

Welcome to BlueSM



Long-Term Services and Supports (LTSS) Handbook

Effective: January 2024



Important Phone Numbers

24/7 Nurseline

24-hour-a-day help line

1-888-343-2697, TTY/TDD: 711

Emergency Care*

911

Member Services

1-877-860-2837, TTY/TDD: 711

We are available 24 hours a day, seven (7) 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

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

Special Beginnings

1-888-421-7781, TTY/TDD: 711

Illinois Department of Public Health

1-217-782-4977

Supportive Living Complaint Hotline

1-844-528-8444

What's Inside Your LTSS Handbook

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Long-Term Services and Supports (LTSS)

Thank you for being a member of Blue Cross Community Health PlansSM. 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 KitSM to learn about your BCCHP benefits and services and how to access these benefits.

Blue Cross Community Health Plans Care Coordinator

You will be assigned a Blue Cross Community Health Plans 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	<ul style="list-style-type: none"> • Assistance with completing activities of daily living such as eating, walking, bathing, dressing, and using the bathroom • Laundry • Meals • Housekeeping needs • Medication reminders / refills
Medical Care	<ul style="list-style-type: none"> • Medically complex care • Rehabilitation (physical, occupation and/or speech) • Wound care • IV therapy
Specialized Programs (availability varies by facility)	<ul style="list-style-type: none"> • Complex wounds • Pain management • Alzheimer's care • Respite care • Other illnesses and conditions

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

Nursing Facility (NF) Care Coordination: Care Planning

You will be assigned a Blue Cross Community Health Plans 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 what 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 BCCHP 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 BCCHP 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 6 and 7.

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 of 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 service plan. 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 Blue Cross Community Health Plans 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 service plan 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
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 <i>AND</i> 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 service plan. 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.

HCBS Waiver Services

Waiver Program	Services	
<p><i>Persons who are Elderly</i> Department of Aging (DOA)</p>	<ul style="list-style-type: none"> • Adult Day Service • Adult Day Service Transportation • In Home Services (Homemaker) 	<ul style="list-style-type: none"> • Emergency Home Response Service • Automatic Medication Dispenser (AMD)
<p><i>Persons with Disabilities</i> Department of Rehabilitation Services (DRS)</p>	<ul style="list-style-type: none"> • Adult day service (ADS) • Adult day service Transportation • Environmental accessibility adaptations • Home health aide • Individual Provider (IP) • Nursing • Nursing, intermittent • Occupational therapy 	<ul style="list-style-type: none"> • Physical therapy • Speech therapy • In-Home Service (Homemaker) • Home delivered meals • Personal Emergency Response System • Respite • Specialized medical equipment
<p><i>Persons with Disabilities, HIV/AIDS</i> Department of Rehabilitation Services (DRS)</p>	<ul style="list-style-type: none"> • Adult day Care • Adult day Care Transportation • Environmental accessibility adaptations • Home health aide • Individual Provider (IP) • Nursing • Nursing, intermittent • Occupational therapy 	<ul style="list-style-type: none"> • Physical therapy • Speech therapy • In Home Service (Homemaker) • Home delivered meals • Personal Emergency Response System • Respite • Specialized medical equipment and supplies

<p>Persons with Brain Injury Department of Rehabilitation Services (DRS)</p>	<ul style="list-style-type: none"> • Adult day Care • Adult day Care transportation • Day Habilitation • Environmental accessibility adaptations • Home health aide • Individual Provider (IP) • Nursing • Nursing, intermittent • • Prevocational services • In Home Service (Homemaker) • Home delivered meals • Personal Emergency Response System • Respite • Specialized medical equipment and supplies • Supported employment • Therapies (Occupational, physical, speech) Cognitive Behavioral Therapies
<p>Supportive Living Program HealthCare and Family Services (HFS)</p>	<p>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.</p> <p>Assisted living services may include:</p> <ul style="list-style-type: none"> • Health Promotion • Intermittent Nursing • Medication Oversight • Personal Care • Housekeeping • Laundry • Social/Recreational Promotion • Emergency Call System • Well-being check • Maintenance • Emergency call system • Meals and snacks • Exercise Programming • 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, 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 homemaker aide when the individual regularly responsible for these activities is unable to manage the home and care for themselves. Homemaker 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 persons 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. T

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 the member 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.

