



Member Handbook

www.inclusa.org

Toll-Free: 1-877-622-6700 | TTY: 711 or 1-715-204-1799

DHS Approval Date: 09/23/2025

LARGE PRINT

Inclusa:

- 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)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact INCLUSA at 1-877-622-6700 or TTY 715-204-1799.

Auxiliary aids and services, free of charge, are available to you. **1-877-622-6700 (TTY: 711)**, available 24 hours a day, 7 days a week (Standard office hours: Monday – Friday, 8:00 a.m. – 4:30 p.m. Central time).

Inclusa complies with Section 1557 by providing free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.

繁體中文 (Simplified): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Soomaali (Somali): Wac lambarka kore si aad u hesho adeegyada caawimaada luuqada oo bilaash ah.

ລາສາລາວ (Lao): ໂທຫາເບີໂທລະສັບຂ້າງເທິງ ເພື່ອຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Srpsko-hrvatski (Serbo-Croatian) Nazovite gore navedeni broj ako želite besplatne usluge jezične pomoći.

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

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Chapter 1. Important phone numbers and resources

Inclusa contact information

The administrative and main office for Inclusa is located in the city of Stevens Point. All of our office locations may be reached by using the toll-free number below. *See Inclusa website for offices open by appointment only.*

Inclusa Main Office (Stevens Point)
8:00 a.m. – 4:30 p.m. Monday – Friday
Toll-Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799
Fax: 1-715-345-5725
Website: www.inclusa.org

Office locations are available by appointment only:

Eau Claire	1302 Arlen Court Eau Claire, WI 54703
La Crosse	2615 E. Ave S. Suite 103 La Crosse, WI 54601
Stevens Point	2801 Hoover Rd., Unit 3 Stevens Point, WI 54481
Superior	1225 Tower Avenue, Suite 302 Superior, WI 54880

After-hours assistance

If you need assistance after hours or on weekends or holidays, call Inclusa's toll-free number (listed below) and your call will be directed to an individual able to authorize urgent help or services to ensure your health, safety, or well-being. Your team will follow up with you on the next business day to determine whether the services authorized should continue. On-call staff are available 24 hours a day, seven days a week.

Toll-Free: 1-877-622-6700
4:30 p.m. – 8:00 a.m. on Weekdays
24 hours a day on Weekends & Holidays

Member rights specialists

Member Relations staff can explain member rights. They are there to help if you have a complaint or grievance. They can give you information or help if you want to appeal a decision your team made.

Toll-Free: 1-877-622-6700
8:00 a.m. – 4:30 p.m. Monday-Friday

If you are experiencing an emergency, call 911

Other important contacts

Adult protective services

Every county has an agency that looks into reported incidents of abuse, neglect, financial exploitation, and self-neglect. Call your county help line to talk with someone about known or suspected abuse of an adult (age 18 to 59) or an adult age 60 or older.

- **Adams County** (Health & Human Services Department)
Phone: 608-339-4505
- **Ashland County** (Health & Human Services Department)
Phone: 715-682-7004
- **Barron County** (Department of Health & Human Services)
Phone: 715-537-5691
- **Bayfield County** (Department of Human Services)
Phone: 715-373-6144
- **Brown County** (Human Services)
Phone: 920-448-7885
- **Buffalo County** (Aging and Disability Resource Center)
Phone: 866-578-2372
- **Burnett County** (Health & Human Services Department)
Phone: 715-349-7600
- **Calumet County** (Department of Health & Human Services)
Phone: 920-849-1400
- **Chippewa County** (Department of Human Services)
Phone: 715-726-7788

- **Clark County** (Department of Social Services)
Phone: 866-743-5233
- **Columbia County** (Aging and Disability Resource Center)
Phone: 608-742-9233
- **Crawford County** (Human Services Department)
Phone: 608-326-0248
- **Dane County** (Department of Human Services)
Phone: 608-261-9933
- **Dodge County** (Aging and Disability Resource Center)
Phone: 920-386-3580
- **Door County** (Human Services)
Phone: 920-746-7155
- **Douglas County** (Department of Health & Human Services)
Phone: 715-395-1304
- **Dunn County** (Aging and Disability Resource Center)
Phone: 715-232-4006
- **Eau Claire County** (Department of Human Services)
Phone: 715-839-7118
- **Fond Du Lac County** (Aging and Disability Resource Center)
Phone: 920-929-3466
- **Forest County** (Human Services Department)
Phone: 888-452-3296
- **Florence County** (Department of Human Services)
Phone: 715-478-7709
- **Grant County** (Department of Social Services)

Phone: 608-723-2136

- **Green County** (Aging and Disability Resource Center)

Phone: 608-328-9499

- **Green Lake County** (Health and Human Services)

Phone: 920-294-4070

- **Iowa County** (Aging and Disability Resource Center)

Phone: 608-930-9835

- **Iron County** (Human Services Department)

Phone: 715-561-3636

- **Jackson County** (Aging and Disability Resource Center)

Phone: 844-493-4245

- **Jefferson County** (Human Services)

Phone: 920-674-3105

- **Juneau County** (Department of Human Services)

Phone: 608-847-2400

- **Kewaunee County** (Human Services)

Phone: 920-338-0626

- **La Crosse County** (Aging and Disability Resource Center)

Phone: 800-500-3910

- **Lafayette County** (Human Services)

Phone: 608-776-4800

- **Langlade, Lincoln, and Marathon Counties** (North Central Community Services)

Phone: 855-487-3338 or 715-841-5160

- **Manitowoc County** (Department of Human Services)

Phone: 920-683-4230

- **Marinette County** (Aging and Disability Resource Center)

Phone: 715-732-3850

- **Marquette County** (Human Services)

Phone: 608-297-3124

- **Menomonee County** (Health & Human Services)

Phone: 715-799-3861

- **Milwaukee County** (Aging and Disability Resource Center)

Phone: 866-229-9695

- **Monroe County** (Aging and Disability Resource Center)

Phone: 800-500-3910

- **Oconto County** (Health & Human Services)

Phone: 920-834-7000

- **Oneida County** (Department of Social Services)

Phone: 715-369-7499

- **Outagamie County** (Health and Human Services)

Phone: 920-832-5169

- **Ozaukee County** (Human Services)

Phone: 262-284-8200

- **Pepin County** (Aging and Disability Resource Center)

Phone: 866-578-2372

- **Pierce County** (Aging and Disability Resource Center)

Phone: 715-273-6780

- **Polk County** (Human Services Department)

Phone: 715-485-8400

- **Portage County** (Health & Human Services Department)

Phone: 715-345-5350

- **Price County** (Health & Human Services)

Phone: 715-339-2158

- **Richland County** (Aging and Disability Resource Center)

Phone: 608-647-4616

- **Rock County** (Human Services Department – ADRC)

Phone: 608-741-3600 or 855-741-3600

- **Rusk County** (Department of Health & Human Services)

Phone: 715-532-2299

- **St. Croix County** (Department of Health and Human Services)

Phone: 715-246-8255

- **Sauk County** (Department of Human Services)

Phone: 608-355-4200

- **Sawyer County** (Health & Human Services Department)

Phone: 800-569-4162

- **Shawano County** (Department of Social Services)

Phone: 715-526-4700

- **Sheboygan County** (Aging and Disability Resource Center)

Phone: 920-467-4700

- **Taylor County** (Human Services Department)

Phone: 715-748-3332

- **Trempealeau County** (Aging and Disability Resource Center)

Phone: 800-273-2001

- **Vernon County** (Aging and Disability Resource Center)

Phone: 800-500-3910

- **Vilas County** (Department of Social Services)

Phone: 715-479-3668

- **Walworth County** (Department of Health & Human Services)

Phone: 262-741-3200

- **Washburn County** (Health & Human Services Department)

Phone: 715-468-4747

- **Washington County** (Aging and Disability Resource Center)

Phone: 262-335-4497

- **Waukesha County** (Aging and Disability Resource Center)

Phone: 262-548-7848

- **Waupaca County** (Health and Human Services)

Phone: 715-258-6400

- **Waushara County** (Department of Human Services)

Phone: 920-787-6618

- **Winnebago County** (Department of Human Services)

Phone: 877-886-2372

- **Wood County** (Department of Social Services)

Marshfield Area Phone: 715-387-6374

Wisconsin Rapids Area Phone: 715-421-8600

Aging and disability resource centers

Aging and disability resource centers (ADRCs) are the first place to go to get accurate, unbiased information related to aging or living with a disability. ADRCs are friendly, welcoming

places where anyone—individuals, families, friends, or professionals—can go for information tailored to their situation. ADRCs provide information on programs and services, help people understand their long-term care options, and help them apply for programs and benefits. Call 844-WIS-ADRC (844-947-2372) for help finding your local ADRC or Tribal ADRCs.

Visit dhs.wi.gov/adrc for more information about ADRCs.

Ombudsman programs

An ombudsman is an independent advocate or helper who does not work for Inclusive. Anyone receiving Family Care services can get free help from an ombudsman. The organization to contact depends on the member's age.

- If you are age **60 or older**, contact the Board on Aging and Long Term Care. Go to longtermcare.wi.gov, call 800-815-0015 (TTY: 711), or email BOALTC@wisconsin.gov.
- If you are **18 to 59 years old**, contact Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.

Local and Tribal agencies

You must report changes in your living situation or finances within 10 days of the change. For example, if you move, you must report your new address. These changes can affect whether you are eligible for Medicaid and Family Care. Report these

changes to your local or Tribal agency and Inclusa. You can find the nearest agency at dhs.wi.gov/im-agency.

ACCESS

You can use the ACCESS website to make changes to your living situation or finances, renew your benefits, check status and balances, or use as a resource for different programs. Log in or create an account at access.wi.gov.

ForwardHealth

ForwardHealth is the card you use to get services that are covered by your Medicaid program. ForwardHealth member services can help find providers, get a new card, and understand your covered services and copays. If you have problems using your ForwardHealth card for things like eyeglasses, doctor visits, or prescriptions, call Member Services at 800-362-3002.

Reporting public assistance fraud

Fraud means getting coverage or payments you know you should not get or helping someone else get coverage or payments you know they should not get. This includes for yourself or helping others. If you commit fraud, you can get in legal trouble. If a court decides someone got health care benefits through fraud, they will have to pay back the state for those benefits. There might be other penalties too.

If you suspect anyone of misusing public assistance funds, including Family Care, call the fraud hotline 877-865-3432 or file a report at dhs.wi.gov/fraud. Report directly to Inclusa at 877-622-6700 or at fraud@inclusa.org.

FoodShare (QUEST Card)

QUEST is the card you use to buy food with your FoodShare benefits. If you have questions or concerns about FoodShare, want to know your balance, or have a lost or stolen card, call QUEST Card Services at 877-415-5164.

Wisconsin Division of Quality Assurance

If you think a caregiver, agency, or facility has violated state or federal laws, you have the right to file a complaint with the Wisconsin Division of Quality Assurance. To file a complaint, call 800-642-6552.

Inclusa Billing Questions

If you have questions about cost share, room and board charges, or billing processes, call our main office toll free at 1-877-622-6700 during normal business hours (8:30a.m. to 4:30p.m., Monday – Friday) and ask to speak to a Member Liabilities Specialist. They can also help you if you are not able to pay a bill or want to set up automatic billing and payment.

