s) for at least 365 days from the date you enrolled in the MyCare Ohio Waiver.

Assisted Living services:

If you were receiving Assisted Living services, you can continue to receive the same authorized service from the same provider while you are enrolled in the MyCare Ohio Waiver.

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Self-directed services:

If you were already self-directing your services through a Medicaid waiver, you may keep your current provider for at least 365 days with the same service amount at the same rate, unless your waiver service coordinator determines:

- You no longer need these services.
- You and your authorized representative can no longer be the employer.
- You no longer have an authorized representative, if needed.

All other waiver services:

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

End of transition period:

Before the any services or providers are changed, your waiver service coordinator will meet with you to review your person-centered service plan and discuss any needed changes. If a change in provider is required for any reason, you will be provided with information regarding other available providers.

Transitions from the MyCare Ohio Waiver:

Similar to when you begin services with the MyCare Ohio Waiver, your waiver service coordinator and care manager will work with you to safely transition your services if you leave the MyCare Ohio Waiver. At any point, if you are disenrolled from MyCare for reasons such as moving out of a MyCare county or losing Medicare eligibility, your MyCare waiver service coordinator will work with your new waiver entity to ensure a smooth transition, allowing you to continue to receive necessary care and remain independent in your community.

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Self-directed opportunities

If you have a need for certain waiver services, determined by your waiver service coordinator and care team, you or your authorized representative may have the option to self-direct some of your services.

Self-directing services includes assuming employer authority and/or budget authority.

Employer authority means you will assume responsibilities of being your provider's employer. You will be responsible to recruit, hire, train, direct, and even terminate that provider, if necessary. The option to have employer authority may only be available if your waiver service coordinator, care manager, and care team determined that you need either of the following services:

- Personal care service; or
- Choices home care attendant service.

Budget authority means you will assume responsibility for establishing a rate of pay and scheduling when services are provided within certain parameters. The option to have budget authority may only be available if your waiver service coordinator, care manager, and care team determined you need any of the following services:

- Choices home care attendant service.
- Alternative meals service.
- Home maintenance and chore service.
- Home modifications.
- Home medical equipment and supplemental adaptive and assistive devices service.

Employer responsibilities:

Before you can self-direct your care, your ability and willingness to learn about the expectations of an employer must first be considered. When you choose to exercise employer authority, you must utilize the MyCare Ohio Financial Management Services (FMS) vendor who will process payroll for your provider. In

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addition, you must establish an email account so you can access and use the online FMS vendor's timesheet approval system. If you are unable to establish an email account of your own, you may appoint a trusted friend or family member as your authorized representative to help you set up an account and approve timesheets. Please note the person helping in this manner cannot be your employee.

How to request self-direction of your services:

If you believe self-directing services is right for you, tell your waiver service coordinator or care manager.



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Reporting incidents

Incident investigation and reporting

Aetna Better Health of Ohio and the State of Ohio's contractor are required to perform incident investigation activities to ensure you are protected and safe from harm. These activities include:

- Taking immediate steps to ensure your health and welfare, and if appropriate, ensure medical attention is sought.
- Looking into incidents to ensure your health and safety and prevent incidents from happening again.
- Looking for patterns to see if you or your providers could benefit from education in a particular area.
- Making sure providers know how to keep you safe and cause no harm to you.
- Informing you of the findings from the investigation of a critical incident and potentially developing a prevention plan to lessen the risk of the incident happening again.

What are incidents?

An "incident" is an alleged, suspected, or actual event that is inconsistent with your routine care and/or service delivery. Critical incidents include any of the following:

- Abuse: the injury, confinement, control, intimidation, or punishment of an individual, that has resulted in physical harm, pain, fear, or mental anguish. Abuse includes physical, emotional, verbal, and/or sexual abuse, the use of restraint, seclusion, or restrictive intervention without authorization.
- Neglect: when it is a duty to do so, failing to provide treatment, care, goods, or services necessary to maintain your health and welfare, including self-neglect.

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- Exploitation: the unlawful or improper act of using a member or a member's resources using manipulation, intimidation, threats, deception, or coercion for monetary or personal benefit, profit, or gain.
- Misappropriation: depriving, defrauding or otherwise obtaining money or real or personal property (including prescribed medication) belonging to you by any means prohibited by law that could impact your health and welfare.
- Unnatural or accidental death.
- Self-harm or suicide attempt.
- Being lost or missing, putting your health and welfare at risk.
- Any of the following prescribed medication issues:
 - Provider error.
 - Issue resulting in emergency medical services (EMS) response, emergency room visit, or hospitalization.
- Other reportable incidents reviewed by the care manager but not investigated include:
 - Natural death.
 - Member or family member behavior, action, or inaction resulting in the creation of or adjustment to, a health and safety action plan.
 - Health and welfare at risk due to any of the following:
 - Loss of a paid or unpaid caregiver.
 - Prescribed medication issues not resulting in EMS response, emergency room visit, or hospitalization.
 - Eviction from your place of residence.
 - Suicide attempt that does not result in emergency room treatment, in-patient observation, or hospital admission.

