



Family Care Program Member Handbook



For help or information:

www.communitycareinc.org

Call toll free: 866-992-6600

TTY users call the Wisconsin Relay System at 711

English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-866-992-6600 (TTY: 711).

Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-866-992-6600 (TTY: 711).

Hmong

CEEb TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-866-992-6600 (TTY:711).

Chinese

注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-866-992-6600 (TTY 文字电话: 711)。

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-866-992-6600 (telefon za gluhe: 711).

Arabic

711 تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم

Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິ ການຊ່ວຍເຫຼືອ ອດ້າ ູ່ ນພາສາ, ໂດຍບໍ່ ເສັ ງຄ່າ, ແມ່ ນມີ ພ້ ອມໃຫ້ທ່ານ. ໂທ 1-800-963-0035 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-963-0035 (телетайп: 711).

Community Care:

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

If you need these services, contact your care team toll free at 1-866-992-6600.

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Chapter 1. Important phone numbers and resources

Community Care contact information

- General phone number
866-992-6600. TTY: call the Wisconsin Relay System at 711.
You can call these numbers 24 hours a day, 7 days a week.

Corporate Office:

205 Bishops Way

Brookfield, WI 53005

Office hours (all locations): 8:00 a.m. to 4:30 p.m., Monday through Friday

- Locations of Community Care offices and care teams.

County	Lead Office	Street	City	Phone
Adams	Waupaca	102 Grand Seasons Dr. Suite 4	Waupaca, WI 54981	715-256-3400
Calumet	Calumet	18 W. Main St	Chilton, WI 53014	920-464-1144
Columbia	Dane	5310 Wall St. Suite 100	Madison, WI 53718	608-716-2950
Dane	Dane	5310 Wall St. Suite 100	Madison, WI 53718	608-716-2950
Dodge	Washington	910 East Paradise Dr.	West Bend, WI 53095	262-346-0900
Fond du Lac	Sheboygan	615 South 8 th St. Suite 130	Sheboygan, WI 53081	920-451-3444
Green Lake	Sheboygan	615 South 8 th St. Suite 130	Sheboygan, WI 53081	920-451-3444
Jefferson	Walworth	795 East Geneva St.	Elkhorn, WI 53121	262-723-2636
Kenosha	Kenosha	5614 52 nd St	Kenosha, WI 53144	262-484-5070
Manitowoc	Sheboygan	615 South 8 th St. Suite 130	Sheboygan, WI 53081	920-451-3444
Marquette	Sheboygan	615 South 8 th St. Suite 130	Sheboygan, WI 53081	920-451-3444
Milwaukee	Milwaukee	3073 S. Chase Ave. Suite 240	Milwaukee, WI 53207	414-231-4200
Outagamie	Outagamie	1848 North Casaloma Dr.	Appleton, WI 54913	920-441-5500
Ozaukee	Ozaukee	1035 W. Glen Oaks Lane, Suite 210	Mequon, WI 53092	262-292-2500

County	Lead Office	Street	City	Phone
Racine	Racine	6216 Washington Ave. Bldg. B, 2 nd Floor	Mt. Pleasant, WI 53406	262-676-5900
Rock	Walworth	795 East Geneva St.	Elkhorn, WI 53121	262-723-2636
Sheboygan	Sheboygan	615 South 8 th St. Suite 130	Sheboygan, WI 53081	920-451-3444
Walworth	Walworth	795 East Geneva St.	Elkhorn, WI 53121	262-723-2636
Washington	Washington	910 East Paradise Dr.	West Bend, WI 53095	262-346-0900
Waukesha	Waukesha	1801 Dolphin Dr.	Waukesha, WI 53186	262-953-8500
Waupaca	Waupaca	102 Grand Seasons Dr. Suite 4	Waupaca, WI 54981	715-256-3400
Waushara	Waupaca	102 Grand Seasons Dr. Suite 4	Waupaca, WI 54981	715-256-3400
Winnebago	Outagamie	1848 North Casaloma Dr.	Appleton, WI 54913	920-441-5500

- Customer Service
866-992-6600
- After-hours assistance
866-992-6600
- Member Rights Specialists
Member Rights Specialists are specialists in explaining member rights. They are available to help if you have a complaint or grievance. They can give you information or assistance if you want to appeal a decision your team made.

Member Rights Specialist
Community Care
205 Bishops Way
Brookfield, WI 53005
Toll-free: 866-992-6600
Member Rights Phone Number: 262-207-9325
TTY: call the Wisconsin Relay System at 711
Email: MemberRights@communitycareinc.org

If you are experiencing an emergency, call 911

Other important contacts

Adult protective services

Every county has an agency that looks into reported incidents of abuse, neglect, financial exploitation, and self-neglect. Call your county help line to talk with someone about known or suspected abuse of an adult (age 18 to 59) or an adult age 60 or older.

APS Agency	Daytime Phone Numbers	Other Contact Information
Adams County Health and Human Services Department	608-339-4505	Toll-free: 800-830-3454 After-hours: Northwest Connection, 888-552-6642
Calumet County Department of Health and Human Services	920-849-1400	After-hours: 920-849-9317
Columbia County ADRC	608-742-9233	Toll-free: 888-724-9233 After-hours: 608-742-4166
<u>Dane County Department of Human Services APS Helpline</u>	608-261-9933	After-hour: 608-255-6067 or 911
Dodge County Human Services and Health Department	920-386-3580	After-hours: 888-552-6642
Fond du Lac County ADRC	920-929-3466	Toll-free: 800-435-7335 After-hours: 920-929-3466 or 911
Green Lake County ADRC	877-883-5378	After-hours: 920-294-4000
Jefferson County Department of Human Services	920-674-3105	N/A
Kenosha County Division of Aging, Disability & Behavioral Health Services	262-605-6646	Toll-free: 800-472-8008 After-hours: 262-657-7188
Manitowoc County Human Services Department	920-683-4230	After-hours: 888-552-6642
Marquette County Department of Human Services	608-297-3124	After-hours: 608-297-2115
Aging and Disability Resource Center (ADRC) of Milwaukee County	414-289-6874	After-hours: 414-289-6874 or 211 <u>APS online referral form</u>
Outagamie County Department of Health and Human Services	920-832-4646	After-hours: 920-832-4646
Ozaukee County Human Services Department	262-284-8200	After-hours: 911

APS Agency	Daytime Phone Numbers	Other Contact Information
Racine County Human Services Department	262-833-8777	After-hours: 262-638-6741
Rock County ADRC	608-741-3600	After-hours: 608-741-3600
Sheboygan County ADCR	920-467-4100	Toll-free: 800-596-1919 After-hours: 911
Walworth County Department of Health and Human Services	262-741-3200	N/A
Washington County Health and Human Services Department	262-365-5757	After-hours: 262-365-6565
Waukesha County ADRC	262-548-7848	After-hours: 262-547-3388 or 211
Waupaca County ADRC	715-258-6400	After-hours: 800-719-4418 (non-emergency) or 911
Waushara County Department of Health and Human Services	920-787-6600	After-hours: 920-787-3321 or 911
Winnebago County ADRC	877-886-2372 (leave message after hours)	After-hours crisis hotline: <ul style="list-style-type: none"> • Oshkosh: 920-233-7707 or 911 • Neenah: 920-722-7707 or 911

Aging and disability resource centers

Aging and disability resource centers (ADRCs) are the first place to go to get accurate, unbiased information related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone—individuals, families, friends, or professionals—can go for information tailored to their situation. ADRCs provide information on programs and services, help people understand their long-term care options, and help them apply for programs and benefits. ADRCs in Community Care’s service regions are:

County	Address	Contact Information
Adams	ADRC of Adams County Adams County Office 569 N. Cedar St. Adams, WI 53910	Toll Free: 888-830-3454 TTY/TDD/Relay 711 Email: adcoadrc@co.adams.wi.us
Calumet	206 Court St. Chilton, WI 53014	Toll Free: 833-620-2730 TTY/TDD/Relay: WI Relay 711 Email: adrc@calumetcounty.org
Columbia	111 E. Mullett Street PO Box 136	Phone: 888-742-9233 TTY/TDD/Relay: 608-742-9229

County	Address	Contact Information
	Portage, WI 53901	Email: adrc@columbiacountywi.gov
<u>Dane</u>	2865 N. Sherman Ave. Madison, WI 53704	Toll-Free Phone: 855-417-6892 Local Phone: 608-240-7400 TTY/TDD/Relay: WI Relay 711 Email: adrc@danecounty.gov
Dodge	199 County Rd DF, 3rd Floor Juneau, WI 53039	Toll-Free Phone: 800-924-6407 Local Phone: 920-386-3580 TTY/TDD/Relay: 920-386-3883 Email: hsagingunit@co.dodge.wi.us
Fond du Lac	50 N. Portland St. Fond du Lac, WI 54935	Phone: 888-435-7335 TTY/TDD/Relay: 920-929-3466 Email: adrc@fdlco.wi.gov
Green Lake	ADRC of Green Lake County Green Lake County Office 571 County Road A Green Lake, WI 54941-0588	Toll Free: 833-694-0192 TTY/TDD/Relay 711 Email: jdille@co.green-lake.wi.us
Jefferson	1541 Annex Road Jefferson, WI 53549	Phone: 866-740-2372 TTY/TDD/Relay: 800-947-3529 Email: adrc@jeffersoncountywi.gov
Kenosha	8600 Sheridan Road, Ste 500 Kenosha, WI 53143	Phone: 800-472-8008 TTY/TDD/Relay: WI Relay 711 Email: adrc@kenoshacounty.org
Manitowoc	Aging and Disability Resource Center of the Lakeshore Manitowoc County Office 1701 Michigan Ave. Manitowoc, WI 54220	Phone: 877-416-7083 Email: adrc@manitowoccountywi.gov
Marquette	428 Underwood Ave. P.O. Box 405 Montello, WI 53949-0405	Toll Free: 855-440-ADRC (2372) Email: adrc@co.marquette.wi.us
Milwaukee	1220 W. Vliet Street, Ste 300 Milwaukee, WI 53205	Phone: 414-289-6874 Email: ADRC@milwaukeecountywi.gov

County	Address	Contact Information
Outagamie	Outagamie County Government Center, Level 1 320 S. Walnut St. Appleton, WI 54911	Toll Free: 1-866-739-2372 TTY/TDD/Relay: WI Relay 711 Email: adrc@outagamie.org
Ozaukee	121 W. Main St. Port Washington, WI 53074	Phone: 866-537-4261 TTY/TDD/Relay: WI Relay 711 Email: adrc@co.ozaukee.wi.us
Racine	14200 Washington Ave. Sturtevant, WI 53177	Phone: 866-219-1043 TTY/TDD/Relay: WI Relay 711 Email: adrc@racinecounty.com
Rock	1717 Center Ave. Janesville, WI 53546	Phone: 855-741-3600 TTY/TDD/Relay: WI Relay 711 Email: ADRC@co.rock.wi.us
Sheboygan	650 Forest Ave. Sheboygan Falls, WI 53085	Phone: 800-596-1919 TTY/TDD/Relay: 920-467-4195 Email: adrc@sheboygancounty.com
Walworth	1910 County Road NN P.O. Box 1005 Elkhorn, WI 53121-1005	Phone: 800-365-1587 TTY/TDD/Relay: Wisconsin Relay 711 Email: walcadrc@co.walworth.wi.us
Washington	333 E. Washington St., Ste 1000 West Bend, WI 53095	Phone: 877-306-3030 TTY/TDD/Relay: Email: adrc@washcowisco.gov
Waukesha	514 Riverview Ave. Waukesha, WI 53188	Toll-Free Phone: 866-677-2372 Local Phone: 262-548-7848 TTY/TDD/Relay: WI Relay 711 Email: adrc@waukeshacounty.gov
Waupaca	811 Harding St. Waupaca, WI 54981	Toll Free: 888-454-8112 Local: 715-258-6400 TTY/TDD/Relay: WI Relay 711 Email: adrc@co.waupaca.wi.us

County	Address	Contact Information
Waushara	ADRC of Waushara County Waushara County Office 209 S. Saint Marie St. PO Box 621 Wautoma, WI 54982-8114	Toll Free: 877-883-5378 TTY/TDD/Relay 711 Email: adrc.courthouse@co.waushara.wi.us
Winnebago	220 Washington Ave. P.O. Box 2187 Oshkosh, WI 54903-2187	Phone: 877-886-2372 TTY/TDD/Relay: WI Relay 711 Email: adrc@winnebagoountywi.gov

Visit dhs.wi.gov/adrc for more information about ADRCs.

