

# 2010 Member Handbook

Counties of:  
Chippewa • Dunn • Eau Claire • Pierce • St. Croix

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# Community Family Care Assistance and Information

<b>Main Office:</b>	<b>Community Family Care 2240 EastRidge Center Eau Claire, WI 54701</b>
<b>Voice and TTY:</b>	715-838-2900
<b>Toll Free:</b>	800-842-1814
<b>Website:</b>	<a href="http://www.communityhealthpartnership.com">www.communityhealthpartnership.com</a>

**The following individuals can be reached at our main office:**

Member Advocate  
Grievance and Appeals Coordinator  
Quality Coordinator

**Branch Offices:**

<p><b>Chippewa Falls</b> 475 Chippewa Mall Drive, Suite 418 Chippewa Falls, WI 54729</p> <p><b>Voice:</b> 715-720-1865 <b>Toll Free:</b> 866-720-1865</p>	<p><b>Menomonie</b> 3120 Schneider Avenue, Suite 3 Menomonie, WI 54751</p> <p><b>Voice:</b> 715-233-3370 <b>Toll Free:</b> 800-856-1580</p>	<p><b>River Falls</b> 186 County Road U River Falls, WI 54022</p> <p><b>Voice:</b> 715-426-8100 <b>Toll Free:</b> 800-842-1814</p>
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**Community Family Care's Office Hours:**

8:00 a.m. to 4:30 p.m. Monday-Friday

**After Hours (24 Hours/Day, 7 Days/Week):**

800-842-1814, 715-838-2900 (TTY)

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## Welcome to Community Family Care

Welcome to Community Family Care, a Managed Care Organization that has been certified by the Department of Health Services to offer the Family Care program. The Community Family Care service area includes the counties of Chippewa, Dunn, Eau Claire, Pierce and St. Croix. Community Family Care is a program of CHP-LTS, Inc.

This member handbook is an explanation of your rights, benefits and responsibilities as a member of Community Family Care. If you need this handbook in another language, Braille or large print, please call 800-842-1814 or TTY 715-838-2900 and ask for your Interdisciplinary Team (Team). Office Hours are 8:00 a.m. to 4:30 p.m. Monday through Friday.

Interpreter and translation services are available free of charge. If you have special needs, this document may be available in other formats. We will make the member handbook available to you in a format or language which is useful for you to learn about Community Family Care.

For help to translate or understand this, please call  
1-800-842-1814 (TTY 1-715-838-2900)

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono  
1-800-842-1814 (TTY 1-715-838-2900)

Если вам не всё понятно в этом документе, позвоните по телефону  
1-800-842-1814 (TTY 1-715-838-2900)

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau  
1-800-842-1814 (TTY 1-715-838-2900)

If you require adaptive aids (assistive devices) to help you in reviewing materials about your membership in Community Family Care, please contact any member of your Team for information.

If you have questions, or want more information, and are not yet enrolled in Community Family Care, please call your county Aging and Disability Resource Center at the number below.

**Chippewa County Aging and Disability Resource Center**

711 North Bridge St., Room 118  
Chippewa Falls, WI 54729  
(715) 726-7777 or Toll Free (888) 400-6920  
Email: [adrc@co.chippewa.wi.us](mailto:adrc@co.chippewa.wi.us)  
Office Hours: 8 a.m. to 4:30 p.m., Monday-Friday

**Dunn County Aging and Disability Resource Center**

808 Main Street  
Menomonie, WI 54751  
Voice/TDD (715) 232-4006 or TTY (715) 232-1116  
Office Hours: 8 a.m. to 4:30 p.m., Monday-Friday

**Eau Claire County Aging and Disability Resource Center**

Eau Claire County Courthouse  
721 Oxford Avenue, Room 1550  
Eau Claire, WI 54703  
Voice/TTY (715) 839-4735 or Toll Free (888) 338-4636  
Email: [adrc@co.eau-claire.wi.us](mailto:adrc@co.eau-claire.wi.us)  
Office Hours: 8 a.m. to 5:00 p.m., Monday-Friday

**Pierce County Aging and Disability Resource Center**

412 West Kinne Street  
Ellsworth, WI 54011  
(715) 273-6780 or Toll Free (877) 273-0804  
Office Hours: 8 a.m. to 5:00 p.m., Monday-Friday

**St. Croix County Aging and Disability Resource Center**

1101 Carmichael Road  
Hudson, WI 54016  
(715) 381-4360 or Toll Free (800) 372-2333  
Office Hours: 8 a.m. to 5:00 p.m., Monday-Friday

The Aging and Disability Resource Center (ADRC) provides information, assistance, and eligibility screening for long-term care services to prospective Community Family Care members and the general public. The ADRC is a separate county agency and is not part of Community Family Care.

It is your choice whether or not to enroll in Community Family Care. Membership is voluntary.

## **A sense of mission drives Community Family Care**

Our mission states that through creative teamwork, we facilitate quality choices that empower people to live as independently as possible. Community Family Care's vision is to lead the revolution for excellence in managed care, serving people with complex needs, one unique life at a time.

Community Family Care is offered by Community Health Partnership, Inc. (CHP), a non-profit care management organization that began in 1995 through funding provided by the Wisconsin Department of Health Services (DHS) and the Robert Wood Johnson Foundation to develop and operate an integrated health and long-term managed care program serving the frail elderly and disabled adults. Since its inception, CHP has remained true to its mission by helping the frail elderly and disabled adults live independently at home and in their communities for as long as possible.

