

Family Care Member Handbook

Counties of:

Chippewa • Dunn • Eau Claire • Pierce • St. Croix



2240 EastRidge Center
Eau Claire, WI 54701

Voice: (715) 838-2900
TTY: WI Relay 711
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www.communityhealthpartnership.com

If you need this handbook in another language, Braille, or large print, please call:

(715) 838-2900
Toll-free: (800) 842-1814
TTY: Wisconsin Relay System 711

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(715) 838-2900
Toll-free: (800) 842-1814
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Cov kev pab txhais lus thiab txhais ntawv yog pab dawb xwb. Yog koj muaj teeb meem nyeem tsis tau phau ntawv no, nws kuj muaj lwm hom kom koj nyeem tau.

KEV PAB TXHAIS LUS

Yog xav kom pab txhais qhov no, uas yog pab dawb xwb, thov hu rau (TTY: 711)

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Chapter I. Important phone numbers and resources

Community Family Care 2240 EastRidge Center Eau Claire, WI 54701	
Voice:	(715) 838-2900
TTY:	Wisconsin Relay 711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
Toll Free:	(800) 842-1814
Website:	www.communityhealthpartnership.com
Office Hours:	8:00 a.m. to 4:30 p.m. Monday through Friday
After-Hours Assistance:	(800) 842-1814
<p>The following individuals can be reached at any of the above telephone numbers:</p> <ul style="list-style-type: none"> • Customer Service • Member Rights Specialist • Grievance and Appeals Coordinator <p>The Member Rights Specialist or Grievance and Appeals Coordinator can help with grievances and appeals.</p>	

Branch Offices:

Chippewa Falls 475 Chippewa Mall Drive, Suite 418 Chippewa Falls, WI 54729 Voice: (715) 720-1865 Toll Free: (800) 720-1865	Menomonie 3120 Schneider Avenue, Suite 3 Menomonie, WI 54751 Voice: (715) 233-3370 Toll Free: (800) 856-1580	River Falls 186 County Road U River Falls, WI 54022 Voice: (715) 426-8100 Toll Free: (800) 842-1814
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If you are experiencing a life-threatening emergency, call 911

Aging and Disability Resource Centers (ADRCs):

Aging and Disability Resource Center of Chippewa County
 711 North Bridge Street, Room 118, Chippewa Falls, WI 54729
 (715) 726-7777 or Toll Free (888) 400-6920

Aging and Disability Resource Center of Dunn County
 808 Main Street, Menomonie, WI 54751
 (715) 232-4006 (Voice/TDD)

Aging and Disability Resource Center of Eau Claire County
 Eau Claire County Courthouse, 721 Oxford Avenue, Room 1550
 Eau Claire, WI 54703
 (715) 839-4735 (Voice/TTY) or Toll Free (888) 338-4636

Pierce County Aging and Disability Resource Center
 412 West Kinne Street, Ellsworth, WI 54011
 (715) 273-6780 or Toll Free (877) 273-0804
 TTY/TDD (715) 273-5051

St. Croix County Aging and Disability Resource Center
 1101 Carmichael Road, Hudson, WI 54016
 (715) 381-4360 or Toll Free (800) 372-2333

To report witnessed or suspected abuse, neglect or financial exploitation, you can call:

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 Wisconsin Board on Aging and Long Term Care and Disability Rights Wisconsin are available to help all Family Care members with grievances and appeals. They can respond to your concerns in a timely fashion.

Wisconsin Board on Aging and Long Term Care - Ombudsmen from this agency provide assistance to individuals age 60 and older .	
CALL	(800) 815-0015
WRITE	1402 Pankratz Street, Suite 111 Madison WI 53704-4001
WEBSITE	http://longtermcare.wi.gov/

Disability Rights Wisconsin - Ombudsmen from this agency provide assistance to individuals under age 60 .	
CALL	General: (608) 267-0214 Rice Lake Toll Free: (877) 338-3724 Madison Toll Free: (800) 928-8778 Milwaukee Toll Free: (800) 708-3034
TTY	TTY: (888) 758-6049
WRITE	131 W. Wilson Street, Suite 700 Madison, WI 53703
WEBSITE	http://www.disabilityrightswi.org/programs/fcop (See Website for contact information for other locations.)

Medicaid Member Services (ForwardHealth)	
CALL	(800) 362-3002 Calls to this number are free. You can get general information about Medicaid and get a new ForwardHealth card.

The Railroad Retirement Board is an independent Federal agency that administers comprehensive benefit programs for the nation's railroad workers and their families. If you have questions regarding your benefits from the Railroad Retirement Board, contact the agency.

Railroad Retirement Board	
CALL	(877) 772-5772 Calls to this number are free. Available 9:00 am to 3:30 pm, Monday through Friday If you have a touch-tone telephone, recorded information and automated services are available 24 hours a day, including weekends and holidays.
TTY	(312) 751-4701 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are <i>not</i> free.
WEBSITE	http://www.rrb.gov

**If you are experiencing a
life-threatening
emergency, call 911**

Chapter 2. Welcome and introduction

Welcome to Community Family Care

Welcome to Community Family Care, a Managed Care Organization (MCO) that operates the Family Care program.

This handbook explains your rights and responsibilities, what is covered in the Family Care benefit package, and what to do if you have a problem or concern. If you are a member and you would like help in reviewing this handbook, please contact your Team.

In general, the words “you” and “your” in this document refer to *you*, the *Member*. “You” and “your” may also mean your authorized representative, such as a legal guardian or activated power of attorney.

The words “your Team” mean you **and** the staff from Community Family Care that you will be working with. You are a central part of your Team. This document frequently uses the words “you and your Team.” In those situations, “your Team” is referring to the Community Family Care staff from your Team.

If you are not yet a member and have questions, or want more information about how to enroll in Family Care or other programs, please call the Aging and Disability Resource Center (ADRC) in your area. ADRCs provide information and assistance and help people apply for programs and benefits. The ADRC is a separate agency and is not part of Community Family Care. The ADRC is available to help you, whether or not you decide to become a Family Care member. The address and phone number of your local ADRC can be found on page 7.

How can the Family Care program help me?

The State of Wisconsin, counties, and Community Family Care are working together to improve the long-term care system. This new way of helping older people and people with disabilities is known as Family Care.

Family Care provides care management and a wide range of services and supports that are “individually tailored” to meet your needs. Help with bathing, transportation, housekeeping or medical equipment are just some of the services we offer. (See Chapter 4, page 20, for a list of covered services.)

We believe that if you need long-term care services, you should be able to get them when and where you need them. Community Family Care’s Family Care program helps you live as independently as possible for as long as possible in your home or other cost-effective setting. Community Family Care will work with you, your family and other resources in your community to provide the support and services you need to be as safe and healthy as possible.

Who will help me?

When you become a Family Care member, you will work with a team of professionals from Community Family Care. This is your care Team and you are a central part of it. Your Team includes you and:

- Anyone else you want to be involved, including family members or friends
- A Registered Nurse
- A Social Services Coordinator
- Other professionals may be involved depending on your needs. For example, this could be an occupational or physical therapist, or a mental health specialist.

What does it mean to be a member?

As a member of Community Family Care's Family Care program, you and your Team will work together to make decisions about your health and lifestyle. Together you will make the best possible choices to support your personal needs, goals, and preferences.

You will receive your long-term care services through Community Family Care providers. When you join Family Care, we will give you a list of service providers who have agreed to work with us. You and your Team will work together to choose providers that best support your needs and goals.

Community Family Care believes our members should have personal choice when receiving services. Choice means having a say in how and when care is provided. Being a member and having personal choice also means you are responsible for helping your Team find the most cost-effective ways to support you.

Community Family Care is responsible for meeting the long-term care needs of ALL of our members. We can only do that if all of our members help us develop care plans that work but are also reasonable and cost-effective. By working together, we can make sure Family Care remains available to other people who need our services and that Community Family Care remains a successful organization.

You can keep your current physicians, hospitals, clinics and pharmacies where you get your prescription medicines. **Community Family Care's Family Care program is not responsible for these services.** They are paid for by Medicare, Medicaid, or other insurance – not the Family Care program. However, your Team will help coordinate the long-term care services we provide with you and your doctors and other health services. Examples of these are your general physician, prescription medications, podiatrist, dentist, chiropractor, etc.

Who can be a member of Community Family Care?

It is your choice whether or not to enroll in Community Family Care. Membership is voluntary. To be eligible for Family Care you must:

- Be an adult with a physical or developmental disability or are age 65 or older.
- Be a resident of one of our service areas. (see below for the list of our service areas)
- Be financially eligible for Medicaid.
- Be functionally eligible as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- Sign an enrollment form.

In addition, there has to be an opening in the program. The Aging and Disability Resource Center (ADRC) can tell you if there will be a wait to get into Family Care.

Only individuals who live in our service area can enroll in Community Family Care. To stay a member of our program, you must keep living in this service area. Our service area includes these counties in Wisconsin:

- *Chippewa County*
- *Dunn County*
- *Eau Claire County*
- *Pierce County*
- *St. Croix County*

If you plan to move out of the service area, you must notify your Team. If you move outside of our service area, you may not be able to remain a member of Family Care. (For more information, see page 19.)

Once you become a member, you must continue to meet financial and functional eligibility requirements to stay enrolled.

- **Financial eligibility** means eligibility for Medicaid (also known as Medical Assistance, MA, or Title 19). The Income Maintenance agency (formerly known as the Economic Support agency) looks at an individual's income and assets to determine if they are eligible for Medicaid. Sometimes to be financially eligible a member will have to pay a share of the cost of the services they receive. This is called "cost share" or "spend down" and must be paid every month to remain eligible for Medicaid. If you will have a cost share or spend down, staff from the ADRC will discuss this with you before you make a final decision about enrolling. For more information about cost share and spend down, see page 25. The Income Maintenance agency will review your financial eligibility and cost share or spend down at least once a year to make sure you are still eligible for Family Care.

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- **Functional eligibility** is related to a person's health and need for help with such things as bathing, getting dressed, and using the bathroom. The ADRC can tell you if you are functionally eligible for Family Care. Your functional eligibility will be reviewed at least once a year to make sure you are still eligible.

How do I become a member?

If you are not already a member, but are interested in becoming a member of Community Family Care, please call or visit the Aging and Disability Resource Center (ADRC) in your area. The address and phone number of your local ADRC can be found on page 7.

The ADRC will help assess your level of need for services and make sure you are functionally eligible for Family Care. They will give you information about other programs available. They will help you choose the most appropriate resource or program for you.

During the enrollment process, the ADRC will ask you to:

- Provide information about your health and needs.
- Provide information about your income and assets.
- Sign a "Release of Information" form for your medical records to better understand your long-term care and health needs.
- Complete and sign an enrollment form.

You will also meet with an Income Maintenance worker. This person will determine if you meet financial eligibility for Family Care.

Chapter 3. Things to know about getting services

How does Family Care work?

One of the most important things Community Family Care will do is to help you identify your **personal outcomes**. Personal outcomes represent the things that are important to you, including your goals, hopes, and dreams.

These outcomes are the “results” we try to help you get.

The general outcomes that Family Care helps members achieve are:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I work or do other activities that are important to me.
- I have relationships with family and friends I care about.
- I decide how I spend my day.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

For example, one person’s outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment.

