

# Member's Toolkit

Created to provide support for you  
- the Member



Your Extended Family.

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# Contact Information

## The name of the person receiving care is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## The name of the caregiver is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## In the event that my caregiver is unavailable to provide services:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Molina Dual Options MI Health Link Medicare-Medicaid Plan Contacts Nurse Advice Line

Toll Free: (844) 489-2541, TTY/TDD: 711

24 hours a day, 7 days a week

## Member Services

Toll Free: (855) 735-5604, TTY/TDD: 711

Monday - Friday, 8 a.m. to 8 p.m. EST

## Health Management Department

(866) 891-2320, TTY/TDD: 711

Monday - Friday, 9 a.m. to 9 p.m. EST

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**Your Extended Family.**

Dear Member,

We know that taking care of your medical needs, finances and living activities can be a lot to take on. Simple tasks such as walking, bathing, and dressing can be complex. We've put together this toolkit which contains tools and resources to help make life easier for you. The resources in the toolkit can help you:

- Find local resources and support services that are available to you, such as the 24/7 Molina Dual Options Nurse Advice Line or Molina Dual Options Health Management Programs
- Store key contact information all in one place
- Record important medical information together such as surgical history, medical conditions, and medications
- Organize doctor's notes, maintain a daily routine, and stay on top of important medical screenings

This is just a preview of the resources available in the Member's Toolkit. Our goal is to help you receive the best care possible.

Sincerely,

Molina Dual Options

# How to use your toolkit

This toolkit has been put together to help you keep the most important information all in one place so it's available right when you need it.

Your toolkit is organized into seven sections, filled with useful worksheets, tips and resources that can help make life easier.

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# Section 1 - Taking Care of Yourself

We know it's not easy, but it's important to make time to care for you. We've put together some tools to help you stay healthy and happy.

We know you are happiest when you are healthy. The following section will provide tools and resources to help take care of you.



# Benefits of Taking Care of You

- Control your weight
- Reduce the risk of certain diseases
- Build strength and confidence
- Relieve stress
- Improve sleep
- Build your immune system
- Improve relationships

Here are some tips to help **take care of you...**

## 1. Visit your doctor every year to make sure you are up to date on your own screenings

- Get your flu shot every fall
- Make sure you have a healthy weight
- Receive preventive screenings at the appropriate time such as a diabetes screening
- Talk to your doctor about recommendations for a healthier lifestyle

## 2. Drink more water-- this can improve energy levels, skin, and digestion

- Add lemon, cucumbers or your favorite berry to improve the flavor
- Use a reusable water container to reach your daily goal of water intake

## 3. Improve your diet

- Find quick healthy recipes online
- Eat a well-balanced diet of fruit, vegetables, whole grains and protein
- Use the slow cooker
- Prepare food in advance and store in the fridge or freezer
- Track the food you eat in a food diary

## 4. Make time for yourself

- Set aside time in your daily schedule to enjoy your hobbies
- Write down three things you are thankful for before bed to improve your outlook on life
- Attend social events

## 5. Get enough sleep

- Remove distractions from the bedroom such as the television or social media
- Take a quick nap to help recharge yourself

## 6. Exercise Regularly

- Enjoy a brisk walk in the park or around the neighborhood
- Stretch before bed to help relieve tension and stress
- Take the stairs instead of the elevator

# Stress and Depression

You may have emotional, physical and mental stress, which can cause chronic conditions. It is important to take the necessary steps to help prevent stress.



# Understanding Stress

Everyone responds to stress differently and a lot of people are not aware of the signs and symptoms of stress. We've listed some of the most common signs of stress to help you manage any symptoms that you may experience.