## **Core Values**



## **How can the Community Family Care program help me?**

The Community Family Care program provides the help you need to live as independently as possible in your home or other cost-effective setting. We provide long-term care services that meet your unique needs. Community Family Care is a familiar place where you will always find a caring face.

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

When you choose the Family Care program, you will become a member of a Managed Care Organization (MCO). The MCO offers a number of services that can be "individually tailored" to meet your needs. Help with bathing, transportation, housekeeping or medical equipment are just a few of the services we can offer. You

may not receive everything you want or ask for, but you will receive the supports you need. Your Team will work with you to provide the support you need to find safe and healthy ways to help you reach your personal goals.

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

## **What does it mean to be a member?**

The Community Family Care program gives you personalized services. We will work with you and your family to give the kind of long-term care services you need and want.

Your personalized Member Centered Plan (MCP) is developed with you and your family or significant others by a special group of people working with you. We call the special group the Interdisciplinary Team (Team).

Your Team includes the following people:

- You and your significant others
- Registered Nurse
- Social Services Coordinator

A Member Centered Plan is an ongoing plan that documents the process your Team uses to help you identify, define and prioritize your personal goals and outcomes. The Member Centered Plan includes informal and community resources, services and supports that will be used to achieve your outcomes.

Your Team will work with you and anyone else you want to have involved to create a Member Centered Plan that meets your individual outcomes and help you to choose services that achieve your personal goals and outcomes. You should be involved in every part of the process. If you have a guardian or activated power of attorney for health care, that person will be involved in planning along with you and your Team to ensure your voice is heard and respected.

You will be asked to sign your Member Centered Plan indicating that you agree with and are satisfied with the plan. You will be given a copy of your signed plan. If you are not happy with your Member Centered Plan, there are appeal procedures available to you, which are discussed beginning on Page 27.

As a member of the Community Family Care program all of your long-term care services will be received and managed through the Family Care program. Together, you and your Team will figure out which services best meet your needs. You may choose your long-term care service providers from Community Family Care's Provider Directory.

You can keep your current physicians, hospitals, clinics and pharmacies. The Community Family Care program is not responsible for the physician, hospital, medications or other services listed on Page 14. These services are paid for by other insurances such as Medicare and/ or Medicaid and not by the Family Care program.

Your Team will help coordinate your primary health care services with you and your doctors.

## How are services selected and authorized?

The Community Family Care program will be responsible for helping you achieve your personal outcomes, but also has to consider cost when planning the care and choosing providers to meet your needs. To do this, your Team will use a process called the Resource Allocation Decision Method (RAD). By using the RAD method, your Team can determine if you are able to take care of yourself and how much help you would need to stay in your home.

The RAD method will help you and your Team identify the most efficient and appropriate ways to meet your needs and help support your outcomes. You and your Team will develop a Member Centered Plan that summarizes your needs and outcomes along with the services to address them. Many times people can achieve one or more of their outcomes without a lot of help from Community Family Care because family or other support people are helping you.

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

Cost effectiveness is an important element in the Community Family Care managed care decision process. Your outcomes must be realistic and the plan should be both effective and efficient in achieving your outcomes. This means that we don't support any outcomes that are impractical or dangerous.

You don't have to accept a plan that does not help you reach your outcomes. In partnership with you, Community Family Care seeks to find the most cost effective solutions and services to best meet your outcomes. Cost-effective means we first look at a range of options for effectiveness in meeting your goals and then consider the cost. You may have to compromise on some of your outcomes if reaching them fully or right away is so difficult or expensive that it is not reasonable.

Community Family Care must approve long-term care services **before** you receive them. Please ask your Team if you need a service that is not already approved and in your Member Centered Plan. **Community Family Care is not required to pay for services you receive without our prior approval.**

## **How do I use the provider network?**

Our network of providers has been chosen because they will support you in getting the outcomes you want to achieve, they are willing to work with us in a cost effective manner and they meet our standards of quality. There are times when you may want to switch providers.

Contact your Team if you wish to switch from one provider in the network to another provider in the network. Your team will ensure that the new provider is able to deliver the services you need.

For providers that come to your home or provide personal care, Community Family Care will purchase services from whomever you choose as long as that person meets Community Family Care's requirements and accepts Community Family Care's rates. Personal care involves home health, private duty nursing, or supportive home care.

Community Family Care encourages you to receive help from people who are familiar to you. However, in most cases whoever you choose to help you will need to be employed by the agency Community Family Care has contracted with to provide these services.

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

For other services, you can choose among the providers in the Community Family Care's provider network. You can request a provider who is not in the provider network by talking to your Team and Community Family Care will consider your request. Your request to use a provider who is not in the provider network would be honored when network providers:

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

## **What is self-directed supports?**

Self-Directed Supports (SDS) is a way for Community Family Care members to arrange, purchase and direct their long-term care services. In SDS, members have greater flexibility and control over service delivery and also must assume more responsibility for managing those services. Generally, members work with their Team to determine a budget for certain services based on the Member Centered Plan and then the member manages the purchase of services within that budget, either directly or with the assistance of another person chosen by the member.

Please ask your Team for the SDS guidebook to see a complete description of benefits and limitations.

## **What if I need care while I am out of the area?**

If you are going to be out of the Community Family Care service area for a temporary absence, you must notify your Team. If you want your services to continue while you are temporarily out of the service area, Community Family Care will consult with the county economic support unit to make sure you will still be considered a Community Family Care service area resident during your absence. If you are determined to be a non-resident, you may lose eligibility for the program.

If economic support determines that you will remain a resident, Community Family Care will work with you to develop a cost-effective plan for achieving your outcomes and assuring your health and safety during the absence.

