



Family Care Member Handbook

For help or information, please call
Customer Service or visit our Web site
at www.communitycareinc.org.

Call tollfree: 1-866-992-6600
TTY users call: 1-866-288-9909

Community Care, Inc.
1555 South Layton Boulevard
Milwaukee, WI 53215



COMMUNITY CARE, INC.

IDENTITY, MISSION AND VALUE STATEMENT

Identity Statement

Community Care is a regional non-profit interdisciplinary team-based managed care organization serving frail elders and adults with physical and developmental disabilities. We operate PACE, Family Care Partnership and Family Care Programs.

Mission Statement

Community Care demonstrates and manages innovative, flexible community-based programs to care for at-risk adults in order to enhance their quality of life and optimize the allocation of community resources.

Value Statements

- RESPECT:** We treat our members and staff as individuals with compassion, sensitivity, dignity and equality.
- MEMBER CENTERED:** Our interdisciplinary teams place the interests of those we serve at the forefront of our decision-making.
- DIVERSITY:** We embrace diversity in our members, staff and business interactions operating culturally competent programs.
- QUALITY OF LIFE:** We support our member in remaining functionally independent for as long as possible by meeting their health and social needs.
- QUALITY OF CARE:** We respond to the needs of people we serve while promoting excellent health, wellness and safety striving for a high level of member satisfaction.
- INNOVATION & CREATIVITY:** We expand existing programs, develop new ones and provide technical assistance service to encourage replication of successful approaches to long-term care.
- COMMUNITY FOCUSED:** We support individuals living as active members of their communities outside of institutions even through the end of life.
- COST EFFECTIVE:** We are prudent stewards fiscally accountable with public funds.
- TEAMWORK & COLLABORATION:** Our staff is entrusted to work together in the best way possible to meet the needs of those we serve.
- INTEGRITY:** We believe in being open, honest and fair in our interactions with our members, their families, other agencies, contractors, volunteers and our employees. We strive for an atmosphere of mutual trust and respect in our work.

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Welcome to Community Care's Family Care Program

Welcome to Community Care, a Managed Care Organization (MCO) that operates the Family Care Program. This member handbook is an explanation of your rights, benefits and responsibilities as a member of Community Care

Bienvenido a Community Care, una Organización para el Manejo de Cuidados (MCO) que opera el programa de Cuidados de Familia. Esta guía de miembro es una explicación de sus derechos, beneficios y responsabilidades como miembro de Community Care.

The information in this handbook tells you about the Community Care Family Care Program that is effective from January 1, 2010 – December 31, 2010.

Interpretation

If you need this handbook in another language, Braille or large print, please call 414-385-6600, 866-992-6600, or TTY: 866-288-9909 and ask for the Marketing department. Interpreter services are available free of charge.

Si necesita este manual en otro idioma, braille o letra grande, por favor llame al 414-385-6600, 800-992-6600, o al TTY 866-288-9909 y pregunte por el departamento de Publicidad. Servicios de Interpretación están disponibles sin costo alguno.

For assistance in understanding this document in a language other than English, at no cost:

Interpreter Services

- Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 866-992-6600 (TTY 866-288-9909)
- Если вам не всё понятно в этом документе, позвоните по телефону 866-992-6600 (TTY 866-288-9909)
- Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 866-992-6600 (TTY 866-288-9909)
- ເພື່ອຊ່ວຍໃນການແປ ຫລືເຂົ້າໃຈເນື້ອຫາໃນນີ້, ກະລຸນາ ໂທອະສັບຫາ 866-992-6600 (TTY 866-288-9909)

If you have special needs, this document may be available in other formats.

How to Contact Community Care Customer Service

If you have any questions or concerns, or need assistance in understanding this document, please call or write to our Customer Service Department or our member relations specialist. We will be happy to help you. You can write to our Customer Service Department or our member relations specialist at Community Care, 1555 S. Layton Blvd., Milwaukee, WI 53215. You can call us at the numbers listed below.

Office hours for all of our locations: 8:00 a.m. to 4:30 p.m., Monday through Friday. The member relations specialist is available during these hours and can be reached at the telephone numbers listed below.

Call 866-992-6600

This number is also on the cover of this booklet for easy reference. Calls to this number are free. You can call this number 24 hours a day, 7 days a week.

TTY 866-288-9909

This number is also on the cover of this booklet for easy reference. TTY users should call 866-288-9909 from 8:00 a.m. - 4:30 p.m. Central, Monday through Friday.

After these hours, if you are deaf or hard of hearing and using a TTY machine, dial the Wisconsin Relay System's toll free TTY access number: 711, or if no answer: 800-947-3529. A Wisconsin Relay CA will answer your call. Provide the area code and phone number of your Team or the after hours number found on page 23, and they will connect you with someone who can help you.

Fax: 414-383-9324

Write: 1555 South Layton Boulevard
Milwaukee, WI 53215

Web site: www.communitycareinc.org

County of Residence	Effective Date	County of Residence	Effective Date
Calumet	January 1, 2010*	Sheboygan	January 1, 2010
Kenosha	January 1, 2010	Walworth	January 1, 2010
Milwaukee	January 1, 2010	Washington	January 1, 2010
Outagamie	April 1, 2010*	Waukesha	January 1, 2010
Ozaukee	January 1, 2010	Waupaca	July 1, 2010*
Racine	January 1, 2010		

*Projected effective date of implementing the Family Care Program is subject to change. If you have any questions, please contact Customer Service. Contact information is located at the top of this page.

Family Care Team Contact Information

Calumet County 206 Court Street Chilton, WI 53014 920-464-1144	Ozaukee County 1333 W. Towne Square Rd. Mequon, WI 53092 262-292-2500	Washington County 1519 E. Washington St. West Bend, WI 53095 262-338-5910
Kenosha County 4003 80th Street, Suite 101 Kenosha, WI 53142 262-484-5070	Racine County 1220 Mound Ave. Racine, WI 53404 262-676-5050	Waukesha County 1801 Dolphin Drive Waukesha, WI 53186 262-953-8500
Milwaukee County 3220 W. Vliet Street Milwaukee, WI 53208 414-231-4000	Sheboygan County 615 South 8th Street Suite 130 Sheboygan, WI 53081 920-451-3444	Waupaca County To be determined Unavailable at time of printing
Outagamie County To be determined Unavailable at time of printing	Walworth County 795 E. Geneva Street Elkhorn, WI 55121 262-723-2636	

Aging and Disability Resource Center (ADRC) Contact Information

You can contact your Benefits Specialist within the Aging and Disability Resource Center (ADRC) in your county of residence as listed below. Please note that Milwaukee County has an Aging Resource Center (ARC) and a Disability Resource Center (DRC).

