



# Family Care *Member Handbook* 2012

Approved, November 2011, Wisconsin Department of Health Services



**Northern Bridges**  
*Connections & Choices in Long-Term Care*



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TTY: 800-947-3529

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### **KEV PAB TXHAIS LUS**

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## Table of Contents

<b>Chapter 1. Important phone numbers and resources .....</b>	<b>5</b>
<b>Chapter 2. Welcome and introduction .....</b>	<b>9</b>
Welcome to NorthernBridges .....	9
How can the Family Care program help me? .....	9
Who will help me? .....	10
What does it mean to be a member? .....	10
Who can be a member of NorthernBridges?.....	10
How do I become a member? .....	12
<b>Chapter 3. Things to know about getting services .....</b>	<b>13</b>
How does Family Care work?.....	13
How does Family Care help you manage your own services? .....	14
How are services selected and authorized?.....	15
How do I use the provider network?.....	15
What are self-directed supports?.....	16
What should I do in case of an emergency? .....	17
How do I receive care after normal business hours? .....	17
What if I need care while I am out of the area? .....	18
<b>Chapter 4. The Family Care benefit package .....</b>	<b>19</b>
What services are provided? .....	19
Family Care benefit package chart .....	20
What services are not provided? .....	22
<b>Chapter 5. Understanding who pays for services and coordination of your benefits .....</b>	<b>24</b>
Will I pay for any services? .....	24
How do I make a payment? .....	25
What if I get a bill for services?.....	25
Does Family Care pay for residential services or nursing homes?.....	25
How are Medicare and my other insurance benefits coordinated?.....	26
What is estate recovery? How does it apply to me? .....	26
<b>Chapter 6. Your rights .....</b>	<b>28</b>
<b>Chapter 7. Your responsibilities .....</b>	<b>30</b>
<b>Chapter 8. Grievance and appeals .....</b>	<b>32</b>
Introduction.....	32
Grievances.....	33

Appeals .....	36
Reviews by the Department of Health Services .....	40
State Fair Hearings.....	41
Who can help me with my grievance or appeal? .....	43
<b>Chapter 9. Ending your membership in NorthernBridges .....</b>	<b>45</b>
<b>APPENDICES.....</b>	<b>47</b>
Appendix 1: Definitions of Important Words.....	47
Appendix 2: Definitions of Services in the Family Care Benefit Package.....	53
Appendix 3: Sample Notice of Action.....	57
Appendix 4: NorthernBridges Appeal Request Form.....	62
Appendix 5: State Fair Hearing Request Form.....	63
Appendix 6: Notice of Privacy Practices .....	64

## Chapter 1. Important phone numbers and resources

If you are experiencing a life-threatening emergency, call 911

<b>Member Services</b>	
<b>CALL</b>	866-306-6499 Calls to this number are free. Monday through Friday 8:00 a.m. to 4:30 p.m.
<b>TTY</b>	800-947-3529 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
<b>FAX</b>	715-934-2268
<b>WRITE</b>	15954 Rivers Edge Drive, Suite 300 Hayward, WI 54843 Email: <a href="mailto:info@northernbridges.net">info@northernbridges.net</a>
<b>WEBSITE</b>	<a href="http://www.northernbridges.com">www.northernbridges.com</a>

### After-hours assistance

If you need services after hours and you can't wait until the next day, call your Team's Hub Office. You can find this phone number below and on the card in your folder. You can talk with on-call Team staff on evenings, weekends, or holidays for an urgent service that needs authorization. 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.

#### **Ashland Hub Office / 715-682-1024**

400 3<sup>rd</sup> Avenue West  
Ashland, WI 54806

#### **Centuria Hub Office / 715-646-1477**

1001 B State Road 35  
Centuria, WI 54824

#### **Hayward Hub Office / 715-934-2282**

15735 US Hwy. 63  
Hayward, WI 54843

#### **Ladysmith Hub Office / 715-532-3040**

1500 Port Arthur Road, Suite 1A  
Ladysmith, WI 54848

#### **Park Falls Hub Office / 715-744-2888**

896 4<sup>th</sup> Avenue South  
Park Falls, WI 54552

#### **Rice Lake Hub Office / 715-234-1050**

2900 College Drive  
Rice Lake, WI 54868

**Spooner Hub Office / 715-635-3122**

514 Service Road  
Spooner, WI 54801

**Superior Hub Office / 715-392-2288**

3631 Tower Avenue  
Superior, WI 54880

**MCO Member Rights Specialist (help with grievance and appeals)**

866-306-6499 (Toll Free)

TTY: 800-947-3529

Email: [memberrights@northernbridges.net](mailto:memberrights@northernbridges.net)

**Aging & Disability Resource Centers**

**Barron, Rusk and Washburn Counties – 1-888-538-3031**

Barron County – 330 E. LaSalle Avenue, Room 100, Barron, WI 54812

Rusk County – 311 Miner Avenue E., Ladysmith, WI 54848

Washburn County – 850 W. Beaverbrook Avenue, Suite 4, Spooner, WI 54801

**Ashland, Bayfield, Iron, Price and Sawyer Counties - 1-866-663-3607**

Ashland County – 630 Sanborn Avenue, Ashland, WI 54806

Bayfield County – 117 East 5<sup>th</sup> Street, Washburn, WI 54891

Iron County – 300 Taconite Street, Suite 201, Hurley, WI 54534

Price County – 104 South Eyder Avenue, Phillips, WI 54555

Sawyer County – 10610 Main Street, Hayward, WI 54843

**Burnett and Polk Counties and the St Croix Tribe - 1-877-485-2372**

Burnett County – 7410 County Road K, Suite 180, Siren, WI 54872

Polk County – 100 Polk County Plaza, Suite 60, Balsam Lake, WI 54810

**Douglas County – 1-866-946-2372**

1316 N. 14<sup>th</sup> Street, Suite 327, Superior, WI 54880

**Number to report witnessed or suspected abuse, neglect or financial exploitation**

**Ashland County Health/Human Services Department**

Daytime Hours: 7:30 - 5:00

Daytime Phone: 715-682-7004

After Hours Phone: 715-682-7023

**Barron County Department of Health & Human Services**

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-537-5691

After Hours Phone: 911

**Bayfield County Department of Human Services**

Hours: 24 Hours

Phone: 715-373-6144

After Hours Phone: 911

**Burnett County Health & Human Services Department**

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-349-7600

After Hours Phone: 715-349-2128 Sheriff's Dept. or 911

**Douglas County Department of Health & Human Services**

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-395-1304

After Hours Phone: 911

**Iron County Human Service Department**

Daytime Hours: 8:00 - 4:00

Daytime Phone: 715-561-3636

After Hours Phone: 715-561-3800 Sheriff's Dept. or 911

**Polk County Human Services Department**

Daytime Hours: 8:30 - 4:30

Daytime Phone: 715-485-8400

After Hours Phone: 715-485-8300 Sheriff's Dept. or 911

**Price County Human Services Department**

Daytime Hours: 8:00 – 4:30

Daytime Phone: 715-339-2158

After Hours Phone: 715-339-3011 Sheriff's Dept. or 911

**Rusk County Department of Health & Human Services**

Daytime Hours: 8:00 - 4:30

Daytime Phone: 715-532-2299

After Hours Phone: 715-532-2299

**Sawyer County Health & Human Services Department**

Daytime Hours: 8:00 - 5:30

Daytime Phone: 715-634-4806

TOLL FREE: 1-800-569-4162

After Hours Phone: 715-634-5213 or 911

**Washburn County Health & Human Services Department**

Daytime Hours: 8:00 - 12:00 -- 1:00 - 4:30

Daytime Phone: 715-468-4747

After Hours Phone: 715-468-4720

**The Crisis Hotline or Agency** has staff available 24 hours per day to discuss issues of domestic violence and provide support services. You may call the following numbers at any time 24 hours per day:

Ashland County 715-682-9565, or 1-800-924-4132

Northwoods Women Inc./New Day Shelter--Domestic Abuse Services

Barron County 1-800-924-9918

Department of Health and Human Services Domestic Abuse Program

Bayfield County 1-800-649-2921  
CASDA—Bayfield County Outreach--Domestic Abuse Services

Burnett County 715-349-7272, or 1-800-261-7233  
Community Referral Agency, Inc., Burnett County Outreach—Domestic Abuse Services

Douglas County 1-800-649-2921 CASDA--Domestic Abuse Services  
Human Development Center 1-800-924-0772

Iron County 906-932-0310, or 1-800-711-6744  
DOVE--Domestic Abuse Services

Polk County 1-800-261-7233  
Community Referral Agency, Inc.--Domestic Abuse Services

Price County 1-800-924-0556  
Time-Out Price Co. Outreach--Domestic Abuse Services

Rusk County 715-532-7089, or 1-800-924-0556  
Time Out Family Abuse Shelter--Domestic Abuse Services

Sawyer County 1-877-552-7474  
Oakwood Haven Program & Shelter--Domestic Abuse Services

Washburn County 1-800-924-0556  
Time-Out Washburn County Outreach--Domestic Abuse Services

You may also go to the Wisconsin Coalition Against Domestic Violence website at: [www.wcadv.org](http://www.wcadv.org) for more information.

**Ombudsman/Advocacy Organizations:**

**Disability Rights Wisconsin (DRW)**

Ombudsman Services for ages 18-59: 1-800-928-8778  
TTY/Textnet 1-888-758-6049

**Rice Lake Office** – 715-736-1232 Toll-free: 1-877-338-3724

**Milwaukee Office** – 414-773-4646 Toll-free: 1-800-708-3034

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

Ombudsman Services for ages 60 and over: 1-800-815-0015

Medicare: 1-800-633-4227 TTY:877-486-2048 website: [www.medicare.gov](http://www.medicare.gov)  
Social Security: 1-800-772-1213 TTY: 800-325-0778 website: [www.ssa.gov](http://www.ssa.gov)

## Chapter 2. Welcome and introduction

### Welcome to NorthernBridges

Welcome to NorthernBridges, a Managed Care Organization (MCO) that operates the Family Care program.

This handbook explains your rights and responsibilities, what is covered in the Family Care benefit package, and what to do if you have a problem or concern. If you are a member and you would like help in reviewing this handbook, please contact your Team.

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

The words “your Team” mean you **and** the staff from NorthernBridges that you will be working with. You are a central part of your Team. This document frequently uses the words “you and your Team.” In those situations, “your Team” is referring to the NorthernBridges staff from your Team.

If you are not yet a member and have questions, or want more information about how to enroll in Family Care or other programs, please call the Aging and Disability Resource Center (ADRC) in your area. ADRCs provide information and assistance and help people apply for programs and benefits. The ADRC is a separate agency and is not part of NorthernBridges. The ADRC is available to help you, whether or not you decide to become a Family Care member. The address and phone number of your local ADRC can be found on page 6.

### How can the Family Care program help me?

The State of Wisconsin, counties, and NorthernBridges are working together to improve the long-term care system. This new way of helping older people and people with disabilities is known as Family Care.

Family Care provides care management and a wide range of services and supports that are “individually tailored” to meet your needs. Help with bathing, transportation, housekeeping or medical equipment are just some of the services we offer. (See Chapter 4, page 20, for a list of covered services.)