## Common signs and symptoms:

- Anxiety
- Depression
- Irritability
- Decreased energy
- Feeling helpless
- Being distracted/Inability to focus
- Becoming resentful
- Feeling angry
- Difficulty sleeping
- Drinking, smoking, or eating more
- Poor health

## Stress relieving tips:

1. Stay organized – Keep track of your day-to-day schedule in order to avoid missing events and appointments
2. Talk about it – Reach out to family, friends or your religious support group to share your feelings
3. Stay healthy – Maintain an exercise routine and healthy diet
4. Write it down – Write important questions and concerns to address with the doctor
5. Get support – Find local support groups or talk to a professional to share your feelings
6. Recruit help – Talk to your family to see if they can help provide care
7. Set personal goals – Achieving goals can help increase personal satisfaction
8. Find the silver lining – Remember, you are making a difference in your life

# Depression

Feeling sad, angry and overwhelmed are common feelings that people have every day, but if those feelings continue for at least two weeks it may be a sign you are suffering from depression. Depression is a common mood disorder caused by constant high levels of stress. If you feel that you may be depressed it is best to consult a medical professional for help with managing your symptoms.

Below we've listed the most common signs of depression to help keep you healthy and happy.

## Common Symptoms:

- Constant feeling of sadness or anxiety
- Being irritable or easily angered
- Loss of interest in hobbies and activities
- Decrease in energy
- Sleep problems
- Aches and pains
- Thoughts of suicide
- Changes in appetite, weight, and health



## If you feel you may have depression take action:

- Conduct research online to learn about depression and treatment options
- Determine the cause of your depression
- Make lifestyle changes (such as exercising more)
- Consult a professional
- Know you're not alone, depression is a common mood disorder and it can be managed

Behavioral health services are available to you through the local Prepaid Inpatient Health Plan (PIHP) provider network. If you get services through the PIHP, you will continue to get them according to your plan of care. Medically necessary behavioral health, intellectual/developmental disability, and substance use disorder services, including psychotherapy or counseling (individual, family and group) when indicated, are available and coordinated through the health plan and PIHP.

For help finding a behavioral health specialist:

For Wayne County residents, please contact Detroit Wayne Integrated Health Network at (313) 344-9099, Monday through Friday, 8 a.m. - 4:30 p.m., EST. TTY: (800) 630-1044.

For Macomb County residents, please contact Macomb County Community Mental Health at (855) 996-2264. Monday through Friday, 8 a.m. - 8 p.m., EST. TTY: 711.

This call is free. We have free interpreter services if you do not speak English.

## Daily Guidance

Here are some tips to help simplify your day-to-day activities such as communicating with your family and medical staff.





# Communication Tips

Clear, open, and honest communication is important to make sure everyone is getting the information they need. Here are some tips to help with effective communication.

## 1. Communicate clearly

- Be honest
- Sit face to face

## 2. Simplify tasks as much as possible

- Focus on one thing at a time

## 3. Keep a routine

- A daily routine can help reduce confusion and anxiety
- If something isn't working, try a new routine

## 4. Remove distractions

- Turn off the television while getting dressed or during conversations

### **ABC's of Talking with Medical Staff:**

- Ask Questions: Make sure you understand instructions and diagnoses
- Be Truthful: Do not hide information from medical staff
- Coordinate Care: Keeping medical papers together can lead to better care for you

## Questions for your Doctor

Here are some examples of important questions and comments to talk about with your doctor.

1. What is my current blood pressure?  
(Have your doctor take your blood pressure at the start of your appointment and at the end. Have them write down your lowest blood pressure reading.)
2. What medications can I stop or minimize?
3. How can I reduce my risk of heart disease?
4. How are we going to catch cancer before it catches me?
5. Something's bothering me... Can we talk?
6. Am I caught up on my immunizations?
7. Based off my labs, should I be taking any supplemental vitamins?
8. Is there anything I should be doing differently to live a quality life?
9. How can I improve my mental health?
10. What's the latest news on my condition?
11. Is there anything that I can do to improve my condition on my own?
12. Can I get a copy of my records?
13. How do I sign up for Five Wishes (advance directive?)

You can add additional questions below:

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# Relationship Building Tips with Your Caregiver

- Listen to music
- Walk in the park
- Sit outside
- Watch a movie
- Enjoy your favorite meal
- Garden
- Play board games
- Do a puzzle
- Learn how to knit
- Watch a sporting event
- Invite other family and friends over
- Celebrate birthdays
- Look at old pictures
- Read a book or the newspaper
- Cook together

Goals:

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# Financial Tips

Here are a few things to help you stay on top of financial duties.