Calumet County ADRC 920-849-1451	Outagamie County ADRC 920-832-5178	Walworth County ADRC 262-741-3400
Kenosha County ADRC 262-605-6646	Ozaukee County ADRC 262-284-8120	Washington County ADRC 262-335-4497
Milwaukee County ARC 414-289-6874 For individuals age 60 and over	Racine County ADRC 262-638-6800	Waukesha County ADRC 262-548-7848
Milwaukee County DRC 414-289-6660 For individuals under age 60	Sheboygan County ADRC 920-459-3095	Waupaca County ADRC 715-258-6400

How Can Community Care's Family Care Program Help Me?

Community Care's Family Care Program provides the help you need to live as independently as possible in your home or other cost-effective setting. We provide health, home and community services that meet your unique needs. Community Care is a familiar place where you will always find a caring face.

The State of Wisconsin, your County, and Community Care are working together to improve the long-term care system for you. We believe that if you need long-term care services, you should be able to get them when you need them and at the location of your choice. This new way of providing help to older people and people with disabilities is known as Family Care.

When you choose the Family Care Program, you will become a member of a Managed Care Organization (MCO).

You and the professionals on your Team will work together to make good decisions about your health and life style. Each Team is made up of you, a registered nurse, a care manager (social service coordinator) and other health professionals who have your best interests at heart. Together you will work to make the best possible choices to meet your goals and preferences.

Community Care offers a number of services that can be "individually tailored" to meet your needs. Help with bathing, transportation and housekeeping or medical equipment are just a few of the types of assistance we can offer.

And if your needs change, your services will change right along with them. For example, if you ever need to get care outside of your own home or where you currently live, we will be there to support you and give you the information and help you will need to remain as safe as possible.

How Do I Become a Member?

If you are interested in enrolling, please call the ADRC in the county in which you reside. You can find phone numbers of the ADRC at the bottom of page 3. The ADRC will schedule a meeting with you to talk about Community Care's Family Care Program. They will tell you about our provider network and explain your rights and responsibilities as a member.

During the enrollment process you will be asked to:

- Provide medical information to help determine your functional eligibility
- Provide information about income and assets to help us determine your financial eligibility
- Sign a "Release of Information" form
- Complete and sign an enrollment form

You will also be given the chance to speak with an Options Counselor who will help you decide if Community Care's Family Care Program is the best possible program for you. If you are eligible and if you choose to become a member of Community Care's Family Care Program, you will get help choosing a start date for the program.

How Do I Know If I Am Functionally and Financially Eligible?

To find out if you are functionally eligible, someone will ask about your physical health and your care needs to see how well you are able to take care of yourself without help. Your functional eligibility will be determined through the Long-Term Care Functional Screen (LTCFS) prior to enrollment and annually thereafter. The LTCFS is a uniform screening tool that is required by the Wisconsin Department of Health Services (DHS) to determine functional eligibility.

To find out if you are financially eligible, someone will review your finances to get information about your income and assets. Then this financial information will be reviewed by the Income Maintenance Unit in the county Department of Health and Human Services.

The Income Maintenance Unit in your county Department of Health and Human Services is responsible for determining financial eligibility. Community Care does not determine financial eligibility.

Once you are enrolled in Community Care's Family Care Program, you will be asked to provide information about your finances and functional ability every year. Failure to provide this information on a yearly basis will result in the loss of your Family Care benefits.

Membership in Community Care's Family Care Program is voluntary. It is your decision to become a member.

What is Estate Recovery?

The State of Wisconsin may recover money that was spent on your care after you (and your spouse) have passed away. This money will be recovered by filing a claim on your estate. The money goes back to the State and is used for care of others in need. The State will not make a claim on your estate while you, your spouse or disabled dependents are still living.

More information on estate recovery can be found on the web at: www.dhs.wisconsin.gov/medicaid or call 800-362-3002 or ask your care manager for a copy of the State's informational brochure.

What Does It Mean To Be a Member?

Community Care's Family Care Program gives you personalized services. We will work with you and your family to give the kind of long-term care services you need and want. We want you to be able to live as independently as possible, and to receive the type and amount of care you need. We will help you to make informed choices.

Your plan of care is developed with you and your family or significant others by a special group of people working with you. We call them your Team.

Your Team includes the following people:

- You and your significant others
- Registered Nurse
- Care Manager (Social Service Coordinator)

They will work with you to identify any health or supportive care needs you may have. The nurse and care manager (social service coordinator) will assist you to create a member-centered plan (MCP) that meets your individual needs and choose services that achieve your goals and outcomes.

You will be asked to sign your service plan indicating that you agree with and are satisfied with the MCP. You will be given a copy of your final, signed MCP. If you are not happy with your MCP, there are appeal procedures available to you, which are discussed beginning on page 19.

As a member of Community Care's Family Care Program you will receive all of your long-term care services through the Family Care Program. All of your services will be managed through the Family Care Program.

Together, you and your Team will figure out which services best meet your needs. You may choose your long-term care (LTC) service providers from the list of providers who have agreed to work with Community Care.

You can keep your current physicians, hospitals, clinics and pharmacies. Community Care's Family Care Program is not responsible for the physician, hospital or medications or other services listed on page 8. These services are paid for by Medicare and/or Medicaid and not by the Family Care Program. However, your Team will help coordinate your primary health care services with you and your doctors.

How are Services Selected and Authorized?

The Community Care's Family Care Program will be responsible for helping you achieve your outcomes, but also has to consider cost when planning the care and choosing providers to meet your needs. To do this, your Team will use a process called the Resource Allocation Decision Method (RAD). The RAD method will help you and your Team identify those services that are the most efficient and appropriate to meet your needs and help support your outcomes.

Once your needs are identified, you and your Team will select services that are both reasonable and effective in meeting your needs. You and your Team will develop a service plan that summarizes your needs and outcomes along with the services to address them. Many times people can achieve one or more of their outcomes without a lot of help from Community Care Family Care because family or other support people are helping you.

The goal of Community Care Family Care is to support the people in your life who are already providing support to you. Maximizing this "informal support" can preserve your personal relationships and keep important people in your day-to-day life. The Team will also help identify providers of services to help you. These "formal supports" must have a contract with Community Care Family Care. If you are unhappy with any provider, you have the right to request a new provider but you must first discuss this with your Team.

Your Team is responsible for authorizing all services you receive. If you receive care that has not been authorized by your Team, you may have to pay for these services yourself.

How Do I Use the Provider Network?

Our network of providers has been chosen because they will support you in getting the outcomes you want to achieve and they are willing to work with us in a cost effective manner.