If Community Family Care believes it cannot develop a cost effective plan that meets your outcomes and assures your health and safety, Community Family Care can make a request to DHS to disenroll you from the program. You would be notified of the results of the Department review of the Community Family Care's involuntary disenrollment request. If you are disenrolled but return to the Community Family Care service area, you can re-enroll in our program.

Community Family Care does not pay for care if you move permanently out of the service area. You can work with your Team to coordinate the transition of services to other providers in your new locations.

## **When can I become disenrolled from Family Care?**

You can ask to disenroll from Community Family Care at any time for any reason. You may also be disenrolled if you lose eligibility. If you say you want to disenroll, you will be referred to your county Aging and Disability Resource Center (ADRC) to discuss your options and sign a form. The ADRC will help you select a date for disenrollment and give you information about services outside of Community Family Care.

If a member's behavior or threats pose a risk to Community Family Care staff, providers or other members, Community Family Care can ask the permission of the State of Wisconsin to disenroll the member. This includes harassing and physically harmful behavior.

Community Family Care can also ask the State for a disenrollment if a member refuses to participate in care planning or to allow the Team to contact the member to assure health and safety. Community Family Care may only disenroll members against their wishes with permission from the State of Wisconsin.

## **What if my needs change?**

Your needs will be reassessed by you and your Team every six months, or whenever you have a change in condition. Your Member Centered Plan will be updated to reflect

any changes. At any time, you can request that services be added, changed, or discontinued. Whenever it is necessary, you should let your Team know and they will meet with you to discuss your needs.

## **What services are provided?**

The Community Family Care program provides long-term care services. You and your Team will make decisions about the services that will meet your needs and support your outcomes. All services must be approved by your Team before you start receiving them. This includes any service that may not be included in your Member Centered Plan.

Community Family Care may provide an alternative support or service that is not specified in the list of services. Alternative support or services must meet certain conditions. Your Team will decide with you when you require alternative support or services.

The following services are available if you require them to meet your outcomes, are approved by your Team and stated in your Member Centered Plan. This list of services is called the “Family Care Benefit Package.”

## Family Care Benefit Package

NURSING HOME LEVEL OF CARE	NON-NURSING HOME LEVEL OF CARE
<p style="text-align: center;">Community-Based Medicaid State Plan Services</p> <ul style="list-style-type: none"> <li>• Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)</li> <li>• Alcohol and Other Drug Abuse (AODA) Services (except those provided by a physician or on an inpatient basis)</li> <li>• Care and Case Management</li> <li>• Community Support Program (CSP)</li> <li>• Durable Medical Equipment, except hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Medical Supplies</li> <li>• Mental Health Day Treatment Services (in all settings)</li> <li>• Mental Health Services, except physician or inpatient</li> <li>• Nursing (including respiratory care, intermittent and private duty)</li> <li>• Occupational Therapy (except inpatient)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (except inpatient)</li> <li>• Medicaid Transportation except ambulance and common carrier</li> </ul>	<p style="text-align: center;">Community-Based Medicaid State Plan Services</p> <ul style="list-style-type: none"> <li>• Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)</li> <li>• Alcohol and Other Drug Abuse (AODA) Services (except those provided by a physician or on an inpatient basis)</li> <li>• Care and Case Management</li> <li>• Community Support Program (CSP)</li> <li>• Durable Medical Equipment, except hearing aids and prosthetics</li> <li>• Home Health</li> <li>• Medical Supplies</li> <li>• Mental Health Day Treatment Services (in all settings)</li> <li>• Mental Health Services, except physician or inpatient</li> <li>• Nursing (including respiratory care, intermittent and private duty)</li> <li>• Occupational Therapy (except inpatient)</li> <li>• Personal Care</li> <li>• Physical Therapy (in all settings except for inpatient hospital)</li> <li>• Specialized Medical Supplies</li> <li>• Speech and Language Pathology Services (except inpatient)</li> <li>• Medicaid Transportation except ambulance and common carrier</li> </ul>
<p style="text-align: center;">Institutional Medicaid State Plan Services</p>	<p style="text-align: center;">Institutional Medicaid State Plan Services</p>
<ul style="list-style-type: none"> <li>• Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and for people under age 21 or 65 and older in an Institution for Mental Disease (IMD))</li> </ul>	<p style="text-align: center;">n/a</p>

## Family Care Benefit Package – Continued

NURSING HOME LEVEL OF CARE	NON-NURSING HOME LEVEL OF CARE
<p style="text-align: center;">Home and Community-Based Waiver Services</p>	<p style="text-align: center;">Home and Community-Based Waiver Services</p>
<ul style="list-style-type: none"> <li>• Adaptive aids</li> <li>• Adult Day Care</li> <li>• Adult residential care – 1-2 bed adult family homes</li> <li>• Adult residential care – 3-4 bed adult family homes</li> <li>• Adult residential care – CBRF</li> <li>• Adult residential care – RCAC</li> <li>• Care and Case Management</li> <li>• Children’s foster homes/treatment foster homes</li> <li>• Communication aids</li> <li>• Consumer education and training</li> <li>• Counseling and therapeutic resources</li> <li>• Daily Living Skills Training</li> <li>• Day Habilitation</li> <li>• Day services for children</li> <li>• Education</li> <li>• Environmental accessibility adaptations (Home modifications)</li> <li>• Financial management services</li> <li>• Home delivered meals</li> <li>• Housing counseling</li> <li>• Personal Emergency Response Systems (PERS)</li> <li>• Prevocational Services</li> <li>• Relocation services</li> <li>• Respite</li> <li>• Self-directed supports (SDS) support broker</li> <li>• Specialized medical equipment and supplies</li> <li>• Supported Employment</li> <li>• Supportive home care</li> <li>• Transportation (Specialized transportation)</li> <li>• Vocational futures planning</li> </ul>	<p style="text-align: center;">n/a</p>

## **Nursing home – what happens if I need it?**

One of the primary goals of Community Family Care is to assist you to live as independently as possible. It is possible that at some time, a nursing home stay will be necessary. Using the RAD method, your Team will work with you to determine if a nursing home is the most appropriate place for you to live and help you find one that meets your needs.

