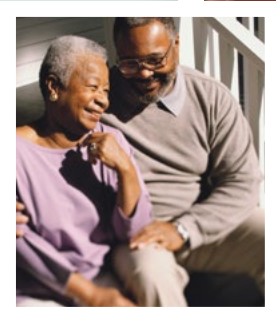
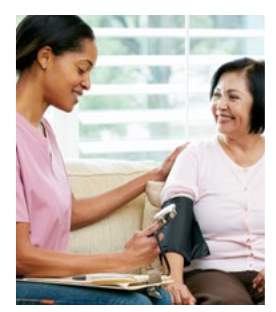




**BlueCross BlueShield  
of Illinois**



Blue Cross Community MMAI (Medicare-Medicaid Plan)<sup>SM</sup>

# HIV/AIDS Waiver Handbook

Effective March 2014

[www.bcbsilcommunitymmai.com](http://www.bcbsilcommunitymmai.com)

Call Toll Free 1-877-723-7702 TTY/TDD 711. We are open between 8 a.m. to 8 p.m. CT, 7 days a week from October 1 to February 14. From February 15 to September 30, we are open 8 a.m. to 8 p.m. CT, Monday through Friday. Alternate technologies (for example, voicemail) will be used on the weekends and federal holidays. The call is free.

Illinois Client Enrollment Services: For questions about enrolling call: 1-877-912-8880 (TTY: 1-866-565-8576)

Website: [enrollhfs.illinois.gov](http://enrollhfs.illinois.gov)

# Blue Cross Community MMAI<sup>SM</sup> HIV/AIDS Waiver Handbook

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## Introduction

Thank you for being a member of Blue Cross Community MMAI. We're 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 with HIV/AIDS. If you qualify, the Illinois Department of Rehabilitation Services (DoRS) has waiver services for extra benefits to help you live as independently as possible. These services would be in addition to your medical and behavioral health benefits. See your Member Handbook for an explanation of these benefits.

## Eligibility

You can get the HIV/AIDS Waiver services if:

- You are a U.S. citizen or legal alien and a resident of the state of Illinois;
- You meet Medicaid financial eligibility criteria; and
- You have been diagnosed with Human Immune Deficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS) and need a nursing facility level care.

## Waiver Services

The HIV/AIDS Waiver services are for people diagnosed with HIV or AIDS at any age, who would otherwise need to be in a hospital setting.

Services provided by this Waiver include:

### **Adaptive Equipment** – Also known as **Specialized Medical Equipment and Supplies**

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

### **Adult Day Health** – Also known as **Adult Day Service**

This is a daytime community-based program for adults not living in Supported Living Facilities. Adult Day Service provides a variety of social, recreational, health, nutrition, and related support services in a protective setting. Transportation to and from the center and lunch are included as part of this service.

### **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 like the doctor, shopping or to the pharmacy. If you need a ride to your doctor's appointment, this is a covered service under your medical benefits. For more information about this, please refer to your member handbook.

### **Personal Emergency Response System**

This electronic equipment allows members 24-hour access to help in an emergency. The equipment is connected to your phone line and calls the response center and/ or other forms of help once the help button is pressed.

### **Environmental Accessibility Adaptations**

These are physical modifications to a member's home. 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**

Prepared food brought to the member's home that may consist of a heated lunch meal and a dinner meal (or both), which can be refrigerated and eaten later. This service is designed for the member who cannot prepare his or her own meals but is able to feed him/herself.

### **Home Health Aide**

A person who works under the supervision of a medical professional, nurse, physical therapist, to assist the member with basic health services such as assistance with medication, nursing care, physical, occupational and speech therapy.

### **Homemaker**

In-home caregiver hired through an agency. The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming and feeding.

### **Nursing-Skilled**

This service provides skilled nursing services to a member in their home for short-term acute healing needs, with the goal of restoring and maintaining a member's 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 focuses on long-term needs rather than short-term acute healing needs, such as weekly insulin syringes or medi-set set up for members unable to do this for themselves. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

## **Personal Assistant**

In-home caregiver hired and managed by the member. The member must be able to manage different parts of being an employer such as hiring the caregiver, managing their time and timesheets, completing other employee paperwork.

The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming, and feeding. Personal Assistants can include other independent direct caregivers such as RNs, LPNs, and Home Health Aides.

## **Physical, Occupational and Speech Therapy – Also known as Rehabilitation Services**

Services designed to improve and or restore a person's functioning; includes physical therapy, occupational therapy, and/or speech therapy.

