Blue Cross Community Health Plans℠

HealthChoice Illinois
Illinois Department of Healthcare and Family Services

# Long Term Services and Supports (LTSS) Handbook

Effective January 2026

Blue Cross Community Health Plans is provided by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

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## Important Phone Numbers

**24/7 Nurseline** 24-hour-a-day help line — **1-888-343-2697**, TTY/TDD: **711**

**Member Services** — **1-877-860-2837**, TTY/TDD: **711**

We are available 24 hours a day, seven days a week. The call is free.

A live agent can be reached from 8 a.m. to 5 p.m. Central time, Monday through Friday.

Self-service or a voicemail can be used 24/7, including weekends and holidays.

**Website** — **www.bcchpil.com**

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|---|---|
| **Service Area** | The plan covers members who live in the state of Illinois. |
| Non-Emergency Medical Transportation | **1-877-831-3148**, TTY/TDD: **1-866-288-3133** |
| Behavioral Health Services | **1-877-860-2837**, TTY/TDD: **711** |
| Behavioral Health Crisis Line | **1-800-345-9049**, TTY/TDD: **711** |
| Grievances and Appeals | **1-877-860-2837**, TTY/TDD: **711** |
| Fraud and Abuse | **1-800-543-0867**, TTY/TDD: **711** |
| Care Coordination | **1-855-334-4780**, TTY/TDD: **711** |
| Adult Protective Services | **1-866-800-1409**, TTY: **1-888-206-1327** |
| Nursing Home Hotline | **1-800-252-4343**, TTY: **1-800-547-0466** |
| DentaQuest | **1-877-860-2837**, TTY/TDD: **711** |
| Heritage Vision | **1-877-860-2837**, TTY/TDD: **711** |
| Illinois Department of Public Health | **1-217-782-4977** |
| Supportive Living Complaint Hotline | **1-844-528-8444** |

**Emergency Care** — **911**

In an emergency, call **911** or go the nearest emergency department.
Emergency care is covered in all of the United States.

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# Long-Term Services and Supports (LTSS)

Thank you for being a member of Blue Cross Community Health Plans℠. We are here to provide quality health care for you and your family. Our goal is to serve your health needs through all of life's changes.

This booklet has important information for members who qualify for Long-Term Services and Supports (LTSS). These services can help you live in your own home, a community setting, or Nursing Facility when you need ongoing support. To qualify for LTSS you must reside in a Nursing Facility or receive services through one of the five Home and Community-Based Services (HCBS) waiver programs.

See your Blue Kit℠ to learn about your benefits with BCCHP℠ and services and how to access these benefits.

## Care Coordinator

You will be assigned a Care Coordinator at the time you are enrolled or become eligible for LTSS Services. Your Care Coordinator will work with you, your family, or your authorized representative. They will help you determine your needs and services available to meet those needs.

Your Care Coordinator will review your current needs and identify additional support services that would improve your health.

**Your Care Coordinator will also:**

- Plan in-person visits or phone calls with you
- Listen to your concerns
- Help you get services and find health issues before they get worse (preventive care)
- Help set up care with your doctor and other health care team members
- Help you, your family, and your caregiver better understand your health condition(s), medications and treatments

If you do not know who your Care Coordinator is or you would like to talk with your Care Coordinator, you can call Member Services at **1-877-860-2837**. It is important that you keep in touch with your Care Coordinator. Be sure to write down the name and phone number of your Care Coordinator.

## Your Care Plan Team

Your care plan team may include many different people (with your permission) including:

- You
- Your family
- Your doctor (Primary Care Provider)
- Behavioral health provider
- Pharmacist
- Homemaker
- Personal Assistant
- Community partners such as church members
- Your Care Coordinator

Care Team members are there to help you get the services you need. They will help you make decisions about your care and work with you to reach your health care goals. Your Care Coordinator will help lead the team to make sure all your needs are met.

Your Care Coordinator and Care Team will help you get the information and care you need to be healthy. And they will help you manage your health condition.

