



# My Choice Wisconsin

## Family Care Partnership Member Handbook

### Medicaid Only

Toll-Free 1-800-963-0035

TTY:711

[www.mychoicewi.org](http://www.mychoicewi.org)

DHS Approved 4/25/2023



# Family Care Partnership Member Handbook

## IMPORTANT:

If you are covered by **Medicare**, you should refer to the *Evidence of Coverage* for information about your benefits.

Please ask your care team for a copy of the *Evidence of Coverage* or view on our website: [www.mychoicewi.org](http://www.mychoicewi.org)

For help or information, please call Customer Service  
or visit our website at [www.mychoicewi.org](http://www.mychoicewi.org)

Call toll free: 1-800-963-0035

TTY users call the Wisconsin Relay System at 711

My Choice Wisconsin Inc.  
10201 West Innovation Drive • Suite 100  
Wauwatosa, WI 53226

Template provided by the Wisconsin Department of Health Services

## INTERPRETER SERVICES

### English

ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-963-0035 (TTY: 711).

### Spanish

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo, llame al 1-800-963-0035 (TTY: 711).

### Hmong

CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu  
1-800-963-0035 (TTY: 711).

### Chinese Mandarin

注意：如果您说中文，您可获得免费的语言协助服务。请致电1-800-963-0035 (TTY 文字电话: 711)。

### Somali

DIGTOONI: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyadoo bilaash ah. Wac 1-800-963-0035 (TTY: 711).

### Laotian

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-963-0035 (TTY: 711).

### Russian

ВНИМАНИЕ: Если Вы говорите по-русски, Вам будут бесплатно предоставлены услуги переводчика. Позвоните по номеру: 1-800-963-0035 (TTY: 711).

### Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-800-963-0035 (telefon za gluhe: 711).

### Burmese

ဝေးကွေးစွာ - သင့်အတွက် အခမဲ့ အသံထုတ်ပေးမှုများ ရရှိနိုင်ပါသည်။ 1-800-963-0035 (TTY: 711) ကို ဖုန်းဖြင့် ခေါ်ဆိုပါ။

### Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-963-0035 (TTY: 711).  
**Arabic:** والىكم الصم هاتف - (TTY: 711). (رقم 0035)

## My Choice Wisconsin:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Auxiliary aids and services for hearing-impaired and vision-impaired members
- Provides free language access services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at 1-800-963-0035.

My Choice Wisconsin complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, age, national origin or disability.



**Toll-Free 800-963-0035 TTY:711**

**[www.mychoicewi.org](http://www.mychoicewi.org)**

**Your *My Choice Wisconsin Partnership Care Team* includes:**

<b>Care Manager's Name</b>	<b>Phone</b>
<b>Case Aide's Name</b>	<b>Phone</b>
<b>Registered Nurse's Name</b>	<b>Phone</b>
<b>Nurse Practitioner's Name</b>	<b>Phone</b>
<b>Supervisor's Name</b>	<b>Phone</b>

**Call your *Partnership Care Team* as soon as possible when any of these occur:**

- Any falls
- Hospitalization
- Change in mental or physical health status
- Urgent care / Emergency department visit
- Concerns or questions related to your services or Care Plan

**If you are experiencing an emergency, call 911.**

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## Chapter 1. Important phone numbers and resources

### Corporate Office:

My Choice Wisconsin  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226  
Office hours 8:00 a.m. to 4:30 p.m., Monday-Friday

### How to contact My Choice Wisconsin Customer Service

For help with claims, billing, or member card questions, please call or write to your care team or contact My Choice Wisconsin Customer Service. We will be happy to help you.

Method	Customer Service
<b>CALL</b>	1-800-963-0035 Calls to this number are free. You can call from 8:00 a.m. to 4:30 p.m., Monday-Friday. For help after hours, on weekends, and holidays, call 1-800-963-0035. Calls to this number are free. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>FAX</b>	608-245-3077
<b>WRITE</b>	1617 Sherman Avenue Madison, WI 53704
<b>WEBSITE</b>	<a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

**If you are experiencing an emergency, call 911**

## How to contact us when you are asking for a coverage decision about your medical care, long-term care services, or prescription drugs.

A coverage decision is a decision we make about your benefits and coverage or about the amount we will pay for your medical care, long-term care services, or prescription drugs.

You may call us if you have questions about our coverage decision process.

Method	Coverage Decisions for Medical Care, Long-Term Care Services, or Prescription Drugs
<b>CALL</b>	1-800-963-0035 Calls to this number are free. You can call from 8:00 a.m. to 4:30 p.m., Monday-Friday. For help after hours, on weekends, and holidays, call 1-800-963-0035 Calls to this number are free. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>FAX</b>	608-245-3077
<b>WRITE</b>	1617 Sherman Avenue Madison, WI 53704
<b>WEBSITE</b>	<a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

## How to contact ForwardHealth when you are asking for a coverage decision for prescription drugs if you do not have Medicare.

If you do not have Medicare, you will get your prescription drugs from Wisconsin Medicaid with your ForwardHealth card.

Method	ForwardHealth Member Services
<b>CALL</b>	800-362-3002 Free language interpreter services are available for non-English speakers.
<b>WEBSITE</b>	<a href="http://www.dhs.wisconsin.gov/forwardhealth/resources.htm">www.dhs.wisconsin.gov/forwardhealth/resources.htm</a>

## How to contact us when you are making a *complaint* about your medical care or long-term care services.

You can make a complaint about us or one of our network providers, including a complaint about the quality of your care. This type of complaint does not involve coverage or payment disputes. This type of complaint is called a grievance. For more information on making a complaint about your medical care or long-term care services see Chapter 8.

Method	Complaints about Medical Care, or Long-Term Care Services
<b>CALL</b>	1-800-963-0035 Calls to this number are free. You can call from 8:00 a.m. to 8:00 p.m., 7 days a week. For help after hours, on weekends, and holidays, call 1-800-963-0035 Calls to this number are free. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>FAX</b>	608-245-3077
<b>WRITE</b>	10201 West Innovation Drive, Suite 100 Wauwatosa, WI 53226
<b>EMAIL</b>	<a href="mailto:mrs@mychoicewi.org">mrs@mychoicewi.org</a>
<b>WEBSITE</b>	<a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

## How to contact us when you are making an *appeal* about your medical care or long-term care services.

An appeal is a formal way of asking us to review and change a coverage decision we have made. For more information on making an appeal about your medical care, long-term care services, or prescription drugs, see Chapter 8.

Method	Appeals for Medical Care or Long-Term Care Services
<b>CALL</b>	1-800-963-0035 Calls to this number are free. You can call from 8:00 a.m. to 8:00 p.m., 7 days a week. For help after hours, on weekends, and holidays, call 1-800-963-0035. Calls to this number are free. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>FAX</b>	608-245-3077
<b>WRITE</b>	10201 West Innovation Drive, Suite 100 Wauwatosa, WI 53226
<b>EMAIL</b>	<a href="mailto:mrs@mychoicewi.org">mrs@mychoicewi.org</a>
<b>WEBSITE</b>	<a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

## Where to send a request asking us to pay for the cost for medical care or long-term care services you have received

For more information on situations in which you may need to ask us for reimbursement or to pay a bill you have received from a provider, see Chapter 5.

**Please note:** If you send us a payment request and we deny any part of your request, you can appeal our decision. See Chapter 8 for more information.

Method	Payment Requests
<b>CALL</b>	1-800-963-0035 Calls to this number are free. You can call from 8:00 a.m. to 8:00 p.m., 7 days a week. For help after hours, on weekends, and holidays, call 1-800-963-0035. Calls to this number are free. Customer Service also has free language interpreter services available for non-English speakers.
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>FAX</b>	608-245-3077
<b>WRITE</b>	1617 Sherman Avenue Madison, WI 53704
<b>EMAIL</b>	<a href="mailto:info@mychoicewi.org">info@mychoicewi.org</a>
<b>WEBSITE</b>	<a href="http://www.mychoicewi.org">www.mychoicewi.org</a>

## Social Security

The United States Social Security Administration (SSA) determines eligibility for Social Security benefits. To apply for Social Security, you can call SSA or visit your local Social Security Office. SSA also oversees Medicare.

Method	Social Security Administration
<b>CALL</b>	800-772-1213 Calls to this number are free. Available 8:00 am CST to 7:00 pm CST, Monday through Friday. You can use Social Security's automated telephone services to get recorded information and conduct some business 24 hours a day.
<b>TTY</b>	800-325-0778 Calls to this number are free.
<b>WEBSITE</b>	<a href="http://www.ssa.gov">www.ssa.gov</a>

## Medicaid

Medicaid is a joint federal and state government program that helps with medical costs for people with limited incomes and resources.

If you have questions about the help you get from Medicaid, contact ForwardHealth Member Services.

Method	ForwardHealth Member Services
<b>CALL</b>	800-362-3002
<b>WEBSITE</b>	<a href="http://www.dhs.wisconsin.gov/medicaid">www.dhs.wisconsin.gov/medicaid</a>

**All Medicaid applicants and members can use ACCESS.** ACCESS is an online tool at [www.access.wi.gov](http://www.access.wi.gov) that you can use to:

- Find out if you are eligible for a program
- Apply for benefits
- Check your benefits
- Report changes
- Get a new ForwardHealth Card

**You can call ForwardHealth Member Services at 800-362-3002 to get:**

- General information about Medicaid
- A new ForwardHealth Card

**You can contact your Local County or Tribal Income Maintenance Agency to:**

- Ask questions about enrollment rules for BadgerCare Plus, Medicaid, or FoodShare.
- Find out if your application was approved or why it was denied.
- Report changes to your information (for example, a change in address, a job, or health care). Send proof/verification of eligibility.

To get the address and phone number of your agency, call 800-362-3002 or visit [www.dhs.wisconsin.gov/forwardhealth/imagency](http://www.dhs.wisconsin.gov/forwardhealth/imagency).

**If you suspect anyone of misuse of public assistance funds, you can call the fraud hotline or file a report online**

To report public assistance fraud at the state level, call 877-865-3432 (toll free) or visit [www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov). You may remain anonymous.

To report fraud at the federal level, call 800-424-9121 or visit <https://usdaoig.oversight.gov/hotline>.

## Ombudsman Programs

An Ombudsman investigates reported concerns and helps members solve issues. They can also help you file a grievance or appeal with our plan. The organization to contact depends on your age.

Method	<b>Disability Rights Wisconsin</b> Ombudsmen from this agency help people <b>under age 60</b> .
<b>CALL</b>	General: 800-928-8778 Fax: 833-635-1968
<b>TTY</b>	888-758-6049
<b>WRITE</b>	1502 West Broadway, Suite 201 Madison, WI 53713
<b>EMAIL</b>	<a href="mailto:info@drwi.org">info@drwi.org</a>
<b>WEBSITE</b>	<a href="https://disabilityrightswi.org/program/family-care-and-iris-Ombudsman-program">https://disabilityrightswi.org/program/family-care-and-iris-Ombudsman-program</a> (See website for contact information for other locations.)

Method	<b>Wisconsin Board on Aging and Long-Term Care</b> Ombudsmen from this agency help people <b>age 60 and older</b> .
<b>CALL</b>	800-815-0015
<b>WRITE</b>	1402 Pankratz Street, Suite 111 Madison WI 53704-4001
<b>EMAIL</b>	<a href="mailto:BOALTC@wisconsin.gov">BOALTC@wisconsin.gov</a>
<b>WEBSITE</b>	<a href="https://longtermcare.wi.gov">https://longtermcare.wi.gov</a>

## How to contact the Railroad Retirement Board

The Railroad Retirement Board is a federal agency that administers benefit programs for railroad workers and their families. If you have questions about your benefits from the Railroad Retirement Board, contact the agency.

Method	Railroad Retirement Board
<b>CALL</b>	877-772-5772
<b>TTY</b>	312-751-4701 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are <b>not</b> free.
<b>WEBSITE</b>	<a href="http://www.rrb.gov">www.rrb.gov</a>

## You can get help from Aging and Disability Resource Centers (ADRC)

If you have questions about aging or living with a disability, your local ADRC can help. ADRCs provide information on a variety of programs and services. This includes long-term care options. You can get services by calling your local ADRC on the phone, scheduling a home visit, or by visiting their office in person. The ADRC handles enrollment and disenrollment for the Partnership Program. Visit [www.dhs.wisconsin.gov/adrc](http://www.dhs.wisconsin.gov/adrc) for more information about ADRCs.

You can contact your local ADRC as listed below.

