

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

HOME- & COMMUNITY-BASED SERVICES

WAIVER MEMBER HANDBOOK 2026



**Department of
Medicaid**
Next Generation MyCare



[Go.wellcare.com/OHBuckeye](https://www.wellcare.com/OHBuckeye)
BHP-MMP-092625
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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.

Welcome

This handbook was prepared to give you an overview of the MyCare Ohio Home and Community-Based Services (HCBS) Waiver (Waiver) with Buckeye Health Plan-Next Generation MyCare 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 Buckeye Health Plan-Next Generation MyCare Ohio, you will receive care management, which is extra help to coordinate your care and make sure you get the services you need. Your care manager will be assigned by Buckeye Health Plan-Next Generation MyCare 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. In your Member Handbook, you can also find other important numbers that are available 24/7.

My waiver services coordinator: _____

Phone number: _____

Introduction

MyCare Ohio Waiver services provided through Buckeye Health Plan-Next Generation MyCare Ohio are designed to meet the needs of members who are 21 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. Your waiver services have not changed, only the name of the program they are delivered through has changed.

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*.
- Self-directed goods and services*.
- Social work counseling.
- Waiver nursing services.*
- Waiver transportation.

*Self-direction is available with this service.
Self-direction is described further starting on page 11.

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 and the right to amend a record.
- 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: 1-800-324-8680.
- Be fully informed about how to contact the Office of the State Long-Term Care Ombudsman: 1-800-282-1206.
- Request a different 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.

If you have questions, please call Buckeye Health Plan-Next Generation MyCare Ohio Member Services 1-855-445-3562 (TTY: 711) 8:00 am to 8:00 pm. The call is free. For more information, visit [Go.wellcare.com/OHBuckeye](https://www.wellcare.com/OHBuckeye). A waiver service coordinator or a care manager can be contacted at any time at 1-855-445-3562.

- Choose to receive waiver home- and community-based services in lieu of institutional services (e.g., nursing facility).

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.

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.

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.

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.

Waiver service coordination

All members enrolled with Buckeye in the MyCare Ohio waiver receive assistance with coordinating their waiver services. Waiver service coordination is provided through local Area Agencies on Aging while Care Management is provided through Buckeye. Your Waiver Service Coordinator (WSC) through the Area Agency on Aging and Care Manager (CM) through Buckeye will work together to help support you in all your care coordination needs and are both part of your care team. If for any reason the Area Agency on Aging is unable to provide waiver service coordination your Buckeye Care Manager will.

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 30 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 12.
- 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?

Your waiver service coordinator and care coordinator are both available to support you in the coordination of your needs. Your waiver service coordinator is responsible for assisting with the coordination of all benefits, services and community resources, as well as coordinating and overseeing the use of all authorized waiver services, for members enrolled in the MyCare Ohio HCBS Waiver. Your Care Manager will lead your Interdisciplinary Care Team, chosen by you, and helps meet care gaps, managing medical and behavioral conditions along with health-related social needs (HRSN).

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.” Incidents are described further starting on page 12.
- If a service provider does not show or cancels a service.

Call your care manager any time one of the following occurs:

- You have questions about your Medicaid or Medicare coverage.
- You have questions about Buckeye.
- You need to find a non-waiver provider.
- You need assistance to schedule preventative care.
- You have a question about your person-centered care plan

If you can't reach your waiver service coordinator, you can contact your care manager at 1-855-445-3562 option 3; available 24 hours a day, 7 days a week. You can also call Member Services at 1-855-445-3562 (TTY: 711) with any concerns or problems.

Legally Responsible Individuals

For MyCare Ohio members on the waiver, the choice of who will provide services like personal care or waiver nursing can be very personal. Since these caregivers are helping members with activities of daily living such as eating, dressing, and toileting, members often feel more comfortable receiving those services from someone they already know and trust—such as a relative. In general, there is nothing prohibiting Ohio Medicaid reimbursement for waiver services being rendered by a family member, but the one area with some limitations regards family members who are legally responsible for the waiver member.

Some common examples of legal responsibility include people who are the member's authorized representative, general or healthcare power of attorney, guardian appointed by the court, or spouse. They cannot usually also be paid by the MyCare Ohio plan for rendering waiver services, but there are some exceptions when they can. Following is a summary of the rules regarding legally responsible family members being able to provide waiver services to a member:

- **It only applies to some services.** In the MyCare Ohio waiver, the only services for which a legally responsible individual can be paid are homemaker, personal care services, waiver nursing, structured family caregiving, and self-directed services such as self-directed personal care and choices home care attendant. For more information on these services, check the section of this handbook which explains them further.

When the caregiver is the spouse, there must be no other willing and able provider.

