

LAKELAND CARE DISTRICT



Member Handbook

Purpose of the Member Handbook

This Member Handbook was designed to help you, or anyone in contact with the Aging and Disability Resource Centers of Fond du Lac, Manitowoc and Winnebago Counties, understand what it means to be a member of The Lakeland Care District.

If needed, interpreters can be arranged to assist you in communicating with staff and service providers. Written materials are available in large print, Braille, Spanish, and Hmong. If you have questions, need to request an interpreter, or need a large print, Braille, or non-English version of this handbook, please call or visit us at:

The Lakeland Care District

Phone Numbers

General Office: 877-227-3335

After Hours Service Authorization: 866-359-9438

Member Relations/Appeals and Grievances: 920-906-5100 or
877-227-3335

General Fax: 920-906-5103

Wisconsin Relay TTY/TDD: 800-947-3529

E-mail: info@lakelandcaredistrict.org

Website: www.lakelandcaredistrict.org

Office Hours

Monday – Friday: 8:00 AM – 4:30 PM

After Hours Service Authorization Number: 866-359-9438

Central Office (Fond du Lac)

N6654 Rolling Meadows Drive
Fond du Lac WI 54937
920-906-5100

East Office (Manitowoc)

3415 Custer Street
Manitowoc WI 54220
920-652-2440

West Office (Oshkosh)

500 City Center
Oshkosh, WI 54901
920-456-3200

If you are experiencing an emergency situation, call 911.

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Introduction

Welcome to the Lakeland Care District (Lakeland). Lakeland is a managed care organization that offers a variety of quality, individualized long-term care services to the elderly and adults with physical or developmental disabilities.

Your health, well-being, and overall quality of life are important to us. We believe in excellent service and will work closely with you to identify your health and supportive care needs, and create a plan that will help you achieve your personal goals and outcomes.

We believe you should have control over the choices you make and have a say in determining which services meet your needs. Lakeland provides information and services that help you make informed, personal decisions about your life.

If you need this handbook in another language (such as Spanish or Hmong) or in a different format, (such as Braille or larger print), please call 920-906-5100 and ask for a Member Handbook in the requested format or language. We will make the Member Handbook available to you in a format or language which is useful for you to learn about the Lakeland Care District.

If you require translation or interpreter services to understand materials from Lakeland, please request this from your care manager. Your care manager can arrange for interpreter assistance for materials or for help to understand at meetings at no charge to you. The Lakeland Care District can be reached through the Wisconsin Telecommunications Relay System at 800-947-3529 if you need that service.

The Mission of Lakeland Care District

The Lakeland Board of Directors is currently developing the District's Strategic Plan and Mission and Values Statements. These will be completed in 2010, and members will receive this information through the District's newsletter.

The Goals of Family Care

Lakeland Care District provides the Family Care benefit to its members. Family Care was developed in Wisconsin to provide supports and services to people with long-term care needs. The goals of Family Care are:

- Choice – To give members better choices about the services and supports available to meet their needs.
- Access – To improve members' access to services.
- Quality – To improve the overall quality of the long-term care system by focusing on achieving members' personal outcomes.
- Cost Effectiveness – To create a cost effective long-term care system for the future.

Family Care and what it Means to be a Managed Care Organization

Family Care is made available and delivered through:

- **Aging and Disability Resource Centers**
- **Managed Care Organizations**

The Aging and Disability Resource Center is a resource for information about the services available in the community for elders and people with disabilities. The Aging and Disability Resource Center (ADRC) is available to help you whether or not you decide to sign up for the Lakeland Care District. The ADRC does not determine what services you may receive from a managed care organization.

Family Care benefits are delivered through a **Managed Care Organization (MCO)**. The Lakeland Care District (Lakeland) is certified by the Wisconsin Department of Health Services as a Managed Care Organization that offers Family Care in Fond du Lac, Manitowoc and Winnebago Counties.

Family Care is a way for people who need long-term care services to get them, when and where they need them. Long-term care is any service or

support that a person needs over a long period of time because of chronic illness or disability that interferes with his or her ability to function in day-to-day activities. Long-term care can be provided in a variety of places, including your home, a group home, or a nursing home.

The goal of Lakeland is to support you in achieving your personal outcomes in the most effective and cost-effective manner possible. Lakeland strives to provide the right services, at the right time, in the right place, in the right way, for the right cost, and for the right reasons.

When your needs change, your supports can change right along with them. If you must go into a hospital or a nursing home setting, Lakeland will be there to offer information and support to assure you are getting the services needed during your stay. Lakeland will also work to ensure that services are in place when you are ready to return home.

Who Can Be a Member of the Lakeland Care District (Lakeland)?

Whether or not to enroll in Lakeland is your choice; membership is voluntary.

You can choose to become a member if you:

- Are a resident of Fond du Lac, Manitowoc, or Winnebago County; and
- Are one or more of the following:
 - At least 18 years old and have a physical disability; or
 - At least 18 years old and have a developmental disability; or
 - Are over sixty five years of age; and have a long-term care need; and
- Are financially eligible as determined by a review of income and assets; **and** are functionally eligible as determined by a review of health and ability to function in day-to-day activities.
- Sign an enrollment form.

Once a member, you must continue to meet eligibility requirements to stay enrolled.

How do I Become a Member?

If you are interested in becoming a member of the Lakeland Care District, please call or visit the Aging and Disability Resource Center (ADRC) in your community.

Fond du Lac County 50 N Portland Street Fond du Lac WI 54935 920-929-3466 1-888-Help FDL	Winnebago County 220 Washington Avenue Oshkosh WI 54903 1-877-886-2372
Manitowoc County 4319 Expo Drive Manitowoc WI 54211 920-683-4180 1-877-416-7083	

A staff member from the ADRC will meet with you at a convenient time and place to determine if you may be eligible for the program. If you appear to be eligible, the staff will explain the many features of Lakeland, such as the role of the Interdisciplinary Team (IDT), the service providers who work with Lakeland, and your rights and responsibilities.

The ADRC will also help you explore other options for care and services. The ADRC is a source of information about many programs and services available in the community and is available to help you, whether or not you decide to become a member of Lakeland.

In order to enroll in Lakeland, you must be functionally and financially eligible for Family Care/Long-term Care Benefits. The tool that is used to determine your level of care is the Long-term Care Functional Screen (LTCFS), which is administered:

- Before enrollment;
- Annually; and
- Anytime that you have a significant change in condition.

During the enrollment process you will be asked to:

- Provide information about your health and support needs
- Provide information about your income and assets

- Sign a "Release of Information" form for your medical records to better understand your long-term care and health needs, and
- Complete and sign an enrollment form

You will also meet with a county Economic Support worker. This person will determine if you meet the financial eligibility for Family Care, Medical Assistance (Medicaid), or your ability to qualify with a higher income if you meet certain requirements.

Once the enrollment process is complete and you are found eligible for Family Care, an independent Enrollment Consultant will talk to you about what enrollment means. The Enrollment Consultant will discuss your options with you and try to answer any questions you may have about Family Care and receiving long-term care services from a managed care organization. This person also will let you know if you will have to pay a monthly cost share to Lakeland. You may have a cost share if your income is above a certain level. For more information about cost share see the section about "Monthly Cost Share".

What does being a Member Mean?

As a member of Lakeland, you have been found financially and functionally eligible for enrollment. Wisconsin's Adult Long-term Care Functional Screen was completed and used to determine your eligibility at the nursing home level of care or the non-nursing home level of care. Your level of care determines which benefit package is used to assist in meeting your needs and supporting your outcomes. For more information about the benefit packages see the section "Services in the Family Care/Lakeland benefit package".

Interdisciplinary Team (IDT)

As a member of Lakeland, you become the center of an Interdisciplinary Team (IDT). A Care Manager and Registered Nurse (referred to as IDT Staff) from Lakeland are also on your IDT. Family members, friends, caregivers, and anyone else you choose can also become part of your IDT.