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What to do if any of these things happen?

How to report an incident: You and/or your authorized representative or legal guardian should report incidents to your waiver service coordinator or your care manager. If the incident is serious in nature and you believe your health and welfare is in jeopardy, you should also notify the appropriate authorities. If you are unsure who to contact, ask your waiver service coordinator. The appropriate authority is dependent upon the nature of the incident. Examples of serious incidents include but are not limited to the following:

Medical emergency: If you have a medical emergency, call your doctor or 911. Situations causing you concern should be communicated to your waiver service coordinator. It is best to bring these concerns to them before they become an emergency.

Abuse, neglect, or exploitation of an adult over 60: If the incident involves the abuse, exploitation, or neglect of an adult age 60 or older, contact Adult Protective Services (APS) in the county where the individual resides or where the incident occurred. During non-business hours, contact local law enforcement. To find the number for your local APS agency, click or visit https://jfs.ohio.gov/county/County_Directory.pdf.

Criminal activity: If the incident involves conduct you believe may be criminal, call your local law enforcement.

Medicaid fraud: If you suspect the incident involves Medicaid fraud, file a complaint with the Ohio Attorney General. To contact them, click or visit <http://www.ohioattorneygeneral.gov/About-AG/Contact>.

Legal guardian: If the incident involves a legal guardian, you can contact your local probate court. To find your local court, click or visit <https://www.supremecourt.ohio.gov/JudSystem/trialCourts/>.

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Advocacy agencies

Organizations that can educate you and advocate for your interests.

Concerns about Aetna Better Health of Ohio: If you have concerns about Aetna Better Health of Ohio, contact your care manager or Member Services. If you feel that Aetna Better Health of Ohio does not address your concerns, you may seek assistance from ODM by contacting the Medicaid Consumer Hotline. Click or visit <http://www.ohiomh.com/> or call 800-324-8680.

Ombudsman: The Ohio Long-term Care Ombudsmen voice member needs and concerns regarding long-term care services to nursing homes, home health agencies, and other providers. They will work with the Aetna Better Health of Ohio, long-term care provider, and you, your family, or other representatives to resolve problems and concerns you may have about the quality of services you receive. Regional long-term care ombudsman programs help safeguard individuals. Call the state office at 800-282-1206 or email OhioOmbudsman@age.ohio.gov for assistance.

Ohio Association of Centers for Independent Living (CIL): CILs help ensure people with disabilities have complete access to the communities in which they wish to live as well as opportunities to make decisions that affect one's life, being able to pursue activities of one's own choosing. For more information, click or go to <http://www.ohiosilc.org/>.

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

Disability Rights Ohio: Advocates for the human, civil, and legal rights of people with disabilities in Ohio. For more information, click or go to <http://www.disabilityrightsohio.org/> or call 614-466-7264 or 800-282-9181.

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MyCare Waiver Consumer Handbook Acknowledgement

I have received the Aetna Better Health of Ohio MyCare Ohio HCBS Waiver Member Handbook. It includes information about my rights and protections, and how to report alleged incidents.

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

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

Member Signature: _____ Date: _____

(Or Authorized Representative)

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

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The Ohio Department of Medicaid (ODM) complies with applicable state and Federal civil rights laws and does not discriminate on the basis of age, race, color, religion, sex, national origin, ancestry, disability, veteran status, sexual orientation, military status and genetic information.

Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

Form Approved
OMB# 0938-1421

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-855-364-0974 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-855-364-0974 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-855-364-0974 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-855-364-0974 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-855-364-0974 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-

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AetnaBetterHealth.com/Ohio. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.



médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-855-364-0974 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-855-364-0974 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-855-364-0974 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-855-364-0974 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-855-364-0974 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما **1-855-364-0974 (TTY: 711)** على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-364-0974 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-855-364-0974 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-855-364-0974 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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AetnaBetterHealth.com/Ohio. A waiver service coordinator or a care manager can be contacted at any time at **1-855-364-0974 (TTY: 711)**.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-855-364-0974 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-855-364-0974 (TTY: 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-855-364-0974 (TTY: 711)**にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ‘ōlelo kā mākou i mea e pane ‘ia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lā‘au lapa‘au paha. I mea e loa‘a ai ke kōkua māhele ‘ōlelo, e kelepona mai iā mākou ma **1-855-364-0974 (TTY: 711)**. E hiki ana i kekahi mea ‘ōlelo Pelekānia/‘Ōlelo ke kōkua iā ‘oe. He pōmaika‘i manuahi kēia.