**This includes:**

- Tips on how to help manage your weight, eat better, and stay fit with an exercise program
- Brochures with heart-healthy tips on how to help control blood pressure and cholesterol
- Brochures on drugs and alcohol that show you how to stop problems before they start
- Well care tips about healthy behaviors and routine exams, mammograms, and cancer screenings
- Information about managing on-going medical conditions such as asthma, diabetes, and heart disease.

## Nursing Facility (NF) Services

If you have health care needs that can't be managed at home or in a community living setting, you may need to live in a Nursing Facility (NF). Nursing Facilities are licensed facilities that provide long-term care services to elderly and young adults with physical and/or mental health disabilities. Nursing Facilities are sometimes called nursing homes, Long-Term Care (LTC) facilities, or Skilled Nursing Facilities (SNF). These services may need an OK, or prior authorization, from BCCHP.

If you live in a Nursing Facility, services are provided based on assessment of care needs. These services are listed in the NF Services table below.

| Nursing Facility (NF) Services | |
|---|---|
| **Personal Care** | • Assistance with completing activities of daily living such as eating, walking, bathing, dressing, and using the bathroom<br>• Laundry<br>• Meals<br>• Housekeeping needs<br>• Medication reminders / refills |
| **Medical Care** | • Medically complex care<br>• Rehabilitation (physical, occupation and/or speech)<br>• Wound care<br>• IV therapy |
| **Specialized Programs (availability varies by facility)** | • Complex wounds<br>• Pain management<br>• Alzheimer's care<br>• Respite care<br>• Other illnesses and conditions |

See your Blue Kit for more information about Nursing Facility Services.



**Questions?** Call Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

## Choosing the Right Nursing Facility

It's important you find the best nursing home for you. Make sure to look at different things so you get the best care.

Start by looking at places near you. Check their ratings online using the links below. Find nursing homes that have a good standing for:

- giving safe care
- keeping clean spaces
- hiring kind and experienced staff

Visit these places in person to see what they are like. Be sure to ask questions about their services and their workers. They can also tell you all the activities they offer for you.

To help you find a good nursing home, you can visit:

- IDPH's How to Choose a Nursing Home website:
  **https://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/selection.html**
- CMS's Nursing Home Comparison website:
  **https://www.medicare.gov/care-compare/?redirect=true&providerType=NursingHome**

## Nursing Facility (NF) Care Coordination: Care Planning

You will be assigned a Care Coordinator if you reside in a Nursing Facility at time of enrollment. If you move into a Nursing Facility after enrollment, you will be assigned a Care Coordinator after you have moved into the facility.

Your Care Coordinator will complete an assessment visit and care plan with you. They will do this at least once a year. Your Care Coordinator can visit you more if your needs change. During each assessment, your Care Coordinator will ask questions to learn more about you. They will ask about your strengths. They will ask what you can do and what you need help with. Your Care Coordinator will work with you and your authorized representative to create a person-centered care plan to meet your needs.

You will have NF Care Coordination services as long as you are a Blue Cross Community Health Plans member and reside in a Nursing Facility. To contact your Care Coordinator, please call **1-855-334-4780**.

If you live in a nursing facility, you will need to pay a 'share of cost' or 'patient credit'.
The Department of Human Services caseworker determines your Patient Credit total. This is based on your income and your expenses. If you have questions, your Care Coordinator will work with you to understand your patient credit. You will need to pay the patient credit to the nursing facility each month.

## Community Transitions

If you live in a nursing facility and would like to move back into a community living setting, your Care Coordinator will work with you and your authorized representative to develop an appropriate plan.

Some options for your living environment may be:

- Private residence with family/guardian
- Senior Housing
- Community Housing
- Supportive Living Facility

In the community setting, you may be eligible for additional services and supports through a Home and Community Based Services (HCBS) Waiver Program. Information about HCBS Waiver Programs can be found below and in your Blue Kit.

Your Care Coordinator can give you more information about what options are available to help you be successful in a community living setting.

## Home and Community-Based Services (HCBS) Waiver Programs

HCBS waiver programs are designed to help members to remain in their home or community setting, instead of an institution, whenever possible. These waivers are designed for eligible members with varying care needs with each waiver offering a specific set of services.