We believe that if you need long-term care services, you should be able to get them when and where you need them. NorthernBridges’ Family Care program helps you live as independently as possible for as long as possible in your home or other cost-effective setting. NorthernBridges will work with you, your family and other resources in your community to provide the support and services you need to be as safe and healthy as possible.

## Who will help me?

When you become a Family Care member, you will work with a team of professionals from NorthernBridges. This is your care Team and you are a central part of it. Your Team includes you and:

- Anyone else you want to be involved, including family members or friends
- A Registered Nurse Care Manager
- A Social Services Care Manager
- Other professionals may be involved depending on your needs. For example, this could be an occupational or physical therapist, or a mental health specialist.

## What does it mean to be a member?

As a member of NorthernBridges' Family Care program, you and your Team will work together to make decisions about your health and lifestyle. Together you will make the best possible choices to support your personal needs, goals, and preferences.

You will receive your long-term care services through NorthernBridges providers. When you join Family Care, we will give you a list of service providers who have agreed to work with us. You and your Team will work together to choose providers that best support your needs and goals.

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

NorthernBridges is responsible for meeting the long-term care needs of ALL of our members. We can only do that if all of our members help us develop care plans that work but are also reasonable and cost-effective. By working together, we can make sure Family Care remains available to other people who need our services and that NorthernBridges remains a successful organization.

You can keep your current physicians, hospitals, clinics and pharmacies where you get your prescription medicines. **NorthernBridges' Family Care program is not responsible for these services.** They are paid for by Medicare, Medicaid, or other insurance – not the Family Care program. However, your Team will help coordinate the long-term care services we provide with you and your doctors and other health services. Examples of these are your general physician, prescription medications, podiatrist, dentist, chiropractor, etc.

## Who can be a member of NorthernBridges?

It is your choice whether or not to enroll in NorthernBridges. Membership is voluntary. To be eligible for Family Care you must:

- Be an adult with a physical or developmental disability or are age 65 or older.
- Be a resident of one of our service areas. (see below for the list of our service areas)
- Be financially eligible for Medicaid.
- Be functionally eligible as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- Sign an enrollment form.

In addition, there has to be an opening in the program. The Aging and Disability Resource Center (ADRC) can tell you if there will be a wait to get into Family Care.

Only individuals who live in our service area can enroll in NorthernBridges. To stay a member of our program, you must keep living in this service area. Our service area includes these counties in Wisconsin:

- Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer and Washburn

If you plan to move out of the service area, you must notify your Team. If you move outside of our service area, you may not be able to remain a member of Family Care. (For more information, see page 18.)

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

- **Financial eligibility** means eligibility for Medicaid (also known as Medical Assistance, MA, or Title 19). The Income Maintenance agency (formerly known as the Economic Support agency) looks at an individual's income and assets to determine if they are eligible for Medicaid. Sometimes to be financially eligible a member will have to pay a share of the cost of the services they receive. This is called "cost share" or "spend down" and must be paid every month to remain eligible for Medicaid. If you will have a cost share or spend down, staff from the ADRC will discuss this with you before you make a final decision about enrolling. For more information about cost share and spend down, see page 24. The Income Maintenance agency will review your financial eligibility and cost share or spend down at least once a year to make sure you are still eligible for Family Care.
- **Functional eligibility** is related to a person's health and need for help with such things as bathing, getting dressed, and using the bathroom. The ADRC can tell you if you are functionally eligible for Family Care. Your functional eligibility will be reviewed at least once a year to make sure you are still eligible.

## **How do I become a member?**

If you are not already a member, but are interested in becoming a member of NorthernBridges, please call or visit the Aging and Disability Resource Center (ADRC) in your area. The address and phone number of your local ADRC can be found on page 6 .

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

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

- Provide information about your health and needs.
- Provide information about your income and assets.
- Sign a “Release of Information” form for your medical records to better understand your long-term care and health needs.
- Complete and sign an enrollment form.

You will also meet with an Income Maintenance worker. This person will determine if you meet financial eligibility for Family Care.

## Chapter 3. Things to know about getting services

### How does Family Care work?

One of the most important things NorthernBridges will do is to help you identify your **personal outcomes**. Personal outcomes represent the things that are important to you, including your goals, hopes, and dreams.

These outcomes are the “results” we try to help you get.

The general outcomes that Family Care helps members achieve are:

- I decide where and with whom I live.
- I make decisions regarding my supports and services.
- I work or do other activities that are important to me.
- I have relationships with family and friends I care about.
- I decide how I spend my day.
- I am involved in my community.
- My life is stable.
- I am respected and treated fairly.
- I have privacy.
- I have the best possible health.
- I feel safe.
- I am free from abuse and neglect.

For example, one person’s outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment.

Your Team will work with you to design and carry out a plan that supports your personal outcomes. This does not mean NorthernBridges will always provide services to help you achieve your outcomes. **The things you do for yourself and the help you get from your family, friends, and others will still be a very important part of the plan to support your outcomes.** Before NorthernBridges buys supports and services for you, your Team has to consider which ones support your outcomes best and which are most cost-effective.

Your care plan will be clear about:

- Your strengths and preferences.
- Your personal outcomes.
- Your needs.
- What services and supports you will receive.
- Who will provide you with each service or support.
- The things you are going to do yourself or with help from family, friends, or other resources in your community.

Your Team will ask you to sign your care plan showing that you agree and are satisfied with the plan. You will get a copy of your signed plan. If you are not happy with your plan, there are grievance and appeal procedures available to you. (See Chapter 8, page 32 for more information.)

Your Team will be in contact with you on a regular basis to make sure we are supporting your personal outcomes and that you are healthy and safe. Your Team is required to meet with you in person at least every three months. Your Team may meet with you more often if there is a need for more frequent visits.

If your needs change, let your Team know. NorthernBridges can provide more or less services based on your changing needs. Please be assured we will always be there to support you.

## **How does Family Care help you manage your own services?**

NorthernBridges strives to respect the choices of our members. For example:

- Living arrangement, daily routine and support services of your choice are examples of the personal outcome categories Family Care supports. You will say what is important to you in personal outcome areas. You will work with your Team to find reasonable ways to support your outcomes. If you do not think your care plan offers reasonable supports for your personal outcomes, you can file an appeal. (See page 36 for more information).
- For providers that come to your home or provide intimate personal care, we will—upon your request—purchase services from any qualified provider you choose. The provider must meet our requirements and accept our rates.
- You have a right to change to a different Team, up to two times per calendar year. You do not have to say why you want a different Team. NorthernBridges may not always be able to meet your request.
- You may choose to self-direct all or some of your services. (See page 16 for more information.)

## How are services selected and authorized?

Your Team must approve all long-term care services **BEFORE** you receive them. Please talk with your Team if you need a service that is not already approved and in your care plan. **NorthernBridges is not required to pay for services you receive without our prior approval. If you receive services without prior approval, you may have to pay for them.**

NorthernBridges is responsible for supporting your personal outcomes, but we also have to consider cost when planning your care and choosing providers to meet your needs. To do this, your Team will use a process called the **Resource Allocation Decision (RAD)** method. The RAD method is a step-by-step tool you and your Team will use to find the most effective and efficient ways to meet your needs and support your outcomes.

Cost-effectiveness is an important part of the RAD method. Your outcomes must be reasonable, and your care plan should be both effective and efficient in supporting your outcomes. This also means that we don't support any outcomes that are impractical, dangerous, or illegal.

You don't have to accept a care plan that does not support your outcomes. We will work with you to find the most cost-effective way to support your outcomes. You may have to compromise on some of your outcomes if reaching them fully or right away is very difficult or expensive. You might not get everything you want or ask for, but we will work with you to provide the support you need to find safe and healthy ways to help you reach your personal outcomes.

Many times you can achieve one or more of your outcomes without a lot of help from NorthernBridges because family or other people are helping you. Our goal is to support the people in your life who are already helping you. This "informal support" keeps people important to you in your day-to-day life.

Your Team will also find service providers to help you. These "formal supports" must have a contract with NorthernBridges. If you are unhappy with any provider, you have the right to request a new provider, but you must talk with your Team first. Your Team must authorize all services you receive.

## How do I use the provider network?

In addition to this handbook, you will get a list of the providers we routinely use. We call this the Provider Network Directory. If you don't have a copy of the Provider Network Directory, you can request a copy from Member Services by calling 866-306-6499. You can also see the

### Basic rules for getting services

We will generally cover your services as long as:

- The services are included in the Family Care benefit package (see page 20).
- The services support your outcomes.
- The services are the most cost-effective way to support your outcomes.
- The services are included in your care plan.
- The services have been pre-approved and authorized by your Team.

Provider Directory at NorthernBridges.com. Both Member Services and the website can give you the most up-to-date information about changes in our network providers. Let your Team know if you want information about the abilities of our providers. For example, providers that have staff who speak a certain language, or understand a particular ethnic culture or religious belief.

We contract with providers that help support our members' outcomes. Our providers work with us in a cost-effective way and must meet our quality standards. Our provider network is intended to give you a choice of providers whenever possible. However, NorthernBridges also has to make sure the provider is a cost-effective choice.

After your Team approves your services, you and your Team will choose from the providers in NorthernBridges' Provider Network Directory. You usually have to receive your care from a network provider. However, we might use a provider outside of our network if we don't have one that can meet your needs. Other times we might use an outside provider is if our regular providers are all located too far from where you live. To choose a provider not in our network, you must talk with your Team.

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

Many times our members already get help from family members or friends. NorthernBridges encourages such "**informal support.**" If the people who help you need a break, we can provide fill-in help (respite care).

For providers that come to your home or provide intimate personal care, we might be able to purchase services from people who are familiar to you, such as a family member. The person you choose to use must be qualified and agree to work at a cost similar to our other providers.

Another option for arranging your services is Self-Directed Supports (SDS). See the following section for more information.

## **What are self-directed supports?**

Choosing Self-Directed Supports (SDS) means you will have more say in how and from whom you receive your long-term care services. It is an option you can use if you want to have more responsibility and be more involved in the direction of your own services.

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

Though frequently used for in-home care, SDS can also be used outside of the home (except for residential care services). Other services you can self-direct include transportation and personal care at your work place. You can choose how much you want to participate in SDS. It is not an "all or none" approach. You can choose to direct one, several, or nearly all of your supports and services. For example, you could choose to self-direct services that help you stay in your home

or help you find and keep a job. Then you could work with your Team to manage services aimed at other outcomes in your care plan.

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

If you are interested in SDS, please ask *your Team* for more information about SDS benefits and limitations.

## **What should I do in case of an emergency?**

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

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

A “life-threatening emergency,” means you believe that your health is in serious danger. An emergency could be a sudden illness, suspected heart attack or stroke, a broken bone, or a severe asthma attack.

If you have a medical emergency:

- Get help as quickly as possible. Call 911 or go to the nearest emergency room, hospital, or urgent care center.
- If you go to the emergency room or are admitted to the hospital, tell hospital staff that you are a member of NorthernBridges.
- Within 24 hours, you or someone else should call your Team to tell them about your emergency care.

Although Family Care doesn’t cover medical services, it is important to let your Team know if you go to the emergency room or are admitted to the hospital. This will ensure proper follow-up services. For example, upon discharge from the hospital, your doctor might refer you to a home health agency for follow-up services. Your Team would need to authorize the home health service before your discharge.

