



Member Handbook

**Managed Long Term Services
and Supports Companion Guide**





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and Supports Companion Guide

855-661-1996 (TTY 711)

wellpoint.com/nj/medicaid

Dear Member:

Welcome to our Managed Long Term Services and Supports (MLTSS) program! We're happy you chose us to help you or your loved one get MLTSS healthcare services as a part of NJ FamilyCare.

This MLTSS handbook companion guide explains how our program works and how it can help keep you healthy. It tells you what your MLTSS benefits are and what limits apply. For a full listing of all your Wellpoint benefits and services, please see your Member Handbook. You can also learn more about your benefits at wellpoint.com/nj/medicaid.

You may have already gotten your Wellpoint MLTSS member identification (ID) card and other information from us. Your ID card will tell you when your Wellpoint benefits start and the name of your primary care provider (PCP), your doctor. It will also tell you how to contact us with any questions or concerns. Please check your ID card as soon as you get it. If you haven't gotten an ID card from us within one week of getting this packet, or if any information on the card is not correct and needs to be changed, please call us at **855-661-1996 (TTY 711)**. We'll send you a new ID card right away.

We want to know what's important to you so we can guide you to helpful benefits. Our Member Services staff is ready with tools and resources, including interpretation services, when you have questions or want help. You can call Monday through Friday, 8 a.m. to 6 p.m. Eastern time. We can help you choose a new PCP, answer questions about your benefits and more. After hours, you can call 24-hour Nurse HelpLine at **833-731-2147 (TTY 711)**. You can call our Nurse Helpline anytime, day or night to speak with a nurse.

Your MLTSS Care Manager is always working to make healthcare less complicated for you. You can call your Care Manager anytime to help you figure out your care plan, answer your questions, get you to the services you need, and coordinate with your providers and support system. To reach the MLTSS team, just call **855-661-1996 (TTY 711), option 1**, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. For help after hours, please call 24-hour Nurse HelpLine at **833-731-2147 (TTY 711)**. We are always here for you if you experience a change in your health during your membership.

Communication is an important part of healthcare, so we offer language interpretation services at no cost to you. We want to make sure you can speak comfortably with your PCP. We'll try to help you find a PCP who speaks your language or shares your cultural beliefs. For more information, please call us at **855-661-1996 (TTY 711)**. Thank you for being an Wellpoint member.

Sincerely,



Patrick Fox
President
Wellpoint

**Wellpoint Member Handbook Companion Guide
Managed Long Term Services and Supports Program**

101 Wood Ave. S., 8th Floor, Iselin, NJ 08830
855-661-1996 (TTY 711)
wellpoint.com/nj/medicaid

Welcome to Wellpoint! You'll get most of your healthcare services covered through Wellpoint. This companion guide will tell you how to get the services you need.

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YOUR INTRODUCTION TO MANAGED LONG TERM SERVICES AND SUPPORTS

Now that you're a member of the NJ FamilyCare MLTSS program, we want to give you a quick introduction to your new program. Below are some answers to frequently asked questions about MLTSS and some basic details about the program we think will help you.

What is the Managed Long Term Services and Supports program?

Managed Long Term Services and Supports (MLTSS) is a program for managing long-term care services. Long-term care includes help doing everyday tasks that you may no longer be able to do for yourself as you grow older or if you have a disability. These include bathing, dressing, getting around your home, making meals, or doing household chores. Long-term care also includes care in your own home or in the community that may keep you from having to go to a nursing home for as long as you can. These are called **home- and community-based services**, or **HCBS**. Long-term care services also include care in a nursing home.

Who is eligible for the MLTSS program?

You can be an Wellpoint MLTSS member if you:

- Live in the Wellpoint service area.
- Meet the clinical eligibility requirements for nursing facility care; for example, you need help with activities of daily living like bathing, dressing, eating, or walking, or you have a chronic condition that requires nursing services.
- Meet NJ FamilyCare financial eligibility rules.

We direct members 20 and older with intellectual/development disabilities (I/DD) who need MLTSS services to the Division for Developmental Disabilities (DDD) for screening before requesting MLTSS eligibility. We teach members about the screening process and answer questions from DDD when additional information is needed. If the DDD cannot provide services through their program, we will conduct a NJ Choice Assessment with the member and submit it to the Office of Community Choice Options (OCCO) to determine eligibility for enrollment into the MLTSS program.

What long-term care services are covered in MLTSS?

The covered long-term care services in MLTSS can be found in a community-based setting (like your home), assisted living, or in a nursing home. The kind and amount of care you get depends on your needs.

Here are the kinds of home care services covered in MLTSS (some of these services may have limits):

- **Chore services** — Services to keep your home clean and a safe environment, such as cleaning rugs, washing walls and windows, removing snow or ice, and replacing lightbulbs.

- **Home-delivered meals** — For members 18 years of age and older, nutritionally balanced meals delivered to your home when someone is not able to help you make your own meals.
- **Personal emergency response system** — A call button so you can get help in an emergency when your caregiver isn't around for members 18 years of age and older.
- **Home modifications** — Certain changes to your home that will help you get around easier and safer, like grab bars or a wheelchair ramp (up to \$5,000 per project or per calendar year, and \$10,000 per lifetime).
- **Vehicle modifications** — Medically necessary vehicle modifications (such as electronic monitoring systems to improve personal safety, mechanical lifts to make access possible) to your vehicle or a family vehicle.
- **Home-based supportive care** — Help with your household chores or errands like doing laundry, making meals, light housekeeping, or grocery shopping.
- **In-home respite care** — Short-term services provided in the home for members when there is a lack of or need for relief of an unpaid, informal caregiver.
- **Inpatient respite care** — A short stay in a nursing home or assisted care living facility to relieve caregivers/family members.
- **Assisted care living facility** — A coordinated group of supportive personal and health services, chore services, drug administration, and occasional skilled nursing services available 24 hours a day.
- **Assisted living program** — Delivery of assisted living services in certain publicly subsidized housing buildings. Services include personal care, chore services, and medication oversight and administration throughout the day. This allows you to live in your own independent apartment with the supports you may need.
- **Adult family care** — Allows up to three unrelated individuals to live in a primary residence of a trained caregiver who provides the support and health services for the residents. This includes personal care services, meal preparation, transportation, housekeeping, medication administration, etc.
- **Behavioral health services** — Mental health and substance use disorder services, such as outpatient treatment, partial care, and other levels of care outlined in the Wellpoint Member Handbook.