Your Care Coordinator will work with you or your authorized representative to find the right types of service. Not all services will be right for you. Your services will be determined based on assessment of your own unmet needs as clinically indicated. Once you agree to these services your Care Coordinator will work to arrange them for you. Services available for each HCBS Waiver Program are listed on **page 11**.

**Note:** These services cannot be provided to you while you are admitted to a hospital or nursing home.

## HCBS Eligibility

Blue Cross Community Health Plans does not determine your eligibility into the HCBS Waiver Programs. Eligibility determination is under either, The Department on Aging, The Department of Human Services, or The Division of Rehabilitation Services. Your Care Coordinator will work with you and the other state agencies for eligibility determination questions.

**You can get HCBS Waiver services if:**

- You are a resident of the State of Illinois
- You are a citizen of the United States or legally admitted
- Your needs will be met at a cost less than or equal to the cost of nursing services in an institutional setting
- You fully cooperate with the Medicaid application process and maintain Medicaid eligibility

## Determination of Need (DoN)

To see if you qualify for waiver services, an assessor from a State of Illinois agency will conduct a Determination of Need (DON) in your home. At minimum, you will have a DON completed on a yearly basis. This is done by staff of The Illinois Department on Aging, The Department of Human Services, or The Division of Rehabilitation Services. Blue Cross Community Health Plans does not conduct the DON. You will be asked about your ability to complete daily activities and unmet needs related to:

- Eating
- Bathing
- Grooming
- Dressing
- Preparing Meals
- Managing Money
- Laundry and Housework

These are just a few examples of the activities being considered.

The DON produces a score from 0 to 100. You must have a DON score of 29 or higher to qualify. You will be evaluated and scored by a state appointed assessor. If you do not meet or maintain your eligibility requirements according to the Department standards, you may be disenrolled from the waiver. A State of Illinois agency will notify you if they have found you are no longer eligible. They will give you a disenrollment date. Blue Cross Community Health Plans will also be informed of this action and your disenrollment date. Upon disenrollment, Blue Cross Community Health Plans will stop all of your waiver services and notify your HCBS providers. We will work with these agencies for your annual reassessment, or whenever there is a change in your condition or needs. Your DON score helps your Care Coordinator in working with you to develop an appropriate Individual Service Plan (ISP). At minimum, you will have a DON completed on a yearly basis.

For additional information regarding the Illinois HCBS Waivers Programs as alternatives to nursing homes, please visit: **https://hfs.illinois.gov/medicalclients/hcbs.html** or call **1-217-524-7245**.

## HCBS Care Coordination: Care and Service Planning

HCBS waiver services are for members who have been determined to be eligible for a HCBS Waiver Program. You will be assigned a Care Coordinator at the time you are enrolled. Your Care Coordinator will work with you, your family, or your authorized representative. They will help you determine your needs and services available to meet those needs.

If you are enrolled in one of the five waivers covered under Blue Cross Community Health Plans, your Care Coordinator will visit you at your home. They will make sure you are receiving the services that are part of your ISP and work with you to identify any changing needs. The table below shows when and how your Care Coordinator will contact you.

| HCBS Waiver Program | When & How Care Coordinator Will Contact You |
|---|---|
| Persons who are Elderly | At least one time every three months in your home |
| Persons with Brain Injury | At least one time every month in your home |
| Persons with HIV or AIDS Waiver | At least one time every month by phone<br>***and***<br>At least every other month in your home |
| Persons with Disabilities | At least one time every three months |
| Supportive Living Program | At least one time each year in your Supportive Living Facility |

At each visit, your Care Coordinator will review the services you are receiving to ensure they are meeting your unmet needs. Your Care Coordinator will complete an assessment and help develop an updated person-centered care plan and ISP. They will do this at least once a year. Your Care Coordinator will ask questions to learn more about you. They will ask about your strengths. They will ask what you can do and what you need help with. Your Care Coordinator will work with you and your authorized representative as you decide on services to meet your needs.

You will have HCBS care coordination services as long as you are a Blue Cross Community Health Plans member and in an HCBS Waiver program. To contact your Care Coordinator, please call **1-855-334-4780**.