## **How do I receive care after normal business hours?**

If you have an urgent need that cannot wait until the next day, call your Team’s Hub Office number listed on Page 5 and on the card in your folder. On-call staff are available 24 hours a day, seven days a week. The on-call staff can authorize needed service(s) to continue until the next business day. Your Team will follow-up with you to determine whether the services should continue.

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

If you are going to be out of NorthernBridges' service area and want to continue your services during a temporary absence, you must notify your Team as soon as possible.

If you want your services to continue while you are temporarily out of the area, NorthernBridges will consult with the Income Maintenance agency to find out if you will still be considered a county resident.

- If you will **no longer be a resident**, you will lose eligibility for Family Care and be disenrolled. (If you are disenrolled for a temporary absence, you will have to re-apply for Family Care if you return to the service area.)
- If you will **still be considered a resident**, we will work with you to plan a cost-effective way to reach your outcomes and keep you healthy and safe while you are gone.

If NorthernBridges believes it cannot develop a cost-effective plan that meets your outcomes and assures your health and safety, we can ask the State of Wisconsin to disenroll you from the program. If we ask the State to disenroll you, you will be given the opportunity to challenge our request through the appeal process. (See Chapter 8, page 36 for more information.)

NorthernBridges does not pay for care if you permanently move out of the service area. If you are planning a permanent move, contact your Team as far ahead of time as possible. Your Team will talk with you about the consequences of a permanent move. You can work with your Team to coordinate the transition of services to providers in your new location.

## Chapter 4. The Family Care benefit package

### What services are provided?

NorthernBridges' Family Care program provides long-term care services. The list of services we provide is called the "Family Care Benefit Package."

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

### Your Team must approve all services before you start receiving them.

NorthernBridges might provide a service that is not listed. Alternative support or services must meet certain conditions. You and your Team will decide when you need alternative supports or services to meet your outcomes.

The services that are available to you generally depend on your level of care. Family Care has two "levels of care":

- 1.) "Nursing home level of care" – if you meet this level of care, it means that your needs are significant enough that you are eligible to receive services in a nursing home. A very broad set of services is available at this level of care.
- 2.) "Non-nursing home level of care" – if you meet this level of care, it means that you have some need for long-term care services, but you would not be eligible to receive services in a nursing home. A limited set of services is available at this level of care.

If you don't know your level of care, ask your Team.

The following services are available if they are:

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

## Family Care benefit package chart

	Nursing Home Level of Care	Non-Nursing Home Level of Care
<b>COMMUNITY BASED MEDICAID STATE PLAN SERVICES</b>		
Alcohol and Other Drug Abuse (AODA) Day Treatment Services (in all settings)	✓	✓
Durable Medical Equipment (except hearing aids and prosthetics)	✓	✓
Home Health	✓	✓
Medical Supplies	✓	✓
Mental Health Day Treatment Services (in all settings)	✓	✓
Mental Health Services, except physician or inpatient	✓	✓
Nursing (including respiratory care, intermittent and private duty)	✓	✓
Occupational Therapy (except inpatient)	✓	✓
Personal Care	✓	✓
Physical Therapy (in all settings except for inpatient hospital)	✓	✓
Speech and Language Pathology Services (except inpatient)	✓	✓
Transportation (except ambulance)	✓	✓
<b>INSTITUTIONAL MEDICAID STATE PLAN SERVICES</b>		
Nursing Facility including ICF-MR and IMD (for IMDs, coverage is for adults under age 21 or 65 and older)	✓	
<b>HOME AND COMMUNITY BASED WAIVER SERVICES<sup>1</sup></b>		
Adaptive Aids	✓	
Adult Day Care	✓	
Adult Residential Care: 1-2 Bed Adult Family Home (AFH)	✓	
Adult Residential Care: 3-4 Bed Adult Family Home (AFH)	✓	

<sup>1</sup> See Appendix 2 (page 53) for a definition of each service.

	<b>Nursing Home Level of Care</b>	<b>Non-Nursing Home Level of Care</b>
Adult Residential Care: Community Based Residential Facility (CBRF)	✓	
Adult Residential Care: Residential Care Apartment Complexes (RCAC)	✓	
Care Management Services	✓	
Communication Aids	✓	
Consumer Education and Training	✓	
Counseling and Therapeutic Resources	✓	
Daily Living Skills Training	✓	
Day Services	✓	
Financial Management Services	✓	
Home Delivered Meals	✓	
Home Modifications (environmental accessibility adaptations)	✓	
Housing Counseling	✓	
Personal Emergency Response Systems (PERS)	✓	
Prevocational Services	✓	
Relocation Services	✓	
Respite Care	✓	
Self-Directed Supports (SDS) Broker	✓	
Skilled Nursing	✓	
Specialized Medical Equipment and Supplies	✓	
Specialized Transportation	✓	
Supported Employment	✓	
Supportive Home Care	✓	
Vocational Futures Planning	✓	

## What services are not provided?

The following services are not in the Family Care long-term care benefit package:

- 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 (IMD) are not covered in most situations (it is only covered in a **nursing home** IMD for people under age 21 or age 65 and older)
- Independent Nurse Practitioner Services
- Lab and X-ray
- Medications/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 doesn't cover the services listed above. However, your Team will work closely with you to help you get these services when you need them. This includes arranging for transportation as needed. If you have Medicare, Veterans (VA) benefits, or other insurance, these insurances may cover the services listed above. There might be a co-payment for these services.

**In addition to the above list, the following items and services are not provided:**

- Services that your Team hasn't authorized or are not included in your care plan.
- Services or supports that are not necessary to support your outcomes.
- Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies and insurance.
- Personal items in your room at an assisted living facility or a nursing home, such as a telephone or a television.
- Room and board in residential housing. (See Chapter 5, page 24 for more information).
- Guardianship fees.

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

### Will I pay for any services?

You are not required to pay for any supports or services in the Family Care benefit package (see previous section) that are identified in your care plan as necessary to support your outcomes. If you arrange for supports or services that are not in your care plan, you will be responsible to pay for them.

**You ARE responsible for the cost of services that are not in the Family Care benefit package and not covered by NorthernBridges.** This includes co-payments for medications, doctor visits, and hospital visits.

There are two other types of expenses you may have to pay for each month:

- Cost share or spend down
- Room and board

Cost share/spend down and room and board are two different things. It is possible that you may have to pay for both.

### **COST SHARE or SPEND DOWN**

Some members may have to pay a monthly amount to remain eligible for Family Care. This monthly payment is known as a **cost share or spend down**. Your cost share or spend down is based on your income and eligibility for Medicaid and Family Care.

The Income Maintenance agency determines the amount of your cost share or spend down. If you have a cost share or spend down, you will receive a bill from NorthernBridges every month.

The amount of your cost share or spend down will be looked at once a year, or anytime your income changes. **You are required to report all income and asset changes to your Team and the Income Maintenance agency within ten days of the change.** Assets include, but are not limited to, motor vehicles, cash, checking and savings accounts, and cash value of life insurance.

If you have questions about cost share or spend down, contact your Team.

### **ROOM AND BOARD**

You will be responsible to pay for room and board (rent and food) costs if you are living in or moving to a residential care setting. Residential care settings include adult family homes (AFHs), community based residential facilities (CBRFs), residential care apartment complexes (RCACs), and nursing homes.

NorthernBridges will pay for the support and supervision portion of your care. You will be required to pay the rent and food portion of the cost. 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 the Finance Department at 1-866-306-6499 or 715-934-2266. We calculate your room and board rate based on your income and allowable expenses. If your income or expenses change, be sure to let your Team know. The Finance Department will re-calculate your monthly room and board cost. Invoices are mailed by the 1<sup>st</sup> of the month for the current month. Payment is due by the 15<sup>th</sup> of the month. A payment plan may be available if you get behind in your room and board payments.

## How do I make a payment?

Member payments are sent to a PO Box (Lockbox) and directly sent to the bank for processing. Payments are not processed at the NorthernBridges' Headquarters Finance Office.

Effective 06.01.2011 we changed the bank where member payments are processed. We no longer use Bank Mutual for lockbox processing. The new Wellsfargo PO Box (Lockbox) address is:

NorthernBridges  
NW6239  
PO Box 1450  
Minneapolis, MN 55485-6239

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

## What if I get a bill for services?

You do not have to pay for services that your Team authorizes as part of your care plan. If you receive a bill from a provider by mistake, do not pay it. Instead, contact your Team so they can resolve the issue.

## Does Family Care pay for residential services or nursing homes?

An important goal of NorthernBridges' Family Care program is to help you live as independently as possible. If you are living in your own home and you and your Team agree that you cannot stay there, you will decide together about other residential services. Your Team will continue to work with you while you are in a residential facility or nursing home.

You and your Team are responsible for finding the most cost-effective residential options within NorthernBridges' provider network. **Your Team must authorize all residential services.**

**You will be required to pay the rent and food portion of the facility's cost. These costs are also called "room and board" expenses.** Your Team will help you find a setting where you can afford the room and board costs, or help you find other funding for room and board, if possible. For more information about room and board, see page 24.

For these reasons, 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 we will contract with and pay for these services.

If you ask, your Team will tell you if a private room is available and, if not, how long the wait might be to get one. Your Team will also explain any potential costs to you if you choose a private room.

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

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

It is important that you give us information about other insurance you have. **If you choose not to use your other insurance, we may refuse to pay for any services they would have covered.**

Before Medicaid pays for services, other insurance must be billed first. NorthernBridges expects members to:

- Let us know if you have other insurance, including Medicare parts A and/or B.
- Update us if there are changes to your Medicare parts A and/or B coverage or other insurance.
- Let us know if you receive a payment from an insurance company, since you may have to reimburse NorthernBridges. How you handle these payments may affect your eligibility for Family Care.

If you do not currently have Medicare because you feel you can't afford it, your Team may be able to find a program that will help you pay for Medicare premiums.

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

If you are already on Medicaid, or a member of NorthernBridges, the estate recovery rules apply to you. Medicaid estate recovery applies to most long-term care services whether they are provided by NorthernBridges or through other programs.

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

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

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

Phone: 1-800-362-3002 (Toll-free/TTY)  
Visit: [http://www.dhs.wisconsin.gov/medicaid/recpubs/erp/p\\_13032.htm](http://www.dhs.wisconsin.gov/medicaid/recpubs/erp/p_13032.htm)  
Or write to: DHS - Estate Recovery Program  
P.O. Box 309  
Madison, WI 53701-0309

## Chapter 6. Your rights

We must honor your rights as a member of NorthernBridges. Refer to page 43 if you have questions about your rights.