MLTSS services given to you in your home or in the community do not take the place of care you get from family and friends or services you already get. If you get help from community programs, Medicare-covered services or other insurance, or have a family member who takes care of you, these services won't be replaced by paid care through MLTSS. Instead, the home care services you get through MLTSS will be coordinated with the help you already get to help you stay in your home and community longer. **Care administered through MLTSS benefits will be given as cost-effectively as possible. This way, more people who need care will be able to get help.**

CARE COORDINATION AND ROLE OF THE MLTSS CARE MANAGER

Managing all the moving pieces of your care can be overwhelming. Our MLTSS Care Management team works to help make healthcare less complicated for you. We manage all of your physical health, behavioral health, and long-term care needs and services. This is referred to as **care coordination**.

We help you stay on top of your care with a customized plan of care. You and your Care Manager will work together to create your care plan. Your **Care Manager** is your main contact person to talk about your care plan, answer your questions about your services, and get you the care you need. They will work with you, your family, and your caregivers to keep your care plan running smoothly. They can help coordinate with your primary care provider (PCP) and connect you with other resources to make it easier for you and your family.

Your Care Manager will schedule a face-to-face visit within 45 calendar days of your enrollment in MLTSS to review, and/or complete an NJ Choice Assessment and work with you (and your caregivers) to develop a plan of care appropriate for you. The assessment and plan of care will be reviewed, updated, and/or completed within 45 calendar days. You'll have to sign your care plan to say you agree with what you and your Care Manager decided on. You may keep services you already get or start new MLTSS services within 30 calendar days. A copy of the plan of care will be mailed to you within 45 calendar days of enrollment.

Wellpoint will tell you the name of your Care Manager. And we'll tell you how to reach them. Be sure to keep this companion guide in a place that's easy to find. Write your Care Manager's name and phone number below.

My Care Manager is: _____

I can reach my Care Manager at: _____

Your Care Manager will:

- Give you information about MLTSS program rules when you're newly enrolled and will discuss these on an ongoing basis, while updating your care plan.
- Work with you to ensure you have all the information you need to make good choices about your care.
- Help you get the right kind of long-term care services in the right setting for you.
- Help you set and reach goals through care management and service delivery.
- Coordinate all of your physical health, behavioral health, oral health, and long-term care needs.
- Help to solve issues you have about your care.
- Make sure your plan of care is carried out and is working the way it needs to.
- Be aware of your needs as they change, update your plan of care quarterly and as your needs change, and make sure the services you get fit your changing needs.
- Communicate with your providers to make sure they know what's happening with your care and to coordinate your service delivery.
- Keep track of all communications and discussions with you in your Care Management record.

Other tasks done by the Care Manager can change. This depends on the types of care you need or get.

If you get nursing home care, your Care Manager will:

- Be part of the care planning process with the nursing home where you live.
- Talk to you often throughout the care planning process.
- Complete any extra needs assessments that are helpful in taking care of your health and long-term care needs.
- Add to the nursing home's care plan if there are things Wellpoint can do to help manage health problems or schedule other kinds of physical and behavioral healthcare you need.
- When coronavirus (COVID-19) restrictions have lifted, have face-to-face visits at least every six months.
- Check at least twice a year to make sure you still need the level of care given when you are in a nursing home.
- Work with the nursing home when you need services the nursing home isn't responsible for giving.
- Decide if you're interested and able to move from the nursing home to the community, and if so, help make sure this happens quickly.

If you get home care, your Care Manager will:

- Work with you to do a full, individual assessment of your health and long-term care needs and decide on the services to meet those needs.
- Work with you to develop your individual plan of care.
- Talk to the right healthcare providers about your plan of care.
- Give you information to help you choose long-term care providers in the Wellpoint plan.
- Call you and visit you in person at least once every three months.
- Make sure your plan of care is carried out and working the way it should.
- Check to make sure you're getting what you need and that gaps in care are resolved right away.
- Give you information about community resources that might be helpful to you.
- Make sure the home care services you get are based on your needs and don't cost more than nursing home care.

Getting to know your Care Manager (and helping them get to know you) is one of the best ways to make sure you get the care you need. Please reach out to them with any questions or concerns. They're dedicated to you and your health.

Independence, dignity, and choice

If you qualify for the MLTSS program, you have the right to choose to get care in one of these places:

- Your home
- Another place in the community (like an assisted living or adult family care program)
- A nursing home

To get care in your home or in the community, you must qualify for these types of services. You and your Care Manager must decide your needs can safely be met in that setting. The actual kind and amount of care you get depends on your needs.

If you're in a nursing home, you may be able to move from your nursing home to your own home and get services there if you want to. If you'd like to move out of the nursing home into the community, please talk with your Care Manager.

What if you don't want to leave the nursing home and move to the community? Wellpoint or your Care Manager won't need you to, even if we think care in the community would be the best setting for you. As long as you qualify for nursing home care, you can choose your primary setting and change it at any time. As long as you qualify for the program, you can enroll in the setting you choose.