Your Team will work with you to design and carry out a plan that supports your personal outcomes. This does not mean Community Family Care will always provide services to help you achieve your outcomes. **The things you do for yourself and the help you get from your family, friends, and others will still be a very important part of the plan to support your outcomes.** Before Community Family Care buys supports and services for you, your Team has to consider which ones support your outcomes best and which are most cost-effective.

Your care plan will be clear about:

- Your strengths and preferences.
- Your personal outcomes.
- Your needs.
- What services and supports you will receive.
- Who will provide you with each service or support.

-
- The things you are going to do yourself or with help from family, friends, or other resources in your community.

Your Team will ask you to sign your care plan showing that you agree and are satisfied with the plan. You will get a copy of your signed plan. If you are not happy with your plan, there are grievance and appeal procedures available to you. (See Chapter 8, page 34 for more information.)

Your Team will be in contact with you on a regular basis to make sure we are supporting your personal outcomes and that you are healthy and safe. Your Team is required to meet with you in person at least every three months. Your Team may meet with you more often if there is a need for more frequent visits.

If your needs change, let your Team know. Community Family Care can provide more or less services based on your changing needs. Please be assured we will always be there to support you.

How does Family Care help you manage your own services?

Community Family Care strives to respect the choices of our members. For example:

- Living arrangement, daily routine and support services of your choice are examples of the personal outcome categories Family Care supports. You will say what is important to you in personal outcome areas. You will work with your Team to find reasonable ways to support your outcomes. If you do not think your care plan offers reasonable supports for your personal outcomes, you can file an appeal. (See page 38 for more information).
- For providers that come to your home or provide intimate personal care, we will—upon your request—purchase services from any qualified provider you choose. The provider must meet our requirements and accept our rates.
- You have a right to change to a different Team, up to two times per calendar year. You do not have to say why you want a different Team. Community Family Care may not always be able to meet your request.
- You may choose to self-direct all or some of your services. (See page 17 for more information.)

How are services selected and authorized?

Your Team must approve all long-term care services **BEFORE** you receive them. Please talk with your Team if you need a service that is not already approved and in your care plan. **Community Family Care is not required to pay for services you receive without our prior approval. If you receive services without prior approval, you may have to pay for them.**

Community Family Care is responsible for supporting your personal outcomes, but we also have to consider cost when planning your care and choosing providers to meet your needs. To do this, your Team will use a process called the **Resource Allocation Decision (RAD)** method. The RAD method is a step-by-step tool you and your Team will use to find the most effective and efficient ways to meet your needs and support your outcomes.

Cost-effectiveness is an important part of the RAD method. Your outcomes must be reasonable, and your care plan should be both effective and efficient in supporting your outcomes. This also means that we don't support any outcomes that are impractical, dangerous, or illegal.

You don't have to accept a care plan that does not support your outcomes. We will work with you to find the most cost-effective way to support your outcomes. You may have to compromise on some of your outcomes if reaching them fully or right away is very difficult or expensive. You might not get everything you want or ask for, but we will work with you to provide the support you need to find safe and healthy ways to help you reach your personal outcomes.

Many times you can achieve one or more of your outcomes without a lot of help from Community Family Care because family or other people are helping you. Our goal is to support the people in your life who are already helping you. This "informal support" keeps people important to you in your day-to-day life.

Your Team will also find service providers 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 talk with your Team first. Your Team must authorize all services you receive.

Basic rules for getting services

We will generally cover your services as long as:

- The services are included in the Family Care benefit package (see page 21).
- The services support your outcomes.
- The services are the most cost-effective way to support your outcomes.
- The services are included in your care plan.
- The services have been pre-approved and authorized by your Team.

How do I use the provider network?

In addition to this handbook, you will get a list of the providers we routinely use. We call this the Provider Network Directory. If you don't have a copy of the Provider Network Directory, you can request a copy from your Team. You can also see the Provider Directory on our website at www.communityhealthpartnership.com. Our website can give you the most up-to-date information about changes in our network providers. Let your Team know if you want information about the abilities of our providers. For example, providers that have staff who speak a certain language, or understand a particular ethnic culture or religious belief.

We contract with providers that help support our members' outcomes. Our providers work with us in a cost-effective way and must meet our quality standards. Our provider network is intended to give you a choice of providers whenever possible. However, Community Family Care also has to make sure the provider is a cost-effective choice.

After your Team approves your services, you and your Team will choose from the providers in Community Family Care's Provider Network Directory. You usually have to receive your care from a network provider. However, we might use a provider outside of our network if we don't have one that can meet your needs. Other times we might use an outside provider if our regular providers are all located too far from where you live. To choose a provider not in our network, you must talk with your Team.

There might be times when you want to switch providers. Contact your Team if you want to change from one provider to another in the network. **If you change providers without talking to your Team and getting approval first, you may be responsible for the cost of the service.**

Many times our members already get help from family members or friends. Community Family Care encourages such "**informal support.**" If the people who help you need a break, we can provide fill-in help (respite care).

For providers that come to your home or provide intimate personal care, we might be able to purchase services from people who are familiar to you, such as a family member. The person you choose to use must be qualified and agree to work at a cost similar to our other providers.

Another option for arranging your services is Self-Directed Supports (SDS). See the following section for more information.

What are self-directed supports?

Choosing Self-Directed Supports (SDS) means you will have more say in how and from whom you receive your long-term care services. It is an option you can use if you want to have more responsibility and be more involved in the direction of your own services.

With SDS, you have control over your own budget for services, and you may have control over your providers including hiring, training, supervising and firing your own direct care workers.

Though frequently used for in-home care, SDS can also be used outside of the home (except for residential care services). Other services you can self-direct include transportation and personal care at your work place. You can choose how much you want to participate in SDS. It is not an “all or none” approach. You can choose to direct one, several, or nearly all of your supports and services. For example, you could choose to self-direct services that help you stay in your home or help you find and keep a job. Then you could work with your Team to manage services aimed at other outcomes in your care plan.

If you choose SDS, you will work with your Team to determine a budget for services based on your care plan and then you manage the purchase of services within that budget, either directly or with the help of another person you choose.

If you are interested in SDS, please ask your Team for more information about SDS benefits and limitations.

What should I do in case of an emergency?

If you have a life-threatening emergency, call 911.

You do NOT need to contact your Team or get prior authorization in an emergency.

A “life-threatening emergency,” means you believe that your health is in serious danger. An emergency could be 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.
- If you go to the emergency room or are admitted to the hospital, tell hospital staff that you are a member of Community Family Care.
- As soon as possible, you or someone else should call your Team to tell them about your emergency care.

Although Family Care doesn’t cover medical services, it is important to let your Team know if you go to the emergency room or are admitted to the hospital. This will ensure proper follow-up services. For example, upon discharge from the hospital, your doctor might refer you to a home health agency for follow-up services. Your Team would need to authorize the home health service before your discharge.

How do I receive care after normal business hours?

If you have an urgent need that cannot wait until the next business day, call (800) 842-1814, or TTY users should call Wisconsin Relay 711. **On-call staff are available 24 hours a day, seven days a week.** The on-call staff can authorize needed service(s) to continue until the next business day. Your Team will follow-up with you to determine whether the services should continue.

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

If you are going to be out of Community Family Care's service area and want to continue your services during a temporary absence, you must notify your Team as soon as possible.

If you want your services to continue while you are temporarily out of the area, Community Family Care will consult with the Income Maintenance agency to find out if you will still be considered a county resident.

- If you will **no longer be a resident**, you will lose eligibility for Family Care and be disenrolled. (If you are disenrolled for a temporary absence, you will have to re-apply for Family Care if you return to the service area.)
- If you will **still be considered a resident**, we will work with you to plan a cost-effective way to reach your outcomes and keep you healthy and safe while you are gone.

If Community Family Care believes it cannot develop a cost-effective plan that meets your outcomes and assures your health and safety, we can ask the State of Wisconsin to disenroll you from the program. If we ask the State to disenroll you, you will be given the opportunity to challenge our request through the appeal process. (See Chapter 8, page 38 for more information.)

Community Family Care does not pay for care if you permanently move out of the service area. If you are planning a permanent move, contact your Team as far ahead of time as possible. Your Team will talk with you about the consequences of a permanent move. You can work with your Team to coordinate the transition of services to providers in your new location.

Chapter 4. The Family Care benefit package

What services are provided?

Community Family Care's Family Care program provides long-term care services. The list of services we provide is called the "Family Care Benefit Package."

You and your Team will use the Resource Allocation Decision (RAD) method to find the most cost-effective care plan for you. Although the services in the benefit package are available to all members, it does not mean that you can get a service that is listed just because you are a Family Care member. You will only get services that are necessary to support your outcomes and assure your health and safety.

Your Team must approve all services before you start receiving them.

Community Family Care might provide a service that is not listed. Alternative support or services must meet certain conditions. You and your Team will decide when you need alternative supports or services to meet your outcomes.

The services that are available to you generally depend on your level of care. Family Care has two "levels of care":

- 1.) "Nursing home level of care" – if you meet this level of care, it means that your needs are significant enough that you are eligible to receive services in a nursing home. A very broad set of services is available at this level of care.
- 2.) "Non-nursing home level of care" – if you meet this level of care, it means that you have some need for long-term care services, but you would not be eligible to receive services in a nursing home. A limited set of services is available at this level of care.

If you don't know your level of care, ask your Team.

The following services are available if they are:

- Required to support your outcomes
- Pre-approved by your Team
- Stated in your care plan

Family Care benefit package chart

	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)	✓	✓
Durable Medical Equipment (except hearing aids and prosthetics)	✓	✓
Home Health	✓	✓
Medical Supplies	✓	✓
Mental Health Day Treatment Services (in all settings)	✓	✓
Mental Health Services, except physician or inpatient	✓	✓
Nursing (including respiratory care, intermittent and private duty)	✓	✓
Occupational Therapy (except inpatient)	✓	✓
Personal Care	✓	✓
Physical Therapy (in all settings except for inpatient hospital)	✓	✓
Speech and Language Pathology Services (except inpatient)	✓	✓
Transportation (except ambulance)	✓	✓
INSTITUTIONAL MEDICAID STATE PLAN SERVICES		
Nursing Facility including ICF-MR and IMD (for IMDs, coverage is for adults under age 21 or 65 and older)	✓	
HOME AND COMMUNITY BASED WAIVER SERVICES¹		
Adaptive Aids	✓	
Adult Day Care	✓	
Adult Residential Care: 1-2 Bed Adult Family Home (AFH)	✓	
Adult Residential Care: 3-4 Bed Adult Family Home (AFH)	✓	
Adult Residential Care: Community Based Residential Facility (CBRF)	✓	

¹ See Appendix 2 for a definition of each service.

	Nursing Home Level of Care	Non-Nursing Home Level of Care
Adult Residential Care: Residential Care Apartment Complexes (RCAC)	✓	
Care Management Services	✓	
Communication Aids	✓	
Consumer Education and Training	✓	
Counseling and Therapeutic Resources	✓	
Daily Living Skills Training	✓	
Day Services	✓	
Financial Management Services	✓	
Home Delivered Meals	✓	
Home Modifications (environmental accessibility adaptations)	✓	
Housing Counseling	✓	
Personal Emergency Response Systems (PERS)	✓	
Prevocational Services	✓	
Relocation Services	✓	
Respite Care	✓	
Self-Directed Supports (SDS) Broker	✓	
Skilled Nursing	✓	
Specialized Medical Equipment and Supplies	✓	
Specialized Transportation	✓	
Supported Employment	✓	
Supportive Home Care	✓	
Vocational Futures Planning	✓	

What services are not provided?