- 1.) **We must provide information in a way that works for you.** To get information from us in a way that works for you, please contact your Team.
- 2.) **We must treat you with dignity, respect, and fairness at all times.** You have the right:
  - To get compassionate, considerate care from NorthernBridges staff and providers.
  - To get your care in a safe, clean environment.
  - To not have to do work or services for NorthernBridges.
  - To be encouraged and helped in talking to NorthernBridges staff about changes in policy and services you think should be made.
  - To be encouraged to exercise your rights as a member of NorthernBridges.
  - To be free from discrimination. NorthernBridges 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, sexual orientation, health, ethnicity, creed (beliefs), age, national origin, or source of payment.
  - To be free from abuse, neglect, and financial exploitation.
    - **Abuse** can be physical, emotional, financial or sexual. Abuse can also be if someone gives you a treatment such as medication, or experimental research without your informed consent. Unreasonable confinement or restraint is also considered abuse.
    - **Neglect** is when a caregiver fails to provide care, services, or supervision which creates significant risk of danger to the individual. Self-neglect is when an individual who is responsible for his or her own care fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.
    - **Financial exploitation** can be fraud, enticement or coercion, theft, misconduct by a fiscal agent, identity theft, forgery, or unauthorized use of financial transaction cards including credit, debit, ATM and similar cards.

**What can you do if you are experiencing abuse, neglect, or financial exploitation?** Your Team is available to talk with you about issues that you feel may be abuse, neglect, or financial exploitation. They can help you with reporting or securing services for safety. You should always call 911 in an emergency situation.

If you feel you or someone you know is a victim of abuse, neglect, or self-neglect, you can contact Adult Protective Services (APS). APS helps with situations of potential abuse and neglect for seniors and adults-at-risk, in situations where the person may not be able to look after their own safety because of the person's health condition or disability.

See Page 6 for numbers to call to report incidents of witnessed or suspected abuse.

- 3.) **We must ensure that you get timely access to your covered services.** As a member of NorthernBridges, you have a right to receive services listed in your care plan when you need them. Your Team will arrange for your covered services. Your Team will also coordinate with your health care providers. Examples of these are doctors, dentists, and podiatrists. Contact your Team for assistance in choosing your providers.
- 4.) **We must protect the privacy of your personal health information.** If you have questions or concerns about the privacy of your personal health information, please call your Team. See Appendix 6, page 64, for NorthernBridges' Notice of Privacy Practices.
- 5.) **We must give you information about NorthernBridges, our network of providers, and available services.** Please contact your Team if you want this information.
- 6.) **We must support your right to make decisions about your care.**
  - You have a right to know about all of your choices. This means you have the right to be told about all of the options that are available, what they cost and whether they are covered by Family Care. You can also suggest other services or supports that you think would meet your needs.
  - You have the right to be told about any risks involved in your care.
  - You have the right to say “no” to any recommended care or services.
  - You have the right to get second medical opinions.
  - You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen if you are in this situation. This means if you want, you can develop an “**advance directive**.” There are different types of advance directives and different names for them. Documents called “**living will**” and “**power of attorney for health care**” are examples of advance directives. Contact your Team if you want to know more about advance directives.
- 7.) **You have the right to file grievances and appeals if you are dissatisfied with your care or services.** Chapter 8 (page 32) includes information about what you can do if you want to file a grievance or appeal.

## Chapter 7. Your responsibilities

Things you need to do as a member of NorthernBridges are listed below. If you have any questions, please contact your Team. We're here to help.

- 1.) Become familiar with your covered services and the rules you must follow to get these covered services. Chapters 3 and 4 give the details about your services, including what is covered, what is not covered, and rules to follow.
- 2.) Participate in the initial and ongoing development of your care plan.
- 3.) Participate as a Team member in the Resource Allocation Decision (RAD) process to determine your care plan and options based on your personal outcomes.
- 4.) Follow the care plan that you and your Team agreed to.
- 5.) Be responsible for your actions if you refuse treatment or do not follow the instructions from your Team or providers.
- 6.) Use the providers or agencies that are part of NorthernBridges, unless you and your Team decide otherwise.
- 7.) Follow NorthernBridges' procedures for getting care after hours.
- 8.) Notify us if you move to a new address or change your phone number.
- 9.) Notify us of any planned temporary stay or move out of the service area.
- 10.) Provide NorthernBridges with correct information regarding your health care needs, finances, and preferences and tell us as soon as possible about any changes in your status. This includes signing a "release of information" form when we need other information you don't have easily available.
- 11.) Treat your Team, home care staff, and service providers with dignity and respect.
- 12.) Accept services without regard to the provider's race, color, religion, age, gender, sexual orientation, health, ethnicity, creed (beliefs), or national origin.
- 13.) Pay any monthly costs on time, including any cost share, spend down, or room and board charges you may have. Let us know as soon as possible if you have problems with your payment.
- 14.) Use your Medicare and private insurance benefits, when appropriate. If you have any other health insurance coverage, tell NorthernBridges and the Income Maintenance agency.

15.) Take care of any durable medical equipment (DME), such as wheelchairs, and hospital beds provided to you by NorthernBridges.

16.) Report fraud or abuse on the part of providers or NorthernBridges employees.

17.) Do not engage in any fraudulent activity or abuse benefits. This may include:

- Misrepresenting your level of disability
- Misrepresenting income and asset level
- Misrepresenting residency
- Selling medical equipment supplied by NorthernBridges

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

18.) Call your Team for help if you have questions or concerns.

19.) Tell us how we are doing. From time to time, we may ask if you are willing to participate in member interviews, satisfactions surveys, or other quality review activities. Your responses and comments will help us identify our strengths as well as the areas we need to improve. Please let us know if you would like to know the results of any surveys. We would be happy to share that information with you.

We are looking for Members to participate in the Member Advisory Council or the Grievance and Appeals Committee. For more information or to join the Member Advisory Council or the Grievance and Appeals Committee, please contact a Member Rights Specialist at 1-866-306-6499, or 715-934-2266.

## Chapter 8. Grievance and appeals

### Introduction

We are committed to providing quality service to our members. Our goal is to improve the care and services members receive, so we look to you for comments and suggestions. There may be a time when you have a concern. As a member, you have the right to file a grievance or appeal a decision made by NorthernBridges and to receive a prompt and fair review.

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

**For assistance with the grievance and appeals process contact NorthernBridges' Member Rights Specialist, at:**

NorthernBridges  
Member Rights Specialist  
15954 Rivers Edge Drive, Suite 300  
Hayward, WI 54843  
Toll-free: 1-866-306-6499  
TTY: 800-947-3529  
E-mail: [memberrights@northernbridges.net](mailto:memberrights@northernbridges.net)

If you are unable to resolve your concerns by working directly with your Team or our Member Rights Specialist, Family Care gives you several ways to address your concerns. You can:

- File a grievance or appeal with NorthernBridges.
- Ask for a review by the Wisconsin Department of Health Services (DHS).
- Ask for a State Fair Hearing with the Wisconsin Division of Hearings and Appeals (DHA).

You can use any or all of these ways together or at different times. **Each way has different rules, procedures and deadlines.**

If you have a particular type of concern that you do not know how to resolve, you can ask your Team or NorthernBridges' Member Rights Specialist. An advocate may also be able to help you. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to help. Ombudsman programs are available to help all Family Care members with grievances and appeals. See page 43 for contact information. Our Member Rights Specialist may be able to give you information about other places that can help you too.

## **Copies of your records**

You can get a free copy of your records if you think you need them to help you with your grievance or appeal. To request copies contact 866-306-6499 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

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You will not get into trouble if you complain or disagree with your Team. If you file a grievance or appeal with NorthernBridges, our providers, or the State of Wisconsin, we won't treat you differently. We want you to be satisfied with your care.

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## **Grievances**

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

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

- Your personal care worker often arrives late.
- You feel your 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 on my behalf?**

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

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

You can file a grievance at any time.

### **What are my options?**

If you want to file a grievance, you have two options. You can:

- 1.) Start by filing a grievance with NorthernBridges.  
→ See Option 1, listed below.
- 2.) Start by asking for a review by the Wisconsin Department of Health Services (DHS).  
→ See Option 2, on page 34.

**You can use either or both ways together or at different times.**

### **GRIEVANCE OPTION 1: File your grievance with NorthernBridges**

NorthernBridges wants you to be happy with your care and services. Our Member Rights Specialist can work with you and your Team to try to resolve your concerns informally. A lot of

the time we can take care of your concerns without going further. However, if we are unable to solve your concerns, you can file a grievance with NorthernBridges by calling or writing to us at:

NorthernBridges  
Member Rights Specialist  
15954 Rivers Edge Drive, Suite 300  
866-306-6499 (Toll Free)  
TTY: 800-947-3529  
E-mail address: memberrights@northernbridges.net

### **What happens next?**

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

- The Committee is made up of NorthernBridges representatives and at least one consumer. The consumer is a person who also receives services from us (or represents someone who does). Sometimes other people who specialize in the area of your grievance might be part of the Committee.
- We will let you know when the Committee plans to meet to review your grievance.
- The meeting is confidential. You can ask that the consumer not be on the Committee if you are concerned about privacy or have other concerns.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- The Committee will give you a chance to explain your concerns. You may present evidence to the Committee.
- Your Team or other NorthernBridges staff will likely be at the meeting.
- The Committee will make a decision within 20 business days from the date we first got your grievance. You will get a written notice of the decision.

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

If you disagree, you can ask for a review by the Department of Health Services, unless you have already done so. You could also talk to our Member Rights Specialist or an advocate for advice on other options.

### **GRIEVANCE OPTION 2: Ask for a DHS review**

You can also ask the State of Wisconsin Department of Health Services (DHS) to review your grievance instead of or before filing a grievance with NorthernBridges. DHS is the agency that is in charge of the Family Care program. The purpose of a DHS review is to see if you and NorthernBridges can work out an informal solution.

Your concerns can often be resolved directly with NorthernBridges before asking DHS to review the situation. Using NorthernBridges' grievance process first is not a requirement, but it is encouraged.

**To ask for a DHS review, call or e-mail:**

DHS Family Care Grievances  
Toll-free: 1-888-203-8338  
E-mail: [dhsfamcare@wisconsin.gov](mailto:dhsfamcare@wisconsin.gov)

**What happens next?**

DHS works with an outside organization to review grievances. If you ask for a DHS review, that external review organization will contact you.

- The external review organization will reply in writing within five business days to let you know they received your grievance.
- They will ask you for information about your concerns. They will also contact your Team. The organization will try to resolve your concerns informally.
- **The external review organization will not issue a decision.** Instead they will review your concerns and try to come up with an informal solution that is acceptable to you and NorthernBridges.
- If the external review organization tells DHS that we failed to comply with certain requirements, DHS may order NorthernBridges to take steps to fix the problem.
- The external review organization will complete the review and send you a letter with their findings within 20 business days of your request.

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

If you are not happy with the result of the DHS review, you can file a grievance with NorthernBridges, if you have not already done so. You could also talk to our Member Rights Specialist or an advocate for advice on other options.

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## Appeals

### What is an appeal?

An appeal is a review of a decision made by NorthernBridges. For example, you can file an appeal if your Team denies a service or support you requested. Other examples are decisions to reduce or end a service, or to deny payment for a service.

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

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

### What types of issues can I appeal?

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

1.) You can file an appeal if NorthernBridges:

- Plans to stop or reduce a service you are receiving.
- Decides to deny a service you asked for.
- Decides not to pay for a service.

If we take one of the actions listed above, we must send you a **“Notice of Action.”** The Notice of Action includes the date we plan to stop or reduce your services. To see what a Notice of Action looks like, go to Appendix 3, page 56.