If you need nursing home care, your Team will work with you to supervise the services you get while you are in a nursing home. They will also help you develop a plan to return to your own home as soon as possible.

## **What services are not included in the Community Family Care program?**

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

If you have Medicaid (Title 19), Medicare or other private insurance these insurances may cover the services listed below.

- Alcohol and other Drug Abuse services provided by a physician or in an inpatient setting
- Audiologist
- Chiropractic
- Crisis Intervention
- Dentistry
- Eyeglasses
- Family Planning Services
- Hearing Aids
- Hospice
- Hospital: Inpatient and Outpatient , including emergency room care (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)
- Independent Nurse Practitioner Services
- Lab and X-Ray
- Medications

## What services are not included in the Community Family Care program? (*Continued*)

- 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
- Prenatal Care Coordination
- Prosthetics
- Room and board in a CBRF, RCAC, and AFH
- School –based services
- Transportation by ambulance or common carrier

## Does Medicare pay for any services?

Community Family Care expects that members who have Medicare Parts A and/or B will use this benefit. When a member has Medicare, **there is a federal rule that requires Medicare must be billed first**. Any private insurance you have will also be billed. If you have Medicaid, it may pay for services that are not in the Family Care benefit package.

Community Family Care expects members who have Medicare Parts A and/or B to give service providers that information so they can bill Medicare first for services that Medicare covers. If you have Medicare and choose not to use your Medicare benefits, Community Family Care may refuse to pay for those services that would otherwise be covered by Medicare.

If you do not currently have Medicare because of financial concerns, your Team may be able to locate a program that will assist you in paying for Medicare premiums.

## How are my other benefits coordinated?

When you enroll in Community Family Care, you will be asked whether you have insurance coverage other than Medicare and/or Medicaid. Examples of other insurance are medication coverage, homeowners' insurance, workers' compensation and pension plan health coverage, and private health insurance.

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

## **What do I do in case of an emergency?**

If you think your symptoms require emergency care, call 911. Follow-up services are sometimes needed after a medical emergency. Please let your Team know of any needed follow-up services after receiving emergency care. If you experience a non-medical emergency, you may call your Team at 800-842-1814 or TTY 715-838-2900 during normal business hours. These numbers are answered 24 hours a day/7 days a week through our after hours on-call service.

## **Does the Family Care program pay for residential services?**

A primary goal of the Community Family Care program is to support your choices for where and with whom you want to live, and to do that in the most cost-effective way possible. If you are living in your own home, and you and your Team agree it is not feasible for you to remain there, you will make decisions together about other residential services. Options may include moving to a residential setting such as an adult family home, a community based residential facility, or a residential care apartment complex. Or, you may need nursing home care.

You and your Team are responsible for finding the most cost effective residential options within Community Family Care's provider network. All residential services must be authorized by the Team. Also, Medicaid funds may not be used for the room and board portion of the residential facility's cost. Your Team will help you find a setting where you can afford the room and board costs or, if possible, they may help you find other funding for the room and board.

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

## **Will I be required to contribute to the cost of my services?**

Some individuals enrolled in the Community Family Care program may have to pay for part of the services they receive. This payment is known as a **cost share**. Your cost share is based on your income and the cost of your care. Your Economic Support Services worker at the county human services department determines your cost share. If you have a cost share, each month you will receive a bill from Community Family Care. You must pay your cost share to Community Family Care each month to remain eligible for Medicaid.

The amount of your cost share will be looked at once a year, or anytime your income changes. You are required to report all income and asset changes to your Team and

the economic support worker within 10 days of the change. If you do not pay your cost share you will no longer be eligible for services from Community Family Care.

Please note that your cost share and your room and board expenses at a facility are two different things. It is possible that you may have both a cost share and room/board expenses monthly.

## How do I make a payment?

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

**Community Family Care**  
2240 EastRidge Center  
Eau Claire, WI 54701

## How to contact us?

The Family Care program is sponsored by Community Family Care:

**Main Office:** Community Family Care  
2240 EastRidge Center  
Eau Claire, WI 54701

**Voice and TTY:** 715-838-2900  
**Toll Free:** 800-842-1814

### Branch Offices:

<b>Chippewa Falls</b> 475 Chippewa Mall Drive, Suite 418 Chippewa Falls, WI 54729  <b>Voice:</b> 715-720-1865 <b>Toll Free:</b> 866-720-1865	<b>Menomonie</b> 3120 Schneider Avenue, Suite 3 Menomonie, WI 54751  <b>Voice:</b> 715-233-3370 <b>Toll Free:</b> 800-856-1580	<b>River Falls</b> 186 County Road U River Falls, WI 54022  <b>Voice:</b> 715-426-8100 <b>Toll Free:</b> 800-842-1814
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Community Family Care's Office Hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. After Hours, 24 Hours/Day, 7 Days/Week Call: 800-842-1814, 715-838-2900 (TTY).

For address information and hours of operation for each ADRC, please refer to Page 5.

