



illinicare health™

Supportive Living Information

OUR COMMUNITY. OUR HEALTH.



IlliniCare.com

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Language Help

IlliniCare Health offers language help 24-hours a day, seven days a week. This includes holidays and weekends. If your provider does not speak your language or does not have someone who can talk to you in a way that you can understand, please contact IlliniCare Health for help. With seven days notice, we can schedule an interpreter to go with you on your next visit.



Hearing Impaired Members:

Call the Illinois Relay Service at **7-1-1** or **877-455-3323**
Ask the operator to connect you to us at: **866-329-4701**
IlliniCare Health TDD: **866-811-2452**

English:

For help to translate your health coverage benefits and available services, or to assist you with any questions, please call 866-329-4701.

Spanish:

Para ayudar a traducir su cobertura de beneficios de salud y los servicios disponibles, o para ayudar con cualquier pregunta, llame al 866-329-4701.

Russian:

За помощью с переводом информации о ваших страховых льготах и доступных услугах, а также с любыми вопросами. пожалуйста, звоните по телефону 866-329-4701.

Other Languages:

This information will also be printed in Spanish and Russian. You can find those versions on our website at www.IlliniCare.com or you can call Member Services at 866-329-4701. We will also have this information in Braille and audio CDs, free of charge.

Supportive Living

The Illinois Department of Human Services has waiver services available for people who qualify. These waivers allow members to receive additional benefits that help you live independently. These services are available to you in addition to medical and behavioral health benefits. Please reference your Member Handbook for an explanation of those benefits.

Eligibility for Individuals in Supportive Living Facilities

In order to qualify to reside in a Supportive Living Facility, you must meet certain eligibility requirements. These include:

- You must be a U.S. citizen or legal alien and a resident of the state of Illinois.
- You must meet Medicaid financial eligibility criteria.
- You must be a person with a disability 22 years and over or be 65 years and over, and otherwise would be institutionalized in a nursing facility.
- Your service needs must be able to be provided cost-effectively.



Individuals Residing in Supportive Living Facilities

Individuals that are in Supportive Living Facilities or Assisted Living Facilities have access to the following covered services. These services will be provided by the facility, as needed.

- Nursing services
- Personal care
- Medication administration, oversight and assistance in self-administration
- Laundry
- Housekeeping
- Maintenance
- Social and recreational programming
- Ancillary services
- 24 hours response/security staff
- Health promotion and exercise
- Emergency call system
- Daily checks
- Quality assurance plan
- Management of resident funds, if applicable

Determination of Need

To qualify for waiver services, you will need to talk to a case manager from a state assigned agency. He or she will ask you a series of questions as part of an assessment. These questions are called a Determination of Need or DON. This assessment will typically be done in your home. A representative from the agency will contact you to schedule your assessment. Type of questions you may be asked include:

- Are you able to feed yourself?
- Can you prepare your own meals?
- Can you bathe yourself?
- Do you need assistance getting dressed?
- Are you able to manage your own finances?
- Do you have any special equipment you need to use?
- Do you have special medical needs such as an oxygen tank or IV?

These are just a few examples of the types of questions you or your caregiver will be asked. This helps determine what activities you are able to do, and if you need assistance with activities of daily living.

IlliniCare Health does not conduct the Determination of Need. This is done by an outside agency. However, we may have an IlliniCare Health care coordinator present during your DON assessment. Additionally, we will work together with the agency for your annual reassessment or if a reassessment is needed due to a significant change in your condition/needs.

Once the DON is complete, a care plan will be created by IlliniCare Health. The care plan includes services that will allow you to remain safely in your home or a community setting, so you are able to live independently.

Your Care Plan

After you receive a Determination of Need (DON), you will receive a DON score. This score will determine the amount of services you are able to receive under the waiver. IlliniCare Health's Integrated Care Team will work with you, your supporters, and your healthcare team to create a care plan. A care plan is developed based on your health needs, home situation, comprehensive health risk assessment, DON, and the amount of support available from your family and friends. This care plan outlines the services you need to live independently in your home. The plan will include important information about you, your healthcare goals, and what steps need to be taken to help you achieve those goals. Your care team will review information with you over time and make changes in your care plan when needed.

Your Care Team

Your care team includes your IlliniCare Health care coordinator, your doctor, your family, your caregiver and you. Your team is there to support you, and help you get the services you need. Your team will help you make decisions on your care and work with you to achieve your healthcare goals.

It's important you keep in contact with your care coordinator. He or she will help you with services. Make sure to write down the name and phone number of your care coordinator.