2.) You can file an appeal if:

- You don’t like your care plan because it:
  - Doesn’t support you to live in the place where you want to live.
  - Doesn’t provide enough care, treatment, or support to meet your outcomes. (Refer to Chapter 3 for information about outcomes.)
  - Requires you to accept care, treatment or support you don’t want.
- NorthernBridges fails to:
  - Arrange or provide services in a timely manner.
  - Meet the required timeframes to resolve your appeal.

In these situations, NorthernBridges will send you a notification of your appeal rights.

3.) You can file an appeal related to decisions about your eligibility for Family Care.

- At least once a year, a worker from the Income Maintenance agency will review your file to make sure you are still eligible for Family Care. If you have a cost share or spend down, they will also make sure you are paying the right amount.

If the Income Maintenance agency decides you are no longer financially eligible for Family Care, or says your cost share/spend down payment will change, the agency will send you a notice with information about your eligibility for Family Care. These notices have the words “About Your Benefits” on the first page. The last page has information about your right to request a State Fair Hearing with the Division of Hearings and Appeals.

- If your functional eligibility for Family Care changes, you will receive a written notice.

**Filing an appeal with the Division of Hearings and Appeals is the only way to challenge decisions related to eligibility for Family Care.**

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

- You should file your appeal as soon as possible.
- NorthernBridges will send you a Notice of Action if we:
  - Plan to stop or reduce a service you are getting.
  - Deny a new service you asked for.
  - Won't pay for a service.

**You must file your appeal no later than 45 days after you receive the Notice of Action.** (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.)

If you receive a notification of your appeal rights, you should read this notice carefully. The notice may tell you the deadline for filing your appeal. You can always call our Member Rights Specialist for assistance.

### **What are my options?**

If you want to file an appeal, you have three options. You can:

- 1.) Start by filing an appeal with NorthernBridges.
  - ➔ See Option 1, (page 38).
- 2.) Start by asking the Wisconsin Department of Health Services (DHS) to review our decision.
  - ➔ See Option 2 (page 40) if you want to file with DHS.
- 3.) Start by filing an appeal with the State Division of Hearings and Appeals (DHA).
  - ➔ See Option 3 (page 41) if you want to file with DHA.

You can use any or all of these methods together or at different times. However, **each way has different rules, procedures and deadlines.**

**An appeal with the State Division of Hearings and Appeals is the final level of appeal.** If you choose that appeal first and don't like the decision, you can't go back and file the same appeal with NorthernBridges or DHS.

If you want someone to help you file an appeal, you can talk with NorthernBridges' Member Rights Specialist. An advocate may also be able to help you. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to help. Ombudsman programs are available to help all Family Care members with appeals. See page 43 for information on how to contact an advocate.

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### **Continuing Your Services During Your Appeal**

If NorthernBridges decides to stop or reduce a service you are currently receiving, you have the right to ask NorthernBridges, DHS, or DHA to continue your services during your appeal. Once services stop, they cannot be continued.

If you want your services to continue, you must:

- Postmark or fax your appeal ***on or before*** the date NorthernBridges plans to stop or reduce your services; **AND**
- Ask that your services continue throughout the course of your appeal.

If your services were continued during an appeal with NorthernBridges and you lose the appeal, you can continue your services at the next level of appeal if you once again request that they be continued.

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

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### **APPEAL OPTION 1: Filing your appeal with NorthernBridges**

To file an appeal with NorthernBridges you can:

- **Call** NorthernBridges. If you file your appeal by calling us, we will ask you to send in a written request. If you want, our Member Rights Specialist can help you put your appeal in writing.
- **Send in a request form.** See Appendix 4 (page 61) for a copy of the request form. Or you can go online and get the form at:  
<http://www.dhs.wisconsin.gov/LTCare/Memberinfo/MCOrequest.htm>.
- **Mail your request in a letter.**
- **Write down your request on a piece of paper.**

**To file an appeal with NorthernBridges, call:**

Member Rights Specialist  
866-306-6499 (Toll Free)  
TTY: 800-947-3529

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

NorthernBridges  
Member Rights Specialist  
15954 Rivers Edge Drive, Suite 300  
Hayward, WI 54843  
Email: [memberrights@northernbridges.net](mailto:memberrights@northernbridges.net)

**What happens next?**

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

- We will let you know when the Committee plans to meet to review your appeal.
- The Committee is made up of NorthernBridges representatives and at least one consumer. The consumer is a person who also receives services from us (or represents someone who does). Sometimes other people who specialize in the area of your appeal might be part of the Committee.
- The meeting is confidential. You can ask that the consumer not be on the Committee if you are concerned about privacy or have other concerns.
- You have the right to appear in person. You can bring an advocate, friend, family member, or witnesses with you.
- Your Team or other NorthernBridges staff will likely be at the meeting.
- The Committee will give you a chance to explain why you disagree with your Team's decision. You or your representative can present information, bring witnesses, or give testimony to help the Committee understand your point of view.
- After the Committee hears your appeal, NorthernBridges will send you a decision letter within 20 business days after we first got your appeal. NorthernBridges may take up to 30 business days to issue a decision if:
  - You ask for more time to give the Committee information, or
  - We need more time to gather information. If we need additional time, we will send you a written notice informing you of the reason for delay.

**Speeding up your appeal**

NorthernBridges has 20 business days to decide your appeal. If you think waiting that long could seriously harm your health or ability to perform your daily activities, you can ask us to speed up your appeal. We call this an "expedited appeal." We will let you know as soon as possible if we

can expedite your appeal. In an expedited appeal, you will get a decision on your appeal within 72 hours of your request. However, NorthernBridges may extend this to a total of 14 days if additional information is necessary and if the delay is in your best interest. If you have additional evidence you want us to consider, you will need to submit it quickly.

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

NorthernBridges  
Member Rights Specialist  
866-306-6499 (Toll Free)  
800-947-3529  
E-mail: [memberrights@northernbridges.net](mailto:memberrights@northernbridges.net)

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

If you disagree, and if you have not already done so, you can request a State Fair Hearing with the Division of Hearings and Appeals (DHA) or ask for a review by the Department of Health Services. You must do so within 45 days from the date of the Grievance and Appeal Committee’s decision. You can file an appeal with DHA if NorthernBridges does not issue an appeal decision in a timely manner.

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## **Reviews by the Department of Health Services**

### **APPEAL OPTION 2: Asking the Department of Health Services (DHS) to review NorthernBridges’ decision**

The Wisconsin Department of Health Services (DHS) is the agency that is in charge of the Family Care program. DHS works with an outside organization to review decisions made by NorthernBridges. Staff from this external review organization will try to resolve your concerns informally.

**The external review organization won’t issue a decision.** Instead, they will review your concerns and try to come up with an informal solution that is acceptable to you and NorthernBridges.

A DHS review will not typically result in DHS ordering NorthernBridges to do what you want. Nor will DHS order you to accept what NorthernBridges is planning to do. However, if the review organization tells DHS that NorthernBridges didn’t follow certain requirements, DHS may order NorthernBridges to take steps to correct that.

### **How do I ask for a DHS review?**

You may request a DHS review by calling or e-mailing:

**DHS Family Care Appeals**

Toll-free: 1-888-203-8338

E-mail: [dhsfamcare@wisconsin.gov](mailto:dhsfamcare@wisconsin.gov)

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

You can ask DHS to review NorthernBridges' decision before or instead of filing an appeal with NorthernBridges or DHA.

You should ask DHS to review NorthernBridges' decision as soon as possible. You must ask for a DHS review within 45 days after you receive a Notice of Action from NorthernBridges. (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.)

You can request to have your services continue during the review if you request the review *on or before* the date NorthernBridges plans to stop or reduce your services.

**What happens next?**

- The external review organization will reply in writing within five business days to let you know they received your request.
- They will contact you and ask why you disagree with NorthernBridges' decision. They will also contact your Team. The external review organization will try to resolve your concerns informally.
- The external review organization will complete the review and send you a letter with their findings within 20 business days of your request.

**What if I disagree with the results of the DHS review?**

If you are not happy with the result of the DHS review, you can file an appeal with NorthernBridges or the Division of Hearings and Appeals (or both if you haven't already done so). After you receive the letter from the external review organization with their findings, you have up to 45 days to appeal with NorthernBridges or DHA.

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**State Fair Hearings**

**APPEAL OPTION 3: Filing your appeal with the Wisconsin Division of Hearings and Appeals (DHA)**

If you file an appeal with the Wisconsin Division of Hearings and Appeals (DHA), you will have a State Fair Hearing with an independent judge. Judges at DHA do not have any connection to NorthernBridges. You can find more information about State Fair Hearings online at <http://dha.state.wi.us/home/HrgInfo.htm>.

**An appeal with DHA is the final level of appeal.** If you go to DHA first and don't agree with the decision, you can't go back and file an appeal with NorthernBridges or ask for a Department of Health Services review about the same issue. However, if you request a State Fair Hearing, the Department of Health Services will automatically review your appeal.

### **How do I request a State Fair Hearing?**

To ask for a State Fair Hearing, you can either:

- **Send a request form.** A copy of the form you can use is in Appendix 5, page 62. You can also get a copy from NorthernBridges' Member Rights Specialist or from one of the advocacy organizations listed in this handbook (see page 43). Or, go to the Web to download the form at <http://dhs.wisconsin.gov/forms/f0/f00236.doc>.
- **Mail a letter.** Include your name and contact information and explain what you are appealing. If you received a Notice of Action or other notification of your appeal rights, it's a good idea to include a copy of that notice with your request for a State Fair Hearing. Do not send your original copy.

The Member Rights Specialist or an advocate can help you put your appeal in writing. To contact an advocate, see page 43.

#### **To request a State Fair Hearing**

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

Family Care Request for Fair Hearing  
c/o Wisconsin Division of Hearings and Appeals  
5005 University Ave., #201  
P.O. Box 7875  
Madison, WI 53707-7875  
(Or fax your request to 608-264-9885)

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

You should file your appeal as soon as possible. You must file your appeal within 45 days after you receive a Notice of Action or other notification of your appeal rights. (For example, if you get a notice in the mail on August 1, you must file your appeal on or before September 15.) If you began the appeal process by filing an appeal with NorthernBridges and you received a decision you didn't agree with, you have 45 days from the date you receive that decision to file a request for a State Fair Hearing.

You can request to have your services continue during the State Fair Hearing process if you file your appeal **on or before** the date NorthernBridges plans to stop or reduce your services. See page 38 for more information about continuing your services.

### **What happens next?**

- After you send in your request for a State Fair Hearing, DHA will mail you a notice with the date, time and location of your hearing.
- The hearing will be at an office in your county or may be done by telephone.
- An Administrative Law Judge will run the hearing.
- You have the right to participate in the hearing. You can bring an advocate, friend, family member, or witnesses with you.
- Your Team or other NorthernBridges staff will be present at the hearing to explain their decision.
- You will have a chance to explain why you disagree with your Team's decision. You or your representative can present information, bring witnesses, or give testimony to help the Judge understand your point of view.
- The Administrative Law Judge must issue a decision within 90 days of the date you filed a request for the hearing.

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

If you disagree with Administrative Law Judge's decision, you have two options.