Chapter 2. Welcome and introduction

Welcome to Inclusa

Welcome to Inclusa, a managed care organization that runs the Family Care program. Family Care is a Medicaid long-term care program for older adults and adults with physical, developmental, or intellectual disabilities. People in the program receive services to help them live in their own home whenever possible.

Family Care:

- 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.

This handbook gives you the information you need to:

- Learn the basics of Family Care.
- Know what services you can get in Family Care.
- Know your rights and responsibilities as a Family Care member.
- File a grievance or appeal if you have a problem or concern.

If you would like help reviewing this handbook, please contact your care team.

How can the Family Care program help me?

Family Care provides services and supports to help you live as independently as possible while making sure you are safe and supported at home through natural, volunteer, and paid supports. It also includes care management to help arrange and manage your services and supports.

As a Family Care member, Inclusa will talk with you about what services and supports you need. This might include help with things like bathing, transportation, housekeeping, or home-delivered meals.

Who will help me?

When you become a Family Care member, a care team from Inclusa will work with you to help meet your needs. You are the center of your care team. **You should be involved in every part of planning your care.**

Your care team will include you and:

- A registered nurse.
- A social worker or Care Coach.
- Other professionals, depending on your need. This might be an occupational or physical therapist, or a mental health specialist.
- Anyone else you want involved, including family members or friends.

Your care team's job is to work with you to:

- Find your strengths, resources, needs, and preferences.
- Make a care plan for how you'll get the help you need.
- Make sure you get the services in your care plan.
- Make sure the services meet your needs and are cost-effective.
- Make sure your care plan continues to work for you.

Inclusa believes our members should have a say in how and when care is provided. This is called personal choice. Being a member and having personal choice also means you are responsible for helping your care team find the best ways to support you. Let your team know if you need any help taking part in the process.

Who will provide my services?

You will get long-term care services from Inclusa providers. We will give you information on providers you can use. For a list of Inclusa providers, you can:

- Ask your care team
- Access the Inclusa website.

You and your care team will work together to choose providers who best support your needs.

Inclusa does not pay for all services that you need. For example, visits with your primary care doctor and filling a prescription are covered by Medicaid. Inclusa will help you understand the difference between services from Medicaid providers and long-term care services from Family Care providers.

Chapter 3. Things to know about getting services

How is my care plan developed?

Identify your personal outcomes

First, you will work with your care team to identify your **personal outcomes**. Personal outcomes are goals you have for your life. Only you can decide what is important to you. These outcomes can include:

- The living situation and support you want, like:
 - Where to live and who you want to live with
 - Needed support and services and who you get them from
 - Your daily routines
- Goals for your lifestyle and daily experiences, such as:
 - Time with family and friends
 - A job or other activities
 - Community involvement
 - Stability
 - Respect and fairness
 - Privacy
- Goals for your health and well-being, like being:
 - Healthy
 - Safe

- Free from abuse and neglect

Your care team will help you identify your personal outcomes. They will look at which services will support your needs best, as well as which services are the most cost-effective. Cost-effective means that the service meets your outcomes at a reasonable price. Then, Inlusa will provide services. Keep in mind, this does not mean Inlusa will always provide the services your team decides on. **The things you do for yourself and the help you get from family, friends, and others are an important part of your care plan.**

Identify your long-term care outcomes

You and your care team will also identify your **long-term care outcomes**. These are your goals for independence to help you live the life you want. Family Care provides services and supports to help you meet these goals. For example:

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

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

What should be in your care plan?

Your care plan will include:

- Your physical health needs and your ability to perform certain activities (like eating and dressing).
- Your strengths and preferences.
- Your personal outcomes.
- Your long-term care outcomes.
- The services you will get.
- Who will provide each service.
- The things you will do yourself or with help from family, friends, or others in your community.

Your care team will ask you to sign your care plan to show you helped make it. You will get a copy of your signed plan. If you are not happy with your plan, you can choose not to sign it. You can file a grievance and appeal if needed. (See Chapter 8 for more information.)

You will talk with your care team regularly to check if your services are helping you. Your care team is required to meet with you in person at least once every three months. They may meet with you more often if needed.

How are services selected and approved?

You must have approval for all services **before** you get them. Inlusa will not pay for services without our prior approval. **If you arrange for services yourself without your care team's approval, you may have to pay for them.** Talk with your team if you need a service that is not approved.

Inlusa is responsible for supporting your long-term care outcomes. We also have to think about cost when planning your care.

How services are approved

You and your team will talk about the services you need. Together, you will explore how to meet your long-term care outcomes. You and your team will use a step-by-step process to approve services. The process helps you decide if the services are cost effective, a good value for cost, and support your long-term care needs. This process is called a resource allocation decision by the MCO.

It is important for people who already help you in your day-to-day life to stay involved in your care. For example, these might be friends, family, or neighbors. Inlusa will purchase other services that your own supports cannot provide.

Basic rules for getting services

We will generally cover your services as long as they:

- Are included in the Family Care benefits.
- Support your long-term care outcomes.
- Are the most cost-effective way to support

Self-directed supports

Self-directed supports are a way for you to find, purchase, and direct services. You and your care team will meet to talk about what services you can self-direct. If you choose to self-direct one or more of your services, you will work with your team to:

1. Make a budget for those services, and
2. Create a plan that outlines how you will direct the services.

You may self-direct one or all of your services. For example, you might self-direct your personal care services but have your team manage providers that help you get medical supplies. You can also change your mind and self-direct more or less in the future.

You cannot self-direct residential care and care management services.

If you are interested in self-directed supports, ask your care team for more information.

What if my needs change?

Your services may change over time as your health and life changes. For example, you may need fewer services if your physical health gets better. If your needs increase, we will make sure you get the help you need to stay safe, healthy, and as independent as possible. Our goal is to provide the right service, in the right amount, in the right place.

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If your needs change, let your care team know. They are always there to support you.

How do I use the provider network?

You and your team will choose the providers you need from a list in Inclusa's provider network directory. You can request a paper copy from your team. We might use a provider outside our network if we do not have one who can meet your needs or if all our regular providers are too far from where you live. You must talk with your care team to choose a provider outside our network.

If you are an American Indian or Alaska Native, you can get covered services from an Indian health care provider outside of our network.

If you want to switch to a provider in another network, you must contact your care team for approval. **You may be responsible for the cost of the service if you use a new provider without getting your care team's approval.**

How does Family Care help me manage my services?

Inclusa respects the choices of our members. For example:

- You say what is important for your outcomes. Family Care supports things like choosing your own living arrangement, daily routine, and support services. You work with your care team to find ways to support your outcomes. If you do not think your care plan supports your outcomes, you can file a grievance or appeal. (See Chapter 8 for more information.)
- If you ask, we will consider using a provider we do not usually use.
- You can ask for a specific provider to come to your home or provide intimate personal care. This could include a family member. **The provider or family member must meet our requirements and accept the amount of money we pay.**
- You have a right to change to a different care team up to two times per year. You do not have to say why you want a different team. Inlusa may not always be able to meet your request or give you the specific team you want.
- You may choose to self-direct one or more of your services.

What should I do in case of an emergency?

If you have an emergency, call 911.

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

An emergency is an illness, injury, symptom, or condition that is very serious. Most people would seek care right away to avoid harm. This could be something like 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 or go to the nearest emergency room, hospital, or urgent care center.
- Tell emergency and hospital staff you are a member of Inclusa.
- You or someone else should contact your care team as soon as possible to tell them about your emergency care.

Even though Family Care does not cover medical services, it is important to let your care team know if you go to the emergency room or are admitted to the hospital. That way we can let your current providers know you are in the hospital. We can also coordinate follow-up services. For example, your doctor might refer you to a home health agency. Your care team would need to approve the home health services before you leave the hospital.

How do I get care after normal business hours?

If you have an urgent need that cannot wait until the next business day, call 877-622-6700 or TTY: 711. Staff are available 24 hours a day, seven days a week and can temporarily approve services you need until the next business day. Your care team will follow up with you to decide if the services should continue.

What happens if I need care away from home for a period of time?

It is important to let your care team know if you are going to be out of Inclusa's service area for a long amount of time. Inclusa will need to know the details of where you're going. We will work with your agency to find out if it will affect your status as a county resident.

- If your agency decides you will **no longer be considered a resident** of a county served by Inclusa, contact the aging and disability resource center (ADRC) in the county you are going to. The ADRC can tell you about the programs available in that county.
- If you will **still be considered a resident**, Inclusa will work with you to plan a cost-effective way to support your needs and keep you healthy and safe while you are gone.

Inclusa may find that we cannot develop a cost-effective plan that meets your needs and ensures your health and safety while

you are out of our service area. If this happens, we can ask to disenroll you from the program.

Inclusa does not pay for care if you permanently move out of our service area. If you are planning a permanent move, contact your care team to discuss as soon as possible.

Chapter 4. Family Care services

What services does Family Care provide?

The services available to you depend on your level of care. This is the amount of care you need to be healthy and safe. Family Care has two levels of care:

- **Nursing home level of care.** Your needs are high enough that you could get services in a nursing home. This does not mean you have to be in a nursing home to get services.
- **Non-nursing home level of care.** You have some need for long-term care services, but you would not be eligible to get services in a nursing home. Family Care offers a limited set of services at this level of care.

Not all members can get every service Family Care offers. You will only get the services you need to support your long-term care outcomes and ensure your health and safety. Talk to your care team if you think you need a service listed in this chapter. You and your care team will use the service approval process to create the most cost-effective care plan for you.

Inclusa might need to provide a service that is not listed. You and your care team will decide when you may need different services to meet your long-term care outcomes.

Family Care services

These are the services you can get if they are:

- Needed to support your long-term care outcomes.
- Approved by your care team.
- Included in your care plan.