For providers that come to your home or provide personal care, Community Care will purchase service from whomever you choose as long as that person meets our requirements and accepts our rates. Community Care encourages you to receive help from people who are familiar to you. However, in most cases, whoever you choose to help you will need to be employed by the agency Community Care has contracted with to provide these services.

One other option for paying your chosen caregivers is Self-Directed Supports (SDS). (See “What is Self Directed Supports?” below for more information.) Your care providers will also need to receive special training to meet your needs. Your Team will help you and your care provider through this process.

For other services, you can choose among the providers in Community Care’s provider network. You can request a provider who is not in the provider network by talking to your Team and we will consider your request.

Your request to use a provider who is NOT in the provider network would be honored when network providers:

- Do not have capacity or expertise to meet your need
- Cannot meet your need on a timely basis
- Cannot meet your cultural or language needs
- Are located in geographic locations or buildings that make transportation or physical access an undue hardship to you.

What Are Self-Directed Supports?

Self-Directed Supports (SDS) are a way for Community Care members to arrange, purchase and direct their long-term care services. In SDS, members have greater flexibility and control over service delivery, and also must assume more responsibility for managing those services.

Generally, members work with their Team to determine a budget for certain services based on the member-centered plan, and then the member manages the purchase of long-term care services within that budget, either directly or with the assistance of another person chosen by the member. Please see the SDS guidebook for a complete description of benefits and limitations. You may obtain a copy of the SDS Guidebook from your care manager.

What if I Need Care While I am Out of the Area?

- If you are going to be out of the county in which you reside for a temporary absence, you must notify your Team. If you want your services to continue while you are temporarily out of the county in which you reside, we will consult with the county income maintenance unit to make sure you will still be considered a County resident during your absence.

- If you are determined to be a non-resident, you may lose eligibility for the program.
- If income maintenance determines that you will remain a resident, we will work with you to develop a cost-effective plan for achieving your outcomes and assuring your health and safety during the absence.
- If Community Care believes it cannot develop a cost effective plan that meets your outcomes and assures your health and safety, we can make a request to the Wisconsin Department of Health Services to disenroll you from the program. You would be notified of the results of the Department review. You always have the right to appeal the decision of Community Care to disenroll you. Please see “What is an appeal?” on page 20.
- Community Care does not pay for care if you move permanently out of the service area. You can work with your Team to coordinate the transition of services to other providers in your new location.

What If My Needs Change?

Your needs will be reassessed by you and your Team every six months, or whenever you have a change in condition. Your care plan will be updated to reflect any changes. At any time, you can request that services be added, changed, or discontinued. Just let your Team know, and they will meet with you to discuss your needs.

What Services Are Provided?

The Community Care Family Care Program provides Medicaid and long-term care services. You and your Team will make decisions about the services that will meet your needs and support your outcomes. All services must be approved by your Team before you start receiving them.

The following services are available if:

- They are required to meet your outcomes, and
- They are approved by your Team, and
- They are stated in your care plan

This list of services is called the “Family Care Benefit Package.”

- Adaptive Aids (general and vehicle)
- Adult Day Care
- Alcohol and other Drug Abuse Services, except those provided by a physician or on an inpatient basis
- Alcohol and Drug Abuse Day Treatment Services
- Assessment and Case Planning
- Case Management
- Communication Aids and Interpreter Services
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services and Treatment

- Durable Medical Equipment, except for hearing aids and prosthetics
- Habilitation or Housing counseling
- Home Health
- Home Modifications
- Meals delivered to your home
- Mental Health Day Treatment Services
- Mental Health Services (except those provided by a physician or on an inpatient basis)
- Nursing Facility including nursing home and Intermediate Care Facility for people with mental retardation (ICF/MR) and residents of an Institute for Mental Disease (IMD).
Inpatient services are not covered for IMD residents between the ages of 21 years and 64 years of age, except that services may be provided to a 21 year old resident of an IMD if the person was a resident immediately prior to turning 21 and continues to be a resident
- Nursing Services (except for inpatient hospital stays)
- Personal Care
- Personal Emergency Response System Services
- Prevocational Services
- Occupational Therapy, Physical Therapy, and Speech Therapy in all settings (except for inpatient hospital)
- Relocation Services
- Residential Services including those in:
 - Residential Care Apartment Complex (RCAC)
 - Community Based Residential Facility (CBRF)
 - Adult Family Home (AFH)
 - Children's Foster Care
- Respite Care
- Specialized Medical Supplies
- Self Directed Supports
- Supported Employment
- Supportive Home Care
- Transportation: all Medicaid covered transportation services (except ambulance and common carrier)
- Vocational Futures Planning
- Community Support Program

Community Care may provide, but is not required to provide, an alternative support or service that is not in the Family Care benefit package if:

- The alternative service or support is substituted for a service or support that is in the benefit package; and
- The alternative service or support is cost-effective compared to the service or support in the benefit package; and
- The alternative service is appropriate to support your long-term care outcomes and needs.

You may obtain a second medical opinion for services that are covered by the Family Care benefit package.

If you meet a non-nursing home level of care, then your Team and Community Care are not required to provide services other than the following, but may do so:

- AODA day treatment services defined in HFS 107.13 (in all settings)
- AODA services defined in HFS 107.13 (not inpatient or physician provided)
- Case management defined in HFS 107.32 (includes assessment and care planning)
- Community support program defined in HFS 107.13 (6)
- Durable medical equipment defined in HFS 107.24 (except hearing aids and prosthetics)
- Home Health as defined in HFS 107.11
- Medical supplies defined in HFS 107.24
- Mental health day treatment services defined in HFS 107.13 (in all settings)
- Mental health services defined in HFS 107.13 (not inpatient or physician provided)
- Nursing services defined in HFS 107.11, 107.113 and 107.12 (including respiratory care, intermittent and private duty nursing)
- Occupational therapy defined in HFS 107.17 (in all settings except inpatient hospital)
- Personal care defined in HFS 107.112
- Physical therapy defined in HFS 107.16 (in all settings except inpatient hospital)
- Speech/language pathology defined in HFS 107.18 (in all settings except inpatient hospital)
- Transportation services defined in HFS 107.23 (except ambulance and common carrier)

What Services Does Community Care's Family Care Program Not Provide?

The following services are not in the Family Care long-term care benefit package. Although Family Care does not provide them, your Team will work closely with you to get these services when you need them, and let you know of any costs to you to use the services.

If you have Medicaid (Title 19), Medicare or other private insurance these insurances may cover the services listed below. If you need ambulance or common carrier transportation, contact your Team for assistance.