### **Brown County ADRC**

**CALL** 1-920-448-4300

**TTY** WI Relay 711

### **Columbia County ADRC**

**CALL** 1-888-742-9233    Calls to this number are free.

**TTY** WI Relay 711

### **Dane County ADRC**

**CALL** 1-855-417-6892    Calls to this number are free.

**TTY** WI Relay 711

### **Dodge County ADRC**

**CALL** 1-800-924-6407    Calls to this number are free.

**TTY** WI Relay 711

### **Fond du Lac County ADRC**

**CALL** 1-888-435-7335    Calls to this number are free.

**TTY** WI Relay 711

**Jefferson County ADRC**

**CALL** 1-866-740-2372    Calls to this number are free.  
**TTY** WI Relay 711

**Manitowoc County ADRC**

**CALL** 1-877-416-7083    Calls to this number are free.  
**TTY** WI Relay 711

**Ozaukee County ADRC**

**CALL** 1-866-537-4261    Calls to this number are free.  
**TTY** WI Relay 711

**Sauk County ADRC**

**CALL** 1-877-794-2372    Calls to this number are free.  
**TTY** WI Relay 711

**Washington County ADRC**

**CALL** 1-877-306-3030    Calls to this number are free.  
**TTY** WI Relay 711

**Waukesha County ADRC**

**CALL** 1-866-677-2372    Calls to this number are free.  
**TTY** WI Relay 711

**Winnebago County ADRC**

**CALL** 1-877-886-2372    Calls to this number are free.  
**TTY** WI Relay 711

## FoodShare Wisconsin

FoodShare helps people with limited money buy the food they need for good health. Every month, people all over Wisconsin get help from FoodShare. The program helps people of all ages who have low-income jobs, live on a small or fixed income, have lost their jobs, are retired, or have a disability and can't work.

Method	FoodShare Wisconsin
<b>CALL</b>	QUEST Card Service at 877-415-5164 <ul style="list-style-type: none"><li>• Get general information about your QUEST card.</li><li>• Report that you did not get a QUEST card.</li><li>• Report a lost, stolen, or damaged QUEST card.</li><li>• Get your current account balance.</li></ul>
<b>TTY</b>	711 (Wisconsin Relay) Calls to this number are free.
<b>WEBSITE</b>	<a href="https://www.dhs.wisconsin.gov/foodshare/eligibility.htm">https://www.dhs.wisconsin.gov/foodshare/eligibility.htm</a>

## Chapter 2. Introduction to Family Care Partnership

### Welcome to My Choice Wisconsin

Welcome to My Choice Wisconsin, a managed care organization (MCO) that runs the Family Care Partnership program (also known as Partnership). Partnership is a Medicaid program that helps elders and adults with physical, developmental, or intellectual disabilities. People in the program receive services to help them live in their own home whenever possible. Partnership is funded by state and federal tax dollars.

This handbook will give you the information you need to:

- Learn the basics of Partnership.
- Become familiar with the medical care and long-term care services in the benefit package.
- Discover which services Partnership covers.
- Know your rights and responsibilities.
- File a grievance or appeal if you have a problem or concern.

If you would like help in reviewing this handbook, please contact your care team. Your care team's contact information is on page 1.

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

The end of this document (page 66) has definitions of important words. These definitions can help you understand the words and phrases used in this handbook.

### Your membership cards

You will get a ForwardHealth card from Wisconsin Medicaid. You will need your ForwardHealth card to get your prescription drugs. If your ForwardHealth card is damaged, lost, or stolen, call ForwardHealth Member Services at 800-362-3002 right away to ask for a new card.

When you join Partnership, you will get a Partnership membership card. **You must show your membership card whenever you get services.**

Always carry your Partnership member card with you and show it every time you get care. You may have problems getting health care or long-term care services if you do not have your card with you. If you get services using a different insurance card while you are a Partnership member, **you may have to pay the full cost yourself.**

If your Partnership membership card is damaged, lost, or stolen, contact Customer Service at 1-800-963-0035. Here is a sample Partnership membership card.

 NAME: «FIRSTNAME» «LASTNAME» EFFECTIVE DATE: «EFFDATE»      PAYOR ID: 27004 ID NUMBER: «IDNUMBER»      GROUP #: «GROUPNUMBER» Rx BIN      - 012312 PCN      - PARTD	<p>Health care services must be authorized in advance by My Choice Wisconsin Health Plan, Inc. Prior authorization is not necessary for urgently needed care when out of the service area or for emergency care in or out of the service area. Notify My Choice Wisconsin Health Plan, Inc. within 24 hours of receiving such services.</p> <p><b>Provider: For prior authorization, call: (800) 963-0035</b></p> <p><b>For Supplemental Vision and Dental authorization, benefit information and claims submission call (800) 963-0035</b></p> <p><b>Send Billing Claims to: My Choice Wisconsin Health Plan PO Box 22689, Dallas, TX 75222-6897</b></p> <p><b>My Choice Wisconsin Provider Help Desk: (855) 878-6699</b></p> <p><b>Pharmacy claims processed by Elixir: (844) 550-6814</b></p> <hr/> <p><b>My Choice Wisconsin Customer Service:</b> <b>(800) 963-0035, WI Relay 711</b> <b><a href="http://www.mychoicewi.org">www.mychoicewi.org</a></b></p> <p><small>This card must be presented when requesting services.</small></p>
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## How can the Partnership program help me?

A main goal of Partnership is to ensure that you are safe and supported at home. When you live in your own home or in your family's home, you have more power over your life. You can decide when to do certain things, such as when to wake up and eat meals, and how to plan your day.

When you join Partnership, we will talk with you about what services will help you live as independently as possible. Help with bathing, transportation, housekeeping, and home delivered meals are some of the services we offer. This might include building a wheelchair ramp or using a medical alert system.

We also cover medical care, including laboratory tests and dental care. (See Chapter 4 for a list of covered services.)

Partnership provides care management and a range of services designed to meet your needs. We will make sure you get the care you need to be healthy and safe. We will also help you maintain ties with your family, friends, and community.

If you are a young adult preparing to move out on your own, My Choice Wisconsin can help you become more independent. For example, we can help you develop the skills you need to find a job or learn how to prepare your own meals.

### Partnership:

- Can improve or maintain your quality of life.
- Helps you live in your own home or apartment, among family and friends.
- Involves you in decisions about your care and services.
- Maximizes your independence.

## Who will help me?

When you become a Partnership member, you will work with a care team of professionals from My Choice Wisconsin. You are a central part of your care team, and **you should be involved in every part** of planning your care.

Your care team will include **you** and:

- A nurse practitioner
- A registered nurse
- A care manager
- Other professionals, depending on your needs, such as your doctor, an occupational or physical therapist, or a mental health specialist.
- Anyone you want to be involved, including family members or friends

Your care team plans and oversees your care across all settings, from your home to the hospital.

The job of your care team is to work with you to:

- Identify your strengths, resources, needs, and preferences.
- Develop a care plan that includes the help you need.
- Make sure the services Partnership provides meet your needs and are cost-effective.
- Ensure the services in your plan are provided to you.
- Make sure your care plan continues to work for you.

Let your care team know if you need any help taking part in the process.

My Choice Wisconsin encourages family members, friends, and other people that are important to you to be involved in your care. Partnership does not replace the help you get from your family, friends, or others in the community. We will work with you to build on these important relationships. We can also help find resources in your community that can assist you, such as libraries, senior centers, and churches.

When needed, we can also help find ways to strengthen your support network. For example, if the people who help you need a break, we can provide respite services. Respite provides a temporary break for your caregivers to give them time to relax and maintain their own health.

## What does it mean to be a member?

As a member of My Choice Wisconsin's Partnership program, you and your care team will work together to make decisions to support your health and lifestyle. Together you will make the best possible choices to support you.

You will receive your health care and long-term care services from My Choice Wisconsin providers. When you join Partnership, we will give you a list of providers who have agreed to work with us. You and your care team will work together to choose providers that best support your needs.

My Choice Wisconsin believes our members should have personal choice when receiving services. Choice means having a say in how and when you get your services. Being a member and having personal choice also means you are responsible for helping your care team find the most cost-effective ways to support you.

My Choice Wisconsin is responsible for meeting the health and long-term care needs of **all** of our members. We can only do that if all of our members help us develop care plans that not only work but are also reasonable and cost-effective. By working together, we can make sure Partnership remains available to other people who need our services.

## **Who can be a member of My Choice Wisconsin?**

It is your choice whether to enroll in My Choice Wisconsin. To be eligible for Partnership you must meet all of the following requirements:

- Be an adult with a physical, intellectual, or developmental disability, or be age 65 or older.
- Be a resident of our service area (see below for the list of counties in our service area).
- Be financially eligible.
- Be functionally eligible with a nursing home level of care, as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- Sign an enrollment form.

Our service area includes these counties in Wisconsin:

- |            |               |              |
|------------|---------------|--------------|
| • Brown    | • Fond du Lac | • Sauk       |
| • Columbia | • Jefferson   | • Washington |
| • Dane     | • Manitowoc   | • Waukesha   |
| • Dodge    | • Ozaukee     | • Winnebago  |

If you plan to move out of the service area, you must notify your care team. If you move outside of our service area, you may not be able to stay enrolled with My Choice Wisconsin's Partnership program.

## **Requirements to stay enrolled**

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

- **Financial eligibility** means eligibility for Medicaid (also known as Medical Assistance, MA, or Title 19). The income maintenance agency looks at an individual's income and assets to determine if the person is eligible for Medicaid. If you are not financially eligible for Medicaid, you may have to pay a monthly cost share to remain eligible for the Partnership program. Your county income maintenance agency determines your cost share amount. The income maintenance agency will review your financial eligibility and cost share at least once a year to make sure you are still financially eligible for Partnership.
- **Functional eligibility** is related to a person's health and need for help with such things as bathing, getting dressed, and using the bathroom. The ADRC will tell you if you are functionally eligible for Partnership. Your care team will review your functional eligibility at least once a year to make sure you are still eligible.

## How do I become a member?

If you are not already a member but are interested in becoming a member of My Choice Wisconsin, please call or visit the ADRC in your area. The address and phone number of your local ADRC is on pages 13-14.

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

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

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

You will also speak with an income maintenance worker. This person will determine if you meet financial eligibility for the Partnership program.

## How does Partnership work?

When you enroll in Partnership, you and your care team will assess your needs, strengths, and preferences. Part of this process is for you to tell your care team about the kind of life you want to live and the support you need to live the kind of life you want. This gives your care team a clear understanding of what is important to you.

## Identify My Personal Experience Outcomes

During the assessment, your care team will help you identify your personal experience outcomes. These outcomes are the goals you have for your own life, and they include:

- Input on:
  - Where and with whom to live
  - Needed supports and services
  - Your daily routines
- Personal experience—having:
  - Interaction with family and friends
  - A job or other meaningful activities
  - Community involvement
  - Stability
  - Respect and fairness
  - Privacy
- Health and safety—being:
  - Healthy
  - Safe
  - Free from abuse and neglect

Only you can tell your care team what is important to you. **You** define what these outcome statements mean to you and your life. For example, a person might want to:

- Be healthy enough to enjoy visits with grandchildren.
- Have a paid job.
- Be independent enough to live in your own apartment.

You have a right to expect that your care team will work with you to identify your personal experience outcomes. Before My Choice Wisconsin buys services for you, your care team has to consider which services support your needs best and are the most cost-effective. This does not mean My Choice Wisconsin will always provide services to help you achieve your outcomes. **The things you do for yourself and the help you get from your family, friends, and others will still be a very important part of the plan to support your outcomes.**

### Identify My Long-Term Care Outcomes

During the assessment process, you and your care team will also identify your **long-term care outcomes**. This helps you and your care team know which services will meet your long-term care needs. Long-term care outcomes are those things Partnership can help you achieve to have the kind of life you want. For example,

- Being able to get your daily needs met.
- Getting what you need to stay safe, healthy, and as independent as possible.

Having these things in place will let you focus on the people and activities that are most important to you. For example, getting help to dress or take a bath may also help a person feel well enough to go to work or visit family and friends.

Your care team will develop a care plan that will help you move toward the outcomes that you and your care team identify during the assessment process.

## **What should be in my care plan?**

Your care plan will include and be clear about:

- Your physical health needs and your ability to perform certain tasks and activities (such as eating and dressing).
- Your strengths and preferences.
- Your personal experience and long-term care outcomes.
- The services you will receive.
- Who will provide you with each service.
- The things you are going to do yourself or with help from family, friends, or other resources in your community.

Your care team will ask you to sign your care plan, which shows that you participated in its development. You will get a copy of your signed plan. If you are not happy with your plan, there are grievance and appeal procedures available to you. (See Chapter 8 for more information.)

Your care team will be in contact with you on a regular basis to talk about how you are doing and check if your services are helping you. Your care team is required to meet with you in person regularly. Your care team may meet with you more often if there is a need for more frequent visits.

## **How does Partnership help me manage my services?**

My Choice Wisconsin strives to respect the choices of our members. For example:

- Living arrangement, daily routine and support services of your choice are examples of the outcome categories Partnership supports. You will say what is important to you in these outcome areas. You will work with your care team to find reasonable ways to support your outcomes. If you do not think your care plan offers reasonable supports for your outcomes, you can file a grievance or appeal.
- If you ask, we will consider using a provider we do not usually use.
- For providers that come to your home or provide intimate personal care, we will, at your request, purchase services from any qualified provider you choose, including a family

member. **The provider must meet our requirements, accept our rates, and enter into a contract with My Choice Wisconsin.**

- You have a right to change to a different care team up to two times per calendar year. You do not have to say why you want a different care team. My Choice Wisconsin may not always be able to meet your request or give you the specific care team you want.
- You may choose to self-direct some of your services.

## **What are self-directed supports (SDS)?**

You can choose the self-directed supports (SDS) option if you want to manage some of your long-term care services. Choosing SDS means you will have more say in how and from whom you receive your long-term care services. It is an option you can use if you want to have more responsibility and be more involved in the direction of your own services.

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

Though often used for in-home care, SDS can also be used outside of the home for services such as transportation and personal care at your workplace. You are not able to self-direct all of your services. For example, you cannot self-direct residential care services or medical care such as lab tests or x-rays. Your care team can tell you which services can be self-directed in Partnership.