You can also help choose the providers or provider groups who will give you care. This could be an assisted living or nursing home, or an organization who will provide your care at home. You may also be able to hire your own workers for some kinds of care. This benefit is called self-direction or the Personal Preference Program.

The provider you choose must be willing and able to provide the care you need. Also, they must work with Wellpoint. Your Care Manager will try to help you get the provider you choose.

Changing Care Managers

If you're unhappy with your Care Manager and would like a different one, you can change your Care Manager at any time. This doesn't mean you can pick whoever you want to be your Care Manager since Wellpoint must be able to meet the needs of all our MLTSS members and hire staff in a way that allows us to do that. To ask for a different Care Manager, please call us at **855-661-1996 (TTY 711), option 1**. Tell us why you want to change Care Manager. If we can't give you a new Care Manager, we'll tell you why. We'll help to address any problems or concerns you have with your current Care Manager.

There may be times when Wellpoint will have to change your Care Manager. This may happen if they:

- Are no longer employed with Wellpoint.
- Aren't working at the time.
- Are working with too many members to give you the attention you need.

If this happens, Wellpoint will send you a letter with your new Care Manager's name and contact information.

You can call your Care Manager anytime you have a question or concern. You don't need to wait until a home visit or a phone call occurs. Please call your Care Manager when you have a change in your health, or if something happens that may affect the kind or amount of care you need. If you need help after normal business hours that can't wait until the next day, you can call us at **833-731-2147 (TTY 711)**.

If your Care Manager is unavailable, you can call the MLTSS team at **855-661-1996 (TTY 711), option 1**, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. They will assign a backup Care Manager to help you and follow up on your concerns.

YOUR MLTSS MEMBER REPRESENTATIVE

Besides your Care Manager, your MLTSS Member Representative will help you. They can help you understand the Wellpoint MLTSS program by:

- Helping MLTSS members know and use the MLTSS program.
- Being a resource for MLTSS members for grievances and appeals.
- Providing MLTSS program information to members and their representatives.
- Helping take care of any member issues.

To reach an MLTSS Member Representative, call **855-661-1996 (TTY 711), option 1**.

We want to hear from you. As an Wellpoint member or caregiver, you can go to our Health Education Community Advisory Committee (HECAC) meetings. By participating, you can learn about healthcare services in your community, and we can find out how to better serve you. Go to **[wellpoint.com/nj/medicaid](https://www.wellpoint.com/nj/medicaid)** to find out more about where and when events take place. You can also call **877-453-4080 (TTY 711), option 1**, or email **njmembers@wellpoint.com** to ask when the next meeting will be held in your area.

HOW TO GET FREE LANGUAGE HELP

If English is not your first language, ask for help in another language at no cost to you. We can help in many languages and dialects. Just call us at **855-661-1996 (TTY 711)**.

HOW TO REACH US

Our MLTSS team is here to listen — we want to know what’s important to you so we can guide you to helpful benefits and resolve any concerns you may have. You can call us at **855-661-1996 (TTY 711), option 1**, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. If you need to speak to a Care Manager after normal business hours and can’t wait until the next day, you can call us at **833-731-2147 (TTY 711)**. **Choose the option to speak with the MLTSS Clinical On-Call Staff associate. All information will be shared with your Care Manager as needed on the next business day.** We’re here to help.

Write to us:

Wellpoint
Managed Long Term Services and Supports
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Call us: **855-661-1996 (TTY 711), option 1**

Visit us: **[wellpoint.com/nj](https://www.wellpoint.com/nj)**

QUESTIONS ABOUT YOUR WELLPOINT HEALTH PLAN?

Please review your Wellpoint Member Handbook. It will tell you how to get the care you need. You can view your handbook online at **[wellpoint.com/nj/medicaid](https://www.wellpoint.com/nj/medicaid)**. You can also call Member Services at **855-661-1996 (TTY 711)**, option 1, to ask for a copy.

MLTSS COVERED SERVICES AND BENEFIT LIMITS

As an MLTSS member, you get all the benefits of NJ FamilyCare as well as your MLTSS benefits and services. Below is a brief description of these MLTSS services and their benefit limits. If you have any questions about MLTSS services or limits, please call your Care Manager.

Covered service	Benefit limits
<p>Adult Family Care (AFC) Allows up to three unrelated individuals to live in the community in the primary home of a trained caregiver who provides support and health services for the member.</p>	<p>Members with AFC don't receive:</p> <ul style="list-style-type: none"> • Personal care assistant (PCA) • Chore services • Home-delivered meals • Home-based supportive care • Caregiver/Participant training • Assisted Living or Assisted Living Program
<p>Assisted Living Residence (ALR) Coordinated group of supportive personal and health services, drug administration, occasional skilled nursing services, available 24 hours per day to MLTSS members.</p> <p>Includes assisted living residences (ALR) and comprehensive personal care homes (CPCH).</p>	<p>Members with ALR don't receive:</p> <ul style="list-style-type: none"> • Personal Care Assistant (PCA) • Adult Day Health Services (ADHS) • Adult Family Care (AFC) • Assisted living program • Environmental accessibility adaptations • Chore services • Personal emergency response services • Home-delivered meals • Caregiver/Participant training • Social adult day care • Attendant care • Home-based supportive care • Respite care
<p>Assisted Living Program (ALP) The delivery of assisted living services to those living in certain public housing.</p> <p>Not available in all senior housing.</p>	<p>Members with ALP don't receive:</p> <ul style="list-style-type: none"> • Personal care assistant (PCA) • Chore services • Home-based supportive care • Caregiver/Participant training • Assisted living • Adult family care