## Be Informed:

- If everything is not in one place, start by reviewing your most recent tax return
- Locate insurance and benefit claims
- Determine if you have a trust, will, or power of attorney

## Be Organized:

- Make a list of your expenses and assets
- Consider consulting an elder care attorney or financial planner to help prioritize responsibilities and avoid costly mistakes
- Document everything to avoid possible misunderstandings with other family members in the future

## Think of the Future:

- Create a living trust or power of attorney before it's needed

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## Advance Directives

You have the right to say what you want to happen if you are unable to make health care decisions for yourself. Sometimes people are unable to make health care decisions for themselves.

Before that happens to you, you can:

- Fill out a written form to give someone the right to make health care decisions for you.
- Give your doctors written instructions about how you want them to handle your health care if you become unable to make decisions for yourself.

The legal document that you can use to give your directions is called an advance directive. There are different types of advance directives and different names for them. Examples are a psychiatric advance directive and a durable power of attorney for health care.

Now is a good time to write down your advance directives because you can make your wishes known while you are healthy. Your doctor's office has an advance directive you fill out to tell your doctor what you want done. Your advance directive often includes a do-not-resuscitate order. Some people do this after talking to their doctor about their health status. It gives written notice to health care workers who may be treating you should you stop breathing or your heart stops. Your doctor can help you with this if you are interested. You do not have to use an advance directive, but you can if you want to. Remember, it is your choice to fill out an advance directive or not.

Here is what to do:

- Get the form. You can get a form from your doctor, a lawyer, a legal services agency, or a social worker. Organizations that give people information about Medicare or Michigan Medicaid may also have advance directive forms. You can also contact Member Services to ask for the forms. You can call Member Services at (855) 735-5604, Monday - Friday, 8 a.m. to 8 p.m. EST.
- Fill it out and sign the form. The form is a legal document. You should consider having a lawyer help you prepare it.
- Give copies to people who need to know about it. You should give a copy of the form to your doctor. You should also give a copy to the person you name as the one to make decisions for you. You may also want to give copies to close friends or family members. Be sure to keep a copy at home.

If you are going to be hospitalized and you have signed an advance directive, take a copy of it to the hospital.

- The hospital will ask you whether you have signed an advance directive form and whether you have it with you.
- If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

In Michigan, your advance directive has binding effect on doctors and hospitals. However, if you believe that a doctor or a hospital did not follow the instructions in your advance directive, you may file a complaint with the Michigan Department of Licensing and Regulatory Affairs, Bureau of Health Care Services at (800) 882-6006.

## Molina Dual Options Support Services

We are here to help! Molina Dual Options has many services available to help you. In the following section we have listed resources available to Molina Dual Options members as well as services that you may qualify for to help manage your health conditions.



# Molina Dual Options Member Support Services

You should have a Care Coordinator. Do you know who your Care Coordinator is? If not, please call Molina Dual Options at (855) 735-5604, Monday - Friday, 8 a.m. to 8 p.m. EST. The Care Coordinator will be your single point of contact at Molina Dual Options for questions and information.

## Care Coordinator

**Our staff will help coordinate your care**

As a Molina Dual Options member, you will have a Molina Dual Options Care Coordinator assigned to help manage your health care needs. The Care Coordinator will also arrange services and programs that will help with your health issues. The programs are offered at no cost to you.

Our Care Coordinator can help you:

- Arrange for services with a Primary Care Provider (PCP), caregivers and any other identified provider
- Get services that you are eligible to receive
- Set up appointments, tests and health screenings
- Arrange for transportation
- Identify any gaps in care or health care needs
- Access resources to help you with special health care needs and assist you with day-to-day stress
- Coordinate moving from one setting to another. This includes when you are being discharged from the hospital
- Assess eligibility for long-term care support and services
- Connect with community resources
- Find services from additional resources, including community and social services programs like physical therapy or “Meals on Wheels”

## Who do I contact for more information?

Please call the Health Management Department at (866) 891-2320, TTY/TDD: 711, Monday - Friday, 9 a.m. to 9 p.m. EST. Our staff can give you more information. They can also let you know if you are currently enrolled in any programs. You can also ask for a referral or ask that you be removed from a program.

