Long Term Service and Supports (LTSS)

Program Overview

Eligibility-

Aetna Better Health does not determine your eligibility in to the Waiver or Nursing Home programs. Eligibility determination is under either the Department on Aging or the Department of Rehabilitative Services. If your eligibility Department has decided you are eligible, you will be asked to select a plan. A plan will be assigned for you if you did not make a choice.

The following are some of the eligibility requirements of the Departments:

- Be a resident of the State of Illinois
- Be a citizen of the United States or a legally admitted alien
- Have a DON score of 29 points or more
- Have less than $17,500 in assets or $35,000 family assets for a child under the age of 18
- Needs will be met at a cost less than or equal to the cost of nursing services in an institutional setting
- Fully cooperate with the Medicaid application process and maintain Medicaid eligibility.

If you do not meet or maintain your eligibility requirements according to the Department standards, you may be disenrolled. Your eligibility Department will send you a notice if they have found you no longer eligible, and will give you a disenrollment date. Aetna Better Health will also be informed of this action and your disenrollment date.

Case Management Service-

Aetna Better Health Long Term Services and Supports program is for members who have been determined eligible for a Home and Community Based Service (HCBS) waiver program or the Nursing Facility program. You will be assigned a Case Manager at the time you are enrolled. Your case manager will work with you, your family, or your guardian to help you determine your needs and services to meet those needs.

If you live in your own home or in a Supportive Living setting, your Case Manager will complete an assessment visit and service plan with you every 3 months. If you live in a Nursing Facility, your Case Manager will complete an assessment visit and service plan with you every 6 months. Your Case Manager can visit you more if your needs change.

At each assessment visit, your Case Manager will ask you 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 Case Manager will work with you and your family, as you decide on services to meet your needs.

If you live in a Nursing Facility your Case Manager will approve your Long Term Care stay. Your Case Manager will work with you and your family to see if you can return to a community setting with services and supports. If you live in the community, your Case Manager will help get the services you need based on your waiver program.

You will have case management services as long as you are an Aetna Better Health member and in a nursing facility or in an HCBS Waiver program.

Nursing Facility Service -
A Nursing Facility (NF) sometimes goes by different names such as Nursing Home, Long Term Care Facility, or Skilled Nursing Facility. A Nursing Facility is a licensed facility that provides skilled nursing or long-term care services after you have been in the hospital.

These facilities have services which help both the medical and non-medical needs of residents who need assistance and support to care for themselves due to a chronic illness or disability.
They provide care for tasks like dressing, bathing, using the bathroom, meals, laundry, and other needs. In a nursing facility the staff will take care of your medications and order refills for you.

If you live in a Nursing Facility you will need to pay a "Share of Cost" or "Patient Credit". The State decides what your Patient Credit total will be based on your income and your expenses. If you have questions, your case manager will work with you to understand your Patient Credit. You will need to pay the Patient Credit to the Nursing Facility each month.

Home and Community Based Services and Waivers-
Home and Community Based Services (HCBS) help you live in your own home or in a community setting. Your Case Manager will work with you, your family, or guardian to find the right types of service. The Case Manager will also work to find the right amount and how long you will get of those services. Not all services will be right for you. Once you agree to these services your Case Manager will work to arrange them for you.

The HCBS Waiver programs are below. The services available are next to each program. The definitions of services are listed at the end of this list. Note – These services cannot be provided to you while you are admitted to a hospital or nursing home.

Waiver Program	Services
Elderly Waiver Also known as: Aging Waiver Community Care Program	Also known as CCP (Community Care Program) • Adult Day Health • Homemaker • Emergency Home Response

Waiver Program	Services
Persons with Disabilities Waiver Also known as: Physical Disabilities Waiver	• Adaptive Equipment • Adult Day Health • Environmental Accessibility Adaptations • Home Delivered Meals • Home Health Aide • Homemaker • Nursing • Nursing-Intermittent • Personal Care (Personal Assistant) • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite
Persons with Brain Injury Waiver Also known as: Brain Injury Waiver TBI Waiver	• Adaptive Equipment • Adult Day Health • Behavioral Services • Day Habilitation • Environmental Accessibility Adaptations • Home Delivered Meals • Home Health Aide • Homemaker • Nursing • Nursing- Intermittent • Personal Care (Personal Assistant) • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Prevocational Services • Respite • Supported Employment
People with HIV or AIDS Waiver Also known as: AIDS Waiver	• Adaptive Equipment • Adult Day Health • Environmental Accessibility Adaptations • Home Delivered Meals. • Home Health Aide • Homemaker • Nursing • Nursing- Intermittent • Personal Care (Personal Assistant) • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite
Waiver Program	**Services**
Supportive Living Program Waiver (SLP)	Assisted Living Service