Covered service	Benefit limits
<p>Caregiver/Participant training Teaching provided to a member and/or caregiver either one-to-one or in a group to teach a variety of skills needed for independent living, like:</p> <ul style="list-style-type: none"> • Coping skills to help the member in dealing with a disability. • Coping skills for the caretaker to deal with supporting someone with long-term care needs. • Skills to deal with providers and attendants. 	<p>Caregiver/Participant training isn't available to members who chose:</p> <ul style="list-style-type: none"> • Assisted living services • Assisted living program • Adult family care <p>Doesn't replace the training that is part of the therapist's practice on teaching the use of adaptive equipment.</p> <p>Limited to one visit a day.</p>
<p>Chore services Services needed to keep the home clean, sanitary, and safe, such as cleaning appliances, cleaning and securing rugs and carpets, washing walls, windows, and scrubbing floors, cleaning attics and basements to remove fire and health hazards, clearing walkways of ice, snow, leaves, trimming overhanging tree branches, replacing fuses, light bulbs, electric plugs, frayed cords, replacing door locks, window catches, replacing faucet washers, installing safety equipment, seasonal changes of screens and storm windows, weather stripping around doors, and caulking windows.</p> <p>Occasional heavy household maintenance tasks to ensure the member's safety.</p>	<p>Chore services aren't available to those with:</p> <ul style="list-style-type: none"> • Assisted living services • Assisted living program • Adult family care <p>Chore services are approved only when:</p> <ul style="list-style-type: none"> • Neither the member nor anyone else in the household can do or pay for the chore service. • No relative, caregiver, landlord, community organization, volunteer, or third-party payer can provide the chore services. <p>Doesn't include normal, everyday housekeeping tasks such as dusting, vacuuming, changing bed linens, washing dishes, and cleaning the bathroom.</p>
<p>Cognitive therapy (group and individual) Therapeutic interventions to keep skills and prevent deterioration, including direct retraining, use of compensatory strategies, use of cognitive orthotics, and prostheses.</p>	<p>The member must:</p> <ul style="list-style-type: none"> • Have an acquired, nondegenerative or traumatic brain injury (TBI), or • Have been a TBI waiver participant in the past who moved to MLTSS.
<p>Community residential services (CRS) A package of services given to a member living in the community, residence-owned, rented or run by a CRS provider.</p>	<p>The member must:</p> <ul style="list-style-type: none"> • Have an acquired, nondegenerative, or traumatic brain injury (TBI), or • Have been a TBI waiver participant in the past.

Covered service	Benefit limits
<p>Community transition services Those benefits and services given to a member who is moving from an institution to their own home. Wellpoint covers one-time moving costs.</p>	<p>Community transition services are given only when they are:</p> <ul style="list-style-type: none"> • Reasonable and needed as decided through the service plan development process. • Clearly identified in the service plan, and the person can't meet such costs when the services aren't available from other sources. <p>These services have a lifetime limit of \$5,000.</p>
<p>Home-Based Supportive Care (HBSC) Designed to help MLTSS members with their instrumental activities of daily living (IADL) needs. HBSC is available to members whose activities of daily living (ADL) needs are given by nonpaid caregivers such as family members or as a wrap-around service to non-Medicaid programs.</p>	<p>HBSC isn't available for those who have chosen assisted living (ALR, CPCH and ALP). Since the PCA State Plan Service can help with IADLs, HBSC is offered only when ADL-related tasks are given by a caregiver or another non-Medicaid program.</p>
<p>Home-delivered meals For members 18 years of age and older, no-cost healthy meals delivered to the member's home instead of having a personal caretaker make the meals for the member.</p>	<p>Home-delivered meals are given to a member living in an unlicensed home, only when:</p> <ul style="list-style-type: none"> • The member can't make the meal. • The member can't leave the home by themselves. • There is no other caregiver, paid or unpaid, to make the meal. • Members attending adult medical daycare may be eligible for home delivered meals if they meet the above criteria. <p>No more than one meal per day will be provided through the MLTSS benefit.</p> <p>Home-Delivered Meals are not provided in an Assisted Living Facility (ALR/CPCH ONLY) or Adult Family Care</p>

Covered service	Benefit limits
<p>Home modifications Physical changes to a member's private home, which:</p> <ul style="list-style-type: none"> • Are documented in their plan of care to ensure the health, well-being, and safety of the member. • Help the member live with greater independence in the home or community. • Without them, member would need to be in an institution. 	<p>Home modifications are limited to \$5,000 per calendar year, \$10,000 per lifetime. Members living in licensed homes (ALR, CPCH, ALP, and Class B and C Boarding Homes) aren't eligible to get home modifications. Changes to rented housing units must have written approval from the landlord. Members must show they will continue to live in the home at least one year for approval.</p>
<p>Medication dispensing device Allows for a set amount of drugs to be dispensed based on dosing instructions.</p>	<p>This device is for a member who lives alone or is alone for long periods per the care plan. Members might not have a regular caregiver for long periods, or they might need routine monitoring.</p>
<p>Nursing facility services Custodial services given in a licensed facility that provide healthcare under medical supervision and constant nursing care for 24 or more hours.</p>	<p>Given to members who don't need the degree of care and treatment that a hospital provides. These members need constant nursing care and services above the level of room and board due to their physical or mental health problem.</p>
<p>Personal Emergency Response System (PERS) Set up monthly monitoring using an electronic device that allows members at high risk of institutionalization to get help in an emergency. Available for members 18 years of age and older.</p>	<p>Approval is based on whether PERS is medically necessary for a member who lives alone or is alone for long periods of time; not for members receiving assisted living services or living in a nursing facility.</p>
<p>Private Duty Nursing (PDN) In addition to another source of care up to 16 hours per day, including services given or paid for by the other sources, if medically necessary, and if cost of service given is less than institutional care. This limitation for PDN services doesn't apply to children under 21 eligible for NJ FamilyCare EPSDT services. Eligible children have unlimited access to Medicaid EPSDT services.</p>	<p>Adult PDN services are given in the community only (the home or other community setting of the member), and not in hospital inpatient or nursing facility settings. PDN services are a State Plan benefit for children under the age of 21.</p>