Your IDT includes the following members:

- **You** – You are the most important member of your IDT. Your involvement and contribution are important and will ensure that your outcomes are achieved and your needs are met. Your IDT Staff will involve you in the process of identifying your personal goals and outcomes. You will also be involved in your assessment, development of your Member-

centered Plan, provider selection, service delivery, and evaluation of your satisfaction with the services provided. It is your right and responsibility to be part of your IDT.

- **Care Manager** – Your Care Manager (CM) helps you identify and address your support needs as identified in your assessment. Examples of areas you may likely discuss with your Care Manager are employment, transportation, supportive home care, or mental health services. Your Care Manager and Nurse help arrange and monitor the services and supports included in your service plan.
- **Registered Nurse**– Your Registered Nurse (RN) evaluates your health care needs and coordinates health care services with you. As a member of the IDT, your RN works with you and others to make sure you receive ongoing, tailored support for your long-term care and health care concerns. Your RN provides prevention and wellness education to you and other people in your life.
- **Activated Power of Attorney Health Care/Guardian** – If you have an Activated Power of Attorney (Health Care) or if a guardian has been appointed for you, that person is part of your IDT.
- **Others as You Determine** – You may wish to include other people in your IDT. Your friend, adult child, or your occupational therapist are examples of others you may invite to become part of your IDT. If you have difficulty understanding English an interpreter can be included in your IDT.

Your IDT works together to make sure you receive the services and support you need. Your CM and RN (IDT Staff) will be your primary contacts while you are enrolled in the Lakeland Care District. It is important for you to notify your IDT Staff when you experience a change in your life.

Member Outcomes

As a member of Lakeland it is important for you to work with your IDT Staff to identify and support your personal outcomes.

Personal outcomes represent what is important to you. Questions to consider in identifying your personal outcomes can include:

- What are your values in life?
- What do you desire to achieve in life?
- How will your membership in Lakeland improve your quality of life?
- What results are you seeking in being a member in Family Care?

Helping you achieve your personal outcomes is Family Care's goal. The Lakeland Care District works with you to help you support your personal outcomes.

Family Care Outcome Statements:

The Family Care outcome statements are general statements that guide Long Term Care in Wisconsin. They include:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I decide how I spend my day.
- 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.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

How Can You Be Involved?

Being a member of the Lakeland Care District (Lakeland) also means getting involved. Lakeland strives to provide you with quality services and in return, you can provide important contributions – your knowledge, skills, and ideas. Every member has something valuable to contribute and should be able to have input on development or changes to Lakeland policies and procedures.

Here are some ways that you may help us as a member:

- By telling us the best way to provide your own services and by giving us feedback on the quality of the services you receive
- By telling us the best way to provide services and information to members
- By serving on councils or committees
- By assisting with health education programs for members
- By calling or writing to us with your ideas, opinions, and suggestions to improve the Lakeland Care District
- By helping evaluate Lakeland and/or its contracted providers, which could include completing surveys or interviews

Your involvement in surveys and interviews about your experiences with the Lakeland Care District will help us improve so we can better serve you and all of our members. Another benefit is that you and people who are thinking of enrolling can see how members evaluate Lakeland. You have the right to request information from member interviews and satisfaction surveys. To request this information, contact Member Relations at (920) 906-5100. Please also call that number if you are interested in serving on a Lakeland committee.

Member Services

How are my services determined?

After you enroll in Lakeland at the Aging and Disability Resource Center, an employee from Lakeland will contact you within 3 days to schedule a face-to-face visit with you. This visit will consist of an explanation of the Family Care Program, and an introduction to the Lakeland Care District. After that, your IDT Staff works with you to complete a comprehensive assessment. You will be asked many questions regarding all aspects of your life. Through this assessment, your needs and personal outcomes will be identified. The assessment is completed in two phases: an initial assessment and a comprehensive assessment. The initial assessment is completed within 10 days and the comprehensive assessment is completed within 90 days of your enrollment and updated on an ongoing basis.

With your participation, your IDT Staff will develop a Member-centered Plan that will list your strengths, weaknesses, preferences, outcomes and interventions. Your IDT Staff will begin working with you on your plan within 10 days of enrollment. Your Member-Centered Plan is completed within 90 days of enrollment. It can be adjusted any time your needs change.

Family Care operates on a prior authorization system, which means services must be approved by your IDT Staff prior to you receiving them. Therefore when you need assistance, contact your CM or RN, or if your concern arises after business hours please use the After Hours Service Authorization Number to get all needed services pre-approved. The After Hours Service Authorization Number is 866-359-9438

Upon receiving a request and/or upon identification of a need, the IDT Staff uses a process called the Resource Allocation Decision (RAD) method to help with development of your Member-Centered Plan. The RAD method is a decision-making process by which the IDT Staff will explore a variety of options to identify a support that will result in your personal outcomes being supported in the most cost-effective manner. Cost effectiveness is an important element of the Lakeland authorization process and helps assure that Lakeland has the funds to provide services to all its members.

The RAD method involves assessment, gathering information from all involved resources, brainstorming, negotiating, and evaluating. The RAD worksheet is a tool used by the IDT Staff to make decisions in a consistent and equitable manner.

Services determined necessary to support your needs and outcomes through the RAD method will be authorized by Lakeland and identified on your Member-centered Plan.

Services in the Family Care/Lakeland Benefit Package

Your service plan is individually tailored to your specific needs and outcomes based on the Resource Allocation Decision (RAD) method. There may be many different ways for you to achieve your personal outcomes. Some outcomes are met by natural supports such as your family members or neighbors. Your IDT Staff will decide with you when you require specific services to achieve your outcomes. You may not receive everything you want or ask for, but you will receive what you need for health, safety, and supporting your personal outcomes.

Your supports and services depend on whether you are enrolled at a nursing home level of care or a non-nursing home level of care and their respective benefit packages. The following table identifies the two Lakeland Care District Benefit Packages. In addition to the services indicated on the table, you may request other services not listed. Your IDT staff will utilize the RAD process to determine the most appropriate support to meet your outcomes.

Community-Based Medicaid State Plan Services

- AODA Day Treatment Services (in all settings)
- AODA Services (not inpatient or physician provided)
- Community Support Program
- Durable Medical Equipment, except hearing aids, prosthetics and family planning supplies
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services (not inpatient or physician provided)
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Speech and Language Pathology Services (except inpatient)
- Transportation except ambulance and common carrier

Institutional Medicaid State Plan Services

- Nursing Facility including ICF-MR and IMD

Home and Community-Based Waiver Services**All Family Care Enrollees Receive Interdisciplinary Care Management**

- Adaptive aids
- Adult day care services
- Adult Family Homes (Assisted Living-AFH)
- Community-Based Residential Facility (Group Assisted Living-CBRF)
- Residential Care-Apartment Complex (Assisted Living-RCAC)
- Children's foster homes/treatment foster homes
- Communication aids
- Consumer education and training
- Consumer/Self-directed supports (SDS)
- Counseling and therapeutic resources
- Day services for children
- Financial management services
- Habilitation services
 - ◆ Daily Living Skills Training
 - ◆ Day Center Services
 - ◆ Pre-Vocational Services
 - ◆ Supported Employment
 - ◆ Vocational Futures Planning
- Home delivered meals
- Home modifications
- Housing counseling
- Personal Emergency Response Systems (PERS)
- Relocation services (from nursing home or ICF/MR)
- Respite care
- Skilled nursing services
- Specialized medical equipment and supplies
- Specialized transportation
- Supportive home care

Community-Based Medicaid State Plan Services

- AODA Day Treatment Services (in all settings)
- AODA Services (not inpatient or physician provided)
- Community Support Program
- Durable Medical Equipment, except hearing aids, prosthetics and family planning supplies
- Home Health
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services (not inpatient or physician provided)
- Nursing (including respiratory care, intermittent and private duty)
- Occupational Therapy (except inpatient)
- Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Speech and Language Pathology Services (except inpatient)
- Transportation except ambulance and common carrier

Institutional Medicaid State Plan Services

None

Home and Community-Based Waiver Services**All Family Care Enrollees Receive Interdisciplinary Care Management**