	Nursing Home Level of Care	Non-Nursing Home Level of Care
Community-Based Medicaid State Plan Services		
Alcohol and other drug abuse (AODA) day treatment services (in all settings except hospital-based or physician provided)	✓	✓
Alcohol and other drug abuse (AODA) services (except inpatient or physician provided)	✓	✓
Care or case management services	✓	✓
Community support program (except physician provided)	✓	✓
Durable medical equipment and medical supplies (except hearing aids,	✓	✓

	Nursing Home Level of Care	Non-Nursing Home Level of Care
prosthetics, and family planning supplies)		
Home health	✓	✓
Mental health day treatment services (in all settings)	✓	✓
Mental health services (except inpatient or physician provided)	✓	✓
Nursing (including respiratory care, intermittent and private duty nursing)	✓	✓
Occupational therapy (in all settings except inpatient hospital)	✓	✓
Personal care	✓	✓
Physical therapy (in all settings except inpatient hospital)	✓	✓
Speech and language pathology services (in all settings except inpatient hospital)	✓	✓
Transportation to medical appointments (except ambulance)	✓	✓

	Nursing Home Level of Care	Non-Nursing Home Level of Care
Institutional Medicaid State Plan Services		
Nursing home, including intermediate care facility for individuals with intellectual disabilities and institution for mental disease. (Services in an institution for mental disease are only covered for members under age 21 or age 65 and older.)	✓	
Home and Community-Based Waiver Services		
<p>Adult day care</p> <p>Adult day care services are provided to a group of adults in a setting outside the home for part of the day. It's for adults who need social interaction. It's also for those who need supervision, help with daily activities, and support to be healthy and safe. Services may include personal care, light meals, medical care, and transportation to and from the day care site.</p>	✓	
Assistive technology	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Assistive technology includes items that help people with daily activities at home, work, and in the community. They may include technology like tablets, mobile devices, or software, items called adaptive aids, and a fully trained service dog from a reputable provider. The service may also include an assessment of a person’s assistive technology needs and repair or maintenance of devices or items.</p>		
<p>Competitive integrated employment (CIE) exploration</p> <p>CIE exploration services help members explore career pathways. They also help members decide if they want to work in the community alongside people who do not have disabilities. Services include business tours, job shadowing, informational interviews, or employment planning. Members can also get education about employment services for people with disabilities and help with identifying interests,</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
knowledge, and skills that may be useful for finding a job.		
<p>Communication assistance</p> <p>Communication assistance includes items and services needed to help with hearing, speaking, reading, or other forms of communication. Items may include alternative or augmentative communication systems, speech amplification devices, electronic technology, mobile applications, and software. Services may include sign language interpretation or facilitation, assessment of communication needs, repair and maintenance of communication devices, and training to be able to use communication devices.</p>	✓	
<p>Consultative clinical and therapeutic services for caregivers</p> <p>Consultative clinical and therapeutic services help unpaid caregivers and paid support staff carry out a treatment or support plan. Services include assessments, development of home treatment plans, support plans,</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>intervention plans, and training and assistance to carry out the plans. Services also include training for caregivers and staff who serve members with complex needs (beyond routine care).</p>		
<p>Consumer education and training Consumer education and training services help people with disabilities develop self-advocacy skills, support self-determination, exercise civil rights, and get the skills needed for control and responsibility over other support services. These services include education and training for members and their caregivers or legal decision makers. It may pay for enrollment fees, books and other educational materials, and transportation to training courses, conferences, and other similar events.</p>	✓	
<p>Counseling and therapeutic services Counseling and therapeutic services treat personal, social, physical, medical, behavioral, emotional, cognitive, mental health, or alcohol or</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>other drug abuse disorders. It may include help adjusting to aging and disability, help with relationships, and recreational, art, or music therapy. It may also include nutrition, medical, weight, or grief counseling.</p>		
<p>Daily living skills training Daily living skills training helps members do everyday tasks. This includes skills that help the member be independent and take part 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.</p>	✓	
<p>Day services Day services are regularly scheduled activities provided outside the home to a group of adults. Day services help members participate in the community, learn social skills, and develop the</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
skills needed for activities of daily living and community living.		
<p>Financial management services</p> <p>Financial management services help with managing service dollars or personal finances. If a member chooses to self-direct one or more services, this service includes a person or agency paying service providers after the member authorizes payment. These services also help members budget to ensure money is available for housing and other needs.</p>	✓	
<p>Health and wellness</p> <p>Health and wellness services help members maintain or improve their health, well-being, social skills, and inclusion in the community. They include activities that focus on developing healthy habits; classes, lessons, and events related to physical activity and nutrition; wellness services like yoga and mindfulness classes; and sexuality education and training.</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Home-delivered meals</p> <p>Home delivered meals (sometimes called "meals on wheels") include the preparation and delivery of one or two meals a day if a member is unable to make or get healthy meals without help. Home delivered meals can also help members if they are unable to manage a special diet recommended by a health care provider for a medical condition.</p>	✓	
<p>Home modifications</p> <p>Home modifications include items and services that make a member's home safer and easier to get around in. This may include ramps, stair lifts, wheelchair lifts, kitchen or bathroom modifications, specialized accessibility or safety adaptations, and voice-, light-, or motion-activated electronic devices that increase the member's self-reliance and ability to live independently.</p>	✓	
<p>Housing counseling</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Housing counseling helps members find accessible, affordable, and safe housing in the community. 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. Housing counseling does not include payment for rent or mortgage.</p>		
<p>Personal emergency response system (PERS) PERS directly connects a member with health professionals in case of an emergency. It is a phone or other electronic system.</p>	✓	
<p>Prevocational services Prevocational services are learning and work experiences that help members develop general strengths and skills to get jobs in community settings. Members can learn how to work with supervisors, coworkers, and</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
customers. They can also learn about how to dress, follow directions, do tasks, solve problems, stay safe, and get around. These services help members get jobs in the community that pay them the usual wage and benefits paid to employees who do not have disabilities.		
<p>Relocation services</p> <p>Relocation services include one-time expenses that help members move from an institution or residential care setting to their own home or apartment in the community. They can help pay for moving expenses, cleaning and organization, a security deposit, and utility connection costs. They can also help with furniture, cooking utensils, cleaning and household supplies, and basic furnishings and appliances.</p>	✓	
<p>Remote monitoring and support</p> <p>Remote monitoring and support services help members get live support from a remote caregiver. The remote caregiver can make sure the member</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>is safe and provide support in case of an emergency. This service provides technology like sensors, monitors, and other two-way communication devices. It also includes the support provided by remote caregivers and the repair and maintenance of devices. The member has to say in writing that they want this service.</p>		
<p>Residential services Residential services are provided in a homelike community-based residential setting. They include 1-2 bed adult family homes and settings for three or more adults (like 3-4 bed adult family homes or residential care apartment complexes). Services usually include personal care, help with daily activities, home care, treatment, and general support and supervision. Services may also include transportation and recreational or social activities, behavior and social support, and daily living skills training.</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Respite care</p> <p>Respite services provide short-term breaks for family or other primary caregivers. This helps relieve daily stress and care demands. Respite care may be provided in the member's home, a residential facility, a licensed camp, a hospital, or a nursing home.</p>	✓	
<p>Self-directed personal care services</p> <p>Self-directed personal care services help members with daily activities and housekeeping needed to live in the community. This includes help with bathing, eating, dressing, managing medications, oral, hair, and skin care, meal preparation, paying bills, getting around, going to the bathroom, transferring, and using transportation. The member chooses the person or agency that provides their services and may act as their employer or co-employer. A physician must write an order for a member to get this service.</p>	✓	
<p>Skilled nursing</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>Skilled nursing is care that can only be provided by an advanced practice nurse, a registered nurse (RN), or a licensed practical nurse supervised by an RN. Skilled nursing includes tracking symptoms and reactions, general nursing duties, and may include keeping an eye on a medical condition.</p>		
<p>Specialized medical equipment and supplies</p> <p>Specialized medical equipment and supplies are items that maintain the member’s health, manage a medical or physical condition, and improve functioning or independence. Items may include over-the-counter medications, medically necessary prescribed skin lotions, prescribed Vitamin D, multi-vitamins or calcium supplements, and books or therapy aids.</p>	✓	
<p>Support broker</p> <p>A support broker is a person or agency the member chooses to help plan, get,</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
and direct self-directed supports. A support broker knows about local services and can help recruit, hire, train, manage, and schedule workers.		
<p>Supported employment services Supported employment services help members get and keep jobs. The goal is to keep a job in the community at or above minimum wage, working alongside people who do not have disabilities. The job should also meet their personal and career goals.</p> <ul style="list-style-type: none"> • Individual employment services help members get a job, grow skills for that job, and get interviews. It could also include job coaching and training, rides to work, workplace personal assistance, benefits counseling, career advancement services, or self-employment support. • Small group employment services are services and training provided in a business, industry, or community setting for groups of two to six 	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in community workplaces. Services may include small group career exploration and education, skill development, employment planning, job placement, meeting with employers, job coaching and training, rides to work, and work experiences matched to the member’s interests and skills.</p> <ul style="list-style-type: none"> • Vocational futures planning and support helps members get, keep, or advance in a job in the community. This may include assistive technology assessment, creating an employment plan, career exploration, job seeking support, job coaching and training, and ongoing personal assistance at their job. Members can also learn more about work incentives and how 		

	Nursing Home Level of Care	Non-Nursing Home Level of Care
employment may impact their benefits.		
<p>Supportive home care</p> <p>Supportive home care helps with daily living activities and personal needs at home or in the community. Services help with staying safe in the home and community, routine housekeeping tasks like cleaning, cooking, and laundry, and major household tasks like yard care and snow removal. Services may also help with dressing, bathing, managing medications, eating, going to the bathroom, grooming, getting around, paying bills, using transportation, and household chores.</p>	✓	
<p>Training services for unpaid caregivers</p> <p>Training services for unpaid caregivers help those who provide unpaid care, training, companionship, supervision, or other support to a member. It trains unpaid caregivers how to do treatments and use equipment in</p>	✓	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<p>treatments and other services included in the member’s care plan and gives guidance on how to keep the member safe in the community.</p>		
<p>Transportation services</p> <ul style="list-style-type: none"> • Community transportation services help members access community services, activities, and resources included in their care plan. This may include tickets or fare cards, reimbursement for mileage, as well as transportation of members and their attendants to destinations. It excludes emergency (ambulance) transportation. • Non-emergency medical transportation services help members get 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. It excludes non-medical transportation, which is provided under community transportation— 	<p>✓</p>	

	Nursing Home Level of Care	Non-Nursing Home Level of Care
see above. It also excludes emergency (ambulance) transportation.		
<p>Vehicle Modifications</p> <p>Vehicle modifications are disability-related changes to the vehicle that is the member’s primary means of getting around. These services help the member access the community and improves their independence. It may include changes to seats and seatbelts, driver control devices, vehicle lifts, platforms, ramps, and tie-downs or wheelchair docking systems. The service also includes the cost of materials, services, inspections, and maintenance of these changes. The service does not include the purchase of a vehicle or general maintenance.</p>	✓	

What services are not provided?

Family Care does not provide the services that are available through your Medicaid program. You would access these services with your ForwardHealth card. They may also be covered by Medicare, Veterans (VA) benefits, or other insurance besides Medicaid. Your care team will work closely with you to help you get these services when you need them and will let you know if they have copayment.

- Alcohol and other drug abuse services (provided by a physician or in an inpatient setting)
- Audiology, including evaluation of hearing function and rehabilitation of hearing impairments
- Chiropractic
- Crisis intervention
- Dentistry
- Emergency care (including air and ground ambulance)
- Eyeglasses
- Family planning services
- Hearing aids and hearing aid batteries
- Hospice (supportive care of the terminally ill)
- Hospital: inpatient and outpatient, including emergency room care (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)

- Services in an institution for mental disease (services are only covered for members under age 21 or age 65 and older)
- Independent nurse practitioner services
- Lab and X-ray
- Medications and prescription drugs
- Mental health services (provided by a physician or in an inpatient setting)
- Optometry
- Physician and clinic services (except for outpatient physical therapy, occupational therapy, and speech and language pathology, mental health services from a non-physician, and alcohol and other drug abuse services from a non-physician)
- Podiatry (foot care)
- Prenatal care coordination
- Prosthetics
- Psychiatry
- School-based services
- Transportation by ambulance

Family Care does not provide these items and services:

- Services your care team did not approve or are not included in your care plan
- Services not needed to support your long-term care outcomes

- Normal living expenses, such as 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

In lieu of service or setting

Inclusa may cover some services or settings that are not normally covered in Family Care for individuals at non-nursing home level of care. These services are called “in lieu of” or substitute services or settings.