## Transportation

Contact Molina Dual Options Member Services to get you to and from plan-approved health care locations.

(855) 735-5604 (English and Spanish), TTY/TDD: 711  
Monday - Friday, 8 a.m. to 8 p.m. EST



## Rating of Caregiver

Using any number from 0 to 10, where 0 is the worst Caregiver and 10 is the best Caregiver, what number would you use to rate your Caregiver?

| Worst Caregiver          |                          |                          |                          |                          |                          |                          |                          | Best Caregiver           |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

Does your Caregiver treat you with respect?

- Never
- Sometimes
- Usually
- Always

Since you joined Molina Dual Options Long Term Services and Supports, how often do you have a hard time speaking with your Caregiver because you do not speak the same language?

- Never
- Sometimes
- Usually
- Always

If you did not understand your Caregiver, what could have helped you better understand?

- If I had more time with my Caregiver to ask questions
- If my Caregiver gave me a brochure or other resources on the topic
- If my Caregiver wrote down what I needed to do
- If my Caregiver spoke my language
- Other: (Please specify. Example: Translator) \_\_\_\_\_

Please think about the written materials your Caregiver gave you. How much of a problem, if any, was it to understand based on your ethnic and/or language needs?

- A big problem
- A small problem
- Not a problem
- I do not have any special ethnic and/or language needs

What is your main language?

- English
- Spanish
- Arabic
- Other: (Please specify.) \_\_\_\_\_

Once you complete this form, give this to your Care Coordinator. You may change your caregiver, if needed.

Member Name: \_\_\_\_\_ Caregiver: \_\_\_\_\_ Phone Number: \_\_\_\_\_



## Health Management Programs

If you are living with a chronic condition, Molina Dual Options offers no-cost programs that can help.

Call our Health Management Department at (866) 891-2320, TTY/TDD: 711. Our staff can let you know what programs you are currently enrolled in and answer your questions.

### Available Programs:

**Breathe with Ease® Asthma Program**

**Living with Diabetes® Program**

**Living with Chronic Obstructive Pulmonary Disease (COPD) Program**

**Heart Healthy Living® Program**

## 24-Hour Nurse Advice Line

Members can call Molina Dual Options' Nurse Advice Line 24 hours a day, 365 days a year. Our nurses are ready to answer your medical questions. You can talk to a nurse for health care advice in your language. They will help you get the care you need.

English: (844) 489-2541

Deaf or Hard of Hearing: 711

## Medication Therapy Management

### What is Medication Therapy Management?

Medication Therapy Management (MTM) is a program offered by pharmacists to help you understand how your medicines work and how they can help you. Pharmacists share any suggestions discussed during the medication review with your doctor(s). Molina Dual Options is happy to give this service at no cost for members that qualify.

### How Can I See If I Qualify and Schedule an Appointment?

Call (855) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m. EST to check if you qualify and learn more.

## Respite Care for MMP Members

Members may receive respite care services on a short-term, intermittent basis to relieve their family or other primary caregiver(s) from daily stress and care demands during times when they are providing unpaid care.

Relief needs of hourly or shift staff workers should be accommodated by staffing substitutions, plan adjustments, or location changes and not by respite care.

Respite is not intended to be provided on a continuous, long-term basis where it is a part of daily services that would enable an unpaid caregiver to work elsewhere full time.

Respite is limited to 14 overnight stays per 365 days unless Molina Dual Options approves additional time. Please call (855) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m. EST for more information.



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## Section 2 - Important Contact Information

The next section is useful for keeping your important contact information together in one place, so it's available when you need it most.



# Emergency Phone Numbers

Member ID #: \_\_\_\_\_



Police Department: \_\_\_\_\_

Fire Department: \_\_\_\_\_



Emergency Contact 1: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



Emergency Contact 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

In the event that my caregiver is unavailable to provide services.



Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Primary Care Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Specialty Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Preferred Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Member ID #: \_\_\_\_\_



Other Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Other Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Other Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Medical Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Medical Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_



Medical Contact: \_\_\_\_\_

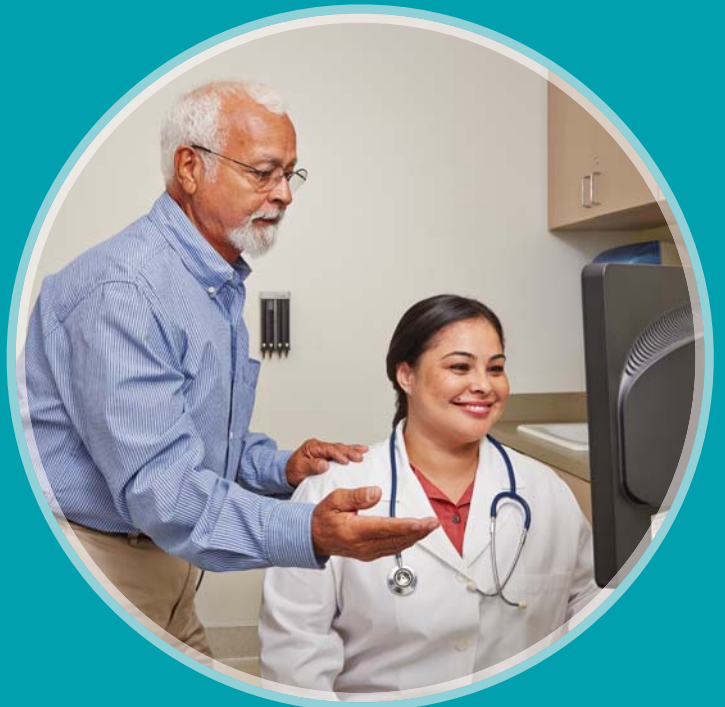
Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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## Section 3 - Medical History

The next section contains tools to help you organize all your medical information.





# Medical History

Member ID #: \_\_\_\_\_

## Surgical History

We know it can be difficult to keep track of your past medical procedures. The following section has been created to help keep everything in one place.

- List surgery information
  - Keep list updated
  - Bring to all appointments
- No Prior Surgery or Operations

| Operation/Procedure | Hospital | Attending Doctor | Date |
|---------------------|----------|------------------|------|
| 1.                  |          |                  |      |
| 2.                  |          |                  |      |
| 3.                  |          |                  |      |
| 4.                  |          |                  |      |
| 5.                  |          |                  |      |
| 6.                  |          |                  |      |
| 7.                  |          |                  |      |
| 8.                  |          |                  |      |
| 9.                  |          |                  |      |
| 10.                 |          |                  |      |

# Medical History

Member ID #: \_\_\_\_\_

The next section has been created to help you communicate with your provider about any medical conditions they have experienced or if there is a family history of any of these medical conditions.

Check any conditions you or your family have had:

| Condition                    | Personal History | Family History |
|------------------------------|------------------|----------------|
| Acid reflux (heartburn)      |                  |                |
| Alcoholism / other addiction |                  |                |
| Allergies                    |                  |                |
| Alzheimer's disease          |                  |                |
| Anxiety                      |                  |                |
| Arthritis                    |                  |                |
| Back pain                    |                  |                |
| Blood disorder               |                  |                |
| Cancer - What type?          |                  |                |
| Chest pains                  |                  |                |
| Chronic lung disease         |                  |                |
| Chronic pain                 |                  |                |
| Dementia                     |                  |                |
| Depression                   |                  |                |
| Diabetes                     |                  |                |
| Hearing problems             |                  |                |
| High cholesterol             |                  |                |
| High blood pressure          |                  |                |
| Irritable bowel syndrome     |                  |                |
| Kidney (renal) failure       |                  |                |
| Migraines                    |                  |                |
| Osteoporosis                 |                  |                |
| Parkinson's disease          |                  |                |
| Sleep problems               |                  |                |
| Stroke                       |                  |                |
| Thyroid problem              |                  |                |
| Vision Problems              |                  |                |





# Medicine and Allergies

Member ID #: \_\_\_\_\_

**Allergies:** Record any medication you may be allergic to.

| Medication Name | Describe the reaction, such as difficulty breathing |
|-----------------|---|
|                 |   |
|                 |   |
|                 |   |
|                 |   |
|                 |   |