Ombudsman programs

An ombudsman is an independent advocate or helper who does not work for Community Care. Anyone receiving Family Care services can get free help from an ombudsman. The organization to contact depends on the member's age.

- If you are age **60 or older**, contact the Board on Aging and Long Term Care. Go to longtermcare.wi.gov, call 800-815-0015 (TTY: 711), or email BOALTC@wisconsin.gov.
- If you are **18 to 59 years old**, contact Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.

Local and Tribal agencies

You must report changes in your living situation or finances within 10 days of the change. For example, if you move, you must report your new address. These changes can affect whether you are eligible for Medicaid and Family Care. Report these changes to your local or Tribal agency and Community Care. You can find the nearest agency at dhs.wi.gov/im-agency.

ACCESS

You can use the ACCESS website to make changes to your living situation or finances, renew your benefits, check status and balances, or use as a resource for different programs. Log in or create an account at access.wi.gov.

ForwardHealth

ForwardHealth is the card you use to get services that are covered by your Medicaid program. ForwardHealth member services can help find providers, get a new card, and understand your covered services and copays. If you have problems using your ForwardHealth card for things like eyeglasses, doctor visits, or prescriptions, call Member Services at 800-362-3002.

Reporting public assistance fraud

Fraud means getting coverage or payments you know you should not get or helping someone else get coverage or payments you know they should not get. This includes for yourself or helping others. If you commit fraud, you can get in legal trouble. If a court decides someone got health care benefits through fraud, they will have to pay back the state for those benefits. There might be other penalties too.

If you suspect anyone of misusing public assistance funds, including Family Care, call the fraud hotline 877-865-3432 or file a report at dhs.wi.gov/fraud.

FoodShare (QUEST Card)

QUEST is the card you use to buy food with your FoodShare benefits. If you have questions or concerns about FoodShare, want to know your balance, or have a lost or stolen card, call QUEST Card Services at 877-415-5164.

Wisconsin Division of Quality Assurance

If you think a caregiver, agency, or facility has violated state or federal laws, you have the right to file a complaint with the Wisconsin Division of Quality Assurance. To file a complaint, call 800-642-6552.

Chapter 2. Welcome and introduction

Welcome to Community Care

Welcome to Community Care, a managed care organization that runs the Family Care program. Family Care is a Medicaid long-term care program for older adults and adults with physical, developmental, or intellectual disabilities. People in the program receive services to help them live in their own home whenever possible.

This handbook gives you the information you need to:

- Learn the basics of Family Care.
- Know what services you can get in Family Care.
- Know your rights and responsibilities as a Family Care member.
- File a grievance or appeal if you have a problem or concern.

Family Care:

- Can improve or maintain your quality of life.
- Helps you live in your own home or apartment, among family and friends.
- Involves you in decisions about your care and services.
- Maximizes your independence.

If you would like help reviewing this handbook, please contact your care team. Your team's contact information is on page 7.

How can the Family Care program help me?

Family Care provides services and supports to help you live as independently as possible while making sure you are safe and supported at home through natural, volunteer, and paid supports. It also includes care management to help arrange and manage your services and supports.

As a Family Care member, Community Care will talk with you about what services and supports you need. This might include help with things like bathing, transportation, housekeeping, or home-delivered meals.

Who will help me?

When you become a Family Care member, a care team from Community Care will work with you to help meet your needs. You are the center of your care team. **You should be involved in every part** of planning your care.

Your care team will include you and:

- A registered nurse.
- A Care Manager.
- Other professionals, depending on your need. This might be an occupational or physical therapist, or a mental health specialist.
- Anyone else you want involved, including family members or friends.

Your care team's job is to work with you to:

- Find your strengths, resources, needs, and preferences.
- Make a care plan for how you'll get the help you need.
- Make sure you get the services in your care plan.
- Make sure the services meet your needs and are cost-effective.
- Make sure your care plan continues to work for you.

Community Care believes our members should have a say in how and when care is provided. This is called personal choice. Being a member and having personal choice also means you are responsible for helping your care team find the best ways to support you. Let your team know if you need any help taking part in the process.

Who will provide my services?

You will get long-term care services from Community Care providers. We will give you information on providers you can use. For a list of Community Care providers, you can:

- Ask your care team
- Access the Community Care website.

You and your care team will work together to choose providers who best support your needs.

Community Care does not pay for all services that you need. For example, visits with your primary care doctor and filling a prescription are covered by Medicaid. Community Care will help you understand the difference between services from Medicaid providers and long-term care services from Family Care providers.

Chapter 3. Things to know about getting services

How is my care plan developed?

Identify your personal outcomes

First, you will work with your care team to identify your **personal outcomes**. Personal outcomes are goals you have for your life. Only you can decide what is important to you. These outcomes can include:

- The living situation and support you want, like:
 - Where to live and who you want to live with
 - Needed support and services and who you get them from
 - Your daily routines
- Goals for your lifestyle and daily experiences, such as:
 - Time with family and friends
 - A job or other activities
 - Community involvement
 - Stability
 - Respect and fairness
 - Privacy
- Goals for your health and well-being, like being:
 - Healthy
 - Safe
 - Free from abuse and neglect

Your care team will help you identify your personal outcomes. They will look at which services will support your needs best, as well as which services are the most cost-effective. Cost-effective means that the service meets your outcomes at a reasonable price. Then, Community Care will provide services. Keep in mind, this does not mean Community Care will always provide the services your team decides on. **The things you do for yourself and the help you get from family, friends, and others are an important part of your care plan.**

Identify your long-term care outcomes

You and your care team will also identify your **long-term care outcomes**. These are your goals for independence to help you live the life you want. Family Care provides services and supports to help you meet these goals. For example:

- Getting your daily needs met
- Getting what you need to stay safe, healthy, and as independent as possible

Your care team will develop a care plan. Your care plan will help you move toward the outcomes you and your care team identify.

What should be in your care plan?

Your care plan will include:

- Your physical health needs and your ability to perform certain activities (like eating and dressing).
- Your strengths and preferences.
- Your personal outcomes.
- Your long-term care outcomes.
- The services you will get.
- Who will provide each service.
- The things you will do yourself or with help from family, friends, or others in your community.

Your care team will ask you to sign your care plan to show you helped make it. You will get a copy of your signed plan. If you are not happy with your plan, you can choose not to sign it. You can file a grievance and appeal if needed. (See Chapter 8 for more information.)

You will talk with your care team regularly to check if your services are helping you. Your care team is required to meet with you in person at least once every three months. They may meet with you more often if needed.

How are services selected and approved?

You must have approval for all services **before** you get them. Community Care will not pay for services without our prior approval. **If you arrange for services yourself without your care team's approval, you may have to pay for them.** Talk with your team if you need a service that is not approved.

Community Care is responsible for supporting your long-term care outcomes. We also have to think about cost when planning your care.

How services are approved

You and your team will talk about the services you need. Together, you will explore how to meet your long-term care outcomes. You and your team will use a step-by-step process to approve services. The process helps you decide if the services are cost effective, a good value for cost, and support your long-term care needs. This process is called a resource allocation decision by the MCO.

It is important for people who already help you in your day-to-day life to stay involved in your care. For example, these might be friends, family, or neighbors. Community Care will purchase other services that your own supports cannot provide.

Basic rules for getting services

We will generally cover your services as long as they:

- Are included in the Family Care benefits.
- Support your long-term care outcomes.
- Are the most cost-effective way to support your needs.
- Are included in your care plan.
- Are pre-approved and authorized by your care team.

Self-directed supports

Self-directed supports are a way for you to find, purchase, and direct services. You and your care team will meet to talk about what services you can self-direct. If you choose to self-direct one or more of your services, you will work with your team to:

1. Make a budget for those services, and
2. Create a plan that outlines how you will direct the services.

You may self-direct one or all of your services. For example, you might self-direct your personal care services but have your team manage providers that help you get medical supplies. You can also change your mind and self-direct more or less in the future.

You cannot self-direct residential care and care management services.

If you are interested in self-directed supports, ask your care team for more information.

What if my needs change?

Your services may change over time as your health and life changes. For example, you may need fewer services if your physical health gets better. If your needs increase, we will make sure you get the help you need to stay safe, healthy, and as independent as possible. Our goal is to provide the right service, in the right amount, in the right place.

If your needs change, let your care team know. They are always there to support you.

How do I use the provider network?

You and your team will choose the providers you need from a list in Community Care's provider network directory. You can request a paper copy from Customer Service at 1-866-992-6600 or 262-207-9325, or ask a member of your care team. We might use a provider outside our network if we do not have one who can meet your needs or if all our regular providers are too far from where you live. You must talk with your care team to choose a provider outside our network.

If you are an American Indian or Alaska Native, you can get covered services from an Indian health care provider outside of our network.

If you want to switch to a provider in another network, you must contact your care team for approval. **You may be responsible for the cost of the service if you use a new provider without getting your care team's approval.**

How does Family Care help me manage my services?

Community Care respects the choices of our members. For example:

- You say what is important for your outcomes. Family Care supports things like choosing your own living arrangement, daily routine, and support services. You work with your care team to find ways to support your outcomes. If you do not think your care plan supports your outcomes, you can file a grievance or appeal. (See chapter 8 for more information.)
- If you ask, we will consider using a provider we do not usually use.
- You can ask for a specific provider to come to your home or provide intimate personal care. This could include a family member. **The provider or family member must meet our requirements and accept the amount of money we pay.**
- You have a right to change to a different care team up to two times per year. You do not have to say why you want a different team. Community Care may not always be able to meet your request or give you the specific team you want.

