



illinicare health™

Aging Waiver 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.

Waiver Services

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 Aging Waiver)

In order to qualify for the Aging Waiver, 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 60 years of age or older and meet nursing facility level of care.
- Your service needs must be able to be provided cost-effectively.

Services

The Aging Waiver is for individuals 60 years and older. Services provided under this waiver include:

Adult Day Services

Available to provide care and supervision in a community-based setting. You will be provided with personal attention, but also have the ability to interact with others. This

includes social and health activities organized by the center. Adult day programs will help your social, physical and emotional well-being.

Adult Day Transportation

Transportation is also available to your Adult Day Program, if needed. One ride to and from the center each day is available. This transportation cannot be used to go to other places like the doctor, shopping or to the pharmacy. If you need a ride to your doctor's appointment, this is a covered service under your medical benefits. For more information about this, please reference your member handbook.

Homemaker Services

A homemaker is a person that will help you with various tasks around the home. They do not need to be medically certified. However, a homemaker must receive training in order to provide services. A homemaker will assist you with activities of daily living and personal tasks such as laundry, shopping, cleaning, meal planning and preparation, escorting or taking you to medical appointments and personal care tasks.

Personal Emergency Response System

A Personal Emergency Response System (PERS) is an electronic device that will alert others if you need help in an emergency. This is if you live alone, or are alone for most of the day. The PERS will alert the local hospital, fire department or police department if you need help right away. The PERS will work 24 hours a day, seven days a week. It will be there when you need it.

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 rights as a member of the home and community based services waiver program. These rights include:

- You may not be discriminated against because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge or age.
- All information about you and your case is confidential, and may be used only for purposes directly related to the administration of your aging waiver services as follows:
 - Finding and making needed services and resources available to you
 - Assuring your health and safety
- Information about you and your case cannot be used for any other purpose as indicated above, unless you have given your consent to release that information.
- You have freedom of choice of your providers for waiver services.
- You have the right to choose not to receive services through your waiver.
- You have the right to transfer from one provider to another provider.
- You have the right to request a provider to furnish more services than are allowed by your care plan. You will be required to pay 100% of the cost for any additional services not included in your care plan.
- You have the right to report instances to your provider's supervisor or your IlliniCare care coordinator when you do not believe your worker:
 - Is following your care plan
 - Does not come to your home as scheduled
 - Is always late

Member Responsibilities

- **You must choose Primary Care Physician (PCP) 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.
- Notify your IlliniCare Health care coordinator if you are away from your home, for any reason, for over 60 calendar days. Your services cannot be provided if you are not at home. If this is the case, your services will be terminated.
- You must notify your provider and your IlliniCare Health care coordinator if you intend to be absent from your home when scheduled services are to be provided. You must notify them when you are leaving and when you are expected to return. The provider will resume services upon your return.
- You must cooperate in the delivery of services. You must:
 - Notify your provider agency at least one day in advance if you will be away from home on the day you are to receive services.
 - Allow the authorized worker into your home.
 - Allow the worker to provide the services included in the care plan you approved.
 - Do not require the worker to do more or less than what is in your care plan.
 - If you want to change the care plan, contact your care coordinator. The worker is unable to change it.
 - You or other persons in your home must not harm or threaten to harm the worker or other participants, or display any weapon.

You also have responsibilities as a member of the home and community based services waiver program. These responsibilities include:

- You must not discriminate against your worker because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge or age. To do so is a Federal offense.
- You must report changes that affect you. This includes:
 - Change of address, even if temporary.
 - Change in number of family members.
 - Changes needed by you in your services.
- Notify your IlliniCare Health care coordinator if you are entering a hospital, nursing home or other institution for any reason. Your services will be temporarily suspended until you return home.
 - Notify your care coordinator in advance of your return home. You may be in need of additional services.
 - If you are hospitalized or in a nursing home or other institution for more than 60 calendar days, your services will be terminated.
 - If you return home after such termination and need services, contact the Illinois Department of Human Services to reapply.



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**



Grievances

We want to hear from you if you have a negative experience with your doctor or anything about IlliniCare Health. This is called a grievance. You can make your grievance on the phone, in person or in writing. You can also tell us if you think you have been treated badly or discriminated against in any way.

Please call us at 866-329-4701 or TDD/TTY: 866-811-2452 to express your grievance or write to the address below.

**Member
Grievances**
IlliniCare Health
999 Oakmont Plaza Drive,
Suite 400
Westmont, IL
60559

For grievances that are placed over the phone, IlliniCare Health will work with you to solve your issue at the time of the call. If we are unable to solve your issue at that time, a grievance coordinator will work with you, or the person acting on your behalf, to resolve the issue over the next 30 days. If during this time, a resolution cannot be reached, the grievance coordinator will help you submit a formal grievance in writing.

All formal grievances will need to be submitted in writing. IlliniCare Health will acknowledge that we received your grievance within 10 business days. IlliniCare Health may contact you for more information during review of your grievance. All formal grievances will be discussed by the Grievance Committee.