Also known as: Supportive Living Facility Waiver (SLF)	

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

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

Behavioral Services
These services are behavioral therapies designed to assist members with brain injuries in managing their behavior and thinking functions, and to enhance their capacity for independent living.

Day Habilitation – Also known as **Habilitation**
This service provides members with brain injuries training with independent living skills, such as help with gaining, maintaining, or improving self-help, socialization, and adaptive skills. This service also helps the member to gain or maintain his or her maximum functional level.

Emergency Home Response – Also known as **Personal Emergency Response System**
This electronic equipment allows members 24-hour access to help in an emergency. The equipment is connected to your phone line and calls the response center and/ or other forms of help once the help button is pressed.

Environmental Accessibility Adaptations
These are physical modifications to a member's home. The modifications must be necessary to support the health, welfare, and safety of the member and to enable the member to function with greater independence in their home. Without the modification a member would require some type of institutionalized living arrangement, such as nursing facility or assisted living.
Adaptations that do not help the member's safety or independence are not included as part of this service, such as new carpeting, roof repair, central air, or home additions.

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

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

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

Nursing
This service provides skilled nursing services to a member in their home for short-term acute healing needs, with the goal of restoring and maintaining a member's maximal level of function and health. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

Nursing - Intermittent
This service focuses on long term needs rather than short-term acute healing needs, such as weekly insulin syringes or medi-set set up for members unable to do this for themselves. These services are provided instead of a hospitalization or a nursing facility stay. A doctor's order is required for this service.

Personal Assistant
In-home caregiver hired and managed by the member. The member must be able to manage different parts of being an employer such as hiring the caregiver, managing their time and timesheets, completing other employee paperwork. The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming, and feeding. Personal Assistants can include other independent direct care givers such as RNs, LPNs, and Home Health Aides.

Physical, Occupational and Speech Therapy – Also known as **Rehabilitation Services**
Services designed to improve and or restore a person's functioning; includes physical therapy, occupational therapy, and or speech therapy.

Prevocational Services
This service if for members with brain injuries and provides work experiences and training designed to assist individuals in developing skills needed for employment in the general workforce. Services include teaching concepts such as compliance, attendance, task completion, problem-solving and safety.

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

Supported Employment
Supported employment includes activities needed to maintain paid work by individuals receiving waiver services, including supervision and training.

Supportive Living Program – Also known as **Supportive Living Service**
An assisted living facility is a housing option that provides members with many support services to meet the member's needs to help keep the member as independent as possible. Examples of support services to meet those needs include: housekeeping, personal care, medication oversight, shopping, and social programs. Supportive Living does not offer complex medical services or supports.

Freedom of Choice-
You have the choice of nursing facility placement, supportive facility placement, or home and community based services. You also have the right to choose not to receive services.

You may choose which provider/agency you want to provide your Long Term Services and Supports. A list of agencies approved to provide services in your service area will be reviewed with you by your Aetna Case Manager.

Your Aetna Case Manager 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.

Personal Assistant Service-
Depending on you Waiver you may be able to select the Personal Assistant (PA) service.
If you choose to use Personal Assistant service you are encouraged to request a criminal background check on potential employees. HSP will cover the cost of the background check and it will not affect your services.

You will receive a Member (customer) packet and a PA (employee) packet. You should keep copies of paperwork in your Member packet folder.
If you employ a PA, it is your responsibility to ensure the following:

- You need to complete and submit all necessary documentation to the local HSP office prior to the start of employment of the PA. This includes information in both the Member and PA packets.
- You need to select a PA that has the physical capability to perform the tasks under your direction, and the PA will not have a medical condition which will be aggravated by the job requirements.
- You need to provide a copy of and review your Aetna Service Plan with your PA so they understand your needs and hours approved.
- You will review the Time Sheet with your PA for accuracy of all information before you turn it in, and only approve hours actually worked by the PA for payment.
- Time Sheets will not be pre-signed or submitted prior to the last day worked in a billing period.
- Complete the PA's Last Day of Employment form (in your packet) and send to the HSP office when any PA's employment ends.
- Notify the HSP office within 24 hours of any incident resulting in injury to the PA at work.
- Complete the Report of Injury to a Provider form (in your packet) and mail or fax it to the HSP office within 24 hours after you reported it.