- You may choose to self-direct one or more of your services.

What should I do in case of an emergency?

If you have an emergency, call 911.

*You do **not** need to contact your care team or get prior authorization in an emergency.*

An emergency is an illness, injury, symptom, or condition that is very serious. Most people would seek care right away to avoid harm. This could be something like a sudden illness, suspected heart attack or stroke, a broken bone, or a severe asthma attack.

If you have a medical emergency:

- Get help as quickly as possible. Call 911 or go to the nearest emergency room, hospital, or urgent care center.
- Tell emergency and hospital staff you are a member of Community Care.
- You or someone else should contact your care team as soon as possible to tell them about your emergency care.

Even though Family Care does not cover medical services, it is important to let your care team know if you go to the emergency room or are admitted to the hospital. That way we can let your current providers know you are in the hospital. We can also coordinate follow-up services. For example, your doctor might refer you to a home health agency. Your care team would need to approve the home health services before you leave the hospital.

How do I get care after normal business hours?

If you have an urgent need that cannot wait until the next business day, call 1-866-992-6600. Staff are available 24 hours a day, seven days a week and can temporarily approve services you need until the next business day. Your care team will follow up with you to decide if the services should continue.

What happens if I need care away from home for a period of time?

It is important to let your care team know if you are going to be out of Community Care's service area for a long amount of time. Community Care will need to know the details of where

you're going. We will work with your agency to find out if it will affect your status as a county resident.

- If your agency decides you will **no longer be considered a resident** of a county served by Community Care, contact the aging and disability resource center (ADRC) in the county you are going to. The ADRC can tell you about the programs available in that county.
- If you will **still be considered a resident**, Community Care will work with you to plan a cost-effective way to support your needs and keep you healthy and safe while you are gone.

Community Care may find that we cannot develop a cost-effective plan that meets your needs and ensures your health and safety while you are out of our service area. If this happens, we can ask to disenroll you from the program.

Community Care does not pay for care if you permanently move out of our service area. If you are planning a permanent move, contact your care team to discuss as soon as possible.

Chapter 4. Family Care services

What services does Family Care provide?

The services available to you depend on your level of care. This is the amount of care you need to be healthy and safe. Family Care has two levels of care:

- **Nursing home level of care.** Your needs are high enough that you could get services in a nursing home. This does not mean you have to be in a nursing home to get services.
- **Non-nursing home level of care.** You have some need for long-term care services, but you would not be eligible to get services in a nursing home. Family Care offers a limited set of services at this level of care.

Not all members can get every service Family Care offers. You will only get the services you need to support your long-term care outcomes and ensure your health and safety. Talk to your care team if you think you need a service listed in this chapter. You and your care team will use the service approval process to create the most cost-effective care plan for you.

Community Care might need to provide a service that is not listed. You and your care team will decide when you may need different services to meet your long-term care outcomes.

Family Care services

These are the services you can get if they are:

- Needed to support your long-term care outcomes.
- Approved by your care team.
- Included in your care plan.

	Nursing Home Level of Care	Non-Nursing Home Level of Care
Community-Based Medicaid State Plan Services		
Alcohol and other drug abuse (AODA) day treatment services (in all settings except hospital-based or physician provided)	✓	✓
Alcohol and other drug abuse (AODA) services (except inpatient or physician provided)	✓	✓
Care or case management services	✓	✓
Community support program (except physician provided)	✓	✓
Durable medical equipment and medical supplies (except hearing aids, prosthetics, and family planning supplies)	✓	✓
Home health	✓	✓
Mental health day treatment services (in all settings)	✓	✓
Mental health services (except inpatient or physician provided)	✓	✓
Nursing (including respiratory care, intermittent and private duty nursing)	✓	✓
Occupational therapy (in all settings except inpatient hospital)	✓	✓
Personal care	✓	✓
Physical therapy (in all settings except inpatient hospital)	✓	✓
Speech and language pathology services (in all settings except inpatient hospital)	✓	✓
Transportation to medical appointments (except ambulance)	✓	✓

	Nursing Home Level of Care	Non-Nursing Home Level of Care
Institutional Medicaid State Plan Services		
Nursing home, including intermediate care facility for individuals with intellectual disabilities and institution for mental disease. (Services in an institution for mental disease are only covered for members under age 21 or age 65 and older.)	✓	
Home and Community-Based Waiver Services		
Adult day care Adult day care services are provided to a group of adults in a setting outside the home for part of the day. It's for adults who need social interaction. It's also for those who need supervision, help with daily activities, and support to be healthy and safe. Services may include personal care, light meals, medical care, and transportation to and from the day care site.	✓	
Assistive technology Assistive technology includes items that help people with daily activities at home, work, and in the community. They may include technology like tablets, mobile devices, or software, items called adaptive aids, and a fully trained service dog from a reputable provider. The service may also include an assessment of a person's assistive technology needs and repair or maintenance of devices or items.	✓	
Competitive integrated employment (CIE) exploration CIE exploration services help members explore career pathways. They also help members decide if they want to work in the community alongside people who do not have disabilities. Services include business tours, job shadowing, informational interviews, or employment planning. Members can also get education about employment services for people with disabilities and help with identifying interests, knowledge, and skills that may be useful for finding a job.	✓	
Communication assistance Communication assistance includes items and services needed to help with hearing, speaking, reading, or other forms of communication. Items may include alternative or augmentative communication systems, speech amplification devices, electronic technology, mobile applications, and software. Services may include sign language interpretation or facilitation, assessment of communication needs, repair and maintenance of communication devices, and training to be able to use communication devices.	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Consultative clinical and therapeutic services for caregivers</p> <p>Consultative clinical and therapeutic services help unpaid caregivers and paid support staff carry out a treatment or support plan. Services include assessments, development of home treatment plans, support plans, intervention plans, and training and assistance to carry out the plans. Services also include training for caregivers and staff who serve members with complex needs (beyond routine care).</p>	✓	
<p>Consumer education and training</p> <p>Consumer education and training services help people with disabilities develop self-advocacy skills, support self-determination, exercise civil rights, and get the skills needed for control and responsibility over other support services. These services include education and training for members and their caregivers or legal decision makers. It may pay for enrollment fees, books and other educational materials, and transportation to training courses, conferences, and other similar events.</p>	✓	
<p>Counseling and therapeutic services</p> <p>Counseling and therapeutic services treat personal, social, physical, medical, behavioral, emotional, cognitive, mental health, or alcohol or other drug abuse disorders. It may include help adjusting to aging and disability, help with relationships, and recreational, art, or music therapy. It may also include nutrition, medical, weight, or grief counseling.</p>	✓	
<p>Daily living skills training</p> <p>Daily living skills training helps members do everyday tasks. This includes skills that help the member be independent and take part in community life. Examples include teaching money management, home care maintenance, food preparation, mobility training, self-care skills, and the skills necessary for accessing and using community resources.</p>	✓	
<p>Day services</p> <p>Day services are regularly scheduled activities provided outside the home to a group of adults. Day services help members participate in the community, learn social skills, and develop the skills needed for activities of daily living and community living.</p>	✓	
<p>Financial management services</p> <p>Financial management services help with managing service dollars or personal finances. If a member chooses to self-direct one or more services, this service includes a person or agency paying service providers after the member authorizes payment.</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
These services also help members budget to ensure money is available for housing and other needs.		
Health and wellness Health and wellness services help members maintain or improve their health, well-being, social skills, and inclusion in the community. They include activities that focus on developing healthy habits; classes, lessons, and events related to physical activity and nutrition; wellness services like yoga and mindfulness classes; and sexuality education and training.	✓	
Home-delivered meals Home delivered meals (sometimes called "meals on wheels") include the preparation and delivery of one or two meals a day if a member is unable to make or get healthy meals without help. Home delivered meals can also help members if they are unable to manage a special diet recommended by a health care provider for a medical condition.	✓	
Home modifications Home modifications include items and services that make a member's home safer and easier to get around in. This may include ramps, stair lifts, wheelchair lifts, kitchen or bathroom modifications, specialized accessibility or safety adaptations, and voice-, light-, or motion-activated electronic devices that increase the member's self-reliance and ability to live independently.	✓	
Housing counseling Housing counseling helps members find accessible, affordable, and safe housing in the community. Housing counseling includes exploring home ownership and rental options, identifying financial resources, identifying preferences of location and type of housing, identifying accessibility and modification needs, and locating available housing. Housing counseling does not include payment for rent or mortgage.	✓	
Personal emergency response system (PERS) PERS directly connects a member with health professionals in case of an emergency. It is a phone or other electronic system.	✓	
Prevocational services Prevocational services are learning and work experiences that help members develop general strengths and skills to get jobs in community settings. Members can learn how to work with supervisors, coworkers, and customers. They can also learn about how to dress, follow directions, do tasks, solve problems, stay safe, and get around. These services help members get	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
jobs in the community that pay them the usual wage and benefits paid to employees who do not have disabilities.		
Relocation services Relocation services include one-time expenses that help members move from an institution or residential care setting to their own home or apartment in the community. They can help pay for moving expenses, cleaning and organization, a security deposit, and utility connection costs. They can also help with furniture, cooking utensils, cleaning and household supplies, and basic furnishings and appliances.	✓	
Remote monitoring and support Remote monitoring and support services help members get live support from a remote caregiver. The remote caregiver can make sure the member is safe and provide support in case of an emergency. This service provides technology like sensors, monitors, and other two-way communication devices. It also includes the support provided by remote caregivers and the repair and maintenance of devices. The member has to say in writing that they want this service.	✓	
Residential services Residential services are provided in a homelike community-based residential setting. They include 1-2 bed adult family homes and settings for three or more adults (like 3-4 bed adult family homes or residential care apartment complexes). Services usually include personal care, help with daily activities, home care, treatment, and general support and supervision. Services may also include transportation and recreational or social activities, behavior and social support, and daily living skills training.	✓	
Respite care Respite services provide short-term breaks for family or other primary caregivers. This helps relieve daily stress and care demands. Respite care may be provided in the member's home, a residential facility, a licensed camp, a hospital, or a nursing home.	✓	
Self-directed personal care services Self-directed personal care services help members with daily activities and housekeeping needed to live in the community. This includes help with bathing, eating, dressing, managing medications, oral, hair, and skin care, meal preparation, paying bills, getting around, going to the bathroom, transferring, and using transportation. The member chooses the person or agency that provides their services and may act as their	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
employer or co-employer. A physician must write an order for a member to get this service.		
Skilled nursing Skilled nursing is care that can only be provided by an advanced practice nurse, a registered nurse (RN), or a licensed practical nurse supervised by an RN. Skilled nursing includes tracking symptoms and reactions, general nursing duties, and may include keeping an eye on a medical condition.	✓	
Specialized medical equipment and supplies Specialized medical equipment and supplies are items that maintain the member's health, manage a medical or physical condition, and improve functioning or independence. Items may include over-the-counter medications, medically necessary prescribed skin lotions, prescribed Vitamin D, multi-vitamins or calcium supplements, and books or therapy aids.	✓	
Support broker A support broker is a person or agency the member chooses to help plan, get, and direct self-directed supports. A support broker knows about local services and can help recruit, hire, train, manage, and schedule workers.	✓	
Supported employment services Supported employment services help members get and keep jobs. The goal is to keep a job in the community at or above minimum wage, working alongside people who do not have disabilities. The job should also meet their personal and career goals. <ul style="list-style-type: none"> • Individual employment services help members get a job, grow skills for that job, and get interviews. It could also include job coaching and training, rides to work, workplace personal assistance, benefits counseling, career advancement services, or self-employment support. • Small group employment services are services and training provided in a business, industry, or community setting for groups of two to six workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in community workplaces. Services may include small group career exploration and education, skill development, employment planning, job placement, meeting with employers, job coaching and training, rides to work, and work experiences matched to the member's interests and skills. 	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<ul style="list-style-type: none"> • Vocational futures planning and support helps members get, keep, or advance in a job in the community. This may include assistive technology assessment, creating an employment plan, career exploration, job seeking support, job coaching and training, and ongoing personal assistance at their job. Members can also learn more about work incentives and how employment may impact their benefits. 		
<p>Supportive home care</p> <p>Supportive home care helps with daily living activities and personal needs at home or in the community. Services help with staying safe in the home and community, routine housekeeping tasks like cleaning, cooking, and laundry, and major household tasks like yard care and snow removal. Services may also help with dressing, bathing, managing medications, eating, going to the bathroom, grooming, getting around, paying bills, using transportation, and household chores.</p>	✓	
<p>Training services for unpaid caregivers</p> <p>Training services for unpaid caregivers help those who provide unpaid care, training, companionship, supervision, or other support to a member. It trains unpaid caregivers how to do treatments and use equipment in treatments and other services included in the member's care plan and gives guidance on how to keep the member safe in the community.</p>	✓	
<p>Transportation services</p> <ul style="list-style-type: none"> • Community transportation services help members access community services, activities, and resources included in their care plan. This may include tickets or fare cards, reimbursement for mileage, as well as transportation of members and their attendants to destinations. It excludes emergency (ambulance) transportation. • Non-emergency medical transportation services help members get non-emergency, Medicaid-covered medical services. Services may include tickets or fare cards, reimbursement for mileage, as well as transportation of members and their attendants to destinations. It excludes non-medical transportation, which is provided under community transportation—see above. It also excludes emergency (ambulance) transportation. 	✓	
<p>Vehicle Modifications</p> <p>Vehicle modifications are disability-related changes to the vehicle that is the member's primary means of getting around. These services help the member access the community and improves their independence. It may include changes to seats and seatbelts, driver control devices, vehicle lifts, platforms,</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
ramps, and tie-downs or wheelchair docking systems. The service also includes the cost of materials, services, inspections, and maintenance of these changes. The service does not include the purchase of a vehicle or general maintenance.		