The following services are not in the Family Care long-term care benefit package:

- 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 (IMD) are not covered in most situations (it is only covered in a **nursing home** IMD for people under age 21 or age 65 and older)
- Independent Nurse Practitioner Services
- Lab and X-ray
- Medications/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 doesn't cover the services listed above. However, your Team will work closely with you to help you get these services when you need them. This includes arranging for transportation as needed. If you have Medicare, Veterans (VA) benefits, or other insurance, these insurances may cover the services listed above. There might be a co-payment for these services.

In addition to the above list, the following items and services are not provided:

- Services that your Team hasn't authorized or are not included in your care plan.
- Services or supports that are not necessary to support your outcomes.
- Normal living expenses like 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. (See Chapter 5, page 26 for more information).
- Guardianship fees.

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

Will I pay for any services?

You are not required to pay for any supports or services in the Family Care benefit package (see previous section) that are identified in your care plan as necessary to support your outcomes. If you arrange for supports or services that are not in your care plan, you will be responsible to pay for them.

You ARE responsible for the cost of services that are not in the Family Care benefit package and not covered by Community Family Care. This includes co-payments for medications, doctor visits, and hospital visits.

There are two other types of expenses you may have to pay for each month:

- Cost share or spend down
- Room and board

Cost share/spend down and room and board are two different things. It is possible that you may have to pay for both.

COST SHARE or SPEND DOWN

Some members may have to pay a monthly amount to remain eligible for Family Care. This monthly payment is known as a **cost share or spend down**. Your cost share or spend down is based on your income and eligibility for Medicaid and Family Care.

The Income Maintenance agency determines the amount of your cost share or spend down. If you have a cost share or spend down, you will receive a bill from Community Family Care every month.

The amount of your cost share or spend down 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 Income Maintenance agency within ten days of the change.** Assets include, but are not limited to, motor vehicles, cash, checking and savings accounts, and cash value of life insurance.

If you have questions about cost share or spend down, contact your Team

ROOM AND BOARD

You will be responsible to pay for room and board (rent and food) costs if you are living in or moving to a residential care setting. Residential care settings include adult family homes (AFHs), community based residential facilities (CBRFs), residential care apartment complexes (RCACs), and nursing homes.

Community Family Care will pay for the support and supervision portion of your care. You will be required to pay the rent and food portion of the cost. We will tell you how much your room and board will cost, and we will send you a bill each month.

You should contact your Team if you have questions, would like more information about room and board or if you feel you cannot afford to pay the room and board costs.

How do I make a payment?

Payments can be made by check or money order. Send payments to:

Community Family Care
2240 EastRidge Center
Eau Claire, WI 54701

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

What if I get a bill for services?

You do not have to pay for services that your Team authorizes as part of your care plan. If you receive a bill from a provider by mistake, do not pay it. Instead, contact your Team so they can resolve the issue.

Does Family Care pay for residential services or nursing homes?

An important goal of Community Family Care's Family Care program is to help you live as independently as possible. If you are living in your own home and you and your Team agree that you cannot stay there, you will decide together about other residential services. Your Team will continue to work with you while you are in a residential facility or nursing home.

You and your Team are responsible for finding the most cost-effective residential options within Community Family Care's provider network. **Your Team must authorize all residential services.**

You will be required to pay the rent and food portion of the facility's cost. These costs are also called "room and board" expenses. Your Team will help you find a setting where you can afford the room and board costs, or help you find other funding for room and board, if possible. For more information about room and board, see page 26.

For these reasons, 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 Family Care will pay for these services.

If you ask, your Team will tell you if a private room is available and, if not, how long the wait might be to get one. Your Team will also explain any potential costs to you if you choose a private room.

How are Medicare and my other insurance benefits coordinated?

When you enroll in Community Family Care, we will ask you if you have insurance other than Medicaid. (Medicaid is also known as known as Medical Assistance, MA, or Title 19.) Other insurance includes Medicare, Veterans benefits (VA), pension plan health coverage, 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.**

Before Medicaid pays for services, other insurance must be billed first. Community Family Care expects members to:

- Let us know if you have other insurance, including Medicare parts A and/or B.
- Update us if there are changes to your Medicare parts A and/or B coverage or other insurance.
- Let us know if you receive a payment from an insurance company, since you may have to reimburse Community Family Care. How you handle these payments may affect your eligibility for Family Care.

If you do not currently have Medicare because you feel you can't afford it, your Team may be able to find a program that will help you pay for Medicare premiums.

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

If you are already on Medicaid, or a member of Community Family Care, the estate recovery rules apply to you. Medicaid estate recovery applies to most long-term care services whether they are provided by Community Family Care or through other programs.

Through estate recovery, the State of Wisconsin seeks to be paid back for the cost of certain Medicaid long-term care 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 of Wisconsin to be used to care for others in need.

Recovery is made by filing claims on estates. The State of Wisconsin 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.

For more information about estate recovery, ask your Team. Information about the Medicaid Estate Recovery Program is also available through the resources listed below:

Phone: (800) 362-3002 (Toll-free/TTY)
Visit: http://www.dhs.wisconsin.gov/medicaid/recpubs/erp/p_13032.htm
Or write to: DHS - Estate Recovery Program
P.O. Box 309
Madison, WI 53701-0309

Chapter 6. Your rights

We must honor your rights as a member of Community Family Care. Refer to page 46 if you have questions about your rights.

- 1.) **We must provide information in a way that works for you.** To get information from us in a way that works for you, please contact your Team.
- 2.) **We must treat you with dignity, respect, and fairness at all times.** You have the right:
 - To get compassionate, considerate care from Community Family Care staff and providers.
 - To get your care in a safe, clean environment.
 - To not have to do work or services for Community Family Care.
 - To be encouraged and helped in talking to Community Family Care staff about changes in policy and services you think should be made.
 - To be encouraged to exercise your rights as a member of Community Family Care.
 - To be free from discrimination. Community Family 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, sexual orientation, health, ethnicity, creed (beliefs), age, national origin, or source of payment.
 - To 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. Unreasonable confinement or restraint is also considered abuse.
 - **Neglect** is when a caregiver fails to provide care, services, or supervision which creates significant risk of danger to the individual. Self-neglect is when an individual who is responsible for his or her own care fails to obtain 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? Your Team is available to talk with you about issues that you feel may be abuse, neglect, or financial exploitation. They can help you with reporting or securing services for safety. You should always call 911 in an emergency situation.

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

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

**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

- 3.) **We must ensure that you get timely access to your covered services.** As a member of Community Family Care, you have a right to receive services listed in your care plan when you need them. Your Team will arrange for your covered services. Your Team will also coordinate with your health care providers. Examples of these are doctors, dentists, and podiatrists. Contact your Team for assistance in choosing your providers.
- 4.) **We must protect the privacy of your personal health information.** If you have questions or concerns about the privacy of your personal health information, please call your Team. See Appendix 6, page 66, for Community Family Care's Notice of Privacy Practices.

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- 5.) **We must give you information about Community Family Care, our network of providers, and available services.** Please contact your Team if you want this information.
- 6.) **We must support your right to make decisions about your care.**
- You have a right to know about all of your choices. This means you have the right to be told about all of the options that are available, what they cost and whether they are covered by Family Care. You can also suggest other services or supports that you think would meet your needs.
 - You have the right to be told about any risks involved in your care.
 - You have the right to say “no” to any recommended care or services.
 - You have the right to get second medical opinions.
 - You have the right to give instructions about what you want done if you are not able to make decisions for yourself. 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 if you want, you can develop an “**advance directive**.” 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. Contact your Team if you want to know more about advance directives.
- 7.) **You have the right to file grievances and appeals if you are dissatisfied with your care or services.** Chapter 8 (page 34) includes information about what you can do if you want to file a grievance or appeal.

Chapter 7. Your responsibilities

Things you need to do as a member of Community Family Care are listed below. If you have any questions, please contact your Team. We're here to help.

- 1.) Become familiar with your covered services and the rules you must follow to get these covered services. Chapters 3 and 4 give the details about your services, including what is covered, what is not covered, and rules to follow.
- 2.) Participate in the initial and ongoing development of your care plan.
- 3.) Participate as a Team member in the Resource Allocation Decision (RAD) process to determine your care plan and options based on your personal outcomes.
- 4.) Follow the care plan that you and your Team agreed to.
- 5.) Be responsible for your actions if you refuse treatment or do not follow the instructions from your Team or providers.
- 6.) Use the providers or agencies that are part of Community Family Care, unless you and your Team decide otherwise.
- 7.) Follow Community Family Care's procedures for getting care after hours.
- 8.) Notify us if you move to a new address or change your phone number.
- 9.) Notify us of any planned temporary stay or move out of the service area.
- 10.) Provide Community Family Care with correct information regarding your health care needs, finances, and preferences and tell us as soon as possible about any changes in your status. This includes signing a "release of information" form when we need other information you don't have easily available.
- 11.) Treat your Team, home care staff, and service providers with dignity and respect.
- 12.) Accept services without regard to the provider's race, color, religion, age, gender, sexual orientation, health, ethnicity, creed (beliefs), or national origin.
- 13.) Pay any monthly costs on time, including any cost share, spend down, or room and board charges you may have. Let us know as soon as possible if you have problems with your payment.
- 14.) Use your Medicare and private insurance benefits, when appropriate. If you have any other health insurance coverage, tell Community Family Care and the Income Maintenance agency.

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- 15.) Take care of any durable medical equipment (DME), such as wheelchairs, and hospital beds provided to you by Community Family Care.
 - 16.) Report fraud or abuse on the part of providers or Community Family Care employees.
 - 17.) Do not engage in any fraudulent activity or abuse benefits. This may include:
 - Misrepresenting your level of disability
 - Misrepresenting income and asset level
 - Misrepresenting residency
 - Selling medical equipment supplied by Community Family Care

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

- 18.) Call your Team for help if you have questions or concerns.
- 19.) Tell us how we are doing. From time to time, we may ask if you are willing to participate in member interviews, satisfactions surveys, or other quality review activities. Your responses and comments will help us identify our strengths as well as the areas we need to improve. Please let us know if you would like to know the results of any surveys. We would be happy to share that information with you.

We may also ask your assistance 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.

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 us at any time with helpful comments, questions, or observations. We always welcome your comments, whether it is about something you like or dislike about the Family Care program.

Chapter 8. Grievance and appeals

Introduction

We are committed to providing quality service to our members. Our goal is to improve the care and services members receive, so we look to you for comments and suggestions. There may be a time when you have a concern. As a member, you have the right to file a grievance or appeal a decision made by Community Family Care and to receive a prompt and fair review.

If you are unhappy with your care or services, you should talk with your Team first. Talking with your Team is usually the easiest and fastest way to address your concerns. If you do not want to talk with your Team, you can call our Member Rights Specialist. The Member Rights Specialist can tell you about your rights, attempt to informally resolve your concerns, and help you file a grievance or appeal. The Member Rights Specialist can work with you throughout the entire grievance and appeal process to try to find a workable solution.