My IlliniCare Health Care Coordinator: _____
Phone: _____

Changes to Your Care Plan

Many times, you will need to change your care plan if your needs change. This can be because of a change in your medical condition, living situation or available support. Your care team will work with you if you need to make changes to your care plan.

If your needs change significantly, you may need to have a reassessment of your DON score. The reassessment may be done by an outside agency. They will visit your home, and ask you questions about your needs, just like when you first became eligible. They may determine to change your DON score, which may change the amount of services you are able to receive.

Integrated Care Team

IlliniCare Health's Integrated Care Team is a group of people dedicated to working with you for your healthcare needs. You will have a dedicated Care Coordinator that will work closely with an Integrated Care Team made up of four care coordinators. A registered nurse, a certified behavioral health specialist, a social worker and a program specialist. The team will work together to ensure all your needs are met. The Integrated Care Team will arrange the services available to you under your waiver. They may meet with you in your home and will also discuss your concerns over the phone. We encourage you to call your dedicated Care Coordinator whenever your needs change, or you are admitted to the hospital. You can contact your Care Coordinator at 866-329-4701, Monday through Friday, 8:00 a.m. – 5:00 p.m. (CT). If you are hearing impaired, call our TDD/TTY line at 866-811-2452.

Provider Choice

IlliniCare Health ensures you have a choice. This means the freedom to choose providers for waiver services. You are able to access all willing and qualified providers. IlliniCare Health's team of care coordinators will work with you to find the provider that best meets your needs. You will need to choose a provider from IlliniCare Health's network of waiver service providers. You can search for providers on our website at www.IlliniCare.com. Just click on Find a Provider or contact Member Services and we can send you a list of providers in your area. Call us at 866-329-4701 or if you are hearing impaired, contact our TDD/TTY line at 866-811-2452. If you prefer a provider that is out of our network, we will work with you and the provider on a solution.

Member Rights

IlliniCare Health members have the rights listed below. You are free to apply your rights without any action taken against you.

- You have the right to receive the information provided in this booklet in another language. You can also get it in another format such as audio CDs or Braille.
- You have the right to receive healthcare services as provided for in Federal and State law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24-hours a day, seven days a week.
- You have the right to receive information about IlliniCare Health, its services, practitioners and providers. To get this information, visit www.IlliniCare.com. Or call 866-329-4701.
- You have the right to ask for an interpreter and have one provided to you during any covered service.
- You have the right to receive information about IlliniCare Health Member Rights and Responsibilities policy. You also have the right to make recommendations regarding this policy.
- You have the right to receive information about treatment options. This includes the right to request a second opinion in a way suitable to your condition and ability to understand.
- You have the right to make decisions about your healthcare. This includes the right to refuse treatment.
- You have the right to be treated with respect and with care for your dignity and privacy.
- You have the right to submit a grievance to IlliniCare Health on the phone or in writing about any issue.
- You have the right to appeal a decision made by IlliniCare Health on the phone or in writing.
- You also have the right to an interpreter during any complaint or appeal process.
- You have the right to be free from any form of restraint or seclusion used as a means of:
 - force
 - control
 - ease of reprisal
 - retaliation
- You have the right to request and receive a copy of your medical records.
- You have the right to request an amended or corrected version of your medical records.

You also have specific rights that relate to you living in a supportive living facility. You have the right to:

- Be free from mental, emotional, social and physical abuse, neglect and exploitation.
- All housing and services for which you have contracted and paid.

- Have your records kept confidential and released only with your consent or in accordance with applicable law.
- Have access to your records with 48 hours notice (excluding weekends and holidays)
- Have your privacy respected.
- Refuse to receive or participate in any service or activity once the potential consequences of such refusal have been explained to you and a negotiated risk agreement has been reached between you, your designated representative and the service provider, so long as others are not harmed by the refusal.
- Remain in the supportive living facility, forgoing recommended or needed services from the facility or available from others.
- Arrange and receive non-Medicaid covered services not available from the contracted facility service provider at your own expense so long as you do not violate conditions specified in the resident contract.
- Be free of physical restraints.
- Control your time, space and lifestyle to the extent that the health, safety and well-being of others is not disturbed.
- Consume alcohol and use tobacco in accordance with the facility's policy specified in the resident contract and any applicable statutes.
- Have visitors of your choice to the extent that the health, safety and well-being of others is not disturbed and the provisions of the resident contracts are upheld.
- Have roommates only by your choice.
- Be treated at all times with courtesy, respect and full recognition of personal dignity and individuality.
- Make and act upon decisions (except those decisions delegated to a legal guardian) so long as the health, safety and well-being of others is not endangered by your actions.
- Participate in the development, implementation and review of your service plans.
- Maintain personal possessions to the extent they do not pose a danger to the health, safety and well-being of you and others.
- Store and prepare food in your apartment to the extent the health, safety and well-being of you and others is not endangered and provisions of the resident contract are not violated.
- Designate or accept a representative to act on your behalf.
- Not be required to purchase additional services that are not part of the resident contract; and not be charged for additional services unless prior written notice is given to you of the amount of the charge.
- Be free to file grievances according to supportive living facility policy and be free from retaliation from the facility.