Covered service	Benefit limits
<p>Respite Services given to members who can't care for themselves that are given on a short-term basis because an unpaid, informal caregiver is unavailable or needs help.</p>	<p>Respite is limited to up to 30 days per member, per calendar year. Respite service is not available for members who live permanently in a/an:</p> <ul style="list-style-type: none"> • Community home service setting (CRS) • Assisted living residence • Comprehensive personal care home or for members admitted to a nursing facility
<p>Social Adult Day Care (SADC) A community-based group program to meet the nonmedical needs of adults with functional handicaps through a structured full program that provides various health, social, and related support services in a protective setting during any part of a day, but less than 24 hours.</p>	<p>Not available to those receiving assisted living services (ALR and CPCH); can't be combined with adult day health services.</p>
<p>Structured day program Program of useful monitored activities, to maintain and improve independent and community living skills. Provided somewhere outside the member's home.</p>	<p>The member must have an acquired, nondegenerative, or traumatic brain injury or formerly be a TBI waiver participant. Structured day program can't be combined with Adult Day Health Services.</p>
<p>Supported day services Program of member activities having productive activities, requiring early and occasional monitoring, at least monthly.</p> <p>These services should be at home- or community-based, not given in an outpatient setting or within a community home service.</p>	<p>The member must have an acquired, nondegenerative, or traumatic brain injury or formerly be a TBI waiver participant. Supported day services are provided as an option to a structured day program when the member doesn't need constant monitoring and isn't already receiving services in a setting that is paid for supervision.</p>
<p>Therapy Occupational, physical, speech, hearing, cognitive, and language therapies available to members to improve and/or prevent loss of function.</p>	<p>Available only after rehabilitation therapy is no longer available or possible, and approval will be based on medical necessity.</p>

Covered service	Benefit limits
<p>Traumatic brain injury (TBI) behavioral management (group and individual) Daily program given by trained behavioral aides and under the supervision of a licensed psychologist or board-certified/board-eligible psychiatrist. Aides can help members who have major aggressive behavior that can be harmful to themselves or others.</p>	<p>Entry is based on criteria that's medically necessary, and the member must have an acquired, non-degenerative or traumatic brain injury (TBI).</p>
<p>Vehicle modifications Vehicle modifications to a member's or a family vehicle outlined in an approved plan of care</p>	<p>Vehicle modifications must be needed to ensure the member's health, well-being, and safety, or which allow them to live more independently in the home or community. All services must follow related state motor vehicle codes.</p>

ABUSE, NEGLECT, AND EXPLOITATION

Our MLTSS members have the right to be free from abuse, neglect, and exploitation. It's important you know how to identify abuse, neglect, and exploitation and how to report it.

Abuse can be:

- Physical abuse.
- Emotional abuse.
- Sexual abuse.

It includes:

- Causing pain, injury, or mental harm.
- Limiting one's physical space.
- Other cruel treatment.

Neglect can happen when:

- An adult can't care for themselves or get needed care, placing their health or life at risk — this is "self-neglect."
- A child or a dependent adult's basic needs aren't provided by a caregiver, causing harm or risk of harm to health or safety. The neglect may be accidental due to the caregiver not providing or setting up the care or services the person needs. Neglect can also happen when the caregiver doesn't meet the member's needs on purpose.

Exploitation can include:

- Fraud or coercion.
- Forgery.
- Unapproved use of banking accounts or credit cards.

Financial exploitation occurs when a caregiver wrongly uses money provided for the member's care. These are funds paid to the adult or to the caregiver by the government.

If you think you or any other MLTSS member is a victim of abuse, neglect, or exploitation, please tell your Care Manager or call us directly at **855-661-1996 (TTY 711), option 1**.

All suspected events of abuse, neglect, or exploitation of an **adult** should be reported to Adult Protective Services (APS) program at **800-792-8820 (TTY 711)**. All reports of abuse or neglect of a **child** should be reported to **877-NJ-ABUSE (877-652-2873) (TTY 711)**.

At Wellpoint, we don't allow unfair treatment. No one is treated in a different way because of race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status, or disability. Read more about your right to fair treatment in your Wellpoint Member Handbook.

Critical incidents

You have a right to enjoy a quality of life free of abuse, neglect, and exploitation. Members, guardians, and legal representatives get information about critical incidents from a Care Manager during a face-to-face visit. If you report a critical incident, or make claims of abuse, neglect, or exploitation, you have a right to be free from any form of retaliation.