## **Respite**

This service provides relief for unpaid family or primary caregivers who are meeting all the needs of the member. The respite caregiver assists the member with all daily needs when the family or primary caregiver is absent. Respite can be provided by a homemaker, personal assistant, nurse or in an adult day health center.

## **Determination of Need (DON)**

### **Your Care Plan**

To see if you qualify for waiver services, a care manager from a State of Illinois agency will conduct a Determination of Need (DON) in your home. They will simply ask about your ability to complete daily activities, like:

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

These are just a few examples of the activities considered to determine your need for additional assistance. Blue Cross Community MMAI does not conduct the DON. This is done by staff of the Illinois Care Coordination Units or the Division of Rehabilitation Services. We will work with these agencies for your annual reassessment, or whenever there is a change in your condition or needs.

## **Care Plan Information**

### **Your Care Plan Team**

Your care plan team may include many different individuals and may also be called your Interdisciplinary Care Team. The team may include:

- You
- Your family
- Your doctor (Primary Care Provider)
- Behavioral Health Provider
- Pharmacist
- Home Maker
- Community Partners such as church members
- Your Care Coordinator

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. The team will also help you make changes to your plan.

You can contact your Care Coordinator by calling Member Services. It is important that you keep in touch with your Care Coordinator for help with services. Be sure to write down the name and phone number of your Care Coordinator.

### **Provider Choices**

Your Care Coordinator will work with you to find the provider who best meets your needs. You'll need to choose a provider from the Blue Cross Community MMAI network of waiver service providers. You can search on our web site at [www.bcbsilcommunitymmai.com](http://www.bcbsilcommunitymmai.com) by clicking on Find a Provider, or you can call Member Services for help.

### **Language Assistance**

#### **Interpreter Services**

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-877-723-7702 or TTY/TDD: 711. The call is free.

Usted puede obtener este documento en español o hablar con alguien, de forma gratuita, acerca de esta información en otros idiomas. Llame al 1-877-723-7702 or TTY/TDD: 711. La llamada es gratuita.

#### **Hearing and Vision Impairment**

For our members with hearing problems, we offer TTY/TDD service free of charge. The line is open 24/7 at 711.

**Other Languages and Formats:** You can get a copy of this booklet and your member handbook in Spanish by going to our web site at: [www.bcbsilcommunitymmai.com](http://www.bcbsilcommunitymmai.com). We also offer our materials in other languages, large format, audio and Braille through Member Services.

### **Member's Rights & Responsibilities**

#### **Your 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, sexual orientation, or age.

If you feel you have been discriminated against, you have the right to file a complaint with Blue Cross Community MMAI by calling, faxing or sending us a letter:

Phone: 1-877-723-7702

Fax: 1-866-643-7069

Mail: Blue Cross Community MMAI

Attn: Grievance and Appeals Dept.

P.O. Box 27838, Albuquerque, NM 87125-9705

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 operation of the program 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 Release of Information form.

### **Freedom of Choice**

You may choose which provider/agency you want to provide your Long Term Services and Supports. A list of providers approved by the Department of Rehabilitative Services and the Department of Aging to provide services in your service area will be reviewed with you by your Blue Cross Community MMAI Care Coordinator.

You also have the right to choose not to receive services.

### **Transfer to other Provider/Agency**

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

### **Temporary Change in Residence**

If you will be temporarily residing in another location in Illinois and want to continue to receive services, contact your Blue Cross Community MMAI Care Coordinator. Your Care Coordinator will assist you by arranging service transfer to your temporary location.

### **Service Plan**

Your Service Plan establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the service are approved. Your Provider cannot change your Service Plan. If you need

a change in services, you need to call your Blue Cross Community MMAI Care Coordinator to review your needs and make changes to your Service Plan.

### **If you want more services than your Service Plan allows**

You may request your provider to provide more services than are listed on your Service Plan, but you will be required to pay 100% of the cost of those additional services.

### **Quality of Service**

If you do not believe your provider/ caregiver is following your Service Plan, or if your caregiver does not come to your home as scheduled, or if your caregiver is always late, you should call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved, you should call your Blue Cross Community MMAI Care Coordinator. If the problem is still not resolved, you should call the Blue Cross Community MMAI toll free number listed on the cover page of this handbook to file a grievance.

## **Your Responsibilities**

### **Non-Discrimination of Caregivers**

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, sexual orientation, or age. To do so is a Federal offense.