For assistance with the grievance and appeals process contact Community Family Care's Member Rights Specialist, at:

Community Family Care
Member Rights Specialist
2240 EastRidge Center
Eau Claire, WI 54701
Toll-free: (800) 842-1814
TTY: Wisconsin Relay 711

If you are unable to resolve your concerns by working directly with your Team or our Member Rights Specialist, Family Care gives you several ways to address your concerns. You can:

- File a grievance or appeal with Community Family Care.
- Ask for a review by the Wisconsin Department of Health Services (DHS).
- Ask for a State Fair Hearing with the Wisconsin Division of Hearings and Appeals (DHA).

You can use any or all of these ways together or at different times. **Each way has different rules, procedures and deadlines.**

If you have a particular type of concern that you do not know how to resolve, you can ask your Team or Community Family Care's Member Rights Specialist. An advocate may also be able to help you. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to help. Ombudsman programs are available to

help all Family Care members with grievances and appeals. See page 46 for contact information. Our Member Rights Specialist may be able to give you information about other places that can help you too.

Copies of your records

You can get a free copy of your records if you think you need them to help you with your grievance or appeal. To request copies, contact your Team or our Grievance and Appeal Coordinator by calling Local: (715) 838-2900, Toll Free: (800) 842-1814 or TTY: Wisconsin Relay 711.

You will not get into trouble if you complain or disagree with your Team. If you file a grievance or appeal with Community Family Care, our providers, or the State of Wisconsin, we won't treat you 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 Family Care, one of our providers, or have concerns about 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 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 on my behalf?

Your authorized representative, such as a legal guardian or activated power of attorney for health care, can file a grievance for you. Your family, a friend, or a provider can file a grievance for you too if they have your written permission.

What is the deadline to file a grievance?

You can file a grievance at any time.

What are my options?

If you want to file a grievance, you have two options. You can:

- 1.) Start by filing a grievance with Community Family Care.
→ See Option 1, listed below.
- 2.) Start by asking for a review by the Wisconsin Department of Health Services (DHS).
→ See Option 2, on page 37.

You can use either or both ways together or at different times.

GRIEVANCE OPTION 1: File your grievance with Community Family Care

Community Family Care wants you to be happy with your care and services. Our Member Rights Specialist can work with you and your Team to try to resolve your concerns informally. A lot of the time we can take care of your concerns without going further. However, if we are unable to solve your concerns, you can file a grievance with Community Family Care by calling or writing to us at:

Community Family Care
Grievance and Appeal Coordinator
2240 EastRidge Center
Eau Claire, WI 54701
Toll Free: (800) 842-1814
TTY: Wisconsin Relay 711

If you want, you can use the form at the end of this handbook to file a grievance.

What happens next?

If you file a grievance with Community Family Care, we will send you a letter within five business days to let you know we received your grievance. Then, Community Family Care staff who are not on your Team will try to help informally address your concerns or come up with a solution that satisfies both Community Family Care and you. If we are not able to come up with a solution, or if you do not want to work with Community Family Care staff to informally address your concerns, our Grievance and Appeals Committee will review your grievance and issue a decision.

- The Committee is made up of Community Family Care representatives and at least one other member. This member is a person who also receives services from us (or represents someone who does). We train this member on how to protect the privacy of others while serving on the Committee. Sometimes other people who specialize in the area of your grievance might be part of the Committee.
- We will let you know when the Committee plans to meet to review your grievance.
- The meeting is confidential. You can ask that the other member not be on the Committee if you are concerned about privacy or have other concerns.
- 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 present evidence to the Committee.
- Your Team or other Community Family Care staff will likely be at the meeting.

- The Committee will make a decision within 20 business days from the date we first got your grievance. You will get a written notice of the decision.

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

If you disagree, you can ask for a review by the Department of Health Services, unless you have already done so. You could also talk to our Member Rights Specialist or an advocate for advice on other options.

GRIEVANCE OPTION 2: Ask for a DHS review

You can also ask the State of Wisconsin Department of Health Services (DHS) to review your grievance instead of or before filing a grievance with Community Family Care. DHS is the agency that is in charge of the Family Care program. The purpose of a DHS review is to see if you and Community Family Care can work out an informal solution.

Your concerns can often be resolved directly with Community Family Care before asking DHS to review the situation. Using Community Family Care's grievance process first is not a requirement, but it is encouraged.

To ask for a DHS review, call or e-mail:

DHS Family Care Grievances
Toll-free: (888) 203-8338
E-mail: dhsfamcare@wisconsin.gov

What happens next?

DHS works with an outside organization to review grievances. If you ask for a DHS review, that external review organization will contact you.

- The external review organization will reply in writing within five business days to let you know they received your grievance.
- They will ask you for information about your concerns. They will also contact your Team. The organization will try to resolve your concerns informally.
- **The external review organization will not issue a decision.** Instead they will review your concerns and try to come up with an informal solution that is acceptable to you and Community Family Care.
- If the external review organization tells DHS that we failed to comply with certain requirements, DHS may order Community Family Care to take steps to fix the problem.
- The external review organization will complete the review and send you a letter with their findings within 20 business days of your request.

What if I disagree with the DHS review?

If you are not happy with the result of the DHS review, you can file a grievance with Community Family Care, if you have not already done so. You could also talk to our Member Rights Specialist or an advocate for advice on other options.

Appeals

What is an appeal?

An appeal is a review of a decision made by Community Family Care. For example, you can file an appeal if your Team denies a service or support you requested. Other examples are decisions to reduce or end a service, or to deny payment for a service.

Who can file an appeal on my behalf?

Your authorized representative, such as a legal guardian or activated power of attorney for health care, can file an appeal for you. Your family, a friend, or a provider can file an appeal for you too if they have your written permission.

What types of issues can I appeal?

You have the right to file an appeal in the following types of situations:

1.) You can file an appeal if Community Family Care:

- Plans to stop or reduce a service you are receiving.
- Decides to deny a service you asked for.
- Decides not to pay for a service.

If we take one of the actions listed above, we must send you a “**Notice of Action.**” The Notice of Action includes the date we plan to stop or reduce your services. To see what a Notice of Action looks like, go to Appendix 3.

2.) You can file an appeal if:

- You don't like your care plan because it:
 - Doesn't support you to live in the place where you want to live.
 - Doesn't provide enough care, treatment, or support to meet your outcomes. (Refer to Chapter 3 for information about outcomes.)
 - Requires you to accept care, treatment or support you don't want.
- Community Family Care fails to:
 - Arrange or provide services in a timely manner.
 - Meet the required timeframes to resolve your appeal.

In these situations, Community Family Care will send you a notification of your appeal rights.

- 3.) You can file an appeal related to decisions about your eligibility for Family Care.
- At least once a year, a worker from the Income Maintenance agency will review your file to make sure you are still eligible for Family Care. If you have a cost share or spend down, they will also make sure you are paying the right amount.

If the Income Maintenance agency decides you are no longer financially eligible for Family Care, or says your cost share/spend down payment will change, the agency will send you a notice with information about your eligibility for Family Care. These notices have the words “About Your Benefits” on the first page. The last page has information about your right to request a State Fair Hearing with the Division of Hearings and Appeals.

- If your functional eligibility for Family Care changes, you will receive a written notice.

Filing an appeal with the Division of Hearings and Appeals is the only way to challenge decisions related to eligibility for Family Care.

What is the deadline to file an appeal?

- You should file your appeal as soon as possible.
- Community Family Care will send you a Notice of Action if we:
 - Plan to stop or reduce a service you are getting.
 - Deny a new service you asked for.
 - Won't pay for a service.

You must file your appeal no later than 45 days after you receive the Notice of Action. (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.)

If you receive a notification of your appeal rights, you should read this notice carefully. The notice may tell you the deadline for filing your appeal. You can always call our Member Rights Specialist for assistance.

What are my options?

If you want to file an appeal, you have three options. You can:

- 1.) Start by filing an appeal with Community Family Care.
 - See Option 1, below.
- 2.) Start by asking the Wisconsin Department of Health Services (DHS) to review our decision.
 - See Option 2 (page 42) if you want to file with DHS.

-
- 3.) Start by filing an appeal with the State Division of Hearings and Appeals (DHA).
→ See Option 3 (page 44) if you want to file with DHA.

You can use any or all of these methods together or at different times. However, **each way has different rules, procedures and deadlines.**

An appeal with the State Division of Hearings and Appeals is the final level of appeal. If you choose that appeal first and don't like the decision, you can't go back and file the same appeal with Community Family Care or DHS.

If you want someone to help you file an appeal, you can talk with Community Family Care's Member Rights Specialist. An advocate may also be able to help you. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to help. Ombudsman programs are available to help all Family Care members with appeals. See page 46 for information on how to contact an advocate.

Continuing Your Services During Your Appeal

If Community Family Care decides to stop or reduce a service you are currently receiving, you have the right to ask Community Family Care, DHS, or DHA to continue your services during your appeal. Once services stop, they cannot be continued.

If you want your services to continue, you must:

- Postmark or fax your appeal **on or before** the date Community Family Care plans to stop or reduce your services; **AND**
- Ask that your services continue throughout the course of your appeal.

If your services were continued during an appeal with Community Family Care and you lose the appeal, you can continue your services at the next level of appeal if you once again request that they be continued.

The final decision of the appeal may not be in your favor. If that happens, **you might have to pay Community Family Care back for the service you got during the appeal process.** If you can show that this would be a substantial financial burden, you may not have to pay us back.

APPEAL OPTION 1: Filing your appeal with Community Family Care

To file an appeal with Community Family Care you can:

- **Call** Community Family Care. If you file your appeal by calling us, we will ask you to send in a written request. If you want, our Member Rights Specialist can help you put your appeal in writing.
- **Send in a request form.** See Appendix 4 (page 64) for a copy of the request form. Or you can go online and get the form at: <http://www.dhs.wisconsin.gov/LTCare/Memberinfo/MCOrequest.htm>.
- **Mail your request in a letter.**
- **Write down your request on a piece of paper.**

To file an appeal with Community Family Care, call:

Community Family Care Grievance and Appeal Coordinator
Toll Free: (800) 842-1814
TTY: Wisconsin Relay 711

Or, mail a completed request form, letter, or written note to:

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

What happens next?

If you file an appeal with Community Family Care, we will send you a letter within five business days to let you know we received your appeal. Then, we will try to help informally address your concerns or come up with a solution that satisfies both Community Family Care and you. If we are not able to come up with a solution or if you do not want to work with Community Family Care staff to informally address your concerns, our Grievance and Appeals Committee will meet to review your appeal.

- We will let you know when the Committee plans to meet to review your appeal.
- The Committee is made up of Community Family Care representatives and at least one other member. This member is a person who also receives services from us (or represents someone who does). We train this member on how to protect the privacy of others while serving on the Committee. Sometimes other people who specialize in the area of your appeal might be part of the Committee.
- The meeting is confidential. You can ask that the other member not be on the Committee if you are concerned about privacy or have other concerns.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.

- Your Team or other Community Family Care staff will likely be at the meeting.
- The Committee will give you a chance to explain why you disagree with your Team's decision. You or your representative can present information, bring witnesses, or give testimony to help the Committee understand your point of view.
- After the Committee hears your appeal, Community Family Care will send you a decision letter within 20 business days after we first got your appeal. Community Family Care may take up to 30 business days to issue a decision if:
 - You ask for more time to give the Committee information, or
 - We need more time to gather information. If we need additional time, we will send you a written notice informing you of the reason for delay.

