



**ILLINOIS**

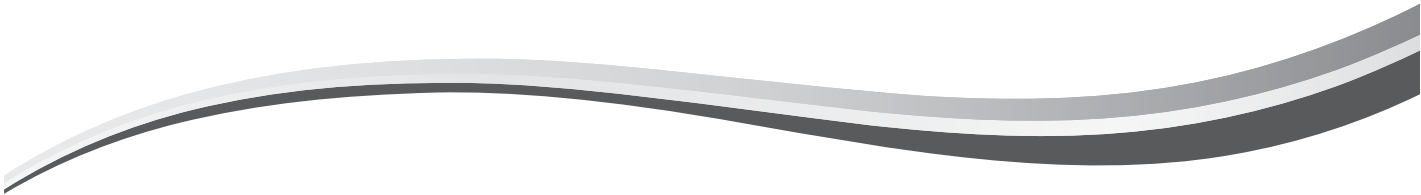
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# **LONG TERM SERVICES AND SUPPORTS (LTSS)**

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# Program Overview

## Eligibility

Harmony Health Plan does not decide if you qualify for into the Waiver or Nursing Home programs. The Department on Aging or the Department of Human Services, Division of Rehabilitative Services, makes this decision. If one of these Departments decides you qualify, you will be asked to select a health plan. They will choose a plan for you if you do not pick one.

These are some of the eligibility rules:

- Be a resident of the State of Illinois
- Be a citizen of the United States or a legally admitted alien
- Have a Determination of Need (DON) score of 29 points or more
- 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
- Maintain Medicaid eligibility

If you do not meet or maintain these requirements, you may be disenrolled from the waiver. Your eligibility department will send you a notice if they have found you no longer qualify. They will also give you a disenrollment date. They will let Harmony know of this action.

For additional information regarding the Illinois waivers programs as alternatives to nursing homes, please go to: [www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx](http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx)

## Care Management Services

Harmony Health Plan Long Term Services and Supports (LTSS) program is for, members who qualify for a Home- and Community- Based Service (HCBS) waiver program or the nursing facility program. When you enroll, we will assign a care manager to you. They will work with you, your representative, or your guardian. They will help you decide what your needs are. They will help you decide what services you need.

If you are in the Persons who are Elderly waiver or the Persons with Disabilities waiver program, your care manager will visit you at least one time every 3 months. If you are in the Persons with Brain Injury waiver program, your care manager will contact you at least one time each month. If you are in the Persons with HIV/AIDS waiver program, your care manager will call you at least once a month. They will also visit you at least every other month.

If you live in your own home or in a supportive living setting, your care manager will have an assessment visit. At this visit, they will make a service plan. They will do this once a year. If you live in a nursing facility, your care manager will complete an assessment visit. At this visit, they will make a service plan. They will do this every 6 months. Your care manager can visit you more if your needs change.

At each of these visits, your care manager will ask questions. This is so they can learn more about you. They will ask what you can do. They will ask what you need help with. Your care manager will work with you and the person who acts for you as you decide on services to meet your needs.

If you live in a nursing facility, your care manager will approve your long-term care stay. Your care manager will work with you and the person who acts for you to see if you can return to a community setting with services and supports. If you live in the community, your care manager will help get the services you need based on your waiver program.



You will have care management as long as you are a Harmony member and in a nursing facility or in an HCBS waiver program.



## Nurse Facility Service

A nursing facility (NF) sometimes goes by other names like:

- Nursing home
- Long-term care facility
- Skilled nursing facility

A nursing facility has a license. It provides skilled nursing or long-term care services.

These facilities have services for the medical and non-medical needs of people who need help and support to take care of themselves. This is because of a chronic illness or disability.

They help with:

- Dressing
- Bathing
- Using the bathroom
- Meals
- Laundry
- 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 Department of Human Services case worker decides the amount of your patient credit. This is based on your income and your expenses. If you have questions, your care manager will help you. You must 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 other community setting. Your care manager will work with you, the person who acts for you, or your guardian to find the right services for you. Not all services will be right for you. Once you agree to these services, your care manager will work to get 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 – you will not get these services if you have been admitted to a hospital or nursing home.

