



Milwaukee County Care Management Organization

2009-2010
Member Handbook

Revised 09-02-2009

Welcome

THE MILWAUKEE COUNTY "FAMILY CARE" CARE MANAGEMENT ORGANIZATION

The Milwaukee County Family Care Member Handbook is for you if you are already a member of the Care Management Organization (CMO) OR if you want to learn about the services we provide.

The Milwaukee County CMO is operated by the Milwaukee County Department on Aging and certified by the State of Wisconsin as a Medicaid Care Management Organization.

If you are a member of Family Care and enrolled in the Milwaukee County CMO, call our Member Services Coordinator at (414) 289 - 6854 to talk about the quality of your Family Care service, get help with a problem or if you have questions about the Care Management Organization. The Member Services Coordinator is available from 8:30 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

We value your comments, suggestions and questions.

CONTACT US:

Family Care Members in need of emergency assistance outside of normal business hours may call the coverage staff at the Milwaukee County Best Practice Team (BPT) at (414) 289-6846.

All calls will be responded to within 30 minutes.

Milwaukee County - Care Management Organization

310 W. Wisconsin Avenue - 6th Floor EAST

Milwaukee, WI 53203

Phone: (414) 289 - 6874

TTY: (414) 289 - 8591

Toll Free: 1- 866-229-9695

Fax: (414) 289 - 8584

Email: familycare@milwaukeecounty.com

Website: www.milwaukee.gov/county/aging

Resource Centers

**Disability Resource Center
of Milwaukee County**
1220 W. Vliet Street, Suite 300
Milwaukee, WI 53205
(414) 289-6660
TTY (414) 289-8885

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

**Aging Resource Center
of Milwaukee County**
310 W. Wisconsin Avenue
5th Floor WEST
Milwaukee, WI 53203

Information and Assistance
Monday - Friday 7 a.m. - 6 p.m.
(414) 289-6874 or (414) 289-8591 TTY

The Milwaukee County Department on Aging operates the Aging Resource Center. The Milwaukee County Department of Health and Human Services operates the Disability Resource Center.

This book is also available in Spanish and Russian. Bilingual staff can help with Hmong, Lao and other languages. You may also request a copy in audio format or braille. If you would like assistance in reviewing this member handbook, please contact your Care Manager for assistance.

¡Bienvenido!

Este libro está disponible en español y ruso.

El Centro de Recursos para la Tercera Edad del Condado de Milwaukee cuenta con personal que habla español y ruso para ayudarle.

El Centro de Recursos puede comunicarlo con un servicio de línea en varios idiomas para ayudarle con otras lenguas si lo necesita.

También puede solicitar una copia de este libro en formato de audio o sistema Braille.

Llame al Centro de Recursos para obtener información y ayuda

Teléfono: (414) 289-6874

Sin costo: 1-866-229-9695

Sistema para discapacitados auditivos (TTY): (414) 289-8591

Добро пожаловать!

Данное издание имеется у нас на испанском и русском языках.

В Информационном центре для престарелых округа Milwaukee есть сотрудники, которые говорят на русском и испанском языках. Они всегда готовы Вам помочь.

При необходимости Информационный центр может соединить Вас с переводчиком по телефону для предоставления помощи на других иностранных языках.

Вы также можете запросить экземпляр данной публикации, отпечатанный с использованием шрифта Брайля, или книгу в аудио формате.

За помощью и дополнительной информацией обращайтесь в Информационный центр

Телефон: (414) 289-6874

Бесплатный телефон: 1-866-229-9695 Линия TTY: (414) 289-8591

Zoo Siab Txais Tos!

Phau ntawv no sau muaj ua lus Mev thiab lus Russian.

Lub koom haum Aging Resource Center hauv Cheeb Nroog Milwaukee muaj neeg hais lus Mev thiab lus Russian los pab koj.

Lub chaw Resource Center yuav pab txuas tau koj rau ib tug xov tooj uas siv neeg txhais lwm haiv lus yog tias xav tau.

Koj hais tau kom muab cov lus hauv phau ntawv no kaw ua suab lus los yog Ntaus Cov Lus Kom Neeg Tsis Pom Kev Xuas tau.

Hu rau lub chaw Resource Center yog xavpaub meej ntxiv thiab xav tau kev pab

Xov tooj: (414) 289-6874

Xov tooj hu txawv lav tuaj dawb: 1-866-229-9695 TTY: (414) 289-8591

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OUR SERVICE TO YOU

OUR PHILOSOPHY

The Milwaukee County **Care Management Organization (CMO)** is committed to working together with members, families, advocates, friends and others in a spirit that:

1. Promotes respect and dignity
2. Supports choices of our members
3. Informs members about the benefits of their choices
4. Promotes member participation
5. Uses cost-effective methods
6. Works within government policies and regulations

OUR VALUES

Our values guide the development of our mission and work with our members.

1. **Member-centered** - We will always put the best interest of our members at the center of decision making.
2. **Care that embraces the whole person** - We are committed to providing quality care for body, mind and spirit and to preserving quality of life for our members.
3. **Dignity** – We respect the dignity and personal choices of each member.
4. **Collaboration** – We believe in teamwork that includes our members, their families/support systems and other organizations.
5. **Justice** – We believe that all members must receive fair treatment that is free from discrimination.
6. **Stewardship** – We have concern for the careful use of our resources and we value public opinion.
7. **Quality** – We will strive to provide the best care for our members.
8. **Cultural Competence** – We honor the cultural values of our members.

OUR MISSION STATEMENT

"The Care Management Organization of the Milwaukee County Department on Aging respects the dignity and personal autonomy of each Member by honoring choice and promoting the Member's continued participation in the life of their community, by providing a continuum of quality cost-effective long-term care to Members and by supporting their families and caregivers."

WHAT IS FAMILY CARE?

Family Care is a way for eligible people who need long-term care services to get them when and where they are needed. Long-term care can be any health or support service that you need because of a chronic illness or disability that prevents you from carrying out day-to-day activities.

WHAT IS THE MILWAUKEE COUNTY CMO?

The State of Wisconsin Department of Health Services (DHS) and Milwaukee County are working together to improve the long-term care system. We believe that if you need long-term care services, you should be able to get them when you need them and at a place you choose. Our goal is to help you choose cost-effective care that is right for you.

You will be able to select a Care Management Unit (CMU) that will provide you with a primary Interdisciplinary Team (nurse, social worker, and other health professionals) who will see that you have the information you need to make good decisions about your health and lifestyle. We will try to help you get the right services, at the right time, in the right place.

The Milwaukee County CMO offers a number of services to help you meet your needs. Help with bathing, transportation, housekeeping or medical equipment are just a few of the types of help we can offer. (For more services, see page 14.)

If your needs change, your services will change right along with them. For example, if you have to go to the hospital or a nursing home, we will be there to support you and to assure that you get the services you need during your stay.

We CARE About Our Members

We believe each member is the center of decisions made about their care. The Milwaukee County CMO puts you at the center of a team to help you make informed decisions about your long-term care needs.

Because YOU are the most important member of your Interdisciplinary Team we will work together to be sure that you:

- ✓ are treated fairly
- ✓ have privacy
- ✓ are respected
- ✓ choose your services
- ✓ choose your daily routine
- ✓ can be employed if you wish
- ✓ choose where and with whom you live
- ✓ are active in the life of your community
- ✓ stay connected to people who can help you
- ✓ are free from abuse and neglect
- ✓ have the best possible health
- ✓ are safe
- ✓ are confident that services will be there when you need it
- ✓ are satisfied with your service

HOW CAN I BECOME A MEMBER OF THE MILWAUKEE COUNTY CMO?

YOU CAN BECOME A MEMBER OF THE MILWAUKEE COUNTY CMO IF:

1. You are at least 18 years of age
2. You have a long-term care need
3. You are financially eligible (for Medicaid / T-19).
4. You are functionally eligible as determined by a review of your health and ability to do daily activities
5. You are a resident or responsibility of Milwaukee County
6. You sign an enrollment request form

The DHS Income Maintenance Unit will help you determine your financial eligibility.