Examples of critical incidents

- Unexpected death of a member
- Missing person or unable to contact
- Inaccessible for initial onsite meeting with MLTSS Care Manager
- Theft with police involvement
- Severe injury or fall resulting in the need for medical treatment
- Medical or psychiatric emergency, including suicide attempt
- Medication error resulting in serious consequences
- Inappropriate or unprofessional conduct by a provider/agency involving the member
- Suspected or evidenced physical or mental abuse (including seclusion and restraints, both physical and chemical)
- Sexual abuse and/or suspected sexual abuse
- Neglect/mistreatment, including self-neglect, caregiver neglect (paid or unpaid), or other (services not received for reasons otherwise not listed)
- Exploitation, including financial, theft, and destruction of property
- Failure of a member's Backup Plan
- Elopement/wandering from home or facility
- Eviction/loss of home
- Facility closure, with direct impact to the member's health and welfare
- Media involvement or the potential for media involvement
- Cancellation of utilities
- Natural disaster, with direct impact to the member's health and welfare

How to report a critical incident

- Members, MLTSS providers, and any Wellpoint associate can contact the member's assigned Care Manager to make the report.
- Please call the NJ MLTSS Team at **855-661-1996 (TTY 711), option 1**. Just ask to speak to a manager, and mention you're calling to report a critical incident.

Designated MLTSS associates will get the critical incident report, submit the report to the State within one business day of the initial report, and complete an investigation within 30 days of the initial report. These associates review the information to find and address possible or actual quality of care and/or health and safety issues. Once the critical incident is reported, Wellpoint and the MLTSS provider must take steps to ensure no further harm to the member.

YOUR MEMBER RIGHTS AND RESPONSIBILITIES

At Wellpoint, we're committed to treating our members in a way that confirms their rights and responsibilities.

We have a written policy that follows federal and state laws affecting our members' rights.

As a member, you have a right to:

- Be treated with respect, dignity, and need for privacy.
- Be given information about the organization, its services, the providers giving care, and member rights and responsibilities.
- Be able to communicate and be understood with the help of a translator, if needed.
- Be able to choose primary care providers (PCP) within the limits of the plan, including the right to refuse care from specific providers.
- Take part in decision-making about your healthcare, to be fully informed by the PCP, other healthcare provider, or Care Manager of health and functional status.
- Take part in the development and execution of a care plan to support high-level functional ability and to encourage independence.
- Voice grievances about the organization or care provided and recommend changes in policies and services to plan staff, providers, and outside representatives of the member's choice, free of restraint, interference, coercion, discrimination, or retaliation by the plan or its providers.
- Communicate advance directives.
- Have access to their medical records to follow related federal and state laws.
- Be free from harm, including unnecessary physical restraints or isolation, too many drugs, and physical/mental abuse or neglect.
- Be free from unsafe procedures.
- Receive information on available treatment options or other courses of care.
- Refuse treatment and know the consequences.
- Have services provided that support a good quality of life and independence for members, independent living in members' homes and other community settings as long as medically and socially possible, and protection and support of members' natural support systems.

We also have a written policy that recognizes the rights below. As our MLTSS member, you also have the right to:

- Ask for and get information on choice of services available.
- Have access to quality service providers.
- Be informed of your rights before receiving chosen and approved services.
- Receive services without regard to race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status, or disability.
- Receive appropriate services that support your health and welfare.
- Take on risk after being fully informed and able to know the risks and consequences of the decisions made.
- Make decisions about your care needs.
- Take part in the development of and changes to the care plan.
- Ask for changes in services at any time, including adding, increasing, decreasing, or stopping services.
- Ask for and receive from your Care Manager a list of names and duties of any person(s) assigned to provide services to you under the plan of care.
- Ask for support and advice from your Care Manager to resolve concerns about your care needs and/or grievances about services or providers.
- Be informed of and get in writing resident rights after entering an institution or home.
- Be informed of all the covered services you can get, offered by the institution or home, and any charges not covered by the plan while in the facility.
- Not be moved or released from a facility except: for medically necessary reasons; to protect your physical welfare and safety or the welfare and safety of others; and because of failure to pay, after reasonable and appropriate notice to the facility from available income as reported on the statement of available income for Medicaid payment.
- Have your health plan protect and support your ability to exercise all rights listed in this document.
- Have all rights and responsibilities listed here sent to your authorized representative or court-appointed legal guardian.

Wellpoint has a written policy that addresses our MLTSS members' responsibilities for working with those providing healthcare services. It's our MLTSS members' responsibility to:

- Provide all health and treatment-related information, including but not limited to, drugs, circumstances, living situation, and informal and formal supports to the plan's Care Manager to identify care needs and develop a care plan.
- Know your healthcare needs and work with your Care Manager to develop or change goals and services.
- Work with your Care Manager to develop and/or change your plan of care to ensure approval and service delivery on time.
- Ask questions when more understanding is needed.
- Know the risks with your decisions about care.
- Report any major changes in your health, drugs you're taking, circumstances, living situations, and informal and formal supports to the Care Manager.
- Tell your Care Manager if a problem occurs or if you're unhappy with the services being provided.

- Follow your health plan's rules and/or the rules of the institution or home.
- Tell your assigned Care Manager if there are any gaps in services/care.
- Let your PCP and Care Manager know as soon as you can after you get emergency treatment.
- Talk about any problems about following your provider's directions.
- Know what saying no to treatment recommended by a provider means.
- Carry your State Medicaid, Medicare, and Wellpoint NJ FamilyCare identification cards at all times.
- Report any lost or stolen cards to Wellpoint as soon as you can.
- Call Wellpoint if information on your ID card is wrong or if you have changes in name or address.
- Report any changes to your address and phone number by calling the Medicaid Hotline at **800-701-0710 (TTY 711)**. If you have NJ FamilyCare, call **800-701-0710 (TTY 711)**. You need to keep your contact information current so we can send you updated information or contact you.
- Complete the NJ FamilyCare renewal process every year to ensure you keep your NJ FamilyCare benefits.