**Over-the-counter medicine or herbal remedies:** List all the medicines, herbal remedies or supplies you need (such as eye drops, creams, ointments, aspirin, Tylenol, vitamins, antacids, cold medicine, etc.). **These items are things you use without a doctor's prescription.**

| Medication Name | Dose | How often | Reason for taking this medication |
|-----------------|------|-----------|-----------------------------------|
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |
|                 |      |           |                                   |

# Common Supplies Needed

Unexpected events can happen; use this list as a guide to help prepare for the surprises along the way. Keep these items in your safety kit.

|                     |
|---------------------|
| Antibiotic ointment |
| Antihistamine cream |
| Antacids            |
| Aspirin             |
| Bandages            |
| Calamine lotion     |
| Cotton swabs        |
| Dental-repair kit   |
| Eye drops           |
| Eyeglass-repair kit |
| Gauze pads          |
| Hand sanitizer      |
| Hydrogen peroxide   |
| Latex-free gloves   |
| Medical Tape        |
| Pill box            |
| Pill cutter         |
| Rub-on painkiller   |
| Sheets and blankets |
| Sunscreen           |
| Thermometer         |
| Throat lozenges     |
| Tweezers            |



# Home Safety Checklist

## General

- Consider a medical alert system
- Always designate someone to check on you
- Remove electrical cords from traffic areas
- Wipe up spills quickly
- Make sure each room has enough light
- Install phone where it can be reached from the floor
- Check smoke detectors on a regular basis for proper function

## Bathroom Safety

- Leave a nightlight on
- Install railings near tub, shower and toilet
- Use only nonslip rugs
- Put nonslip surface in shower or tub
- Consider a shower/tub seat

## Bedrooms

- Bedside table for glasses and lamp
- Clear pathway to restroom
- Sturdy chair to help with dressing

## Kitchen

- Store items where they can be reached without the use of a stool
- Sitting area for food preparation
- Use a timer during meal preparation

## Stairs and inclines

- Remove clutter
- Install a handrail
- Keep area well lit
- No loose carpeting or rugs

Please find the “A Healthy Home Checklist” for more tips.

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## Section 4 - Things to Remember

The next section was created to help you remember important daily activities, doctor's notes, and important health screenings.



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# Determining your needs...

Your needs can change yearly, monthly, and even daily. This worksheet will help you understand what types of support you need.

| Activities of Daily Living |         |           |               |
|----------------------------|---------|-----------|---------------|
| Needs                      |         |           |               |
|                            | No Help | Some Help | A Lot of Help |
| Bathing                    |         |           |               |
| Dressing                   |         |           |               |
| Toileting                  |         |           |               |
| Meal preparation           |         |           |               |
| Getting out of bed         |         |           |               |
| Getting out of chair       |         |           |               |
| Walking                    |         |           |               |
| Using the phone            |         |           |               |
| Personal shopping          |         |           |               |
| Transportation             |         |           |               |
| Managing finances          |         |           |               |
| Housework                  |         |           |               |

## Notes or Comments:

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# Doctor's Notes

Member ID #: \_\_\_\_\_

Keep track of important notes and instructions for care after each visit with a doctor.

|                       |       |
|-----------------------|-------|
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |

Member ID #: \_\_\_\_\_

|                       |       |
|-----------------------|-------|
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |

# Doctor's Notes

Member ID #: \_\_\_\_\_

Keep track of important notes and instructions for care after each visit with a doctor.

|                       |       |
|-----------------------|-------|
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |

Member ID #: \_\_\_\_\_

|                       |       |
|-----------------------|-------|
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |
| Doctor:               | Date: |
| Test Ordered/Results: |       |
| Instructions:         |       |

# Second Opinions

Member ID #: \_\_\_\_\_

|                       |  |
|-----------------------|--|
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |



|                       |  |
|-----------------------|--|
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |
| Doctor Name:          |  |
| Date:                 |  |
| Test Ordered/Results: |  |
| Instructions:         |  |