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 BCCHP 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 the BCCHP. 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 Blue Cross Community Health Plans 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 and agree with goals to provide better care for your health.
- Tell your health plan and your caseworker if your address or phone number or any other information changes to provide care efficiently.
- Understand your health status and participate in developing mutually agreed-upon treatment goals to the degree possible.
- Read your member handbook so you know what services are covered and if there are any special rules.

Every member has the following rights and responsibilities without having his or her treatment adversely affected.

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 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 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 which provider or agency you want to provide your Long-Term Services and Supports (LTSS). 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 Health Plans Care Coordinator.

Your Blue Cross Community Health Plans Care Coordinator will work with you to participate in your Service Plan development and in choosing types of services and providers to meet your needs. You will receive a copy of each Service Plan and any subsequent changes to the plan. The services that you receive are for needs addressed on your Service Plan 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 Blue Cross Community Health Plans 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 Blue Cross Community Health Plans Care Coordinator. Your Care Coordinator will help you by arranging service transfer to your 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 services are approved. Your provider cannot change your Service Plan. If you need a change in services, you need to call your Blue Cross Community Health Plans Care Coordinator. They will review your needs and make changes to your Service Plan.

If You Want More Services than Your Service Plan Allows

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

Quality of Service

If you do not believe your provider or caregiver is following your Service Plan. If your caregiver does not come to your home as scheduled. If your caregiver is always late. Call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved, you should call your Blue Cross Community Health Plans Care Coordinator. If the problem is still not resolved, you should call the Blue Cross Community Health Plans 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 or 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 Blue Cross Community Health Plans 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 Blue Cross Community Health Plans 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 when you are scheduled for a planned inpatient surgical procedure or when you have an unplanned admission to an acute inpatient hospital or skilled nursing facility. Our 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 at home 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
- We provide guidance before planned admissions, such as a scheduled surgery. We also provide guidance after discharge when you have had an unplanned admission
- Care coordinators help you understand your conditions to reduce risks of relapse and support your ability to care for yourself.
- We also provide education related to medication safety and the importance of taking medications as the doctor ordered.
- Care coordinators review and clarify your doctor's orders related to care, diet, and activity levels so you understand and can follow the plan of care.

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 Blue Cross Community Health Plans 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 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 Health Plans 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 Health Plans 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.

Some other examples of fraud are:

- 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** (TTY/TDD: **711**).

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 DOA's 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**.

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 Blue Cross Community Health Plans 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 a senior or person with disabilities' resources to the disadvantage of the person or 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 Blue Cross Community Health Plans 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 Blue Cross Community Health Plans Member Services at **1-877-860-2837** (TTY/TDD: **711**).

To ask for supportive aids and services, or materials in other formats and languages for free, please call,
1-877-860-2837 TTY/TDD:711.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-860-2837 (TTY/TDD: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-860-2837 (TTY/TDD: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-860-2837 (TTY/TDD: 711)**。

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-860-2837 (TTY/TDD: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-860-2837 (ATS : 711)**.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-860-2837 (TTY/TDD: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-860-2837 (TTY/TDD: 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-877-860-2837 (TTY/TDD: 711)**번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-860-2837 (телетайп: 711)**.

عربي (Arabic): ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-778-068-7382 (رقم هاتف الصم والبكم: 117).

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-877-860-2837 (TTY/TDD: 711)** पर कॉल करें।

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-860-2837 (TTY/TDD: 711)**.

ગુજરાતી (Gujarati): સુચન : જે તમે ગુજરાતી બેલત હો, તે નિઃશુલ્કભ ષ સહાયસેવ ઓ તમ સ મટે ઉપલબ્ધ છે. ડ્રેન કરે **1-877-860-2837 (TTY/TDD: 711)**.

Urdu (Urdu): ہرکے لیے ہم نے ہفتامدخ کے قدم کے نیلے کپا و تھے۔ بطور پابا گ: رادبغ (Urdu) **1-877-860-2837 (TTY/TDD: 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-860-2837 (TTY/TDD: 711)**.

ἑλληνικά (Greek): ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-877-860-2837 (TTY/TDD: 711)**.



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