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

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

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

Below are some places you can contact for assistance. NorthernBridges' Member Rights Specialist may be able to give you information about other places that can help you too.

#### **Ombudsman Programs**

Regional Ombudsmen programs are available to help all Family Care members with grievances and appeals. They can respond to your concerns in a timely fashion. Both Ombudsmen programs will typically use informal negotiations to resolve your issues without a hearing.

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

Ombudsmen from this agency provide advocacy to Family Care members age 60 and older.

Board on Aging and Long Term Care  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
Toll-free: 1-800-815-0015  
Fax: 608-246-7001  
<http://longtermcare.state.wi.us>

**Disability Rights Wisconsin (DRW)**

Ombudsmen from this agency provide advocacy to Family Care members under age 60.

Disability Rights Wisconsin  
131 W. Wilson St., Suite 700  
Madison, WI 53703  
608-267-0214  
TTY: 1-888-758-6049  
Fax: 608-267-0368

Madison Toll-free: 1-800-928-8778  
Milwaukee Toll-free: 1-800-708-3034  
Rice Lake Toll-free: 1-877-338-3724  
<http://www.disabilityrightswi.org>

## Chapter 9. Ending your membership in NorthernBridges

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

You must continue to get your care through NorthernBridges until your membership ends.

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

To end your membership, contact the Aging and Disability Resource Center (ADRC) in your area (see page 6 for ADRC contact information). The ADRC can also answer any questions you have about ending your membership. If you decide to disenroll, you should also notify your Team.

You can end your membership at any time of the year. You can choose the effective date when you want your membership to end. However, if you plan to enroll into a different program, it would be helpful if you disenroll at the end of the month.

### 2.) NorthernBridges must report the things listed below to the Income Maintenance agency. An Income Maintenance worker will see if you are still eligible for Family Care. If they determine you are no longer eligible, they will end your membership in Family Care.

- You lose your financial eligibility for Medicaid.
- You are no longer functionally eligible as determined by the Wisconsin Adult Long-Term Care Functional Screen.
- You do not pay your cost share or spend down. For more information about cost share or spend down, see page 24.
- You permanently move out of NorthernBridges' service area. If your Team cannot contact you for more than 30 days, we will send a certified letter to your last known address. If you do not respond, we will report this to the Income Maintenance agency, who will assume you have moved. If you move or take a long trip, you need to contact your Team.
- You become incarcerated (i.e., you are in jail or prison).
- You are admitted to an Institute for Mental Disease (IMD) and lose Medicaid eligibility.
- You stop accepting services for more than 30 days and we don't know why. NorthernBridges will send a certified letter to your last known address. If you do not respond, we will report this to the Department of Health Services. The Department of Health Services will determine if your membership should end.

- You refuse to participate in care planning and we cannot ensure your health and safety. In this situation, we will work with the Department of Health Services to determine if your membership should end.
- You intentionally give us incorrect information when you enroll in Family Care and that information affects your eligibility for the program.
- You continuously behave in a way that is disruptive or unsafe to staff, providers or other members. This makes it difficult for us to provide care for you and other members. Your membership cannot be ended for this reason unless we first get permission from the State of Wisconsin.

**Your membership CANNOT be ended for any reason related to your health.**

**You have the right to file an appeal if your membership is ended.** If your membership is ended, you will get a notice from the Income Maintenance agency that tells you the reason for ending your membership. This notice will have the words “About Your Benefits” on the first page. The notice will explain how you can file an appeal. See Chapter 8, page 36, for information.

# APPENDICES

## Appendix 1: Definitions of Important Words

**Abuse** – The physical, mental, or sexual abuse of an individual. Abuse also includes treatment without consent and unreasonable confinement or restraint. See Chapter 6 (page 28) for full descriptions of the types of abuse.

**Administrative Law Judge** – An official who presides at a State Fair Hearing to resolve a dispute between a member and the member’s Managed Care Organization (MCO). See Chapter 8 (page 41) for information about State Fair Hearings.

**Advance Directive** – A written statement of a person’s wishes about medical treatment used to make sure medical staff carry out those wishes should the person be unable to communicate their wishes. There are different types of advance directives and different names for them. “Living will, power of attorney for health care, and do-not-resuscitate (DNR) order are examples of advance directives. See Chapter 6 (page 29) for more information on advance directives.

**Advocate** – Someone who helps members make sure the MCO is addressing their needs and outcomes. An advocate may help a member work with the MCO to informally resolve disputes and may also represent a member who decides to file an appeal or grievance. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to represent a member.

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

**Appeal** – A request for review of a decision. Members can file an appeal when they want the MCO to change a decision their Team made. Examples of this would be when the Team decides to: stop or reduce a service the member is currently receiving, deny a service the member requests, or not pay for a service. Other types of appeals and the process for filing an appeal are in Chapter 8 (page 36).

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

**Authorized Representative** – A person who has the legal authority to make decisions for a member. An authorized representative may be court appointed, a person designated as the member’s power of attorney for health care, or a person’s guardian.

**Benefit Package** – Services that are available to Family Care members. These include, but are not limited to, personal care, home health, transportation, medical supplies, and nursing care. The services a member receives must be pre-approved by the member’s Team and listed in their

care plan. See Chapter 4 (page 20) for a complete list of the services in the Family Care benefit package.

**Care Plan** – An ongoing plan that documents the member’s personal outcomes, needs, preferences, and strengths. The plan identifies the services and supports the member receives from family or friends, and identifies authorized services the MCO will provide. The member is central to the care plan process. The Team and member meet regularly to review the member’s care plan.

**Care Team** – See “Team”

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

**Cost Share or Spend Down** – A monthly amount that some members may have to contribute toward the cost of their services. Cost share or spend down is based on income and is determined by the Income Maintenance agency. Individuals must pay their cost share or spend down every month to remain eligible for Medicaid. See Chapter 5 (page 24) for information about cost share and spend down.

**Cost-Effective** – The balance between the cost of services and the member’s personal outcomes. The member and the Team use the Resource Allocation Decision (RAD) method to determine ways to support the member’s outcomes. Then the member and the Team look at the options and choose the most efficient (not necessarily the cheapest) way to support the member’s outcomes.

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

**DHS Review** – A review of a member’s grievance or appeal by the Department of Health Services (DHS). DHS works with an external organization to review grievances and appeals. The external organization reviews member concerns and tries to come up with informal solutions. A DHS review will not lead to a decision. See Chapter 8 (page 34) for information about DHS reviews.

**Disenroll/Disenrollment** – The process of ending a person’s membership in Family Care. A member can choose to disenroll from Family Care at any time. The MCO has to disenroll a member in certain situations. For example, the MCO would disenroll a member if he or she loses eligibility for Medicaid or permanently moves out of state. Chapter 9 (page 45) explains the disenrollment process in Family Care.

**Division of Hearings and Appeals (DHA)** – The State of Wisconsin agency that hears Medicaid appeals for Family Care. Administrative Law Judges with this Division preside over State Fair Hearings when a member files an appeal. This Division is independent of the MCO and DHS. See Chapter 8 (page 41) for information about State Fair Hearings.

**Enroll/Enrollment** – Enrollment in Family Care is voluntary. To enroll, individuals should contact their local Aging and Disability Resource Center (ADRC). The ADRC determines whether an individual is functionally eligible for Family Care. The Income Maintenance agency determines financial eligibility. If the individual is eligible and wants to enroll in Family Care, they must complete and sign an enrollment form.

**Estate Recovery** – The process where the State of Wisconsin seeks repayment for costs of certain long-term care services. The State recovers money from an individual’s estate after the person and his or her spouse dies. The money recovered goes back to the Medicaid program to be used to care for other Medicaid recipients.

**Expedited Appeal** – A process members can use to speed up their appeal. Members can ask the MCO to expedite their appeal if they think waiting the standard amount of time could seriously harm their health or ability to perform daily activities. See Chapter 8 (page 39) for information about expedited appeals.

**External Review Organization** – The agency that the Wisconsin Department of Health Services (DHS) works with to review requests of grievance and appeals and conduct independent quality reviews of MCOs. See Chapter 8 (pages 34 and 40) for information about DHS reviews.

**Family Care** – A long-term care program for frail elders, adults with developmental disabilities, and adults with physical disabilities. Family Care provides cost-effective, comprehensive, and flexible services tailored to each member’s needs. The program strives to foster members’ independence and quality of life, while recognizing the need for interdependence and support.

**Financial Eligibility** – Financial eligibility means eligibility for Medicaid. The Income Maintenance agency looks at a person’s income and assets to determine whether he or she is eligible for Medicaid. An individual must be eligible for Medicaid in order to enroll in Family Care.

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

**Grievance** – An expression of dissatisfaction about care or services or other general matters. Subjects for grievances include quality of care, relationships with Team members, and member rights. Chapter 8 (page 33) explains grievances, including the process for filing a grievance.

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

**Income Maintenance Agency (formerly known as Economic Support Agency)** – Staff from the Income Maintenance agency determine an individual’s financial eligibility for Medicaid, Family Care, and other public benefits.

**Level of Care** – Refers to the amount of help an individual needs to perform daily activities. Members must meet either a “nursing home” level of care or a “non-nursing home” level of care to be eligible for Family Care. The services available to members depend on their level of care. Chapter 4 (page 20) lists the services available at the nursing home level of care and the non-nursing home level of care.

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

**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. Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” Family Care members must meet Medicaid eligibility requirements in order to be a 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, and prescription drugs.

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

**Member Rights Specialist** – An MCO employee who helps and supports members in understanding their rights and responsibilities. The Member Rights Specialist also helps members understand the grievance and appeal processes and can assist members who wish to file a grievance or appeal. See Chapter 8 (page 32) for information about grievance and appeals.

**Non-Nursing Home Level of Care** – Members who are at this level of care have some need for long-term care services, but are not eligible to receive services in a nursing home. A more limited set of services is available at this level of care. See Chapter 4 (page 20) for a list of services available to members who are at a non-nursing home level of care.

**Notice of Action** – A written notice from the MCO explaining a specific change in service and the reason(s) for the change. The MCO must send the member a Notice of Action if the MCO

denies a member's request for a new service, refuses to pay for a service, or plans to stop or reduce a member's service. See Chapter 8 (page 36) for more information about appeals.

**Notification of Appeal Rights** – A written notice sent to members explaining their options for filing an appeal. MCOs must send a notification of appeal rights to members if the MCO didn't provide services in a timely way or didn't meet the deadlines for handling an appeal. Other situations when MCOs send this notice include times when members didn't like their care plan because it didn't support their outcomes or requires members to accept care they didn't want. Income Maintenance agencies send members a notification of appeal rights when members lose financial or functional eligibility for Family Care. See Chapter 8 (page 36) for more information about appeals.

**Nursing Home Level of Care** – Members who are at this level of care have needs that are significant enough that they are eligible to receive services in a nursing home. A very broad set of services is available at this level of care. See Chapter 4 (page 20) for a list of services available to members who are at a nursing home level of care.

**Ombudsman** – A person who investigates reported concerns and helps members resolve issues. Disability Rights Wisconsin provides ombudsman services to potential and current Family Care members under age 60. The Board on Aging and Long Term Care provides ombudsman services to potential and current members age 60 and older.