**Questions?** Call Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

## HCBS Waiver Services

| Waiver Program | Services | |
|---|---|---|
| **Persons who are Elderly**<br>Department on Aging (DOA) | • Adult Day Service<br>• Adult Day Service Transportation<br>• In Home Services (Homemaker) | • Emergency Home Response Service<br>• Automatic Medication Dispenser (AMD) |
| **Persons with Disabilities**<br>Division of Rehabilitation Services (DRS) | • Adult Day Service (ADS)<br>• Adult Day Service Transportation<br>• Environmental accessibility adaptations<br>• Home health aide<br>• Individual Provider (IP)<br>• Nursing<br>• Nursing, intermittent<br>• Occupational therapy | • Physical therapy<br>• Speech therapy<br>• In-Home Service (Homemaker)<br>• Home delivered meals<br>• Personal Emergency Response System<br>• Respite<br>• Specialized medical equipment |
| **Persons with Disabilities, HIV/AIDS**<br>Division of Rehabilitation Services (DRS) | • Adult Day Care<br>• Adult Day Care Transportation<br>• Environmental accessibility adaptations<br>• Home health aide<br>• Individual Provider (IP)<br>• Nursing<br>• Nursing, intermittent<br>• Occupational therapy | • Physical therapy<br>• Speech therapy<br>• In Home Service (Homemaker)<br>• Home delivered meals<br>• Personal Emergency Response System<br>• Respite<br>• Specialized medical equipment and supplies |
| **Persons with Brain Injury**<br>Division of Rehabilitation Services (DRS) | • Adult Day Care<br>• Adult Day Care transportation<br>• Day Habilitation<br>• Environmental accessibility adaptations<br>• Home health aide<br>• Individual Provider (IP)<br>• Nursing<br>• Nursing, intermittent | • Prevocational services<br>• In Home Service (Homemaker)<br>• Home delivered meals<br>• Personal Emergency Response System<br>• Respite<br>• Specialized medical equipment and supplies<br>• Supported employment<br>• Therapies (Occupational, physical, speech) Cognitive Behavioral Therapies |

| Waiver Program | Services |
|---|---|
| **Supportive Living Program**<br>HealthCare and Family Services (HFS) | Supportive Living Program (SLP) offers **assisted living services**. It is an alternative to traditional nursing home care by mixing apartment style housing with personal care and supportive services.<br>Assisted living services may include:<br>• Health Promotion<br>• Intermittent Nursing<br>• Medication Oversight<br>• Personal Care<br>• Housekeeping<br>• Laundry<br>• Social/Recreational Promotion<br>• Emergency Call System<br>• Well-being check<br>• Maintenance<br>• Emergency call system<br>• Meals and snacks<br>• Exercise Programming<br>• 24-hour response/security staff |

## Services Description

### Adult Day Care (Adult Day Service)

This is a daytime program for adults which provides direct care and supervision in community-based setting for the purpose of providing personal attention, and promoting social, physical, and emotional well-being in a structured setting.

### Adult Day Transportation

Transportation to your Adult Day Program is available if needed. One ride to and from the center each day is allowed. This transportation cannot be used to go to other places. For example, doctor's offices, the pharmacy, or store. If you need a ride to your doctor's appointment, you can call Member Services and schedule transportation at least 72 hours before your doctor's appointment.

### Automated Medication Dispenser (AMD)

This service offers individuals a portable, mechanical system that can be programmed to dispense or alert the customer to take non-liquid oral medications through auditory, visual or voice reminders.

### Cognitive Behavioral Therapies

Remedial therapies designed to decrease maladaptive behaviors and/or to enhance cognitive functioning of the individual. These services are intended to enable the individual to better manage their behavior and therefore be more capable of living independently.

### Day Habilitation (Habilitation)

This service assists the individual with the acquisition, retention or improvement in self-help, socialization, and adaptive skills. These services are provided in a setting separate from the individual's home. These services focus on enabling the individual to attain or maintain a maximum functional level and may be coordinated with therapies listed in the plan of care.