What services are not provided?

Family Care does not provide the services that are available through your Medicaid program. You would access these services with your ForwardHealth card. They may also be covered by Medicare, Veterans (VA) benefits, or other insurance besides Medicaid. Your care team will work closely with you to help you get these services when you need them and will let you know if they have copayment.

- Alcohol and other drug abuse services (provided by a physician or in an inpatient setting)
- Audiology, including evaluation of hearing function and rehabilitation of hearing impairments
- Chiropractic
- Crisis intervention
- Dentistry
- Emergency care (including air and ground ambulance)
- Eyeglasses
- Family planning services
- Hearing aids and hearing aid batteries
- Hospice (supportive care of the terminally ill)
- Hospital: inpatient and outpatient, including emergency room care (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Services in an institution for mental disease (services are only covered for members under age 21 or age 65 and older)
- Independent nurse practitioner services
- Lab and X-ray
- Medications and prescription drugs
- Mental health services (provided by a physician or in an inpatient setting)

- Optometry
- Physician and clinic services (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Podiatry (foot care)
- Prenatal care coordination
- Prosthetics
- Psychiatry
- School-based services
- Transportation by ambulance

Family Care does not provide these items and services:

- Services your care team did not approve or are not included in your care plan
- Services not needed to support your long-term care outcomes
- Normal living expenses, such as rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies, and insurance
- Personal items in your room at an assisted living facility or a nursing home, such as a telephone or a television
- Room and board in residential housing
- Guardianship fees

In lieu of service or setting

Community Care may cover some services or settings that are not normally covered in Family Care for individuals at non-nursing home level of care. These services are called “in lieu of” or substitute services or settings.

Deciding if an “in lieu of” service or setting is right for you is a team effort. Your care team will work with you to help make the best choice. **You have a right to choose not to participate in one of these settings or treatments.**

Community Care may offer the following services as a substitute for state plan home health care or state plan personal care:

- Supportive home care
- Respite care
- Personal emergency response system

- Daily living skills training
- Day habilitation services
- Prevocational services
- Residential services
- Home delivered meals
- Counseling and therapeutic services

Community Care may offer the following services as a substitute for state plan transportation services:

- Specialized transportation

Chapter 5. Understanding who pays for services and coordination of your benefits

Will I pay for any services?

You will have to pay for any services that are not in your care plan and are not approved by your care team.

You will have to pay a fixed amount (called a copayment) for some covered services, like medications, doctor visits, and hospital visits. For example, you might have a \$5 copayment for a prescription.

Two other types of expenses you may have to pay each month are:

- Cost share or patient liability
- Room and board

Cost share or patient liability

You may have to pay your share of monthly costs to stay in Family Care. Your **cost share** (sometimes called “out-of-pocket costs”) is based on things like your income, housing costs, and medical expenses. What you pay for some expenses may lower your cost share. Check with your care team to see what expenses can reduce your cost share and how to document the amount you spent.

Members who live in a nursing home or are likely to live in a nursing home for 30 or more days in a row pay **patient liability** instead of a cost share.

The income maintenance agency will determine the amount you must pay each month. If you have a cost share or patient liability, Community Care will send you a bill each month.

To make sure you are paying the right amount, **you must report all income and asset changes to your care team and your agency within 10 days of the change**. Assets include vehicles, cash, checking and savings accounts, and cash value of life insurance.

If you do not pay your monthly cost share or patient liability, you may lose your eligibility and be disenrolled from Family Care. If you think your cost share is incorrect, you can file a request for a state fair hearing with the Wisconsin Division of Hearings and Appeals. (See Chapter 8 for more information.)

If you have questions about cost share or patient liability, contact your care team.

Cost-share reduction

You may qualify for a lower cost share amount if you are unable to pay your monthly cost share because of your necessary living expenses. These include mortgage payments or rent, home or renter's insurance, property taxes, utilities, food, clothing, hygiene items, and the cost of operating and maintaining a vehicle.

A lower cost share may make your monthly living expenses more affordable and allow you to stay enrolled in Family Care. Complete an "Application for Reduction of Cost Share" to ask for a reduction. Get the form from your agency or download it at dhs.wi.gov/library/collection/f-01827.

Send in with your application copies of documents that show your monthly income, expenses (like utility bills or car payments), and the cost share amount you pay to Community Care. The application will have more details on the kind of proof you need and examples.

You can get free help with the application from:

- Your care manager.
- If you are age **60 or older**, contact an elder benefit specialist. To find an elder benefit specialist in your county or Tribe, contact your local aging and disability resource center or aging office: dhs.wi.gov/benefit-specialists/counties.htm, or call 844-947-2372 to find and connect with your local agency.
- If you are **18 to 59 years old**, contact the ombudsman program through Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.

Room and board

If you are living in an adult family home, community-based residential facility, or residential care apartment complex, you will have to pay room and board (rent and food.) We will tell you how much it will cost and will send you a bill each month.

Community Care will pay for the medical care and supervision services you get in an adult family home, community-based residential facility, or residential care apartment complex.

If you have questions about room and board or cannot make a payment, contact your care team. Your care team may connect you with resources to find a home that fits your needs and is in your budget.

How do I make a payment?

You can make cost share and room and board payments by check or money order. Send payments to:

Community Care, Inc.
Bin 88305
Milwaukee, WI 53288-0305

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

What if I get a bill for services?

You do not have to pay for services your care team approves as part of your care plan. If you get a bill from a provider, do not pay it. Instead, contact your team so they can follow up with the provider.

Does Family Care pay for residential services or nursing homes?

Family Care covers residential care and nursing home services. However, moving from home to a care facility or nursing home should be a last resort.

Before going into residential care or a nursing home, your care team will determine:

- Your health and safety cannot be ensured in your home.
- Your long-term care outcomes cannot be cost-effectively supported in your home.
- Moving into a facility is the most cost-effective option for supporting your long-term care outcomes.

If residential care is the only option, you may not be able to stay at or move to the facility you want. That facility may not have a contract with Community Care or may not be willing to accept the rate we pay.

If you are living in your own home and you and your care team agree you should no longer live there, you will decide together about residential services. You and your team are responsible for finding the most affordable option within Community Care's provider network that meets your needs. Once you move, we will continue to work with you while you are in the residential facility or nursing home.

Your care team must approve all residential services. It is very important that you do not select a residential provider on your own. You must work with your team on these decisions to make sure Community Care will pay for these services.

How are Medicare and my other insurance benefits coordinated?

When you enroll with Community Care we will ask if you have any insurance other than Medicaid. Other insurance includes Medicare, retiree health coverage, long-term care insurance, and private health insurance.

It is important that you give us information about other insurance you have. **If you choose not to use your other insurance, we may refuse to pay for any services they would have covered.**

What is estate recovery? How does it apply to me?

Medicaid estate recovery applies to most long-term care services whether they are provided by Community Care or Medicaid.

Through estate recovery, the state seeks to be paid back for the cost of all Medicaid long-term care services. Recovery is made from your estate, or your spouse's estate after you both have died. The money recovered goes back to the state. The state will not try to be paid back from your estate when your spouse or child with a disability is still alive. Recovery will happen after their death.

Ask your care team for more information about estate recovery. You can also visit dhs.wi.gov/medicaid/erp.htm or call 800-362-3002 (TTY:711).

Chapter 6. Your rights

We must honor your rights as a member of Community Care.

You have the right to get information in a way that works for you. To get information from us in a way that works for you, contact your care team.

- You have the right to have an interpreter with you when you are getting your services or meeting with your care team.
- You have a right to get this member handbook in another language or format.