Speeding up your appeal

Community Family Care has 20 business days to decide your appeal. If you think waiting that long could seriously harm your health or ability to perform your daily activities, you can ask us to speed up your appeal. We call this an "expedited appeal." We will let you know as soon as possible if we can expedite your appeal. In an expedited appeal, you will get a decision on your appeal within 72 hours of your request. However, Community Family Care may extend this to a total of 14 days if additional information is necessary and if the delay is in your best interest. If you have additional evidence you want us to consider, you will need to submit it quickly.

To request an expedited appeal, contact:

Community Family Care
Grievance and Appeal Coordinator
Toll Free: (800) 842-1814
TTY: Wisconsin Relay 711

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

If you disagree, and if you have not already done so, you can request a State Fair Hearing with the Division of Hearings and Appeals (DHA) or ask for a review by the Department of Health Services. You must do so within 45 days from the date of the Grievance and Appeal Committee's decision. You can file an appeal with DHA if Community Family Care does not issue an appeal decision in a timely manner.

Reviews by the Department of Health Services

APPEAL OPTION 2: Asking the Department of Health Services (DHS) to review Community Family Care's decision

The Wisconsin Department of Health Services (DHS) is the agency that is in charge of the Family Care program. DHS works with an outside organization to review decisions

made by Community Family Care. Staff from this external review organization will try to resolve your concerns informally.

The external review organization won't issue a decision. Instead, they will review your concerns and try to come up with an informal solution that is acceptable to you and Community Family Care.

A DHS review will not typically result in DHS ordering Community Family Care to do what you want. Nor will DHS order you to accept what Community Family Care is planning to do. However, if the review organization tells DHS that we didn't follow certain requirements, DHS may order Community Family Care to take steps to correct that.

How do I ask for a DHS review?

You may request a DHS review by calling or e-mailing:

DHS Family Care Appeals

Toll-free: (888) 203-8338

E-mail: dhsfamcare@wisconsin.gov

What is the deadline to ask for a DHS review?

You can ask DHS to review Community Family Care's decision before or instead of filing an appeal with Community Family Care or DHA.

You should ask DHS to review Community Family Care's decision as soon as possible. You must ask for a DHS review within 45 days after you receive a Notice of Action from Community Family Care. (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.)

You can request to have your services continue during the review if you request the review **on or before** the date Community Family Care plans to stop or reduce your services.

What happens next?

- The external review organization will reply in writing within five business days to let you know they received your request.
- They will contact you and ask why you disagree with Community Family Care's decision. They will also contact your Team. The external review organization will try to resolve your concerns informally.
- The external review organization will complete the review and send you a letter with their findings within 20 business days of your request.

What if I disagree with the results of the DHS review?

If you are not happy with the result of the DHS review, you can file an appeal with Community Family Care or the Division of Hearings and Appeals (or both if you haven't already done so). After you receive the letter from the external review organization with their findings, you have up to 45 days to appeal with Community Family Care or DHA.

State Fair Hearings**APPEAL OPTION 3: Filing your appeal with the Wisconsin Division of Hearings and Appeals (DHA)**

If you file an appeal with the Wisconsin Division of Hearings and Appeals (DHA), you will have a State Fair Hearing with an independent judge. Judges at DHA do not have any connection to Community Family Care. You can find more information about State Fair Hearings online at <http://dha.state.wi.us/home/HrgInfo.htm>.

An appeal with DHA is the final level of appeal. If you go to DHA first and don't agree with the decision, you can't go back and file an appeal with Community Family Care or ask for a Department of Health Services review about the same issue. However, if you request a State Fair Hearing, the Department of Health Services will automatically review your appeal.

How do I request a State Fair Hearing?

To ask for a State Fair Hearing, you can either:

- **Send a request form.** A copy of the form you can use is in Appendix 5. You can also get a copy from Community Family Care's Member Rights Specialist or from one of the advocacy organizations listed in this handbook (see page 46). Or, go to the Web to download the form at <http://dhs.wisconsin.gov/forms/f0/f00236.doc>.
- **Mail a letter.** Include your name and contact information and explain what you are appealing. If you received a Notice of Action or other notification of your appeal rights, it's a good idea to include a copy of that notice with your request for a State Fair Hearing. Do not send your original copy.

The Member Rights Specialist or an advocate can help you put your appeal in writing. To contact an advocate, see page 46.

To request a State Fair Hearing

Send the completed request form or a letter asking for a hearing to:

Family Care Request for Fair Hearing
c/o Wisconsin Division of Hearings and Appeals
5005 University Ave., #201
P.O. Box 7875
Madison, WI 53707-7875
(Or fax your request to (608) 264-9885)

What is the deadline to file an appeal with DHA?

You should file your appeal as soon as possible. You must file your appeal within 45 days after you receive a Notice of Action or other notification of your appeal rights. (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.) If you began the appeal process by filing an appeal with Community Family Care and you received a decision you didn't agree with, you have 45 days from the date you receive that decision to file a request for a State Fair Hearing.

You can request to have your services continue during the State Fair Hearing process if you file your appeal **on or before** the date Community Family Care plans to stop or reduce your services. See page 40 for more information about continuing your services.

What happens next?

- After you send in your request for a State Fair Hearing, DHA will mail you a notice with the date, time and location of your hearing.
- The hearing will be at an office in your county or may be done by telephone.
- An Administrative Law Judge will run the hearing.
- You have the right to participate in the hearing. You can bring an advocate, friend, family member, or witnesses with you.
- Your Team or other Community Family Care staff will be present at the hearing to explain their decision.
- You will have a chance to explain why you disagree with your Team's decision. You or your representative can present information, bring witnesses, or give testimony to help the 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.

What can I do if I disagree with the Judge's decision?

If you disagree with Administrative Law Judge's decision, you have two options.

- 1.) Ask for a re-hearing. If you want DHA to reconsider its decision, you must ask within 20 days from the date of the Judge's decision. The Administrative Law Judge will only grant a re-hearing if:
 - You can show that a serious mistake in the facts or the law happened, or
 - You have new evidence that you were unable to obtain 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 Judge's decision.
-

Who can help me with my grievance or appeal?

You can contact Community Family Care's Member Rights Specialist any time you need help with a grievance or appeal, or have questions about your rights. Advocates are also available to answer questions about the grievance and appeal processes. An advocate can also tell you more about your rights and help make sure Community Family Care is supporting your needs and outcomes. You can ask anyone you want to act as an advocate for you, including family members, friends, an attorney, or any other person willing to help.

Below are some places you can contact for assistance. Community Family Care's Member Rights Specialist may be able to give you information about other places that can help you too.

Ombudsman Programs

Regional Ombudsmen programs are available to help all Family Care members with grievances and appeals. They can respond to your concerns in a timely fashion. Both Ombudsmen programs will typically use informal negotiations to resolve your issues without a hearing.

Wisconsin Board on Aging and Long Term Care

Ombudsmen from this agency provide advocacy to Family Care members age 60 and older.

Board on Aging and Long Term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
Toll-free: (800) 815-0015
Fax: (608) 246-7001
<http://longtermcare.state.wi.us>

Disability Rights Wisconsin (DRW)

Ombudsmen from this agency provide advocacy to Family Care members under age 60.

Disability Rights Wisconsin
 131 W. Wilson St., Suite 700
 Madison, WI 53703
 (608) 267-0214
 TTY: (888) 758-6049
 Fax: (608) 267-0368

Madison Toll-free: (800) 928-8778
 Milwaukee Toll-free: (800) 708-3034
 Rice Lake Toll-free: (877) 338-3724
<http://www.disabilityrightswi.org>

The county elderly and disability benefit specialists can also provide advocacy to Family Care members. These benefit specialists are located at the county Aging and Disability Resource Center.

County Elderly Benefit Specialist: This benefit specialist helps anyone 60 years of age or older. You can call the Elderly Benefits Specialist in your county at:

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

County Disability Benefit Specialist: This benefit specialist will help adults ages 18-59 with disabilities:

ADRC of Chippewa County:	(715) 726-7777
ADRC of Dunn County:	(715) 232-4006
ADRC of Eau Claire County:	(715) 839-4735
ADRC of Pierce County:	(715) 273-6780
ADRC of St. Croix County:	(715) 381-4360

Chapter 9. Ending your membership in Community Family Care

You may choose to end your membership in Community Family Care at any time. We cannot advise or encourage you to disenroll from Family Care due to your situation or condition. However, there are limited situations when your membership will end even if that wasn't your choice. For example, your membership will end if you lose eligibility for Medicaid.

You must continue to get your care through Community Family Care until your membership ends.

1.) If you want to end your membership in Family Care.

To end your membership, contact the Aging and Disability Resource Center (ADRC) in your area (see page 7 for ADRC contact information). The ADRC can also answer any questions you have about ending your membership. If you decide to disenroll, you should also notify your Team.

You can end your membership at any time of the year. You can choose the effective date when you want your membership to end. However, if you plan to enroll into a different program, it would be helpful if you disenroll at the end of the month.

2.) Community Family Care must report the things listed below to the Income Maintenance agency. An Income Maintenance worker will see if you are still eligible for Family Care. If they determine you are no longer eligible, they will end your membership in Family Care.

- You lose your financial eligibility for Medicaid.
- You are no longer functionally eligible as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- You do not pay your cost share or spend down. For more information about cost share or spend down, see page 25.
- You permanently move out of Community Family Care's service area. If your Team cannot contact you for more than 30 days, we will send a certified letter to your last known address. If you do not respond, we will report this to the Income Maintenance agency, who will assume you have moved. If you move or take a long trip, you need to contact your Team.
- You become incarcerated (i.e., you are in jail or prison).
- You are admitted to an Institute for Mental Disease (IMD) and lose Medicaid eligibility.

-
- You stop accepting services for more than 30 days and we don't know why. Community Family Care will send a certified letter to your last known address. If you do not respond, we will report this to the Department of Health Services. The Department of Health Services will determine if your membership should end.
 - You refuse to participate in care planning and we cannot ensure your health and safety. In this situation, we will work with the Department of Health Services to determine if your membership should end.
 - You intentionally give us incorrect information when you enroll in Family Care and that information affects your eligibility for the program.
 - You continuously behave in a way that is disruptive or unsafe to staff, providers or other members. This makes it difficult for us to provide care for you and other members. Your membership cannot be ended for this reason unless we first get permission from the State of Wisconsin.

Your membership CANNOT be ended for any reason related to your health.

You have the right to file an appeal if your membership is ended. If your membership is ended, you will get a notice from the Income Maintenance agency that tells you the reason for ending your membership. This notice will have the words "About Your Benefits" on the first page. The notice will explain how you can file an appeal. See Chapter 8, page 38, for information.

APPENDICES

I. Definitions of important words

Abuse – The physical, mental, or sexual abuse of an individual. Abuse also includes treatment without consent and unreasonable confinement or restraint. See Chapter 6 (page 29) for full descriptions of the types of abuse.

Administrative Law Judge – An official who presides at a State Fair Hearing to resolve a dispute between a member and the member's Managed Care Organization (MCO). See Chapter 8 (page 44) for information about State Fair Hearings.