### Environmental Accessibility Adaptations

These are physical modifications to an individual's home to accommodate the individual's loss of function in the completion of their Activities of Daily Living. The modifications must be necessary to support the health, welfare, and safety of the member and to enable the member to function with greater independence in their home. Without the modification, a member would require some type of institutionalized living arrangement, such as a nursing facility or assisted living.

Adaptations that do not help the member's safety or independence are not included as part of this service, such as new carpeting, roof repair, central air, or home additions.

### Home Delivered Meals

One or more ready-to-eat meals per day which are delivered to the individual's home. This service is provided to individuals who can feed themselves but are unable to prepare a meal.

### Home Health Aide

This service is provided within the State's standards for a Certified Nursing Assistant. This person works under the supervision of a medical professional, nurse or physical therapist, to assist the individual with basic health services such as assistance with medication, nursing care, physical, occupational, and speech therapy.

### Individual Provider (IP)

In-home caregiver selected, employed and supervised by the member. The caregiver may assist with or perform household tasks, personal care and, with the permission of a physician, certain health care procedures.

### In Home Services (Homemaker)

These are services consisting of general household activities (meal preparation and routine household care) and personal care provided by a trained homecare aide when the individual regularly responsible for these activities is unable to manage the home and care for themself. Homecare aides shall meet such standards of education and training as are established by the State for the provision of these activities. This service will only be provided if personal care services are not available or are insufficient to meet the care plan, or the individual is not able to manage a personal assistant.

### Nursing

This service is provided within the scope of the State's Nurse Practice Act by a registered nurse, licensed practical nurse, or vocational nurse. This service provides skilled nursing services to an individual in their home for short-term acute healing needs, with the goal of restoring and maintaining a maximal level of function and health. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

### Nursing-Intermittent

This service is used for purposes of evaluating customer needs (including assessments and wellness checks) and monitoring.

### Personal Emergency Response System

A 24-hour emergency communication link for assistance outside the individual's home based on health, safety needs, and mobility limitations.

### Physical, Occupational, And Speech Therapy

Services designed to maintain level of functioning. This may be provided by a physical therapist, occupational therapist, or speech therapist. A doctor's order is required for these services.

### Prevocational Services

These services prepare an individual for paid or unpaid employment. It teaches concepts such as compliance, attendance, task completion, problem solving and safety. Activities in this service are not primarily directed at teaching specific job skills. Instead, it works on underlying habilitation goals, such as motor skills. All prevocational services will be reflected in the person's plan of care. It aims for habilitation, rather than explicit employment objectives.

### Respite

This service offers relief for unpaid family or primary caregivers who are meeting all the service needs of the member. Services may include personal assistant, homemaker, nurse, or adult day care. Services are available for a maximum of 240 hours per year.

### Specialized Medical Equipment

This service includes devices, controls or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items and durable and non-durable medical equipment not available under the State Plan.

### Supported Employment

These are intensive ongoing supports that enable individuals in a paid employment work setting. It is designed for those who are unlikely to find a job at or above minimum wage. Supported employment includes activities needed to sustain paid work, such as supervision and training.

When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities.

### Supportive Living Program (Supportive Living Facility)

SLP offers assisted living in an apartment style house. Members will have many support services to help keep them as independent as possible. Examples of support services include housekeeping, personal care, medication oversight, shopping, meals, and social programs. Supportive Living does not offer complex medical services or support. Members in this program may be required to contribute to the facilities room and board cost based on income.


**Questions?** Call Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

# Rights & Responsibilities

## Your Rights:

- A right to always be treated with respect and dignity in recognition of your privacy
- Have your personal health information and medical records kept private except where allowed by law, and when necessary to provide care
- Be protected from discrimination
- Receive information from Blue Cross Community Health Plans in other languages or formats such as with an interpreter or Braille
- Receive information on available treatment options and alternatives
- Receive information necessary to be involved in making decisions about your healthcare treatment and choices
- A right to make recommendations regarding the organization's member rights and responsibilities policy
- Refuse treatment and be told what may happen to your health if you do
- Receive a copy of your medical records and in some cases request that they be amended or corrected
- Choose your own primary care provider (PCP) from Blue Cross Community Health Plans. You can change your PCP at any time
- File a complaint (sometimes called a grievance), or appeal without fear of mistreatment or backlash of any kind
- Request and receive in a reasonable amount of time, information about your Health Plan, its providers and polices including member rights and responsibilities.