**Personal Outcomes** – Represent what is important to the member, including their goals, hopes, and dreams. These outcomes are the "results" the MCO tries to help the member achieve. One person's outcome might be being healthy enough to enjoy visits with her grandchildren, while another person might want to be able to be independent enough to live in his own apartment. See Chapter 3 (page 13) for a list of personal outcome areas.

Outcomes also include clinical and functional outcomes. A clinical outcome relates to a member's physical, mental or emotional health. An example of a clinical outcome is being able to breathe easier. A functional outcome relates to a member's ability to do certain tasks. An example of a functional outcome is being able to walk down stairs.

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

**Prior Authorization (Prior Approval)** – The Team must authorize services before a member receives them (except in an emergency). If a member gets a service, or goes 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. Members receive a copy of a Provider Network Directory, which lists available providers. The Team must authorize the member's services

before the member can choose a provider from the directory. See Chapter 3 (page 15) for information about the MCO's provider network.

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

**Resource Allocation Decision (RAD) Method** – A tool a member and his or her Team use to help find the most effective and efficient ways to meet the member's needs and support his or her outcomes.

**Room and Board** – The portion of the cost of living in a residential care setting related to rent and food costs. Members are responsible for paying their room and board expenses. See Chapter 5 (page 24) for information about room and board.

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

**Service Area** – The geographic area where a member must reside in order to enroll and remain enrolled in Family Care. See Chapter 2 (page 11) for a list of Family Care service areas.

**State Fair Hearing** – A hearing held by an Administrative Law Judge who works for the Wisconsin Division of Hearing and Appeals. Members may file a request for a State Fair Hearing when they want to appeal a decision made by their Team. Members may also ask for a State Fair Hearing if they filed an appeal with their MCO and were unhappy with the MCO's decision. Notices of Action and notifications of appeal rights give members information on how to file a request for a State Fair Hearing. See Chapter 8 (page 41) for information about State Fair Hearings.

**Team (Care Team)** – Every Family Care member is assigned a care Team. The member is a central part of his or her Team. The Team includes the member, a Social Services Care Manager and a Registered Nurse Care Manager. Members can choose anyone else they want involved on their Team, such as a family member or friend. Other professionals such as an occupational or physical therapist, or mental health specialist, may be involved, depending on the member's needs. The Team works with members to assess needs, define personal outcomes, and create care plans. The Team authorizes, coordinates, and monitors services.

## Appendix 2: Definitions of Services in the Family Care Benefit Package

<b>Home and Community Based Waiver Service Definitions</b> Full definitions available upon request
<p><b>Adaptive aids</b> are controls or appliances that enable people to increase their abilities to perform activities of daily living or control the environment in which they live (including patient lifts, control switches, etc.).</p>
<p><b>Adult day care services</b> are the provision of services for part of a day in a non-residential group setting to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision and/or protection.</p>
<p><b>1-2 bed Adult family homes</b> are places in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults.</p>
<p><b>3-4 bed Adult family homes</b> are places where 3-4 adults who are not related to the operator reside and receive care, treatment or services above the level of room and board and that may include up to seven hours of nursing care per resident.</p>
<p><b>(CBRF) Community based residential facility</b> is a place where 5 or more adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision and training.</p>
<p><b>(RCAC) Residential care apartment complexes</b> are services provided in a homelike, community based setting where five or more adults reside in their own living units that are separate and distinct from each other.</p>
<p><b>Case management services</b> (sometimes called support and service coordination) are provided by a care Team. The member is the center of the Team. The Team consists of, at minimum, a Social Services Care Manager and a Registered Nurse Care Manager, and may also include other professionals as appropriate to the needs of the member and family or other informal supports requested by the member.</p>
<p><b>Communication aids</b> are devices or services needed to assist members to hear, speak or see.</p>
<p><b>Consumer education and training</b> are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p>
<p><b>Counseling and therapeutic resources</b> are services to treat personal, social, behavioral, emotional, cognitive, mental health, or alcohol or other drug abuse disorders.</p>
<p><b>Daily living skills training</b> teaches members the skills involved in performing activities of daily living, including skills intended to increase the member's independence and participation in community life.</p>

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

**Financial management services** assist members and their families to manage service dollars or manage their personal finances.

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

**Home modifications** are the provision of services and items to assess the need for, arrange for and provide modifications and or improvements to a member's living quarters in order to provide accessibility or enhance safety.

**Housing counseling** is a service which provides assistance to a member when acquiring housing in the community, where ownership or rental of housing is separate from service provision.

**Personal emergency response system (PERS)** is a service that provides a direct telephonic or other electronic communications link between someone living in the community and health professionals to secure immediate assistance in the event of a physical, emotional or environmental emergency.

**Prevocational services** involve learning and work experiences where a member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings.

**Relocation services** are the provision of services and essential items needed to establish a community living arrangement for members who are relocating from an institution or who are moving from a family home to establish an independent living arrangement.

**Respite care services** are services provided on a short-term basis to relieve the member's family or other primary caregiver(s) from daily stress and care demands.

**Self-directed supports (SDS)** (or consumer-directed supports) is an option within Family Care that allows members to direct their own services within a service budget determined through the development of a care plan. A member can choose to self-direct some or all of the services.

**Skilled nursing** means the observation or care of the ill, injured, or infirm for the maintenance of health or prevention of illness that requires substantial nursing skill, knowledge, or training, or application of nursing principles based on biological, physical, and social sciences.

**Specialized medical equipment and supplies** are those items necessary to maintain the member's health, manage a medical or physical condition, improve functioning or enhance independence.

**Specialized transportation services** assist in improving an individual's general mobility and ability to perform tasks independently and to gain access to waiver and other community services, activities and resources. Services can consist of material benefits such as tickets or other fare medium needed as well as direct conveyance of members and their attendants to destinations.

**Supported employment services** help members who, because of their disabilities, need intensive on-going support to obtain and maintain competitive or customized employment in an integrated work setting.

**Supportive home care (SHC)** includes services that directly assist members with daily activities and personal needs to meet their daily needs and to ensure adequate functioning in their home.

**Vocational futures planning and support** is a person-centered, team based comprehensive employment planning and support service that provides assistance to obtain, maintain or advance in employment or self-employment.



### Appendix 3: Sample Notice of Action

#### NOTICE OF ACTION

<<Date NOA mailed>>

<<Member's Name>>

<<Member's MA or MCI Number>>

<<Member/Legal Representative's Street Address>>

Family Care

<<City>> WI <<Zip Code>>

Dear <<Member's Name>>:

This Notice of Action 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) making 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: <<insert original time or unit limit to authorization>>  
\_\_\_\_\_

New level after  
reduction \_\_\_\_\_

**Deny request for new service or support**

Date of request: \_\_\_\_\_

**Limit request for service**

Date of request: \_\_\_\_\_

Description of requested level: \_\_\_\_\_

Authorized level of service or support: \_\_\_\_\_

**Deny payment for service or support**

Date of request: \_\_\_\_\_

Date(s) service provided: \_\_\_\_\_

Provider / Supplier: \_\_\_\_\_

Payment amount being denied: \_\_\_\_\_ \$ \_\_\_\_\_

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.
- The service or support you received by out-of-network provider was not authorized.
- Informal support (or other support) is available to provide this service or support this outcome for you.
- This service or support is not considered a safe way to support your outcome(s).
- This service or support is not the most cost-effective way to support your outcome(s).
- Other: \_\_\_\_\_

Team staff's explanation of the decision:

This decision is based on the Wisconsin law governing Family Care, Wisconsin Admin. Code, sec. DHS 10.44(2)-(3).

If you disagree with this decision, the following pages describe your options and deadlines that apply.

Sincerely,

<<Care Manager's Name>>  
Care Manager  
<<Telephone Number>>

<<RN Care Manager's Name>>  
RN Care Manager  
<<Telephone Number>>

**Interpreter and Translation Services.** Interpreter and translation services are available free of charge. If you need this form in another language, Braille or large print, please call NorthernBridges at 715-934-2266 or toll-free 1-866-306-6499. TTY users should call 1-800-947-3529.

1. **Assistance: Who can help you understand this notice and your rights?**

- a. The NorthernBridges' **Member Rights Specialist** can inform you of your rights, attempt to informally resolve your concern, and assist you with filing an appeal. He or she **cannot** represent you at a meeting with your MCO's Grievance & Appeal Committee or a State fair hearing. To contact our MCO's Member Rights Specialist, call: 715-934-2266.
- b. The following independent ombudsman agencies may be able to provide you with free assistance. These agencies advocate for Family Care and Family Care Partnership members.

***For members age 18 to 59:***

***Disability Rights Wisconsin Family Care and IRIS Ombudsman Program***

Call the office closest to you:

Toll Free Madison: (800) 928-8778

Milwaukee: (800) 708-3034

Rice Lake: (877) 338-3724

TTY (888) 758-6049

***For members age 60 and older:***

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

Toll Free (800) 815-0015

2. **Appealing this Decision.** If you disagree with this decision, you have two appeal options:

- a. NorthernBridges' Grievance & Appeals Committee
- b. State Fair Hearing

You can choose either or both ways to file an appeal. If you choose only a State Fair Hearing, you cannot go back and bring the matter to NorthernBridges' Grievance and Appeal Committee. You also have the option to request a review from the Department of Health Services; this is not an appeal, for more information see section 5.

***NorthernBridges' Grievance & Appeals Committee***

You have the right to request a meeting with NorthernBridges' Grievance & Appeals Committee. The Committee is made up of NorthernBridges' 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 to this committee.

To file an appeal with NorthernBridges, contact your Care Manager or the Member Rights Specialist, at 715-934-2266. You can also start the process by sending in a request form or a letter. You can request a form from NorthernBridges or one of the independent ombudsman agencies listed in this notice. Or you can go online and get a form at: <http://dhs.wisconsin.gov/LTCare/help.htm>.

**You can send the completed request form or a letter asking for a meeting and a copy of this notice to:**

**NorthernBridges Member Rights Specialist  
15954 Rivers Edge Drive, Suite 300  
Hayward, WI 54843**

*State Fair Hearing*

If you request a fair hearing with the State of Wisconsin's Division of Hearings and Appeals, you will have a hearing with an independent judge. You may bring an advocate, friend, family member or witnesses. You may also present evidence at this hearing. If you request a state fair hearing, a Department of Health Services review will automatically review your appeal.

To file a request for a fair hearing, you can ask for a hearing and/or a hearing form from the NorthernBridges' Member Rights Specialist at 715-934-2266. You can also request a hearing form from one of the independent ombudsman agencies listed or you can go online and get a form at

<http://dhs.wisconsin.gov/forms/f0/f00236.doc>.

**You can 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, c/o Wisconsin Division of Hearings and Appeals, 5005 University Ave. #201, Madison, WI 53705-5400, or fax it to 608-264-9885.