Deciding if an “in lieu of” service or setting is right for you is a team effort. Your care team will work with you to help make the best choice. **You have a right to choose not to participate in one of these settings or treatments.**

Inclusa may offer the following services as a substitute for state plan home health care or state plan personal care:

- Supportive home care
- Respite care
- Personal emergency response system
- Daily living skills training
- Day habilitation services
- Prevocational services

- Residential services
- Home delivered meals
- Counseling and therapeutic services

Inclusa may offer the following services as a substitute for state plan transportation services:

- Specialized transportation

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

Will I pay for any services?

You will have to pay for any services that are not in your care plan and are not approved by your care team.

You will have to pay a fixed amount (called a copayment) for some covered services, like medications, doctor visits, and hospital visits. For example, you might have a \$5 copayment for a prescription.

Two other types of expenses you may have to pay each month are:

- Cost share or patient liability
- Room and board

Room and board

If you are living in an adult family home, community-based residential facility, or residential care apartment complex, you

will have to pay room and board (rent and food.) We will tell you how much it will cost and will send you a bill each month.

Inclusa will pay for the medical care and supervision services you get in an adult family home, community-based residential facility, or residential care apartment complex.

If you have questions about room and board, or cannot make a payment, contact your team or your Member Liabilities Specialist at 1-877-622-6700 toll-free. Your care team may connect you with resources to find a home that fits your needs and is in your budget

Cost share or patient liability

You may have to pay your share of monthly costs to stay in Family Care. Your **cost share** (sometimes called “out-of-pocket costs”) is based on things like your income, housing costs, and medical expenses. What you pay for some expenses may lower your cost share. Check with your care team to see what expenses can reduce your cost share and how to document the amount you spent.

Members who live in a nursing home or are likely to live in a nursing home for 30 or more days in a row pay **patient liability** instead of a cost share.

The income maintenance agency will determine the amount you must pay each month. If you have a cost share or patient liability, Inclusa will send you a bill each month.

To make sure you are paying the right amount, **you must report all income and asset changes to your care team and your agency within 10 days of the change.** Assets include vehicles, cash, checking and savings accounts, and cash value of life insurance.

If you do not pay your monthly cost share or patient liability, you may lose your eligibility and be disenrolled from Family Care. If you think your cost share is incorrect, you can file a request for a state fair hearing with the Wisconsin Division of Hearings and Appeals. (See Chapter 8 for more information.)

If you have questions about cost share or patient liability, contact your team.

Cost-share reduction

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

A lower cost share may make your monthly living expenses more affordable and allow you to stay enrolled in Family Care. Complete an "Application for Reduction of Cost Share" to ask

for a reduction. Get the form from your agency or download it at dhs.wi.gov/library/collection/f-01827.

Send in with your application copies of documents that show your monthly income, expenses (like utility bills or car payments), and the cost share amount you pay to Inlusa. The application will have more details on the kind of proof you need and examples.

You can get free help with the application from:

- Your Inlusa care team
- If you are age **60 or older**, contact an elder benefit specialist. To find an elder benefit specialist in your county or Tribe, contact your local aging and disability resource center or aging office: dhs.wi.gov/benefit-specialists/counties.htm, or call 844-947-2372 to find and connect with your local agency.
- If you are **18 to 59 years old**, contact the ombudsman program through Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.

Room and board

If you are living in an adult family home, community-based residential facility, or residential care apartment complex, you will have to pay room and board (rent and food.) We will tell you how much it will cost and will send you a bill each month.

Inclusa will pay for the medical care and supervision services you get in an adult family home, community-based residential facility, or residential care apartment complex. 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 team or your Member Liabilities Specialist at 1-877-622-6700 toll-free. Your care team may be able to help you find a facility that meets your needs at a more affordable rate.

If you have questions about room and board or cannot make a payment, contact your team. Your care team may connect you with resources to find a home that fits your needs and is in your budget.

How do I make a payment?

You can make cost share and room and board payments by check or money order. Payments should be sent to the address referenced on your monthly statement.

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 your care team approves as part of your care plan. If you get a bill from a provider, do not

pay it. Instead, contact your team so they can follow up with the provider.

Does Family Care pay for residential services or nursing homes?

Family Care covers residential care and nursing home services. However, moving from home to a care facility or nursing home should be a last resort.

Before going into residential care or a nursing home, your care team will determine:

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

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 Inlusa or may not be willing to accept the rate we pay.

If you are living in your own home and you and your care team agree you should no longer live there, you will decide together about residential services. You and your team are responsible for finding the most affordable option within Inlusa's provider network that meets your needs. Once you move, we will continue to work with you while you are in the residential facility or nursing home.

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

How are Medicare and my other insurance benefits coordinated?

When you enroll with Inlusa, we will ask if you have any insurance other than Medicaid. Other insurance includes Medicare, retiree health coverage, long-term care insurance, 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.**

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

Medicaid estate recovery applies to most long-term care services whether they are provided by Inlusa or Medicaid.

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

Ask your care team for more information about estate recovery. You can also visit dhs.wi.gov/medicaid/erp.htm or call 800-362-3002 (TTY:711).

Chapter 6. Your rights

We must honor your rights as a member of Inclusa.

You have the right to get information in a way that works for you. To get information from us in a way that works for you, contact your care team.

- You have the right to have an interpreter with you when you are getting your services or meeting with your care team.
- You have a right to get this member handbook in another language or format.

You have the right to always be treated with dignity, respect, and fairness. You have the right to:

- Get compassionate, considerate care from Inclusa staff and providers.
- Get your care in a safe, clean environment.
- Not have to do work or perform services for Inclusa.
- Be encouraged and get help talking to Inclusa staff about changes in policy you think should be made or services you think should be provided without negative treatment.
- Be encouraged to exercise your rights as a member of Inclusa.
- Be free from discrimination. Inclusa 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.
- 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 not be restrained or forced to be alone, to make you behave in a certain way, to punish you, or because someone finds it useful.
 - 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 you. Self-neglect is when you are responsible for your own care and you fail to get 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 you do if you are experiencing abuse, neglect, or financial exploitation? Talk with your care team about any issues of this kind. They can help you report it and get services that help you stay safe. You should always call 911 in an emergency.

If you feel you or someone you know is a victim of abuse, neglect, or financial exploitation, you can contact Adult Protective Services. Adult Protective Services helps 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 their own safety due to a health condition or disability. Contact information for Adult Protective Services are listed in Chapter 1 by county (pages 8-11).

- **You have the right to get timely access to your covered services.** As a member of Includa, you have a right to get services listed in your care plan when you need them.
- **You have the right to privacy of your personal health information.** If you have questions or concerns about the privacy of your personal health information, call your team.
- **You have the right to access your medical records.** You can ask your care team for a copy of your records. You have the right to ask Includa to change or correct your records.
- **You have the right to get information about Includa, our network of providers, and available services.** Contact your care team for this information.
- **You have a right to make decisions about your services.** For example, you have the right to:

- Know about all your choices. This means you have the right to be told about all the options available, what they cost, and if they are covered by Family Care. You can also suggest other services you think would meet your needs.
 - Be told about any risks involved in your care.
 - Say “no” to any recommended care or services.
 - Get second medical opinions. Ask your care team for help getting a second opinion.
-
- **You have the right to make an advance directive.** This means you can give instructions about what you want done if you are not able to make decisions because of an accident or serious illness.

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.

You decide whether you want an advanced directive. Your care team can explain how to create and use an advance directive, but they cannot force you to have one or treat you differently based on whether you have an advance directive.

You can file a complaint with the Wisconsin Division of Quality Assurance if you think Inlusa is not following

your advance directive. To file a complaint, call 800-642-6552.

Contact your care team to learn more about advance directives. You can also find advance directive forms at dhs.wi.gov/forms/advdirectives.

- **You have the right to receive your Family Care services in places that let you be a true part of the community you live in.** 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 get services during the day. Inclusion must make sure you get your Family Care 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.
 - Take part in community life.
 - Find and take part 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.

Talk with your care team if you have concerns about the places you get services in.

Chapter 7. Your responsibilities

You have some responsibilities as a member of Inclusa. You should:

- Become familiar with the services Family Care offers. You should also understand what you need to do to get your services.
- Take part in your care planning by participating in monthly contacts and in-person visits, including home visits, with your care team.
- Take part in the resource allocation decision process to find the most cost-effective ways to meet your needs and support your long-term care outcomes.
- Talk with your care team about ways your friends, family, or other community and volunteer organizations can help support you or ways you can do more for yourself.
- Follow the care plan that you and your care team agreed to.
- Be responsible for your actions if you refuse treatment or do not follow the instructions from your care team or providers.
- Use providers that are part of Inclusa's network unless you and your care team decide otherwise.

- Follow Inclusa’s procedures for getting care after hours.
- Let us know if you move to a new address or change your phone number.
- Let us know of any planned temporary stay or move out of our service area.
- Provide Inclusa with correct information about your health care needs, finances, and preferences and tell us as soon as possible about any changes. This includes signing a release of information form when we need other information you do not have easily available.
- Treat your team, home care staff, and service providers with dignity and respect.
- Accept services without regard to the provider’s race, color, religion, age, gender, sexual orientation, health, ethnicity, creed (beliefs), or national origin.
- Pay any monthly costs on time. This includes any cost share or room and board charges. Let your care team know as soon as possible if you have problems with your payment.
- Use your Medicare and other insurance benefits, when appropriate.

- Take care of any durable medical equipment you get, such as wheelchairs and hospital beds.
- Report fraud or abuse by providers or Inlusa employees. If you suspect someone is committing or has committed fraud or abuse of public assistance funds, including Family Care, call the fraud hotline at 877-865-3432 or visit dhs.wi.gov/fraud.
- Not engage in any fraudulent activity or abuse benefits. This includes:
 - Not being truthful about your level of disability.
 - Not being truthful about your income and assets.
 - Not being truthful about where you live.
 - Selling medical equipment supplied by Inlusa.

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

- Call your care team for help if you have questions or concerns.

Tell us how we are doing. We may ask if you want to take part in member interviews, satisfaction surveys, or other quality review activities. Your feedback will help us identify our strengths as well as the areas we need to improve. Let us know if you would like to know the results of any surveys.

Chapter 8. Grievances and appeals

Introduction

If you are unhappy with your care or services, you have a right to file a grievance or appeal a decision made by Inlusa and to receive a timely and fair review. The best place to start is by talking with your care team. This is usually the easiest and fastest way to address your concerns.

- An **appeal** is a way to ask for someone to look closer at a decision Inlusa made about your benefits. These decisions are called adverse benefit determinations.
- A **grievance** is when you are not satisfied with Inlusa, one of our providers, or the quality of your care or services. You can file a grievance when you are not satisfied with anything other than an adverse benefit determination.

If you do not want to talk with your care team, you have other ways to voice your concerns.

- You can call a member rights specialist, who can work with you throughout the grievance and appeal process to try to find a solution. They will:
 - Tell you about your rights
 - Try to solve your concerns
 - Help you file a grievance or appeal

For help with the grievance and appeal process, contact:

Inclusa
Member Rights Specialist
2801 Hoover Road, Unit 3
Stevens Point WI 54481
Phone: 877-622-6700 (TTY: 711)
Email: memberrelations@inclusa.org

- You can file a grievance or appeal with Inclusa.
- You can work with an ombudsman program. These programs are available to help all Family Care members with grievances and appeals.
 - If you are age **60 or older**, contact the Board on Aging and Long Term Care. Go to longtermcare.wi.gov, call 800-815-0015 (TTY: 711), or email BOALTC@wisconsin.gov.
 - If you are **18 to 59 years old**, contact Disability Rights Wisconsin. Go to disabilityrightswi.org, call 800-928-8778 (TTY: 711), or email info@drwi.org.
- A family member, friend, attorney, or advocate can help you.