## Your Responsibilities:

- Treat your doctor and the office staff with courtesy and respect
- Carry your ID card with you when you go to your doctor appointments and to the pharmacy to pick up your prescriptions
- Keep your appointments and be on time for them
- If you cannot keep your appointments cancel them in advance
- Follow the instructions and treatment plan you get from your doctor
- Tell your health plan and your caseworker if your address or phone number changes
- Read your member handbook so you know what services are covered and if there are any special rules.

## Additional LTSS Rights

### Non-Discrimination

You may not be discriminated against because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age.

If you feel you have been discriminated against, you have the right to file a complaint with Civil Rights Coordinator by calling, faxing or sending us a letter:

**Phone: 1-855-664-7270**

**Fax: 1-855-661-6960**

**Mail:** Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

If you are unable to call, you may have someone call for you. If you are unable to write a letter yourself, you may have someone write it for you.

### Confidentiality

All information about you and your case is confidential and may be used only for purposes directly related to treatment, payment and program operation, including:

- Establishing your initial and continuing eligibility
- Establishing the extent of your assets, your income, and the determination of your service needs
- Finding and making needed services and resources available to you
- Assuring your health and safety

No information about you can be used for any other purpose unless you have signed a Standard Authorization form. You can request a copy of this form by calling Member Services at **1-877-860-2837**. A copy of this form can also be found on our website: **https://www.bcbsil.com/bcchp/resources/forms-and-documents**.

### Freedom of Choice

You have the choice of nursing facility placement or home and community-based services. You also have the right to choose not to receive services. You may choose an in-network provider or agency to provide your Long-Term Services and Supports (LTSS). A list of providers approved by the Division of Rehabilitation Services (DRS) and the Department on Aging to provide services in your service area will be reviewed with you by your Care Coordinator.

Your Care Coordinator will work with you to participate in your ISP development and in choosing types of services and providers to meet your needs. You will receive a copy of each ISP and any subsequent changes to the plan. The services that you receive are for needs addressed on your ISP and not for the needs of other individuals in your home.

### Transfer to Another Provider or Agency

You may request to transfer from one provider to another. If you want to transfer, you should contact your Care Coordinator to help arrange the transfer.

### Change in Residence

If you will be residing in another location in Illinois and want to continue to receive services, contact your Care Coordinator. Your Care Coordinator will help you by arranging service transfer to your location.

### Individual Service Plan (ISP)

Your ISP establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the services are approved. Your provider cannot change your ISP. If you need a change in services, you need to call your Care Coordinator. They will review your needs and make changes to your ISP.

### If You Want More Services than Your ISP Allows

You may ask your provider to give you more services than are listed on your ISP. You will be required to pay 100 percent of the cost of those additional services.

### Quality of Service

If you believe you are not getting the best care, call your caregiver agency. Talk to the provider's or caregiver's supervisor if:

- They are not following the ISP
- They are always late
- They do not come to your home as scheduled

If the problem is not resolved, you should call your Care Coordinator. If the problem is still not resolved, you should call the toll free number at **1-877-860-2837** to file a grievance.

### Non-Discrimination of Caregivers

If you receive waiver services through the Department of Human Services or Division of Rehabilitation Services you are responsible for hiring, managing and firing your Personal Assistant. You must not discriminate against your caregivers because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age. To do so is a Federal offense.

### Reporting Changes

When you become enrolled in the Blue Cross Community Health Plans program, you must report changes to your information.

| Change | Report to |
|---|---|
| Changes to your services or service needs | BCCHP Care Coordinator at **1-855-334-4780** |
| Change of address or phone number, even if temporary | BCCHP Care Coordinator at **1-855-334-4780** and Enrollment Agency |

### Hospital or Nursing Home Admission

If you are entering a hospital, nursing home or other institution for any reason, you or your representative should inform your Care Coordinator before or as soon as possible after you have entered such a facility. HCBS waiver services cannot be provided while you are in these facilities, but can be provided as soon as you return home. Inform your Care Coordinator when you will be discharged home, so we can check on your service needs.