If waiver services can be met by another provider such as a home health agency, the member's spouse cannot be the paid caregiver for the MyCare Ohio member's waiver services. Buckeye, at minimum, will check for other available caregivers monthly, when the spouse is the paid caregiver.

Transition period

Transition to the MyCare Ohio Waiver

If you were enrolled in PASSPORT, Assisted Living, or Ohio Home Care Medicaid Waiver immediately prior to enrolling in 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.

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.

If you have questions, please call Buckeye Health Plan-Next Generation MyCare Ohio Member Services 1-855-445-3562 (TTY: 711) 8:00 am to 8:00 pm. The call is free. For more information, visit [Go.wellcare.com/OHBuckeye](https://www.wellcare.com/OHBuckeye). A waiver service coordinator or a care manager can be contacted at any time at 1-855-445-3562.

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 in 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 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.

Self-direction

You can manage your waiver services, using self-direction. Self-directing includes employer authority and budget authority. You can choose a representative to help you self-direct.

Employer authority means you are your caregiver's employer. You can recruit, hire, train, schedule, manage, and even dismiss caregivers. These services can be managed with employer authority:

- Choices home care attendant;
- Home care attendant;
- Personal care aid; or
- Waiver nursing.

Budget authority means you manage available your waiver budget to best meet your needs. This includes setting your caregivers' wages. The services listed above and these services can be self-directed with budget authority:

- Alternative meals;
- Home maintenance and chore.
- Home medical equipment and supplemental adaptive and assistive devices;
- Home modifications;
- Self-directed goods and services.

Self-directed services are paid for by Financial Management Services (FMS) vendor. They pay for your caregiver with your approval. The FMS also pays invoices for other services listed above. They will issue a pay card to purchase self-directed goods and services when authorized.

Your waiver service coordinator or care manager will talk to you about self-direction so you can decide if it is right for you. They have many more resources ready to support you with self-direction.

Reporting incidents

Incident investigation and reporting

Buckeye Health Plan-Next Generation MyCare Ohio and the State of Ohio's contractor are required to perform incident investigation activities to ensure you are protected and safe from harm. 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.
- 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.

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/courts/judicial-system/ohio-trial-courts/>

Advocacy agencies

Organizations that can educate you and advocate for your interests.

Concerns about Buckeye Health Plan-Next Generation MyCare Ohio: If you have concerns about Buckeye Health Plan-Next Generation MyCare Ohio, contact your care manager or Member Services. If you feel that Buckeye Health Plan-Next Generation MyCare 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 1-800-324-8680.

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 Buckeye Health Plan-Next Generation MyCare Ohio, long-term care provider, and you, your family, or other representatives to resolve problems and concerns you may have about the quality of services you receive. Regional long-term care ombudsman programs help safeguard individuals. Call the state office at 1-800-282-1206 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 1-866-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 1-614-466-7264 or 800-282-9181.

MyCare Waiver Consumer Handbook Acknowledgement

I have received the Buckeye Health Plan-Next Generation 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)

Notice of Non-Discrimination

Buckeye Health Plan-Next Generation MyCare Ohio (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Buckeye Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Buckeye Health Plan's Member Services at 1-855-445-3562 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Buckeye Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-844-428-2224 (TTY: 711).

Español ATENCIÓN: Contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. También se encuentran disponibles de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-844-428-2224 (TTY: 711).

יידיש אויפֿמערקזאַמקייט: פֿרייע שפּראַך הילף סערוויסעס זענען פֿאַר אײַך פֿאַראַן. פֿאַסיקע הילפֿסמיטלען און סערוויסעס צו צושטעלן אינפֿאָרמאַציע אין צוגעגלעכע פֿאַרמאַטן זענען אויך פֿאַראַן פֿריי פֿון אָפּצאָל. רופֿט 1-844-428-2224 (TTY: 711).

Pennsylvania Deutsch GEB ACHT: Schprooch Hilfe sin meeglich mitaus Koscht. Rechtliche Auxiliary Aids un Hilfe um Information zu gewwe in helfreiche Formats sin aa meeglich mit aus Koscht. Ruf 1-844-428-2224 (TTY: 711).

简体中文 注意：我们为您提供免费的语言协助服务，同时也可免费提供适当的辅助设施与服务，以便提供无障碍格式的信息。请致电 1-844-428-2224（TTY：711）。

繁體中文 注意：我們為您提供免費的語言協助服務，還免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請致電 1-844-428-2224 (TTY：711)。

العربية انتباه: تتوفر لك خدمات مساعدة لغوية مجانية. تتوفر كذلك مجانًا مساعدات وخدمات إضافية ملائمة لتزويد المعلومات بتنسيقات قابلة للوصول إليها. اتصل على الرقم 1-844-428-2224 (TTY: 711).