Copy of your case file

You have a right to a free copy of your case file. It includes all documents, medical records, and other materials related to your

grievance or appeal. To request a copy, contact Member Relations 877-622-6700 or memberrelations@inclusa.org

You will not get in trouble if you complain or disagree with your care team or your providers. If you file a grievance or appeal, you will not be treated differently. We want you to be satisfied with your care.

Grievances

What is a grievance?

A grievance is when you are not satisfied with Inclusa, one of our providers, or 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 doesn't listen to you.
- You have trouble getting appointments with a provider.
- You aren't satisfied with your provider's incontinence products.

Who can file a grievance?

A grievance may be filed by:

- You.
- Your legal decision maker. For example, a legal guardian or activated power of attorney for health care.
- A person or organization you have appointed as your authorized representative for Medicaid.
- 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.

File your grievance with Includa

You can file a grievance with Includa by calling or writing to us.

Includa
Attn: Member Relations
2801 Hoover Road, Unit 3
Stevens Point, WI 54481
Toll-Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799
E-mail: memberrelations@includa.org

What happens next?

You will be sent a letter within five business days to let you know we received your grievance. Then, Inlusa staff will try to help address your concerns. We might not be able to come up with a solution. Or, you might not want to work with Inlusa staff. In these cases, our Grievance and Appeal Committee will review your grievance and make a decision. Here's how it works:

- We will let you know when the committee plans to meet to review your grievance.
- The meeting is confidential.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- The committee will give you a chance to explain your concerns. You may provide information, evidence, and testimony to the committee.
- Your care team or other Inlusa staff will likely be at the meeting.
- The committee will decide within 90 days from the date we first received your grievance. The committee will send you a letter with the decision.

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

You can ask DHS to review the Grievance and Appeal Committee's decision about your grievance. Call the complaint

and grievance hotline at 888-203-8338 or email dhsfamcare@wisconsin.gov.

What is the deadline to ask for a DHS review?

Inclusa's Grievance and Appeal Committee must send you a decision on your grievance within 90 days from the date we receive your grievance.

- You have 45 days from the date you receive the committee's decision to ask for a DHS review.
- If you do not have a decision from the committee within 90 days, you have 45 days from when you should have received a decision to ask for a DHS review.

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

What happens next?

DHS works with an outside organization called MetaStar to review grievances. If you ask for a DHS review, MetaStar will:

- Reply in writing to let you know they received your request.

- Complete its review of your grievance within 30 days of receiving your request.
- Send you and Inclusa 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.

Appeals

What is an appeal?

An appeal is a way to ask for someone to look closer at a decision Inclusa made about stopping, suspending, or reducing your benefits, or in other situations listed in the section below titled “What types of issues can I appeal?” These decisions are called **adverse benefit determinations**.

What types of issues can I appeal?

You have the right to file an appeal if Inclusa:

- Denies your request for a service.
- Limits your request for a service.

- Ends, reduces, or suspends (temporarily stops) a service you have been receiving.
- Denies payment to a provider for a service.
- Asks you to pay an amount you don't believe you owe.
- Does not arrange or provide services in a timely manner.
- Denies your request to pick a service outside the provider network.
- Does not follow grievance and appeals timelines.
- Asks DHS to disenroll you.

You can also file an appeal with Inlusa if:

- Your functional eligibility changes.
- You are found to be at the non-nursing home level of care.
- 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.
 - Requires you to accept care, treatment, or support items that you don't want or that you believe are too restrictive.

If any of these situations happen, Inlusa will send you **Notice of Adverse Benefit Determination** that includes your appeal rights. Read it carefully—it may tell you the deadline for filing

your appeal and other time-sensitive information. If you have questions, call one of our member rights specialists for help.

Notice of Adverse Benefit Determination. The notice includes the date we plan to stop, suspend, or reduce your services. To see what a Notice of Adverse Benefit Determination looks like, go to Appendix 3.

Who can file an appeal?

An appeal may be filed by you or:

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

How do I file an appeal?

You can file an appeal by whatever method is easiest for you.

- **By phone.** Call Member Relations at 877-622-6700 or TTY: 711.
- **By mail, fax, or email.** Send a request form or letter to:

Inclusa

Attn: Member Relations
2801 Hoover Road, Unit 3
Stevens Point, WI 54481
Toll-Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799
E-mail: memberrelations@inclusa.org

You can get the appeal request form at dhs.wi.gov/familycare/mcoappeal.htm or from your agency.

What is the deadline to file an appeal with Inclusa?

Your appeal to Inclusa must be postmarked, faxed, or emailed **no later than 60 days from the date on the Notice of Adverse Benefit Determination.**

Can I keep getting services during my appeal?

If Inclusa is stopping, suspending, or reducing your services, you can ask to keep getting your services during your appeal. You must postmark, fax, or email your request **on or before** the date Inclusa plans to change your services.

What happens next?

If you file an appeal with Inclusa, we will send you a letter within five business days to let you know we received it. We will try to help address your concerns or come up with a solution

that works for both Inlusa and you. We might not be able to come up with a solution, or you might not want to work with Inlusa staff to address your concerns. In this case, our Grievance and Appeal Committee will meet to review your appeal. Here's how it works:

- We will let you know when the committee plans to meet to review your appeal.
- The meeting is private.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- Your care team or other Inlusa staff will likely be at the meeting.
- The committee will give you a chance to explain why you disagree with your care team's decision. You or your representative can present information, evidence, and testimony. You can bring witnesses or describe your concerns to help the committee understand your point of view.
- After the committee hears your appeal, Inlusa will send you a decision letter within 30 days of the date we received your appeal. Inlusa may take up to 44 days to issue a decision if:
 - You ask for more time to give the committee information.
 - We need more time to gather information. If we need more time, we will send you a letter letting you know the reason for delay.

Speeding up your appeal

Inclusa has 30 days to decide your appeal. You may ask us to speed up your appeal. We call this an “expedited appeal.” If so, we will decide if your health or ability to perform your daily activities requires a quicker decision. We will let you know as soon as possible if we will speed up your appeal.

With an expedited appeal, you will get a decision within 72 hours of your request. However, Inclusa may extend this to a total of 14 days if we need more information and if the delay is in your best interest. If you have more information you want us to consider, you will need to submit it quickly.

To ask for an expedited appeal, contact:

Inclusa
Attn: Member Relations
2801 Hoover Road, Unit 3
Stevens Point, WI 54481
Toll-Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799

E-mail: memberrelations@inclusa.org

State fair hearings

If you disagree with Inlusa decision, you can ask for a state fair hearing. A fair hearing gives you the chance to tell an administrative law judge why you think there has been a wrong decision about your application or benefits.

How do I request a state fair hearing?

- **Send a request form to the Division of Hearings and Appeals.** The request form is online at dhs.wi.gov/library/f-00236.htm. You can also get a copy from Inlusa's member rights specialist or from one of the advocacy organizations listed in this handbook (see page 89). An example of the form is in Appendix 5.
- **Mail a letter.** Include your name, contact information, and signature. Explain what you are appealing.

Send the form or a letter asking for a hearing to the Division of Hearings and Appeals, PO Box 7875, Madison, WI 53707-7875. Fax: 608-264-9885. Or email DHAMail@wisconsin.gov.

Make sure to sign the request form or letter and include a copy of Inlusa's appeal decision with your request. If Inlusa does not give an appeal decision, include a copy of Inlusa's letter acknowledging receipt of your appeal. Do not send your original copy of either letter.

What is the deadline to request a state fair hearing?

- Your request for a fair hearing must be postmarked no later than 90 days from the date you receive a decision letter from Inclusa's Grievance and Appeal Committee.
- You can also request a state fair hearing if Inclusa does not provide you with its decision within 30 days from the date it received your appeal. In that case, you have 90 days from the date Inclusa's decision timeframe expires to request a fair hearing.

Continuing Your Services During Your State Fair Hearing of a Reduction, Suspension, or Termination of a Service

If you kept getting services during your appeal with Inclusa, you can keep getting the same services until the administrative law judge makes a decision on your fair hearing request.

If you want to keep your benefits during your state fair hearing, you must:

- Postmark or fax your request for a state fair hearing **on or before** the date Inclusa plans to stop, suspend, or reduce your services.
- Ask that your services continue throughout the course of your state fair hearing.

If the administrative law judge decides that Inlusa was right, **you may need to repay the extra benefits that you received between the time you asked for your appeal and the time that the administrative law judge makes a decision.** However, if it would cause you a large financial burden, you might not have to pay back this cost.

What happens next?

- After you send in your request for a state fair hearing, the Division of Hearings and Appeals will mail you a letter with the date, time, and location of your hearing.
- The hearing will be done by phone or held at an office in your county.
- An administrative law judge will run the hearing.
- You have the right to take part in the hearing. You can bring an advocate, friend, family member, or witnesses with you.
- Your care team or other Inlusa staff will be at the hearing to explain their decision.
- You will have a chance 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 administrative law 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.

You can also file an appeal related to decisions about your financial eligibility for Family Care.

- If your agency decides you are no longer financially eligible for Family Care or says your cost share payment will change, the agency will send you a letter with information about your eligibility. It will include information about your right to request a fair hearing.

Filing an appeal with the Division of Hearings and Appeals is the only way to challenge decisions related to **financial eligibility** for Family Care. This includes decisions about your cost share.

What can I do if I disagree with the administrative law judge's decision?

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

- 1.) Ask for a rehearing. If you want the Division of Hearings and Appeals to reconsider its decision, you must ask within 20 days from the date of the administrative law judge's decision. The administrative law judge will only grant a rehearing if one or both apply:
 - You can show that a serious mistake in the facts or the law happened

- You have new information that you were unable to get 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.

Who can help me with my grievance or appeal?

You can contact one of Inlusa's member rights specialists any time you need help with a grievance or appeal or you have questions about your rights. Advocates can also help answer questions about the grievance and appeal processes. An advocate can also tell you more about your rights and help make sure Inlusa is supporting your needs and outcomes. You can ask anyone to act as an advocate for you, including family members, friends, an attorney, or any other person willing to help.

Ombudsman programs

Regional ombudsmen programs help all Family Care members with grievances and appeals, free of charge. Both ombudsmen programs will typically try to resolve your issues without a hearing. These agencies help Family Care members:

- If you are age **60 or older**, contact the Board on Aging and Long Term Care:

- Go to longtermcare.wi.gov,
- Call 800-815-0015 (TTY: 711),
- Email BOALTC@wisconsin.gov,
- Fax 608-246-7001, or
- Write to: Wisconsin Board on Aging and Long Term Care

1402 Pankratz Street, Suite 111
Madison, WI 53704-4001

- If you are **18 to 59 years old**, contact Disability Rights Wisconsin:

- Go to disabilityrightswi.org,
- Call 800-928-8778 (TTY: 711),
- Email info@drwi.org,
- Fax: 833-635-1968, or
- Write to: Disability Rights Wisconsin
1502 West Broadway, Suite 201
Madison, WI 53713

Chapter 9. Ending your membership in Inclusa

There are a few ways your membership in *Inclusa* may end:

- You can choose to end your membership in Inclusa at any time.
 - If you want to end your membership in Family Care, contact one of the ADRCs in Inclusa's service regions.
 - Call 844-WIS-ADRC (844-947-2372) for help finding your local ADRC or Tribal ADRCs.
 - Visit dhs.wi.gov/adrc for more information about ADRCs.