You can choose how much you want to participate in SDS. It is not an “all or none” approach. You can choose to direct one or more of your services. For example, you could choose to self-direct services that help you stay in your home or help you find and keep a job. Then you could work with your care team to manage services aimed at other outcomes in your care plan.

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

If you are interested in SDS, please ask your care team for more information about the benefits and limitations of SDS.

## Chapter 3. Things to know about getting your services

### How are services selected and authorized?

In most cases, your care team must approve services **before** you receive them. **My Choice Wisconsin is generally not required to pay for services you receive without our prior approval. If you arrange for services yourself without your care team’s approval, you may have to pay for them.** Please talk with your care team if you need a service that is not already approved and in your care plan.

Note: If you are considering moving to an assisted living facility or nursing home, please see Chapter 5. My Choice Wisconsin will only authorize residential services in certain situations.

My Choice Wisconsin is responsible for supporting your outcomes, but we also have to consider **cost when planning your care and choosing providers to meet your needs.**

To do this, your care team will use the Resource Allocation and Decision process or RAD as a guide in making decisions about services.

### About the Resource Allocation Decision process

The RAD is a step-by-step tool you and your care team will use to find the most effective and efficient ways to meet your needs and support your outcomes.

Cost-effectiveness is an important part of the RAD process. Cost-effectiveness means effectively supporting your outcomes at a reasonable cost and effort. For example, if two different providers offer the services you need, My Choice Wisconsin will purchase the more appropriate service.

You have the right to know and understand all your options, including how much things cost. Your responsibility is to talk with your care team about these options so you can make decisions together. This includes asking questions and sharing your opinions.

During the RAD process, you and your care team will talk about the services you need and explore the options available to meet your outcomes. This includes talking about how friends, family or others can help. Many times, you can achieve one or more of your outcomes without a lot of help from My Choice Wisconsin because family, friends or other people are able to help you. My Choice Wisconsin purchases services that your own supports cannot provide.

Our goal is to support the people in your life who are already helping you. These “natural supports” keep people that are important to you in your day-to-day life. Building on, instead of replacing, the help you get from your family and friends strengthens these invaluable relationships and helps My Choice Wisconsin pay for services where and when they are needed.

At the end of the RAD process, you and your care team will talk about how you can have more control in your life and if you are interested in self-directing your services. For more information about self-directing your services, see page 23.

Your care team will find service providers to help you. These providers must have a contract with My Choice Wisconsin. See page 26 for information about using our providers.

If you are unhappy with any provider, you have the right to request a new provider, but you must talk with your care team first. Your care team must authorize all services you receive.

## **What if my needs change?**

Your services may change over time as your health and life situation change. For example, your services may decrease if your physical health improves. If your needs increase, we will make sure you get the help you need to remain safe, healthy, and as independent as possible. One of our goals is to provide the right service, in the right amount and in the right place.

If your needs change, let your care team know. My Choice Wisconsin can provide more or less services based on your changing needs. Please know we are here to support you.

## **Important rules for getting your care and services.**

My Choice Wisconsin will generally cover your care and services as long as:

- 1.) The services support your outcomes.
- 2.) The services are the most cost-effective way to support your outcomes.
- 3.) The services are included in your care plan and approved by your care team.
- 4.) The care you receive is included in the Partnership benefit package. (See Chapter 4)
- 5.) The care you receive is medically necessary. “Medically necessary” means health and long-term care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards.
- 6.) The primary care provider (PCP) who is providing and overseeing your care is a network PCP. If you are an American Indian or Alaska Native, you can choose to see an Indian health care provider outside of our network.
- 7.) The care you receive is from a network provider. In **most** cases, we will not cover services you get from an out of network provider.

**There are some exceptions to this rule:**

- The Partnership program covers emergency care or urgently needed care that you get from an out-of-network provider.
- If you need medical care that our plan covers and the providers in our network cannot provide this care, or are located too far from where you live, you can get this care from an out-of-network provider. You must get authorization from your care team prior to seeking care.
- If you are an American Indian or Alaska Native, you can get covered services from an Indian health care provider outside of our network.

**How do I use the provider network?**

You and your care team will select your providers from our “provider network.” The list of the providers we have contracts with is on our website at [www.mychoicewi.org](http://www.mychoicewi.org). We call this the Provider Network Directory. The Provider Network Directory on our website is updated at least every 30 days and is available in alternate formats and languages. If you want a paper copy of the Provider Network Directory, you can request a copy from your care team.

The provider directory lets you know about the abilities of our providers. For example, providers who have staff that speak a certain language or understand a particular ethnic culture or religious belief. Your care team can also tell you if the provider’s office is accessible.

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

**Why do I need to know which providers are part of our network?**

It is important to know the providers in our network because while you are a member of our plan you must use network providers to get your medical care and long-term care services.

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

*You do NOT need to contact your care team or get prior authorization in an emergency.*

## What is a Primary Care Provider (PCP)?

Your PCP is the provider who collaborates with your care team and our plan to oversee your health care. When you become a member of Partnership, you must choose a network provider to be your PCP. If you are an American Indian or Alaska Native, you can choose to see an Indian health care provider outside of our network.

Talk with your care team about choosing and receiving care from your PCP. You will see your PCP for most of your routine health care needs.

You may choose a PCP by using the Provider Network Directory, by getting help from Customer Service or your care team. PCPs do not always accept new patients. You may keep your current PCP if the provider is part of our network. You can tell us your choice of PCP by calling your care team. If there is a particular specialist or hospital that you want to use, be sure to ask if your PCP makes referrals to that specialist or uses that hospital.

## How do I change my PCP?

You may change your PCP for any reason, at any time.

To change your PCP, call your care team. When you call, be sure to tell your care team if you are seeing specialists or getting other covered services that needed your PCP's approval (such as home health services and durable medical equipment). Your care team will tell you when the change to your new PCP will take effect.

## What kinds of medical care can I get without prior approval from my care team?

You can get the services listed below without getting prior approval from your care team.

- Routine women's health care, which includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams as long as you get them from a network provider.
- Flu shots **and** pneumonia vaccinations as long as you get them from a network provider.
- **Emergency services** from network providers or from out-of-network providers.
- Urgently needed care from in-network providers or from out-of-network providers when network providers are unavailable or inaccessible, e.g., when you are temporarily outside of the plan's service area.
- Family planning services.

## How do I get care from specialists and other network providers?

A specialist is a doctor who provides health care services for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- Oncologists, who care for patients with cancer.
- Cardiologists, who care for patients with heart conditions.
- Orthopedists, who care for patients with certain bone, joint, or muscle conditions.

Contact your care team if you need health care from a specialist. You may need to get prior authorization from your care team.

## What if a specialist or another network provider leaves the plan?

Sometimes a specialist, clinic, hospital, or other network provider you are using might leave the plan. If this happens, you will have to switch to another provider who is part of our plan. If your provider leaves our plan, we will let you know and help you choose another provider so that you can keep getting covered services.

## How do I get my prescription drugs?

**If you have Medicare**, My Choice Wisconsin will cover your prescription drugs. The pharmacies in our network are listed at [www.mychoicewi.org](http://www.mychoicewi.org).

**If you do not have Medicare**, Wisconsin Medicaid covers your prescription drugs. You must go to a Medicaid certified pharmacy. You can ask the pharmacy if they accept Medicaid. You can also search for pharmacies on the interactive Medicaid provider search <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Public/DirectorySearch.aspx>.

If you are not sure if you have Medicare, please ask your care team for help.

## How do I get care if I have a medical emergency?

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

*You do NOT need to contact your care team or get prior authorization in an emergency.*

An emergency means you believe your health is in serious danger. An emergency could be a sudden illness, suspected heart attack or stroke, a broken bone, or a severe asthma attack.

If you have a medical emergency:

- **Get help as quickly as possible.** Call 911 for help or go to the nearest emergency room, hospital, or urgent care center. Call for an ambulance if you need it. You do **not** need to get approval or a referral first from your PCP.
- **Please make sure that our plan has been told about your emergency.** We need to follow up on your emergency care. You or someone else should call to tell us about your emergency care, usually within 48 hours. Call the number on the back of your Partnership membership card.

## What is covered if I have a medical emergency?

You may get emergency medical care whenever you need it, anywhere in the United States or its territories. Our plan covers ambulance services in situations where getting to the emergency room in any other way could endanger your health. For more information, see the Benefits Chart in Chapter 4.

If you have an emergency, we will talk with the doctors who are giving you emergency care to help manage and follow up on your care. The doctors who are giving you emergency care will decide when your condition is stable, and the medical emergency is over.

After the emergency is over, you may need follow-up care to be sure your condition continues to be stable. If you get your emergency care from an out-of-network provider, we will try to arrange for network providers to take over your care as soon as your medical condition allows.

Whenever possible, you must use our network providers when you are in the plan's service area, and you have an urgent need for care. (For more information about the plan's service area, see Chapter 2.)

## What if it wasn't a medical emergency?

Sometimes it can be hard to know if you have a medical emergency. For example, you might go in for emergency care – thinking that your health is in serious danger – and the doctor may say that it was not a medical emergency after all.

If it turns out that it was not an emergency, as long as you reasonably thought your health was in serious danger, we will cover your care.

However, after the doctor has said that it was **not** an emergency, we will cover follow-up care **only** if you get the additional care in one of these two ways:

- You go to a network provider to get the additional care.
- or -

- The additional care you get is considered “urgently needed care” and you follow the rules for getting this urgent care (for more information about this, see below).

## What is “urgently needed care?”

“Urgently needed care” is a non-emergency, unforeseen medical illness, injury, or condition, that requires immediate medical care. The unforeseen condition could be an unforeseen flare-up of a known condition that you have (for example, a flare-up of a chronic skin condition).

## What if I am *in* the plan’s service area when I have an urgent need for care?

In most situations, if you are in the plan’s service area, we will cover urgently needed care **only** if you get this care from a network provider and follow the other rules described earlier in this chapter. However, if network providers are unavailable or inaccessible, we will cover urgently needed care that you get from an out-of-network provider.

## What if I am *outside* the plan’s service area when I have an urgent need for care?

When you are outside the service area and cannot get care from a network provider, our plan will cover urgently needed care that you get from an out of network provider.

**Our plan does not cover urgently needed care or any other care you receive outside of the United States or its territories.**

## How do I receive help after normal business hours?

If you have an urgent need or questions about urgently needed care that cannot wait until the next business day, call 1-800-963-0035 or 711 (Wisconsin Relay). On-call staff are available 24 hours a day, seven days a week. The on-call staff can temporarily authorize needed services to continue until the next business day. Your care team will follow up with you to determine whether the services should continue.

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

If you are going to be out of My Choice Wisconsin service area and you want to keep getting services while you are gone, you must **notify your care team as soon as possible**. (For more information about the plan’s service area, see Chapter 2.)

My Choice Wisconsin will work with the income maintenance agency to find out if your absence will change your county residence.

- If the income maintenance agency informs you that you will **not be considered a resident** of a county served by My Choice Wisconsin, contact the ADRC in the county you are moving to. The ADRC can tell you about the programs available in that county.
- If you will **still be considered a resident**, My Choice Wisconsin will work with you to plan a cost-effective way to support your needs and keep you healthy and safe while you are gone.

If My Choice Wisconsin believes it cannot develop a cost-effective plan that meets your needs while you are out of our service area, we can ask the state to disenroll you from the program. If the state disenrolls you, you will be able to challenge this decision with the appeal process. (See Chapter 8 for more information.)

My Choice Wisconsin does not pay for care if you permanently move out of the service area. **If you are planning a permanent move, contact your care team as soon as possible.** Your team can help you plan for medical care in your new area.

## Chapter 4. The Partnership benefit package

### What Medicaid services are provided?

Partnership provides health care and long-term care services. The list of services we provide is called the “Partnership Benefit Package.”

**If you have Medicare, see your *Evidence of Coverage* for the full Partnership benefit package. This section only discusses the Medicaid benefits available to you.**

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

Please note that:

- Some members may have to pay a cost share to remain eligible for Partnership. See Chapter 5 for more information.
- My Choice Wisconsin will only cover residential services and nursing homes stays in certain situations. See Chapter 3 for more information.
- Only certain services in the benefit package are eligible for self-direction. Ask your care team if you would like more information.

**Your care team must approve all services before you receive them.**

The services listed in the table below are available if they are:

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

Your services may be in person or through telehealth.

My Choice Wisconsin covers live two-way telehealth over video or telephone (audio) for services that your provider can deliver at the same quality as in-person services. Some services that are covered through telehealth are doctor office visits, mental health/substance abuse services, dental consultations, and more. Your provider cannot provide some services over telehealth, like services where the provider needs to touch or physically examine you.

Both you and your provider must agree to a telehealth visit. You always have a right to refuse a telehealth visit and request an in-person appointment instead. Your Partnership benefits and care

will not be impacted if you refuse telehealth services. If you request an in-person visit and your provider only offers telehealth visits, your provider may refer you to a different provider.

My Choice Wisconsin and Wisconsin Medicaid providers are required to follow privacy and security laws when providing services over telehealth.

The services our plan does not cover are listed at the end of this chapter.

Talk with your care team if you have any questions about covered services.