# Daily Routine

Keep track of your daily routine in order to remember daily activities such as exercise, meals, medication, and nap times.

|                  |       |
|------------------|-------|
| <b>Morning</b>   | Notes |
| <b>Noon</b>      | Notes |
| <b>Afternoon</b> | Notes |
| <b>Evening</b>   | Notes |
| <b>Overnight</b> | Notes |

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|                  |       |
|------------------|-------|
| <b>Morning</b>   | Notes |
| <b>Noon</b>      | Notes |
| <b>Afternoon</b> | Notes |
| <b>Evening</b>   | Notes |
| <b>Overnight</b> | Notes |

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|                  |       |
|------------------|-------|
| <b>Morning</b>   | Notes |
| <b>Noon</b>      | Notes |
| <b>Afternoon</b> | Notes |
| <b>Evening</b>   | Notes |
| <b>Overnight</b> | Notes |

# Important Screenings

Remember to discuss the following exams with your doctor to make sure you are receiving the necessary tests at the right time.

## Screenings and Exams:

- Well-Visit (Annual)
- Blood Pressure (Annual)
- Weight Assessment (Every 1 – 3 Years)
- Bone Density Test (Every 1 – 3 Years)
- Cholesterol (Every 5 Years)
- Colorectal Cancer (Every 5 – 10 Years, beginning at age 50 and continuing until age 75, based on provider recommendations)
- Diabetes (Every 3 Years for age 45 and older)
- Eye Exams (Every 2 years by an ophthalmologist or optometrist)
- Functional Status Assessment (Every 1 – 3 Years)
- Mammograms (Every 2 years for women 50 years of age and continuing until age 74. The decision to begin breast cancer screening before age 50 should be decided by you and your provider.)
- Medication Review (Every 1 – 3 Years)
- Pap Smear and Pelvic Exams (For women between the ages of 21 and 65 years old every three years for Pap test who are sexually active and have a cervix. For women between the ages of 30 and 65 years old who want to lengthen the screening time, a Pap test every 5 years when combined with HPV testing.)
- Physical Exam (Every 1 – 3 Years)
- Prostate Exam (Every 4 Years)

If you are unsure how often you should receive these tests, please consult your physician.

## Immunizations:

- Flu shot – Recommended annually
- Pneumonia Vaccine (2 Doses) – Recommended once after age 65 or earlier if you have certain health conditions



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## Section 5 - Fraud and Abuse

The next section was created to show you how to report fraud, abuse and neglect.



## To Report Fraud:

Report Medicaid fraud to the Office of Inspector General, Michigan Department of Health and Human Services by calling (855) 643-7283, online at [www.michigan.gov/fraud](http://www.michigan.gov/fraud), or in writing to:

Office of Inspector General  
PO Box 30062  
Lansing, MI 48909

## Abuse & Neglect

Everyone deserves to feel safe from harm and to be treated with respect.

Every woman, man, and child has the right to feel safe from physical, emotional, mental and verbal harm from those they live with, those who care for them, and those who interact with them on a daily basis.

### Am I Being Abused?

Please think about how you are being treated.

### Is Someone...

- Embarrassing you or making fun of you in front of others?
- Making you feel like you are unable to make a decision?
- Using intimidation or threats to gain compliance?
- Treating you roughly (pushing, grabbing, hitting, pinching, shoving, etc.)?
- Blaming you for how they feel or act?
- Making you feel like there is no way out?
- Preventing you from doing things you want to do, like spending time with friends and family?
- Limiting your use of the telephone?
- Breaking assistive devices or denying health care?

### Do you...

- Sometimes feel scared about how another person will act?
- Find yourself constantly making excuses for another's behavior?
- Believe you can help the other person change only if you change something about yourself?
- Try not to do or say anything you think might cause conflict?
- Always do what the other person wishes instead of doing what you would like to do?

**If you answered yes to any of these, please talk to someone.**

**If you are in immediate danger, call 911!**



## To Report Abuse,

**Call: Statewide Centralized Intake for Abuse and Neglect  
(855)-444-3911**

- It is anonymous
- Toll Free
- 24 hours/7 days a week
- Emotional Support
- Information & Referral
- Adult Protective Services Reporting

**Your Care Coordinators are mandated by the state to report abuse, neglect, and exploitation.**

This means they must tell Adult Protective Services or another agency when they think someone might be hurting you, not taking care of you as planned, or taking advantage of you.