Member Responsibilities



- **You must choose a PCP and Service Provider under this plan.**
- You have a responsibility to yourself to participate in your own healthcare. This includes making and keeping appointments and providing input about your care plan.
- If you are not able to keep an appointment, you must inform your doctor as soon as possible.
- You must present your IlliniCare Health ID card and state of Illinois Medicaid Card when getting care or prescriptions.
- You have the responsibility to tell your doctor what he needs to know to treat you.
- You have the responsibility to follow the treatment plan agreed upon by you and your doctor.
- It is your responsibility to keep your information up to date. Please tell your case worker about changes in income or address.
- If you have other insurance, you must tell both your provider and your case worker. You must also follow the guidelines of your other insurance.

Fraud and Abuse Program

Fraud means to knowingly get benefits or payments to which you are not entitled. Please let us know if you are aware of someone who is committing fraud under the Medicaid program. This could be a provider or a member.

Some examples of fraud and abuse include:

- A lie on an application
- Using someone else's ID card
- A provider (doctor) billing for services that were not done
- Transportation (usage abuse)

You can report any suspected areas of fraud or abuse to us by calling member services at 866-329-4701. You can also use our Fraud and Abuse hot-line at 866-685-8664. All information will be kept private. Eliminating fraud and abuse will provide more time and money for your healthcare needs.



Abuse, Neglect & Exploitation

IlliniCare Health knows that you rely on your doctor, caregiver and loved ones to help with your healthcare needs. You trust that your doctor, caregiver or loved one will take care of you. You believe they will always have your best interests in mind. Sometimes, when someone helps take care of you, they can take advantage of you. It is important to recognize the signs of neglect, abuse and exploitation. If this happens, it is important to report it. This allows you to be safe and get the care you need.

What is Neglect?

Neglect occurs when someone fails to provide or withholds the necessities of life from you. This includes food, clothing, shelter, or medical care.

What is Abuse?

Abuse means causing any physical, sexual or mental injury to you. This can also be taking advantage of your financial resources.

- **Physical abuse:** is any inappropriate contact that causes bodily harm. For example, being slapped, scratched, or pushed. Being threatened with a weapon, such as a knife or a gun, is another example.
- **Sexual abuse:** is any sexual behavior or intimate physical contact that occurs without your permission. This can be touching your genital area, buttocks or breasts.
- **Mental abuse:** is when you feel emotional distress resulting from the use of demeaning or threatening words. This can also include signs, gestures and other actions. For example, controlling behavior, embarrassment or social isolation are types of mental abuse.
- **Financial Abuse:** is when someone uses your money without your consent. This includes improper use of guardianship or power of attorney.

What Can I Do?

If you believe that you are being taken advantage of or hurt by someone, report it. All information will be kept private. Stopping fraud and abuse will help protect you. It will also provide more time and money for your healthcare needs. There are many ways to report abuse, fraud and exploitation:

- IlliniCare Health Member Services: **866-329-4701**
- IlliniCare Health Fraud and Abuse hotline: **866-685-8664**
- Your IlliniCare Health Care Coordinator: **866-329-4701**
- DHS Office of Inspector General: **800-368-1463**
- Department on Aging: **866-800-1409, 888-206-1327 (TTY)**
- Senior Help Line: **800-252-8966 or 800-279-0400**
- Department of Public Health: **800-252-4343**



Client Assistance Program (CAP)

The Client Assistance Program (CAP) helps people with disabilities receive quality services by advocating for their interests and helping them identify resources, understand procedures, resolve problems and protect their rights in

the rehabilitation process, employment and home services. IlliniCare Health members that receive services under the home and community based services waiver program are eligible to receive CAP assistance.

What services are offered?

CAP will:

- Assist individuals with problems they experience in seeking or receiving services.
- Try to resolve issues at the lowest possible level (such as the local office), using advocacy skills, dispute resolution and negotiation.
- Assist or represent individuals in their appeals of decision regarding services and, if necessary, represent them in court.

- Work with the department, community groups, and advocacy organizations to resolve system problems.
- Provide public education programs on the rights of individuals with disabilities and other related areas.
- Provide information and referral to related services.