## **Partnership Medicaid benefit package**

**Your care team must authorize most of the services listed in the benefit package chart. If you get services that are not authorized, you may have to pay for them yourself.**

Partnership covers the following services:

- Alcohol and other drug abuse (AODA) services
- Audiology
- Adaptive aids
- Adult day care services
- Assistive technology/communication aids
- Care/ Case management
- Chiropractic
- Consultative clinical and therapeutic services for caregivers
- Consumer education and training services
- Counseling and therapeutic services
- Dental services
- Diagnostic testing services
- Dialysis services
- Drugs
- Durable medical equipment and medical supplies
- Environmental accessibility adaptations / Home modifications
- Financial management services
- Habilitation Services:
  - Daily living skills training
  - Day habilitation services
  - Prevocational services
- Home care services (Home health, nursing, and personal care)
- Home delivered meals
- Hospice care services
- Hospital services
- Housing counseling

- Medicare deductible and coinsurance
- Mental health services
- Nursing home services.
- Personal Emergency Response Systems
- Physician services
- Podiatry services
- Respiratory care for ventilator-assisted recipients
- Supported employment
  - Individual employment support
  - Small group employment support
- Relocation services
- Residential services
- Residential Care
  - Adult family homes of 1-2 beds
  - Adult family homes of 3-4 beds
  - Community-based residential facilities (CBRF)
  - Residential care apartment complexes (RCAC)
- Respite care
- Self-directed personal care services
- Self-directed Supports (SDS)
- Skilled Nursing services RN/LPN
- Specialized medical equipment and supplies
- Support broker
- Supportive home care
- Therapy – physical therapy, occupational therapy and speech and language pathology services
- Training services for unpaid caregivers
- Transportation, emergency services
- Transportation, non-emergency specialized transportation
  - Community transportation
  - Other transportation
- Vision care services
- Vocational futures planning and support

### **Prescription Drugs**

**If you do not have Medicare**, you will get your prescription drugs from Wisconsin Medicaid with your ForwardHealth card. You should show the pharmacy your ForwardHealth card.

### **Available through ForwardHealth**

The following services are **not in the Partnership benefit package**, but are available to you through your ForwardHealth card:

- Behavioral treatment services

- Comprehensive community services
- Community recovery services
- Prenatal care coordination
- School-based services
- Medication therapy management
- Tuberculosis-related services

## **Services *not* covered**

### **Partnership does not cover the following items and services:**

- Services that your care team hasn't authorized or are not included in your care plan.
- Services or supports that are not necessary to support your outcomes.
- Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies, and insurance.
- Personal items in your room at an assisted living facility or a nursing home, such as a telephone or a television.
- Room and board in residential housing.
- Guardianship fees.

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

### Will I pay for any services?

You are not required to pay for any covered services in the Partnership benefit package that are identified in your care plan, and you follow the plan's rules for getting your care. See Chapter 3 for the rules you must follow. You are responsible for paying the full cost of services that are not covered by our plan, if they:

- Are not covered services in the benefit package, or
- Were obtained without prior approval.

If you have questions about whether we will pay for any service, you have the right to ask us about coverage before you receive the service. If we say we will not cover the service, you have the right to appeal our decision.

You may have to pay the following each month:

- Cost share
- Room and board

Cost share and room and board are two different things. It's possible you will have to pay for both.

#### Cost Share

Some members have to make a monthly payment to remain eligible for Partnership. This monthly payment is known as a **cost share**. Cost share is based on a member's income and certain expenses. Certain expenses may lower a cost share. Your care team can explain the types of expenses that may reduce a cost share and receipts that should be kept.

If you have a cost share, you will receive a bill from My Choice Wisconsin every month. Although you mail your payment to My Choice Wisconsin, the income maintenance agency determines the amount you must pay each month.

The amount of cost share will be looked at once a year, or anytime income changes. **You are required to report all income and asset changes to your care team and the income maintenance agency within 10 days of the change.** Assets include things like cars, checking and savings accounts, and cash value of life insurance.

Failure to pay your monthly cost share may result in the loss of eligibility for Partnership. If you think your cost share is incorrect, you can file an appeal with the Wisconsin Division of Hearings and Appeals. (See Chapter 8. Grievances and appeals for more information)

If you have questions about your cost share, contact your care team.

### **Cost Share Reduction**

If you are unable to pay your monthly cost share because of your necessary living expenses, you may qualify for a reduction of your cost share amount. Necessary living expenses include mortgage payments, rent, home or renter's insurance, property taxes, utilities, food, clothing, hygiene items, and the cost of operating and maintaining a vehicle.

To request a reduction of your cost share, you must complete an "Application for Reduction of Cost Share." Your care team can give you an application or you can get it online at [www.dhs.wisconsin.gov/library/f-01827.htm](http://www.dhs.wisconsin.gov/library/f-01827.htm).

Along with the application, you will need to submit proof of your monthly income, your monthly expenses, and the cost share amount you pay to My Choice Wisconsin each month. The application tells you what kind of proof is needed and gives examples of the types of documents you will need to provide.

If you need help completing the application, you can get help, free of charge, from an Ombudsman. Contact information for the Partnership Ombudsman program is listed in Chapter 1. Important phone numbers and resources.

### **Room and Board**

You will be responsible to pay for room and board (rent and food) costs if you are living in an adult family home, community-based residential facility, or residential care apartment complex.

My Choice Wisconsin will pay for the care and supervision portion of your services. We will tell you how much your room and board will cost, and we will send you a bill each month.

If you have questions about room and board, or cannot make a payment, contact your care team. Your care team can help you get more information about room and board and discuss your options if you feel you cannot afford room and board. Your care team may be able to help you find a facility that meets your needs at a more affordable rate.

## **How do I make a payment?**

You can pay by check or money order. Send payments to:

My Choice Wisconsin  
PO Box 6789  
Carol Stream, IL 60197

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

## **What if I get a bill for services?**

You do not have to pay for services that your care team authorizes as part of your care plan. If you receive a bill from a provider, do not pay it. Instead, contact your care team so they can help.

If we decide that the service is **not** covered, or you did **not** follow all the rules, we will not pay for the service. Instead, we will send you a letter that explains the reasons why we are not sending the payment and your rights to appeal that decision.

## **Does Partnership pay for residential services or nursing homes?**

An important goal of My Choice Wisconsin Partnership is to help members live as independently as possible. All people – including people with disabilities and seniors – should be able to live at home with the support they need, participating in communities that value their contributions.

Studies and surveys show that most people want to live in their own home or apartment, among family and friends. Many Partnership long-term care services can be provided at home and living at home is usually the most cost-effective option.

The Partnership benefit package includes residential care services and nursing home stays. However, moving from home to a care facility or nursing home should be a “last resort.”

Your care team will authorize residential care or nursing home stays only when:

- Your health and safety cannot be assured in your home; or
- Your long-term care outcomes cannot be cost-effectively supported in your home; or
- Moving into a facility is the most cost-effective option for supporting your long-term care outcomes.

Even if residential care is the only option, you may not be able to stay at or move to the facility you want. That facility may not have a contract with My Choice Wisconsin or may not be willing to accept the rate we pay. My Choice Wisconsin cannot force providers to accept our rates.

If you are living in your own home and you and your care team agree that you should no longer live there, you will decide about residential services together.

You and your care team are responsible for finding the most cost-effective residential options within My Choice Wisconsin’s provider network. Your care team will continue to work with you while you are in a residential facility or nursing home.

**Your care team must authorize all residential services.** It is very important that you do not select a residential provider on your own. You must work with your care team to make sure My Choice Wisconsin will pay for these services.

**You will be required to pay the rent and food portion of the facility's cost. These costs are called "room and board" expenses.**

## **How are my other insurance benefits coordinated?**

When you enroll in My Choice Wisconsin, we will ask you if you have insurance other than Medicaid. (Medicaid is also known as known as Medical Assistance, MA, or Title 19.) Other insurance could include Veterans benefits (VA), pension plan health coverage, and private health insurance.

It is important that you give us information about other insurance you have. **If you choose not to use your other insurance, we may refuse to pay for any services they would have covered.** Before Medicaid, including Partnership, pays for services, other insurance must be billed first. My Choice Wisconsin expects members to:

- Let us know if you have other insurance.
- Update us if there are changes to your other insurance.
- Let us know if you receive a payment from an insurance company, since you may have to reimburse My Choice Wisconsin. How you handle these payments may affect your eligibility for Partnership.

## **Medicare**

If you are enrolled in Medicare, you must enroll in the Partnership Medicare plan.

If you are eligible for Medicare and you do not currently have Medicare because you feel you cannot afford it, talk to your care team. Your care team may be able to find a program that will help you pay for Medicare premiums.

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

Medicaid estate recovery applies to all Medicaid services you receive from My Choice Wisconsin.

Through estate recovery, the state seeks to be paid back for the cost of all Medicaid services. Recovery is made from your estate, or your spouse's estate, after both of you have died. The money recovered goes back to the state to be used to care for others in need.

Recovery is made by filing claims on estates. The state will not try to be paid back from your estate when your spouse or child with a disability is still alive. Recovery will happen after their death.

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

Toll-free: 800-362-3002  
TTY: 711 or 800-947-3529  
Website: [www.dhs.wisconsin.gov/medicaid/erp.htm](http://www.dhs.wisconsin.gov/medicaid/erp.htm)

## Chapter 6. Your rights

We must honor your rights as a member of My Choice Wisconsin.

- 1.) **We must provide information in a way that works for you.** To get information from us in a way that works for you, please contact your care team.
- 2.) **We must treat you with dignity, respect, and fairness at all times.** You have the right:
  - To get compassionate, considerate care from My Choice Wisconsin staff and providers.
  - To get your care in a safe, clean environment.
  - To not have to do work or perform services for My Choice Wisconsin.
  - To be encouraged and helped in talking to My Choice Wisconsin staff about changes in policy that you think should be made or services that you think should be provided.
  - To be encouraged to exercise your rights as a member of My Choice Wisconsin.
  - To be free from discrimination. My Choice Wisconsin must obey laws that protect you from discrimination or unfair treatment. We do not discriminate based on a person's race, mental or physical disability, religion, gender, gender identity, sexual orientation, health, ethnicity, creed (beliefs), age, national origin, or source of payment.
  - To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. This means you have the right to be free from being restrained or forced to be alone in order to make you behave in a certain way or to punish you or because someone finds it useful.
  - To be free from abuse, neglect, and financial exploitation.
    - **Abuse** can be physical, emotional, financial, or sexual. Abuse can also be if someone gives you a treatment such as medication, or experimental research without your informed consent.
    - **Neglect** is when a caregiver fails to provide care, services, or supervision which creates significant risk of danger to the **individual**. Self-neglect is when an individual who is responsible for his or her own care fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.

- **Financial exploitation** can be fraud, enticement or coercion, theft, misconduct by a fiscal agent, identity theft, forgery, or unauthorized **use** of financial transaction cards including credit, debit, ATM and similar cards.

**What can I do if I am experiencing abuse, neglect, or financial exploitation?**

Your care team is available to talk with you about issues that you feel may be abuse, neglect, or financial exploitation. They can help you with reporting or securing services for safety. You should always call 911 in an emergency.

If you feel that you or someone you know is a victim of abuse, neglect, or financial exploitation, you can contact Adult Protective Services. Adult Protective Services help protect the safety of seniors and adults-at-risk who have experienced abuse, neglect or exploitation. They also help when a person is unable to look after his or her own safety due to a health condition or disability.

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

**Brown County**

Brown County Health and Human Services Department

Hours: 8:00 a.m.- 4:30 p.m.

Phone: (920) 448-7885

After-hours phone: (920) 436-8888

**Columbia County**

Aging and Disability Resource Center of Columbia County

Hours: 8:00 a.m. - 4:30 p.m.

Phone: (608) 742-9233

Toll-free: 888-742-9233

After-hours phone: (608) 742-4166

**Dane County**

Dane County Department of Human Services

Hours: 7:45 a.m. - 4:30 p.m.

Phone: (608) 261-9933

After-hours phone: (608) 255-6067

**Dodge County**

Dodge County Human Service & Health Department

Hours: 8:00 a.m. - 4:30 p.m.

Phone: (920) 386-3580

After-hours phone: 888-552-6642

**Fond du Lac County**

Fond du Lac County Department

Hours: 8:00 a.m. - 4:30 p.m.  
Phone: 888-435-7335  
After-hours phone: (920) 929-3466

**Jefferson County**

Jefferson County Human Service Department  
Hours: 24 hours  
Phone: (920) 674-3105

**Manitowoc County**

Manitowoc County Human Services Department  
Hours: 8:00 a.m. - 4:30 p.m.  
Phone: (920) 683-4230  
After Hours Phone: 888-552-6642

**Ozaukee County**

Ozaukee County Department of Human Services  
Hours: 8:30 a.m. - 5 p.m.  
Phone: (262) 284-8200  
After-hours phone: 911

**Sauk County**

Sauk County Department of Human Services  
Hours: 8:00 a.m. - 4:30 p.m.  
Phone: (608) 355-4200  
After-hours phone: 800-533-5692

**Washington County**

Washington County Department of Human Services  
Hours: 7:00 a.m. - 5:30 p.m.  
Phone: (262) 365-5757  
After-hours phone: (262) 365-6565

**Waukesha County**

Aging and Disability Resource Center of Waukesha County  
Hours: 8:00 a.m. - 4:30 p.m.  
Phone: (262) 548-7848  
After-hours phone: (262) 547-3388 or 211 (impact)

**Winnebago County**

Winnebago County Department of Human Services  
Hours: 8:00 a.m. - 4:30 p.m.  
Toll-free: 877-886-2372  
After Hours Crisis Hotline: (920) 233-7707 or 911

You may contact the numbers listed above 24 hours a day, seven days a week.