- Inclusa must report the information to your agency. In limited situations your membership will end even if that wasn't your choice:
 - If your eligibility ends.
 - Your finances change, which make you lose financial eligibility for Family Care.
 - You are no longer functionally eligible as determined by the Wisconsin Adult Long Term Care Functional Screen.
 - You do not pay your cost share.
 - You intentionally give us incorrect information that affects your eligibility for the program.

- With approval from DHS

- You stop accepting services for more than 30 days 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.

Your membership cannot be ended because your health declines or you need more services.

You have the right to file an appeal if you are disenrolled from Family Care or your membership in Inlusa ends.

Appendices

Appendix 1. Glossary

Abuse: The physical, mental, or sexual abuse of an individual. Abuse also includes neglect, financial exploitation, treatment without consent, and unreasonable confinement or restraint.

Administrative law judge: An official who runs a state fair hearing to resolve a dispute between you and your managed care organization (MCO).

Advance directive: A written statement of a person's wishes about medical treatment. An advance directive is used to make sure medical staff carry out those wishes should the person be unable to communicate.

Advocate: Someone who can help you make sure your MCO is addressing your needs and outcomes.

They can help you informally resolve disputes and may 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. ADRCs are responsible for handling enrollment and disenrollment in the Family Care program.

Appeal: A request for your MCO to review a decision that denied, reduced, or suspended a service. For example, if your care team refuses to pay for a service or ends a service, you have the right to file an appeal.

Assets: Items of value you own, such as vehicles, cash, checking and savings accounts, certificates of deposit, money market accounts, and cash value of life insurance.

Authorized representative for Medicaid: A person or organization you appoint to help you get and keep Medicaid using a form. Use F-10126A (dhs.wi.gov/library/collection/f-10126a) for a person or F-10126B (dhs.wi.gov/library/collection/f-10126b) for an organization.

Benefits: The services available to Family Care members. These include personal care, home health, transportation, medical supplies, and nursing care.

Care plan: An ongoing plan that documents your personal outcomes and long-term care outcomes, needs, preferences, and strengths. The plan identifies the services you will get from family and friends and identifies approved services your MCO will provide.

Care team: Every Family Care member is assigned a care team, which includes a social worker or care coach, and a registered nurse. You and your care team assess your needs, identify your outcomes, and create your care plan. They will approve, coordinate, and monitor your services.

Copayment: A fixed amount you pay for a covered health care service.

Cost Share: A monthly amount you may have to pay to stay in Family Care.

Cost-effective: The option that effectively supports your long-term care outcomes at a reasonable cost, price, and effort.

Department of Health Services (DHS): The State of Wisconsin agency that runs Wisconsin's Medicaid programs, including Family Care.

Disenroll or disenrollment: The process of ending your membership in Family Care.

Division of Hearings and Appeals: The State of Wisconsin agency responsible for state fair hearings.

Enroll or enrollment: The process for applying or signing up for a program.

Estate recovery: The process where the State of Wisconsin seeks repayment for costs of Medicaid services a person gets through Medicaid-funded long-term care. The state recovers money from an individual's estate after they and their spouse dies.

Expedited appeal: A process you can use to speed up your appeal if you think waiting the standard amount of time could seriously harm your health or ability to perform daily activities.

Family Care: A Medicaid long-term care program that helps older adults and adults with physical, developmental, or intellectual disabilities. People in the program get services to help them live in their own home whenever possible.

Financial eligibility: Financial eligibility means eligibility for Medicaid. The agency looks at your income and assets to decide if you are eligible for Medicaid. You must be eligible for Medicaid to be in Family Care.

Functional eligibility: The Wisconsin Adult Long Term Care Functional Screen determines whether you are functionally eligible for Family Care. It collects information on your health

condition and need for help with activities like bathing, getting dressed, and using the bathroom.

Grievance: A complaint about care, services, or other general matters. You can file a grievance if you are unhappy with the quality of your care, relationships between you and your care team, your member rights.

Guardian: The court may appoint a guardian for you if you are unable to make decisions about your own life.

Income Maintenance Agency: Your local agency determines financial eligibility for Medicaid, Family Care, and other public benefits. Go to dhs.wi.gov/im-agency to find the nearest agency.

Legal decision maker: A person who has legal authority to make decisions for you. A legal decision maker may be a guardian of you, or your 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 meet either a “nursing home” level of care or a “non-nursing home” level of care to be eligible for Family Care.

Long-term care: The services and support you may need because of a disability, getting older, or chronic illness that limits your ability to do the things that are part of your daily routine. This includes things like bathing, getting dressed, making meals, going to work, and paying bills.

Long-term care outcome: A situation, condition, or circumstance you or your care team identify that maximizes your independence.

Managed care organization (MCO): The agency that operates the Family Care program.

Medicaid: A medical and long-term care program operated by the Wisconsin Department of Health Services (DHS). You must meet Medicaid eligibility requirements to be a Family Care member.

Medicare: The federal health insurance program for people age 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, prescription drugs, and other services.

Member: A person who meets functional and financial eligibility criteria and enrolls in Family Care.

Member rights specialist: An MCO employee who can help you understand your rights and responsibilities. The member rights specialist helps with concerns about care and services and can help you file a grievance or appeal.

MetaStar: The agency the Wisconsin Department of Health Services (DHS) works with to review and make final decisions on member grievances.

Natural supports: The people in your life who already choose to help you.

Non-nursing home level of care: The amount of help you need includes some long-term care services, but not services in a

nursing home. A limited set of Family Care services is available at this level of care.

Notice of adverse benefit determination: A written notice from the MCO that explains a change in service and the reason for the change. The MCO must send you this notice if they deny your request for a covered service, refuse to pay for a covered service, or plan to stop, suspend, or reduce a service.

Notification of appeal rights: A letter that explains your options for filing an appeal. MCOs must send a letter of appeal rights if they didn't provide services in a timely way or didn't meet the deadlines for handling an appeal.

Nursing home level of care: The amount of help you need is significant enough that you are eligible to get services in a nursing home. A broad set of Family Care services is available at this level of care.

Ombudsman: A person who investigates reported concerns and can help you resolve issues with your care and services.

Personal outcomes: The goals you have for your life.

Power of attorney for health care: A legal document you can use to authorize someone to make health care decisions on your behalf in case you become unable to make those decisions on your own.

Prior authorization (prior approval) – The care team must authorize your services before you receive them (except in an emergency). If you get a service or go to a provider outside of the network, the MCO may not pay for the service.

Provider network: Agencies and individuals the MCO contracts with to provide services. Providers include attendants,

personal care, supportive home care, home health agencies, assisted living care facilities, and nursing homes. The care team must authorize your services before you can choose a provider from the directory.

Residential services: Residential care settings include adult family homes, community-based residential facilities, residential care apartment complexes, and nursing homes.

Resource allocation decision process: A tool you and your care team use to help find effective and efficient ways to meet your needs and support your long-term care outcomes.

Room and board: Rent and food costs for living in a residential care setting. You are responsible for paying your room and board expenses.

Self-directed supports (SDS): A way for you to arrange, purchase, and direct some of your long-term care services. You can choose to have control over your budget for services. You may also have responsibility for your providers, including hiring, training, supervising, and firing your direct care workers.

Service area: The area where you must live to enroll and stay enrolled with Inclusa.

State fair hearing: A hearing held by an administrative law judge who works for the State of Wisconsin Division of Hearing and Appeals.

Appendix 2. Application for Reduction of Cost Share

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-01827 (12/2022)

STATE OF WISCONSIN
Administrative Rule
DHS 10.34

APPLICATION FOR REDUCTION OF COST SHARE

This process is optional. However, if you would like to request a reduction of cost share, completing this form is required. All the information requested on this form needs to be submitted. Under s 49.45(4), Wis Stats, personally identifiable information about members is confidential and is used for purposes directly related to Family Care, PACE, and Family Care Partnership administration.

Who can request a cost share reduction?

- Are you a Family Care, Family Care Partnership, or PACE member?
- Do you have to pay a monthly cost share?
- Are you unable to pay your monthly cost share due to your necessary monthly living expenses?

If you answered yes to all three questions above, you may qualify for a reduction of your cost share.

NOTE: Members who live in nursing homes are NOT eligible for cost share reduction.

Necessary monthly living expenses include costs such as mortgage payments, rent, home/renter's insurance, property taxes, clothing, food, hygiene items, internet, phone, utilities, and the cost of operating and maintaining a vehicle.

NOTE: If your monthly living expenses have significantly increased, please contact your managed care organization (MCO) care manager to update your information. This may automatically reduce your cost share to the appropriate amount without requiring completion of this application.

To request a reduction of your cost share, please complete this form or provide the same information in your own format and mail, fax, or email it to:

Member Rights Specialist
Department of Health Services
Bureau of Programs and Policy
1 West Wilson Street, Room 518
P.O. Box 7851
Madison, WI 53707-7851
Fax: 608-266-5629
Email: DHSLTCFax@dhs.wisconsin.gov

Along with your application, you will need to submit proof of your monthly income, your monthly expenses, and the cost share you owe to your MCO. The form tells you what type of proof is needed and examples of the types of documents to provide. The Wisconsin Department of Health Services (DHS) will review your application and proof to calculate if the amount of cost share you pay each month can be reduced. Please note processing takes

approximately 30 days after receipt of the complete application. DHS will send you a letter approving or disapproving your request. If you have questions, please call: 1-855-885-0287. TTY: 711

Who can help me complete this form?

You can obtain assistance, free of charge, from the following resources:

- **Your MCO care manager**
Contact your MCO care manager for assistance.
<https://www.dhs.wisconsin.gov/familycare/mcocontacts.pdf>
- **If you are age 18-59**, contact the **ombudsman program through Disability Rights Wisconsin**. An ombudsman can provide free and confidential support toll free at 1-800-928 8778, mention Family Care.
- **If you are age 60+**, contact an **elder benefit specialist**.
An elder benefit specialist can help answer your questions. Services are free and confidential. To find an elder benefit specialist in your county or Tribe, contact your local Aging and Disability Resource Center or aging office:
<https://www.dhs.wisconsin.gov/benefit-specialists/counties.htm>

APPLICATION FOR REDUCTION OF COST SHARE

Answer the questions on this form as completely as you can. If you are filling out this form for someone else, answer the questions as they apply to that person. If more space is needed, attach a separate sheet(s) of paper and indicate the number and letter (if any) of the question you are answering.