How are services provided?

CAP provides services through advocates and attorneys located throughout Illinois. All CAP services are free and confidential.

What will IlliniCare Health do?

IlliniCare Health will work with you along with CAP to resolve any issues you may have. IlliniCare Health is dedicated to assisting you in problems you may experience in seeking or receiving services.

Where can I find more information?

For more information or to find the nearest CAP representative, contact:

Client Assistance Program (CAP)

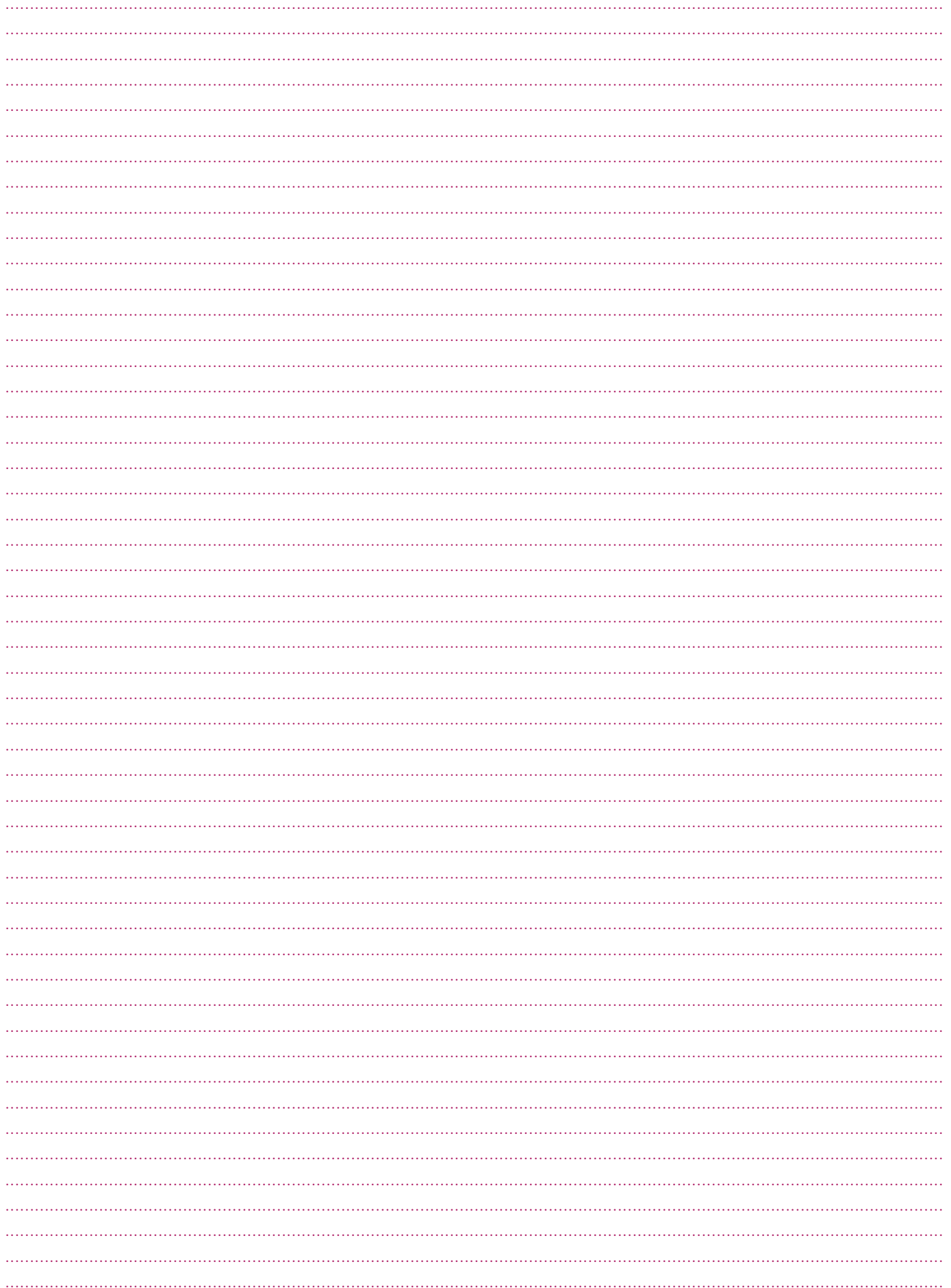
100 N. 1st St, 1st Floor West

Springfield, IL 62702

Phone: 800-641-3929 (voice/TTY)

Email: dhs.cap@illinois.gov

Website: <http://www.dhs.state.il.us/page.aspx?item=37637>



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