HOW DO I ENROLL IN THE PROGRAM?

Enrollment starts with a phone call to one of the following Resource Centers:

If you are age 18-59, please call:
The Disability Resource Center of
Milwaukee County at
(414) 289-6660
(414) 289-8885 TTY.

If you are 60 or older, please call:
The Aging Resource Center of
Milwaukee County at
(414) 289-6874 or
(414) 289-8591 TTY.

Resource Center staff will schedule a meeting with you to talk about your options. They will tell you about our service providers and explain your rights and responsibilities as a member.

During the enrollment process you will be asked to:

- ✓ Provide medical information to help determine your functional eligibility
- ✓ Provide information about income and assets to help us determine your financial eligibility
- ✓ Sign a “Release of Medical Information” form
- ✓ Complete and sign an enrollment form

You will also be given the chance to speak with an Enrollment Consultant who will help you decide if the Milwaukee County CMO is the best possible program for you. If you are eligible and if you choose to become a member of the Milwaukee County CMO, you will get help choosing a start date for the program.

HOW DO I KNOW IF I AM FUNCTIONALLY AND FINANCIALLY ELIGIBLE?

To find out if you are **functionally eligible**, someone will ask about your physical health and your care needs to see how well you are able to take care of yourself without help.

To find out if you are **financially eligible**, someone will review your finances to get information about your income and assets. Then the financial information is reviewed by the Department of Health Services Income Maintenance Unit.

Once you are enrolled in the Milwaukee County CMO, you will be asked to provide information about your finances and functional ability every year. Failure to provide this information on a yearly basis will result in the loss of your Family Care benefits.

Membership in the Milwaukee County CMO is voluntary – it is your decision to be a member.

WHAT DOES IT MEAN TO BE A MEMBER OF THE MILWAUKEE COUNTY CMO?

To manage your primary health care, you will work with an Interdisciplinary Team that includes a social worker, a nurse and other professionals who know about your situation. The team works with you to create a plan that lists your personal goals and the resources you need to reach your goals.

You and your Interdisciplinary Team will agree on a service plan for all your long-term care services. You may choose your service providers from the list of providers who work with the Milwaukee County CMO. If you feel that these providers cannot meet your needs, you can ask your Care Manager to help locate a different provider.

You may still choose your own acute care providers (hospitals) and your primary care providers (clinics, doctors and pharmacies). These services are paid for directly by Medicare and/or Medical Assistance and not by the Milwaukee County CMO.

At times, you may be asked to participate in surveys or interviews that will help us find out if we are meeting your needs and if you are satisfied with the program. If you are asked to participate, it is your right to refuse.

If you are interested in finding out more information on the results of the surveys or interviews, call the **Member Services Coordinator at (414)289-6034**.

Besides being a part of the team, you may choose to help in other important ways.

If you wish, you may volunteer to:

- ✓ Serve on the Milwaukee County CMO Board to help make the program run smoothly
- ✓ Serve on a committee that reviews member appeals and grievances
- ✓ Serve on a committee that insures the quality of Care Management Organization services
- ✓ Serve on a committee that discusses the best course of action to take when the needs of a member are unclear

To volunteer for a Milwaukee County CMO committee or share your ideas, opinions and suggestions call the Quality Improvement Coordinator at (414) 289-5738.

CAN I CHOOSE MY INTERDISCIPLINARY TEAM?

After you enroll in the Milwaukee County CMO, you will be assigned to a **Care Management Unit (CMU)**. CMU staff will work with you on your care management plan. They are your **Interdisciplinary Team (IDT)**. The team's job is to help you find the services that best fit your needs.

If you are not satisfied with your CMU or any member of your team, you can ask for a change. (See the list of CMU's and their specialties on pages 36 - 37.) If you want to make a change, tell your Care Manager or call:

Milwaukee County CMO Enrollment & Eligibility Coordinator at (414) 289-6857.

You can switch Care Management Units up to two times per year. Your new team will be in place by the first day of the month after your request is received.

WHO WILL BE A PART OF MY INTERDISCIPLINARY TEAM?

✓ **Care Manager (Social Worker)**

You and your Care Manager develop a plan to meet your goals. All of the services you receive are planned by you and your Team.

✓ **Registered Nurse**

The Registered Nurse (RN) coordinates health care services for you based on your health care needs.

✓ **YOU the Member**

You are the most important part of the team. You can contribute valuable information regarding your needs. It is important that you and your team get to know one another so you can participate fully in the team process.

If you have a **guardian** or an **activated health care power of attorney**, that person is always part of the team. You may also choose others like a family member or health professionals who know your situation.

HOW CAN I GET IN TOUCH WITH MY TEAM?

You may contact your team directly. You can write their contact information on page 41 in back of this book.

See pages 36 and 37 for a list of Care Management Units and contact information.

IF YOU HAVE A MEDICAL EMERGENCY CALL 911

WHAT ARE MY RIGHTS AS A MEMBER OF THE MILWAUKEE COUNTY CMO?

As a member of Milwaukee County's Care Management Organization, you have the following rights:

- ✓ Freedom from unlawful discrimination in applying for or receiving the Family Care benefit
- ✓ Accuracy and confidentiality of information about you
- ✓ Prompt eligibility, entitlement and cost-sharing decisions and assistance
- ✓ Access to personal, program and service system information
- ✓ Access to information about all services and supports available in the Family Care benefit package
- ✓ Choice to enroll in the Milwaukee County CMO, if eligible, and to disenroll at any time for any reason
- ✓ Information about and access to all services of the Resource Centers and the CMO
- ✓ To participate in planning for and evaluating your services
- ✓ To receive the services identified in the Individual Service Plan
- ✓ Support from your team in identifying your needs and personal outcomes
- ✓ Dignity, respect and fair treatment
- ✓ Freedom to manage and control your own services to the extent you are willing and able
- ✓ To receive treatment or services in the living situation which you and your team choose
- ✓ To receive services from culturally competent providers and information on how to access those providers
- ✓ To be covered by other member rights such as the rights of a nursing home resident or the rights of a group home resident
- ✓ To receive assistance and support in understanding your rights and resolving grievances and appeals
- ✓ To request a private room in residential settings and to have the procedures explained regarding your request, and the procedure if a private room is not immediately available

FOR MORE INFORMATION ON GRIEVANCE AND APPEALS RIGHTS AND PROCEDURES

SEE PAGES 26 - 32

WHAT ARE MY RESPONSIBILITIES AS A MEMBER OF THE MILWAUKEE COUNTY CMO?

Service from the Milwaukee County CMO depends on you, your family, significant other(s), and all who are concerned about you. Your Team will work closely with all of you to try to meet your long-term care needs. As a Milwaukee County CMO member, you have the following responsibilities:

- ✓ To provide full, correct and truthful information requested by your team or providers so we can determine eligibility, cost-share or meet reporting requirements
- ✓ To allow release of records as needed
- ✓ To participate in the development of your member centered plan and Member Centered Plan
- ✓ To use benefits you have from other programs or insurance to pay for services before they are charged to the CMO
- ✓ To use Milwaukee County CMO providers unless you and your team agree otherwise
- ✓ To treat staff and service providers with dignity and respect
- ✓ To pay cost share or room and board charges on time
- ✓ To comply with emergency care procedures
- ✓ To keep your team informed about changes in health or ability to do daily activities, financial status, or living arrangements that might affect eligibility for benefits or services
- ✓ To report any suspicions or evidence of fraud or abuse of the Family Care program on the part of providers, other members or CMO employees
- ✓ To provide input on changes in CMO policies and services
- ✓ To keep your team informed about changes in your address or phone number
- ✓ To notify the Milwaukee County CMO if you plan to move out of Milwaukee County

TO REPORT FRAUD OR ABUSE, CONTACT THE MILWAUKEE COUNTY CMO QUALITY IMPROVEMENT COORDINATOR AT (414) 289 - 5738.