Services the Family Care Program Does NOT Provide

- Alcohol and other drug abuse services provided by a physician or in an inpatient setting
- Audiologist
- Chiropractic
- Crisis Intervention
- Dentistry
- Eyeglasses
- Family Planning Services
- Hearing Aids
- Hospice
- Hospital, Inpatient and Outpatient, including emergency room care
- Independent Nurse Practitioner Services
- Lab and X-Ray
- Medication
- Mental Health Services provided by a physician or in an inpatient setting

- Optometry
- Physician and Clinic Services
- Podiatry
- Prenatal Care Coordination
- Prosthetics
- Room and Board in a CBRF, RCAC, and AFH
- School-based Services

Does Medicare Pay For Any Services?

Community Care expects that members who have Medicare Parts A and/or B will use this benefit. When a member has Medicare, there is a federal rule requiring that Medicare must be billed first. Private insurance and Medicaid would be billed next, and Family Care is a part of the Medicaid program.

Community Care expects members who have Medicare Parts A and/or B to give service providers that information so they can bill Medicare first for services that Medicare covers. We may refuse to pay for services covered by Medicare. If you do not currently have Medicare because of financial concerns, your care manager may be able to locate a program that will assist you in paying for Medicare premiums.

How Are My Other Benefits Coordinated?

When you enroll in Community Care's Family Care Program, you will be asked whether you have insurance coverage other than Medicare and/or Medicaid.

Examples of other insurance are:

- Medication coverage
- Homeowners' insurance
- Workers' compensation
- Pension plan health coverage
- Private health insurance

It is important that you give us this information because we are legally responsible for coordinating payment of claims with other insurance you may have. It is also important you tell us if you receive a payment from an insurance company, since you may be responsible for reimbursing Community Care. How you handle these payments may affect your eligibility for Community Care's Family Care Program.

What Do I Do in Case of an Emergency?

Call 911 if you think your symptoms require emergency care. Follow-up services are sometimes needed after a medical emergency. Please let your Team know when you require emergency services or are hospitalized so they can help coordinate any needed follow-up services after receiving emergency care. If you experience a non-medical emergency, you may call your Team.

What is Abuse and Neglect?

Abuse can be physical, emotional, financial or sexual. Abuse can also be if someone gives you a treatment such as medication, or experimental research without your informed consent. Unreasonable confinement or restraint is also considered abuse.

Neglect is when a caregiver fails to provide care, services, or supervision which creates significant risk of danger to the individual. Neglect does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under a power of attorney for health. Self-Neglect means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

If you feel you or someone you know is a victim of abuse, neglect, or self-neglect, you can contact the Adult Protective Services (APS). APS is a state-mandated program that helps to ensure the safety of the county's vulnerable residents. Its function is to address situations of potential abuse and neglect for seniors and adults-at-risk, in situations where the person may not be able to look after their own safety because of the person's health condition or disability.

You can contact Adult Protective Services (APS) 24 hours a day, 7 days a week at:

Calumet County ADRC

920-849-1400

920-989-2700 (toll free in the Appleton area)

Kenosha County ADRC

262-605-6646

800-472-8008 (toll free)

262-605-6663 (TDD)

adrc@co.kenosha.wi.us

Milwaukee County DRC (under age 60)

414-289-6660

414-289-8559 (TTY)

InfoMilwDRC@milwcnty.com

Milwaukee County ARC (over age 60)

414-289-6874

866-229-9695 (toll free)

414-289-8591 (TDD)

aging_webinfo@milwaukeecounty.com

Outagamie County ADRC

920-832-4646

Ozaukee County ADRC

262-284-8120

866-537-4261 (toll free)

aging@co.ozaukee.wi.us

Racine County ADRC

262-638-6800

866-638-6756 (toll free)

262-605-6663 (TDD)

adrc@goracine.org

Sheboygan County ADRC

920-459-3095

800-596-1919 Ext: 3095 (toll free)

920-459-0319 (TDD)

adrc@co.sheboygan.wi.us

Walworth County ADRC

262-741-3400

800-365-1587 (toll free)

262-741-3255 (TDD)

walcoadrc@co.walworth.wi.us

Washington County ADRC

262-335-4497

877-306-3030 (toll free)

webage@co.washington.wi.us

Waukesha County ADRC

262-548-7848

866-677-2372 (toll free)

adrc@waukeshacounty.gov

Waupaca County ADRC

715-258-6400

866-739-2372 (toll free)

Does the Family Care Program Pay For Residential Services?

A primary goal of Community Care's Family Care Program is to support your choices for where and with whom you want to live, and to do that in the most appropriate and cost-effective way possible. If you are living in your own home, and you and your Team agree it is not feasible for you to remain there, together you will make decisions about other residential services.

Options may include moving to a residential setting such as:

- An adult family home
- A community-based residential facility
- A residential care apartment complex

You and your Team are responsible for finding the most appropriate and cost-effective residential options within Community Care's provider network. All residential services must be authorized by your Team.

Also, because Medicaid funds may not be used for the room and board portion of the residential facility's cost, your Team will help you find a setting that fits in your budget or help you find other funding for the room and board, if possible.

For these reasons, it is very important that you don't select a residential provider on your own with the expectation that Community Care will pay for it. You must work with your Team on these decisions.

Does the Family Care Program Pay For Nursing Homes?

As with other residential services, the goal of Community Care's Family Care Program is to support your choice for where and with whom you want to live, and to do that in the most appropriate and cost-effective way possible.

If you and your Team agree that a nursing facility is the most appropriate place for you to live, then you and your Team will work to find one that meets your needs. Sometimes only a short-term nursing home stay is needed. Your Team will work with you throughout your stay to return home or to go to another residential setting, if that is what you desire.

Will I Be Required to Contribute to the Cost of My Services?

Some individuals enrolled in Community Care's Family Care Program may have a monthly cost share.

A cost share is an amount that you will need to pay to remain eligible for Medicaid and Community Care's Family Care Program.

Your cost share is based on your income and your eligibility for Medicaid. Your Income Maintenance Worker at the county Health and Human Services Department determines your cost share. If you have a cost share, each month you will receive a bill from Community Care. You must pay your cost share to Community Care each month to remain eligible for Medicaid. If you do not pay your cost share or make arrangements with Community Care you will be disenrolled after 30 days.

How Do I Make a Payment?

Payments can be made by check, money order, or cash to:

Community Care
Attn: Member Accounting
1555 South Layton Boulevard
Milwaukee, WI 53215

Automatic withdrawal from your bank account may also be available. Ask your Team for details.

What If I Get a Bill For Services?

Members do not have to pay for services that are authorized by Community Care. If you receive a bill for authorized services that are part of your care plan, contact your Team.

How to Contact Us?

The address and phone number of your Team can be found on page 3.