- 3.) **We must ensure that you get timely access to your covered services.** As a member of My Choice Wisconsin, you have a right to receive services listed in your care plan when you need them. Your care team will arrange for your covered services. Your team will also coordinate with your health care providers. Examples of these are doctors, dentists, and podiatrists. Contact your care team for help choosing your providers.

As a member of My Choice Wisconsin, you have the right to choose a primary care provider (PCP) in the provider network and receive the services listed in your care plan when you need them. Call My Choice Wisconsin to learn which doctors are accepting new patients. If you think that you are not getting services within a reasonable amount of time, talk to your care team. You may also refer to Chapter 8, which explains what you can do.

- 4.) **We must protect the privacy of your personal health information.** If you have questions or concerns about the privacy of your personal health information, please call your care team. See Appendix 3 for My Choice Wisconsin's Notice of Privacy Practices.

- 5.) **We must give you access to your medical records.** Ask your care team if you want a copy of your records. You have the right to ask My Choice Wisconsin to change or correct your records.

- 6.) **We must give you information about My Choice Wisconsin, our network of providers, and available services.** Please contact your care team if you want this information or go to our website [www.mychoicewi.org](http://www.mychoicewi.org).

- 7.) **We must support your right to make decisions about your care.**

- You have a right to know about all of your choices. This means you have the right to be told about all of the options that are available, what they cost and whether they are covered by Partnership. You can also suggest other services or supports that you think would meet your needs.
- You have the right to be told about any risks involved in your care.
- You have the right to say “no” to any recommended care or services.
- You have the right to get second medical opinions.
- You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means if you want, you can

develop an “**advance directive**.” There are different types of advance directives and different names for them. Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives. Contact your care team if you want to know more about advance directives.

- 8.) **You have the right to receive your Partnership services in places that let you be a true part of the community in which you live.** This is your right under the federal home and community-based services settings rule. The rule applies to the setting where you live and the settings outside of your home where you receive services during the day. My Choice Wisconsin has to make sure you receive your Partnership services in places that connect you to your community and support your independence. This means places that support your ability to:

- Live where you want to live.
- Participate in community life.
- Find and participate in work in the same way as other people in your community.
- Control your schedule.
- Access and control your money.
- Decide who to see and when to see them.
- Maintain your privacy.

If you have concerns about the places in which you receive services, you can contact your care team.

- 9.) **You have the right to file a grievance or appeal if you are dissatisfied with your care or services.** Chapter 8 includes information about what you can do if you want to file a grievance or appeal.

## Chapter 7. Your responsibilities

Things you need to do as a member of My Choice Wisconsin are listed below. If you have any questions, please contact your care team. We are here to help.

- 1.) Become familiar with the services in the Partnership benefit package. This includes understanding what you need to do to get your services. See Chapters 3 and 4 for more information.
- 2.) Participate in the initial and ongoing development of your care plan.
- 3.) Participate in the Resource Allocation Decision (RAD) process to find the most cost-effective ways to meet your needs and support your outcomes.
- 4.) Talk with your care team about ways your friends, family or other community and volunteer organizations may help support you or ways in which you can do more for yourself.
- 5.) Follow the care plan that you and your care team agreed to.
- 6.) Tell your doctors and other providers that you are in Partnership so they can work with you and your care team to be a part of your care plan.
- 7.) Be responsible for your actions if you refuse treatment or do not follow the instructions from your care team or providers.
- 8.) Use the providers that are part of My Choice Wisconsin unless you and your care team decide otherwise.
- 9.) Show your Partnership membership card whenever you get medical care. It is important to show your membership card so that providers know to bill Partnership.
- 10.) Show your ForwardHealth card whenever you get prescriptions drugs. It is important to show your ForwardHealth card so that providers know who to bill.
- 11.) Follow My Choice Wisconsin's procedures for getting care after hours.
- 12.) Tell us if you move to a new address or change your phone number.
- 13.) Let us know of any planned temporary stay or move out of the service area.
- 14.) Provide My Choice Wisconsin with correct information about your health care needs, finances, and preferences and tell us as soon as possible about any changes in your status. This includes signing a "release of information" form when we need other information you do not have easily available.

- 15.) Treat your care team, home care staff, and providers with dignity and respect.
- 16.) Accept services without regard to the provider's race, color, religion, age, gender, sexual orientation, health, ethnicity, creed (beliefs), or national origin.
- 17.) Pay any monthly costs on time, including any cost share or room and board charges you may have. Let your care team know as soon as possible if you have problems with your payment.
- 18.) Complete an **"Annual Renewal"** for Medicaid eligibility. The Income Maintenance agency uses the annual renewal to determine your financial eligibility. The renewal is to make sure you still meet all of the program requirements. You will get a letter the month before your renewal is due. This letter will tell you how to do your renewal.

If you do not complete your renewal timely, you will lose your Medicaid and Partnership coverage and there will be a gap or delay in your benefits. Contact your care team if you need assistance or have questions about the annual renewal.

- 19.) Use your private insurance benefits, when appropriate. If you have any other health insurance coverage, tell My Choice Wisconsin and the Income Maintenance agency. Let your care team know right away if you enroll in Medicare or think you may be eligible for Medicare.
- 20.) Take care of any durable medical equipment (DME), such as wheelchairs, and hospital beds provided to you by My Choice Wisconsin.
- 21.) Report fraud or abuse on the part of providers or My Choice Wisconsin employees.

If you suspect anyone of misuse of public assistance funds, including Partnership, you can call the fraud hotline or file a report online at:

**Report Public Assistance Fraud**

877-865-3432 (toll-free) or visit

[www.reportfraud.wisconsin.gov](http://www.reportfraud.wisconsin.gov)

- 22.) Do not engage in any fraudulent activity or abuse benefits. This may include:
  - Misrepresenting your level of disability
  - Misrepresenting income and asset level
  - Misrepresenting residency
  - Selling medical equipment supplied by My Choice Wisconsin

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

- 23.) Help your care team, doctors and other providers help you by giving them information, asking questions, sharing concerns, and following through on your care.
- 24.) Call your care team for help if you have questions or concerns.
- 25.) Tell us how we are doing. From time to time, we may ask if you want to take part in member interviews, satisfactions surveys, or other quality review activities. Your responses and comments will help us identify our strengths as well as find the areas we need to improve. Please let us know if you would like to know the results of any surveys. We would be happy to share that information with you.

## Chapter 8. Grievances and Appeals



This chapter includes information about grievances and appeals for members who are on **Medicaid only**. If you are enrolled in **Medicare**, you should refer to the *Evidence of Coverage* (EOC) booklet. The EOC includes information for members who have both **Medicaid AND Medicare**.

### Introduction

We are committed to providing quality service to our members. There may be a time when you have a concern. As a member, you have the right to file a grievance or appeal a decision made by My Choice Wisconsin and to receive a prompt and fair review.

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

**For help with the grievance and appeal process, contact  
My Choice Wisconsin's member rights specialist at:**

My Choice Wisconsin  
Member Rights Specialist  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226

8:00 a.m. to 4:30 p.m., Monday-Friday  
Toll-free: 1-800-963-0035  
TTY: Wisconsin Relay 711  
[mrs@mychoicewi.org](mailto:mrs@mychoicewi.org)  
[www.mychoicewi.org](http://www.mychoicewi.org)

If you are unable to resolve your concerns by working directly with your care team or our member rights specialist, My Choice Wisconsin gives you several ways to address your concerns. Each way has different rules, procedures, and deadlines.

This handbook tells you how to file a grievance or appeal, which can seem confusing because each option has different deadlines. Note: When this handbook refers to “days,” it means any day of the year, including holidays. When this handbook refers to “business days,” it means Monday through Friday, excluding holidays. You do not have to know or understand all the information in this chapter because people are available to help you.

If you have a particular type of concern that you do not know how to resolve, you can ask your care team or My Choice Wisconsin’s member rights specialist. There are Ombudsman programs available to help all members with grievances and appeals. See the end of this chapter for their contact information. You can also ask an advocate such as a family member, friend, or attorney for help. Our member rights specialist may be able to give you information about other places that can help you too.

### **Coordination with other insurance**

If you have other insurance and want to file a grievance or appeal, you may consider filing your grievance or appeal with the other insurance first.

When you have other insurance (like employer group health coverage), there are rules that decide whether our plan or your other insurance pays first. This is called “**coordination of benefits**” because it involves coordinating the benefits you get from our plan with any other benefits available to you.

The insurance that pays first is called the “primary payer” and pays up to the limits of its coverage. The one that pays second, called the “secondary payer,” only pays if there are costs left uncovered by the primary coverage. The secondary payer may not pay all the uncovered costs. They only pay after the other insurance plan has paid.

If you have other insurance, Medicaid never pays first for services covered by the other insurance. Medicaid always pays last.

### **Copy of your case file**

You have a right to a free copy of the information in your case file related to your grievance or appeal. Information means all documents, medical records, and other materials related to your grievance or appeal. This includes any new or additional information that My Choice Wisconsin gathers during your grievance or appeal. To request a copy of your case file, contact your care team.

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You will not get into trouble if you complain or disagree  
with your care team or your providers.

If you file a grievance or appeal with My Choice Wisconsin, our providers,  
or the State of Wisconsin, you will not be treated differently.  
We want you to be satisfied with your care.

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## **Grievances**

### **What is a grievance?**

A grievance is when you are not satisfied with My Choice Wisconsin, one of our providers, or have concerns about the quality of your care or services. For example, you might want to file a grievance if:

- Your personal care worker often arrives late.
- You feel your care team does not listen to you.
- You have trouble getting appointments with a provider.
- You are not satisfied with your provider's incontinence products.

### **Who can file a grievance?**

A grievance may be filed by any of the following:

- You
- Your legal decision maker. For example, a legal guardian or activated power of attorney for health care.
- A person or organization you appointed as your authorized representative for Medicaid purposes
- Any person with your written permission. For example, a family member, friend, or provider.

### **What is the deadline to file a grievance?**

You can file a grievance at any time.

1. Start by filing a grievance with My Choice Wisconsin. See Grievance option 1, listed below.
2. If you don't agree with My Choice Wisconsin's decision about your grievance, you can ask for a review by the Wisconsin Department of Health Services (DHS). See Grievance option 2, on the next page.

## 1. File your grievance with My Choice Wisconsin

My Choice Wisconsin wants you to be happy with your care and services. Our member rights specialist can work with you and your care team to try to resolve your concerns informally. A lot of the time we can take care of your concerns without going further. However, if we are unable to solve your concerns, you can file a grievance with My Choice Wisconsin Partnership by calling or writing to us at:

My Choice Wisconsin  
Member Rights Specialist  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226

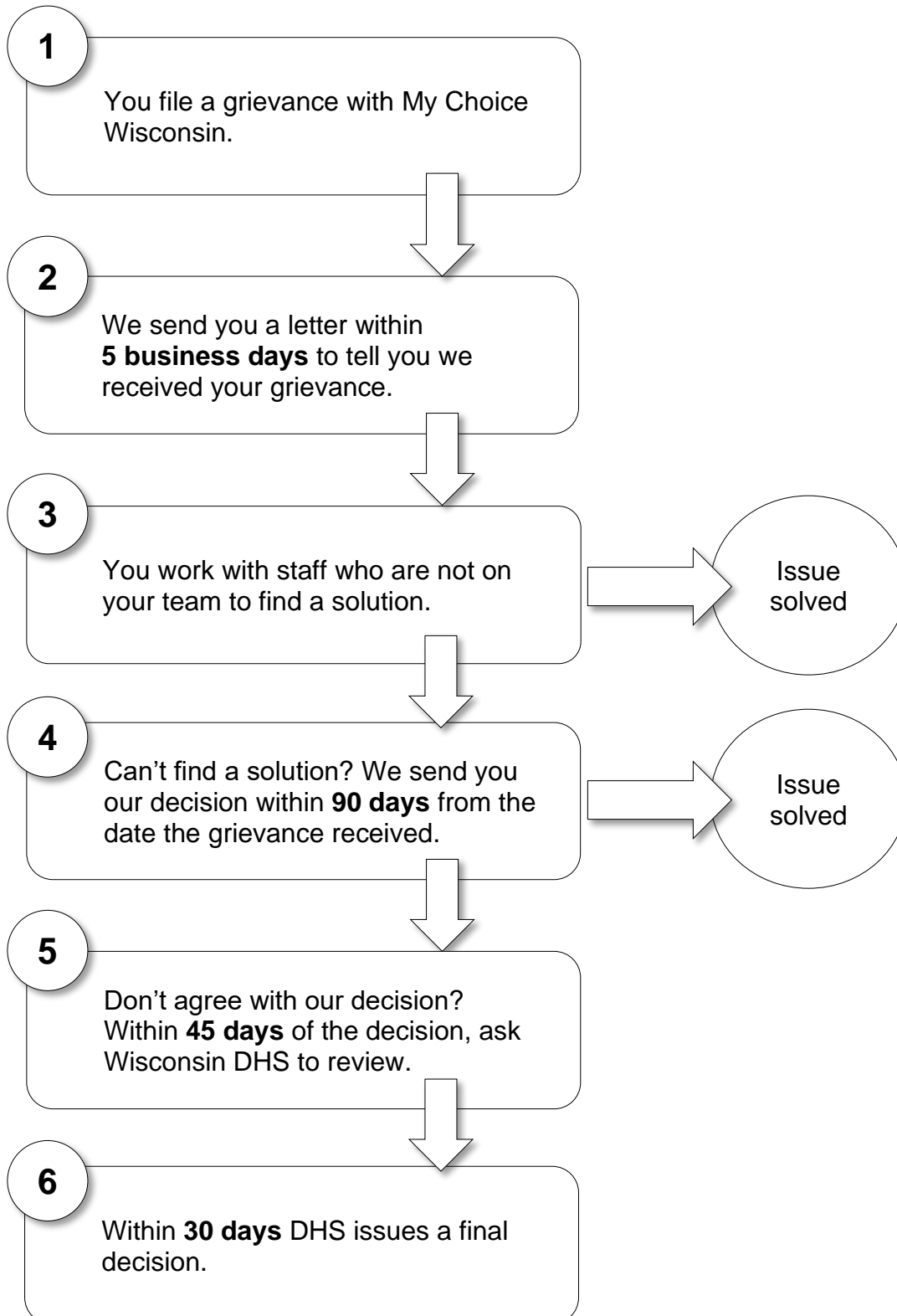
Toll-free: 1-800-963-0035  
TTY: Wisconsin Relay 711

### What happens next?

If you file a grievance with My Choice Wisconsin, we will send you a letter within five business days to let you know we received your grievance. Then, My Choice Wisconsin staff who are not on your care team will try to help informally address your concerns or come up with a solution that satisfies both My Choice Wisconsin and you. If we are unable to come up with a solution, or if you do not want to work with My Choice Wisconsin staff to informally address your concerns, our Grievance and Appeal Committee will review your grievance and issue a decision.