FOR INFORMATION ON HOW TO PARTICIPATE IN MILWAUKEE COUNTY CMO COMMITTEES CALL (414) 289 - 5738.

WHAT SERVICES DOES THE MILWAUKEE COUNTY CMO PROVIDE?

Based on results of the long-term care functional screen, a level of care (nursing home / non nursing home) is identified for each member. Your level of care will determine the services you may receive. Available services for each level of care are listed below:

ALL FAMILY CARE MEMBERS RECEIVE INTERDISCIPLINARY CARE MANAGEMENT	
NURSING HOME LEVEL OF CARE	NON NURSING HOME LEVEL OF CARE
COMMUNITY-BASED MEDICAID STATE PLAN SERVICES	COMMUNITY-BASED MEDICAID STATE PLAN SERVICES
<ul style="list-style-type: none"> -AODA Day Treatment -AODA services <i>except inpatient or physician provided</i> -Children’s Foster Care and Treatment Foster Care -Community Support Programs -Durable medical equipment <i>except hearing aids and prosthetics</i> -Home health -Medical supplies -Mental Health Day Treatment -Mental Health services <i>except inpatient or physician provided</i> -Nursing services including respiratory care, intermittent and private duty nursing -Occupational therapy in all settings <i>except inpatient hospitals</i> -Personal care -Physical therapy in all settings <i>except inpatient hospital</i> -Speech/Language pathology in all settings <i>except inpatient hospital</i> -Transportation services <i>except ambulance & common carrier</i> 	<ul style="list-style-type: none"> -AODA Day Treatment -AODA services <i>except inpatient or physician provided</i> -Community Support Programs -Durable medical equipment <i>except hearing aids and prosthetics</i> -Home health -Medical supplies -Mental Health Day Treatment -Mental Health services <i>except inpatient or physician provided</i> -Nursing services including respiratory care, intermittent and private duty nursing -Occupational therapy in all settings <i>except inpatient hospitals</i> -Personal care -Physical therapy in all settings <i>except inpatient hospital</i> -Speech/Language pathology in all settings <i>except inpatient hospital</i> -Transportation services <i>except ambulance and common carrier</i>
INSTITUTIONAL MEDICAID STATE PLAN SERVICES	INSTITUTIONAL MEDICAID STATE PLAN SERVICES
-Nursing facility including ICF-MR and IMD	<u>N/A</u>
HOME AND COMMUNITY BASED WAIVER SERVICES	HOME AND COMMUNITY BASED WAIVER SERVICES
<ul style="list-style-type: none"> -Adaptive aids -Adult day health -Adult day care -Adult residential care -Childrens Foster Care & Treatment Foster Care -Communication Aids/Interpreter services -Consumer education and training -Counseling and therapeutic resources -Daily living skills training -Day Center services/treatment -Self directed supports (SDS) -Financial management services <ul style="list-style-type: none"> -Home delivered meals -Home modifications -Housing counseling -Personal emergency response systems -Prevocational services -Relocation services -Residential services -Respite care -Specialized medical equipment and supplies -Supported Employment -Supportive home care -Transportation (specialized) -Vocational futures planning 	<u>N/A</u>

14 Milwaukee County CMO may provide an alternative support or service that is not specified in the list of services. Alternate support or services must meet certain conditions. Your care team will decide with you when you require alternative support services.

WHAT SERVICES ARE NOT PROVIDED BY THE MILWAUKEE COUNTY CMO?

The Care Management Organization, does not pay for some services. If you have Medicaid (T-19), Medicare or private health insurance, they may cover the following services:

- × Any service from a medical doctor
- × Alcohol and other drug abuse services provided by a physician or in an inpatient setting
- × Audiology
- × Chiropractic
- × Crisis intervention
- × Dentistry
- × Eyeglasses / Optometry
- × Family planning services
- × Hearing aids
- × Hospice
- × Hospital: inpatient and outpatient, including emergency room care are NOT covered (outpatient physical therapy, occupational therapy, speech therapy and mental health services or alcohol and other drug abuse services from a non-physician ARE covered)
- × Podiatry
- × Prosthetics
- × Prescription drugs
- × Transportation by ambulance or common carrier

The above services are subject to rules and regulations that govern Medicaid, (T- 19) Medicare and private insurance. There may be co-payments involved which Family Care does NOT cover.

Family Care will assist you in coordinating and obtaining these services and, if necessary, pay for your transportation costs to access them.

Your team, may consider paying for the services listed above even though they are not covered. Each case is reviewed individually.

It is important to remember that the team must authorize these services first. If you do not get prior authorization you will be responsible for the cost of the service.

WILL I PAY FOR ANY SERVICES?

The CMO will not pay for usual living expenses like rent, mortgage, food, utilities, entertainment, clothing, furniture, household supplies and insurance. If there are cost-effective services that meet your needs, it is unlikely that the Milwaukee County CMO will pay for a more expensive service. The Milwaukee County CMO will not pay for anything that is against the law or support a member to act illegally.

COST SHARE

Some Family Care members may have to pay for part of the services they receive. This payment is known as **cost share**. Cost share is based on the member's income and the cost of the member's care. You will receive a letter from the State of Wisconsin eligibility system that tells you if you have a cost share.

PAYING THE COST SHARE

If members have a cost share, it must be paid to the CMO each month. The CMO sends members, or their authorized representatives, a bill for the member's Cost Share. If the cost share is not paid within thirty (30) days, members may lose their eligibility for the program. **Contact your Interdisciplinary Team or the Milwaukee County CMO fiscal department if you are having trouble with cost share payments.**

ROOM AND BOARD COSTS MUST BE PAID BY MEMBERS

Room and board (food and rent) is not a covered benefit under Family Care. If you live in an assisted living facility, you must pay the cost of room and board.

If the member is unable to meet cost share requirements, he/she should consult the Interdisciplinary Team to find an affordable option.

If you have an outstanding balance, ask your Interdisciplinary team to coordinate a meeting with CMO fiscal staff to discuss the issue.

If a cost share is not paid within 30 days and the member has made no effort to arrange for alternative payments, the member may be referred for disenrollment from Family Care.

If the member cannot make payments after consultation with the team, he/she may also contact the CMO fiscal division.

Call CMO fiscal staff at (414) 289 - 6487 OR (414) 289 - 6813 within 30 days of the first missed payment.

DOES MEDICARE PAY FOR ANY OF MY SERVICES?

The CMO expects that members who have Medicare Parts A and/or B will use this benefit.

When a member has Medicare, **federal rules require the CMO to bill Medicare first. Any private insurance you have will also be billed.** If a service you are asking for is part of your Medicare benefit package, the Milwaukee County CMO may refuse to pay for the service because Medicare will cover the cost.

If you do not currently participate in the Medicare program because of financial concerns, your Care Manager may be able to find a program to help pay for Medicare premiums.

ARE THERE SERVICES THAT THE FAMILY CARE PROGRAM WON'T PAY FOR?

The Milwaukee County CMO will not pay for services that are not authorized by your team. If you think you need a service you must talk with your Interdisciplinary Team. If the service is not authorized, you may be responsible for payment. (See page 15.)

CAN I GET SERVICES FROM PROVIDERS THAT ARE NOT ON THE LIST?

To get services from a provider that is not in the Milwaukee County CMO network, you must talk with your Care Manager or Nurse. Some reasons for using another provider might be:

1. Providers/agencies used by the CMO do not have the skills needed for a particular condition you have
2. Providers/agencies used by the CMO cannot see you within the time you need the service
3. Providers/agencies cannot meet your cultural or language needs
4. You are having difficulty obtaining transportation to a provider

The CMO has the right to approve your providers. If you want to change providers, you must contact your team to be sure that the new provider has a contract with the Milwaukee County CMO.