Office hours for all of our locations: 8:00 a.m. to 4:30 p.m., Monday through Friday. You can call or write to us at any time with helpful comments, questions, or observations at:

Community Care	Toll Free: 866-992-6600
Member Specialist	TTY/TTD: 866-288-9909
1555 S. Layton Blvd.	
Milwaukee, WI 53215	

Your comments are always welcome, whether it is about something you like or dislike about our plan. For a list of independent advocacy services please see page 23.

Quality Assurance and Improvement Program

Community Care has a comprehensive Quality Assurance and Improvement program that protects, maintains, and improves the quality of care provided to its members. You may request information from Community Care regarding its Quality Assurance and Improvement program.

How Do I Receive Care After Normal Business Hours?

If you require assistance from Community Care after normal business hours you can call your Team and leave a message which will be returned the following business day or for emergency service you may call a 24-hour resource line found on page 24, which will be able to assist you.

What Are My Rights as a Member of Community Care's Family Care Program?

1. To participate in planning and evaluating your services, including:
 - Planning and evaluating your own treatment and services;
 - Choosing any other individuals you want to participate in planning your services; and
 - Having service plan decisions arrived at using objective criteria.
2. To choose to enroll in Community Care if eligible, and to disenroll from Community Care at any time for any reason.
3. To be free from unlawful discrimination in applying for or receiving the Family Care benefit.
4. To receive prompt eligibility, entitlement, and cost-sharing decisions and assistance.
5. To receive information regarding all services and supports potentially available to a member through the Family Care benefit.
6. To receive additional information about the structure and operation of Community Care, if you request it.
7. To choose services and providers, including:
 - For "critical personal services," to choose any qualified provider who will accept a rate we are willing to pay and meet other Community Care standards. "Critical personal services" are services that involve intimate personal needs or a provider coming into the home frequently;
 - For other services, to choose from the providers within the Community Care network, and to request consideration for providers to be added to the network;
 - To have a family member, relative, or friend paid to provide a service approved by your Team if the family member, relative, or friend accepts the rate we are willing to pay and meets Community Care's requirements and standards;
 - To choose providers outside our network if the network does not have providers with the specialized knowledge needed to treat your condition or meet your specific needs.
8. To receive the services identified in the member-centered plan, which you need, when you need them, including:
 - An objective, individualized assessment to determine your needs and help you identify your own long-term care needs and goals or outcomes;
 - A service plan tailored to meet your unique needs, circumstances and preferences as determined by the assessment; and
 - Services and supports from qualified providers that are prompt, adequate and appropriate for meeting your individual needs, and that, as much as possible, preserve your health, safety and well being, and keep you free from abuse and neglect.
9. To accuracy and privacy of any information we may have about you. You also have the right to access this information upon request. Community Care must follow the Health Insurance Portability and Accountability Act (HIPAA) to assure your health information remains confidential.

10. To personal autonomy and other civil and legal rights, including being able to:
 - Make your own choices and decisions to the extent that you are able, and to be supported in decision-making in a manner that maximizes your ability and autonomy;
 - Manage and control your own services to the extent you are willing and able;
 - Receive treatments/services in the least restrictive conditions consistent with your service plan;
 - Live in the setting you choose unless there are essential health or long-term support needs that cannot reasonably be met in such a setting, or the preferred setting includes a package of services that exceeds your identified needs;
 - Develop an advance directive, such as a durable power of attorney for health care or a living will; and
 - Fully exercise your rights as a Community Care member and any other civil and legal rights to which you are entitled.
11. To dignity, respect, fair and equitable treatment, and to be free from discrimination.
12. To request and obtain information on the results of member surveys by contacting the Community Care Quality Coordinator.
13. To receive the results of a criminal history record search on a caregiver who comes to your home to provide personal care services. You are responsible for payment of the fee that the Wisconsin Department of Justice will charge for completing the search. If you want to request this type of criminal history record search, please contact the Community Care Compliance Officer at 866-992-6600.
14. To receive services from culturally competent providers and information about the specific capacities of providers, such as languages spoken by staff, or adherence to a particular set of religious customs.
15. To request a private room in residential services and to have the procedures explained regarding the authorization of private rooms, and the procedure if a private room is not immediately available.
16. For assistance and support in understanding your rights and resolving complaints, grievances, and appeals, including assistance from:
 - Your Team and other service providers
 - The Member Rights Specialist toll free at 866-992-6600
 - An external advocate not associated with Community Care or our providers such as a Disability Benefits Specialist or Elderly Benefit Specialist. These specialists can be reached at the ADRC in your county. Phone numbers for all of the ADRCs can be found on page 3.
17. To use all available rights and grievance and appeal processes beyond those specified in the Family Care benefit such as your rights as a resident of a nursing home or a community-based residential facility.
18. To use Advance Directives (such as a “living will” or a “power of attorney”).

You have the right to ask someone such as a family member or friend to help you with decisions about your health care. Sometimes, people become unable to make health care decisions for themselves due to accidents or serious illness. If you want to, you can use a special form to give someone the legal authority to make decisions for you if you ever become unable to make decisions for yourself.

You also have the right to give your doctors written instructions about how you want them to handle your medical care if you become unable to make decisions for yourself. The legal documents that you can use to give your directions in advance in these situations are called “advance directives.” There are different types of advance directives and different names for them. Documents called “living will” and “power of attorney for health care” are examples of advance directives.

If you want to have an advance directive, you can get a form from your lawyer, from a care manager (social service coordinator), or from some office supply stores.

You can sometimes get advance directive forms from organizations that give people information about Medicare such as the Wisconsin Board on Aging and Long Term Care, or your SHIP (State Health Insurance Assistance Program).

You can contact the Wisconsin Board on Aging and Long Term Care:

- By phone at 800-815-0015,
- By fax at 608-246-7001,
- By email at BOALTC@wisconsin.gov
- By writing 1402 Pankratz Street, Suite 111, Madison, WI 53704.
- You can also get information on the website at <http://longtermcare.wi.gov>

Regardless of where you get this form, keep in mind that it is a legal document. You should consider having a lawyer help you prepare it. It is important to sign this form and keep a copy at home. You should give a copy of the form to your doctor and to the person you name on the form as the one to make decisions for you if you can't. You may want to give copies to close friends or family members as well.

If you know ahead of time that you are going to be hospitalized, and you have signed an advance directive, take a copy with you to the hospital. If you are admitted to the hospital, they 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.

Remember, it is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital). According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive. If you have signed an advance directive, and you believe that a doctor or hospital hasn't followed the instructions in it, you may file a complaint with the Wisconsin Department of Health Services, Division of Quality Assurance, PO Box 2969, Madison, WI 53701 or by telephone at 608-266-8481.

What Are My Responsibilities?