- The Committee is made up of My Choice Wisconsin representatives, a health care professional who has the appropriate clinical experience, and at least one “consumer.” The consumer is a person who also receives services from us or represents someone who does. We train this person on how to protect the privacy of others while serving on the Committee. Sometimes other people who specialize in the topic of your grievance might be part of the Committee. The meeting is confidential. You can ask that the consumer not be on the Committee if you are concerned about privacy or have other concerns.
- We will let you know when the committee plans to meet to review your grievance.
- You have the right to appear in person before the Committee. You can bring an advocate such as a family member, friend, attorney, or Ombudsman with you.
- You will have an opportunity to explain your concerns. You may provide information, evidence, and testimony to the Committee.
- Your care team or other My Choice Wisconsin staff will be at the meeting.
- The Committee will decide within 90 days from the date we first got your grievance. You will get a written notice of the decision.

## Grievances: What are my options?



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

### 2: Ask for a DHS review

**Note: You must first go through My Choice Wisconsin's grievance process before you can ask for a DHS review.**

You can ask DHS to review the Grievance and Appeal Committee's decision about your grievance. DHS is the state agency in charge of the Partnership program. DHS works with an organization called MetaStar to review grievances. MetaStar will review the facts of your grievance and the Grievance and Appeal Committee's decision. MetaStar will send you the final decision on your grievance.

**To ask for a DHS review, call or email:**

DHS Partnership Grievances  
Toll-free: 888-203-8338  
E-mail: [dhsfamcare@wisconsin.gov](mailto:dhsfamcare@wisconsin.gov)

### What is the deadline to ask for a DHS review?

My Choice Wisconsin's Grievance and Appeal Committee must send you a decision on your grievance within 90 days from the date we receive your grievance. For example, if My Choice Wisconsin receives your grievance on May 1, we must send you our decision by July 30.

- If the Grievance and Appeal Committee sends you a decision within 90 days, you have 45 days from the date you receive the decision to ask for a DHS review.

For example, My Choice Wisconsin has until July 30 to send you a decision. You receive the decision on June 1. You disagree with the decision. You have until July 16 to request a DHS review of My Choice Wisconsin's decision.

- If the Grievance and Appeal Committee does **not** send you a decision within 90 days, you have 45 days from the date the timeframe expires to ask for a DHS review.

For example, My Choice Wisconsin has until July 30 to send you a decision. When July 30 arrives, My Choice Wisconsin has not sent you a decision. Starting on July 31, you have until September 14 to request a DHS review of your grievance.

### What happens next?

If you ask for a DHS review, MetaStar, the agency DHS works with to review grievances, will contact you.

- MetaStar will reply in writing to let you know they received your request for DHS review of your grievance.
- If MetaStar tells DHS that My Choice Wisconsin didn't follow certain requirements, DHS may order us to take steps to fix the problem.
- MetaStar will complete its review of your grievance within 30 days of the date it receives your request.
- MetaStar will send you and My Choice Wisconsin a final decision on your grievance within seven days of completing its review.

### **What if I disagree with the DHS review?**

MetaStar's decision is final. You cannot request a state fair hearing for a grievance.

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## **Appeals**

### **What is an appeal?**

An appeal is a request for a review of a decision made by My Choice Wisconsin. For example, you can file an appeal if your care team denies a service or support you asked for. Other examples are decisions to reduce, suspend or end a service, or to deny payment for a service.

### **Who can file an appeal on my behalf?**

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

### **What types of issues can I appeal?**

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

1.) You can file an appeal if My Choice Wisconsin:

- Plans to stop, suspend, or reduce an authorized service you are currently getting.
- Denies a service you asked for and that service is in the benefit package.\*
- Decides not to pay for a service that is in the benefit package.\*

If we take one of the actions listed above, we must send you a “**Notice of Adverse Benefit Determination.**” The Notice of Adverse Benefit Determination includes the date we plan to stop, suspend, or reduce your services.

\*Note: My Choice Wisconsin provides the services listed in the benefit package chart in Chapter 4. If you ask for a service that is not listed, My Choice Wisconsin does not have to provide or pay for the service. We will consider your request, but if we deny it, you cannot appeal our decision. We will send you a letter to notify you that the service you requested is not in the benefit package.

2.) You can file an appeal if:

- You do not like your care plan because it:
  - Does not support you to live in the place where you want to live.
  - Does not provide enough care, treatment, or support to meet your needs and identified outcomes. (Refer to Chapter 3 for information about outcomes.)
  - Requires you to accept care, treatment, or support items you do not want, or you believe are unnecessarily restrictive.
- My Choice Wisconsin doesn't:
  - Arrange or provide services in a timely manner.
  - Meet the required timeframes to resolve your appeal.

In these situations, My Choice Wisconsin will send you a letter about your appeal rights.

3.) You can file an appeal related to **decisions about your eligibility** for Partnership.

- At least once a year, a worker from the income maintenance agency will review your information to make sure you are still financially eligible for Partnership. If you have a cost share, the income maintenance agency will also make sure you are paying the right amount.

If the income maintenance agency decides you are no longer financially eligible for Partnership, or says your cost share payment will change, the agency will send you a notice with information about your eligibility for Partnership. These notices have the words “About Your Benefits” on the first page. The last page has information about your right to request a state fair hearing with the Division of Hearings and Appeals.

- If your functional eligibility for Partnership changes, you will receive a written notice.
- **Filing an appeal with the Division of Hearings and Appeals is the only way to challenge decisions related to financial and functional eligibility for Partnership.** This includes decisions about your cost share. See Chapter 5 for more information.
- **You cannot appeal a loss of financial or functional eligibility with My Choice Wisconsin.**

### What is the deadline to file an appeal?

- You should file your appeal as soon as possible.
- My Choice Wisconsin will send you a **Notice of Adverse Benefit Determination** if we:
  - Plan to stop, suspend or reduce an authorized service you are getting.
  - Deny a new service you asked for and that service is in the Partnership benefit package.
  - Will not pay for a service that is in the Partnership benefit package.

**You must file your appeal no later than 60 days from the date on the Notice of Adverse Benefit Determination.** (For example, if the notice is dated August 1, you must file your appeal on or before September 30.)

If you receive a notification of your appeal rights, you should read this notice carefully. The notice may tell you the deadline for filing your appeal. You can always call our member rights specialist for help. You can contact our member rights specialist at 1-800-963-0035 or TTY: Wisconsin Relay 711.

### What steps do I need to take to file an appeal? If you want to file an appeal:

- Start by filing an appeal with My Choice Wisconsin.
  - ➔ See option 1 to file with My Choice Wisconsin.

### If you disagree with My Choice Wisconsin's decision about your appeal:

You can ask for a state fair hearing with the State's Division of Hearings and Appeals (DHA).

See option 2 if you want to file with DHA.

#### **Appeal options 1 and 2 have different rules, procedures, and deadlines.**

You cannot file an appeal with My Choice Wisconsin and file an appeal with the Division of Hearings and Appeals (DHA) at the **same** time.

You can only file a request for a fair hearing after receiving an appeal decision from My Choice Wisconsin.

If you want **both** My Choice Wisconsin and DHA to review your issue, then you'll have to file your appeal with My Choice Wisconsin **before** you file the appeal with DHA.

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### Continue Service During Your Appeal

If My Choice Wisconsin decides to stop, suspend, or reduce a service you are currently receiving, you have the right to ask for your services to continue during your appeal. If you want your services to continue, you must make that request at every level of your appeal. For example, if your services were continued during an appeal with My Choice Wisconsin and you lose the appeal, you must once again ask for your services to continue if you file an appeal with DHA.

If you want your services to continue, you must:

- Ask that your services continue throughout the course of your appeal; **AND**
- Postmark (mail), fax, or email your request to continue services **on or before the date My Choice Wisconsin plans to stop or reduce your services.**

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

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If you want someone to help you file an appeal, you can talk with My Choice Wisconsin's member rights specialist. An advocate may also be able to help you. An advocate might be a family member, friend, attorney, Ombudsman, or any other person willing to help. Ombudsman programs are available to help all Partnership members with appeals. See the end of this chapter for information on how to contact an Ombudsman.

### APPEAL OPTION 1: Filing your appeal with My Choice Wisconsin

To file an appeal with My Choice Wisconsin you can:

- **Call My Choice Wisconsin.** You can request your appeal verbally. Our member rights specialist will help you understand your appeal options. To talk with a member rights specialist, call 1-800-963-0035 extension 3448 or TTY users call 711.
- **Mail or fax a request form.** Your care team can give you a copy of the form or you can get it online at [www.dhs.wisconsin.gov/familycare/mcoappeal.htm](http://www.dhs.wisconsin.gov/familycare/mcoappeal.htm).
- **Write your request in a letter or on a piece of paper** and mail, fax, or email it to the address below.

**To file an appeal with My Choice Wisconsin, call:**

My Choice Wisconsin  
Member Rights Specialist  
Toll-free: 1-800-963-0035 extension 3448  
[mrs@mychoicewi.org](mailto:mrs@mychoicewi.org)  
TTY Call the Wisconsin Relay System at 711

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

My Choice Wisconsin  
Member Rights Specialist  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226

**What happens next?**

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

- We will let you know when the Committee plans to review your appeal.
- The Committee is made up of My Choice Wisconsin representatives, a health care professional who has the appropriate clinical experience, and at least one consumer. The consumer is a person who also receives services from us (or represents someone who does). We train this person on how to protect the privacy of others while serving on the Committee. Sometimes other people who specialize in your appeal might be part of the Committee.
- The meeting is confidential. You can ask that the consumer not be on the Committee if you are concerned about privacy or have other concerns.
- You have the right to appear in person. You can bring an advocate, friend, family member, or Ombudsman with you.
- Your care team or other My Choice Wisconsin staff will be at the meeting.
- The Committee will have you explain why you disagree with your care team's decision. You or your representative can present information, bring witnesses, or describe your concerns to help the Committee understand your point of view.
- After the Committee hears your appeal, My Choice Wisconsin will send you a decision letter within 30 days after we first got your appeal. My Choice Wisconsin may take up to 44 days to issue a decision if:
  - You ask for more time to give the Committee information, or

- We need more time to gather information. If we need more time, we will send you a letter telling you about the reason for delay.

### **Speeding up your appeal**

My Choice Wisconsin has 30 days to decide your appeal. If you think waiting that long could seriously harm your health or your ability to perform your daily activities, you can ask us to speed up your appeal. We call this an “expedited appeal.” You may ask for an expedited appeal only if you believe that waiting for a decision could seriously harm your health or your ability to function. If you ask for an expedited appeal, we will decide if your health requires an expedited appeal. We will let you know as soon as possible if we will expedite your appeal.

In an expedited appeal, you will get a decision on your appeal within 72 hours of your request. However, My Choice Wisconsin may extend this to a total of 17 days if we need more information and if the delay is in your best interest. If you have additional evidence, you want us to consider, you will need to submit it quickly.

#### **To request an expedited appeal, contact:**

My Choice Wisconsin  
Member Rights Specialist  
10201 West Innovation Drive, Suite 100  
Wauwatosa, WI 53226

Toll-free: 1-800-963-0035 ext. 3448

Fax: 608-245-3821

[mrs@mychoicewi.org](mailto:mrs@mychoicewi.org)

TTY: Call the Wisconsin Relay System at 711

### **What if I disagree with the Grievance and Appeal Committee’s decision?**

If you disagree, you can request a state fair hearing with the Division of Hearings and Appeals (DHA). You must do so within 90 days of the date you receive written notice of the Grievance and Appeal Committee’s decision. You can also file an appeal with DHA if My Choice Wisconsin does not issue an appeal decision in a timely manner. Please see the earlier section to figure out if My Choice Wisconsin issued its appeal decision on time.