You have the right to always be treated with dignity, respect, and fairness. You have the right to:

- Get compassionate, considerate care from Community Care staff and providers.
- Get your care in a safe, clean environment.
- Not have to do work or perform services for Community Care.
- Be encouraged and get help talking to Community Care staff about changes in policy you think should be made or services you think should be provided without negative treatment.
- Be encouraged to exercise your rights as a member of Community Care.
- Be free from discrimination. Community Care must obey laws that protect you from discrimination or unfair treatment. We do not discriminate based on a person's race, mental or physical disability, religion, gender, gender identity, sexual orientation, health, ethnicity, creed (beliefs), age, national origin, or source of payment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. This means you have the right to not be restrained or forced to be alone, to make you behave in a certain way, to punish you, or because someone finds it useful.
- Be free from abuse, neglect, and financial exploitation.
 - **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.
 - **Neglect** is when a caregiver fails to provide care, services, or supervision, which creates significant risk of danger to you. Self-neglect is when you are responsible for your own care and you fail to get adequate care, including food, shelter, clothing, or medical or dental care.
 - **Financial exploitation** can be fraud, enticement or coercion, theft, misconduct by a fiscal agent, identity theft, forgery, or unauthorized use of financial transaction cards, including credit, debit, ATM, and similar cards.

What can you do if you are experiencing abuse, neglect, or financial exploitation? Talk with your care team about any issues of this kind. They can help

you report it and get services that help you stay safe. You should always call 911 in an emergency.

If you feel you or someone you know is a victim of abuse, neglect, or financial exploitation, you can contact Adult Protective Services. Adult Protective Services helps protect the safety of seniors and adults-at-risk who have experienced abuse, neglect, or exploitation. They also help when a person is unable to look after their own safety due to a health condition or disability.

Pages 9-10 list the phone numbers to call to report incidents of witnessed or suspected abuse.

- **You have the right to get timely access to your covered services.** As a member of Community Care, you have a right to get services listed in your care plan when you need them.
- **You have the right to privacy of your personal health information.** If you have questions or concerns about the privacy of your personal health information, call your care team.
- **You have the right to access your medical records.** You can ask your care team for a copy of your records. You have the right to ask Community Care to change or correct your records.
- **You have the right to get information about Community Care, our network of providers, and available services.** Contact your care team for this information.
- **You have a right to make decisions about your services.** For example, you have the right to:
 - Know about all your choices. This means you have the right to be told about all the options available, what they cost, and if they are covered by Family Care. You can also suggest other services you think would meet your needs.
 - Be told about any risks involved in your care.
 - Say “no” to any recommended care or services.
 - Get second medical opinions. Ask your care team for help getting a second opinion.
- **You have the right to make an advance directive.** This means you can give instructions about what you want done if you are not able to make decisions because of an accident or serious illness.

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.

You decide whether you want an advanced directive. Your care team can explain how to create and use an advance directive, but they cannot force you to have one or treat you differently based on whether you have an advance directive.

You can file a complaint with the Wisconsin Division of Quality Assurance if you think Community Care is not following your advance directive. To file a complaint, call 800-642-6552.

Contact your care team to learn more about advance directives. You can also find advance directive forms at dhs.wi.gov/forms/advdirectives.

- **You have the right to receive your Family Care services in places that let you be a true part of the community you live in.** This is your right under the federal home and community-based services settings rule. The rule applies to the setting where you live and the settings outside of your home where you get services during the day. Community Care must make sure you get your Family Care services in places that connect you to your community and support your independence. This means places that support your ability to:
 - Live where you want to live.
 - Take part in community life.
 - Find and take part in work in the same way as other people in your community.
 - Control your schedule.
 - Access and control your money.
 - Decide who to see and when to see them.
 - Maintain your privacy.

Talk with your care team if you have concerns about the places you get services in.

Chapter 7. Your responsibilities

You have some responsibilities as a member of Community Care. You should:

- Become familiar with the services Family Care offers. You should also understand what you need to do to get your services.
- Take part in your care planning by participating in monthly contacts and in-person visits, including home visits, with your care team.
- Take part in the resource allocation decision process to find the most cost-effective ways to meet your needs and support your long-term care outcomes.
- Talk with your care team about ways your friends, family, or other community and volunteer organizations can help support you or ways you can do more for yourself.
- Follow the care plan that you and your care team agreed to.
- Be responsible for your actions if you refuse treatment or do not follow the instructions from your care team or providers.
- Use providers that are part of Community Care's network unless you and your care team decide otherwise.
- Follow Community Care's procedures for getting care after hours.
- Let us know if you move to a new address or change your phone number.
- Let us know of any planned temporary stay or move out of our service area.
- Provide Community Care with correct information about your health care needs, finances, and preferences and tell us as soon as possible about any changes. This includes signing a release of information form when we need other information you do not have easily available.
- Treat your team, home care staff, and service providers with dignity and respect.
- Accept services without regard to the provider's race, color, religion, age, gender, sexual orientation, health, ethnicity, creed (beliefs), or national origin.
- Pay any monthly costs on time. This includes any cost share or room and board charges. Let your care team know as soon as possible if you have problems with your payment.
- Use your Medicare and other insurance benefits, when appropriate.

- Take care of any durable medical equipment you get, such as wheelchairs and hospital beds.
- Report fraud or abuse by providers or Community Care employees. If you suspect someone is committing or has committed fraud or abuse of public assistance funds, including Family Care, call the fraud hotline at 877-865-3432 or visit dhs.wi.gov/fraud.
- Not engage in any fraudulent activity or abuse benefits. This includes:
 - Not being truthful about your level of disability.
 - Not being truthful about your income and assets.
 - Not being truthful about where you live.
 - Selling medical equipment supplied by Community Care.

Any fraudulent activity may result in disenrollment from Family Care or possible criminal prosecution.

- Call your care team for help if you have questions or concerns.
- Tell us how we are doing. We may ask if you want to take part in member interviews, satisfaction surveys, or other quality review activities. Your feedback will help us identify our strengths as well as the areas we need to improve. Let us know if you would like to know the results of any surveys. We would be happy to share that information with you.

Chapter 8. Grievances and appeals

Introduction

If you are unhappy with your care or services, you have a right to file a grievance or appeal a decision made by Community Care and to receive a timely and fair review. The best place to start is by talking with your care team. This is usually the easiest and fastest way to address your concerns.

- An **appeal** is a way to ask for someone to look closer at a decision Community Care made about your benefits. These decisions are called adverse benefit determinations.
- A **grievance** is when you are not satisfied with Community Care, one of our providers, or the quality of your care or services. You can file a grievance when you are not satisfied with anything other than an adverse benefit determination.

If you do not want to talk with your care team, you have other ways to voice your concerns.

- You can call a member rights specialist, who can work with you throughout the grievance and appeal process to try to find a solution. They will:
 - Tell you about your rights
 - Try to solve your concerns
 - Help you file a grievance or appeal

For help with the grievance and appeal process, contact:

Community Care
Member Rights Specialist
205 Bishops Way
Brookfield, WI 53005
Phone: 1-866-992-6600 (TTY: 711)

- You can file a grievance or appeal with Community Care.
- You can work with an ombudsman program. These programs are available to help all Family Care members with grievances and appeals.
 - If you are age **60 or older**, contact the Board on Aging and Long Term Care. Go to longtermcare.wi.gov, call 800-815-0015 (TTY: 711), or email BOALTC@wisconsin.gov.
 - If you are **18 to 59 years old**, contact Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.
- A family member, friend, attorney, or advocate can help you.

Copy of your case file

You have a right to a free copy of your case file. It includes all documents, medical records, and other materials related to your grievance or appeal. To request a copy, contact a Member Rights Specialist by phone at 1-866-992-6600 or 262-207-9325 or by email at MemberRights@communitycareinc.org.

You will not get in trouble if you complain or disagree with your care team or your providers. If you file a grievance or appeal, you will not be treated differently.
We want you to be satisfied with your care.

Grievances

What is a grievance?

A grievance is when you are not satisfied with Community Care, one of our providers, or the quality of your care or services. For example, you might want to file a grievance if:

- Your personal care worker often arrives late.
- You feel your care team doesn't listen to you.
- You have trouble getting appointments with a provider.
- You aren't satisfied with your provider's incontinence products.

Who can file a grievance?

A grievance may be filed by:

- You.
- Your legal decision maker. For example, a legal guardian or activated power of attorney for health care.
- A person or organization you have appointed as your authorized representative for Medicaid.
- Any person with your written permission. For example, a family member, friend, or provider.

What is the deadline to file a grievance?

You can file a grievance at any time.

File your grievance with Community Care

You can file a grievance with Community Care by calling or writing to us.

Community Care
Member Rights Specialist
205 Bishops Way
Brookfield, WI 53005
Phone: 1-866-992-6600
TTY: 711
Email address: MemberRights@communitycareinc.org

What happens next?

You will be sent a letter within five business days to let you know we received your grievance. Then, Community Care staff will try to help address your concerns. We might not be able to come up with a solution. Or, you might not want to work with Community Care staff. In these cases, our Grievance and Appeal Committee will review your grievance and make a decision. Here's how it works:

- We will let you know when the committee plans to meet to review your grievance.
- The meeting is confidential.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- The committee will give you a chance to explain your concerns. You may provide information, evidence, and testimony to the committee.
- Your care team or other Community Care staff will likely be at the meeting.
- The committee will decide within 90 days from the date we first received your grievance. The committee will send you a letter with the decision.

What if I disagree with the Grievance and Appeal Committee's decision?

You can ask DHS to review the Grievance and Appeal Committee's decision about your grievance. Call the complaint and grievance hotline at 888-203-8338 or email dhsfamcare@wisconsin.gov.

What is the deadline to ask for a DHS review?

Community Care's Grievance and Appeal Committee must send you a decision on your grievance within 90 days from the date we receive your grievance.

- You have 45 days from the date you receive the committee's decision to ask for a DHS review.
- If you do not have a decision from the committee within 90 days, you have 45 days from when you should have received a decision to ask for a DHS review.

For example, Community Care has until July 30 to send you a decision. When July 30 arrives, Community Care has not sent you a decision. Starting July 31, you have until September 14 to request a DHS review of your grievance.

What happens next?

DHS works with an outside organization called MetaStar to review grievances. If you ask for a DHS review, MetaStar will:

- Reply in writing to let you know they received your request.
- Complete its review of your grievance within 30 days of receiving your request.
- Send you and Community Care a final decision on your grievance within seven days of completing its review.

What if I disagree with the DHS review?

MetaStar's decision is final. You cannot request a state fair hearing for a grievance.

Appeals

What is an appeal?

An appeal is a way to ask for someone to look closer at a decision Community Care made about stopping, suspending, or reducing your benefits, or in other situations listed in the section below titled "What types of issues can I appeal?" These decisions are called **adverse benefit determinations**.

What types of issues can I appeal?

You have the right to file an appeal if Community Care:

- Denies your request for a service.
- Limits your request for a service.
- Ends, reduces, suspends (temporarily stops) a service you have been receiving.
- Denies payment to a provider.
- Asks you to pay an amount you don't believe you owe.
- Does not arrange or provide services in a timely manner.
- Denies your request to pick a service outside the provider network.
- Does not follow grievance and appeal timeframes.
- Asks DHS to disenroll you.

You can also file an appeal with Community Care if:

- Your functional eligibility changes.
- You are found to be at the non-nursing home level of care.
- You do not like your care plan because it:
 - Does not support you to live in the place where you want to live.
 - Does not provide enough care, treatment, or support to meet your needs and identified outcomes.
 - Requires you to accept care, treatment, or support items that you don't want or that you believe are too restrictive.