Services not in the Lakeland Benefit Package

Although Lakeland does not pay for the services listed below, your CM and RN will work with you to access them. Your IDT Staff will coordinate your long-term care services with your health care providers and can help you determine if there is any cost to you in using services not included in the Lakeland benefit package. Services not included in the benefit package which may be obtained using Medicaid, Medicare, other insurance, or other resources include:

- **Ambulance and Non-Medical Transportation otherwise available through your Medicaid Card**
- **Audiology:** including evaluation of hearing function and rehabilitation of hearing impairments
- **Chiropractic**
- **Crisis Intervention**
- **Dentistry**
- **Emergency Care** (including air and ground ambulance)
- **Eyeglasses**
- **Family Planning Services**
- **Hearing Aids & Hearing Aid Batteries**
- **Hospice** (supportive care of the terminally ill)
- **Hospital: Inpatient and Outpatient** (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- **Independent Nurse Practitioner Services**
- **Lab Tests and X-rays**
- **Mental Health Services** provided by a physician or in an inpatient setting
- **Optometry**
- **Pharmaceuticals/Medicine**
- **Physician and Clinic Services** (except for Outpatient Physical Therapy, Occupational Therapy, and Speech and Language Pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- **Podiatry** (foot care)
- **Prenatal Care Coordination** (coordination of care for expectant mothers)
- **Prosthetics**
- **School-Based Services**

Lakeland Provider Network

Lakeland has created a Provider Network which provides services in the Family Care Benefit package. Each year you will receive a Provider Network Directory. You can obtain updated versions of the Provider Network Directory by making a request to your IDT.

Your providers are selected through the RAD process as described previously. With any provider, you must obtain prior authorization from your IDT Staff before receiving services. For providers who come into your home or provide hands-on care such as personal care and supportive home care, Lakeland must purchase services from whomever you choose as long as that person meets Lakeland requirements and accepts the payment rate.

If you would like to use a provider other than one in the Provider Network Directory, talk to your IDT Staff. The IDT Staff will talk with you about your desire to use a provider not on the list. Some reasons for using a non-network provider include:

- The providers in the network do not have the skills to meet your needs;
- The providers in the network cannot serve you within the timeframe you need the service;
- The providers in the network do not meet your cultural needs; or
- Transportation or access to the provider is very difficult.

The IDT Staff may authorize a non-network provider if it determines that it's the most effective and cost-effective way to achieve your outcomes and meet your needs.

You can choose to switch from one service provider in the network to another service provider in the network. However, you must discuss this with your IDT Staff before making the change. Your IDT Staff can assure that the new provider will meet your needs. In addition, an authorization is required for Lakeland to pay for the services. **If you make a change without talking with your IDT, you may be responsible for the cost of the service.**

Self-Directed Support (SDS) Option

You can choose to direct your own services instead of using a network provider. Lakeland offers its members an option called Self-Directed Supports (SDS).

The SDS option allows you to control and direct resources, services, and support staff through your management of an annual budget based on your individual service plan. All or part of your individual service plan may be through SDS at your choice. You take responsibility for personal decisions and actions to implement your SDS plan.

In SDS, often you choose someone you know to provide your services. As the Member, you or your legal representative become the employer of your selected support staff. A fiscal employment agency, which handles payroll and reporting tasks, will assist you to become the employer. This option does not affect your income or tax liability. Another SDS option, called co-employment, uses an agency as the employer of workers that you help select and direct.

There are policies which guide development of an individual budget for supports, and for limiting a member's access to the SDS option. Limits may be placed if a member cannot manage to stay within the agreed budget, or for misuse of Lakeland funds for an SDS plan.

If you are interested in the SDS option, you should talk with your IDT Staff to begin the process.

Frequently Asked Questions about Services

What do I do if I need services after business hours?

Please call 866-359-9438 to obtain prior authorization for services if necessary.

What if I need Emergency Care Services?

You are asked to notify your CM or RN whenever you are in the hospital or have had a change in medical condition.

Emergency Services: Please read this section carefully. Learn what to do before an emergency occurs. Your RN can help with this. You do not need permission from the Lakeland Care District to get emergency medical care.

Emergency care is care needed right away to avoid serious harm to you or others. An injury or a sudden illness may cause this. Some examples of emergencies are:

- Trouble breathing
- Suspected poisoning
- Broken bones
- Suspected heart attack
- Unconsciousness
- A mental health issue that may result in serious harm to you or another person
- Suspected stroke
- Severe or unusual bleeding
- Convulsions or Seizures
- Severe burns
- Suspected head injury
- Severe or unusual pain
- Severe dehydration due to illness

In case of an emergency, call 911.

Note: Always show your insurance card or FORWARD (Medicaid) identification card to anyone providing you with health services.

Urgent Care is care you need sooner than a routine visit with your doctor or nurse. **Urgent care is not emergency care.** Examples of urgent care needs:

- Urinary tract infections
- Minor cuts
- Minor burns
- Bruises and sprains
- Skin breakdown
- Most drug reactions
- Symptoms of bronchitis, sinus infection
- Severe sore throat or other upper respiratory infections
- Ongoing headaches
- Diarrhea
- Flu and cold symptoms

If you need Urgent Care Services, arrange them at a clinic of your choice. You can call the RN on your IDT Staff if you don't know what care you need and you would like the RN to help. You do not need permission from Lakeland to obtain Urgent Care Services.

Follow up Services for Emergency or Urgent Care Services: Follow up services are often needed after Emergency or Urgent Care. You should notify your IDT Staff after any emergency room visit or urgent care visit and inform them of medical circumstances and any need for follow up care.

Routine Care is preventive care that you need routinely to ensure your ongoing health. **Routine Care is not urgent care or emergency care.** Routine Care is provided to prevent and improve health conditions. Some examples of routine care are:

- Eye exams
- Physicals and Weight Monitoring
- Dental Exams
- Blood checks

Some examples of preventive care are:

- Nutrition and diet counseling
- Flu Vaccine
- Cancer screening
- Pneumonia Vaccine

If you need Routine Care Services, arrange them at a clinic of your choice.

You can call the RN on your IDT Staff if you don't know what care you need and you would like the RN to help. You do not need permission from the Lakeland Care District to obtain Routine Care Services.

It is a good idea to have a doctor available to you in the community in which you live. However, physician services are not covered by Lakeland. If you chose to join the Lakeland Care District, you will continue to get physician services as you do now through Medicare, Medicaid, or other insurance. You will not have to change doctors if you already have one. We can help you find a doctor if you do not have one.

Follow up Services for Routine Care: Follow up services may be needed after a routine care appointment. Some of these services may be from the Family Care long-term care benefit package (See Family Care Benefit package section). It is very important for you to contact your IDT Staff if follow-up services are necessary.

If the follow up service being prescribed is from the Family Care benefit package, you need to arrange for the service with your IDT Staff before receiving the service.

As usual, always show your insurance card or FORWARD (Medicaid) identification card to anyone providing you with health services.

What about Personal Assistance Services?

Personal Assistance Services can range from personal care/attendant care (bathing, dressing, toileting), to supportive home care (cooking, cleaning, and shopping). These support services usually occur at a member's home and are highly personal. Many people with disabilities and elders rely on these services to live independently in the community. These services can assist members to continue to live in or to return to their own home or apartment.

Informal Supports: Many people with disabilities and elders have informal helpers already providing these personal supports, or they know someone who is willing to help. The Lakeland Care District wants to support and encourage your informal, natural helpers and not replace them. People are confident and safest when others who know and care about them are involved regularly in their lives. Family and friends are an important part of your support and Lakeland wants to keep them involved in your life.

Contracted Provider Network: Lakeland provides a full range of these services through vendor agencies in the Provider Network. A Provider Network listing is available through your IDT Staff. These providers are available in different parts of the service area, have varying specialties, and provide hands-on care. You may work with your IDT Staff to identify and select the provider(s) who can meet your outcomes for types of support methods and number of hours of support.