**ADRC Chippewa County:** (715) 726-7777 or Toll Free (888) 400-6920  
**ADRC Dunn County:** (715) 232-4006 or TTY (715) 232-1116  
**ADRC Eau Claire County:** (715) 839-4735 or Toll Free (888) 338-4636  
**ADRC Pierce County:** (715) 273-6780 or Toll Free (877) 273-0804  
**ADRC St. Croix County:** (715) 381-4360 or Toll Free (800) 372-2333

## What happens if I get a bill?

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

## How do I receive care after normal business hours?

In an emergency, you should always receive care immediately. You do **not** need to contact your Team or get prior authorization in an emergency. Dial 911 for immediate help by phone or go directly to the nearest emergency room, hospital, or urgent care center.

If in doubt about whether a problem is an emergency or you have an immediate need, you should contact the On-Call Staff anytime including, nights, weekends or holidays at 800-842-1814 or TTY users should call 715-838-2900. The On-Call Staff is available to assist you in obtaining authorization of services. **After Hours On-Call Service is available 24 hours a day, 7 days a week.**

## What are Advance Directives?

You have the right to ask someone such as a family member or friend to help you with decisions about your health care. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means that, *if you want to*, you can:

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

The legal documents that you can use to give your directions in advance in these situations are called “**advance directives**.” There are different types of advance directives and different names for them. Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives.

If you want to have an advance directive, **you can get a form from your lawyer, from a social worker, or from some office supply stores.** You can sometimes get advance directive forms from organizations that give people information about Medicare such as the Wisconsin Board on Aging and Long Term Care, or your SHIP, which stands for State Health Insurance Assistance Program.

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

**By phone at:** 1-800-815-0015  
**By fax at:** 1-608-246-7001  
**By email at:** BOALTC@ltc.state.wi.us, **or**  
**By writing:** 1402 Pankratz Street, Suite 111  
Madison, WI 53704

**Regardless of where you get this form, keep in mind that it is a legal document.** You should consider having a lawyer help you prepare it. It is important to sign this form and keep a copy at home.

- You should **give a copy of the form to your doctor and to the person you name on the form** as the one to make decisions for you if you can't.
- You may want to give copies to close friends or family members.
- If you know ahead of time that you are going to be hospitalized and you have signed an advance directive, **take a copy with you to the hospital**. If you are admitted to the hospital, they will ask you whether you have signed an advance directive form and whether you have it with you. If you have not signed an advance directive form, the hospital has forms available and will ask if you want to sign one.

**Remember, it is your choice whether you want to fill out an advance directive (including whether you want to sign one if you are in the hospital).** According to law, no one can deny you care or discriminate against you based on whether or not you have signed an advance directive. If you have signed an advance directive, and you believe that a doctor or hospital hasn't followed the instructions in it, **you may file a complaint with:**

**Wisconsin Department of Health Services  
Division of Quality Assurance  
PO Box 2969, Madison, WI 53701  
OR  
Telephone at: (608) 266-8481  
OR  
Fax at: (608) 267-0352**

## What are my rights as a member of Community Family Care?

1. To participate in planning and evaluating your services, including:
  - Planning and evaluating your own treatment and services;
  - Choosing any other individuals you want to participate in planning your services; and
  - Having Member Centered Plan decisions arrived at using objective criteria.
2. To choose to enroll in Community Family Care, if eligible, and to disenroll from the Community Family Care at any time for any reason.
3. To be free from unlawful discrimination in applying for or receiving the Family Care benefit.
4. To receive prompt eligibility, entitlement, and cost-sharing decisions and assistance.
5. To receive information regarding all services and supports potentially available to a member through the Family Care benefit.
6. To choose services and providers, including:
  - For “critical personal services,” to choose any qualified provider who will accept a rate Community Family Care is willing to pay and meet other Community Family Care standards. “Critical personal services” are services that involve intimate personal needs involving personal care, home health, private duty nursing or supportive home care and a provider that is in your home frequently;
  - For other services, to choose from the providers within the Community Family Care network, and to request consideration for providers to be added to the network;
  - To have a family member, relative, or friend paid to provide a service approved by the Team if the family member, relative, or friend accepts the rate Community Family Care is willing to pay and meets the Community Family Care’s requirements and standards; and,
  - To choose providers outside the Community Family Care network if the network does not have providers with the specialized knowledge needed to treat your condition or meet your specific needs.
7. To receive the services identified in the individualized Member Centered Plan, including:
  - An objective, individualized assessment to determine your needs and help you identify your own long-term care needs and personal goals or outcomes;
  - A Member Centered Plan tailored to meet your unique needs, circumstances and preferences as determined by the assessment; and

- Services and supports from qualified providers that are prompt, adequate and appropriate for meeting your individual needs, and that, as much as possible, preserve your health, safety and well being, and keep you free from abuse and neglect.
8. To accuracy and privacy of any information Community Family Care may have about you. You also have the right to access this information upon request. Community Family Care must follow the Health Insurance Privacy and Accountability Act (HIPAA) to assure your health information remains confidential.
  9. To personal autonomy and other civil and legal rights, including being able to:
    - Make your own choices and decisions to the extent that you are able, and to be supported in decision-making in a manner that maximizes your ability and autonomy;
    - Manage and control your own services to the extent you are willing and able;
    - Receive treatments/services in the least restrictive conditions consistent with your Member Centered Plan;
    - Live in the setting you choose unless there are essential health or long term support needs that cannot reasonably be met in such a setting, or the preferred setting includes a package of services that exceeds your identified needs;
    - Develop an advance directive, such as a durable power of attorney for health care or a living will; and
    - Fully exercise your rights as a Community Family Care member and any other civil and legal rights to which you are entitled.
    - Identify, eliminate or monitor and manage situations where a conflict of interest may exist due to a person or entity having an interest in, or the potential to benefit from, a particular decision, outcome or expenditure.
  10. To dignity, respect, fair and equitable treatment, and to be free from discrimination.
  11. To request and obtain information on the results of member surveys by contacting the Quality Coordinator for Community Family Care at 800-842-1814, 715-838-2900 (TTY).
  12. To receive services from culturally competent providers and to information about the specific capacities of providers, such as languages spoken by staff, or adherence to a particular set of religious customs.
  13. To request a private room in residential services and to have the procedures explained regarding the authorization of private rooms, and the procedure if a private room is not immediately available.