Amharic: የጤና ወይም የመድኃኒት ዕቅዳችንን በሚመለከት ሊኖርዎ ስለሚችል ማንኛውም ጥያቄዎች መልስ ለመስጠት ነፃ የአስተርጓሚ አገልግሎት አለን። አስተርጓሚ ለማግኘት፣ ይደውሉልን በ **1-855-364-0974 (TTY: 711)**። እንግሊዘኛ/ቋንቋ የሚናገር አንድ ሰው ሊረዳዎት ይችላሉ። ይህ ነፃ አገልግሎት ነው።

Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા અમારી પાસે મફત દુભાષિયાની સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત **1-855-364-0974 (TTY: 711)** પર કોલ કરો. કોઈ વ્યક્તિ જે અંગ્રેજી/ભાષા બોલે છે તે તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Kenyanwanda: Dufite serivisi z'abasemuzi ku buntu kugira ngo dusubize ibibazo byose waba ufite ku byerekeye gahunda yacu y'ubuzima cyangwa y'ibiyobyabwenge. Kugira ngo ubone umusemuzi, duhamgare kuri **1-855-364-0974 (TTY: 711)**. Umuntu uvuga ururimi rw'Icyongereza ashobora kugufasha. Iyi ni serivisi y'ubuntu.

Nepali: हाम्रो स्वास्थ्य वा औषधि योजनाको बारेमा तपाईंमा हुन सक्ने कुनै पनि प्रश्नहरूको जवाफ दिन हामीसँग निः शुल्क अनुवाद सेवाहरू छन्। दोभाषे प्राप्त गर्न केवल हामीलाई यहाँ फोन गर्नुहोस् **1-855-364-0974 (TTY: 711)**. अंग्रेजी/भाषा बोल्ने कुनै व्यक्तिले तपाईंलाई मद्दत गर्न सक्छ। यो निः शुल्क सेवा हो।

Afghani: ما خدمات ترجمان رایگان داریم تا به هر سوال که ممکن است در مورد طرح صحت ی داروی خود داشته باشید پاسخ دهیم. برای دریافت ترجمان، صرف با شماره **1-855-364-0974 (TTY: 711)** با ما تماس بگیرید. کسی که به زبان/انگلیسی صحبت می کند می تواند به شما کمک کند. این یک خدمت رایگان است.

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Somali: Waxaanu haynaa adeegyadaa bilaashka ah turjubaanka si looga jawaabo wax su'aalo ah oo aad qabto oo ku saabsan caafimaadka ama qorshaha dagaalka. Si loo helo turjubaan, naga soo wac **1-855-364-0974 (TTY: 711)**. Qof ku hadla Ingiriiska/Soomaali ayaa ku caawin kara. Tani waa adeeg bilaash ah.

Swahili: Tuna huduma za mkalimani bila malipo kujibu maswali yoyote ambayo unaweza kuwa nayo kuhusu afya au mpango wetu wa dawa. Ili kupata mkalimani, tupigie simu kwa **1-855-364-0974 (TTY: 711)**. Mtu anayezungumza Kiingereza/Lugha anaweza kukusaidia. Huduma hii ni ya bila malipo.

Ukrainian: У нас є безкоштовні послуги перекладача, який відповість на будь-які ваші запитання щодо нашого плану медичного обслуговування або забезпечення ліками. Щоб отримати послуги перекладача, просто зателефонуйте нам за номером **1-855-364-0974 (TTY: 711)**. Вам може допомогти людина, яка володіє англійською/мовою. Ця послуга є безкоштовною.

Form CMS-10802
(Expires 12/31/25)

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Helpful Information

Member Services

1-855-364-0974 (TTY: 711)

Aetna Better Health of Ohio

7400 W. Campus Rd.

New Albany, OH 43054-8725

Personal Information

My member ID number

My primary care provider (PCP)

My PCP's phone number

My care manager's name and phone number

[AetnaBetterHealth.com/Ohio](https://www.aetna.com/betterhealth/ohio)