If you change providers without talking to your team and getting approval first, you may be responsible for payment of the bills from the new provider.

HOW ARE SERVICES SELECTED AND AUTHORIZED?

DETERMINING YOUR PERSONAL OUTCOMES

Outcomes are things you want from your long-term care services.

Family Care has identified 12 consumer outcomes for the program. Your personal outcomes may include some of these, or they may be different.

When you meet your team to work on the long-term care service plan be sure to tell them what is important to you and why, so the team can support you in selecting services that are right for you.

FAMILY CARE CONSUMER OUTCOMES

Choice

- ✓ I decide where and with whom I live
- ✓ I make decisions regarding my supports and services
- ✓ I decide how I spend my day

Health and Safety

- ✓ I have the best possible health
- ✓ I feel safe
- ✓ I am free from abuse and neglect

Personal Experience

- ✓ I have relationships with family and friends I care about
- ✓ I do things that are important to me
- ✓ I am involved in my community
- ✓ My life is stable
- ✓ I am respected and treated fairly
- ✓ I have privacy

SELECTING SERVICES

The CMO uses a process called the “Resource Allocation Decision” (RAD) method that helps you and your Team identify your personal outcomes and choose the most **cost effective** services. (An overview of how the RAD method works is found on pages 20-21.)

AUTHORIZING SERVICES

Services you select are included in your Member Centered Plan (MCP). The CMO must authorize any services before you receive them. Services must be provided by an agency that has a contract with the Milwaukee County CMO. If you do not have the team’s authorization to receive a service or if you are getting service from a provider that does not have a contract with the Milwaukee County CMO, you may be responsible for the cost.

Your Care Manager will give you a list of Milwaukee County CMO providers or you can call the Quality Improvement Coordinator at (414) 289-5738.

THE MEMBER CENTERED PLAN

Your authorized services are a part of your Member Centered Plan (MCP). You will be asked to sign your service plan to show that you agree with the team's decisions and you will get a copy of the signed plan. If you are not happy with the plan, you can refuse to sign it and/or discuss changes with your team. You may also appeal the final decision of the team. (See pages 26 - 32 for information on appeals and grievances.)

If you arrange to get services that are not a part of the plan, you may have to pay for them.

If you make a request for a new service or a change in service, your Care Manager must respond within fourteen (14) days. If a service provider or the CMO decides that waiting 14 days is a danger to your health or well being, the decision must be made as soon as possible but no more than 72 hours after the request is made.

You can always ask your team to add, stop or change any service.

If your request for change in service is denied, you will receive a written form called the **Notice of Action** which shows the reason for the decision. If a service is authorized for less time or in a lesser amount than you requested, you will be mailed a notice of action form at least ten (10) days BEFORE the service ends. You will also get information about your rights and how to appeal the decision.

If you choose to file an appeal or grievance, you can get help from:

- a. Your Team and other service providers
- b. The Milwaukee County CMO Quality Improvement Coordinator:
(414) 289-5738
- c. An outside advocate not connected to the CMO or other service providers such as:
 - Benefit Specialists at Senior Law : (414) 278-7722
Information and assistance with benefits
 - Legal Aid Society of Milwaukee: (414) 765-0600
Help with legal issues
 - Disability Rights Wisconsin: (414) 773-4646 for persons 18-59 and the Board on Aging and Long Term Care Ombudsman: 1-800-815-0015 for persons age 60 and older
 - Division of Quality Assurance: (414) 227-5000
Complaints and issues with residential care
 - The Aging Resource Center of Milwaukee County: (414) 289-6874
Information and assistance with all aging issues

WISCONSIN FAMILY CARE PROGRAM RESOURCE ALLOCATION DECISION (RAD) METHOD

Using the questions below you and your team will work together to identify your personal goals and outcomes and find the most cost effective services and supports to meet your needs.

1. What is the need, goal, outcome or problem?

- ✓ The member and team staff together identify the core issue.
- ✓ If the member/family is asking for an item or service, explore the reasons for the request.

2. Does it relate to the assessment, service plan and desired outcomes of the member?

- ✓ Desired outcomes are those in the CMO mission and identified in the member's assessment and service plan.
- ✓ Is it essential to the member's health or safety?
- ✓ How does it relate to the desired outcomes in the plan?
- ✓ Whose responsibility is it to address this particular outcome or need?

3. How could the need be met?

- ✓ What's been tried in the past? How do people usually address similar needs?
- ✓ How could the member help solve this need/problem? What ideas does s/he have? Could adaptations in people, environment, or equipment help the member meet this need?
- ✓ What informal resources (family, friends, volunteers) might be able to help?
- ✓ What other community resources could help?
- ✓ What options could the CMO consider?

RESOURCE ALLOCATION DECISION (RAD) METHOD (continued)

4. Are there policy guidelines to guide the choice of options?
 - ✓ If yes, those should be considered.
5. Which option does the member (and/or family) prefer?
6. Which option(s) is/are the most effective and cost-effective in meeting the desired outcome(s)?
 - ✓ Effective means it works to achieve a desired outcome. Consider both short-term and long-term outcomes.
 - ✓ Cost-effective means effectively achieving a desired outcome, (meeting a need) with reasonable cost and effort - this is not always the least expensive option.
 - ✓ Reasonable means it would probably be effective in meeting the desired outcome for others with similar needs and would not have significant negative impact on desired outcomes.
 - ✓ Note that “cost-effective” is always tied to outcomes, and that it does not always mean “least expensive” or “inexpensive.”
 - ✓ How will we measure success of the support or service to make sure it is cost effective and effective?
 - ✓ Will the member use the service or support if provided?
7. **Explain, Dialogue, Negotiate**
 - ✓ The team staff will work with the member to negotiate a care plan with needed services and supports to meet the member’s outcomes and health and safety needs. If the team staff and the member cannot agree on the services and supports in the plan, the member can appeal the CMO decision.

Always tell your team what is important to you as you work together to find the RIGHT services at the RIGHT time in the RIGHT place for the RIGHT cost.

This will help the team create a plan that is RIGHT for YOU.

MAY I CHOOSE MY OWN CARE PROVIDERS?

CHOOSING YOUR OWN PROVIDERS

For providers who come into your home or provide intimate personal care, the CMO will purchase services from whomever you choose as long as that person meets the CMO's requirements and accepts the CMO's rates. The CMO encourages you to receive help from people who are familiar to you. However, your care providers need training to meet your needs and they will need to be employed by one of the agencies under contract to the CMO. Your team will help you and your preferred care provider through this process.

If the helper you choose does not wish to be employed by one of these co-employment agencies, we will help you find the best possible replacement for that worker, or you can choose to use **self-directed supports** (see below).

For other services, you can choose among the providers in the CMO's provider network. You can request a provider who is not in the provider network and the CMO will consider your request. Instances where your request to use a provider who is not in the provider network would be honored include when network providers do not have capacity or expertise to meet your need or cannot meet your need on a timely basis or are located in geographic locations or buildings that make transportation or physical access an undue hardship to you. (See page 17.)

SELF DIRECTED SUPPORTS

Once you and your team have decided on your goals and outcomes and agreed on the individual service plan, you can arrange, direct and purchase supports and service for yourself through the **self directed supports** option. Participation in self-directed supports is **voluntary**. You decide how many services you wish to direct. If you decide to self direct all or part of your individual service plan, the Milwaukee County CMO will develop a budget for you. A self directed supports budget cannot exceed the cost of services in a CMO directed plan.

Your team will continue to work with you and your service providers to meet your health and safety needs and to review your budget each year.

You will be responsible for personal decisions and actions needed to make your self directed plan work for you.

Since the people you choose become your employees, if you choose to participate in the self-directed supports program, your Care Manager will request assistance from the CMO Fiscal Agent with payroll related tasks.