Section 1—Applicant Information

Last Name	First Name	Middle Initial	
Mailing Address—Street	City	State	Zip Code
Phone Number	Email Address		
Name of Managed Care Organization (MCO) Member is Enrolled in			
Name of MCO Care Manager			

Date of Birth (mm/dd/yyyy)	Medicaid ID Number or CARES ID
----------------------------	--------------------------------

Section 2—Authorized Representative (complete this section if applicable)

Last Name—Representative	First Name—Representative	Middle Initial	
Mailing Address—Street	City	State	Zip Code
Phone Number	Email Address		

A. Source of Authority to Act as Member’s Representative:

Check the boxes that apply. *Proof Required:* For any box you have checked, attach a copy of the document that grants you the authority to act as the member’s representative. For example, a signed guardianship order or activated power of attorney document.

- Guardian of Estate
 Guardian of the Person
 Power of Attorney for Finances
 Attorney
 Power of Attorney for Health Care
 Other—Specify:

Section 3—Current Cost Share and Amount of Cost Share Reduction Requested

Answer the questions below. *Proof Required:* Attach a copy of your monthly cost share bill from the MCO or the State of Wisconsin.

A. What is your current monthly cost share amount? (This is the amount of cost share you must pay to the MCO now.)	\$		per
	month		
B. What is the amount of monthly cost share you can afford to pay? (This is the amount of cost share you would pay the MCO if your request is fully granted.)	\$		per
	month		

Section 4—Why Cost Share Reduction is Necessary

Please explain why you need a reduction in cost share (attach additional pages, if needed):

Section 5—Past Cost Share Amount

A. Do you owe the MCO cost share for past months? Yes No

B. If yes, how much do you owe? \$

Section 6—Current Income Amount

List all types of income you receive below. *Proof required:* Attach documentation such as copy of social security statement, annual tax return, statement from a pension or annuity company, paystubs, bank records of deposits into your checking or savings account from social security, pension, or annuity.

A. Total monthly gross income (This is income before taxes, Medicare Part B and D premiums, and other deductions are taken out). \$ per month

B. Total monthly net income (This is the actual income you receive after taxes, Medicare Part B and D premiums, and other deductions are taken out). Also known as “take-home” pay. \$ per month

C. TYPE		D. Source of income AMOUNT
<input type="checkbox"/> Social Security	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Pension	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Annuity	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached Supporting Document	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached Supporting Document	\$

Section 7—Current Monthly Living Expenses		
A.	B. List your total monthly necessary living expenses below. Proof required: Attach documentation such as a copy of a mortgage statement, rental agreement or lease, condo fee invoice, property tax bill, insurance bill, utility bill, bank statement, or cancelled check.	
TYPE		AMOUNT
<input type="checkbox"/> Mortgage	<input type="checkbox"/> Attached mortgage bill or other supporting document	\$
<input type="checkbox"/> Rent	<input type="checkbox"/> Attached lease or other supporting document	\$
<input type="checkbox"/> Homeowner's insurance	<input type="checkbox"/> Attached homeowner's insurance bill or other supporting document	\$
<input type="checkbox"/> Renter's insurance	<input type="checkbox"/> Attached insurance bill or other supporting document	\$
<input type="checkbox"/> Property taxes	<input type="checkbox"/> Attached property tax bill or other supporting document	\$
<input type="checkbox"/> Condo fees	<input type="checkbox"/> Attached condo association fee or other supporting document	\$
<input type="checkbox"/> Clothing	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Electric/Gas	<input type="checkbox"/> Attached electric/gas bill or other supporting document	\$
<input type="checkbox"/> Food	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Hygiene	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Internet	<input type="checkbox"/> Attached internet bill	\$
<input type="checkbox"/> Maintenance and operation of vehicle	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Phone (landline or cell, not both)	<input type="checkbox"/> Attached phone bill or other supporting document	\$
<input type="checkbox"/> Sewer/Septic	<input type="checkbox"/> Attached sewer/septic bill or other supporting document	\$
<input type="checkbox"/> Water	<input type="checkbox"/> Attached water bill or other supporting document	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached supporting documentation	\$
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Attached supporting documentation	\$

Section 8—Contact Information for Person who Assisted Member with Form (complete this if applicable)

NAME — MCO Care Manager, Ombuds, Family Member, or Other	Title
Email or Phone	Date

Section 9—Fair Hearing Request

Have you requested a fair hearing with the Wisconsin Department of Administration, Division of Hearings and Appeals regarding your cost share amount? Yes No

If yes, what is the date the hearing occurred or is set to occur?
Date (mm/dd/yyyy)

SIGNATURE – Member or Authorized Representative	Date Signed
--	--------------------

Appendix 3. Sample Notice of Adverse Benefit Determination

**FAMILY CARE
NOTICE OF ADVERSE BENEFIT DETERMINATION**

Mailing Date: Insert Date Notice Mailed

Member Name

Member ID: Member's ID or MCI Number

Member/Legal Decision Maker's Street Address

City, State Zip Code

Dear Member Name,

This notice confirms our discussion on insert date.

The service or support in question is: insert service in question

After reviewing the options with you using the Resource Allocation Decision (RAD) process, we have decided to:

Terminate current service.

Effective date of intended action:

Reduce current service.

Effective date of intended action:

Description of current level:

New level after reduction:

Suspend current service.

Effective date of intended action:

Expected date service will resume:

Deny request for service or support.

Date of request:

Limit request for service or support.

Date of request:

Description of requested level:

Authorized level of service or support:

Deny payment for service or support (member request).

Date of request:

Date(s) service provided:

Provider or supplier:

Payment amount being denied: \$

Deny payment for service or support (provider claim).

Service or support:

Date(s) of denial(s):

Date(s) of claims(s):

Provider/Supplier:

The reason for our decision is that:

- The service or support is not an effective way to support your outcome(s).
- You do not need this service or level of service or support to support your outcome.
- We are already supporting your outcome in another way.
- The service or support you received was not authorized.
- An informal support has been identified and has agreed to provide this service or support for you.
- The service or support is being performed by a member of your household and the service or support benefits the other individuals residing in the household with you.
- Other:

Explanation of the decision:

If you disagree with this decision, the following pages describe your options.

Sincerely,

Care manager name
Care manager title
Phone number

RN care manager name
RN Care Manager title
Phone number

Appeal Rights

1. How to appeal this decision

If you disagree with this decision, write, call, fax, or email:

Inclusa
Member Relations
2801 Hoover Rd., Unit 3
Stevens Point, WI 54481
877-622-6700
memberrelations@inclusa.org

You can get the Appeal Request form online at www.dhs.wisconsin.gov/familycare/mcoappeal.htm, or by calling one of the independent ombudsman agencies listed at the end of this notice.

Include a copy of this notice with the completed request form or letter.

2. Grievance and Appeal Committee

After **Error! Reference source not found.** receives your request, we will set up a meeting with our Grievance and Appeal Committee. The committee is made up of **Error! Reference source not found.** representatives and at least one person who is also receiving services from us (or represents someone who does).

You have the right to appear in person if you choose. You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony to this committee.

You will receive a written decision on your appeal. If you do not agree with the Grievance and Appeal Committee's decision, you can request a state fair hearing. See the "state fair hearing" section below for more information.

3. Continuation of services

If you are getting benefits and you ask for an appeal before your benefits change, you can keep getting the same benefits until the Grievance and Appeal Committee makes a decision on your appeal.

If you want to keep your benefits during your appeal, **your request must be postmarked, faxed, or emailed on or before insert effective date of intended action.**

If the Grievance and Appeal Committee decides that **Error! Reference source not found.**, decision was right, you may need to repay the extra benefits that you **received** between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

4. Deadline to file your appeal with Error! Reference source not found.

You should file your appeal as soon as possible.

Your appeal to **Error! Reference source not found.** must be postmarked, faxed, or emailed no later than 60 calendar days from the mailing date on page one of this notice. **Important:** If you would like your benefits to continue during your appeal, your appeal must be postmarked, faxed, or emailed **insert effective date of intended action.**

5. Speeding up your appeal with Error! Reference source not found.

You may ask **Error! Reference source not found.** to speed up your appeal. If **Error! Reference source not found.** decides that taking the standard amount of time could seriously harm your health or ability to perform your daily activities, we will grant you a faster appeal called an “expedited appeal.” This means you will receive a decision on your case within 72 hours of your request. If you want to learn more about an expedited appeal, contact **Error! Reference source not found.** at 877-622-6700.

6. State fair hearing

You have the right to ask for a state fair hearing if you do not agree with the Grievance and Appeal Committee’s decision on your appeal.

If you ask for a state fair hearing, you will have a hearing with an independent Administrative Law Judge (ALJ). You may bring an advocate, friend, family member, or witnesses. You may also present evidence and testimony at the hearing.

Error! Reference source not found.’s member rights specialist can assist you with filing a fair hearing request. To contact a member rights specialist, call 877-622-6700. You can also get the hearing form from one of the independent ombudsman agencies listed at the end of this notice or online at www.dhs.wisconsin.gov/library/f-00236.htm.

Send the completed request form or a letter asking for a hearing and a copy of this notice to:

Family Care Request for Fair Hearing
Wisconsin Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875
Fax: 608-264-9885

Important Note: You cannot request a state fair hearing until you have received the Grievance and Appeal Committee’s decision on your appeal or **Error! Reference source not found.** fails to send you a written decision within 30 calendar days of receiving your appeal.

You have 90 calendar days from the date you receive the Grievance and Appeal Committee’s written decision on your appeal to request a state fair hearing. If **Error! Reference source not found.** fails to send you a written decision within 30 calendar days of receiving your appeal, the 90 days starts the day after the 30 calendar day period ends.

7. Who can help you understand this notice and your rights?

- a. **Error! Reference source not found.**’s member rights specialist can inform you of your rights, try to informally resolve your concerns, and assist you with filing an appeal. The member rights specialist **cannot** represent you at a meeting with our Grievance and Appeal Committee or at a state fair hearing. To contact a member rights specialist, call 877-622-6700.

- b. Anyone receiving Family Care services can get free help from an **independent ombudsman**. The following agencies advocate for Family Care members:

For members age 18 to 59:

Disability Rights Wisconsin
Toll Free: 800-928-8778
TTY: 711

For members age 60 and older:

Wisconsin Board on Aging and Long Term Care
Toll Free: 800-815-0015
TTY: 711

Copy of your case file

You have the right to a free copy of the information in your case file related to this decision. Information means all documents, medical records, and other materials related to this decision. If you decide to appeal this decision, you have the right to any new or additional information **Error!** **Reference source not found.** gathered during your appeal. To request a copy of your case file, contact a member rights specialist at 877-622-6700.

Appendix 4. Inlusa appeal request form

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00237 (08/2023)

STATE OF WISCONSIN
Wis. Stats. § 46.287(2)(c)

APPEAL REQUEST – INCLUSA

Completing this form is voluntary. Personally identifiable information collected on this form is used to identify your case and process your request only.

Name – Member		Today's Date
Mailing Address		
City	State WI	Zip Code

Check this box if you would like to appeal Inlusa's decision by requesting a meeting with the Inlusa Grievance and Appeal Committee.

Continuing your services during an appeal of a reduction, suspension, or termination of a service

If you are getting benefits and you ask for an appeal before your benefits change, you can keep getting the same benefits until a decision on your appeal has been made. If you want to keep your benefits during your appeal, your request must be postmarked or faxed **on or before the effective date of the intended action**. If the Grievance and Appeal Committee decides that Inlusa's decision was correct, you may need to repay the extra benefits that you got between the time you asked for your appeal and the time that the Grievance and Appeal Committee makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.