Self-Directed Supports: As described earlier, the Family Care benefit package includes an SDS option through which you may pay for authorized personal assistance services if the helpers meet certain qualifications. Your IDT Staff will assist you in determining if someone you know can be employed as a paid helper.

What Happens if I Need a Nursing Home?

One of the primary goals of the Lakeland Care District is to assist you to live as independently in your own home or, when necessary, another community setting. However, if your life situation or health conditions make a nursing home stay necessary, your IDT Staff will work with you to coordinate the services you get while in a nursing home. They will also help you plan to return to your home if at all possible.

Should you need to move permanently to a nursing home, please be assured that your IDT Staff will continue to assist you and help you to explore all options to meet your personal outcomes. They will also explain how your Social Security and other benefits will be affected if you move permanently to a nursing home.

What if I Need Services and I am Outside of Fond du Lac, Manitowoc, and Winnebago Counties?

Traveling or visiting outside of the Fond du Lac, Manitowoc, and Winnebago County area may affect your eligibility, as residency is an eligibility requirement for Family Care. However, Lakeland may provide services to you during a temporary absence from the service area.

If you are planning to travel outside of the service area, you must contact your IDT Staff to continue with long-term care services during your temporary absence. This contact must be made far enough in advance to allow care coordination to occur.

When your request is received, a referral may be made to the county Economic Support Unit to determine if you are still considered a resident during your absence. If the Economic Support Unit determines that you will no longer be considered a county resident, you will lose eligibility for Family Care in the Lakeland service area and will be disenrolled from Lakeland.

If it is determined that you will retain county residency, your IDT Staff will determine whether a cost-effective plan for achieving outcomes and assuring health and safety during the absence can be developed using the Resource Allocation Decision (RAD) method. If your IDT Staff determines that it can develop a cost-effective plan, assuring your outcomes, health and safety, then they will implement a plan for services during the temporary absence.

During your absence, if your IDT Staff determine that a cost-effective care plan for supporting your outcomes and assuring health and safety cannot be created, IDT staff will seek approval from the Wisconsin Department of Health Services to request disenrollment. If your IDT Staff requests disenrollment, you will be given the opportunity to challenge the disenrollment request and to demonstrate that outcomes and safety can be achieved with reasonable cost and effort, including the Self-Directed Supports plan option.

In most instances, Lakeland will not be responsible for payment of services if you are gone from the service area for extended periods of time. If you are disenrolled due to a temporary or permanent absence from the service area, Lakeland will attempt to coordinate the transition of services to other providers in the new location at your request.

Are There Services Lakeland Will Not Pay For?

Lakeland typically will not pay for your normal living expenses including rent or mortgage payment, food, utilities, entertainment, clothing, furniture, household supplies, insurance, and most over-the-counter medicines.

If you live in an assisted living facility (also called an Adult Family Home, CBRF or RCAC), Lakeland typically won't pay the rent and food portion of the facility cost (also called Room and Board).

Lakeland will not pay for anything considered against the law or illegal, or support you to act illegally.

If there are support services that meet your outcomes in a cost-effective manner, it is unlikely that Lakeland will pay for a more expensive service for you to meet the same outcome. This includes most over the counter medications unless identified as necessary to meet long-term care outcomes.

Member Rights

What are My Rights as a Member?

As a Lakeland Care District member, you have rights to the following:

- To participate in the planning and evaluating of your services, including:
 - Planning and evaluating your own treatment and services; and
 - Choosing any other individuals you want to participate in the planning process.
- Service plan decisions that are made using objective criteria.
- Choose to enroll in Lakeland if eligible, and to disenroll from Lakeland at any time for any reason.
- The freedom from unlawful discrimination in applying for or receiving the Family Care benefit.
- Prompt eligibility, entitlement, and cost share decisions and assistance.
- Information regarding all services and supports potentially available to you through the Family Care benefit.
- To an offer of assistance from your IDT Staff when you notify them by advance notice of your plan to move out of the Lakeland District.
- To choose from services and providers, including:
 - Critical personal services, to choose any qualified provider who will accept a rate that Lakeland is willing to pay and meet other Lakeland standards. Critical personal services are services that involve intimate personal needs or a provider routinely coming into the home.
 - For other services, to choose from among the providers within Lakeland's network, and to request consideration for providers to be added to the network.
 - To have a family member, including a spouse, relative, or friend paid to provide a service approved by the IDT. The family member, relative, or friend must accept the rate Lakeland is willing to pay and meet Lakeland requirements and standards. (Note: members who

choose this option will be considered the employer in these situations and will work with a co-employment agency or fiscal intermediary that assists with employer duties through an option called Self-Directed Supports).

- To choose providers outside the network if the network does not have providers with the specialized knowledge needed to treat your condition or specific needs.
- To choose a SDS option that allows you to manage services yourself or with your own natural supports.
- To receive services identified in the Services Authorization that are needed, when they are needed, including:
 - An objective, individualized assessment that determines needs and supports, self-identifying long-term care needs and personal goals and outcomes.
 - Development of a service plan tailored to meet unique needs, circumstances, and preferences as determined through the assessment.
- Services and supports from qualified providers that are prompt, adequate, and appropriate for meeting individual needs, and that help maintain health, safety and well-being, keeping you free from abuse and neglect.
- To accuracy and privacy of any information Lakeland may have about you and to access personal information upon request. Lakeland must follow the Health Insurance Privacy and Accountability Act (HIPAA) to assure your health information remains confidential.
- To personal autonomy and other civil and legal rights, including being able to:
 - Make choices and decisions to the extent that you are able, and to be supported in decision making in a manner that maximizes your ability and autonomy.
- Receive treatments/services in the least restrictive conditions consistent with the service plan.
- Manage and control your own services to the extent you are willing and able.
- Live in the setting you choose unless there are essential health or long-term support needs that cannot reasonably be met in such a setting, or the preferred setting includes a package of services that exceeds your identified needs.
- Develop an advanced directive, such as a durable power of attorney for health care or a living will.

- To file a complaint with the Division of Quality Assurance if you believe your advance directives have not been followed, and to request Lakeland assistance to file such a complaint from your IDT Staff or Member Relations.
- Fully exercise your rights as a member of the Lakeland Care District including civil and legal rights to which you are entitled.
- To dignity, respect, fair and equitable treatment, and to be free from discrimination.
- To be free from abuse and neglect.
- To request and obtain information on the results of member surveys by contacting the Quality Coordinator for Lakeland.
- To receive services from culturally competent providers and to access information about the specific capacities of providers, such as languages spoken by staff, or adherence to a particular set of religious circumstances.
- To request a private room in residential settings and to have the procedures explained regarding the authorization of private rooms, and the procedure if a private room is not immediately available.
- To assistance and support in understanding your rights and resolving complaints, grievances, and appeals, including assistance from:
 - Your Interdisciplinary Team and other service providers.
 - Someone in the Lakeland Care District's Quality department at 920-906-5100 or toll free 1-877-277-3335.
 - An external advocate not associated with Lakeland or its providers.
- To fair and equitable due process for resolving appeals and grievances, including:
 - The opportunity to resolve appeals and grievances informally with providers or your IDT Staff members.
 - Access to more formal processes for appeals and grievances, including the use of a process outside Lakeland at any time.
 - Access to a State Fair Hearing.
 - Prompt resolution of any appeal or grievance.
 - The right to bring a court action at any time against any organization, including Lakeland, its providers, or the Family Care program, for causing damage due to violation of your rights.
 - The right to a review of services by a professional with the training, credentials, and licensure required to provide treatment in the State and who has no financial interest in the decision.
 - Representation by any advocate, peer or other representative chosen by you at any level of review and resolution of complaints, grievances, or appeals, and to receive information about the

availability of independent advocacy services, and other local consumer advocacy organizations and support groups that might provide a member with assistance.

- Freedom from reprisal or the overt or implied threat of reprisal.

Frequently Asked Questions about My Rights

What is abuse, neglect or financial exploitation?