The services of Community Care depend upon the involvement of you (the member) and/or your significant others. Along with the rights you have when you enroll in Community Care, you also have some responsibilities which include the following:

1. To provide the staff with correct information regarding your health care needs, finances and preferences.
2. To sign a “release of information” form so that we can obtain information you might not have readily available.
3. To participate in the initial and ongoing development of your plan of care.
4. To use the providers or agencies that are part of Community Care, unless you and your Team decide otherwise.
5. To comply with emergency care service procedures.
6. To report in a timely manner any changes in your personal health (including hospital stays) that might affect your need for services or functional eligibility.
7. To report in a timely manner any changes in your financial status that might affect your eligibility.
8. To notify us if you move to a new address or change your telephone number.
9. To notify us of any planned move out of the service area.
10. To work cooperatively and respectfully with staff and caregivers who are helping you achieve your outcomes.
11. To use your Medicare and private insurance benefits, when appropriate.
12. To become familiar with the information in this handbook including your rights and the rules you must follow when enrolled in Community Care.
13. To talk with your Team if you have any questions, and to give your Team information they need to help you achieve the results you want from your care and supports.
14. To follow the care plan that is agreed upon by you and your Team.
15. To take care of any durable medical equipment (DME) such as wheelchairs and hospital beds provided to you by Community Care.
16. To pay any monthly costs on time, including any cost share or room and board charges you may have.
17. To let Community Care know as soon as possible when you have questions, suggestions or if you have problems with your payment.
18. To report fraud or abuse on the part of providers or Community Care employees.
19. To accept service without regard to the provider’s race, color, religion, age, gender, sexual orientation, or national origin.

What if You Are Not Satisfied With Your Care or Treatment?

Community Care is always looking to improve the services we provide our members. We encourage you to work with us to resolve your concerns. You have many ways to get help if you do not agree with Community Care or if you have a problem with our services. If you are not satisfied with your care or treatment, you should talk with your Team first.

If you do not want to talk with your Team, you can call our member rights specialist toll free at 866-992-6600; (TTY number is 866-288-9909). The member rights specialist can help you put your grievance or appeal in writing.

What is a Notice of Action?

An Action is when Community Care:

1. Denies or limits a service that you request;
2. Reduces, suspends or terminates a service that you are receiving;
3. Denies payment for a service;
4. Does not provide services or items included in the care plan in a timely manner;
5. Fails to resolve your grievance or appeal within the timeframes in this handbook; or
6. Develops a care plan that is not acceptable to you because:
 - a. The plan requires you to live in a place where you don't want to live;
 - b. The plan does not provide care, treatment or support that meets your needs; or
 - c. The plan requires you to accept care, treatment or support items that you do not want.

A notice of action is a letter which informs you, the member, that Community Care intends to take/has taken action regarding your services. This letter describes the action, the reasons for the action and explains your right to appeal to us, the Wisconsin DHS or request a State fair hearing.

The letter also describes the appeal process, including the right to request an expedited appeal, and explains the circumstances under which you can continue to receive the disputed services during the appeal and the potential consequences of doing so.

What is an Appeal?

An appeal is when Community Care takes an "Action" and you request a review of our Action.

What is a Grievance?

A grievance is when you are not satisfied with Community Care and it is not because of an Action.

Grievances might include:

1. The quality of care or services
2. Rudeness of a provider or employee
3. Failure to respect your rights

How Do You File an Appeal or a Grievance?

You, your legal representative, or with your permission, a provider involved in your care, has the right to file a grievance or appeal with Community Care, the Wisconsin DHS or to request a State Fair Hearing any time you are concerned or dissatisfied with the care or services you have received from Community Care.

It is best to file a grievance or appeal as soon as possible. You may submit your grievance to Community Care at any time. You must submit your appeal no more than 45 days after you receive a Notice of Action.

A grievance can be filed orally or in writing. An appeal can be filed orally but must be followed by a written appeal. You can contact the member rights specialist for additional information and/or assistance regarding the process for filing an appeal or grievance. The member rights specialist can be reached toll free at 866-992-6600 or TTY 866-288-9909.

You can file a grievance or appeal with Community Care and if you don't agree with the decision, you can still file an appeal with the Department of Health Services or with the State Fair Hearing process. You can also file directly with the Department of Health Services and go directly to a State Fair Hearing. The contact information for these agencies is as follows:

Community Care: You or your representative can contact the Community Care member rights specialist by phone or in writing.

Send a grievance or appeal letter to:

Community Care Family Care Program
Grievance and Appeal Coordinator
1555 S. Layton Blvd
Milwaukee, WI 53215

Toll Free: 866-992-6600
TTY number: 866-288-9909

DHS: You or your representative can request the Department of Health and Family Services review an appeal or grievance by contacting the Family Care Grievance hotline.

Send a grievance or appeal letter to:

DHS Family Care Grievances
c/o MetaStar
2909 Landmark Place
Madison, WI 53713

Toll Free: 888-203-8338
Fax: 608-274-8340
E-Mail: dhsfamcare@wisconsin.gov

State Fair Hearing: You or your representative can request a State Fair Hearing with the Division of Hearings and Appeals, which has its own guidelines.

Send a request for a State fair hearing to:

Family Care Request for Fair Hearing
c/o DOA Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

Phone: 608-266-3096
TTY: 608-264-9853
Fax: 608-264-9885

Your Records

You can receive copies of your records that are relevant to an appeal, DHS review, or State Fair Hearing. These copies are free of charge. Your Team or the Member Rights Specialist can assist with arrangements for requesting records.

Timeframes

You may submit your grievance at any time, You must submit your appeal no more than 45 calendar days after receiving the Notice of Action.

Community Care will acknowledge the receipt of your appeal or grievance in writing within five business days and decide on your appeal or grievance within 20 business days of receiving it. In some cases, we may need more than 20 business days to resolve your appeal. If we need more time, we may take up to ten additional business days to resolve your appeal for a total of 30 business days.

If you or your representative thinks that taking 20 business days to decide your appeal could seriously jeopardize your health or ability to maintain or regain maximum function, you can request an expedited appeal. If you ask for an expedited resolution of your appeal, we will decide if your health condition requires it and notify you of our decision to approve or deny your request for an expedited appeal. If we deny your request for an expedited appeal, your appeal will be handled through the standard process. Community Care has 72 hours to make a decision on an expedited appeal.

Grievance and Appeal Resolution Process

For grievances and appeals submitted to Community Care, we will talk with you about the grievance or appeal. Your designated family member or an authorized representative may participate in the grievance and appeal process.

The Community Care Family Care Grievance and Appeal Committee will review and make a decision on appeals and grievances that are brought before them. You or your representative will be notified of the review and may present additional information or appear before the committee. The Member Rights Specialist can assist with making these arrangements.