The CMO reserves the right to restrict the level of self-management exercised by a member when the Interdisciplinary Team finds the health and safety of the member or another person is threatened; substantial financial mis-management or conflicting interests are taking precedence over the desires and best interest of the member.

If you would like more information about the self directed supports option, call the CMO Member Services Coordinator at (414) 289 - 6034. A handbook on self directed supports is available from your Care Manager.

WHAT IF I CAN NO LONGER LIVE IN MY OWN HOME?

If you think you need to move to an assisted living setting, your team will use a **Placement Process Assessment**. The assessment measures your ability to care for yourself and how much help you need to stay in your home. If the assessment shows you do not need the level of help provided in assisted living, the CMO will work with you to arrange for the services you need to remain in your home. If you move to an assisted living setting, you will be able to keep some of your personal funds for medical expenses and personal needs.

You are responsible to pay for the room and board (charges for food and room) cost of the facility. Your team will work with you to make the best possible choice within the resources you have available.

NURSING HOME CARE: WHAT HAPPENS IF I NEED IT?

The primary goal of the Family Care program is to help you to live independently. It is possible that at some time, a nursing home stay will be necessary. You will decide with your Care Manager and Nurse if you need to go to a nursing home. Your team will also use the Placement Process Assessment to decide if you are able to take care of yourself and how much help you need to stay in your home.

The CMO will work with you to arrange for the services you need to remain in your home if the assessment shows you do not need the level of assistance provided in a nursing home.

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

If you receive Medicaid (Title-19) or Medicare and have to stay in a nursing home, you will need to check with the CMO about Medicaid or Medicare rules. Medicaid sets limits on the amount of income you may keep while you are in a nursing home. You may be allowed to use a portion of your income to maintain your home or apartment if your doctor provides a statement that you will be able to return home in six months.

For more information on the Placement Process for assisted living or nursing home care - or what to do if you disagree with a Placement Process Assessment, talk to your Care Manager OR call the Milwaukee County CMO Quality Improvement Coordinator at (414) 289-5738.

WHAT IF I NEED EMERGENCY SERVICE?

If you have a life threatening emergency call 911 for emergency assistance.

If you go to the emergency room or are admitted to the hospital, tell hospital staff that you are a member of the Milwaukee County CMO. Your Care Manager will contact you while you are hospitalized and assist with discharge planning to be sure that needed services are in place when you return home.

Family Care Members in need of emergency assistance outside of normal business hours may call the coverage staff at the Milwaukee County Best Practice Team (BPT) at (414) 289-6846. All Calls will be responded to within 30 minutes.

HOW DO I GET EMERGENCY FOLLOW-UP?

It is important to let your team know if you go to the emergency room or are admitted to the hospital. Some follow-up services can be provided through the CMO. An example would be when a home health agency comes to your home to monitor blood pressure or sugar on a daily basis. Follow-up services must be authorized by the Milwaukee County CMO. You must notify your Care Manager if you are in the hospital or have had a change in your medical condition.

CAN I RECEIVE SERVICE IF I GO OUT OF TOWN?

Remember you must be a resident or responsibility of Milwaukee County in order to be eligible for Family Care benefits.

You must request long term care services during a temporary stay outside of Milwaukee County. This request must be made in advance so that your team has time to plan for providing the services.

AUTHORIZING SERVICES OUTSIDE MILWAUKEE COUNTY

The Department of Health Services Income Maintenance Unit is responsible for determining residency.

The Income Maintenance Unit will determine whether you will be considered a resident of Milwaukee County during your absence. If the Income Maintenance Unit determines you still qualify as a resident, you and your team will use the RAD method to develop a cost effective plan to meet your needs while you are gone.

DENIAL OF SERVICES OUTSIDE OF MILWAUKEE COUNTY

If the CMO is unable to provide a reasonable, cost effective plan for your services outside of Milwaukee County, you may be referred to the DHS Income Maintenance Unit to determine if you remain eligible for the program.

If the Department of Health Services Income Maintenance Unit determines that you will not qualify as a resident after you leave the county, you will lose eligibility for the program.

The Milwaukee County CMO is not responsible for the payment of any services after you permanently move outside of Milwaukee County or move to another state.

Your Care Manager will discuss with you the consequences of any permanent move. At your request, we will try to coordinate transition of services with providers in your new location.

IF YOU ARE DISENROLLED BECAUSE OF RESIDENCE ISSUES

You have the opportunity to challenge the decision if you can demonstrate that it is possible for you to use the self directed support option.

It is important to notify your Care Manager of any absences from Milwaukee County. If you have any questions about leaving the county while you need services, please call your Care Manager or the Member Services Coordinator at (414) 289-6034.

If you choose to file an appeal or grievance, you can get help from:

- a. Your team and other service providers
- b. The Milwaukee County CMO Quality Improvement Coordinator:
(414) 289-5738
- c. Disability Rights Wisconsin: (414) 773-4646 for persons 18-59 and the Board on Aging and Long Term Care Ombudsman: 1-800-815-0015 for persons age 60 and older
- d. An outside advocate not connected to the Milwaukee County CMO or other service providers such as:
 - Benefit Specialists at Senior Law: (414) 278-7722
Information and assistance with benefits
 - Legal Aid Society of Milwaukee: (414) 765-0600
Help with legal issues
 - Division of Quality Assurance: (414) 227-5000
Complaints and issues with residential care
 - The Aging Resource Center of Milwaukee County: (414) 289-6874
Information and assistance with all aging issues
 - The Disability Resource Center of Milwaukee County: (414) 289-6660
Information and assistance with disability and long term care issues
 - ARC of Greater Milwaukee: (414) 774-6255
Support for individuals with disabilities
 - Independence First: (414) 291-7520
A resource for people with disabilities

WHAT IF I AM NOT SATISFIED WITH MY CARE OR TREATMENT?

It is your right as a member of the Milwaukee County CMO to make a complaint, file an appeal or grievance or request a state fair hearing.

You may file a grievance or appeal to the external quality review organization, MetaStar, or to the State Fair Hearing at any time, before, during or after using the local grievance and appeals process.

A complete description of the process for complaints, grievances and appeals with contacts for all agencies is found on pages 27 through 32.

We are always looking for ways to improve the CMO. We want to hear from you about your services. As a member of the Milwaukee County CMO, you have the right to voice your concerns and opinions.

The first thing you should do if you are unhappy with any service or provider is to talk with your team. Your team will try to help resolve the issue.

If you do not want to talk with your team about a problem call the Quality Improvement Coordinator at (414)289-5738.

The Quality Improvement Coordinator can help you put your complaint or grievance in writing. You may also contact the following agencies for assistance:

- ✓ Independent Advocates at Disability Rights Wisconsin - (414)773-4646
- ✓ Senior Law - (414)278-7722
- ✓ Board on Aging and Long Term Care Ombudsman - 1(800)815-0015
- ✓ Legal Aid Society of Milwaukee - (414)765-0600
- ✓ The Aging Resource Center of Milwaukee County - (414)289-6874
- ✓ The Disability Resource Center of Milwaukee County - (414)289-6660

You may also file a grievance at any time with the Wisconsin Department of Health Services (DHS) or you may ask for a Fair Hearing from the State.

Making a complaint, filing an appeal or grievance or requesting a State of Wisconsin Fair Hearing will not affect the way the CMO or your providers treat you.

HOW DO I MAKE A COMPLAINT, GRIEVANCE OR APPEAL?

COMPLAINTS

You may make a complaint when you are not satisfied with a service or provider. You can complain in person or in writing to the provider, your team or the CMO Quality Improvement Coordinator - (414) 289-5738. This is the best first step if you are not satisfied.

GRIEVANCES

You may file a grievance if your complaint is not resolved to your satisfaction; or if you wish to bypass the complaint process. You can file a grievance in writing or in person with the CMO, the State of Wisconsin or the Division of Hearing and Appeals. You should also let your team know that you want to file a grievance.