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

Examples and definitions are as follows:

- Physical abuse is the action of one person or persons that results in physical pain or injury, illness, or any impairment of physical condition to another person. It does not matter if the abuse is intentional or reckless.
- Emotional abuse includes language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the person to whom the behavior or language is directed.
- Sexual abuse is a violation of a person as defined in criminal assault law. It usually involves sexual activity that is not agreed to by both people involved and/or causes physical or emotional injury.
- Abuse is any treatment that is not agreed to and forced upon a person. Examples include: the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research. Abuse also occurs when a person has the knowledge that no lawful authority exists for administration or performance and does so anyway.
- Abuse is unreasonable confinement or restraint, such as: the intentional and unreasonable confinement of a person in a locked room, involuntarily removing a person from his or her living area, putting a restraining device on a person, or making a person take unnecessary or excessive medication. There are very rare exceptions when the use of these methods is allowed because all other methods

have failed, but any use of these methods or devices must be applied according to state and federal standards governing confinement and restraint.

- Financial abuse or exploitation includes any of the following acts: fraud, enticement or coercion; theft; misconduct by a fiscal agent; identity theft; forgery; or unauthorized use of a financial transaction cards including credit, debit, ATM and similar cards.
- Neglect can be intentional or unintentional. Neglect is the failure of a caregiver to secure or maintain adequate care, services, or supervision for a person in their care. This includes food, clothing, shelter, or physical or mental health care, and the result of the neglect creates significant risk or danger to the person's physical or mental health. Neglect does not include a decision that is made to not seek medical care for an individual if that decision is consistent with the individual's previously executed declaration such as a do-not-resuscitate order, a power of attorney for health care, or as otherwise authorized by law.
- Self neglect means that a person who is responsible for his or her own care does not obtain adequate care, including food, shelter, clothing, or medical or dental care. When a person does not obtain care it results in a significant danger to the person's physical or mental health.

How Do I Discuss or Report Abuse, Neglect and/or financial exploitation?

- Your Lakeland IDT Staff is available to consult with you regarding issues that you feel may constitute abuse, neglect or financial Exploitation. They will assist you with coordination of reporting or securing services for safety.
- You should always call 911 in an emergency for immediate assistance.
- Fond du Lac, Manitowoc, and Winnebago County Human Services Departments offer Adult Protective Services which are provided to people with developmental disabilities, physical disabilities, degenerative brain disorder, serious and persistent mental illness, or other similar incapacities to 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.
- County Adult Protective Services Numbers are as follows:
 - Fond du Lac County (ADRC) (920) 929-3466

- Manitowoc County (920) 683-4230
- Winnebago County (920) 236-4615

What if I am not satisfied with My Services?

Lakeland wants to assist you to meet your long-term care outcomes and health care needs and to address concerns you and your family may have. Because we are charged to do this in the most cost effective manner possible, your team may have to say “No” and decline some potential service requests. The Resource Allocation Decision (RAD) method may not always lead to agreement. We will try to resolve matters when there are disagreements by discussions with your IDT Staff, supervisors and/or Member Relations.

These differences may also be resolved through the appeals and grievances process. This process is part of the safeguards to assure that just the right services are delivered, at the right time and in the right amount for the right cost to achieve the right outcomes. Your IDT Staff may deny a service it appears unreasonable or fails to support your outcomes effectively or cost-effectively. You may use the appeal and grievance process to address these differences. This is just a part of the business of creating the right balance between outcomes and the costs to achieve them. Lakeland will try to resolve matters in which there are disagreements at the IDT Staff level if at all possible. However, appeals are part of a process and are not something that is “good” or “bad,” they just “are,” and they are “OK.”

As a member of Lakeland, you have the right to file a grievance or an appeal when you’re not satisfied. Some matters may involve a provider, and each of the provider organizations should have a procedure for complaints and grievances as well. Other matters may involve the Lakeland Care District and its processes and/or decisions that it has made or the IDT Staff has made.

What is a grievance?

A grievance is an expression of dissatisfaction about something other than an action taken by Lakeland. Grievances may be submitted verbally or filed in written form to either Lakeland or to the State of Wisconsin. Any verbal grievance will later be put down in writing by the Member Relations Coordinator.

Some examples of things you might file a grievance about include:

1. The quality of a specific service is below standards.
2. The way a provider or a Lakeland staff person treats you.
3. You do not believe you are getting the services you think you need.

What is an appeal?

An appeal is a request to the Lakeland Care District to reconsider a decision or an action that it has taken. When an action is taken by Lakeland, you will receive a Notice of Action form from your IDT Staff, explaining the action. Appeals may be submitted verbally or in writing to Lakeland, or to the Wisconsin Department of Health Services, or to the State Division of Hearings and Appeals Office. Any verbal appeal will later be put down in writing to be confirmed by you unless the requested appeal is expedited.

Some examples of things you might file an appeal on are:

1. A reduction or change in your services.
2. A denial of a service or items that you have requested.
3. A change in eligibility status for Family Care or Medicaid.

An appeal of an action must be filed within 45 days of receipt of the Notice of Action. If you want services to continue during the appeal process you must file an appeal within 14 days of receipt of the notice or the effective date of action given in the notice, and make the request for services to continue. You will be given detailed information on the Notice of Action form itself about how to appeal.

What do I do if I have a grievance or appeal?

If you are not satisfied, the first thing you should do is talk to your IDT Staff. If your concern involves a provider service, you should also talk to the provider. You may also contact the Member Relations Coordinator to assist with resolution. A lot of times, you will be able to address the concern without going any further.

You can file a **grievance** with any member of your IDT Staff or with the Appeals and Grievances Coordinator. There is a grievance/appeal form included at the end of this Member Handbook. You may also file a grievance with the Wisconsin Department of Health Services. You may

also file a grievance or appeal with the State Division of Hearings and Appeals.

What if I need help filing my grievance or appeal?

If you don't want to talk to your IDT Staff about your concern, you can call the Member Relations Coordinator at the Lakeland Care District, who may be contacted at (920) 906-5100 or (877) 227-3335. This person is available to assist you with any grievance, appeal or member rights matter. You may call Member Relations for information about appeals, our processes or services, or service quality concerns.

Types of Grievances and Appeals Procedures:

As a member of the Lakeland Care District there are three different grievance and appeal mechanisms available to you. You may choose to use any of the three processes one at a time, or you may use all three at the same time or in any combination. The three processes for resolving grievances and appeals are:

1. the local grievance and appeal process;
2. the State grievance and appeal review and mediation process; and
3. the State Fair Hearing process.

What Is The Local Lakeland Grievance and Appeal Process?

To file a local appeal or grievance, or to request assistance or information on filing an appeal or grievance, contact your case manager and/or nurse on your team. Your IDT Staff or staff at the Member Relations number can explain the processes and assist you to file an appeal or grievance. Someone is available to assist you with your concerns or answer your questions.

The local grievance and appeal resolution process results in a response from the Lakeland Care District within 20 business days. If a local hearing was held a response will be mailed to you within 5 business days from the hearing date. If you feel that a situation threatens your life, health or immediate well-being, you may request an expedited appeal process; a resolution for an expedited appeal or grievance will be provided within 2 calendar days. You may contact the Member Relations coordinator or the Appeals and Grievances coordinator to learn more about the appeal process.

You may contact the Member Relations and Appeal and Grievance Coordinator at:

Write: Member Relations Coordinator
Lakeland Care District
N6654 Rolling Meadows Drive
Fond du Lac WI 54937

Call: (920) 906-5100
(877) 227-3335 toll free

Fax: (920) 906-5103

TTY: (800) 947-3529 (Wisconsin Relay System)

E-Mail: info@lakelandcaredistrict.org

When you file a formal local grievance or appeal, the Lakeland Care District has 20 days to respond. If the grievance or appeal cannot be resolved with mediation by the Member Relations staff, a hearing with the Lakeland Appeals and Grievances Committee will be held prior to the 20 day deadline. You will receive notice about the hearing. In this process you will bring your grievance or appeal directly to the Committee, which includes Lakeland members like you, Lakeland staff, and individuals from the community. You can talk to them yourself, or have someone talk to them for you about your grievance or appeal. All proceedings are confidential. The Committee's decision on the matter is the local response to your appeal or grievance and will be in writing.