If any of these situations happen, Community Care will send you **Notice of Adverse Benefit Determination** that includes your appeal rights. Read it carefully—it may tell you the deadline for filing your appeal and other time-sensitive information. If you have questions, call one of our member rights specialists for help.

Notice of Adverse Benefit Determination. The notice includes the date we plan to stop, suspend, or reduce your services. To see what a Notice of Adverse Benefit Determination looks like, go to appendix 3.

Who can file an appeal?

An appeal may be filed by you or:

- Your legal decision maker. For example, a legal guardian or activated power of attorney for health care.
- A person or organization you have appointed as your authorized representative for Medicaid.
- Any person with your written permission. For example, a family member, friend, or provider.

How do I file an appeal?

You can file an appeal by whatever method is easiest for you.

- **By phone.** Call Member Rights Specialist toll free at 866-992-6600, or the Member Rights Specialist phone at 262-207-9325, and TTY: 711. Before you call, make sure you have ready the details of your request written out on a piece of paper. If you want, a Member Rights Specialist can help you put your appeal in writing. After writing your request in a letter or on a piece of paper, mail or fax to the address below.
- **By mail, fax, or email.** Send a request form or letter to:
Community Care
Member Rights Specialist
205 Bishops Way
Brookfield, WI 53005

Fax: 262-827-4044

MemberRights@communitycareinc.org

You can get the appeal request form at dhs.wi.gov/familycare/mcoappeal.htm or from your agency.

What is the deadline to file an appeal with Community Care?

Your appeal to Community Care must be postmarked, faxed, or emailed **no later than 60 days from the date on the Notice of Adverse Benefit Determination**.

Can I keep getting services during my appeal?

If Community Care is stopping, suspending, or reducing your services, you can ask to keep getting your services during your appeal. You must postmark, fax, or email your request **on or before** the date Community Care plans to change your services.

What happens next?

If you file an appeal with Community Care, we will send you a letter within five business days to let you know we received it. We will try to help address your concerns or come up with a solution that works for both Community Care and you. We might not be able to come up with a solution, or you might not want to work with Community Care staff to address your concerns. In this case, our Grievance and Appeal Committee will meet to review your appeal. Here's how it works:

- We will let you know when the committee plans to meet to review your appeal.
- The meeting is private.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- Your care team or other Community Care staff will likely be at the meeting.
- The committee will give you a chance to explain why you disagree with your care team's decision. You or your representative can present information, evidence, and testimony. You can bring witnesses or describe your concerns to help the committee understand your point of view.
- After the committee hears your appeal, Community Care will send you a decision letter within 30 days of the date we received your appeal. Community Care may take up to 44 days to issue a decision if:
 - You ask for more time to give the committee information.
 - We need more time to gather information. If we need more time, we will send you a letter letting you know the reason for delay.

Speeding up your appeal

Community Care has 30 days to decide your appeal. You may ask us to speed up your appeal. We call this an "expedited appeal." If so, we will decide if your health or ability to perform your daily activities requires a quicker decision. We will let you know as soon as possible if we will speed up your appeal.

With an expedited appeal, you will get a decision within 72 hours of your request. However, Community Care may extend this to a total of 14 days if we need more information and if the delay is in your best interest. If you have more information you want us to consider, you will need to submit it quickly.

To ask for an expedited appeal, contact:

Community Care

Member Rights Specialist

Toll free: 866-992-6600

Member Rights Specialist Phone: 262-207-9325

Fax: 262-827-4044

TTY: 711

MemberRights@communitycareinc.org

State fair hearings

If you disagree with Community Care decision, you can ask for a state fair hearing. A fair hearing gives you the chance to tell an administrative law judge why you think there has been a wrong decision about your application or benefits.

How do I request a state fair hearing?

- **Send a request form to the Division of Hearings and Appeals.** The request form is online at dhs.wi.gov/library/f-00236.htm. You can also get a copy from Community Care's member rights specialist or from one of the advocacy organizations listed in this handbook (see page 52). An example of the form is in appendix 5.
- **Mail a letter.** Include your name, contact information, and signature. Explain what you are appealing.

Send the form or a letter asking for a hearing to the Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875. Fax: 608-264-9885. Or email DHAMail@wisconsin.gov.

Make sure to sign the request form or letter and include a copy of Community Care's appeal decision with your request. If Community Care does not give an appeal decision, include a copy of Community Care's letter acknowledging receipt of your appeal. Do not send your original copy of either letter.

What is the deadline to request a state fair hearing?

- Your request for a fair hearing must be postmarked no later than 90 days from the date you receive a decision letter from Community Care's Grievance and Appeal Committee.
- You can also request a state fair hearing if Community Care does not provide you with its decision within 30 days from the date it received your appeal. In that case, you have 90 days from the date Community Care's decision timeframe expires to request a fair hearing.

Continuing Your Services During Your State Fair Hearing of a Reduction, Suspension, or Termination of a Service

If you kept getting services during your appeal with Community Care, you can keep getting the same services until the administrative law judge makes a decision on your fair hearing request.

If you want to keep your benefits during your state fair hearing, you must:

- Postmark or fax your request for a state fair hearing **on or before** the date Community Care plans to stop, suspend, or reduce your services.
- Ask that your services continue throughout the course of your state fair hearing.

If the administrative law judge decides that Community Care was right, **you may need to repay the extra benefits that you received between the time you asked for your appeal and the time that the administrative law judge makes a decision.** However, if it would cause you a large financial burden, you might not have to pay back this cost.

What happens next?

- After you send in your request for a state fair hearing, the Division of Hearings and Appeals will mail you a letter with the date, time, and location of your hearing.
- The hearing will be done by phone or held at an office in your county.
- An administrative law judge will run the hearing.
- You have the right to take part in the hearing. You can bring an advocate, friend, family member, or witnesses with you.

- Your care team or other Community Care staff will be at the hearing to explain their decision.
- You will have a chance to explain why you disagree with your care team's decision. You or your representative can present information, bring witnesses, or describe your concerns to help the administrative law judge understand your point of view.
- The administrative law judge must issue a decision within 90 days of the date you filed a request for the hearing.

You can also file an appeal related to decisions about your financial eligibility for Family Care.

- If your agency decides you are no longer financially eligible for Family Care or says your cost share payment will change, the agency will send you a letter with information about your eligibility. It will include information about your right to request a fair hearing.

Filing an appeal with the Division of Hearings and Appeals is the only way to challenge decisions related to **financial eligibility** for Family Care. This includes decisions about your cost share.

What can I do if I disagree with the administrative law judge's decision?

If you disagree with the administrative law judge's decision, you have two options.

- 1.) Ask for a rehearing. If you want the Division of Hearings and Appeals to reconsider its decision, you must ask within 20 days from the date of the administrative law judge's decision. The administrative law judge will only grant a rehearing if one or both apply:
 - You can show that a serious mistake in the facts or the law happened
 - You have new information that you were unable to get and present at the first hearing
- 2.) Take your case to circuit court. If you want to take your case to court, you must file your petition within 30 days from the date of the administrative law judge's decision.

Who can help me with my grievance or appeal?

You can contact one of Community Care's member rights specialists any time you need help with a grievance or appeal or you have questions about your rights. Advocates can also help answer questions about the grievance and appeal processes. An advocate can also tell you more about your rights and help make sure Community Care is supporting your needs and outcomes.

You can ask anyone to act as an advocate for you, including family members, friends, an attorney, or any other person willing to help.

Ombudsman programs

Regional ombudsmen programs help all Family Care members with grievances and appeals, free of charge. Both ombudsmen programs will typically try to resolve your issues without a hearing. These agencies help Family Care members:

- If you are age **60 or older**, contact the Board on Aging and Long Term Care:
 - Go to longtermcare.wi.gov,
 - Call 800-815-0015 (TTY: 711)
 - Email BOALTC@wisconsin.gov,
 - Fax 608-246-7001, or
 - Write to: Wisconsin Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
- If you are **18 to 59 years old**, contact Disability Rights Wisconsin:
 - Go to disabilityrightswi.org,
 - Call 800-928-8778 (TTY: 711),
 - Email info@drwi.org,
 - Fax: 833-635-1968, or
 - Write to: Disability Rights Wisconsin
1502 West Broadway, Suite 201
Madison, WI 53713

Chapter 9. Ending your membership in Community Care

There are a few ways your membership in Community Care may end:

- You can choose to end your membership in Community Care at any time.
 - If you want to end your membership in Family Care, contact one of the ADRCs in Community Care's service regions:
See pages 10-11 for contact information.

Visit dhs.wi.gov/adrc for more information about ADRCs.

- Community Care must report the information to your agency. In limited situations your membership will end even if that wasn't your choice:
 - If your eligibility ends.
 - Your finances change, which make you lose financial eligibility for Family Care.
 - You are no longer functionally eligible as determined by the Wisconsin Adult Long Term Care Functional Screen.
 - You do not pay your cost share.
 - You intentionally give us incorrect information that affects your eligibility for the program.
- With approval from DHS
 - You stop accepting services for more than 30 days and we don't know why.
 - You refuse to participate in care planning and we cannot ensure your health and safety.
 - You continuously behave in a way that is disruptive or unsafe to staff, providers, or other members.

Your membership cannot be ended because your health declines or you need more services.

You have the right to file an appeal if you are disenrolled from Family Care or your membership in Community Care ends.

Appendices

Appendix 1. Glossary

Abuse: The physical, mental, or sexual abuse of an individual. Abuse also includes neglect, financial exploitation, treatment without consent, and unreasonable confinement or restraint.

Administrative law judge: An official who runs a state fair hearing to resolve a dispute between you and your managed care organization (MCO).

Advance directive: A written statement of a person's wishes about medical treatment. An advance directive is used to make sure medical staff carry out those wishes should the person be unable to communicate.

Advocate: Someone who can help you make sure your MCO is addressing your needs and outcomes.

They can help you informally resolve disputes and may be able to represent you if you decide to file an appeal or grievance.

Aging and disability resource center (ADRC): Service centers that provide information and assistance on all aspects of life related to aging or living with a disability. ADRCs are responsible for handling enrollment and disenrollment in the Family Care program.

Appeal: A request for your MCO to review a decision that denied, reduced, or suspended a service. For example, if your care team refuses to pay for a service or ends a service, you have the right to file an appeal.

Assets: Items of value you own, such as vehicles, cash, checking and savings accounts, certificates of deposit, money market accounts, and cash value of life insurance.

Authorized representative for Medicaid: A person or organization you appoint to help you get and keep Medicaid using a form. Use F-10126A (dhs.wi.gov/library/collection/f-10126a) for a person or F-10126B (dhs.wi.gov/library/collection/f-10126b) for an organization.

Benefits: The services available to Family Care members. These include personal care, home health, transportation, medical supplies, and nursing care.

Care plan: An ongoing plan that documents your personal outcomes and long-term care outcomes, needs, preferences, and strengths. The plan identifies the services you will get from family and friends and identifies approved services your MCO will provide.