### Transition of Care Services

You are eligible for Transition of Care Services.

They cover:

1. planned inpatient surgical procedures
2. unplanned admissions to an acute inpatient hospital or nursing care facility

These services help you when you are being discharged home or to a lower level of care. We pay special attention to helping you move from one level of care to another, such as when you are discharged from a hospital or a skilled nursing facility back to your home. It is important that you understand your discharge instructions and have everything you need to recover. We work with you to make sure you have follow-up appointments scheduled. We also make sure you receive all ordered medications and services, including oxygen and durable medical equipment. This ensures a smooth discharge and recovery.

Care Coordinators can help you through the following:

- Arranging services you need, including scheduling and keeping provider appointments
- Ensuring complete communication and coordination of services to provide safe, timely, high-quality care as you move out of an acute inpatient hospitalization stay
- Providing guidance before planned admissions, such as a schedule surgery
- Providing guidance after discharge when you have an unplanned admission
- Help you understand your conditions to reduce risks of relapse and support your ability to care for yourself.
- Provide education related to medication safety and the importance of taking medications as the doctor ordered.
- Review and clarify your doctor's orders related to care, diet, and activity levels so you understand and can follow the plan of care.


**Questions?** Call Member Services toll-free at **1-877-860-2837** (TTY: **711**) or the 24/7 Nurseline at **1-888-343-2697**.

### Absent from Home

You must inform your caregiver or provider if you plan to be absent from your home when your scheduled services are to be provided, such as a doctor's appointment, a general outing, or a short vacation. Notify your caregiver or provider when you will not be home and when you plan to return so they can resume services upon your return.

During your absence, give your caregiver or provider and your Care Coordinator your temporary phone number and address, in case you need to be reached.

### Delivery of Services – You Must Cooperate in the Delivery of Services

To assist your caregivers, you must:

- Notify your caregiver or provider at least one (1) day in advance if you will be away from home on the day you are to receive service.
- Allow the authorized caregiver into your home.
- Allow the caregiver to provide the services authorized on your ISP you approved.

Do not require the caregiver to do more or less than what is on your ISP. If you want to change your ISP, call your Care Coordinator. Your caregiver cannot change your ISP.

You and others in your home must not harm or threaten to harm the caregiver or display any weapons. Not cooperating as noted above may result in the suspension or termination of your LTSS services. Your Care Coordinator will work with you and the caregiver to develop a Care Management Agreement to restart your services.

## Fraud, Abuse and Neglect

Fraud, Abuse and Neglect are all incidents that need to be reported.

**Fraud occurs when someone receives benefits or payments they are not entitled to. Examples of fraud:**

- To use someone else's ID card or let them use yours.
- A provider billing for services that you did not receive.

**Abuse is when someone causes physical or mental harm or injury. Here are some examples of abuse:**

- Physical abuse is when you are harmed such as slapped, punched, pushed, or threatened with a weapon.
- Mental abuse is when someone uses threatening words at you, tries to control your social activity, or keep you isolated.
- Financial abuse is when someone uses your money, personal checks, or credit cards without your permission.
- Sexual abuse is when someone is touching you inappropriately and without your permission.

**Neglect occurs when someone decides to hold the basic necessities of life such as food, clothing, shelter or medical care.**

If you believe you are a victim, you should report this right away. You can call Member Services at **1-877-860-2837**.

## If You Suspect Abuse, Report It

By law, it is your responsibility to report allegations of abuse and neglect. You should call the Illinois Department of Human Services (DHS), Illinois Department of Public Health (DPH), or Illinois Department on Aging (DOA).

- If the person is enrolled in a program or lives in a setting funded, licensed or certified by DHS or lives in a private home, call the Office of the Inspector General Hotline: **1-800-368-1463**
- If the person with disabilities is enrolled in a program or lives in a setting funded, licensed or certified by DPH (e.g. nursing home) and the abuse/ neglect occurs when services are being provided, call the DPH Nursing Home Hotline: **1-800-252-4343**, (TTY **1-800-547-0466**).
- If the abuse or neglect is to an adult 18 years and older who is not in a nursing home or a supported living facility call the DOA Adult Protective Services Hotline at **1-866-800-1409** (TTY: **1-800-358-5117**).