NJ FAMILYCARE RENEWAL PROCESS

RENEW YOUR NJ FAMILYCARE AND SSI BENEFITS ON TIME. HELPING YOU STAY WELL IS IMPORTANT TO US. KEEP YOUR HEALTHCARE BENEFITS — RENEW YOUR ELIGIBILITY ON TIME. IF YOU NEED HELP WITH RENEWING YOUR NJ FAMILYCARE BENEFITS, WE ARE HERE TO HELP YOU. YOU CAN CALL US AT 877-453-4080 (TTY 711), AND WE WILL HELP YOU WITH ANSWERING QUESTIONS ABOUT YOUR RENEWAL APPLICATION.

EVERY YEAR, EITHER NJ FAMILYCARE OR THE COUNTY WELFARE AGENCY (CWA) WILL SEND YOU A FORM. THIS FORM TELLS YOU IT'S TIME TO RENEW YOUR NJ FAMILYCARE BENEFITS. BE SURE TO FOLLOW THE CWA RULES ABOUT FILLING OUT THE FORM. TURN IN THE FORM BEFORE THE DUE DATE LISTED ON THE FORM; IF YOU DON'T, YOUR ELIGIBILITY WILL END, AND YOU'LL NO LONGER BE ENROLLED IN WELLPOINT. IF YOU HAVE ANY QUESTIONS, YOU CAN CALL OR GO TO THE CWA OFFICE IN YOUR AREA AND SPEAK WITH YOUR CASEWORKER. THESE OFFICES ARE LISTED IN YOUR MEMBER HANDBOOK. YOU CAN CALL US AT 877-453-4080 (TTY 711) AND WE WILL HELP YOU WITH YOUR RENEWAL APPLICATION.

The New Jersey Department of Health (NJDOH) licenses and regulates all long-term facilities in New Jersey. If you'd like to elevate concerns regarding your care and treatment in NJDOH licensed facilities, including nursing homes and assisted living facilities, you can call the NJDOH at **800-792-9770**. Residents of boarding homes and some Residential Health Care Facilities can also call the New Jersey Department of Community Affairs (NJDCA), which licenses and regulates those facilities. The number to call to lodge a complaint with NJDCA is **609-633-6251**.

You are encouraged to dial “2-1-1” 24 hours a day, seven days a week if you need help in understanding and finding available assistance services, including services for elderly individuals.

How to file a complaint

If you or someone you know lives in a long-term care facility and has a problem or concern, please contact the New Jersey State Long-Term Care Ombudsman (LTCO). The LTCO investigates, resolves and/or refers complaints to the appropriate agency. By law, callers may remain anonymous and case files are closed to the public. If a resident of a long-term care facility is at risk of immediate harm, or has been severely injured, please call 911 or the local police department immediately.

You can file a complaint by sending a letter to:

NJ Long-Term Care Ombudsman
P.O. Box 852
Trenton, NJ 08625-0852

You can also file a complaint by the following contact information:

Phone: **877-582-6995**
Fax: 609-943-3479
Email: **ombudsman@ltco.nj.gov**

How to disenroll from Wellpoint

If you don't like something about Wellpoint, please call us at **855-661-1996 (TTY 711)**. We'll try to work with you to fix the problem. We want to keep you as a member.

To disenroll from Wellpoint, you must call the Health Benefits Coordinator at **800-701-0710 (TTY 711)**. The Health Benefits Coordinator is with the Department of Human Services (DHS). DHS must approve your disenrollment.

You may disenroll at any time with good reason. Disenrolling will take 30 to 45 calendar days. During this time, Wellpoint will keep providing for your care until you're disenrolled.

If you disenroll from Wellpoint, you can change your mind. To switch back to Wellpoint, you must ask the Health Benefits Coordinator to re-enroll you. Call **800-701-0710 (TTY 711)**. Enrolling again takes 30 to 45 calendar days. During this time, you wouldn't be covered by Wellpoint. You would continue to be covered by your current fee-for-service Medicaid or managed care organization, if applicable.

MLTSS provides both State Plan services and long-term services and supports to individuals who meet the clinical and Medicaid institutional financial eligibility rules. Participation in the program is voluntary.

If you qualify for MLTSS, but don't want to get MLTSS services, you may choose to leave the program. Leaving MLTSS doesn't mean you'll stop getting regular Medicaid benefits or NJ FamilyCare State Plan services through the NJ FamilyCare program, if you're financially eligible.

Participants who qualified for MLTSS using financial income limits greater than 100 percent of the Federal Poverty Level (FPL) may not be eligible to get State Plan services upon leaving MLTSS. Other NJ FamilyCare programs may have lower income limits. MLTSS members should consult their local County Welfare Agency (CWA) for financial eligibility requirements.

If you want to leave MLTSS, you must talk to a Care Manager in person or by phone. Your Care Manager will:

- **Let you know that leaving MLTSS may cause you to lose benefits for Medicaid State Plan services due to the financial eligibility rules.**
- Ensure you know that if you weren't receiving Medicaid State Plan services before enrolling in MLTSS, you may NOT be eligible for NJ FamilyCare after leaving MLTSS.
- Provide information on what MLTSS and State Plan services you can't get after you leave.
- Teach you how to ensure you stay eligible for NJ FamilyCare.
- Give you information on other services or programs you may be eligible for, including information about contacting the Aging and Disability Resource Connection (ADRC).
- Teach you how to get MLTSS services in the future.
- Ensure you know how to leave the program, including time frames and outcomes.

You'll be asked to sign the NJ Department of Human Services Voluntary Withdrawal Form showing your understanding and approval to leave MLTSS.

GRIEVANCES AND APPEALS

See your Wellpoint Member Handbook.

MLTSS PATIENT PAY LIABILITY

The Division of Medical Assistance and Health Services (DMAHS), through the County Welfare Agency (CWA), is in charge of making decisions about patient pay liability. DMAHS will tell Wellpoint about any patient pay liability you have. Except for cost-sharing and patient pay liability, Wellpoint will make sure you don't pay for services you're not responsible for.