Advance Directive – A written statement of a person's wishes about medical treatment used to make sure medical staff carry out those wishes should the person be unable to communicate their wishes. There are different types of advance directives and different names for them. "Living will, power of attorney for health care, and do-not-resuscitate (DNR) order are examples of advance directives. See Chapter 6 (page 31) for more information on advance directives.

Advocate – Someone who helps members make sure the MCO is addressing their needs and outcomes. An advocate may help a member work with the MCO to informally resolve disputes and may also represent a member who decides to file an appeal or grievance. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to represent a member.

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. The ADRC is responsible for handling enrollment and disenrollment in the Family Care program.

Appeal – A request for review of a decision. Members can file an appeal when they want the MCO to change a decision their Team made. Examples of this would be when the Team decides to: stop or reduce a service the member is currently receiving, deny a service the member requests, or not pay for a service. Other types of appeals and the process for filing an appeal are in Chapter 8 (page 38).

Assets – Assets include, but are not limited to, motor vehicles, cash, checking and savings accounts, certificates of deposit, money market accounts, and cash value of life insurance. The amount of assets a person has is used in part to determine eligibility for Medicaid.

Authorized Representative – A person who has the legal authority to make decisions for a member. An authorized representative may be court appointed, a person designated as the member's power of attorney for health care, or a person's guardian.

Benefit Package – Services that are available to Family Care members. These include, but are not limited to, personal care, home health, transportation, medical supplies, and nursing care. The services a member receives must be pre-approved by the member's Team and listed in their care plan. See Chapter 4 (page 21) for a complete list of the services in the Family Care benefit package.

Care Plan – An ongoing plan that documents the member’s personal outcomes, needs, preferences, and strengths. The plan identifies the services and supports the member receives from family or friends, and identifies authorized services the MCO will provide. The member is central to the care plan process. The Team and member meet regularly to review the member’s care plan.

Care Team – See “Team”

Choice – The Family Care program supports a member’s choice when receiving services. Choice means members have a say in how and when care is provided. Choice also means members are responsible for helping their Team identify services that are cost-effective. Members can also choose to direct some or all of their care by using the self-directed supports (SDS) option.

Cost Share or Spend Down – A monthly amount that some members may have to contribute toward the cost of their services. Cost share or spend down is based on income and is determined by the Income Maintenance agency. Individuals must pay their cost share or spend down every month to remain eligible for Medicaid. See Chapter 5 (page 25) for information about cost share and spend down.

Cost-Effective – The balance between the cost of services and the member’s personal outcomes. The member and the Team use the Resource Allocation Decision (RAD) method to determine ways to support the member’s outcomes. Then the member and the Team look at the options and choose the most efficient (not necessarily the cheapest) way to support the member’s outcomes.

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

DHS Review – A review of a member’s grievance or appeal by the Department of Health Services (DHS). DHS works with an external organization to review grievances and appeals. The external organization reviews member concerns and tries to come up with informal solutions. A DHS review will not lead to a decision. See Chapter 8 (page 37) for information about DHS reviews.

Disenroll/Disenrollment – The process of ending a person’s membership in Family Care. A member can choose to disenroll from Family Care at any time. The MCO has to disenroll a member in certain situations. For example, the MCO would disenroll a member if he or she loses eligibility for Medicaid or permanently moves out of state. Chapter 9 (page 48) explains the disenrollment process in Family Care.

Division of Hearings and Appeals (DHA) – The State of Wisconsin agency that hears Medicaid appeals for Family Care. Administrative Law Judges with this Division preside over State Fair Hearings when a member files an appeal. This Division is independent of the MCO and DHS. See Chapter 8 (page 44) for information about State Fair Hearings.

Enroll/Enrollment – Enrollment in Family Care is voluntary. To enroll, individuals should contact their local Aging and Disability Resource Center (ADRC). The ADRC determines whether an individual is functionally eligible for Family Care. The Income

Maintenance agency determines financial eligibility. If the individual is eligible and wants to enroll in Family Care, they must complete and sign an enrollment form.

Estate Recovery – The process where the State of Wisconsin seeks repayment for costs of certain long-term care services. The State recovers money from an individual's estate after the person and his or her spouse dies. The money recovered goes back to the Medicaid program to be used to care for other Medicaid recipients.

Expedited Appeal – A process members can use to speed up their appeal. Members can ask the MCO to expedite their appeal if they think waiting the standard amount of time could seriously harm their health or ability to perform daily activities. See Chapter 8 (page 42) for information about expedited appeals.

External Review Organization – The agency that the Wisconsin Department of Health Services (DHS) works with to review requests of grievance and appeals and conduct independent quality reviews of MCOs. See Chapter 8 (pages 37 and 42) for information about DHS reviews.

Family Care – A long-term care program for frail elders, adults with developmental disabilities, and adults with physical disabilities. Family Care provides cost-effective, comprehensive, and flexible services tailored to each member's needs. The program strives to foster members' independence and quality of life, while recognizing the need for interdependence and support.

Financial Eligibility – Financial eligibility means eligibility for Medicaid. The Income Maintenance agency looks at a person's income and assets to determine whether he or she is eligible for Medicaid. An individual must be eligible for Medicaid in order to enroll in Family Care.

Functional Eligibility – The Wisconsin Long Term Care Functional Screen determines whether a person is functionally eligible for Family Care. The Functional Screen collects information on an individual's health condition and need for help in such things as bathing, getting dressed and using the bathroom.

Grievance – An expression of dissatisfaction about care or services or other general matters. Subjects for grievances include quality of care, relationships with Team members, and member rights. Chapter 8 (page 35) explains grievances, including the process for filing a grievance.

Guardian – The court may appoint a guardian for an individual if the person is unable to make decisions about his or her own life.

Income Maintenance Agency (*formerly known as Economic Support Agency*) – Staff from the Income Maintenance agency determine an individual's financial eligibility for Medicaid, Family Care, and other public benefits.

Level of Care – Refers to the amount of help an individual needs to perform daily activities. Members must meet either a "nursing home" level of care or a "non-nursing home" level of care to be eligible for Family Care. The services available to members depend on their level of care. Chapter 4 (page 21) lists the services available at the nursing home level of care and the non-nursing home level of care.

Long-Term Care (LTC) – A variety of services that people may need as a result of a disability, getting older, or having a chronic illness that limits their ability to do the things they need to do throughout their day. This includes such things as bathing, getting dressed, making meals, and going to work. Long-term care can be provided at home, in the community or in various types of facilities, including nursing homes and assisted living facilities.

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. Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” Family Care members must meet Medicaid eligibility requirements in order to be a 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, and prescription drugs.

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

Member Rights Specialist – An MCO employee who helps and supports members in understanding their rights and responsibilities. The Member Rights Specialist also helps members understand the grievance and appeal processes and can assist members who wish to file a grievance or appeal. See Chapter 8 (page 34) for information about grievance and appeals.

Non-Nursing Home Level of Care – Members who are at this level of care have some need for long-term care services, but are not eligible to receive services in a nursing home. A more limited set of services is available at this level of care. See Chapter 4 (page 21) for a list of services available to members who are at a non-nursing home level of care.

Notice of Action – A written notice from the MCO explaining a specific change in service and the reason(s) for the change. The MCO must send the member a Notice of Action if the MCO denies a member’s request for a new service, refuses to pay for a service, or plans to stop or reduce a member’s service. See Chapter 8 (page 38) for more information about appeals.

Notification of Appeal Rights – A written notice sent to members explaining their options for filing an appeal. MCOs must send a notification of appeal rights to members if the MCO didn’t provide services in a timely way or didn’t meet the deadlines for handling an appeal. Other situations when MCOs send this notice include times when members didn’t like their care plan because it didn’t support their outcomes or requires members to accept care they didn’t want. Income Maintenance agencies send members a notification of appeal rights when members lose financial or functional eligibility for Family Care. See Chapter 8 (page 38) for more information about appeals.

Nursing Home Level of Care – Members who are at this level of care have needs that are significant enough that they are eligible to receive services in a nursing home. A very broad set of services is available at this level of care. See Chapter 4 (page 21) for a list of services available to members who are at a nursing home level of care.

Ombudsman – A person who investigates reported concerns and helps members resolve issues. Disability Rights Wisconsin provides ombudsman services to potential and current Family Care members under age 60. The Board on Aging and Long Term Care provides ombudsman services to potential and current members age 60 and older.

Personal Outcomes – Represent what is important to the member, including their goals, hopes, and dreams. These outcomes are the “results” the MCO tries to help the member achieve. One person’s outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment. See Chapter 3 (page 14) for a list of personal outcome areas.

Outcomes also include clinical and functional outcomes. A clinical outcome relates to a member’s physical, mental or emotional health. An example of a clinical outcome is being able to breathe easier. A functional outcome relates to a member’s ability to do certain tasks. An example of a functional outcome is being able to walk down stairs.

Power of Attorney for Health Care – A legal document people can use to authorize someone to make specific health care decisions on their behalf in case they ever become unable to make those decisions on their own.

Prior Authorization (Prior Approval) – The Team must authorize services before a member receives them (except in an emergency). If a member gets a service, or goes 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. Members receive a copy of a Provider Network Directory, which lists available providers. The Team must authorize the member’s services before the member can choose a provider from the directory. See Chapter 3 (page 17) for information about the MCO’s provider network.

Residential Services – Residential care settings include adult family homes (AFHs), community based residential facility facilities (CBRFs), residential care apartment complexes (RCACs), and nursing homes. The member’s Team must authorize all residential services.

Resource Allocation Decision (RAD) Method – A tool a member and his or her Team use to help find the most effective and efficient ways to meet the member’s needs and support his or her outcomes.

Room and Board – The portion of the cost of living in a residential care setting related to rent and food costs. Members are responsible for paying their room and board expenses. See Chapter 5 (page 25) for information about room and board.

Self-Directed Supports (SDS) – SDS is a way for members to arrange, purchase and direct their long-term care services. Members have greater responsibility, flexibility and control over service delivery. With SDS, members can choose to control their own budget for services, and may have control over their providers including hiring, training, supervising, and firing their own direct care workers. Members can choose to self-direct all or some of their services.

Service Area – The geographic area where a member must reside in order to enroll and remain enrolled in Family Care. See Chapter 2 (page 12) for a list of Family Care service areas.

State Fair Hearing – A hearing held by an Administrative Law Judge who works for the Wisconsin Division of Hearing and Appeals. Members may file a request for a State Fair Hearing when they want to appeal a decision made by their Team. Members may also ask for a State Fair Hearing if they filed an appeal with their MCO and were unhappy with the MCO's decision. Notices of Action and notifications of appeal rights give members information on how to file a request for a State Fair Hearing. See Chapter 8 (page 44) for information about State Fair Hearings.

Team (Care Team) – Every Family Care member is assigned a care Team. The member is a central part of his or her Team. The Team includes the member, and at least a social services coordinator, and a registered nurse. Members can choose anyone else they want involved on their Team, such as a family member or friend. Other professionals such as an occupational or physical therapist, or mental health specialist, may be involved, depending on the member's needs. The Team works with members to assess needs, define personal outcomes, and create care plans. The Team authorizes, coordinates, and monitors services.