Check this box if you would like to request the same services to continue during your appeal.

Copy of your case file

You have a right to a free copy of the information in your case file related to your appeal. Information means documents, records and other related material including any new or additional information Inlusa gathers during your appeal.

Check this box if you would like to receive the information in your case file from Inlusa related to your appeal.

SIGNATURE – Member

Date Signed

Mail or fax this form to:

Inclusa
Attn: Member Relations
2801 Hoover Road, Unit 3
Stevens Point WI 54481
Fax: 715-345-5725
Toll Free: 1-877-622-6700
TTY: 711 or 1-715-204-1799
Email: memberrelations@inclusa.org

To start your appeal as soon as possible, you can call Inclusa at 715-204-1805 before mailing this form.

Your appeal must be postmarked or faxed no later than **60 calendar days** from the date on the Notice of Adverse Benefit Determination.

Appendix 5. State fair hearing request form

DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00236 (02/2020)

STATE OF WISCONSIN
Wis. Stats. § 46.287(2)(c)

REQUEST FOR A STATE FAIR HEARING

SECTION A – REQUIRED

Completing this form is voluntary. Personally identifiable information collected on this form is used to identify the case and process your request only.

Name – Member		Phone	Medicaid ID #
Mailing Address		Program <input type="checkbox"/> Family Care <input type="checkbox"/> Partnership <input type="checkbox"/> PACE	
City	Zip Code	Managed Care Organization (MCO)	
Today's Date		Effective Date of Adverse Benefit Determination	

Continuing your services: If the adverse benefit determination affects your services and your request is received before the effective date, your services in most cases will not stop or be reduced. (If the judge decides that the MCO's decision was right, you may need to repay the extra services that you got between the time you asked for a fair hearing and the time that the judge makes a decision. However, if it would cause you a large financial burden, you might not be required to repay this cost.)

Do you wish your services to be continued? Yes No

SECTION B

Complete only if fair hearing request is related to: <input type="checkbox"/> Eligibility <input type="checkbox"/> Cost Share	Why are you asking for a hearing? (Attach additional sheet if needed.)
---	--

SECTION C

Complete only if fair hearing request is related to one of the below. To request a fair hearing related to one of the below, you must first go through your MCO's appeals process.

- | | |
|--|--|
| <input type="checkbox"/> Functional eligibility screen conducted by MCO | <input type="checkbox"/> Failure to provide services/supports in a timely manner |
| <input type="checkbox"/> Reduction, suspension or termination of service/support | <input type="checkbox"/> Involuntary disenrollment from the MCO |
| <input type="checkbox"/> Denial or limited authorization of a requested service | <input type="checkbox"/> Denial of request to dispute a financial liability |

Denial of payment for a service

Denial of request to obtain services outside the MCO's network

Care plan

Failure of the MCO to make an appeal decision within the required timeframe

Why are you asking for a hearing? (Attach additional sheet if needed.)

Yes

No

1. Did you file an appeal with your MCO's Grievance and Appeal Committee?

Date you filed the appeal:

Yes

No

2. Did you request the same services to continue during your appeal with the MCO?

Yes

No

3. Have you received a written decision from the MCO's Grievance and Appeal Committee? Attach a copy of the decision to this form **or** briefly describe the decision below:

Summary of decision:

Yes

No

4. If you answered "No" to question 3, when was the MCO's Appeal and Grievance Committee decision due:
(If possible, attach a copy of the MCO's letter that told you when you would receive a decision.)

Note: The MCO Appeal and Grievance Committee has up to 30 days to make a decision on your appeal. You must wait to see if the MCO sends you a decision on your appeal by the date in the letter before you can request a fair hearing.

SECTION D - REQUIRED

SIGNATURE – Member

Date Signed

Mail or fax this form **AND** a copy of the MCO's appeal decision letter (or, if the MCO did not provide you with an appeal decision letter, the MCO's letter informing you of the date by which it would provide you with its decision) to:

Family Care Request for Fair Hearing
c/o Division of Hearings and Appeals
PO Box 7875
Madison WI 53707-7875
Fax: 608-264-9885

Appendix 6. Notice of privacy practices

Insurance ACE Notice of Privacy Practices

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.

The privacy of your personal and health information is important. You do not need to do anything unless you have a request or complaint.

This Notice of Privacy Practices applies to all entities that are part of the Insurance ACE, an Affiliated Covered Entity under HIPAA. The ACE is a group of legally separate covered entities that are affiliated and have designated themselves as a single covered entity for purposes of HIPAA. A complete list of the members of the ACE is available at <https://huma.na.insuranceace>.

We may change our privacy practices and the terms of this notice at any time, as allowed by law, including information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

What is nonpublic personal or health information?

Nonpublic personal or health information includes both medical information and personal information, like your name, address, telephone number, Social Security number, account numbers, payment information, or demographic information. The term "information" in this notice includes any nonpublic personal and health information. This includes information created or received by a healthcare provider or health plan. The information relates to your physical or mental health or condition, providing healthcare to you, or the payment for such healthcare.

How do we collect information about you?

We collect information about you and your family when you complete applications and forms. We also collect information from your dealings with us, our affiliates, or others. For example, we may receive information about you from participants in the healthcare system, such as your doctor or hospital, as well as from employers or plan administrators, credit bureaus, and the Medical Information Bureau.

What information do we receive about you?

The information we receive may include such items as your name, address, telephone number, date of birth, Social Security number, premium payment history, and your activity on our website. This also includes information regarding your medical benefit plan, your health benefits, and health risk assessments.

How do we protect your information?

We have a responsibility to protect the privacy of your information in all formats including electronic and oral information. We have administrative, technical, and physical safeguards in place to protect your information in various ways including:

- Limiting who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties about your information
- Training our employees about our privacy program and procedures

How do we use and disclose your information?

We use and disclose your information:

- To you or someone who has the legal right to act on your behalf
- To the Secretary of the Department of Health and Human Services

We have the right to use and disclose your information:

- To a doctor, a hospital, or other healthcare provider so you can receive medical care.
- For payment activities, including claims payment for covered services provided to you by healthcare providers and for health plan premium payments.
- For healthcare operation activities, including processing your enrollment, responding to your inquiries, coordinating your care, improving quality, and determining premiums.
- For performing underwriting activities. However, we will not use any results of genetic testing or ask questions regarding family history.
- To your plan sponsor to permit them to perform, plan administration functions such as eligibility, enrollment, and disenrollment activities. We may share summary level health information about you with your plan sponsor in certain situations. For example, to allow your plan sponsor to obtain bids from other health plans. Your detailed health information will not be shared with your plan sponsor. We will ask your permission, or your plan sponsor must certify they agree to maintain the privacy of your information.
- To contact you with information about health-related benefits and services, appointment reminders, or treatment alternatives that may be of interest to you. If you have opted out, we will not contact you.
- To your family and friends if you are unavailable to communicate, such as in an emergency.
- To your family and friends, or any other person you identify. This applies if the information is directly relevant to their involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim, we may confirm if the claim has been received and paid.
- To provide payment information to the subscriber for Internal Revenue Service substantiation.
- To public health agencies, if we believe that there is a serious health or safety threat.
- To appropriate authorities when there are issues about abuse, neglect, or domestic violence.
- In response to a court or administrative order, subpoena, discovery request, or other lawful process.
- For law enforcement purposes, to military authorities and as otherwise required by law.

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Insurance ACE Notice of Privacy Practices – continued

- To help with disaster relief efforts.
- For compliance programs and health oversight activities.
- To fulfill our obligations under any workers' compensation law or contract.
- To avert a serious and imminent threat to your health or safety or the health or safety of others.
- For research purposes in limited circumstances and provided that they have taken appropriate measures to protect your privacy.
- For procurement, banking, or transplantation of organs, eyes, or tissue.
- To a coroner, medical examiner, or funeral director.

Additional restriction on use and disclosure for specific types of information:

- Some federal and state laws may restrict the use and disclosure of certain sensitive health information such as: Substance Use Disorder; Biometric Information; Child or Adult Abuse or Neglect, including Sexual Assault; Communicable Diseases; Genetic Information; HIV/AIDS; Mental Health; Reproductive Health; and Sexually Transmitted Diseases.
- Reproductive Health Information: We will not use or disclose information to conduct an investigation into identifying (or the attempt to impose liability against) any person for the act of seeking, obtaining, providing, or facilitating lawful reproductive health care. In response to a government agency's (or other person's) request for information that might be related to reproductive health care, the person making the request must provide a signed attestation that the purpose of the request does not violate the prohibition on disclosing reproductive health care information.

Will we use your information for purposes not described in this notice?

We will not use or disclose your information for any reason that is not described in this notice, without your written permission. You may cancel your permission at any time by notifying us in writing.

The following uses and disclosures will require your written permission:

- Most uses and disclosures of psychotherapy notes
- Marketing purposes
- Sale of personal and health information

What do we do with your information when you are no longer a member?

Your information may continue to be used for purposes described in this notice. This includes when you do not obtain coverage through us. After the required legal retention period, we destroy the information following strict procedures to maintain the confidentiality.

What are my rights concerning my information?

We are committed to responding to your rights request in a timely manner.

- Access – You have the right to review and obtain a copy of your information that may be used to make decisions about you. You also may receive a summary of this health information. As required under applicable law, we will make this personal information available to you or to your designated representative.
- Adverse Underwriting Decision – If we decline your application for insurance, you have the right to be provided a reason for the denial.
- Alternate Communications – To avoid a life-threatening situation, you have the right to receive your information in a different manner or at a different place. We will accommodate your request if it is reasonable.
- Amendment – You have the right to request correction of any of this personal information through amendment or deletion. Within 60 business days of receipt of your written request, we will notify you of our amendment or deletion of the information in dispute, or of our refusal to make such correction after further investigation. If we refuse to amend or delete the information in dispute, you have the right to submit to us a written statement of the reasons for your disagreement with our assessment of the information in dispute and what you consider to be the correct information. We shall make such a statement accessible to any and all parties reviewing the information in dispute.*
- Disclosure – You have the right to receive a listing of instances in which we or our business associates have disclosed your information. This does not apply to treatment, payment, health plan operations, and certain other activities. We maintain this information and make it available to you for six years. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee.
- Notice – You have the right to request and receive a written copy of this notice any time.
- Restriction – You have the right to ask to limit how your information is used or disclosed. We are not required to agree to the limit, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted limitation.

If I believe that my privacy has been violated, what should I do?

If you believe that your privacy has been violated, you may file a complaint with us by calling us at **866-861-2762** any time. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will give you the appropriate OCR regional address on request. You can also email your complaint to **OCRComplaint@hhs.gov**. If you elect to file a complaint, your benefits will not be affected, and we will not punish or retaliate against you in any way.

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Insurance ACE Notice of Privacy Practices – continued

We support your right to protect the privacy of your personal and health information.

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 here 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.

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.

GN14474HH 01/25

How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable forms. You may obtain any of the forms by:

- Contacting us at 866-861-2762
- Accessing our website at Humana.com and going to the Privacy Practices link
- Send completed request form to:
Humana Inc. Privacy Office 003/10911
101 E. Main Street
Louisville, KY 40202

*This right applies only to our Massachusetts residents in accordance with state regulations.