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## **State Fair Hearing**

You can't ask for a state fair hearing until you have received the My Choice Wisconsin Grievance and Appeal Committee's written decision on your appeal or if My Choice Wisconsin did not issue a decision by the due date.

## **APPEAL OPTION 2: Filing your request for a state fair hearing**

### **How do I request a state fair hearing?**

To ask for a state fair hearing, you can either:

- **Send a request form.** You can get the request form from My Choice Wisconsin's member rights specialist or from one of the advocacy organizations listed in this handbook. The form is also available online at <https://www.dhs.wisconsin.gov/library/f-00236.htm>
- **Mail a letter.** Include your name and contact information and explain what you are appealing. If you received a Notice of Adverse Benefit Determination or other notification of your appeal rights, it is a good idea to include a copy of that notice with your request for a state fair hearing. Do not send your original copy.

The member rights specialist or an Ombudsman can help you put your appeal in writing. To contact an Ombudsman, see the end of this chapter.

#### **To request a state fair hearing**

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

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

### **What is the deadline to file an appeal with DHA?**

You should file your appeal as soon as possible. **You must file your appeal within 90 days after you receive a Notice of Adverse Benefit Determination or other notification of your appeal rights.** (For example, if you get a notice in the mail on August 1, you must file your appeal on or before October 30.) If My Choice Wisconsin doesn't send you a written decision within 30 days of receiving your appeal, the 90 days starts the day after the 30-day calendar period ends.

You can request to have your services continue during the state fair hearing process if you file your appeal **on or before** the date My Choice Wisconsin plans to stop or reduce your services. You can find more information about continuing your services earlier in this chapter.

### **What happens next?**

- After you send in your request for a state fair hearing, DHA will mail you a notice with the date, time, and location of your hearing.
- An administrative law judge will run the hearing by phone, or it may be at an office in your county.
- You have the right to take part in the hearing. You can bring an advocate such as a family member, friend, attorney, Ombudsman with you.
- Your care team or other My Choice Wisconsin staff will be present at the hearing to explain their decision.
- You will have an opportunity to explain why you disagree with your care team's decision. You or your representative can present information, bring witnesses, or describe your concerns to help the judge understand your point of view.
- The administrative law judge must issue a decision within 90 days of the date you filed a request for the hearing.

### **What can I do if I disagree with the judge's decision?**

If you disagree with the administrative law judge's decision, you have two options.

- 1.) Ask for a re-hearing. If you want DHA to reconsider its decision, you must ask within 20 days from the date of the judge's decision. The administrative law judge will only grant a re-hearing if:
  - You can show that a serious mistake in the facts or the law happened, or
  - You have new evidence that you were unable to obtain and present at the first hearing.
- 2.) Take your case to circuit court. If you want to take your case to court, you must file your petition within 30 days from the date of the administrative law judge's decision.

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### **Who can help me with my grievance or appeal?**

You can contact My Choice Wisconsin's member rights specialist any time you need help with a grievance or appeal or have questions about your rights. Ombudsmen are also available to answer questions about the grievance and appeal processes. An Ombudsman can also tell you more about your rights and help make sure My Choice Wisconsin is supporting your needs and outcomes. You can ask anyone you want to act as an advocate for you, including family members, friends, an attorney, or any other person willing to help.

Below are some places you can contact for help. My Choice Wisconsin's member rights specialist may be able to give you information about other places that can help you too.

### **Ombudsman Programs**

Regional Ombudsman programs are available to help all Partnership members with grievances and appeals. They can respond to your concerns promptly. Both Ombudsman programs will typically use informal negotiations to resolve your issues without a hearing.

#### **Wisconsin Board on Aging and Long-Term Care**

Ombudsmen from this agency provide advocacy to Partnership members **aged 60 and older**.

Board on Aging and Long-Term Care  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
Toll-free: 800-815-0015  
Fax: 608-246-7001  
Email: [BOALTC@wisconsin.gov](mailto:BOALTC@wisconsin.gov)  
<https://longtermcare.wi.gov>

#### **Disability Rights Wisconsin (DRW)**

Ombudsmen from this agency provide advocacy to Partnership members **under age 60**.

Disability Rights Wisconsin  
1502 W Broadway, Suite 201  
Madison, WI 53713  
Toll-free: 800-928-8778  
TTY: 888-758-6049  
Fax: 833-635-1968  
Email: [info@drwi.org](mailto:info@drwi.org)  
[www.disabilityrightswi.org](http://www.disabilityrightswi.org)

## Chapter 9. Ending your membership in My Choice Wisconsin

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

You must continue to get your care through My Choice Wisconsin until your membership ends. Your membership could end because you are no longer eligible, or because you have decided to get your health care or long-term care outside of the Partnership program. This would include a decision to enroll in a different program or a different managed care organization.

You can end your membership at any time. You can choose the effective date when you want your membership to end for your Medicaid covered services. If you have Medicare, My Choice Wisconsin will continue to cover your Medicare services until the last day of the month in which you requested disenrollment from our plan if you qualify for a Special Election Period (SEP). Please contact your care team and refer to Chapter 10, Section 2 of your *Evidence of Coverage* or your *Summary of Benefits* for more information about Special Election Periods.

### 1.) If you want to end your membership in Partnership.

To end your membership, contact the Aging and Disability Resource Center (ADRC) in your area (see Chapter 1 for ADRC contact information). The ADRC will process your disenrollment and ask if you want to enroll in a different managed care organization or Medicaid program. The ADRC can also answer any questions you have about ending your membership. If you decide to disenroll, you should also notify your care team.

### 2.) You will be disenrolled from Partnership if your eligibility ends.

My Choice Wisconsin must report the information listed below to the income maintenance agency. An income maintenance worker will see if you are still eligible for Partnership. If they determine you are no longer eligible, they will end your membership in Partnership.

#### Reasons you may lose eligibility include:

- You lose your financial eligibility for Medicaid.
- You are no longer functionally eligible as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- You do not pay your cost share. For more information about cost share, see Chapter 5.
- You permanently move out of My Choice Wisconsin's service area. If you move or take a long trip, you need to contact your care team.

- You are in jail or prison.
- You are admitted to an Institute for Mental Disease (IMD) and lose Medicaid eligibility.
- You choose a primary care provider who is not in My Choice Wisconsin's network.

**3.) My Choice Wisconsin may end your Partnership enrollment with approval from DHS.**

My Choice Wisconsin may ask DHS to disenroll you because:

- You stop accepting services and we don't know why.
- You refuse to participate in care planning, and we cannot ensure your health and safety.
- You continuously behave in a way that is disruptive or unsafe to staff, providers, or other members.

**DHS will review our request to disenroll you and they will decide if your membership should end.**

**Your membership CANNOT be ended for any reason related to your health or if your use of services changes.**

**You have the right to file an appeal if you are disenrolled from Partnership or your membership in My Choice Wisconsin ends.** You will get a notice from the Income Maintenance agency that tells you the reason for ending your membership. This notice will have the words "About Your Benefits" on the first page. The notice will explain how you can file an appeal. See Chapter 8 for information.

## APPENDICES

### 1. Definitions of important words

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

**Administrative Law Judge** – An official who conducts a state fair hearing to resolve a dispute between a member and the member’s managed care organization (MCO). See Chapter 8 for information about state fair hearings.

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

**Advocate** – Someone who can help you make sure your MCO is addressing your needs and outcomes. An advocate can help you work with your managed care organization to informally resolve disputes and may also be able to represent you if you decide to file an appeal or grievance.

**Aging and Disability Resource Center (ADRC)** – Service centers that provide information and assistance on all aspects of life related to aging or living with a disability. The ADRC is responsible for handling enrollment and disenrollment in the Partnership program.

**Appeal** – A request for your MCO to look at a decision that affects your services. You have the right to file an appeal if your care team stops, denies, or reduces a service. Other types of appeals and the process for filing an appeal are in Chapter 8.

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

**Authorized Representative for Medicaid** – A person or organization you appoint to help you get and keep Medicaid using form F-10126A ([www.dhs.wisconsin.gov/library/F-10126.htm](http://www.dhs.wisconsin.gov/library/F-10126.htm)) or F-10126B ([www.dhs.wisconsin.gov/library/F-10126.htm](http://www.dhs.wisconsin.gov/library/F-10126.htm)).

**Benefit Package** – Services available to Partnership members. These include, but are not limited to, medical care, hospital care, personal care, home health, transportation, medical supplies, and nursing care. The services a member receives must be pre-authorized by the member’s care team and listed in the member’s care plan. See Chapter 4 for a complete list of the services in the Partnership benefit package.

**Care Plan** – An ongoing plan that documents your personal experience and long-term care outcomes, needs, preferences, and strengths. The plan identifies the services you get from family

or friends and the services the MCO will provide. You are central to the care plan process. You and your team meet regularly to review your care plan.

**Care Team** – Every Partnership member has a care team, which includes the member, and at least a care manager, registered nurse, and a nurse practitioner. You and your care team assess your needs, identify your outcomes, and create your care plan. Your care manager and nurse authorize, coordinate, and monitor your services.

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

**Copayment** – A fixed amount of money you pay for a covered health care service. For example, you may have a \$5 copay for a visit to the doctor.

**Cost Share** – A monthly amount you may have to pay to remain eligible for Partnership.

**Cost-Effective** – The option that effectively supports your identified long-term care outcome at a reasonable cost and effort. You and your care team use the Resource Allocation Decision (RAD) method to find ways to support your long-term care outcomes. Then you and your team look at the options and choose the most cost-effective (not necessarily the cheapest) way to support your outcomes.

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

**DHS Review** – A decision about a member’s grievance by the Department of Health Services (DHS). DHS works with MetaStar to review and make final decisions on grievances. See Chapter 8 for information about DHS reviews.

**Disenroll/Disenrollment** – The process of ending a person’s membership in Partnership.

**Division of Hearings and Appeals (DHA)** – The State of Wisconsin agency responsible for state fair hearings.

**Durable Medical Equipment (DME)** – An item or device meant for you to use each day. You may need it to help with a health issue or disability. Examples include oxygen equipment, wheelchairs, walkers.

**Emergency medical condition** – An illness, injury, symptom, or condition that is very serious. Most people would seek care right away to avoid harm.

**Emergency room care** – Health care services you get in the emergency department of a hospital.

**Enroll/Enrollment** – Enrollment in Partnership is voluntary. To enroll, individuals should contact their local Aging and Disability Resource Center (ADRC).

**Estate Recovery** – The process where the State of Wisconsin seeks repayment for costs of Medicaid services when the individual receives Medicaid-funded long-term care. The State recovers money from an individual’s estate after the person and his or her spouse dies.

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

**Family Care Partnership Program** – See “Partnership”

**Financial Eligibility** – Financial eligibility means eligibility for Medicaid. The Income Maintenance agency looks your income and assets to find out if you are eligible for Medicaid. You must be eligible for Medicaid to be in Partnership.

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

**Grievance** – An expression of dissatisfaction about care or services or other general matters. Subjects for grievances include quality of care, relationships between the member and his or her care team and member rights. Chapter 8 explains grievances, including the process for filing a grievance.

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

**Income Maintenance Agency** – Staff from the Income Maintenance agency determine an individual’s financial eligibility for Medicaid, Partnership, and other public benefits.

**Legal Decision Maker** – A person who has legal authority to make decisions for a member. A legal decision maker may be a guardian of the person or estate (or both), a conservator, or a person appointed as an agent under a power of attorney for health care or finances document.

**Level of Care** – refers to the amount of help you need to perform your daily activities. You must be a “nursing home” level of care to be eligible for Partnership.

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

**Long-Term Care Outcome** – A situation, condition, or circumstance you or your care team identify that maximizes your independence.

Outcomes also include clinical and functional outcomes. A clinical outcome relates to a your physical, mental, or emotional health. An example of a clinical outcome is being able to breathe

easier. A functional outcome relates to your ability to do certain tasks. An example of a functional outcome is being able to walk down the stairs.

**Managed Care Organization (MCO)** – The agency that operates the Partnership program.

**Medicaid** – A medical and long-term care program operated by the Wisconsin Department of Health Services (DHS). Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” You must meet Medicaid eligibility requirements to be a member.

**Medical Care (acute and primary)** – Medical or health care is the diagnosis, treatment, and prevention of chronic disease, illness, injury, and other physical and mental impairments. It includes the delivery of acute care (i.e., short-term care provided in a hospital or emergency room), primary care (i.e., care provided by a physician), and other levels of care that are a part of the continuum of care within the health care system.

**Medicare** – The federal health insurance program for people aged 65 or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant). Medicare covers hospitalizations, physician services, and prescription drugs.

**Member** – A person who meets functional and financial eligibility criteria and enrolls in Partnership.

**Member Rights Specialist** – An MCO employee who can help you understand your rights and responsibilities. The member rights specialist also helps with concerns about care and services and can help you file a grievance or appeal. See Chapter 8 for information about grievance and appeals.

**MetaStar** – The agency that the Wisconsin Department of Health Services (DHS) works with to review requests of grievances and appeals and conduct independent quality reviews of MCOs. See Chapter 8 for information about DHS reviews.