Deutsch ACHTUNG: Sprachdienstleistungen stehen Ihnen kostenlos zur Verfügung. Geeignete zusätzliche Unterstützung und Dienstleistungen für Informationen in zugänglichen Formaten stehen Ihnen ebenfalls kostenlos zur Verfügung. Rufen Sie folgende Nummer an: 1-844-428-2224 (TTY: 711).

नेपाली ध्यान दिनुहोस्: तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छन्। सुलभ फर्म्याटहरूमा जानकारी प्रदान गर्नका निम्ति उचित सहायक सामग्री र सेवाहरू पनि निःशुल्क रूपमा उपलब्ध छन्। 1-844-428-2224 (TTY: 711) मा कल गर्नुहोस्।

तुमच्यासाठी विनामूल्य भाषा सहाय्य सेवा उपलब्ध आहेत. सुलभ स्वरूपात माहिती प्रदान करण्यासाठी योग्य अतिरिक्त मदत आणि सेवादेखील विनामूल्य उपलब्ध आहेत. 1-844-428-2224 (TTY: 711) वर कॉल करा.

አማርኛ ይነበብ:- ነጻ የቋንቋ አገዛ አገልግሎቶች ለእርስዎ ይገኛሉ። በተጨማሪም አገልግሎት ያላቸው ለእርስዎ ተደራሽ በሆኑ ቅርጾች መረጃ የሚያቀርቡልዎ አጋኝ መሳሪያዎች እና አገልግሎቶችን ከክፍያ ነጻ ያገኛሉ። ወደ 1-844-428-2224 (TTY: 711) ይደውሉ።

Soomaali DIGNIIN: Adeegyada kaalmada luqadda bilaashka ah ayaa kuu diyaar ah. Sidoo kale, qalab iyo adeegyo kaabayaal ku habboon ayaa diyaar ah si macluumaadka loogu helo qaabab sahlan oo la heli karo, iyadoo aan wax kharash ah lagaaga qaadin. Wac 1-844-428-2224 (TTY: 711).

Français REMARQUE : des services d'assistance linguistique gratuits sont à votre disposition. Des services et aides pour obtenir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-844-428-2224 (TTY : 711).

Français cadien COMMUNIQUE: Des services d'aide linguistique sans frais sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations en formats accessibles sont également proposés sans frais. Composez le 1-844-428-2224 (TTY : 711).

Yorùbá ÀKÍYÈSÍ: Àwọn iṣẹ̀ ìránílọ̀wọ̀ tí èdè wà nílẹ̀ fún ọ̀ lófẹ́ẹ̀. Àwọn iṣẹ̀ àti àwọn ìránílọ̀wọ̀ arannílọ̀wọ̀ tóyẹ̀ láti pèsè ìwífúnni ní àwọn ọ̀nà kíkọ̀sílẹ̀ tóṣeé rààyè sí tún wà nílẹ̀ bákan náà lófẹ́ẹ̀ láisan owó rára. Pe 1-844-428-2224 (TTY: 711).

Twi HYE NO NSO: Kasa ho mmoa dwumadie ahodoɔ wo ho ma wo a wontua hwee. Nneema a ebeboa wo ama wate nsem ne dwumadie ahodoɔ a ede nsem bema wo wo akwan bebreɛ so nso wo ho a wontua hwee. Frɛ 1-844-428-2224 (TTY: 711).

Igbo NLERUANYA: A na-enye gi ọrụ enyemaka asụsụ n'efu. Enyemaka na ọrụ ndị kwesiri ekwesị iji nye ozi n'ụdị ndị dị mfe inweta dikrawa n'akwụghị ụgwọ. Kpọọ 1-844-428-2224 (TTY: 711).

हिंदी ध्यान दें: आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं. एक्सेस करने योग्य फ़ॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं. 1-844-428-2224 (TTY: 711) पर कॉल करें.

Русский ВНИМАНИЕ! Вам доступны бесплатные услуги языковой поддержки. Вы также можете бесплатно получить соответствующие вспомогательные средства и услуги, направленные на предоставление информации в доступных форматах. Позвоните по номеру 1-844-428-2224 (TTY: 711).

Українська УВАГА! Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-844-428-2224 (TTY: 711).

Tagalog ATENSYON: May mga libreng serbisyo ng tulong sa wika na available para sa inyo. Available din nang libre ang mga naaangkop na karagdagang tulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format. Tumawag sa 1-844-428-2224 (TTY: 711).

తెలుగు గమనిక: మీకు ఉచిత భాష సంబంధ సహాయక సేవలు అందుబాటులో ఉన్నాయి. యాక్సెస్ చేయదగిన ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక టూల్‌లు, సేవలు కూడా ఉచితంగా అందుబాటులో ఉన్నాయి. 1-844-428-2224 (TTY: 711) నంబర్‌కి కాల్ చేయండి.



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