If you need a Personal Assistant at your place of employment or to go on vacation, you must first contact your Aetna Case Manager to request and obtain approval for paid services.

As a member of Aetna Better Health Long Term Services and Supports program you have the following rights and responsibilities.

Your Rights

Non-discrimination-
You may not be discriminated against because of race, color, nation 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 Aetna Better Health by calling, faxing or sending us a letter:

Phone: 1-866-212-2851
Fax: 1-855-545-5196

Mail: Aetna Better Health
Attn: Grievance and Appeals Dept.
One South Wacker Drive, Mail Stop F646
Chicago, IL 60606

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

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

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

No information about you can be used for any other purpose, unless you have signed a Release of Information form.

Freedom of Choice-
You may choose which provider/agency you want to provide your Long Term Services and Supports. A list of providers approved by the Department of Rehabilitative Services and the Department of Aging to provide services in your service area will be reviewed with you by your Aetna Case Manager.
You also have the right to choose not to receive services.

Transfer to other Provider/Agency-
You may request to transfer from one provider to another. If you want to transfer you should contact your Aetna Case Manager to help arrange the transfer.

Temporary Change in Residence-
If you will be temporarily residing in another location in Illinoi and want to continue to receive services, contact your Aetna Case Manager. Your Case Manager will assist you by arranging service transfer to your temporary location.

Service Plan-
Your Service Plan establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the service are approved. Your Provider cannot change your Service Plan. If you need a change in services you need to call your Aetna Case Manager to review your needs and make changes to your Service Plan.

If you want more services than your Service Plan allows-

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

Quality of Service-
If you do not believe your provider/ caregiver is following your Service Plan, of if your caregiver does not come to your home as scheduled, or if your caregiver is always late, you should call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved you should call your Aetna Case Manager. If the problem is still not resolved you should call the Aetna Better Health toll free number listed on the first page of this handout to file a grievance.

Your Responsibilities

Non-Discrimination of Caregivers-
You must not discriminate against your caregivers because of race, color, national origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age. To do so is a Federal offence.

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

Change	Report To
Changes to your services or service needs	Aetna Case Manager
Change of address or phone number Even if temporary	Aetna Case Manager Enrollment Agency
Change in number of family members	Enrollment Agency
Change	**Report To**
Changes to your income - Within thirty (30) calendar days of the change	Aetna Case Manager Enrollment Agency

Financial Benefits-
Your Long Term Services and Supports program is paid by Medicaid, a Federally funded program monitored by Illinois Department of Healthcare and Family Services (HFS). Federal law allows HFS to recover the Medicaid assistance paid out for Long Term Services and Supports through what is known as "Medicaid Estate Recovery". In order to recover the Medicaid assistance paid out for your LTSS services, HFS can file a claim against your estate, which includes real and personal property.
If you are married, HFS cannot seek to recover its claim against your estate until after your spouse is deceased. Your spouse will be allowed to keep your home and other real and personal property until his/her death. HFS can seek to recover money from your estate equal to the amount of Medicaid assistance paid out for your LTSS services. For further information ask your Aetna Case Manager.

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 Aetna Better Health Case Manager before or as soon as possible after you have entered such a facility. Your services cannot be provided while you are in these facilities, but can be provided as soon

as you return home. Inform your Aetna Case Manager when you will be discharged home, so we can check on your service needs.
If you are hospitalized or in a nursing home or other facility for more than sixty (60) calendar days, your enrollment in your home and community waiver may be terminated. If you are interested in returning home and need services contact your Aetna Better Health Case Manager to assist you in reestablishing your in-home services and requesting reapplication to the home and community waiver.