**Natural Supports** – The people in your life who already choose to help you.

**Network** – Who your MCO contracts with to provide health and long-term care services. Includes physicians, hospitals, facilities, and suppliers.

**Network Provider** (or participating provider or provider) – A person or group who has a contract with your MCO. They can give you services.

**Notice of Adverse Benefit Determination** – A decision from your MCO. Common types include an MCO stopping or reducing your services. An MCO may also deny a request for a new service.

**Notification of Appeal Rights** – A letter that explains your options for filing an appeal. MCOs must send a letter of appeal rights if the MCO didn’t provide services in a timely way or didn’t meet the deadlines for handling an appeal.

**Nursing Home Level of Care** – Members who are at this level of care have needs that are significant enough that they are eligible to receive services in a nursing home. A very broad set

of services is available at this level of care. A person must be at a nursing home level of care to be eligible for Partnership.

**Ombudsman** – A person who investigates reported concerns and helps you resolve issues with your care and services.

**Out-of-Network Provider** – A person or group who doesn't have a contract with your MCO to give you services. To use a non-network provider, members first must contact their MCO.

**Partnership Program** – An integrated program providing medical and long-term care services to frail elderly and adults with physical and developmental disabilities. All Partnership members must have a nursing home level of care as determined by the Wisconsin Long-Term Care Functional Screen and must be enrolled in Wisconsin Medicaid. They may also be enrolled in Medicare. Partnership members must reside in a county in which Partnership is available.

**Personal Outcomes** – The goals you have for your life.

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

**Primary care provider** – The person who gives, directs, or helps you get health care services. Includes doctors and nurse practitioners, physician assistants, and other licensed providers.

**Prior Authorization** (or **pre-authorization**)—Written approval for a service or prescription. You may need this from your MCO or DHS before you get a service or fill a prescription.

**Provider Network** – A list of agencies and people the MCO contracts with to provide services. Your care team must authorize your services before you can choose a provider from the directory. See Chapter 3 for information about the MCO's provider network.

**Prescription Drugs** – Drugs and medicines that, by law, you must have a prescription to get. This means a medical provider says you need the drugs or medicine.

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

**Resource Allocation Decision (RAD) Method** – A tool you and your care team use to help find the most effective and efficient ways to meet your needs and support your outcomes.

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

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

**Service Area** – The geographic area where you must reside in order to enroll and remain enrolled in My Choice Wisconsin Partnership. See Chapter 2 for a list of the My Choice Wisconsin service area.

**Specialist** – A doctor who is an expert in an area of medicine.

**State Fair Hearing** – A hearing held by an administrative law judge who works for the State of Wisconsin Division of Hearing and Appeals See Chapter 8 for information about state fair hearings.

## 2. Home and Community-Based Waiver Service Definitions

Full-service definitions available upon request

**Adaptive Aids** are controls or appliances that enable people to increase their abilities to perform activities of daily living or control the environment in which they live (including patient lifts, control switches, etc.). Adaptive aids are also services that help people to access, participate and function in their community. This includes vehicle modifications (such as van lifts, hand controls), and may include the initial purchase of a fully trained service dog from a reputable provider, any post-purchase training with a reputable provider needed for the member and the fully trained service dog to work together and ongoing maintenance costs for a fully trained service dog obtained from a reputable provider. (When a member obtains a service dog as a covered benefit, the member recognizes he or she owns the service dog and agrees to be responsible for and liable for the actions of the service dog).

**Adult Day Care Services** are the provision of services for part of a day in a non-residential group setting to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision and/or protection. Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site.

**Assistive Technology/Communication Aids** means an item, piece of equipment or product system that increases, maintains, or improves the functional ability of members at home, work and in the community. Services include devices or services that assist members to hear, speak or see, such as communication systems, hearing aids, speech aids, interpreters, and electronic technology (tablets, mobile devices, software).

**Care Management Services** (also known as case management or service coordination) are provided by a care team. The member is the center of the care team. The team consists of, at minimum, a registered nurse, nurse practitioner, and a care manager, [or social worker or social services coordinator], and may also include other professionals as appropriate to the needs of the member and family or other natural supports requested by the member. Services include assessment, care planning, service authorization and monitoring the member's health and well-being.

**Consultative Clinical and Therapeutic Services** assist unpaid caregivers and paid support staff in carrying out the member's treatment or support plan. Services include assessments, development of home treatment plans, support plans, intervention plans, training, and technical assistance to carry out the plans. Services also include training for caregivers and staff that serve members with complex needs (beyond routine care).

**Consumer Education and Training** are services designed to help a person with a disability develop self-advocacy skills, support self-determination, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. These services include education and training for members, their caregivers and legal decision makers. Covered expenses may include enrollment fees, books and other educational materials, and transportation to training courses, conferences, and other similar events.

**Counseling and Therapeutic Services** are services to treat personal, social, physical, medical, behavioral, emotional, cognitive, mental health, or alcohol or other drug abuse disorders. Services may include assistance in adjusting to aging and disability, assistance with interpersonal relationships, recreational therapies, art therapy, nutritional counseling, medical counseling, weight counseling and grief counseling.

**Daily Living Skills Training** teaches members and their natural supports the skills involved in performing activities of daily living, including skills to increase the member's independence and participation in community life. Examples include teaching money management, home care maintenance, food preparation, mobility training, self-care skills and the skills necessary for accessing and using community resources.

**Day Services** is the provision of regularly scheduled activities in a non-residential setting (day center) to enhance social development and to develop skills in performing activities of daily living and community living.

**Financial Management Services** assist members and their families to manage service dollars or manage their personal finances. This service includes a person or agency paying service providers after the member authorizes payment for services included in the member's self-directed support plan. Fiscal Management Services also includes helping members with budgeting personal funds to ensure resources are available for housing and other essential costs.

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

**Home Modifications** are the provision of services and items to assess the need for, arrange for and provide modifications or improvements to a member's living quarters in order to provide accessibility or increase safety. Home modifications may include materials and services such as ramps, stair lifts, wheelchair lifts, kitchen/bathroom modifications, specialized accessibility/safety adaptations and voice-activated, light activated, motion activated and electronic devices that increase the member's self-reliance and capacity to function independently.

**Housing Counseling** is a service that helps members to obtain housing in the community, where ownership or rental of housing is separate from service provision. Housing counseling includes exploring home ownership and rental options, identifying financial resources, identifying preferences of location and type of housing, identifying accessibility and modification needs and locating available housing.

**Personal Emergency Response System** is a service that provides a direct communications link (by phone or other electronic system) between someone living in the community and health professionals to obtain immediate assistance in the event of a physical, emotional, or environmental emergency.

**Prevocational Services** involve learning and work experiences where a member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. These services develop and teach general skills which include the ability to communicate effectively with supervisors, co-workers and customers, generally accepted community workplace conduct and dress, ability to follow directions, ability to attend to tasks, workplace problem solving skills, general workplace safety and mobility training. Prevocational services are designed to create a path to integrated community-based employment for which a person is paid at or above the minimum wage, but not less than the usual wage and level of benefits paid for the same or similar work performed by people without disabilities.

**Relocation Services** are services and items a member would need in order to move from an institution or a family home to an independent living arrangement in the community. Relocation services may include payment for moving the member's personal belongings, payment for general cleaning and household organization services, payment of a security deposit, payment of utility connection costs and telephone installation charges, the purchase of necessary furniture, telephones, cooking/serving utensils, basic cleaning equipment, household supplies, bathroom and bedroom furnishings and kitchen appliances.

**Residential Care: 1-2 Bed Adult Family Home** is a place in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults. Services typically include supportive home care, personal care, and supervision. Services may also include transportation and recreational/social activities, behavior and social support and daily living skills training.

**Residential Care: 3-4 Bed Adult Family Home** is a place where 3-4 adults who are not related to the licensee reside and receive care, treatment or services above the level of room and board and may include up to seven hours per week of nursing care per resident. Services typically include supportive home care, personal care, and supervision. Services may also include behavior and social support, daily living skills training and transportation.

**Residential Care: Community-Based Residential Facility (CBRF)** is a homelike setting where five or more adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision, training, transportation, and up to three hours per week of nursing care per resident.

**Residential Care: Residential Care Apartment Complex (RCAC)** is a homelike, community-based setting where five or more adults reside in their own living units that are separate and distinct from each other. Services include supportive services (laundry, house cleaning), personal care, nursing services (wound care, medication management) and assistance in the event of an emergency.

**Respite Care Services** are services provided on a short-term basis to relieve the member's family or other primary caregiver(s) from daily stress and care demands. Respite care may be provided in the member's home, a residential facility, a hospital, or a nursing home.

**Self-Directed Personal Care Services** are services to assist members with activities of daily living and housekeeping services members need to live in the community. Activities of daily living include help with bathing, eating, dressing, managing medications, oral, hair and skin care, meal preparation, bill paying, mobility, toileting, transferring and using transportation. The member selects an individual or agency to provide his or her services, pursuant to a physician's order and following his or her member-centered plan.

**Skilled Nursing** are medically necessary skilled nursing services that may only be provided by an advanced practice nurse, a registered nurse (RN) or a licensed practical nurse (LPN) working under the supervision of a registered nurse. Skilled nursing includes observation and recording of symptoms and reactions, general nursing procedures and techniques, and may include periodic assessment of the member's medical condition and ongoing monitoring of a member's complex or fragile medical condition.

**Specialized Medical Equipment and Supplies** are those items necessary to maintain the member's health, manage a medical or physical condition, improve functioning, or enhance independence. Allowable items may include incontinence supplies, wound dressing, orthotics, enteral nutrition (tube feeding) products, certain over the counter medications, medically necessary prescribed skin conditioning lotions/lubricants, prescribed Vitamin D, multi-vitamin, or calcium supplements, and IV supplies.

**Support Broker** is a person the member chooses to assist him or her in planning, obtaining, and directing self-directed support (SDS).

**Supported Employment Services** (individual and small group employment support services) help members who, because of their disabilities, need on-going support to obtain and maintain competitive employment in an integrated community work setting. The outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

- Individual employment services are individualized and may include vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, meeting with prospective employers, job analysis, job coaching and training, transportation, career advancement services or support to achieve self-employment.
- Small group employment services are services and training provided in a business, industry or community setting for groups of two to eight workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Services may include vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, meeting with prospective employers, job analysis, training and systemic instruction, job coaching and training, transportation, career advancement services or support to achieve self-employment.

**Supportive Home Care (SHC)** includes services that directly assist members with daily living activities and personal needs to ensure adequate functioning in their home and community. Services may include help with dressing, bathing, managing medications, eating, toileting, grooming, mobility, bill paying, using transportation and household chores.

**Training Services for Unpaid Caregivers** assist the people who provide unpaid care, training, companionship, supervision, or other support to a member. Training includes instruction about treatment regimens and other services included in the member's care plan, use of equipment specified in the service plan, and guidance, as necessary, to safely maintain the member in the community.

**Transportation (specialized transportation) – Community and Other Transportation**

- Community transportation services help members gain access to community services, activities, and resources. Services may include tickets or fare cards, as well as transportation of members and their attendants to destinations. Excludes emergency (ambulance) transportation.
- Other transportation services help self-directing members to receive non-emergency, Medicaid-covered medical services. Services may include tickets or fare cards, reimbursement for mileage as well as transportation of members and their attendants to destinations. Excludes non-medical transportation, which is provided under community transportation-see above. Excludes emergency (ambulance) transportation.

**Vocational Futures Planning and Support** is a person-centered, team-based employment planning and support service that provides assistance for members to obtain, maintain or advance in employment or self-employment. This service may include the development of an employment plan, work incentive benefits analysis and support, resource team coordination, career exploration and employment goal validation, job seeking support and job follow-up and long-term support.

### **3. Notice of Privacy Practices**

#### **Your Information. Your Rights. Our Responsibilities.**

Contact the Privacy Officer at:  
dlfamcprivacyofficer@mychoicewi.org  
1-833-253-3465  
Or send mail to:  
10201 West Innovation Drive Suite 100  
Wauwatosa, WI 53226

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Privacy Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your services

- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and disuse donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

### **Get a copy of your health and claims records**

- You can ask to see or get a paper copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

**Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 7.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

**Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

### **Help manage the health care treatment you receive**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

### **Run our organization**

We can use and disclose your health information to run our organization and contact you when necessary.

**We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.** This does not apply to long term care plans

*Example: We use health information about you to develop better services for you.*

### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

*Effective Date: 01/09/2014*

### **This Notice of Privacy Practices applies to the following organizations:**

*My Choice Wisconsin, Inc.*

*My Choice Wisconsin Health Plan, Inc.*

My Choice Wisconsin, Inc. / My Choice Wisconsin Health Plan Inc.



10201 West Innovation Drive • Suite 100  
Wauwatosa, WI 53226  
[www.mychoicewi.org](http://www.mychoicewi.org)



This Family Care Partnership Member Handbook  
is for people enrolled in Medicaid only.

**IMPORTANT:**

If you are covered by **Medicare**, you should refer to the Evidence of Coverage  
for Partnership members who are enrolled in **Medicare** and **Medicaid**.  
Please ask your Team for a copy of the Evidence of Coverage.

For help or information, please call Customer Service at 1-800-963-0035, TTY 711,  
or visit our website.

[www.mychoicewi.org](http://www.mychoicewi.org)