You as the member or the Lakeland Care District may also request an extension of up to 14 days to the 20-day timelines in this process. If Lakeland extends the timeframes, it must be based on a need for additional information and be in your best interests, and you must receive a written notice of the reasons for the delay.

Lakeland promises that you will not get into any trouble if you complain or file a grievance or appeal. You have the right to do this, and we want you to be happy with your care. Filing a complaint, a grievance, or appeal will not

affect the way Lakeland, any providers, or the State of Wisconsin treat you. We promise that there will be no retribution of any kind.

We will work with you to resolve the problem. You can have a family member, friend, or another person help you with your grievance or appeal. If you want help and don't know anyone who can help, you can get help from an advocate. The names and phone numbers of advocates can be found in the next section on "Advocacy Services." We can help you get in touch with these advocates. These advocates do not work for Lakeland. They may include the Benefit Specialists at the Senior Services Department and at the Aging and Disability Resource Center.

What about a request for an expedited resolution for an appeal?

You or your provider may request an expedited appeal response and inform the Lakeland Care District that taking the time for a standard resolution could seriously jeopardize your life or health, or ability to attain, maintain, or regain maximum function. Lakeland will make reasonable efforts to give you prompt oral notice of approval or denial of your request for an expedited resolution and a written notice within 2 calendar days. If Lakeland denies your request for expedited resolution, it must reach a decision on the appeal within the standard timeframe.

Lakeland assures you and your providers that it will take no punitive action against providers which make an expedited appeal request or support your expedited appeal request.

If Lakeland denies your request for an expedited appeal resolution, we will transfer the appeal to the standard appeal resolution process and timeframe (within 20 business days). Lakeland will give you prompt oral notice of the denial and send a written notice to you within two calendar days of the initial request.

When will I hear back about my appeal or grievance?

If you file a written grievance or appeal with Lakeland, we will let you know within 5 days, in writing, that we received it. We will decide what we will do about your grievance or appeal in 20 days or less. If a resolution through mediation by Member Relations staff is not forthcoming within the first 10 days, a hearing with the Appeals and Grievance Committee will be scheduled. Notice of the hearing will be sent to members who appeal. After the hearing, and within the 20 days, Lakeland will respond to the

appeal with the Committee's decision. Our response will tell you the date of the Committee's decision, what was decided about your appeal, and the reasons for the Committee's decision. The other avenues to resolve the appeal will be again given to you.

What about continuation of services during my appeal?

If the Lakeland Care District decides to stop a service, reduce a service, or deny a service request, you will receive a Notice of Action form on the matter. The Notice of Action will also inform you of the appeal processes and about service continuation during the appeal process. If you want services to continue at the same level during your appeal, Lakeland will continue services if:

1. You file your appeal by the date of the intended action or within 14 days (whichever is later), and
2. You request continuation of services at the current level authorized by your team. Your appeal should be sent to the Appeals and Grievances Coordinator, whose address is given on the Notice of Action form. If the hearing resolution is against you, you may have to pay the cost of services provided in the interim.

If you ask for a service and Lakeland denies authorization, Lakeland will make sure you have reasonable services while your appeal is being decided. If you don't agree with Lakeland's response to your grievance or appeal, you can appeal Lakeland's decision directly to the State of Wisconsin Division of Hearings and Appeals for a State Fair Hearing. You may also request a Department of Health Services review and mediation of our decision.

At any time, before, during or after Lakeland's grievance and appeal processes, you can file your grievance or appeal directly with the Department of Health Services or the State Fair Hearing Process.

What is the Wisconsin Department of Health Services Appeal and Grievance Review Process?

You can file any kind of grievance or appeal with the Department of Health Services' (DHS) Review Process instead of or in addition to using Lakeland's process. You can file an appeal or grievance with the Department of Health Services for review and mediation by writing, calling or e-mailing the Family Care Grievance hotline. Someone from MetaStar,

who works with DHS to review and mediate Family Care grievances and appeals, will let you know in writing within five days that your grievance or appeal has been received, and they will try to help you to resolve it. The investigator will send you the written response to their investigation and mediation effort within 20 business days.

You may contact the Department of Health Services at:

Write: DHS Family Care Grievances
c/o MetaStar
2909 Landmark Place
Madison, WI 53713

Call: (888) 203-8338 toll free (Hotline)

Fax: (608) 274-8340

E-mail: dhsfamcare@wisconsin.gov

What is the State Fair Hearing Process?

You can take your grievance or appeal right to the State Fair Hearing Process without first going through the Lakeland's process or the Wisconsin Department of Health Services' review process. The State Fair Hearing Process is for grievances or appeals about:

- Not getting services in a timely way.
- A decision that gives you less service, or stops a service.
- A service plan that requires you to live in a place you don't want.
- A service plan that gives you less service than you need.
- A service plan which is unnecessarily restrictive and with services you don't want.
- A service plan that limits the way you want to live.
- A decision by Lakeland on an appeal that is entirely or partially adverse to you.
- A decision to involuntarily disenroll you from Lakeland.

If one of these things happens, and you disagree, you need to file a request postmarked within 45 days of the Notice of Action to qualify for a Fair Hearing. If you want services to continue during the appeal process, you must file an appeal within 14 days or by the effective date of the action (whichever is later) and request continuation of currently authorized services. You may be responsible for paying the cost for services during the appeal process if the final decision is against you.

If you have a grievance about something else, you can use the Wisconsin Department of Health Services grievance process. Your IDT Staff or the Member Relations Coordinator can help you with filing your appeal or grievance if you ask them to do so. You can file a request for a State Fair Hearing in any of the ways listed below.

You may contact the Division of Hearings and Appeals at:

Write: Family Care Request for Fair Hearing
DOA Division of Hearings and Appeals
5005 University Av., Rm. 201
P. O. Box 7875
Madison, WI 53707-7875

Call: (608) 266-3096
Fax: (608) 264-9885
TTY: (608) 264-9853

An administrative law judge will conduct a hearing on your appeal at a local site. You will receive notice of the hearing date and place. You may present evidence and bring other people with you to support your position on the appeal. The administrative law judge will issue a decision on the matter.

There will be no retribution or impact on your other services should you file an appeal, grievance, or a request for a Fair Hearing. It is your right to do so, and part of the process to safeguard your rights through the Family Care benefit. You have assurance that filing an appeal or grievance, or requesting a State Fair Hearing process will not negatively impact the way the Lakeland Care District, its providers, or DHS treat you.

Who else can help me with an appeal or grievance?

If you want independent assistance with your grievance or appeal or any other problem you are having with Lakeland, you can contact an agency that provides advocacy services. They may be able to help you. One agency available to help is:

Disability Rights—Wisconsin
(formerly Wisconsin Coalition for Advocacy)
131 West Wilson Street, Suite 700
Madison, WI 53703

Phone: 1-800-928-8778 (Voice/TTY, Toll Free)

Phone: 1-608-267-0214 (Voice/TTY)

Disability Rights—Wisconsin is the state's protection and advocacy organization. It provides services to people with developmental disabilities as well as people who are living in institutions or who are at-risk of living in an institution. If you don't think you fit one of these categories you can still call, and they will determine whether they can help you or not.

Another agency to help is the Wisconsin Board on Aging and Long-term Care:

The Wisconsin Board on Aging and Long-term Care
1402 Pankratz Street, Suite 111
Madison, WI 53704
Phone: 1-800-815-0015 (Toll Free)

Ombudsmen (helpers) from this agency provide advocacy to people who live in nursing homes, facilities for people with developmental disabilities, community based residential facilities, and adult family homes. The Ombudsmen assist members aged 60 years and older with issues related to licensed residential services.