14. To assistance and support in understanding your rights and resolving complaints, grievances, and appeals, including assistance from:
  - Your Team and other service providers;
  - The Grievance and Appeals Coordinator or Member Rights Advocate at 715-838-2900 or Toll Free at 800-842-1814.
  - An external advocate not associated with Community Family Care or its providers such as a Disability Benefits Specialist or Elderly Benefit Specialist at the county ADRC.
15. To use all available rights and grievance and appeal processes beyond those specified in the Family Care benefit such as your rights as a resident of a nursing home or a community based residential facility.
16. To provide input on changes in Community Family Care policies and services.
17. To contact the Wisconsin Department of Justice (DOJ) to perform a criminal history record search on a caregiver who comes to your home to provide personal care services. You are responsible for payment of the fee that the DOJ will charge for completing the search. If you want to request this type of criminal history record search, contact the Department of Justice at 608-266-1221 or visit their website at [www.doj.state.wi.us](http://www.doj.state.wi.us).

If you have questions or concerns about your rights and protections, you can call the Community Family Care Member Rights Advocate at 1-800-842-1814.

## **What are my responsibilities?**

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

1. To provide the staff with correct information regarding your health care needs, finances and preferences.
2. To sign a “release of information” form so that we can obtain information you might not have readily available.
3. To participate in the initial and ongoing development of your plan of care.
4. To use the providers or agencies that are part of Community Family Care, unless you and your Team decide otherwise.
5. To comply with emergency care service procedures.
6. To report in a timely manner any changes in your personal health (including hospital stays) that might affect your need for services or functional eligibility.

7. To report in a timely manner any changes in your financial status that might affect your eligibility.
8. To notify us if you move to a new address or change your telephone number.
9. To notify us of any planned move out of the service area or a temporary absence.
10. To work cooperatively and respectfully with staff and caregivers who are helping you achieve your outcomes and to accept services without regard for the provider's race, color, religion, age, gender, sexual orientation or national origin.
11. To use your Medicare benefits, when appropriate.
12. To become familiar with the information in this handbook including your rights, and the rules you must follow when enrolled in Community Family Care.
13. To talk with your Team if you have any questions, and to give your Team information they need to help you achieve the results you want from your care and supports.
14. To work with your Team to develop and follow a Member Centered Plan that will meet your needs in a cost efficient manner.
15. To take care of any durable medical equipment (DME) equipment, such as wheel chairs, and hospital beds provided to you by Community Family Care.
16. To pay any monthly costs on time, including any room and board charges you may have.
17. To let Community Family Care know as soon as possible when you have questions, suggestions or if you have problems with your payment.
18. To report fraud or abuse on the part of providers or Community Family Care employees.

## **What does abuse, neglect or financial exploitation mean?**

Community Family Care always strives to help members meet health and safety needs. Community Family Care members have the right to be free from abuse, neglect and financial exploitation. It is important to be clear about the definitions of abuse, neglect and financial exploitation. It is also important that you know what to do if you are experiencing or witnessing abuse, neglect or financial exploitation of a vulnerable adult.

Abuse can be:

- Physical and it does not matter whether the abuse is intentional or reckless but that the action of one person results in physical pain or injury, illness, or any impairment of physical condition to another person.
- Emotional abuse which includes language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening,

or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the person to whom the behavior or language is directed.

- Sexual abuse is defined as a violation of criminal assault law. It usually involves a sexual activity that is not agreed to by both people involved and/or causes physical or emotional injury.
- Any treatment that is not agreed to and forced upon a person, such as: the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, or with the knowledge that no lawful authority exists for the administration or performance.
- Unreasonable confinement or restraint, such as: the intentional and unreasonable confinement of a person in a locked room, involuntarily removing a person from his or her living area, putting a restraining device on a person, or making a person take unnecessary or excessive medication. There are very rare exceptions when the use of these methods is allowed because all other methods have failed, but any use of these methods or devices must be applied according to state and federal standards governing confinement and restraint.

Neglect can be intentional or unintentional but it is the failure of a caregiver to secure or maintain adequate care, services, or supervision for a person in their care. This includes food, clothing, shelter, or physical or mental health care, and the result of the neglect creates significant risk or danger to the person's physical or mental health.

Neglect does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration such as a do-not-resuscitate order, a power of attorney for health care, or as otherwise authorized by law.

Self neglect means that a person who is responsible for his or her own care does not obtain adequate care, including food, shelter, clothing, or medical or dental care. The inability to obtain care results in a significant danger to the person's physical or mental health.

Financial exploitation, which is also known as material abuse, is the misuse of money or property by others. It includes deceiving an individual, diverting income, mismanaging funds and taking money, property and possessions against the person's will. Adult children, grandchildren, other relatives, caregivers, acquaintances or friends sometime commit these acts.