2. Definitions of services in the Family Care benefit package

Home and Community Based Waiver Service Definitions Full definitions available upon request
Adaptive aids are controls or appliances that enable people to increase their abilities to perform activities of daily living or control the environment in which they live (including patient lifts, control switches, etc.).
Adult day care services are the provision of services for part of a day in a non-residential group setting to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision and/or protection.
1-2 bed Adult family homes are places in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults.
3-4 bed Adult family homes are places where 3-4 adults who are not related to the operator reside and receive care, treatment or services above the level of room and board and that may include up to seven hours of nursing care per resident.
(CBRF) Community based residential facility is a place where 5 or more adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision and training.
(RCAC) Residential care apartment complexes are services provided in a homelike, community based setting where five or more adults reside in their own living units that are separate and distinct from each other.
Case management services (sometimes called support and service coordination) are provided by a care Team. The member is the center of the Team. The Team consists of, at minimum, a registered nurse and a social services coordinator, and may also include other professionals as appropriate to the needs of the member and family or other informal supports requested by the member.
Communication aids are devices or services needed to assist members to hear, speak or see.
Consumer education and training are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.
Counseling and therapeutic resources are services to treat personal, social, behavioral, emotional, cognitive, mental health, or alcohol or other drug abuse disorders.
Daily living skills training teaches members the skills involved in performing activities of daily living, including skills intended to increase the member's independence and participation in community life.
Day services is the provision of regularly scheduled activities in a non-residential setting (day center) to enhance social development and to develop skills in performing activities of daily living and community living.

Financial management services assist members and their families to manage service dollars or manage their personal finances.

Home delivered meals (sometimes called "meals on wheels") include the costs associated with the purchase and planning of food, supplies, equipment, labor and transportation to deliver one or two meals a day to members who are unable to prepare or obtain nourishing meals without assistance.

Home modifications are the provision of services and items to assess the need for, arrange for and provide modifications and or improvements to a member's living quarters in order to provide accessibility or enhance safety.

Housing counseling is a service which provides assistance to a member when acquiring housing in the community, where ownership or rental of housing is separate from service provision.

Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency.

Prevocational services involve learning and work experiences where a member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

Relocation services are the provision of services and essential items needed to establish a community living arrangement for members who are relocating from an institution or who are moving from a family home to establish an independent living arrangement.

Respite care services are services provided on a short-term basis to relieve the member's family or other primary caregiver(s) from daily stress and care demands.

Self-directed supports (SDS) (or consumer-directed supports) is an option within Family Care that allows members to direct their own services within a service budget determined through the development of a care plan. A member can choose to self-direct some or all of the services.

Skilled nursing means the observation or care of the ill, injured, or infirm for the maintenance of health or prevention of illness that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences.

Specialized medical equipment and supplies are those items necessary to maintain the member's health, manage a medical or physical condition, improve functioning or enhance independence.

Specialized transportation services assist in improving an individual's general mobility and ability to perform tasks independently and to gain access to waiver and other community services, activities and resources. Services can consist of material benefits such as tickets or other fare medium needed as well as direct conveyance of members and their attendants to destinations.

Supported employment services help members who, because of their disabilities, need intensive on-going support to obtain and maintain competitive or customized employment in an integrated work setting.

Supportive home care (SHC) includes services that directly assist members with daily activities and personal needs to meet their daily needs and to ensure adequate functioning in their home.

Vocational futures planning and support is a person-centered, team based comprehensive employment planning and support service that provides assistance to obtain, maintain or advance in employment or self-employment.

3. Sample Notice of Action

NOTICE OF ACTION

<<Date NOA mailed>>

<<Member's Name>>

<<Member's MA or MCI Number>>

<<Member/Legal Representative's Street Address>>

<<Select Program>>

<<City>> <<State>> <<Zip Code>>

Dear <<Member's Name>>:

This Notice of Action 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) making 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: _____ <<insert original time or unit limit to authorization>>

New level after
reduction _____

Deny request for new service or support

Date of request: _____

Limit request for service

Date of request: _____

Description of requested level: _____

Authorized level of service or
support: _____

Deny payment for service or support

Date of request: _____

Date(s) service provided: _____

Provider / Supplier: _____

Payment amount being denied: _____ \$ _____

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.
- The service or support you received by out-of-network provider was not authorized.
- Informal support (or other support) is available to provide this service or support this outcome for you.
- This service or support is not considered a safe way to support your outcome(s).
- This service or support is not the most cost-effective way to support your outcome(s).
- Other: _____

Team staff's explanation of the decision: _____

This decision is based on the Wisconsin law governing Family Care, Wisconsin Admin. Code, sec. DHS 10.44(2)-(3).

If you disagree with this decision, the following pages describe your options and deadlines that apply.

Sincerely,

<<Care Manager's Name>>

Care Manager
(715) 838-2900

<<RN Care Manager's Name>>

RN Care Manager
(715) 838-2900

Interpreter and Translation Services. Interpreter and translation services are available free of charge. If you need this form in another language, Braille or large print, please call Community Family Care at (715) 838-2900 or toll-free (800) 842-1814. TTY users should call (800) 842-1814.

1. Assistance: Who can help you understand this notice and your rights?

- a. The **Community Family Care Member Rights Specialist** can inform you of your rights, attempt to informally resolve your concern, and assist you with filing an appeal. He or she **cannot** represent you at a meeting with your MCO's Grievance & Appeal Committee or a State fair hearing. To contact our MCO's Member Rights Specialist, call (715) 838-2900.
- b. The following independent ombudsman agencies may be able to provide you with free assistance. These agencies advocate for Family Care and Family Care Partnership members.

For members age 18 to 59:

Disability Rights Wisconsin Family Care and IRIS Ombudsman Program

Call the office closest to you:

Toll Free Madison: (800) 928-8778

Milwaukee: (800) 708-3034

Rice Lake: (877) 338-3724

TTY (888) 758-6049

For members age 60 and older:

Wisconsin Board on Aging and Long Term Care

Toll Free (800) 815-0015

2. **Appealing this Decision.** If you disagree with this decision, you have two appeal options:

- a. Community Family Care's Grievance & Appeals Committee
- b. State Fair Hearing

You can choose either or both ways to file an appeal. If you choose only a State Fair Hearing, you cannot go back and bring the matter to Community Family Care's Grievance and Appeal Committee. You also have the option to request a review from the Department of Health Services; this is not an appeal, for more information see section 5.

Community Family Care's Grievance & Appeals Committee

You have the right to request a meeting with Community Family Care's Grievance & Appeals Committee. The Committee is made up of Community Family 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 to this committee.

To file an appeal with Community Family Care, contact the Grievance and Appeals Coordinator at (715) 838-2900. You can also start the process by sending in a request form or a letter. You can request a form from Community Family Care or one of the independent ombudsman agencies listed in this notice. Or you can go online and get a form at:

<http://dhs.wisconsin.gov/LTCare/help.htm>.

You can send the completed request form or a letter asking for a meeting and a copy of this notice to: Community Family Care, c/o Grievance and Appeals Coordinator, 2240 EastRidge Center, Eau Claire, WI 54701

State Fair Hearing

If you request a fair hearing with the State of Wisconsin's Division of Hearings and Appeals, you will have a hearing with an independent judge. You may bring an advocate, friend, family member or witnesses. You may also present evidence at this hearing. If you request a state fair hearing, a Department of Health Services review will automatically review your appeal.

To file a request for a fair hearing, you can ask for a hearing and/or a hearing form from the Member Rights Specialist at **(715) 838-2900**. You can also request a hearing form from one of the independent ombudsman agencies listed or you can go online and get a form at <http://dhs.wisconsin.gov/forms/f0/f00236.doc>.

You can 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, c/o Wisconsin Division of Hearings and Appeals, 5005 University Ave. #201, Madison, WI 53705-5400, or fax it to 608-264-9885.

3. **Continuing your Services during an Appeal of a Reduction or Termination of a Current Service.** You have the right to request to have services continued during your appeal. If you want to request that your benefits be continued during your appeal, your request must be postmarked or faxed **on or before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.
4. **Deadline to File Your Appeal.** You should file your appeal as soon as possible. Your appeal must be postmarked or faxed within forty-five (45) days of receipt of this notice of action. **IMPORTANT NOTE:** If you would like your benefits to continue during your appeal, your appeal must be postmarked or faxed **on or before the effective date of the intended action**.
5. **Department of Health Services Review**
You may choose to have this decision reviewed by MetaStar, the Department of Health Services' external quality review organization. MetaStar will try to resolve your concerns informally. You can request to have your services continued during the review, if you request the review **on or before the effective date of the intended action**. If you request a state fair hearing, MetaStar will automatically review your appeal. *Please note, however, that MetaStar cannot require any MCO to change its decision.*

To request that MetaStar review your case immediately or to learn more about a MetaStar review, call 1-888-203-8338. You may also request a MetaStar review by mail, fax, or email.

DHS Family Care and Partnership Grievances, C/O MetaStar, 2909 Landmark Place, Madison, WI 53713, or fax it to (608) 274-8340. You can also email MetaStar at dhsfamcare@wisconsin.gov

Speeding up Your Community Family Care Appeal. You may ask Community Family Care to speed up your appeal. If Community Family Care decides that taking the standard amount of time could seriously harm your health or ability to perform your daily activities, it will grant you a faster appeal, called an “expedited appeal.” This means that 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 Family Care at (715) 838-2900**.

Copies of Your Records. You or your legal representative have a right to a free copy of your records relevant to your grievance or appeal including, but not limited to medical records. To request copies contact your **Grievance and Appeals Coordinator at (715) 838-2900**.

4. Community Family Care appeal request form

DEPARTMENT OF HEALTH SERVICES
 Division of Long Term Care
 F-00237 (04/2010)

STATE OF WISCONSIN
 ss 46.287(2)(c)

APPEAL REQUEST – COMMUNITY HEALTH PARTNERSHIP

Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose.

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

Check this box if you would like to appeal Community Health Partnership's decision by requesting a meeting with the Community Health Partnership Grievance and Appeal Committee.

Continuing Your Services During an Appeal of a Reduction or Termination of a Current Service

If you request to have your benefits continued, we will continue providing your same service during your appeal if you postmark or fax your appeal **before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.

Check this box if you would like to request the same services to continue during your appeal.

You have a right to free copies of your records including but not limited to medical records relevant to your appeal.

Check this box if you would like to receive records from Community Health Partnership that apply to your appeal.

If you need this form in another language, Braille or large print, please call Community Health Partnership at 715-838-2900 or toll-free 800-842-1814, Monday thru Friday, 8 a.m. to 8:00 p.m. TTY users should call 800-842-1814. Interpreter and translation services are available free of charge.

SIGNATURE – Member

Date Signed

Mail or fax this form to:

Community Health Partnership
 2240 East Ridge Center
 Eau Claire WI 54701
 Fax: 715-838-2910

To start your appeal as soon as possible, you can call Community Health Partnership at 715-838-2900 before mailing this form. Your appeal must be postmarked or faxed within 45 days of receipt of the Notice of Action.

5. State Fair Hearing request form

DEPARTMENT OF HEALTH SERVICES
 Division of Long Term Care
 F-00236 (01/2011)

STATE OF WISCONSIN
 ss 46.287(2)(c)

REQUEST FOR A STATE FAIR HEARING

Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose.