Information and assistance may also be received from the local county Aging and Disability Resource Center, especially through the Disability Benefit Specialist. Elderly Benefit Specialists at the county Senior Services Department may also help with information and assistance. They may be contacted at:

Disability Benefit Specialist

Aging & Disability Resource Centers (ADRC)

Fond du Lac County
50 N Portland Street
Fond du Lac WI 54935
Phone: 920-929-3466
Toll Free: 888-HELP FDL
TTY: 800-947-3529

Manitowoc County
4319 Expo Drive
Manitowoc WI 54221
Phone: 920-683-4180
Toll free: 877-416-7080
TTY: 800-929-3466

Winnebago County
220 Washington Ave
Oshkosh, WI 54903
Toll Free: 877-886-2372

Elderly Benefit Specialist

Fond du Lac County Senior Services Department

160 S Macy Street
Fond du Lac WI 54935
Phone: 920-929-3521
Toll free: 800-215-5494
TTY: 800-947-3529

Manitowoc County ADRC

4319 Expo Drive
Manitowoc WI 54221
Phone: 920-683-4180
Toll free: 877-416-7080
TTY: 800-929-3466

Winnebago County

220 Washington Ave
Oshkosh, WI 54903
Toll Free: 877-886-2372

How do I make care decisions for the future?

You have the right to make decisions about your long-term care and health care. This includes the right to accept or refuse services or treatment as long as you are competent to do so. You also have the right to plan and direct the types of long-term care and health care you wish to receive in the future if you become unable to express your wishes. Two ways of doing this are called a **living will** and **durable power of attorney for health care**.

You can let your family, IDT Staff, providers, and doctors know your feelings about making a living will or durable power of attorney for health care. Your IDT Staff may talk with you about future planning. Having one of these documents completed assures that you have chosen someone to act on your behalf who knows your wishes regarding future services. For more information about these options, you should contact your IDT Staff or your doctor.

If you experience a time when a health care provider has not followed an advance directive, you have a right to file a complaint. Complaints should be directed to the Provider Regulation and Quality Improvement Section of the Bureau of Quality Assurance at 1-608- 266-2055. For further assistance, please call (920) 906-5100 or toll free 1-877-277-3335 and ask to speak with someone in the Lakeland Care District's Quality Department.

Member Responsibilities

What are My Responsibilities as a Member?

Your involvement and the involvement of your significant others, is important to the Lakeland Care District. Your IDT Staff will work closely with you and others to support your personal outcomes and needs.

As a Lakeland member you have the following responsibilities that help make this process successful:

- To provide full, correct and truthful information requested by your IDT Staff or service providers to determine eligibility, cost share, or to meet reporting requirements.
- To agree to the release of records as needed, after reasons for needing the information are explained.
- To participate in the initial and ongoing development and implementation of member-centered planning and Service Authorization. All services must be prior authorized by your IDT Staff.
- To use the benefits available through other programs or private insurance to pay for services before these expenses are charged to Lakeland. Your IDT Staff will assist you with requests to insurers.
- To use Lakeland providers unless the IDT Staff mutually agrees otherwise.
- To accept services without regard to the provider's race, color, religion, age, gender, sexual orientation or national origin.

- To pay a monthly cost share (if there is one) and the Room and Board costs (if you live in a residential care setting).
- To comply with emergency procedures.
- To participate in quality assurance processes, including member outcome interviews.
- To voluntarily participate in Lakeland's annual quality review process.
- To report in a timely manner any changes in personal health, the ability to complete activities of daily living, household or financial status which might affect eligibility or the amount of benefits or services received.
- To report emergency room visits or hospital stays to insure prompt review of the service plan to accommodate changing needs.
- To report any suspicions or evidence of fraud or abuse of the Family Care program on the part of providers, other members, or Lakeland employees to the Member Relations staff at (920) 906-5104 or toll free at 1-877-227-3335.
- To use all Lakeland provided benefits as intended. You may not sell prescription drugs or medical equipment.
- To provide any input desired regarding changes in Lakeland policies and services, learn about opportunities to participate in Lakeland committees, or submit comments or suggestions. To do so, please call 1-920-906-5100 and ask to speak with someone in the Quality Department.
- To keep your IDT Staff informed of changes in your address or phone number.
- To notify your IDT Staff if you are planning a move outside of Fond du Lac, Manitowoc, or Winnebago Counties. Notifying your IDT Staff of an anticipated move is very critical. Being absent from the service area for an extended period of time may result in loss of eligibility and disenrollment as determined by the Economic Support Unit. Upon request, your IDT Staff will help with the transition to providers in a new location.
- Report an Unintended Events (UER)

Frequently Asked Questions about My Responsibilities

What if I have Changes in My Health or Finances?

You must notify your IDT Staff if there is a major health condition that causes a change in how you are completing your day-to-day tasks. These changes may affect your eligibility for Family Care.

If you have a change in your income or assets, you are required to inform your Economic Support worker within 10 days of that change. These changes may affect your eligibility for Family Care. For example, you are required to report Homestead or income tax refunds and increases in your retirement benefit.

Please contact Economic Support and your IDT Staff to report other changes, including:

- Change of address;
- Change in household composition;
- Change in vehicles;
- Change in assets; and
- Change in health insurance.

What is a cost share?

An Economic Support worker may establish your financial eligibility for Lakeland. This is done at the time of enrollment and on an annual basis. At that time, your Economic Support worker will tell you if you have a monthly cost share. This cost share is based on your income, the cost of your out-of-pocket medical expenses (health insurance and medical/remedial expenses) and the cost of your long-term care services.

You are required to report any changes in income or assets to your Economic Support Worker within 10 days of the change. If you have a cost share, it will be adjusted whenever there is a change in your financial status, out-of-pocket medical expense, or change in your living arrangement.

You will be receiving notices from your Economic Support worker about your financial eligibility. It is important that you review this information and contact your Economic Support worker if it is not correct.

Your Care Manager is available to help you understand what out-of-pocket medical expenses qualify for medical/remedial deductions if you have a cost share. Lakeland will bill you monthly for the cost share you are required to pay.

If you have a cost share Lakeland will send you a bill, typically on the 10th day of each month. If you are 30 days late in paying the cost share, you will be referred to Economic Support and the Aging and Disability Resource Center for disenrollment. If this occurs, you will receive a loss of eligibility notice.

You are required to verify your financial status with Economic Support on an annual basis. A notice will be mailed to you when this is due. If you do not complete your annual re-certification with your Economic Support worker you will no longer be eligible for Family Care and you will be disenrolled from Lakeland.

When will I have a room and board cost?

You may be responsible to pay room and board costs if you are living in or moving to an assisted living facility (which may be a group home, also called Adult Family Home (AFH), Community Based Residential Facility (CBRF) or a Residential Care Apartment Complex (RCAC) as part of your member-centered plan. Lakeland will pay for the care portion and you may be required to pay the rent and food portion of the facility cost. These costs are called your Room and Board. Your IDT Staff will be able to give you general information on how this billing works.

Lakeland will calculate your Room and Board costs based on information you provide regarding your income and medical/remedial expenses. Your IDT Staff is available to help you understand what out-of-pocket medical expenses qualify for medical/remedial deductions. You will need to provide documentation of these expenses in the form of a receipt or cancelled check. You will be notified of your initial Room and Board rate as soon as it is determined. Once this billing amount is established, you will receive a monthly Room and Board bill from Lakeland, generally on the 10th of each month.

What if I cannot afford the Room & Board?

If you are living in a residential facility (Adult Family Home, Community Based Residential Facility, Residential Care Apartment Complex or other assisted living facility) and it is cost effective to meet your outcomes, you will be required to pay the room and board portion of the facility costs. You will be informed of your room and board rate and will receive a monthly bill from Lakeland. Room and board costs are different than Cost Share, which is based on your income.

Can I use Medicare or Private Insurance?

Lakeland expects that Medicare benefits will be used by members who are currently enrolled in Medicare Parts A and/or B. Lakeland may refuse to pay expenses that Medicare will cover. When you have Medicare, federal rules require that Medicare be the first source of payment for services in the Family Care benefit. Any private insurance you have will also be billed. If you have Medical Assistance, also known as Medicaid or Title 19, it may pay for services that are not in the Family Care benefit.