**For more information, call your Care Coordinator. You can also contact these organizations:**

Center of Excellence on Elder Abuse and Neglect - (714) 456-6466 or [centeronelderabuse@uci.edu](mailto:centeronelderabuse@uci.edu)

Ageless Alliance – <http://www.agelessalliance.org> or (844) 992-4353

**Other types of Critical Incidents that should be reported to your Molina Dual Options MI Health Link Medicare-Medicaid Plan Care Coordinator:**

- Financial Exploitation
- Illegal Activity in the Home
- Theft
- Worker consuming drugs or alcohol on the job
- Suspicious or Unexpected Death
- Medication Errors
- Caregiver Did Not Show Up as Scheduled

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## Section 6 - A Guide for Kids

The next section was created to educate kids on what to do when caring for elderly.  
(example: grandparents)



# A Guide for Kids

The following list will help children act quickly in case of an emergency.

Children should call 9-1-1 if you, the member, experience any of the following:

- Chest Pain
- Severe Difficulty Breathing
- Faint or pass out
- Difficulty speaking, numbness or weakness of any part of the body
- Sudden blindness or vision changes
- Heavy bleeding
- Broken bones or wounds, especially from a fall
- Severe burns
- Allergic reaction, especially if there is difficulty breathing
- Severe or intense pain
- Memory loss
- Fall as a result of tripping or losing your balance
- Severe headaches
- Showing any signs of self harm or harm to others



# Section 7 - Member Rights

The next section was created to educate you on your rights.



# YOUR RIGHTS . . .

- You have the right to exercise choice and control in identifying, accessing, and managing long term supports and services in accordance with your needs and personal preferences.
- You have the right to exercise your authority in decision making over long term supports and services and to accept responsibility for taking a direct role in managing them.
- You have the right to choose providers who deliver care and long term supports and services.



# MEMBER ATTESTATION

I have discussed with my Care Coordinator and have information on:

- My Rights, choices of providers, and long term supports and services.
- How to identify and report a critical incident, abuse and neglect.
- My Safety Plan that includes what to do:
  - If my caregiver cannot provide services.
  - In case of bad weather such as a tornado, snow storm, high heat/winds, or other.
  - In case there is an environmental emergency such as fire, flooding, loss of heat, water or electricity, or other.
- How to reduce the risk of falls in my home.
- Molina Dual Options Member Services Phone Number.
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Member or Care Giver Signature/Date

\_\_\_\_\_  
Care Coordinator Signature/Date

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# MEMBER ATTESTATION

I have discussed with my Care Coordinator and have information on:

- My Rights, choices of providers, and long term supports and services.
- How to identify and report a critical incident, abuse and neglect.
- My Safety Plan that includes what to do:
  - If my caregiver cannot provide services.
  - In case of bad weather such as a tornado, snow storm, high heat/winds, or other.
  - In case there is an environmental emergency such as fire, flooding, loss of heat, water or electricity, or other.
- How to reduce the risk of falls in my home.
- Molina Dual Options Member Services Phone Number.
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Member or Care Giver Signature/Date

\_\_\_\_\_  
Care Coordinator Signature/Date

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Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.



### Your Extended Family.

Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 735-5604; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 OceanGate  
Long Beach, CA 90802

You can also email your complaint to [civil\\_rights@molinahealthcare.com](mailto:civil_rights@molinahealthcare.com). Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.



Your Extended Family.

### English

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5604 (TTY: 711).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5604 (TTY: 711).

### Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5604 (TTY : 711).

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-735-5604 (TTY: 711).

### French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5604 (ATS : 711).

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5604 (TTY: 711).

### German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-735-5604 (TTY: 711).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5604 (TTY: 711) 번으로 전화해 주십시오.

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5604 (телетайп: 711).

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم والبكم: 711).



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[MolinaHealthcare.com/Duals](https://MolinaHealthcare.com/Duals)



Your Extended Family.