You can also report any suspected areas of fraud or abuse to us. Please call BCCHP Member Services at **1-877-860-2837** (TTY/TDD: **711**). You can also use our Fraud and Abuse hotline at **1-800-543-0867**. We are available 24/7.

*All information will be kept private.* Eliminating abuse, neglect and fraud is the responsibility of everyone.

### Nursing Home Hotline

- **1-800-252-4343**, TTY/TDD: **1-800-547-0466**

  The Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, home health agencies and the care or lack of care of the patients.

### Supportive Living Program Complaint Hotline

- **1-800-226-0768**

### Adult Protective Services

- **1-866-800-1409**, TTY/TDD: **1-888-206-1327**

  The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your Care Coordinator will provide you with two (2) brochures on reporting abuse, neglect and exploitation. You can request new copies of these brochures at any time.

**Illinois law defines fraud, abuse and neglect as:**

- **Physical abuse –** Inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse –** Touching, fondling, intercourse, or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened, or physically forced.
- **Emotional abuse –** Verbal assaults, threats of abuse, harassment, or intimidation.

- **Confinement –** Restraining or isolating the person, other than for medical reasons.
- **Passive neglect –** The caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter, or medical care.
- **Willful deprivation –** Willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device, or other physical assistance, and thereby exposing that adult to the risk of physical, mental, or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation –** The misuse or withholding of resources from a senior or person with disabilities to their disadvantage, or to the profit or advantage of someone else.

## Grievances and Appeals

We want you to be happy with services you get from Blue Cross Community Health Plans and our providers. If you are not happy, you can file a grievance or appeal. For more information, refer to the section on Grievances and Appeals in your Member Handbook. You may also call Member Services at **1-877-860-2837** (TTY/TDD: **711**). We are available 24 hours a day, seven (7) days a week.

Limitations and restrictions may apply. For more information, call Member Services at **1-877-860-2837** (TTY/TDD: **711**).

## Non-Discrimination Notice

### Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-877-860-2837**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbsil.com/bcchp/legal-and-privacy/non-discrimination-notice

## ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-877-860-2837** (TTY: **711**) or speak to your provider.

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| **Español**<br>Spanish | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-877-860-2837** (TTY: **711**) o hable con su proveedor. |
| **العربية**<br>Arabic | تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-877-860-2837** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك. |

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| 中文<br>Chinese | 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-877-860-2837** (TTY: **711**) 或咨询您的服务提供商。 |
| **Français**<br>French | ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-877-860-2837** (TTY: **711**) ou parlez à votre fournisseur. |
| **Deutsch**<br>German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-877-860-2837** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider. |
| **ગુજરાતી**<br>Gujarati | ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-877-860-2837** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો. |
| **हिंदी**<br>Hindi | ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-877-860-2837** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें। |
| **Italiano**<br>Italian | ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-877-860-2837** (TTY: **711**) o rivolgiti a un assistente. |
| 한국어<br>Korean | 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-877-860-2837** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오. |
| **فارسي**<br>Farsi | توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-877-860-2837** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید. |
| **Polski**<br>Polish | UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-877-860-2837** (TTY: **711**) lub porozmawiaj ze swoim dostawcą. |
| **РУССКИЙ**<br>Russian | ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-877-860-2837** (TTY: **711**) или обратитесь к своему поставщику услуг. |
| **Tagalog**<br>Tagalog | PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-877-860-2837** (TTY: **711**) o makipag-usap sa iyong provider. |
| **اردو**<br>Urdu | توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-877-860-2837** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔ |
| Ελληνικά<br>Greek | ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **1-877-860-2837** (TTY: **711**) ή απευθυνθείτε στον πάροχό σας. |
| Tiếng Việt<br>Vietnamese | LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-877-860-2837** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn. |

# Long Term Services and Supports (LTSS) Handbook