Care team: Every Family Care member is assigned a care team, which includes the member, and at least a care manager, and a registered nurse. You and your care team assess your needs, identify your outcomes, and create your care plan. They will approve, coordinate, and monitor your services.

Copayment: A fixed amount you pay for a covered health care service.

Cost Share: A monthly amount you may have to pay to stay in Family Care.

Cost-effective: The option that effectively supports your long-term care outcomes at a reasonable cost, price, and effort.

Department of Health Services (DHS): The State of Wisconsin agency that runs Wisconsin's Medicaid programs, including Family Care.

Disenroll or disenrollment: The process of ending your membership in Family Care.

Division of Hearings and Appeals: The State of Wisconsin agency responsible for state fair hearings.

Enroll or enrollment: The process for applying or signing up for a program.

Estate recovery: The process where the State of Wisconsin seeks repayment for costs of Medicaid services a person gets through Medicaid-funded long-term care. The state recovers money from an individual's estate after they and their spouse dies.

Expedited appeal: A process you can use to speed up your appeal if you think waiting the standard amount of time could seriously harm your health or ability to perform daily activities.

Family Care: A Medicaid long-term care program that helps older adults and adults with physical, developmental, or intellectual disabilities. People in the program get services to help them live in their own home whenever possible.

Financial eligibility: Financial eligibility means eligibility for Medicaid. The agency looks at your income and assets to decide if you are eligible for Medicaid. You must be eligible for Medicaid to be in Family Care.

Functional eligibility: The Wisconsin Adult Long Term Care Functional Screen determines whether you are functionally eligible for Family Care. It collects information on your health condition and need for help with activities like bathing, getting dressed, and using the bathroom.

Grievance: A complaint about care, services, or other general matters. You can file a grievance if you are unhappy with the quality of your care, relationships between you and your care team, your member rights.

Guardian: The court may appoint a guardian for you if you are unable to make decisions about your own life.

Income Maintenance Agency: Your local agency determines financial eligibility for Medicaid, Family Care, and other public benefits. Go to dhs.wi.gov/im-agency to find the nearest agency.

Legal decision maker: A person who has legal authority to make decisions for you. A legal decision maker may be a guardian of you, or your estate (or both), a conservator, or a person appointed as an agent under a power of attorney for health care or finances document.

Level of care: Refers to the amount of help you need to perform your daily activities. You must meet either a "nursing home" level of care or a "non-nursing home" level of care to be eligible for Family Care.

Long-term care: The services and support you may need because of a disability, getting older, or chronic illness that limits your ability to do the things that are part of your daily routine. This includes things like bathing, getting dressed, making meals, going to work, and paying bills.

Long-term care outcome: A situation, condition, or circumstance you or your care team identify that maximizes your independence.

Managed care organization (MCO): The agency that operates the Family Care program.

Medicaid: A medical and long-term care program operated by the Wisconsin Department of Health Services (DHS). You must meet Medicaid eligibility requirements to be a Family Care member.

Medicare: The federal health insurance program for people age 65 or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant). Medicare covers hospitalizations, physician services, prescription drugs, and other services.

Member: A person who meets functional and financial eligibility criteria and enrolls in Family Care.

Member rights specialist: An MCO employee who can help you understand your rights and responsibilities. The member rights specialist helps with concerns about care and services and can help you file a grievance or appeal.

MetaStar: The agency the Wisconsin Department of Health Services (DHS) works with to review and make final decisions on member grievances.

Natural supports: The people in your life who already choose to help you.

Non-nursing home level of care: The amount of help you need includes some long-term care services, but not services in a nursing home. A limited set of Family Care services is available at this level of care.

Notice of adverse benefit determination: A written notice from the MCO that explains a change in service and the reason for the change. The MCO must send you this notice if they deny your request for a covered service, refuse to pay for a covered service, or plan to stop, suspend, or reduce a service.

Notification of appeal rights: A letter that explains your options for filing an appeal. MCOs must send a letter of appeal rights if they didn't provide services in a timely way or didn't meet the deadlines for handling an appeal.

Nursing home level of care: The amount of help you need is significant enough that you are eligible to get services in a nursing home. A broad set of Family Care services is available at this level of care.

Ombudsman: A person who investigates reported concerns and can help you resolve issues with your care and services.

Personal outcomes: The goals you have for your life.

Power of attorney for health care: A legal document you can use to authorize someone to make health care decisions on your behalf in case you become unable to make those decisions on your own.

Prior authorization (prior approval) – The care team must authorize your services before you receive them (except in an emergency). If you get a service or go to a provider outside of the network, the MCO may not pay for the service.

Provider network: Agencies and individuals the MCO contracts with to provide services. Providers include attendants, personal care, supportive home care, home health agencies, assisted living care facilities, and nursing homes. The care team must authorize your services before you can choose a provider from the directory.

Residential services: Residential care settings include adult family homes, community-based residential facilities, residential care apartment complexes, and nursing homes.

Resource allocation decision process: A tool you and your care team use to help find effective and efficient ways to meet your needs and support your long-term care outcomes.

Room and board: Rent and food costs for living in a residential care setting. You are responsible for paying your room and board expenses.

Self-directed supports (SDS): A way for you to arrange, purchase, and direct some of your long-term care services. You can choose to have control over your budget for services. You may also have responsibility for your providers, including hiring, training, supervising, and firing your direct care workers.

Service area: The area where you must live to enroll and stay enrolled with Community Care.

State fair hearing: A hearing held by an administrative law judge who works for the State of Wisconsin Division of Hearing and Appeals.

Appendix 2. Application for Reduction of Cost Share

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-01827 (12/2022)

STATE OF WISCONSIN
Administrative Rule
DHS 10.34

APPLICATION FOR REDUCTION OF COST SHARE

This process is optional. However, if you would like to request a reduction of cost share, completing this form is required. All the information requested on this form needs to be submitted. Under s 49.45(4), Wis Stats, personally identifiable information about members is confidential and is used for purposes directly related to Family Care, PACE, and Family Care Partnership administration.

Who can request a cost share reduction?

- Are you a Family Care, Family Care Partnership, or PACE member?
- Do you have to pay a monthly cost share?
- Are you unable to pay your monthly cost share due to your necessary monthly living expenses?

If you answered yes to all three questions above, you may qualify for a reduction of your cost share.

NOTE: Members who live in nursing homes are NOT eligible for cost share reduction.

Necessary monthly living expenses include costs such as mortgage payments, rent, home/renter's insurance, property taxes, clothing, food, hygiene items, internet, phone, utilities, and the cost of operating and maintaining a vehicle.

NOTE: If your monthly living expenses have significantly increased, please contact your managed care organization (MCO) care manager to update your information. This may automatically reduce your cost share to the appropriate amount without requiring completion of this application.

To request a reduction of your cost share, please complete this form or provide the same information in your own format and mail, fax, or email it to:

Member Rights Specialist
Department of Health Services
Bureau of Programs and Policy
1 West Wilson Street, Room 518
P.O. Box 7851
Madison, WI 53707-7851
Fax: 608-266-5629
Email: DHS.LTC.Fax@dhs.wisconsin.gov

Along with your application, you will need to submit proof of your monthly income, your monthly expenses, and the cost share you owe to your MCO. The form tells you what type of proof is needed and examples of the types of documents to provide. The Wisconsin Department of Health Services (DHS) will review your application and proof to calculate if the amount of cost share you pay each month can be reduced. Please note processing takes approximately 30 days after receipt of the complete application. DHS will send you a letter approving or disapproving your request. If you have questions, please call: 1-855-885-0287. TTY: 711

Who can help me complete this form?

You can obtain assistance, free of charge, from the following resources:

- **Your MCO care manager**
Contact your MCO care manager for assistance.
<https://www.dhs.wisconsin.gov/familycare/mcocontacts.pdf>
- **If you are age 18-59**, contact the **ombudsman program through Disability Rights Wisconsin**. An ombudsman can provide free and confidential support toll free at 1-800-928 8778, mention Family Care.
- **If you are age 60+**, contact an **elder benefit specialist**.

An elder benefit specialist can help answer your questions. Services are free and confidential. To find an elder benefit specialist in your county or Tribe, contact your local Aging and Disability Resource Center or aging office: <https://www.dhs.wisconsin.gov/benefit-specialists/counties.htm>

Appendix 3. Sample Notice of Adverse Benefit Determination



FAMILY CARE NOTICE OF ADVERSE BENEFIT DETERMINATION

Mailing Date: Insert Date Notice Mailed

Member Name
Member/Legal Decision Maker's Street Address
City, State Zip Code

Member ID: Member's ID or MCI Number

Dear Member Name,

This notice confirms our discussion on insert date.

The service or support in question is: insert service in question

After reviewing the options with you using the Resource Allocation Decision (RAD) process, we have decided to:

☐ Terminate current service.

Effective date of intended action:

☐ Reduce current service.

Effective date of intended action:

Description of current level:

New level after reduction:

☐ Suspend current service.

Effective date of intended action:

Expected date service will resume:

☐ Deny request for service or support.

Date of request:

☐ Limit request for service or support.

Date of request:

Description of requested level:

Authorized level of service or support:

☐ Deny payment for service or support (member request).

Date of request:

Date(s) service provided:

Provider or supplier:

Payment amount being denied:

☐ Deny payment for service or support (provider claim).

Service or support:

Date(s) of denial(s):

Date(s) of claims(s):

Provider/Supplier:

The reason for our decision is that:

☐ The service or support is not an effective way to support your outcome(s).

☐ You do not need this service or level of service or support to support your outcome.

☐ We are already supporting your outcome in another way.

☐ The service or support you received was not authorized.

☐ An informal support has been identified and has agreed to provide this service or support for you.

☐ The service or support is being performed by a member of your household and the service or support benefits the other individuals residing in the household with you.

☐ Other:

Explanation of the decision

If you disagree with this decision, the following pages describe your options.

Sincerely,

Care manager name

Care manager title

phone number

RN care manager name

RN Care Manager title

phone number

Appeal Rights

1. How to appeal this decision

If you disagree with this decision, write, call, fax, or email:

Community Care
Member Rights Specialist
205 Bishops Way
Brookfield, WI 53005
Phone: 866-992-6600 (TTY 711)
MemberRights@communitycareinc.org

You can get the Appeal Request form online at www.dhs.wisconsin.gov/familycare/mcoappeal.htm, or by calling one of the independent ombudsman agencies listed at the end of this notice.

Include a copy of this notice with the completed request form or letter.

2. Grievance and Appeal Committee

After Community Carer receives your request, we will set up a meeting with our Grievance and Appeal Committee. The committee is made up of Community Care representatives and at least one person who is also receiving services from us (or represents someone who does).

You have the right to appear in person if you choose. You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony to this committee.

You will receive a written decision on your appeal. If you do not agree with the Grievance and Appeal Committee's decision, you can request a state fair hearing. See the "state fair hearing" section below for more information.