Lakeland strongly encourages members who are eligible for Medicare to sign up for both Medicare Part A and Medicare Part B. There is a premium for Medicare B, which is deducted from your Social Security check. In some cases, you may get assistance paying this premium; an Economic Support worker can tell if you qualify for this assistance. If you do not sign up for Medicare B when you are first eligible, the premiums will keep getting higher each year, so it's a good idea for you to sign up as soon as you are found eligible.

If you are currently enrolled in Medicare Parts A and/or B and choose not to use the Medicare benefits, Lakeland may refuse to pay for costs that Medicare otherwise would cover. The Benefit Specialist at the Aging and Disability Resource Center can counsel you regarding Medicare benefits. Your Economic Support worker and IDT Staff can also help.

If you receive a bill from a provider for services that Lakeland has authorized through your member-center plan, you do not have to pay for the services. You should contact your IDT Staff right away if this occurs.

Providers who contract with Lakeland are not allowed to collect any payment for authorized services from you. There are no co-payments for services from Lakeland. However, you are still required to pay co-payments for services not covered by Lakeland such as co-payments for medications, doctor visits, and hospital visits if applicable.

You will receive a bill if you arrange to receive a service without prior authorization from your IDT Staff. You are responsible for the cost of that service.

Will I be Subject to Estate Recovery?

If you are already on Medicaid, or a member of the Lakeland Care District receiving long-term care services, the estate recovery rules apply to you.

Through a process known as estate recovery, the State seeks to be paid back for the cost of member services. Recovery is made from a member's estate, or their spouse's, after both have died. The money recovered goes back to the State to be used to care for others in need. Lakeland members aged 55 or older may have all of their costs of care recovered. Recovery is made by filing claims on estates.

To request a photocopy of a 19-page booklet on the Wisconsin Medicaid Estate Recovery Program, you should ask your Economic Support worker or contact your IDT.

You can also find this booklet on the Internet at:

<http://dhfs.wisconsin.gov/Medicaid1/recpubs/erp/phc13032.pdf>

If you do not have access to a computer at home you can visit a local library for free access to the Internet.

Information about the Medicaid Estate Recovery Program is also available through the resources listed below:

Phone: 1-800-362-3002 (Voice/TTY/Toll Free)

Or write to: The Department of Health Services
Estate Recovery Program
P.O. Box 309
Madison, WI 53701-0309

If you choose to receive the Medicaid Hospice benefit, note that both the Family Care and the Hospice Medicaid benefits are recoverable under estate recovery. You will receive a notice from the Lakeland Care District that encourages you to contact the Aging and Disability Resource Center for more information or counseling on how this may impact the amount subject to estate recovery.

Economic Support workers will let you know if any of the rules of estate recovery change at any time. Of course, you can disenroll from the program for any reason, such as a change to the estate recovery rules.

When Can I Disenroll or be Disenrolled?

A member can choose to disenroll from Lakeland at any time after their date of enrollment. However, the effective date of disenrollment can be no earlier than the last day a member actually accepts services from Lakeland. If you are interested in disenrolling you should contact the Aging and Disability Resource Center. A representative will help to select a disenrollment date that works best for you, and provide counseling about other options that may be available. You will still have insurance, if applicable, and the Medical Assistance benefit unless you become ineligible by their guidelines. If you were not receiving Medical Assistance before enrolling in Lakeland, special conditions for continued benefits may apply.

If you choose to disenroll, you may enroll again if you meet financial and functional eligibility. Just like initial enrollment, this is done through the Aging and Disability Resource Center.

The Lakeland Care District can disenroll you against your wishes only with permission and approval from the State of Wisconsin. If Lakeland decides to request involuntary disenrollment from the State, you will receive a notice of involuntary disenrollment and have 45 days to file an appeal for a State fair hearing. If you wish to continue services while a hearing decision is pending, you must file an appeal within 14 calendar days of receiving the involuntary disenrollment notice. In this case, your enrollment would continue until the State makes a final decision on the appeal of the involuntary disenrollment. Reasons Lakeland may request involuntary disenrollment include:

- A member has committed acts or threatened to commit acts that pose a threat to Lakeland staff, providers, or other members; or
- A member refuses to participate in care planning to an extent that Lakeland is unable to assure the member's health and safety.

To be eligible for Lakeland membership, you must have a functional need for long-term care services and supports, and meet financial eligibility criteria. You will lose eligibility if you:

- No longer meet functional eligibility as determined in the annual functional screen.
- No longer meet financial eligibility criteria as the result of a change in financial circumstances at any time.
- Refuse to participate in the functional screening process at the annual review.
- Fail to participate in an annual financial review with Economic Support.
- Fail to pay the required cost share (if applicable).
- Are incarcerated (go to jail).
- Need services in an Institute for Mental Disease.
- Move out of the service area.

Acronyms

ADRC	Aging & Disability Resource Center
AFH	Adult Family Home
AODA	Alcohol and Other Drug Abuse
APS	Adult Protective Services
	Client Assistance for Re-employment and Economic Support
CARES	(State computer System)
CBRF	Community Based Residential Facility
CM	Care Manager
CMA	Care Manager Assistant
DHS	Department of Health Services
DLST	Daily Living Skills Training
DME	Durable Medical Equipment
DMS	Disposable Medical Supplies
EAN	Elder Abuse & Neglect
EOB	Explanation of Benefits
EQRO	External Quality Review Organization
ESS	Economic Support Worker
FC	Family Care
HIPAA	Health Insurance Portability & Accountability Act
IADL	Instrumental Activities of Daily Living
ICF	Intermediate Care Facility
ICF-MR	Intermediate Care Facility - Mentally Retarded
IDT	Interdisciplinary Team
LTCFS	Long Term Care Functional Screen
ISP	Individual Service Plan
LOC	Level of Care
LTC	Long Term Care
MA	Medical Assistance (or Medicaid)
MAPP	Medical Assistance Purchase Program
MCO	Managed Care Organization
MCP	Member Centered Plan
PERS	Personal Emergency Response System
POAFIN	Power of Attorney for Finances
POAHC	Power of Attorney for Health Care
RAD	Resource Allocation Decision Method
RCAC	Residential Care Apartment Complex
RN	Registered Nurse
SDS	Self-Directed Supports
SHC	Supportive Home Care
SNF	Skilled Nursing Facility

Appeal and Grievance Form

LAKELAND CARE DISTRICT LOCAL GRIEVANCE AND APPEAL FORM

To give us a grievance or appeal you can call the Appeal & Grievance Coordinator at (920) 906-5100 or (877) 227-3335 for assistance. You can give us your appeal or grievance by filling out this form. You can file a complaint or grievance when you are not pleased with something about your services. You can file an appeal if you do not agree with or are unhappy with an action taken by Lakeland Care District. This action may be a service denial, a reduction or stopping a service, or an eligibility matter.

You have the right to file appeals and grievances at any time. The Lakeland Care District will acknowledge receipt of your appeal or grievance. You must receive a response from the Lakeland Care District in writing within 20 business days. There is more information about your rights as a member and about appeals and grievances procedures in your Member Handbook. Please review the Member Handbook for details.

Instructions: Please fill out as much of this form as you can. If you need help filling out this form or have questions about the appeal and grievance process, ask your team, or call the Appeal & Grievance Coordinator at (920) 906-5100. The Coordinator will assist you to complete the form and to begin the appeal or grievance process.

When the form is completed send it to the following address:

Appeal & Grievance Coordinator
Lakeland Care District
N6654 Rolling Meadows Drive
Fond du Lac, WI 54937

Comment/Suggestion Form

Have a comment or suggestion about the Lakeland Care District or Family Care?

Please complete this form and send it to:

Lakeland Care District
Attn: Quality Coordinator
N6654 Rolling Meadows Dr.
Fond du Lac, WI 54937

Your Name (optional): _____

Date: _____

Suggestion or comment: _____

You may request more copies of this form by contacting your team or a person in the Quality Department at 1-920-906-5100. For TTY call (800) 947-3529 the Wisconsin Telecommunications Relay System.