Financial exploitation includes any of the following acts:

- Fraud, enticement or coercion
- Theft
- Misconduct by a fiscal agent
- Identity theft
- Unauthorized use of the identity of a company or agency
- Forgery
- Unauthorized use of financial transaction cards including credit, debit, ATM and similar cards

## **How do I discuss or report abuse, neglect or financial exploitation?**

Your Community Family Care Team is available to consult with you regarding issues that you feel may constitute abuse, neglect or financial exploitation. They will assist you with coordination of reporting or securing services for safety.

**You should always call 911 in an emergency for immediate assistance.**

Your County Health and Human Services Department offers Adult Protective Services. Adult Protective Services are provided to people with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other similar incapacity to keep the individual safe from abuse, neglect, financial exploitation, misappropriation of property, prevent the individual from experiencing deterioration, or from inflicting harm on himself or herself or another person.

You may call the following numbers to report incidents of witnessed or suspected abuse:

**Chippewa County Department of Human Services**  
(715) 726-7788  
Hours: 8:00 – 4:30  
After Hours Phone: (715) 726-7788

**Dunn County Human Services Department**  
(715) 232-1116  
Hours: 8:00 – 4:30  
After Hours Phone: 911

**Eau Claire County Department of Human Services**  
(715) 839-2300  
Hours: 8:00 – 5:00  
After Hours Phone: (715) 839-4972

**Pierce County Department of Human Services**  
(715) 273-6770  
Hours: 8:00 – 5:00  
After Hours Phone: (715) 273-5051

**Aging and Disability Resource Center of St. Croix County**  
(715) 381-4360  
Hours: 8:00 – 5:00  
After Hours Phone: 911 or (715) 651-4666 (Northwest Connections)

The Crisis Hotline or Agency has staff available 24 hours per day to discuss issues of domestic violence and provide support services. You may call the following numbers at any time; they have staff available 24 hours per day:

**Chippewa County Sheriff's Department**  
(715) 726-7700  
Hours: 24 hours a day/7 days a week

**Dunn County – The Bridge to Hope**  
(715) 235-9074 or  
Toll Free (800) 924-9918  
Hours: 24 hours a day/7 days a week

**Eau Claire County – Great Rivers 211**  
(800) 362-8255  
Hours: 24 hours a day/7 days a week

**Pierce County – Turning Point**  
(715) 425-6751  
Toll Free (800) 345-5104  
Hours: 24 hours a day/7 days a week

**St. Croix County - Turning Point**  
(715) 425-6751  
Toll Free (800) 345-5104  
Hours: 24 hours a day/7 days a week

## **What if you are not satisfied with your care or treatment?**

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

If you do not want to talk with your Team, you can call our Member Rights Advocate Toll Free at 800-842-1814; (TTY number is 715-838-2900). The Member Rights Advocate or Grievance and Appeals Coordinator can help you put your grievance or appeal in writing.

## **What is an appeal?**

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

An Action is when Community Family Care:

- i. Denies or limits a service that you request;
- ii. Reduces, suspends or terminates a service that you are receiving;
- iii. Denies payment for a service in whole or in part;
- iv. Does not provide services or items included in your Member Centered Plan in a timely manner;
- v. Fails to resolve your appeal within the timeframes in this handbook; or
- vi. Develops a Member Centered Plan that is not acceptable to you because:
  - a. The plan requires you to live in a place where you don't want to live;
  - b. The plan does not provide care, treatment or support that meets your needs; or
  - c. The plan requires you to accept care, treatment or support items that you do not want.

Community Family Care will notify you in writing when it takes an “Action” as described above.

## **What is a grievance?**

A grievance is when you are not satisfied with Community Family Care and it is not because of an Action. Grievances might include:

- i. The quality of care or services;
- ii. Rudeness of a provider or employee; or
- iii. Failure to respect your rights.

## How do you file an appeal or a grievance?

You, or your legal representative, or, with your permission, a provider involved in your care have the right to file a grievance or appeal with Community Family Care, Wisconsin Department of Health Services (DHS), or to request a State fair hearing anytime you are concerned or dissatisfied with the care or services you have received from Community Family Care. You can file a grievance or appeal as soon as possible if you do not agree with a Community Family Care Action. You must submit your grievance or appeal no more than 45 days after you receive a Notice of Action. You can request an expedited resolution of an appeal if you feel that your health or life is in jeopardy as a result of the Action, and Community Family Care has three working days to offer a resolution.

A grievance can be filed orally or in writing. An appeal can be filed orally but, unless the appeal is expedited, must be followed by a written appeal. You can contact the Grievance and Appeals Coordinator or Member Rights Advocate for additional information and/or assistance regarding the process for filing an appeal or grievance. The Grievance and Appeals Coordinator and Member Rights Advocate can be reached Toll Free at 800-842-1814 or TTY 715-838-2900.

You can file a grievance or appeal with the Community Family Care Appeal and Grievance Committee and if you don't agree with the decision you can still file an appeal with DHS or with the State fair hearing process. You can also file directly with the DHS, and in many cases go directly to State fair hearing.

The contact information for these agencies is as follows:

**Community Family Care:** You or your representative can contact the Community Family Care Grievance and Appeal Coordinator by phone or in writing.

**Toll Free:** 800-842-1814

**TTY number:** 715-838-2900

You can also send a grievance or appeal letter to:

Community Family Care  
Grievance and Appeals Coordinator  
2240 EastRidge Center  
Eau Claire, WI 54701

**DHS:** You or your representative can request DHS review an appeal or grievance by contacting the Family Care Grievance hotline.