We will keep your grievance or appeal private. Community Care will not take punitive action against you, your representative or your provider for filing an appeal or grievance.

Community Care will continue your current services until a decision is made about your appeal if you file the appeal before the date of intended action or within 14 calendar days of the date the written notice from Community Care was mailed; and the current level of services you are receiving was authorized by the Community Care Team; and you requested the continuation of the service.

You may need to repay Community Care for the services you are appealing and continuing to receive during the appeal if the decision on the appeal is not in your favor.

For More Information

For help in submitting a grievance or appeal, please call Community Care's Member Rights Specialist toll free at 866-992-6600 (TTY number is 866-288-9909).

Here Are Independent Advocacy Services and Other Local Organizations That Might Assist You With Your Appeal or Grievance.

Disability Rights Wisconsin	800-708-3034 or 800-928-8778
Legal Action of Wisconsin	800-236-1128
Benefits Specialist	See page 15 for individual listing
Wisconsin Board on Aging and Long-Term Care	800-815-0015

How Do I Disenroll?

Voluntary Disenrollment

You may leave the program at any time. This is called voluntary disenrollment. If you say you want to disenroll, you will be referred to the ADRC in your county to discuss your options and sign a form. The ADRC will help you select a date for disenrollment and give you information about services outside of Community Care's Family Care Program.

Involuntary Disenrollment

Community Care may request your involuntary disenrollment from the Department of Health Services for the following reasons:

- a. You have committed acts or threatened to commit acts that pose a threat to Community Care staff, subcontractors or other members of Community Care. This includes harassing and physically harmful behavior.
- b. You refuse to participate in care planning or to allow care management contacts to an extent that Community Care is unable to assure your health and safety.

The resource center will give you information about services outside of Community Care's Family Care Program if you are involuntarily disenrolled.

You must continue to receive covered services that have been authorized by Community Care through the date of your disenrollment.

You Can Tell Us How We Are Doing

Our goal is to support the outcomes you want to achieve. A key feature of the Family Care Program is member involvement. You can play an important role by telling us how we are doing. From time to time, we may ask for your thoughts on Community Care through our member satisfaction surveys. These surveys help us to be sure that you are getting the care you need from your Care Management Team; your care manager (social service coordinator), nurse and all the other care workers who provide services to you. Your responses and comments help us to identify our strengths as well as the areas we need to improve.

We may also ask your assistance (if willing and able) in the following ways:

- To serve on Community Care committees or boards where your opinion or advice will help the program better meet member needs,
- To serve on committees that evaluate Community Care or the contracted providers in the areas of quality or ethics,
- To participate in health education and prevention programs.

Your involvement will help us provide quality care to all members in the Family Care Program.

If you would like to know the results of any surveys, please let us know and we would be happy to share that information with you.

Community Care Holiday Schedule

Community Care will be closed on the following days:

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Memorial Day	Day after Thanksgiving
Independence Day	Christmas Day

NOTE: When Community Care is closed, you can call your local Family Care office and leave a message or you can call the 24-hour resource line at:

Calumet County	920-464-1144	Sheboygan County	920-459-3151
Kenosha County	262-657-7188	Walworth County	262-741-3200
Milwaukee County	414-231-4224	Washington County	262-365-6565 or 866-906-6565
Outagamie County	To be determined.	Waukesha County	262-547-3388
Ozaukee County	262-236-2001	Waupaca County	To be determined.
Racine County	262-657-7188		

Notice of Privacy Practices

Effective Date: April 14, 2003

THIS NOTICE TELLS YOU HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND SHARED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

The law says that we must keep your health information private, give you this detailed Notice of our privacy practices in regard to your health information, and follow the terms of this Notice that are in effect.

SECTION 1. SUMMARY OF PRIVACY PRACTICES

This is a summary of Community Care, Inc.'s Privacy Practices. For more details please see Section 2.

I. USES AND SHARING FOR TREATMENT, PAYMENT AND HEALTH CARE FUNCTIONS.

Community Care may use or share your health information for treatment, payment and health care operations.

II. SPECIFIC USES AND SHARING OF YOUR HEALTH INFORMATION.

Some ways that Community Care may use or share your health information are:

1. People Involved in Your Care or Payment for Your Care.
2. Emergencies.
3. Appointment Reminders.
4. Treatment Options and Health-Related Benefits and Services.
5. Business Associates like auditors and laboratories.
6. Public Health.
7. Reporting Victims of Abuse, Neglect or Domestic Violence.
8. Government Health Care Regulators.
9. To Avert a Serious Threat to Health or Safety.
10. Judicial and Administrative Proceedings.
11. Law Enforcement.
12. Research.
13. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.
14. Disaster Relief.
15. Military, Veterans and other Specific Government Functions.
16. Fundraising.
17. As Required By Law.

III. AUTHORIZING USES AND SHARING.

Except as described in this Notice, we will use and share your health information only with your written permission (“Authorization”).

IV. YOUR RIGHTS WITH YOUR HEALTH INFORMATION.

You have the right to:

1. Request a Paper Copy of This Notice.
2. Access your Personal Health Information.
3. Request Changes.
4. Request an Accounting of Disclosures.
5. Request Limits.
6. Request Private Contacts.

V. SPECIAL RULES ABOUT SHARING OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION.

VI. FOR MORE INFORMATION OR TO FILE A COMPLAINT.

VII. CHANGES TO THIS NOTICE.

This Notice is for members of Community Care’s Family Care Program.

SECTION 2. COMMUNITY CARE PRIVACY PRACTICES

I. USES AND SHARING FOR TREATMENT, PAYMENT AND HEALTH CARE FUNCTIONS

Community Care may use or share your health information for treatment, payment and health care functions.

For Treatment. We will use and share your health information to provide you with treatment and service and to arrange your care. We may share information with other providers involved in your care. Your health information may be used by doctors involved in your care and by nurses and home health aides. It may also be used by specialists, care manager (social service coordinator) or others involved in your care.

For Payment. We may use and share your health information for billing and payment. We may share your health information with your personal representative or with an insurance company. We may share your information with the federal and state programs that oversee our programs. For example, we may share information to decide if you are eligible for our programs. We also require you to sign a release to permit us to share your personal information with federal and state programs. This is part of your enrollment agreement.

For Health Care Functions. We may use and share your health information as needed for health care functions like management, training, and reviewing quality of care. For example, we may share your health information with another clinic that you have gone to so your nurses and doctors can coordinate your care.