APPEALS

You may file an appeal if you disagree with a decision or if you do not agree with an action taken by the CMO.

Appeals are filed on a form or in a letter. The Quality Improvement Coordinator or your team can help you file an appeal. You can file an appeal in writing or in person with the MILWAUKEE COUNTY CMO, the State of Wisconsin or the Division of Hearing and Appeals.

WILL MY SERVICES CHANGE OR STOP IF I FILE A GRIEVANCE OR APPEAL?

The CMO may continue your current services until a decision is made on your appeal or grievance under the following conditions:

- ✓ You file a grievance by the date of the intended action or within 14 days of receipt of the written notice from the CMO and/or DHS (whichever is later)
- ✓ **AND** the current level of services was authorized by your team
- ✓ **AND** you request your services to continue by contacting your team or the Quality Improvement Coordinator at (414) 289-5738.

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

CONTACTS FOR COMPLAINTS, GRIEVANCES AND APPEALS

You, your legal representative, or a provider involved in your care can make a complaint, file a grievance or appeal with one or all of the following:

- ✓ **The Milwaukee County CMO Grievance Committee.** Please contact your Care Manager or the Quality Improvement Coordinator at **(414) 289-5738**. They will assist you with filing a request and help you understand the process and your rights.
- ✓ **Wisconsin Department of Health Services c/o MetaStar.** MetaStar is an independent quality review agency for Family Care. You or your representative can request a review of your issue by the State Department of Health Services by calling or writing to MetaStar.

**DHS Family Care Grievances
c/o MetaStar**
2909 Landmark Place
Madison, WI 53713
Phone: 888-203-8338 (Toll free hotline)
Fax: (608) 274-8340
TTY: (608) 264-9853
Email: dhsfamcare@wisconsin.gov

- ✓ **The State of Wisconsin Fair Hearing Process.**
You or your representative may ask to file a State Fair Hearing, a process which has its own guidelines.

To file a request for a State Fair Hearing you must send a written request to:

**State Fair Hearings, Department of Administration
c/o DOA Division of Hearings and Appeals**
5005 University Avenue, Rm. 201
Madison, WI 53705-5400
Phone: (608) 266-3096
Fax: (608) 264-9885
TTY: (608) 264-9853

YOU HAVE A RIGHT TO FILE AN APPEAL OR GRIEVANCE AT ANY TIME

You may file a grievance or appeal at any time to MetaStar, or to the State Fair Hearing, before, during or after using the local grievance and appeals process. A complete description of the process for complaints, grievances and appeals with contacts for all agencies is found on pages 27 through 32.

If you file an appeal or grievance with the CMO and you don't agree with the decision, you can file an appeal with the State Department of Health Services or the State Fair Hearing Process.

The CMO Quality Improvement Coordinator at (414) 289-5738 can assist you with filing a request and help you understand the process and your rights.

You may also request a faster (expedited) resolution of an appeal and notice. The CMO has three working days to offer you a resolution. You may also file an appeal with the State Department of Health Services and/or with the State Fair Hearing Process.

You must file the appeal or grievance within 45 days of having a service denied, reduced or stopped or within 45 days of getting a notice from the CMO Grievance Committee or the Department of Health Services (whichever is later).

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

WHAT IS THE GRIEVANCE COMMITTEE?

The CMO Grievance Committee will review and resolve appeals and grievances brought before them. The member and/or member's representative or provider have the option of presenting information and appearing before the committee.

The CMO Grievance Committee makes a decision based on the information presented to them. The Committee bases its decision on the Resource Allocation Decision method, which balances your outcomes and cost-effectiveness. (See pages 18-21.)

The CMO will respond to your request, schedule a grievance review and provide you with a decision no later than twenty (20) business days after we receive your request for an appeal or grievance. This timeline may be extended by up to fourteen (14) calendar days if:

- a. You request an extension.
- b. The CMO, with the permission from DHS, gets approval for an extension due to the need for more information and this delay will not cause you any harm. You will be given a written notice of the reason for this delay.

WHAT IS THE DEPARTMENT OF HEALTH SERVICES GRIEVANCES PROCESS?

If you don't agree with the decision of the Grievance Committee or you want to file an appeal or grievance, you or others acting on your behalf can request that the Department of Health Services review your appeal or grievance by phone or in writing. They can be reached at:

DHS Family Care Grievances
C/O MetaStar
2909 Landmark Place
Madison, WI 53713
Phone: (888) 203-8338 (Toll free hotline)
TTY: (608) 264-9853
Fax: (608) 274-8340
Email: dhsfamcare@wisconsin.gov

WHAT IS THE STATE FAIR HEARING PROCESS?

You, or someone with legal authority to act on your behalf (as specified in ch. HS 3.05(2) WisStats), can file a request for a Fair Hearing Process for the following issues before, during, or after using the CMO appeal process:

1. You were unable to get a service listed in your plan of care in a timely manner
2. Your services were reduced or stopped, or you were denied a service in the Family Care benefit package
3. Your plan of care requires you to live in a place you do not want to live
4. You think the services in your plan of care are not the right services to meet your needs, or feel they restrict the way you want to live
5. Your Interdisciplinary Team asked the State of Wisconsin to disenroll you from the program
6. You do not agree with the Milwaukee County CMO's decision on an appeal or grievance
7. You are not satisfied with the mediation attempts by the State on an appeal or grievance.

To submit your appeal or grievance for a State Fair Hearing, you must file the appeal or grievance within 45 days of having a service denied, reduced or stopped or within 45 days of getting a notice from the CMO Grievance Committee or the Department of Health Services (whichever is later).to:

State Fair Hearings Division of Hearings and Appeals
5005 University Avenue, Room 201
Madison, WI 53705-5400
Phone: (608) 266-3096
Fax: (608) 264-9885
TTY: (608) 264-9853

SERVICES DURING THE APPEALS AND GRIEVANCE PROCESS

If the following conditions are met, the CMO may continue the member's current benefits until a decision on the appeal or grievance is reached.

In order for your service to continue during an appeal or grievance process, all three of these conditions must be met:

1. The member files a grievance by the date of the intended action, or within 14 days of receipt of the written notice from the CMO and/or DHS (whichever is later); and
2. The current level of services was authorized by the CMO interdisciplinary team; and
3. You request for the services to be continued.

While you are waiting for a decision on the grievance or appeal, service will continue or be reinstated. Services must continue until one of the following happens:

- a. You withdraw the appeal or grievance
- b. You do not request a State Fair Hearing within 10 days from when the CMO mails an adverse CMO decision
- c. A State fair hearing decision adverse to the member is made
- d. The authorization expires or authorization service limits are met

If your request for services and or items is upheld, the CMO shall authorize and or provide the service as soon as possible and no later than thirty (30) days after we receive the fair hearing decision.

REASONABLE ALTERNATIVES

If the CMO did not authorize the requested services, the CMO shall provide reasonable alternatives to the requested services, as appropriate, until the issuance of the grievance decision.

FREQUENTLY ASKED QUESTIONS ABOUT APPEALS AND GRIEVANCES

ONCE I MAIL MY APPEAL TO MY INTERDISCIPLINARY TEAM OR THE QUALITY IMPROVEMENT COORDINATOR, HOW WILL I BE NOTIFIED OF THE ACTIONS TO BE TAKEN?

You will receive a form called, the “**Notice of Receipt**” showing that your appeal was received and a letter telling you when the review is scheduled.

WHEN ARE APPEAL REVIEWS SCHEDULED?

Appeal reviews are scheduled on the 1st and 4th Tuesday of the month and occasionally on the 3rd Wednesday of the month at approximately 1:30 pm.

IF I CAN'T MAKE MY SCHEDULED APPEAL REVIEW, DO I HAVE THE OPPORTUNITY TO ASK FOR AN EXTENSION?