3. **Continuing your Services during an Appeal of a Reduction or Termination of a Current Service.** You have the right to request to have services continued during your appeal. If you want to request that your benefits be continued during your appeal, your request must be postmarked or faxed **on or before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.
3. **Continuing your Services during an Appeal of a Reduction or Termination of a Current Service.** You have the right to request to have services continued during your appeal. <<insert service in question>> was originally authorized on a temporary or trial basis for <<insert original time or unit limit to authorization>>. We decided to terminate the service before you received all of those services. If you request to have your benefits continued, we will continue providing <<insert unused time or units remaining from original authorization>> of <<insert service in question>> pending the outcome of the appeal. We will continue your service during your appeal if the request is postmarked or faxed before the effective date of the intended action. Please keep in mind that even if you make a timely request for your temporary or trial-basis service to be continued pending the outcome of the appeal, it will not be continued beyond the date originally authorized or the number of units originally authorized. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.
4. **Deadline to File Your Appeal.** You should file your appeal as soon as possible. Your appeal must be postmarked or faxed within forty-five (45) days of receipt of this notice of action.  
**IMPORTANT NOTE:** If you would like your benefits to continue during your appeal, your appeal must be postmarked or faxed **on or before the effective date of the intended action**.

## 5. Department of Health Services Review

You may choose to have this decision reviewed by MetaStar, the Department of Health Services' external quality review organization. MetaStar will try to resolve your concerns informally. You can request to have your services continued during the review, if you request the review **on or before the effective date of the intended action**. If you request a state fair hearing, MetaStar will automatically review your appeal. *Please note, however, that MetaStar cannot require any MCO to change its decision.*

To request that MetaStar review your case immediately or to learn more about a MetaStar review, call 1-888-203-8338. You may also request a MetaStar review by mail, fax, or email.

DHS Family Care and Partnership Grievances, C/O MetaStar, 2909 Landmark Place, Madison, WI 53713, or fax it to (608) 274-8340. You can also email MetaStar at [dhsfamcare@wisconsin.gov](mailto:dhsfamcare@wisconsin.gov)

**Speeding up Your Appeal.** You may ask NorthernBridges to speed up your appeal. If NorthernBridges decides that taking the standard amount of time could seriously harm your health or ability to perform your daily activities, it will grant you a faster appeal, called an "expedited appeal." This means that 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 the Member Rights Specialist, at 715-934-2266.

**Copies of Your Records.** You or your legal representative have a right to a free copy of your records relevant to your grievance or appeal including but not limited to medical records. To request copies contact your Care Manager or the Member Rights Specialist, at 715-934-2266.

## Appendix 4: NorthernBridges Appeal Request Form

DEPARTMENT OF HEALTH SERVICES  
Division of Long Term Care  
F-00237 (04/2010)

STATE OF WISCONSIN  
ss 46.287(2)(c)

### APPEAL REQUEST – NORTHERNBRIDGES

Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose.

Name – Member

Today's date

Mailing Address

City

State

Zip Code

WI

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

#### Continuing Your Services During an Appeal of a Reduction or Termination of a Current Service

If you request to have your benefits continued, we will continue providing your same service during your appeal if you postmark or fax your appeal **before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.

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

You have a right to free copies of your records including but not limited to medical records relevant to your appeal.

Check this box if you would like to receive records from NorthernBridges that apply to your appeal.

If you need this form in another language, Braille or large print, please call NorthernBridges at 715-934-2266 or toll free 866-306-6499, Monday through Friday, 8 a.m. to 4:30 p.m. TTY users should call 800-947-3529. Interpreter and translation services are available free of charge.

\_\_\_\_\_  
**SIGNATURE** – Member

\_\_\_\_\_  
Date Signed

Mail or fax this form to:

NorthernBridges  
15954 Rivers Edge Drive, Suite 300  
Hayward, WI 54843  
Fax: 715-934-2268

To start your appeal as soon as possible, you can call NorthernBridges at 715-934-2266 before mailing this form. Your appeal must be postmarked or faxed within 45 days of receipt of the Notice of Action.

## Appendix 5: State Fair Hearing Request Form

DEPARTMENT OF HEALTH SERVICES  
 Division of Long Term Care  
 F-00236 (01/2011)

STATE OF WISCONSIN  
 ss 46.287(2)(c)

### REQUEST FOR A STATE FAIR HEARING

Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose.

Name – Member		Telephone Number	Medicaid ID Number
Mailing Address		Program <input type="checkbox"/> Family Care <input type="checkbox"/> Partnership <input type="checkbox"/> PACE	
City	Zip Code	Managed Care Organization	
Today's Date		Effective Date of Action	
Appeal related to: <input type="checkbox"/> eligibility <input type="checkbox"/> cost share <input type="checkbox"/> change to service/support		Briefly describe change to service / support:	

- Yes     No    1. Did you file an appeal with your MCO's Local Grievance and Appeal Committee?
- Yes     No    2. If you answered 'yes' to question one (1), did you request the same services to continue during your appeal with the MCO?
- Yes     No    3. If you answered 'yes' to question one (1), have you appeared before the MCO's Local Grievance and Appeal Committee?
- Yes     No    4. If you answered 'yes' to question three (3), have you received a decision from the MCO's Local Grievance and Appeal Committee? (Please attach a copy of the decision, if available.)

**Continuing Your Services During an Appeal of a Reduction or Termination of a Current Service**

If you request to have your benefits continued, we will continue providing your same service during your appeal if you postmark or fax your appeal **before the effective date of the intended action**. You might be responsible for repaying us for the cost of this service if you lose your appeal; however, you may not be required to repay this cost if it would be a significant and substantial financial burden on you.

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

You have a right to free copies of your records including but not limited to medical records relevant to your grievance or appeal. To request copies contact your Care Manager or the Member Rights Specialist.

If you need this form in another language, Braille or large print, please call your Care Manager or the Member Rights Specialist. Interpreter and translation services are available free of charge.

\_\_\_\_\_  
**SIGNATURE** – Member

\_\_\_\_\_  
 Date Signed

Mail or fax this form **AND** a copy of the Notice of Action or decision letter 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

# NorthernBridges 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.

### **OUR DUTIES:**

- This facility is required to maintain the privacy of your health information.
- To provide you with Notice of Privacy Practices with respect to information we collect and maintain about you.
- To abide by the terms of this notice.
- To accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- We reserve the right to change our practices and to make the new provisions effective for all protected health information created or received prior to the effective date of the notice revision. Should our information practices change within the expiration date (\*maximum of 1 year\*) of your signed authorization to release information, we will mail a revised notice to your last known address.
- We will not use or disclose your health information without your proper authorization, with the exception of applicable state and federal laws.
- NorthernBridges Notice of Privacy Practices can be found on our website at <http://www.northernbridges.com>

### **HOW WE USE INFORMATION ABOUT YOU:**

1. \* We will use your health information to provide you with treatment or services. For example: Your treatment team members might discuss your medical/health information in order to develop and carry out a plan for your services.
2. \* We will use your health information for payment and operations. For example: a bill might be sent to you or a third-party payor or we may receive a claim from your service provider. This may include information that identifies you, as well as procedures and supplies used.
3. \* We will use your health information for regular service operations. For example: Care management staff, risk or quality improvement manager, or the quality improvement team may use information in your service plan to assess the care and outcomes in your case. This information could be used to improve the quality and effectiveness of the services we provide.
4. \* **Business Associates:** There are some services provided in our organization through contacts with business associates or service providers. When these services are contacted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

5. **Directory**: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy and except for religious affiliation to other people who ask for you by name.
6. \* **Notification**: We may use or disclose information to notify or assist in notifying a family member, representative, or another person responsible for your care, your location and general condition. In addition, we may disclose your health information to organizations authorized to handle disaster relief efforts so those who care for you can receive information about your location and health status.
7. \* **Communication with Other Individuals**: Health information will only be shared with other individuals if we have your written authorization or qualified under legal exemptions. We may contact you to provide appointment reminders. Health professionals, using their best judgment, may disclose to a family member, other relative or any person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. \* **Research**: Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.
9. \* **Funeral Directors**: We may disclose health information to coroners, medical examiners and funeral directors consistent with applicable law to carry out their duties.
10. **Organ Procurement Organizations**: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.
11. **Marketing**: We may contact you with information on community resources or other health-related benefits and services that may be of interest to you.
12. **Food and Drug Administration**: We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs or replacements.
13. \* **Workers Compensation**: We may disclose your health information to the appropriate persons in order to comply with the laws related to workers compensation or other similar programs. These programs may provide benefits for work-related injuries or illnesses.
14. **Public Health**: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
15. **For Military, National Security or Incarceration/Law Enforcement**: If you are involved with the military, national security or intelligence activities, or you are in the custody of law enforcement officials or an inmate in a correctional institute, we may disclose your health information to the proper authorities so they may carry out their duties under the law.
16. **For Health Oversight Activities**: We may disclose your health information to authorities for audit, investigation, inspection, licensure, disciplinary or other purposes related to oversight of the health care system or government benefit programs.

**\* Uses or disclosures other than described above will be made only with your written authorization. You have the right to revoke this authorization except to the extent when action has already been taken.**

We value you as a member and take your personal privacy seriously. We will inform you of our policies for collecting, using, securing and sharing health information when you become a member. If you are a member of NorthernBridges, we will inform you no less than every year that you remain a member. We will notify you how to obtain a copy when this policy is substantially changed.

**YOUR HEALTH INFORMATION RIGHTS:**

- Although your health record is the physical property of the healthcare facility that generated it, this information belongs to you.
- You have the right to request a restriction on certain uses or disclosures of your health care information, including disclosures to a family member or other person involved with your care or with payment for your care. We do not have to grant the restriction.
- You have the right to obtain a paper copy of the Notice of Privacy Practices upon request.
- You have the right to review your record, at no charge, or purchase photocopies. You must set up a time in advance with the facility.
- You have a right to know who has received your health information after 4/14/2003, except as provided by law.
- You have a right to request your health information by other means or in other locations to protect your privacy.
- You have the right to request we amend your protected health information. We will give you notice of our acceptance or denial of your request.
- You may be asked to make your request in writing and to give a reason to why your health information should be changed.

**FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If you believe your privacy rights have been violated, you can file a complaint with the NorthernBridges at:

HIPAA Compliance Officer  
15954 River's Edge Drive  
Hayward, WI 54843

Telephone (715) 934-2266

There will be no retaliation for filing a complaint.

**Any person who believes that a covered entity is not complying with the requirements of HIPAA may file a complaint with the Secretary of Health and Human Services within 180 days of the occurrence. Complaints may be filed with:**

**The U.S. Dept. of Health & Human Services  
200 Independence Avenue  
S.W. Washington, D.C. 20201  
Phone: 202-619-0257  
Toll Free: 1-877-696-6775**

**Members will not be asked to waive their right to file a complaint in order to receive treatment or services and the filing of a complaint will not interfere with their health care. Office of the Civil rights: 1-866-627-7748.**











15954 Rivers Edge Drive  
Suite 300  
Hayward, WI 54843  
[www.NorthernBridges.com](http://www.NorthernBridges.com)

*Return Service Requested*

PRSR STD  
U.S. Postage  
**PAID**  
Hayward, WI  
Permit No. 6

*If you need help in any way to understand this handbook, or need a copy in another language, Braille, or large print, please call:*

*Reciba asistencia gratuita para traducir esta, por favor llame:*

*Peb muaj kev pab pub dawb rau nej nrog txhais cov ntawv no, thov hu:*

**715-934-2266**  
**Toll Free 1-866-306-6499**  
**TTY 1-800-947-3529**