Absent from Home-
LTSS Services cannot be provided if you at not at home. If you are away from your home for any reason for over sixty (60) calendar days, your case will be referred to your Enrollment Agency for possible termination from the waiver program.
You must inform your caregiver/provider if you plan to be absent from your home when your scheduled services are to be provided, such as a doctor's appointment, a general outing, or a short vacation. Notify your caregiver/provider when you will not be home and when you plan to return so they can resume services upon your return.
If you will be gone for a long time, give your caregiver/provider and your Aetna Case Manager your temporary phone number and address, in case you need to be reached.

You must Cooperate in the Delivery of Services-
To assist your caregivers you must:

- Notify your caregiver/provider at least 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 Aetna Case Manager. 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 Aetna Case Manager will work with you and the caregiver to develop a Care Management agreement to restart your services.

Reporting Abuse, Neglect, Exploitation, or Unusual Incidents-
You can contact the Department of Public Health to get information on CNA's, or the Department of Financial and Professional Regulation for information on any LPN or RN that you want to employ to see if they have allegations of abuse, neglect, or theft.

If you are the victim of abuse, neglect, or exploitation you should report this to your Aetna Case Manager right away. You should also report the issue to one of the following agencies based on your age or placement. All reports to these agencies are kept confidential and anonymous reports are accepted.

- **Nursing Home Hotline – 1-800-252-4343**

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

- **Office of the Inspector General – 1-800-268-1463**

The Illinois Department of Human Services Office of Inspector General Hotline is to report allegations of abuse, neglect, or exploitation for people 18 to 59 years old.

- **Aging/Elder Abuse – 1-866-800-1409 (TTY – 1-888-206-1327)**

The Illinois Department on Aging Elder Abuse Hotline is to report allegations of abuse, neglect, or exploitation for people 60 years old and over. Your Aetna Case Manager will provide you with 2 brochures on reporting Elder Abuse and Exploitation. You can request new copies of these brochures at any time.

Illinois law defines abuse, neglect, and exploitation as:

- **Physical abuse —** Inflicting physical pain or injury upon a senior or person with disabilities.
- **Sexual abuse —** Touching, fondling, intercourse, or any other sexual activity with a senior or person with disabilities, when the person is unable to understand, unwilling to consent, threatened or physically forced.
- **Emotional abuse —** Verbal assaults, threats of abuse, harassment, or intimidation.
- **Confinement —** Restraining or isolating the person, other than for medical reasons.
- **Passive neglect —** The caregiver's failure to provide a senior or person with disabilities with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- **Willful deprivation —** Willfully denying a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that adult to the risk of physical, mental, or emotional harm — except when the person has expressed an intent to forego such care.
- **Financial exploitation —** The misuse or withholding of a senior or person with disabilities' resources to the disadvantage of the person or the profit or advantage of someone else.

You or a person authorized by you to represent you (such as a friend, family member, or attorney) have the right to appeal actions taken by Aetna Better Health or by your provider of service. An appeal is a way for you to ask for someone to review our actions.

How to file an appeal-

If you want to file an appeal, call the Aetna Better Health Appeal Line at: 1-866-212-2851
Or write to:

Aetna Better Health
Appeals and Grievance Manager
1 South Wacker Drive
Mail Stop F646
Chicago, IL 60606

Aetna Better Health will send you our decision in writing within fifteen (15) days of the date we received your appeal request. Up to fourteen (14) more days may be taken to make a decision on your case if we need to get more information before we make a decision.

Can someone help me with the appeal process?

You have several options for assistance. You may:

- Ask someone you know to assist in representing you
- Contact CAP (Client Assistance Program) to request their assistance at 1-800-641-3929 (Voice) or 1-888-460-5111 (TTY)
- Choose to be represented by a legal professional

Aetna Better Health will not be responsible for any legal fees you incur.

Appeal Timeframes-

Follow the timeframes listed on your Notice of Action letter.

You can file an appeal within thirty (30) calendar days from the date on our Notice of Action Letter. This date will be clearly noted on your letter.

If you want your services to remain in place while you appeal, you must file your appeal with Aetna Better Health no later than ten (10) calendar days from the date on our Notice of Action Letter and request your Waiver services continue at the same level. This date will be clearly noted on your letter. You do not have the right to continue services in an appeal if the service was denied or terminated due to physical harm rendered to a worker/caregiver.

If you do not win your appeal, you may be responsible for paying for these services provided during the appeal.