- You have the choice to attend the Grievance Committee meeting when your grievance is being discussed.
- IlliniCare Health will contact you notifying you of the date and time of the meeting. We will consider your input regarding the date and time of the meeting.
- You may bring a person of your choice to the meeting.
- If you want someone such as a provider, family member or caregiver to act on your behalf, you will have to fill out an Authorized Representative form. This form can be found on our website, www.IlliniCare.com or by calling member services at 866-329-4701.
- The Grievance Committee will make a decision within 60 days after the receipt of your grievance.
- Decisions may be delayed up to 30 days if additional documents or records are needed to make a decision.
- IlliniCare Health will send you a notice in writing of the decision within five business days after the determination.

Appeals

You may not agree with a decision or an action made by the plan about its services. In such cases, you may appeal within 60 days from the date on the Notice of Action letter. You can appeal over the phone or in writing. Someone you appoint may ask for an appeal for you. This could be your PCP or a family member for example. To appoint someone to make an appeal for you, you need to fill out the Authorized Representative Appeals form. This form can be found on our website, www.IlliniCare.com or by calling Member Services at 866-329-4701.

Actions You Can Appeal:

- If IlliniCare Health fails to advise you of your right to freedom of choice of providers.
- If IlliniCare Health fails to provide services to you in a timely manner.
- If IlliniCare Health makes a decision to deny, reduce, or terminate your Waiver services. However, if the decision to deny, reduce, or terminate your Waiver services is based on an automatic change in eligibility, rates, or benefits required by Federal or State law that adversely affects you, your appeal may be automatically denied and you will not be afforded a hearing.

Appeals can be submitted to us by phone at 866-329-4701 or TDD/TTY: 866-811-2452. You can also send an appeal in writing to the address below. If you file an appeal over the phone, you must follow it up with a written signed appeal request.

Member Appeals

*IlliniCare Health
999 Oakmont Plaza Drive,
Suite 400
Westmont, IL
60559*

- We will let you know what information we need to work on your appeal.
- If you want your services to remain in place while you appeal, you must say so when you appeal, and you must file your appeal with IlliniCare Health no later than ten (10) days from the date of the Notice of Action Letter.

- We will make a decision within fifteen (15) business days of the date we received your appeal request. Up to fourteen (14) more calendar days may be granted to make a decision on your case if we need to get more information before we make a decision.
- We will tell you and your provider orally and in writing of the decision.

If you need to file an Expedited Appeal because you or your Provider believes the standard time-frame of 15 business days to resolve your Appeal will seriously jeopardize your health call customer service at 866-329-4701 or TDD/TTY: 866-811-2452 and ask for an expedited appeal.

- We will let you know within 24-hours if we need more information.
- We will make a decision within 24-hours after getting all the needed information.
- We will notify you and the provider orally and in writing of the decision.

What happens next?

After you receive the Decision Notice in writing you do not have to take any action and your appeal file will be closed. If you choose, you can ask for a State Fair Hearing Appeal within thirty (30) calendar days of the date of the Decision Notice. If you want your services to remain in place, you must say so and ask for a State Fair Hearing Appeal within ten (10) calendar days of the date of the Decision Notice. You may not have the right to continue services in an appeal if the service was denied or terminated due to physical harm rendered to a worker/caregiver.

If you want to file a State Fair Hearing Appeal contact:

Department of Healthcare and Family Services

*Fair Hearings Section
401 South Clinton, 6th Floor
Chicago, Illinois 60607*

**855 418-4421 (toll free)
TTY 800-526-5812
Fax 312-793-2005**

State Fair Hearing

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time, and place of the hearing. This letter will also provide detailed information about the hearing. It is important that you read this letter carefully.

At least three business days before the hearing, you will receive a packet of information from IlliniCare Health. This will include all the evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer.

You will need to notify the appropriate Hearings office of any reasonable accommodations you may need. Your hearing may be conducted by telephone. Please be sure to provide the best telephone number to reach you during business hours in your request for a State Fair Hearing.

You must provide all the evidence you will present at the hearing to IlliniCare Health and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear, as well as all documents you will use. The hearing will be recorded.

Continuance or Postponement

You may request a continuance during the hearing or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time, and place. The ninety (90) calendar-day time limit for appeal process will be extended by the length of the continuation or postponement.

Failure to Appear at the Hearing

If you, or your authorized representative, do not appear at the hearing at the time, date, and place indicated in the notice and you have not requested a postponement in writing, your appeal will be dismissed and a Notice of Dismissal will be sent to all parties to the appeal.

The Impartial Hearing Officer may reschedule the hearing if the reason for your failure to appear was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency



However, you or your authorized representative must submit a written request to reset the hearing to the Impartial Hearing Officer at the address given on the Notice of Hearing within ten (10) calendar days from the date you received the Notice of Dismissal.

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

The State Fair Hearing Decision

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings office. This Decision is reviewable only through the Circuit Courts of the State of Illinois. The time this Circuit Court will allow for filing of such review may be as short as 35 days from the date of this letter.

999 Oakmont Plaza Drive
Suite 400
Westmont, IL 60559
866-329-4701
TDD/TTY: 866-811-2452

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