### **Reporting Changes**

When you become enrolled in the Long Term Services and Supports program, you must report changes to your information including:

Change	Report To
Changes to your services or service needs	Blue Cross Community MMAI Care Coordinator
Change of address or phone number Even if temporary	Blue Cross Community MMAI Care Coordinator Enrollment Agency
Change in number of family members	Enrollment Agency
Changes to your income - Within thirty (30) calendar days of the change	Blue Cross Community MMAI Care Coordinator Enrollment Agency

### **Financial Benefits**

Your Long-Term Services and Supports program is paid by Medicaid, a federally funded program monitored by Illinois Department of Healthcare and Family Services (HFS). Federal law allows HFS to recover the Medicaid assistance paid out for Long Term Services and Supports through what is known as “Medicaid Estate Recovery”. In order to recover the Medicaid assistance paid out for your LTSS services, HFS can file a claim against your estate, which includes real and personal property.

If you are married, HFS cannot seek to recover its claim against your estate until after your spouse is deceased. Your spouse will be allowed to keep your home and other real and personal property until his/her death. HFS can seek to recover money from your estate equal to the amount of Medicaid assistance paid out for your LTSS services. For further information, ask your Blue Cross Community MMAI Care Coordinator.

### **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 Blue Cross Community MMAI Care Coordinator before or as soon as possible after you have entered such a facility. Your services cannot be provided while you are in these facilities, but can be provided as soon as you return home. Inform your Blue Cross Community MMAI Care Coordinator when you will be discharged home, so we can check on your service needs.

If you are hospitalized or in a nursing home or other facility for more than 60 calendar days, your enrollment in your home and community waiver may be terminated. If you are interested in returning home and need services contact your Blue Cross Community MMAI Care Coordinator to assist you in reestablishing your in-home services and requesting reapplication to the home and community waiver.

## **Absent from Home**

LTSS Services cannot be provided if you are not at home. If you are away from your home for any reason for over 60 calendar days, your case will be referred to your Enrollment Agency for possible termination from the waiver program.

You must inform your caregiver/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/provider when you will not be home and when you plan to return so they can resume services upon your return.

If you will be gone for a long time, give your caregiver/provider and your Blue Cross Community MMAI Care Coordinator your temporary phone number and address, in case you need to be reached.

## **You must Cooperate in the Delivery of Services**

To assist your caregivers you must:

- Notify your caregiver/provider at least 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 Service Plan you approved.
- Do not require the caregiver to do more or less, than what is on your Service Plan. If you want to change your Service Plan, call your Blue Cross Community MMAI Care Coordinator. Your caregiver cannot change your Service Plan.
- 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 Blue Cross Community MMAI Care Coordinator will work with you and the caregiver to develop a Care Management agreement to restart your services.

## **Fraud and Abuse Program**

Fraud occurs when you knowingly get benefits or payments to which you are not entitled. Many parties can commit Health Care Fraud that must be reported, including but not limited to:

- Medical Providers
- Behavioral Health Providers
- Patients/Members
- Employees of health care companies
- Billers

Examples of Fraud include:

- Over using services that you don't need
- A provider billing for services not done
- False answers on an application
- Using someone's ID card

To report Fraud, you can call Member Services or the Blue Cross Community MMAI Special Investigation Department (SID) at 1-877-272-9741. All information is confidential.



## **Reporting Abuse, Neglect, Exploitation, or Unusual Incidents**

You can contact the Department of Public Health to get information on CNAs, or the Department of Financial and Professional Regulation for information on any LPN or RN that you want to employ to see if they have allegations of abuse, neglect or theft.

If you are the victim of abuse, neglect or exploitation, you should report this to your Blue Cross Community MMAI Care Coordinator right away, or contact Blue Cross Community MMAI Critical Incident Hotline at 1-855-653-8127. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

### **Nursing Home Hotline 1-800-252-4343 TTY - 1-800-547-0466**

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

### **Adult Protective Services 1-866-800-1409 TTY – 1-800-544-5304**

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 Blue Cross Community MMAI Care Coordinator will provide you with 2 brochures on reporting Elder Abuse and Exploitation. You can request new copies of these brochures at any time.

Illinois law defines abuse, neglect, and exploitation 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 a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.

## **Grievances and Appeals**

For information on Grievances and Appeals, please look at the section on Grievances and Appeals in your Member Handbook.

This is not a complete list. The benefit information is a brief summary, not a complete description of benefits. For more information contact the plan or read the Member Handbook.

Limitations and restrictions may apply. For more information, call Blue Cross Community MMAI Member Services 1-877-723-7702 or TTY/TDD: 711 or read the Blue Cross Community MMAI Member Handbook.

Benefits, List of Covered Drugs, pharmacy and provider networks may change from time to time throughout the year and on January 1 of each year.



Medicare-Medicaid Plan 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. HCSC is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees. Enrollment in HCSC's plan depends on contract renewal.