Yes. You have the right to ask for one (1) extension of 14 calendar days.

To request an extension, you must contact the CMO Quality Improvement Coordinator at (414) 289-5738. The CMO Quality Improvement Coordinator will tell you the new appeal date and time.

I RECEIVED A NOTICE OF RECEIPT ALONG WITH AN APPEAL DATE AND TIME. WHAT DOES THIS MEAN?

This confirms that the CMO Grievance Committee will review your problem. You will be invited to attend the review and present information to the Committee as to why you feel your request should be approved. You may bring an friend, relative, significant other or any other person or advocate.

If you need assistance with presenting your case to the CMO Grievance Committee, contact the CMO Quality Improvement Coordinator at (414) 289-5738.

You can also contact an advocate from Disability Rights Wisconsin at (414) 773-4646.

CONTACTS:

Family Care Care Management Organization

310 W. Wisconsin Avenue
6th Floor EAST
Milwaukee, WI 53203

Member Services Coordinator
(414) 289-6034

Quality Improvement Coordinator
(414) 289-5738

Enrollment & Eligibility Coordinator
(414) 289-6857

Aging Resource Center of Milwaukee County

310 W. Wisconsin Avenue - 5th
Floor WEST
Milwaukee, WI 53203

Information and Assistance (24
Hours 7 days per week)
(414) 289-6874

TTY:(414) 289- 8584

Toll Free: 1- 866-229-9695

Fax:(414) 289-8584

The Disability Resource Center of Milwaukee County

1220 W. Vliet Street - Suite 300
Milwaukee, WI 53205
(414) 289-6660
(414) 289-8885 TTY

DHS Family Care Grievances C/O MetaStar

2909 Landmark Place
Madison, WI 53713
Phone: (888) 203-8338 (Toll free
hotline)

Fax: (608) 274-8340

TTY (608) 264-9853

Email: dhsfamcare@wisconsin.gov

Family Care Members in need of emergency assistance outside of normal business hours may call the coverage staff at the Milwaukee County Best Practice Team (BPT) at (414) 289-6846.

All Calls will be responded to within 30 minutes.

- Benefit Specialists at Senior Law : (414) 278-7722
Information and assistance with benefits
- Disability Rights Wisconsin: (414) 773- 4646 for persons 18-59
and the Board on Aging and Long Term Care Ombudsman:
1-800-815-0015 for persons age 60 and older
- Legal Aid Society of Milwaukee: (414) 765-0600
Help with legal issues
- Division of Quality Assurance: (414) 227-5000
Complaints and issues with residential care

OTHER FREQUENTLY ASKED QUESTIONS ABOUT FAMILY CARE

WHAT IF I GET A BILL FROM A PROVIDER?

If you get a bill for services that were authorized by your Interdisciplinary Team, you are not responsible for paying the bill. Promptly give the bill to your Care Manager and we will follow-up.

WHAT IS ESTATE RECOVERY?

The State of Wisconsin may recover the money that was spent on your care after you (and your spouse) have passed away. This money will be recovered by filing a claim on your estate. The money goes back to the State and is used for care of others in need.

The state will not make a claim on your estate while you, your spouse or disabled dependents are still living.

More information on estate recovery can be found on the web at:
www.dhfs.wisconsin.gov/medicaid
or call 1-800-362-3002.

Or ask your Care Manager for a copy of the State's informational brochure.

CAN MY BENEFITS BE STOPPED?

Your benefits can be stopped if you:

- ✓ Are no longer functionally or financially eligible
- ✓ Refuse to participate in any part of the annual review of your case required by the state
- ✓ Fail to pay any required cost share
- ✓ Go to jail
- ✓ Are between the ages of 22 & 64 and are admitted to an Institute for Mental Disease (IMD)
- ✓ Move out of Milwaukee County

If your benefits are going to be stopped, you will get a notice from the Income Maintenance Unit OR the Milwaukee County CMO.

You can appeal.

If you receive a notice about loss of benefits,
TELL YOUR CARE MANAGER IMMEDIATELY.

CAN I LEAVE THE FAMILY CARE PROGRAM IF I WANT TO?

You may leave the program at any time. This is called **voluntary disenrollment**. If you say you want to disenroll, you will be referred to the Resource Center to discuss your options and sign a form. The Resource Center will help you select a date for disenrollment and give you information about services outside the Milwaukee County CMO.

You will be able to keep any health insurance and Medicaid (Title 19) benefits you had before enrolling. If you were not receiving Medicaid before enrolling in the Family Care program, special conditions for the continued benefits may apply.

CAN THE CMO DISENROLL ME FROM THE FAMILY CARE PROGRAM WITHOUT MY PERMISSION?

With permission and approval from the State of Wisconsin Department of Health services, the CMO may disenroll you from the program without your permission. This is called **involuntary disenrollment**. If that decision is reached, you will get a **“Notice of Action”** letter telling you the date and reasons for the disenrollment. You have 45 days to file an appeal with the State. Your enrollment will continue until the State of Wisconsin Department of Health Services makes a final decision on the appeal.

The Milwaukee County CMO may request an involuntary disenrollment if:

- a) The Member has committed acts or threatened to commit acts that pose a threat to the CMO staff, contractors or other members of the CMO. This includes harassing and physically harmful behavior.
- b) The Member refuses to participate in care planning or to allow care management contacts to an extent that the Milwaukee County CMO is unable to assure health and safety.

If you wish to have your Family Care services continued while a hearing decision is pending, you must request this within 14 days after you receive a **“Notice of Action”** letter.

DO I HAVE THE RIGHT TO MAKE DECISIONS ABOUT MY CARE ALONG WITH MY INTERDISCIPLINARY TEAM?

You have the right to make decisions about your long-term and health care needs. This includes the right to accept or refuse services or treatment. You also have the right to plan and direct the long-term care and health care you want to receive in the future. Ask your Interdisciplinary Team or your doctor for more information about having a **living will and/or durable power of attorney or power of attorney for health care**.

If you have any additional questions about the CMO, contact the **CMO Member Services Coordinator at (414) 289-6034** from 8:30 a.m to 5:00 p.m. Monday through Friday.

CARE MANAGEMENT UNITS

All CMU's Serve Frail Elderly and the disabled unless otherwise indicated.

Other specialties and language services as listed

The following is a list of Care Management Units:

ANEW

7400 Harwood Ave.
Wauwatosa, WI 53213
(414)475 - 7788
(Bilingual - Spanish, Hmong)

ANS Home Health

2711 S. 84th St.
West Allis, WI 53227
(414)481 - 9800
(Bilingual - Spanish, Serbian, Russian, Hmong)

ARC Milwaukee

7203 W. Center Street
Wauwatosa, WI 53226
(414)774-6255

Aurora Family Service

3200 W. Highland Ave.
Milwaukee, WI 53208
(414)342 - 4560

Barry Health Care

312 E. Wisconsin Ave.
Milwaukee, WI 53202
(414)272 - 9990

Bell Therapy

4929 W. Fond du Lac Ave.
Milwaukee, WI 53216
(414)871 - 6122

Carefinders, Inc.

601 E. Henry Clay St.
Milwaukee, WI 53217
(414)964 - 5151
(Elderly Only)

Care Management Plus

8500 W. Capitol Dr. Suite 202
Milwaukee, WI 53222
(414)527 - 1000

Creative Community Living Services

314 E. Main Street
Watertown, WI 53094
(920) 261-1345

Curative

1000 N. 92nd St.
Milwaukee, WI 53226
(414)479 - 9477

Easter Seals

1016 Milwaukee Avenue
South Milwaukee, WI 53172
(414)571-5566

Goodwill

6055 N. 91st St.
Milwaukee, WI 53225
(414)353 - 6400

Horizon Home Care and Hospice Inc.