3. Continuation of services

If you are getting benefits and you ask for an appeal before your benefits change, you can keep getting the same benefits until the Grievance and Appeal Committee makes a decision on your appeal.

If you want to keep your benefits during your appeal, your request must be postmarked, faxed, or emailed on or before insert effective date of intended action.

If the Grievance and Appeal Committee decides that Community Care, decision was right, you may need to repay the extra benefits that you received between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

4. Deadline to file your appeal with Community Care

You should file your appeal as soon as possible.

Your appeal to Community Care must be postmarked, faxed, or emailed no later than 60 calendar days from the mailing date on page one of this notice. Important: If you would like your benefits to continue during your appeal, your appeal must be postmarked, faxed, or emailed insert effective date of intended action.

5. Speeding up your appeal with Community Care

You may ask Community Care to speed up your appeal. If Community Care decides that taking the standard amount of time could seriously harm your health or ability to perform your daily activities, we will grant you a faster appeal called an “expedited appeal.” This means you will receive a decision on your case within 72 hours of your request. If you want to learn more about an expedited appeal, contact Community Care at 866-992-6600.

6. State fair hearing

You have the right to ask for a state fair hearing if you do not agree with the Grievance and Appeal Committee’s decision on your appeal.

If you ask for a state fair hearing, you will have a hearing with an independent Administrative Law Judge (ALJ). You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony at the hearing.

Community Care’s member rights specialist can assist you with filing a fair hearing request. To contact a member rights specialist, call 866-992-6600. You can also get the hearing form from one of the independent ombudsman agencies listed at the end of this notice or online at www.dhs.wisconsin.gov/library/f-00236.htm.

Send the completed request form or a letter asking for a hearing and a copy of this notice to:

Family Care Request for Fair Hearing
Wisconsin Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

Important Note: You cannot request a state fair hearing until you have received the Grievance and Appeal Committee’s decision on your appeal or Community Care fails to send you a written decision within 30 calendar days of receiving your appeal.

You have 90 calendar days from the date you receive the Grievance and Appeal Committee’s written decision on your appeal to request a state fair hearing. If Community Care fails to send you a written decision within 30 calendar days of receiving your appeal, the 90 days starts the day after the 30 calendar day period ends.

7. Who can help you understand this notice and your rights?

- a. Community Care's member rights specialist can inform you of your rights, try to informally resolve your concerns, and assist you with filing an appeal. The member rights specialist cannot represent you at a meeting with our Grievance and Appeal Committee or at a state fair hearing. To contact a member rights specialist, call 866-992-6600.
- b. Anyone receiving Family Care services can get free help from an independent ombudsman. The following agencies advocate for Family Care members:

For members age 18 to 59:
Disability Rights Wisconsin
Toll Free: 800-928-8778
TTY: 711

For members age 60 and older:
Wisconsin Board on Aging and Long Term Care
Toll Free: 800-815-0015
TTY: 711

8. Copy of your case file

You have the right to a free copy of the information in your case file related to this decision. Information means all documents, medical records, and other materials related to this decision. If you decide to appeal this decision, you have the right to any new or additional information Community Care gathered during your appeal. To request a copy of your case file, contact a Member Rights Specialist at 866-992-6600.

Appendix 4. Community Care appeal request form

DEPARTMENT OF HEALTH SERVICES

Division of Medicaid Services
F-00237 (01/2019)

STATE OF WISCONSIN

Wis. Stats. § 46.287(2)(c)

APPEAL REQUEST – COMMUNITY CARE, INC./COMMUNITY CARE HEALTH PLAN, INC. (HMO SNP) (COMMUNITY CARE)

Completing this form is voluntary. Personally identifiable information collected on this form is used to identify your case and process your request only.

Name – Member		Today's Date
Mailing Address		
City	State WI	Zip Code

- ☐ Check this box if you would like to appeal Community Care, Inc.'s decision by requesting a meeting with the Community Care, Inc. Grievance and Appeal Committee.

Continuing your services during an appeal of a reduction, suspension, or termination of a service

For Family Care and Partnership Members:

If you are getting benefits and you ask for an appeal before your benefits change, you can keep getting the same benefits until a decision on your appeal has been made. If you want to keep your benefits during your appeal, your request must be postmarked or faxed **on or before the effective date of the intended action**. If the Grievance and Appeal Committee decides that Community Care, Inc.'s decision was correct, you may need to repay the extra benefits that you got between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

- ☐ Check this box if you are a Family Care or Partnership member and if you would like to request the same services to continue during your appeal.

For Program of All-Inclusive Care for the Elderly (PACE) Members:

Community Care, Inc. will continue the current level of a **Medicaid** service until a decision on your appeal has been made if you request continuation **on or before the effective date of the intended action**. If the Grievance and Appeal Committee decides that Community Care, Inc.'s decision was correct, you may need to repay the extra benefits that you got between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

- ☐ Check this box if you are a PACE member and if you would like to request the same Medicaid services to continue during your appeal.

For All Programs

You have a right to a free copy of the information in your case file related to your appeal. Information means documents, records and other related material including any new or additional information Community Care, Inc. gathers during your appeal.

☐ **Check this box if you would like to receive the information in your case file from Community Care, Inc. related to your appeal.**

SIGNATURE – Member

Date Signed

Mail or fax this form to:

Community Care, Inc.
205 Bishops Way
Brookfield WI 53005
Fax: 262-827-4044

Your appeal must be postmarked or faxed no later than **60 calendar days** from the date on the Notice of Adverse Benefit Determination.

Appendix 5. State fair hearing request form

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00236 (02/2020)

STATE OF WISCONSIN
Wis. Stats. § 46.287(2)(c)

REQUEST FOR A STATE FAIR HEARING

SECTION A – REQUIRED

Completing this form is voluntary. Personally identifiable information collected on this form is used to identify the case and process your request only.

Name – Member		Phone	Medicaid ID #
Mailing Address		Program <input type="checkbox"/> Family Care <input type="checkbox"/> Partnership <input type="checkbox"/> PACE	
City	Zip Code	Managed Care Organization (MCO)	
Today's Date		Effective Date of Adverse Benefit Determination	

Continuing your services: If the adverse benefit determination affects your services and your request is received before the effective date, your services in most cases will not stop or be reduced. (If the judge decides that the MCO's decision was right, you may need to repay the extra services that you got between the time you asked for a fair hearing and the time that the judge makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.)

Do you wish your services to be continued? ☐ Yes ☐ No

SECTION B

Complete only if fair hearing request is related to:

☐ Eligibility ☐ Cost Share

Why are you asking for a hearing? (Attach additional sheet if needed.)

SECTION C

Complete only if fair hearing request is related to one of the below. To request a fair hearing related to one of the below, you must first go through your MCO's appeals process.

- | | |
|--|--|
| <input type="checkbox"/> Functional eligibility screen conducted by MCO | <input type="checkbox"/> Failure to provide services/supports in a timely manner |
| <input type="checkbox"/> Reduction, suspension or termination of service/support | <input type="checkbox"/> Involuntary disenrollment from the MCO |
| <input type="checkbox"/> Denial or limited authorization of a requested service | <input type="checkbox"/> Denial of request to dispute a financial liability |
| <input type="checkbox"/> Denial of payment for a service | <input type="checkbox"/> Denial of request to obtain services outside the MCO's network |
| <input type="checkbox"/> Care plan | <input type="checkbox"/> Failure of the MCO to make an appeal decision within the required timeframe |

Why are you asking for a hearing? (Attach additional sheet if needed.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Did you file an appeal with your MCO's Grievance and Appeal Committee? Date you filed the appeal:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Did you request the same services to continue during your appeal with the MCO?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Have you received a written decision from the MCO's Grievance and Appeal Committee? Attach a copy of the decision to this form or briefly describe the decision below: Summary of decision:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. If you answered "No" to question 3, when was the MCO's Appeal and Grievance Committee decision due: (If possible, attach a copy of the MCO's letter that told you when you would receive a decision.) Note: The MCO Appeal and Grievance Committee has up to 30 days to make a decision on your appeal. You must wait to see if the MCO sends you a decision on your appeal by the date in the letter before you can request a fair hearing.

SECTION D - REQUIRED

SIGNATURE – Member

Date Signed

Mail or fax this form **AND** a copy of the MCO's appeal decision letter (or, if the MCO did not provide you with an appeal decision letter, the MCO's letter informing you of the date by which it would provide you with its decision) to:

Family Care Request for Fair Hearing
c/o Division of Hearings and Appeals
PO Box 7875
Madison WI 53707-7875
Fax: 608-264-9885

Appendix 6. Notice of privacy practices

Notice of Privacy Practices

Community Care, Inc. / Community Care Health Plan, Inc.
(Community Care)
205 Bishops Way
Brookfield, WI 53005
www.communitycareinc.org

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal law that requires that all medical records and other individually identifiable health information used or disclosed by Community Care in any form, are kept properly confidential. Recent changes to HIPAA give you significant new rights to understand and control how your health information is used.

As required by HIPAA, this notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of Community Care’s responsibilities to help you. You have the right to:

Get a copy of health and claims records

- You can ask to see or get a copy of the health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We are not required to agree to the change you have requested and may say “no” to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not honor your request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a copy of this notice at any time. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us. Our contact information can be found at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W.,

Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

To help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. Treatment means providing, coordinating, or managing your health care and related services.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

To run our organization

- We can use and disclose your information to operate our organization and contact you when necessary. This includes the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing, budgeting and customer service.

Example: We use health information about you to develop better services for you.

To pay for your health services

- We can use and disclose your health information as we pay for your health services. Payment means such activities as reimbursing providers for services, confirming eligibility, billing or collection activities and utilization review.
- Example: We process a claim and pay a provider for an office visit.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research if you give us written permission or if all references to your individually identifiable information have been removed.

Comply with the law

- We can share information about you if state or federal laws require it, including sharing your information with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you give us written permission. You may change your mind at any time. Let us know in writing if you change your mind.
- We will not sell your health information.
- We will not share your psychiatric, substance abuse and HIV-related information without your written permission except when permitted by law.
- We will abide by all applicable state and federal laws. There may be state and federal laws that have more requirements than HIPAA on how we use and disclose your health information. If there are specific, more restrictive

requirements, even for some of the purposes listed above, we may not disclose your health information without your written permission.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and on our web site. We will provide you with a copy of the revised notice within 60 days of the change.

This notice is effective as of November 2013.

Please contact us for more information:

Compliance Officer
Community Care, Inc. / Community Care Health Plan, Inc.
205 Bishops Way
Brookfield, WI 53005
414-231-4000
compliancehotline@communitycareinc.org
Compliance Hotline: 262-207-9440

Community Care is a private, non-profit organization that integrates health care and well-being services to provide the wider range of help that seniors and adults with disabilities need. In business since 1977, our services allow people to continue living independently, in their own homes and communities.

Community Care has a contract with the Wisconsin Department of Health Services and is a certified care management organization.



Community Care, Inc. | 205 Bishops Way | Brookfield, WI 53005
Telephone: 414-231-4000 | Toll-free: 866-992-6600 | www.communitycareinc.org