Members residing in Traumatic Brain Injury Group Homes or Community Residential Services (CRS) are responsible for paying cost share to the CRS provider directly. The member and provider will work together to determine cost share amount and payment process.

Collection of patient pay liability

If you owe payments, here's how they will be collected:

- If you live in nursing facilities, special care nursing facilities or community-based homes, Wellpoint will have providers in these facilities collect patient payment.
- Wellpoint will pay these facilities the rest of the amount.

- The patient payment amount applied to the claim is shown on the provider's Explanation of Payment.

Nonpayment of patient pay liability

After notice from the nursing facility/community-based home provider that the member hasn't paid, the Care Manager will help you by:

- Looking at the work done by your nursing facility/community-based home provider to collect the patient payment, and recording this in your electronic medical record.
- Stressing with you or your representative the importance of paying and what happens if you don't pay. This includes letting the Office of Community Choice Options (OCCO) know if the provider wants to do an Involuntary Transfer, Withdrawal, or Discharge, and recording this in your case file.

Upon notice from the nursing facility/community-based home provider that the facility/provider is thinking about an Involuntary Discharge (per NJAC 8:85) due to failure to pay, the Care Manager will work to find another nursing facility/home provider for you. These efforts are recorded in your case file.

If you're in a nursing facility or special care nursing facility and the Care Manager can't find another facility for you, the Care Manager will:

- Decide if your needs can safely be met (at a low cost) in the community by doing a transition assessment.
- Find out if the provider is willing to continue serving a member who hasn't paid their patient pay liability.

If you live in Assisted Living or Adult Family Care and your Care Manager is unable to find another community-based home provider to serve you, Wellpoint will submit a request to DMAHS for further direction.

MLTSS NURSING FACILITY TRANSITIONS

If you live in a nursing facility and are in New Jersey's MLTSS program, you have the right to talk with your Care Manager about moving to the community. Your Care Manager will help with the move through the Transition Planning Conference process. You may also qualify for the Money Follows the Person Demonstration Program. This program can help you move back to the community safely through special services.

Do you want to know more about the Nursing Facility Transition Program, including Money Follows the Person? Just contact your Wellpoint Care Manager or nursing facility social worker.

BEHAVIORAL HEALTH SERVICES (BH)

Wellpoint covers mental health and substance use disorder services for MLTSS members. You may have a Behavioral Healthcare Manager call you to provide information and referral to mental health or substance use disorder treatment if needed. See your Member Handbook for more information.

To reach the New Jersey Behavioral Health Crisis Line, please call 877-842-7187 (TTY 711), 24 hours a day, seven days a week. The crisis line should not be used instead of 911 — call 911 if you are in need of immediate emergency services.

We have a Behavioral Health Specialized Call Center to manage behavioral health (BH) calls from you and your providers. During normal business hours, these calls are answered by behavioral health care services technicians (CSTs). They are trained to screen all calls for BH emergencies. When the CST recognizes a potential BH emergency, you're immediately connected with a BH utilization management specialist. In a possible emergency, you're never placed on hold.

Our staff will work with you to take care of the emergency. This may include calling 911 or other emergency responders in your community. We'll stay on the call until we know you're safe. In less urgent cases, we'll work with you to make a plan to take care of the emergency. This may involve family members or caregivers, as needed, to be sure the crisis is safely taken care of.

We tell the BH Care Management team as soon as we can to follow up with you. We want to ensure you get the care you need. The BH Care Manager will assess your behavioral health needs and involve you in care management as needed. The BH Care Manager will help you get appointments. They'll also help coordinate care for you when there are multiple providers treating you.

In addition to the New Jersey Behavioral Health Crisis Line, 24-hour Nurse HelpLine can also help you in case of an emergency. You can reach 24-hour Nurse HelpLine by calling **833-731-2147**. A 24-hour Nurse HelpLine staff member will work with you and your family/caregivers, or with emergency responders, as needed, to take care of the emergency. Any emergency behavioral health calls after hours are also referred to Care Management for follow-up.

MEDICAL ASSISTANCE CUSTOMER CENTERS (MACC)

Michelle Pawelczak, Director, Office of Customer Service: Michelle.Pawelczak@dhs.nj.gov

MACC OFFICE	DIRECTOR AND PHONE NUMBER	ADDRESS
(04) <u>Camden</u>	Patricia Dana, Director	One Port Center
(03) Burlington	Phone: 856-209-0520	2 Riverside Drive
(08) Gloucester	Fax: 856-614-2575	Ste. 300
(11) Mercer		Camden, NJ 08103-1018
(17) Salem		
(01) Atlantic		
(05) Cape May		
(06) Cumberland		
(07) <u>Essex</u>	Carmen Morgan, Director	153 Halsey St.
(09) Hudson	Phone: 862-682-4430	4th Floor
	Fax: 973-642-6468	Newark, NJ 07102-2807
(13) <u>Monmouth</u>	Ellen McCormack, Director	100 Daniels Way
(10) Hunterdon	Phone: 908-430-0231	1st Floor
(12) Middlesex	Fax: 732-863-4450	Freehold, NJ 07728-2668
(15) Ocean		
(18) Somerset		
(20) Union		
(16) <u>Passaic</u>	Susan Wojtasek, Director	100 Hamilton Plaza
(02) Bergen	Phone: 862-338-9890	5th Floor
(14) Morris	Fax: 973-684-8182	Paterson, NJ 07505-2109
(19) Sussex		
(21) Warren		



855-661-1996 (TTY 711) | wellpoint.com/nj/medicaid