II. SPECIFIC USES AND SHARING OF YOUR HEALTH INFORMATION

Some ways that Community Care may use or share your health information are:

1. People Involved in Your Care or Payment for Your Care. Unless you object, we may share health information about you with a family member, close personal friend or other person you name who is involved in your care. An example is a member of the clergy.
2. Emergencies. We may use or share your health information as needed in emergencies.
3. Appointment Reminders. We may use or share health information to remind you about appointments.
4. Treatment Options and Health-Related Benefits and Services. We may use or share your health information to tell you about treatment options and health-related benefits and services that may be of interest to you.
5. Business Associates. Our Business Associates are people and organizations that carry out functions for us that involve protected health information like audits and lab services. We may share your health information with a Business Associate if they need it to perform functions for Community Care. Our Business Associates will also to keep your information private.

6. Public Health. We may share your health information for public health functions. These functions may include sending reports to a public health agency to prevent or control disease. We may also report deaths and elder abuse or neglect.
7. Reporting Victims of Abuse, Neglect or Domestic Violence. If we feel that you have been a victim of abuse, neglect or domestic violence, we may use and share your health information. We would do this to notify a government agency if allowed by law or if you agree to the report.
8. Government Health Care Regulators. We may share your health information with a health care regulatory agency for functions allowed by law. The functions might include audits or reviews related to health care regulations. As a part of your enrollment, we require you to sign a form to allow us to share your information with state and federal programs that oversee our programs.
9. To Avert a Serious Threat to Health or Safety. When we need to stop a serious threat to your health or safety or the health or safety of the public or another person, we may use or share health information. We limit our sharing to someone who can help lessen or prevent harm.
10. Judicial and Administrative Proceedings. We may share your health information in response to a court or administrative order. We also may share information if we get a subpoena, discovery request, or other lawful process. We will try to contact you about the request or to obtain an order or agreement to protect the information.
11. Law Enforcement. We may share your health information to enforce the law. For example, we may share information to comply with required reports; to comply with a court order, warrant, or other legal process; or to answer a request for information about a crime.
12. Research. We may use or share your health information for research. We will first review and approve the privacy aspects. We may use or share information if it is needed for a research proposal, if the research occurs after your death, or if you permit the use or sharing.
13. Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations. We may give your health information to a coroner, medical examiner, funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
14. Disaster Relief. We may share health information about you with a disaster relief organization.
15. Military, Veterans and other Specific Government Functions. If you are a member of the armed forces, we may use and share your health information as required by the military. We may share health information for national security purposes. We may also share it as needed to protect the President of the United States or other officials or to conduct special investigations.
16. Fundraising. We may use certain information to contact you to raise funds for Community Care and its functions.
17. As Required By Law. We may use or share your health information when required by law..

III. AUTHORIZING USES AND SHARING

Except as described in this Notice, we will use and share your health information only with your written permission (“Authorization”). You may revoke your Authorization in writing at any time. If you revoke an Authorization, we will no longer use or share your health information for the reasons that you had authorized, except where we have already relied on the Authorization.

IV. YOUR RIGHTS WITH YOUR HEALTH INFORMATION

Listed below are your rights regarding your health information. Each of these rights is subject to conditions, limits and exceptions. To practice these rights you may have to submit a written request to Community Care. If you ask, we will give you the right form to fill out.

1. Request a Paper Copy of This Notice. You can get a paper copy of this Notice, even if you have agreed to get an electronic Notice (e.g., e-mail). You may ask for a copy of this Notice at any time. Also, you may be able to get a copy of this Notice on our website at www.communitycareinc.org.
2. Access your Personal Health Information. You can inspect and get a copy of your clinical or billing records or other written information that we may use to decide about your care. There are some exceptions. Your request must be made in writing. In most cases we may charge a fee for our costs to copy and mail your information.
3. Request Changes. You can request changes to your health information kept by Community Care for as long as we have it. Your request must be made in writing and must give the reason for the change.

We may deny your request for change if the information...

- (a) was not made by Community Care, unless the maker of the information no longer exists to act on your request;
- (b) is not part of the health information kept by or for Community Care;
- (c) is not part of the information to which you have a right of access; or
- (d) is already correct and whole, as determined by Community Care.

If we deny your request for changes, we will deny it in writing. The denial will have the reasons and will tell you how to file a complaint if you do not agree with the denial.

4. Request an Accounting of Disclosures. You have the right to request an “accounting” (“tracking”) of some disclosing (“sharing”) of your health information. This is a list of disclosures made by Community Care or by others on our behalf. The list may not include sharing for treatment, payment and health care functions. It also does not include sharing that you authorized in writing. There may be other exceptions.

To request a list of disclosures, you must request it in writing. The request must give us a time frame starting after April 13, 2003. The time frame must be within six years from the date of your request. The first accounting you ask for in a 12-month period is free. For more requests, we may charge you our costs.

5. Request Limits. You can ask for limits on how we use or share your health information for treatment, payment, or health care functions. You can send us a written form to limit the level of information we share and the people with whom it is shared. You can also request limits on the health information we share about you with a family member, friend or other person who is involved in your care.

We are not required to agree to your requests to limit how we use your health information within Community Care. We will limit sharing outside of our organization (except for sharing with the federal and state programs that oversee our programs) as you request in writing. We will grant requests to limit use of health information within Community Care if they are sound and can be accepted. If we agree to accept your limits, we will follow your request, except as needed for emergencies.

6. Request Private Contacts. You can request that we contact you about your health care in a certain manner. We will conform to your reasonable requests.

V. SPECIAL RULES ABOUT SHARING OF PSYCHIATRIC, SUBSTANCE ABUSE AND HIV-RELATED INFORMATION

State laws may have more ways to protect information about psychiatric and substance abuse treatment and HIV-related information.

VI. FOR MORE INFORMATION OR TO FILE A COMPLAINT

If you have any questions about this Notice or would like more information about your privacy rights, please talk to your Team care manager (social service coordinator).

If you feel that someone is stopping you from using your privacy rights, you may file a complaint to Community Care (in person, on the phone, or in writing). You may also send a complaint in writing to the Office of Civil Rights in the U.S. Department of Health and Human Services. Grieving is a way that you can report a concern. We will not retaliate against you if you file a complaint.

To file a complaint to Community Care, contact any member of your Team.

VII. CHANGES TO THIS NOTICE

We reserve the right to change this Notice and to make the revised or new Notice provisions take effect for all health information already received and held by Community Care as well as for all health information we receive in the future. We will send a copy of the revised Notice to you upon request.



communitycareinc.org
866-992-6600

About Community Care

Community Care is a private, non-profit organization that integrates health, home and community services to provide the wider range of help that frail adults or adults with disabilities need. Serving the residents of Wisconsin since 1977, our services allow people to continue living in their own home and communities.