8949 N. Deerbrook Tr.
Brown Deer, WI 53223
1-800-468-4660,
(414)365 - 8300
(Bilingual - Russian, Ukrainian, Spanish)

ICare

1555 N. RiverCenter Drive, Suite 202A
Milwaukee, WI 53212
(414)223 - 4847

Interfaith Older Adult Programs

600 W. Virginia St. Suite 300
Milwaukee, WI 53204
(414)291 - 7500
(Bilingual - Hmong & Russian)

Jewish Family Services

1300 N. Jackson St.
Milwaukee, WI 53202
(414)390 - 5800
(Bilingual - Russian, Bosnian, Croatian,
Serbian, Ukrainian, Hebrew, Yiddish,
Polish)

Luther Manor

4545 N. 92nd St.
Wauwatosa, WI 53225
(414)464 - 3888
(Elderly Only)

Milw. Center for Independence

2020 W. Wells St.
Milwaukee, WI 53233
(414)937 - 2064

Milwaukee County

310 W. Wisconsin Ave. 6th floor East
Milwaukee, WI 53203
(414)289 - 6874

Metro Home Health Service

6014 W. Congress
Milwaukee, WI 53218
(414)464 - 4490

Milwaukee Christian Ctr.

2137 W. Greenfield Ave.
Milwaukee, WI 53204
(414)645 - 5350
(Bilingual - Hmong/Lao)

Project Access

809 S. 60th St.
Milwaukee, WI 53214
(414)456 - 1155

Quality Assurance Home Health

5678 W. Brown Deer Rd.
Milwaukee, WI 53223
(414)362 - 0362
(Bilingual - Spanish)

St. Anne's CMU

3800 N. 92nd St.
Milwaukee, WI 53222
(414)463 - 7570
(Elderly Only)

St. Anne's Intergenerational Ctr.

2801 E. Morgan Ave.
Milwaukee, WI 52307
(414)977 - 5082

SET Ministry

2977 N. 50th St.
Milwaukee, WI 53210
(414)344 - 3712

Temps Plus

1410 East Capitol Drive
Shorewood, WI 53211
(414)964 - 2900
(Elderly Only)

United Community Center

1028 S. 9th St.
Milwaukee, WI 53204
(414)384 - 3100
(Bilingual - Spanish)
(Elderly Only)

INFORMATION ABOUT ADULTS AT RISK, ELDER ABUSE

Adult at Risk, as defined in Wis. Stat. § 55.043(1e), means any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Elder Adult at Risk, as defined in Wis. Stat. § 46.90(br), means any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

Abuse, as defined in Wis. Stat. § 46.90(1)(a), means any of the following:

- 1. PHYSICAL ABUSE:** intentional or reckless infliction of physical pain or injury, illness, or any impairment of physical condition.
- 2. EMOTIONAL ABUSE:** language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.
- 3. SEXUAL ABUSE:** a violation of criminal assault law, s. 940.225 (1), (2), (3), or (3m).
- 4. TREATMENT WITHOUT CONSENT:** the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electro-convulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.
- 5. UNREASONABLE CONFINEMENT OR RESTRAINT:** the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.

DEFINITIONS

Caregiver, as defined in Wis. Stat. § 46.90(1)(an), means a person who has assumed responsibility for all or a portion of an individual's care voluntarily, by contract, or by agreement, including a person acting or claiming to act as a legal guardian.

Financial exploitation, as defined in Wis. Stat. § 46.90 (1) (ed), means any of the following: 1. Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey money or property against his or her will without his or her informed consent. 2. Theft, as prohibited in s. 943.20. 3. The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities. 4. Unauthorized use of an individual's personal identifying information or documents, as prohibited in s. 943.201. 5. Unauthorized use of an entity's identifying information or documents, as prohibited in s. 943.203. 6. Forgery, as prohibited in s. 943.38. 7. Financial transaction card crimes, as prohibited in s.943.41.

Fiscal Agent, as defined in Wis. Stat. § 46.90(1)(eg), includes any of the following: A guardian of the estate appointed under s. 54.10 A conservator appointed under s. 54.76 An agent under a financial power of attorney under s. 243.07 A representative payee under 20 CFR 416.635 A conservatorship under the U.S. Department of Veterans Affairs.

Neglect, as defined in Wis. Stat. § 46.90(1)(f), means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order under Chapter 154, a power of attorney for health care under Chapter 155, or as otherwise authorized by law.

Self-neglect, as defined in Wis. Stat. § 46.90(1)(g), means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

Adult Protective Services (APS), under Wis. Stat. § 55.02, refers to any services that, when provided to an individual with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself or herself or another person.

The terms adult protective services (APS) agency and adult protective services (APS) system are used to refer to the agency or agencies to which the county has assigned responsibility under Wis. Stat. § 55.02 for planning and carrying out the county's protective services responsibility.

Under Wis. Stat. § 55.02(6r), protective services include any of the following: Outreach, identification of individuals in need of services, counseling and referral for services, coordination of services for individuals, tracking and follow-up, social services, case management, legal counseling or referral, guardianship referral, diagnostic evaluation and other.

REPORTING ABUSE

To report a suspected case of abuse or neglect of someone age 60 or older, please call (414) 289-6874 or Toll Free: 1-866-229-9695

To report a suspected case of abuse or neglect of someone between the ages of 18 and 59, please call the Disability Resource Center of Milwaukee County at (414) 289-6660.

All referrals are kept anonymous.

For more information and contacts you may wish to visit these web sites:

- ✓ Wisconsin Department of Health Services Reference Center
www.dhfs.state.wi.us
- ✓ Elder abuse information: Wisconsin Department of Health and Family Services
www.dhfs.state.wi.us/aging/elderabuse
- ✓ American Psychological Association information page
www.apa.org/pi/aging/eldabuse.html
- ✓ National Institutes of Health / National Library of Medicine
National Center on Elder Abuse newsletter.
www.nlm.nih.gov/medlineplus/elderabuse.html
- ✓ Committee for the Prevention of Elder Abuse
www.preventelderabuse.org
- ✓ National Center on Elder Abuse
www.ncea.aoa.gov
- ✓ National Fraud Information Center
www.fraud.org



MILWAUKEE COUNTY CMO MEMBER INFORMATION RECORD

Your care management unit is:

Agency Name

Address

Central Phone

Your Interdisciplinary team is:

Care Manager Name

Phone

Registered Nurse Name

Phone

Supervisor Name

Phone

Milwaukee County CMO
Member Services Coordinator

Phone

Milwaukee County CMO
Quality Improvement Coordinator

Phone

COMMENTS / SUGGESTIONS / QUALITY ALERT

We'd like to hear your suggestions or concerns about how we can improve the quality of the services you are receiving from Family Care.

Please complete this form and mail it to us or give it to your Care Manager or Nurse.

Write your comment here. Use the back of the page or extra sheets as necessary.

Date: _____ Name (optional) _____

Please circle the group that best describes you:

Family Care Member/Advocate Provider Care Manager RN

Other _____

If you would like to be contacted about this quality alert, please provide phone number:

Circle the area that best describes your Quality Alert/Concern

Services Provider Care Manager Nurse Living Situation

Other _____

Suggestions _____

Attach additional sheets if more space needed.

Mail to: Milwaukee County CMO QI Coordinator
310 W. Wisconsin Ave. 6th Floor EAST
Milwaukee, WI 53203



Milwaukee County Department on Aging
310 W. Wisconsin Avenue
Milwaukee, WI 53203

(414) 289 - 6874
Fax: (414) 289 8584
Toll free: 1- 866-229-9695
TTY: (414) 289 - 8591

Family Care - Care Management Organization - 6th floor EAST
Aging Resource Center of Milwaukee County - 5th floor WEST
Area Agency on Aging and Administration - 7th floor EAST

General MCDCA website: www.milwaukee.gov/county/aging

Milwaukee County Family Care web pages: www.county.milwaukee.gov/familycare

email: aging_webinfo@milwaukeecounty.com