Informal Review and what is its benefit?
Once you have requested an appeal, you may also request an informal resolution meeting. If requested, Aetna Better Health will conduct an informal review of your appeal. This meeting will involve you and/or any representative you may choose, the Aetna Better Health Case Manager, and the Case Management Supervisor if appropriate. The meeting may also include requesting additional information from you and conducting a home visit. At the informal resolution the supervisor will discuss and clarify everyone's issues and positions. After the informal resolution meeting, Aetna Better Health may reverse, modify, or leave unchanged the decision made or take other action, if necessary.

If a resolution is reached, a new Service Plan will be created and you will need to sign that you agree, and you will request in writing that your appeal be withdrawn.
If you withdraw your appeal, you cannot appeal the same decision at a later date.
If no agreement is reached, you will proceed to a formal appeals process. This will be documented in writing.

Withdrawing an appeal-
You have the right to withdraw your appeal for any reason, at any time, prior to or during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal.

Aetna Better Health will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call Aetna Better Health toll-free at 1-866-212-2851.

Decision Notice from Aetna Better Health-
At the conclusion of the appeal review, Aetna Better Health will call you to tell you the decision and we will send you the results in writing within thirty (30) calendar days from the date we received your appeal request.

What happens next?
After you receive the appeal decision in writing you do not have to take any action and your appeal file will be closed.
If you chose you can ask for a State Fair Hearing review within thirty (30) days of receiving the original appeal letter or the appeal decision letter.

State Fair Hearing-
The hearing will be conducted by an impartial hearing officer authorized to conduct State Fair Hearings.
You will receive a letter from the Bureau of Administrative Hearings informing you of the date, time, and place of the hearing. This letter will also provide detailed information about the hearing. It is important that you read this letter carefully.
At least three business days before the hearing, you will receive a packet of information from Aetna Better Health. This will include all the evidence we will present at the hearing. This will also be sent to the Impartial Hearing Officer.

You will need to notify the Bureau of Administrative Hearings office of any reasonable accommodations you may need.
If because of your disability you cannot participate in person at the local office, you may request to participate by telephone.

You must provide all the evidence you will present at the hearing to Aetna Better Health and the Impartial Hearing Officer at least three days before the hearing. This includes a list of any witnesses who will appear, as well as all documents you will use. The hearing may be recorded.

Continuance or Postponement-
You may request a continuance during the hearing or a postponement prior to the hearing.
A request for postponement must be in writing prior to the hearing or verbally at the beginning of the hearing. If the hearing officer agrees, you and all parties to the appeal will be notified in writing of a new date, time, and place. The ninety(90) calendar-day time limit for appeal process will be extended by the length of the continuation or postponement.

If you, or your authorized representative, do not appear at the hearing at the time, date, and place indicated in the notice and you have not requested a postponement in writing, your appeal will be dismissed and a Notice will be sent to all parties to the appeal.

The hearing officer may reschedule the hearing if the reason for your failure to appear at the hearing was:

- A death in the family
- Personal injury or illness which reasonably would prohibit your appearance
- A sudden and unexpected emergency

However, you or your authorized representative must submit a written request to reschedule the hearing to the hearing officer at the address given on the Notice of Hearing within ten (10) calendar days from the date you received the Notice.
If the appeal hearing is rescheduled, a Hearing Officer will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

Recommendations-
The hearing officer shall certify the entire record of the hearing to Aetna Better Health and shall recommend a decision on each issue in the hearing. The hearing officer shall not render a final decision relevant to any issue while in the hearing.

The State Fair Hearing Decision-
The decision will be sent to you and all interested parties in writing and shall be issued by the Bureau of Administrative Hearings office.

Actions You Can Appeal:

- If Aetna Better Health fails to advise you that you have a choice of nursing home placement, supported living placement, or receiving Waiver services, or that you have the right to refuse these services.
- If Aetna Better Health fails to advise you of your rights, including your right to Freedom of Choice of providers.
- If Aetna Better Health fails to provide services to you in a timely manner.

- If Aetna Better Health makes a decision to deny, reduce, or terminate your Waiver services.

However, if the decision to deny, reduce, or terminate your Waiver services is based on an automatic change in eligibility, rates, or benefits required by Federal or State law that adversely affects you, your appeal will be automatically denied and you will not be afforded a hearing.