Name – Member		Telephone Number	Medicaid ID Number
Mailing Address		Program <input type="checkbox"/> Family Care <input type="checkbox"/> Partnership <input type="checkbox"/> PACE	
City	Zip Code	Managed Care Organization	
Today's Date		Effective Date of Action	
Appeal related to: <input type="checkbox"/> eligibility <input type="checkbox"/> cost share <input type="checkbox"/> change to service/support		Briefly describe change to service / support:	

- Yes No 1. Did you file an appeal with your MCO's Local Grievance and Appeal Committee?
- Yes No 2. If you answered 'yes' to question one (1), did you request the same services to continue during your appeal with the MCO?
- Yes No 3. If you answered 'yes' to question one (1), have you appeared before the MCO's Local Grievance and Appeal Committee?
- Yes No 4. If you answered 'yes' to question three (3), have you received a decision from the MCO's Local Grievance and Appeal Committee? (Please attach a copy of the decision, if available.)

Continuing Your Services During an Appeal of a Reduction or Termination of a Current Service

If you request to have your benefits continued, we will continue providing your same service during your appeal if you postmark or fax your appeal **before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.

Check this box if you would like to request the same services to continue during your appeal.

You have a right to free copies of your records including but not limited to medical records relevant to your grievance or appeal. To request copies contact your Care Manager or the Member Rights Specialist.

If you need this form in another language, Braille or large print, please call your Care Manager or the Member Rights Specialist. Interpreter and translation services are available free of charge.

SIGNATURE – Member

 Date Signed

Mail or fax this form **AND** a copy of the Notice of Action or decision letter 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

6. Notice of privacy practices

NOTICE OF COMMUNITY HEALTH PARTNERSHIP, INC. PARTNERSHIP HEALTH PLAN, INC. AND CHP-LTS, INC. PRIVACY PRACTICES

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.

APPLICABILITY OF NOTICE

Community Health Partnership, Inc.; Partnership Health Plan, Inc. and CHP-LTS, Inc. (collectively, CHP) are committed to protecting the privacy of your protected health information (Health Information), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Health Information includes identifying information, financial information, and information about your health and health care services that appear on enrollment, claims, or other records used to make decisions about your health care services.

Your privacy is protected under state and federal law, which require health plans to protect your Health Information and let you know how your Health Information may be used and released to others. There are some circumstances; such as coordinating and providing treatment, obtaining payment for care, and health care operations; under which CHP may use your Health Information without your written authorization. There are other circumstances, however, under which CHP must obtain your written authorization before using or disclosing your Health Information. This notice will go through these different circumstances and will explain what your privacy rights are under the law. When using or disclosing your Health Information, CHP will follow its established policies and procedures to guard against unnecessary disclosure of your Health Information.

USES AND/OR DISCLOSURES OF HEALTH INFORMATION FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

To Provide Treatment. CHP may use and/or disclose your Health Information to coordinate care within CHP and with others involved in your care; such as your attending physician, members of your CHP team, your family members, suppliers of medical equipment and other health care professionals who have agreed to assist CHP in coordinating care.

Example: Physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

To Obtain Payment. CHP may include your Health Information in invoices to collect payment for the care you may receive from CHP. CHP may use or disclose your Health Information to make payment to or collect from third parties.

Example: CHP may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

To Conduct Health Care Operations. CHP may use and disclose your Health Information for its own operations in order to facilitate the functions of CHP and as necessary to provide quality coverage and care to all of CHP's members. Health care operations include activities such as:

- Quality assessment and improvement activities;
- Activities designed to improve health or reduce health care costs;
- Protocol development, case management, and care coordination;
- Contacting health care providers and members with information about treatment alternatives and other related functions that do not include treatment;
- Professional review and performance evaluations;
- Training programs including those in which students, trainees, or practitioners in health care learn under supervision;
- Training of non-health care professionals; and
- Accreditation, certification, licensing, or credentialing activities.

Example: CHP may use your Health Information to evaluate its staff performance, combine your Health Information with other CHP members' in evaluating how to more effectively serve all CHP members, disclose your Health Information to CHP staff and contracted personnel for training purposes.

USES AND/OR DISCLOSURES OF YOUR HEALTH INFORMATION THAT DO NOT REQUIRE YOUR WRITTEN AUTHORIZATION

In the event a use and/or disclosure described below is prohibited or materially limited by any other applicable law, the more stringent law shall govern.

When Required by Law. CHP will disclose your Health Information when it is required to do so by any local, state, or federal law.

When There are Risks to Public Health. CHP may disclose your Health Information to local, state or federal public health agencies in order to:

- Prevent or control disease, injury or disability, report disease, injuries, vital events such as birth or death and the conduct of public health surveillance, investigations, and interventions.
- To report adverse events and product defects, to track products or enable product recalls and replacements, and to conduct post-marketing surveillance and compliance with requirements of the Food and Drug Administration.

- To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.
- To an employer about an individual who is a member of the workforce as legally required.

To Report Abuse, Neglect, or Domestic Violence. CHP is allowed to notify government authorities if CHP believes a member is the victim of abuse, neglect or domestic violence. CHP will notify you of any such report unless this notification would place you at risk of harm.

To Conduct Health Oversight Activities. CHP may disclose your Health Information to a health oversight agency for activities involving our organization including audits, civil administrative or criminal investigation, inspections, licensure, or disciplinary action. However, CHP may not disclose your Health Information without your authorization if you are the subject of an investigation and your Health Information is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. CHP may disclose your Health Information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal or in response to a subpoena, discovery request or other lawful process.

For Law Enforcement Purposes. CHP may disclose your Health Information to a law enforcement official if the disclosure is for one of the following law enforcement purposes: it is required by law; to identify or locate a suspect, fugitive, material witness or missing person; if you are suspected to be a victim of a crime; to notify next of kin; if the Health Information is evidence of criminal conduct occurring on CHP property.

To Coroners, Medical Examiners and Funeral Directors. CHP may disclose your Health Information to coroners and medical examiners for purposes of identifying a deceased person, determining a cause of death or for other duties, authorized by law; and to funeral directors to carry out their duties with respect to your funeral arrangements.

For Organ, Eye or Tissue Donation. CHP may use or disclose your Health Information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

For Research Purposes. CHP may under very select circumstances, use your Health Information for research. Before CHP discloses any of your Health Information for such research purposes, the project will be subject to an extensive approval process.

To Prevent or Lessen a Serious Threat to Health or Safety. CHP may, consistent with applicable law and ethical standards of conduct, disclose your Health Information if CHP, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of the public.

For Specified Government Functions. In certain circumstances, Federal regulations authorize CHP to use or disclose your Health Information to facilitate specified government functions relating to the military and veteran, national security and intelligence activities, protective services for the President and others, medical suitability determinations and inmates and law enforcement custody.

For Worker's Compensation. CHP may release your Health Information for worker's compensation or similar programs.

For Fundraising Activities. In the event that CHP engages in fundraising activities, we may use your Health Information to contact you in our efforts to raise money for CHP. If you do not wish to be contacted for fundraising efforts, you must notify the Compliance Officer in writing at Community Health Partnership, Inc.; Attn: Compliance Officer; 2240 EastRidge Center; Eau Claire, WI 54701.

To Communicate with You. CHP may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To Persons Involved in Your Care or Payment for Your Care. CHP may disclose to family members, friends or any other individual you identify your Health Information directly relevant to that person's involvement with your care and treatment plan. However, before CHP may disclose your Health Information in this circumstance, CHP must first give you the opportunity to agree to or prohibit or restrict the disclosure. CHP's notification to you and your agreement or objection to the disclosure is not required to be in writing. If you are unable to function or if there is an emergency, CHP staff will exercise their professional judgment to determine if family or friends should receive information about you.

USES AND/OR DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other than is stated above, CHP will not disclose your Health Information other than with your written authorization. If you or your representative authorizes CHP to use or disclose your Health Information for specific stated purposes, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your Health Information that CHP maintains:

Right to Request Restrictions. You have the right to request restrictions on certain uses and/or disclosures of your Health Information, including uses and/or

disclosures for treatment, payment, health care operations and disclosures to persons involved in your care, such as family or friends. CHP must agree to restrict the disclosure or use of Health Information if the following requirements are met: the disclosure is to a health plan for the purposes of carrying out payment or health care operations (not for treatment), and the Health Information pertains solely to a healthcare service or item for which you, personally, have paid the provider out of pocket and in full. If the preceding requirements are not met, CHP is not required to agree to your request.

Right to Receive Confidential Communications. You have the right to request that CHP communicate your Health Information with you in certain manners or in certain locations. For example, you may ask that CHP only conduct communications pertaining to your Health Information with you privately with no family members present.

Right to Inspect and Copy Your Health information. You have the right to inspect and copy your Health Information, including billing records, maintained in a designated record set by CHP. If you request a copy of your Health Information, CHP may charge a reasonable fee for copying and assembling costs associated with your request.

Right to Amend Health Information. You have the right to request Health Information contained in your CHP designated record set be amended if you believe that the Health Information is incorrect or incomplete. CHP may deny the request if it does not include a reason for the amendment, your records were not created by CHP, if the records you are requesting are not part of CHP's designated record set, if the Health Information you wish to amend is not part of the information you are permitted to inspect and copy, or if, in the opinion of CHP, the records containing your Health Information are accurate and complete.

Right to an Accounting. You have the right to request an accounting of disclosures of your Health Information made by CHP for certain purposes, including purposes authorized by law and certain research. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of 6 (six) years. CHP will provide the first accounting you request during any twelve (12)-month period without charge. Subsequent accounting requests within the same twelve (12)-month period may be subject to a reasonable cost-based fee. CHP will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to a separate paper copy of this notice at any time even if you have received this Notice previously.

How to Exercise Your Rights. To exercise any of your rights relating to your Health Information, please contact your CHP Team. Your CHP Team will give you a request form that once filled out, you will need to return to CHP's

Compliance Department at: Community Health Partnership, Inc.; Attn:
Compliance Department; 2240 EastRidge Center; Eau Claire, WI 54701.

DUTIES OF CHP

CHP is required by law to maintain the privacy of your Health Information and to provide to you and your representative this Notice of its legal duties and privacy practices. CHP is required to abide by terms of this Notice. CHP reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all Health Information that it maintains. If CHP changes its Notice, CHP will provide a copy of the revised Notice to you or your appointed representative within sixty (60) days of the change.

COMPLAINTS

You have the right to express complaints to CHP and to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to CHP should be made in writing to CHP'S Privacy Officer/Compliance Officer. CHP encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

EFFECTIVE DATE

This Notice is effective April 14, 2003.

CONTACT PERSON:

CHP's contact person for all issues regarding member privacy and your rights under the federal privacy standards is the Privacy Officer/Compliance Officer who can be reached by calling (715) 838-2900 or writing to Community Health Partnership, Inc.; 2240 EastRidge Center; Eau Claire, WI 54701.

In addition, CHP offers a Hotline which allows you to voice your concerns regarding a potential or actual privacy or compliance violation. This Hotline can be reached by calling (715) 858-7839. You will be able to access a voicemail requesting you to leave a message. The Privacy/Compliance Officer will respond to your concern.

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



2240 EastRidge Center
Eau Claire, WI 54701

Voice: (715) 838-2900
TTY: WI Relay 711
Toll Free: (800) 842-1814
FAX: (715) 838-2910

Branch Offices: Chippewa Falls, Menomonie & River Falls

www.communityhealthpartnership.com