**Toll Free:** 888-203-8338

**Fax:** 608-274-8340

You can also send a grievance or appeal letter in writing or e-mail to:

DHS Family Care Grievances  
c/o MetaStar  
2909 Landmark Place  
Madison, WI 53713  
E-Mail: [dhsfamcare@wisconsin.gov](mailto:dhsfamcare@wisconsin.gov)

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

**Phone:** 608-266-3096

**TTY:** 608-264-9853

**Fax:** 608-264-9885

You or your legal representative can file for a State Fair Hearing by sending your request in writing to:

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

## Your records

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

## Timeframes

If you receive a Notice of Action, you must submit your grievance or appeal no more than 45 days after receiving the Notice. Community Family Care will acknowledge in writing the receipt of your appeal or grievance within 5 days and the Community Family Care Grievance and Appeal Committee will decide on your appeal within 20 days of receiving the appeal or grievance.

In some cases, we may need more than 20 days to resolve the concern. If we need more time, we will let you know in writing.

If you or your representative determines that taking 20 days to decide could seriously jeopardize your health or ability to maintain or regain maximum function, you can request a fast appeal. In a fast appeal, Community Family Care will decide on your appeal within 72 hours of receiving the appeal.

## Grievance and appeal resolution process

For grievances and appeals submitted to Community Family Care, we will talk with you about the grievance or appeal. Your designated family member or an authorized representative may participate in the grievance and appeal process. The Community Family Care Grievance and Appeal Committee will review and resolve appeals and grievances that are brought before them. You or your representative will be notified of the review and may present additional information or appear before the committee. The Grievance and Appeal Coordinator can assist with making these arrangements.

The Grievance and Appeal Committee will provide you with a decision no later than 20 days after we receive your appeal or grievance. We will keep your grievance or appeal private. Community Family Care will not take punitive action against you, your representative or your provider for filing an appeal or grievance.

Community Family Care will continue your current services until a decision is made about your appeal or grievance under the following conditions:

- You file the grievance or appeal before the date of intended action or within 14 days of receipt of the written notice from Community Family Care and/or DHS (whichever is later)
- **AND** the current level of services was authorized by your Team
- **AND** you request your services to continue by contacting your Team or the Grievance and Appeals Coordinator at 715-838-2900.

If you request your services to continue and the final decision of the appeal is not in your favor you may be required to pay for the services.

### **For more information**

For help in submitting a grievance or appeal, please call Community Family Care's Grievance and Appeals Coordinator or Member Rights Advocate Toll Free 800-842-1814 (TTY number is 715-838-2900).

## Advocacy services

If you want independent help with your grievance or appeal, you can contact an agency that provides advocacy services. The following agencies are available for assistance:

### **Disability Rights Wisconsin**

217 West Knapp Street  
Rice Lake, WI 54868  
715-736-1232  
TTY: 888-758-6049  
Fax: 715-736-1252  
Toll Free: 877-338-3724\*

**Or**

131 W. Wilson St., Suite 700  
Madison, WI 53703  
608-267-0214  
TTY: 888-758-6049  
Fax: 608-267-0368  
Toll Free: 800-928-8778\*

**\*This toll free number is for persons with disabilities and their families only please.**

### **The Wisconsin Board on Aging and Long Term Care**

1402 Pankratz Street, Suite 111  
Madison, WI 54703  
Toll Free: 800-815-0015

### **County Elderly and Disability Benefit Specialist (You can use the benefit specialist in your county):**

Chippewa County Department of Aging -- (715) 726-7777  
Dunn County Office on Aging -- (715) 232-4006  
Eau Claire County Dept. of Aging -- (715) 839-4735  
Pierce County Office of Aging -- (715) 273-6780  
St. Croix County Office on Aging -- (715) 381-4360

## How are we doing?

Our goal is to support the outcomes you want to achieve. A key feature of the Family Care program is member involvement. You can play an important role by telling us how we are doing. From time to time, you may be asked to participate in interviews or

surveys. These interviews and surveys help us to be sure that you are getting the care you need from your Team and all the other care workers who provide services to you. Your responses and comments help us to identify our strengths, as well as the areas we need to improve. If you are asked to participate, it is your right to refuse.

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

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

Your involvement will help us provide quality care to all members in the Family Care program. If you would like to know the results of any surveys please let us know and we would be happy to share that information with you.

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

You can also call or write to us at any time with helpful comments, questions, or observations. Your comments are always welcome, whether it is about something you like or dislike about our plan.

## **Will I be subject to estate recovery?**

Through estate recovery, the State seeks to be paid back for the cost of your services. Recovery is made from your estate, or your spouse's estate after both of you have died. The money recovered goes back to the State to be used for care to others in need.

Community Family Care members age 55 or older may have all of their costs of care recovered. Recovery is made by filing claims on estates. Remember 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. If you are already on Medicaid, or a member of Community Family Care receiving long term care services, the estate recovery rules apply to you.

If you choose to receive the Medicaid Hospice benefit, note that both the Family Care and the Hospice Medicaid benefits are recoverable under estate recovery. You will receive a notice and you may ask the Aging and Disability Resource Center for information or counseling on this particular estate recovery matter.

Your economic support worker will let you know if any of the rules of estate recovery change at any time while you are a member of Community Family Care. Of course, you can disenroll for any reason, such as a change to estate recovery rules.



Community Family Care is a program associated with Community Health Partnership, Inc.



2240 EastRidge Center  
Eau Claire, WI 54701  
Voice/TTY: (715) 838-2900  
Toll Free: (800) 842-1814  
Fax: (715) 838-2910

Branch Offices: Chippewa Falls, Menomonie & River Falls

[www.communityhealthpartnership.com](http://www.communityhealthpartnership.com)