Waiver Program	Services
<p>Elderly Waiver</p> <p>Also known as: Aging Waiver or Community Care Program (CCP)</p>	<ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Homemaker</li> <li>• Personal Emergency Response System</li> </ul>
<p>Persons with Disabilities Waiver</p> <p>Also known as: Physical Disabilities Waiver or Home Services Program (HSP)</p>	<ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Environmental Accessibility Adaptations – Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker</li> <li>• Nursing – Skilled</li> <li>• Nursing – Intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational, and Speech Therapy</li> <li>• Respite</li> <li>• Specialized Medical Equipment and Supplies</li> </ul>

Waiver Program	Services
<p>Persons with Brain Injury Waiver Also known as: Brain Injury Waiver; Traumatic Brain Injury (TBI) waiver or Home Services Programs (HSP)</p>	<ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Environmental Accessibility Adaptations – Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker</li> <li>• Nursing – Skilled</li> <li>• Nursing – Intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational and Speech Therapy</li> <li>• Respite</li> <li>• Specialized Medical Equipment and Supplies</li> <li>• Supported Employment</li> <li>• Prevocational Services</li> <li>• Day Habilitation</li> <li>• Behavioral Services</li> </ul>
<p>People with HIV or AIDS Waiver Also known as: AIDS Waiver or Home Services Program (HSP)</p>	<ul style="list-style-type: none"> <li>• Adult Day Service</li> <li>• Adult Day Service Transportation</li> <li>• Environmental Accessibility Adaptations – Home</li> <li>• Home Delivered Meals</li> <li>• Home Health Aide</li> <li>• Homemaker</li> <li>• Nursing – Skilled</li> <li>• Nursing – Intermittent</li> <li>• Personal Assistant</li> <li>• Personal Emergency Response System</li> <li>• Physical, Occupational and Speech Therapy</li> <li>• Respite</li> <li>• Specialized Medical Equipment and Supplies</li> </ul>



Waiver Program	Services
<p>Supportive Living Program Waiver (SLP)  Also known as: Supportive Living Facility Waiver (SLF)</p>	<p>Supportive living gives you an alternative to traditional nursing home care by mixing housing with personal care and supportive services. It includes:</p> <ul style="list-style-type: none"> <li>• Nursing Assessments</li> <li>• Intermittent Nursing</li> <li>• Medication Assistance</li> <li>• Personal Care</li> <li>• Housekeeping</li> <li>• Laundry</li> <li>• Social and Health Promotion Activities</li> <li>• Personal Emergency Response System</li> <li>• Well-being Check</li> <li>• Maintenance</li> <li>• 24-hour Response/Security</li> <li>• Meals and snacks</li> </ul>

## Key Terms Explained

**Adaptive Equipment:** This includes devices, controls, or appliances. These are in the service plan. They help you do daily living tasks. They also help you to perceive, control or communicate with the place where you live.

**Adult Day Health – Also Known as Adult Day Service:** This is a daytime, community-based program. Adult day service offers many social, recreational, health, nutrition and other support services in a protective setting. You get rides to and from the center. You also get lunch.

**Behavioral Services:** These are behavioral therapies to help members with brain injuries with their behavior and thinking. They also can help you with independent living.

**Day Habilitation – Also Known as Habilitation:** This gives people with brain injuries training in independent living skills. It helps you gain, maintain, or improve self-help, social and adaptive skills. This also helps you to gain or maintain your highest level of function.

**Personal Emergency Response System:** This electronic equipment gives you 24-hour access to help in an emergency. It is connected to your phone line. Once you press the help button, it calls the response center and/or other forms of help.

**Environmental Accessibility Adaptations:** These are physical changes to your home. You must need the changes to support your health, welfare and safety. They must help you live more independently in your home. Without the changes, you would need another place to live like a nursing facility or assisted living. Changes that do not help your safety or independence are not part of this service. These are things like new carpets, roof repair, central air or home additions.

## Key Terms Explained

**Home Delivered Meals:** This is prepared food brought to your home. It may be frozen meals. It could also be a heated lunch or dinner (or both). These can be put in the refrigerator. You can eat them later if you want to. You can get this if you cannot prepare meals but can feed yourself.

**Home Health Aide:** This is a person who helps you with health services. They are supervised by a medical professional, nurse or physical therapist. They help you with:

- Medication
- Nursing care
- Physical, occupational and speech therapy

**Homemaker:** This is an in-home caregiver hired from an agency. The caregiver helps with:

- Making meals
- Shopping
- Light housework
- Laundry
- Personal care
- Bathing
- Grooming
- Feeding

**Nursing – Skilled:** These are services for you in your home. You get them when you have short-term acute healing needs. They help to get you back to and keep your highest level of function and health. You get these services instead of staying in a hospital or nursing facility. You must have a doctor's order for this.

**Nursing – Intermittent:** This service helps with long-term needs. These are things like weekly insulin syringes or medication monitoring when you cannot do this without help. You can get these services instead of staying in a hospital or a nursing facility. You must have a doctor's order for this.

## Key Terms Explained

**Personal Assistant (PA):** A PA is an in-home caregiver hired and managed by you. You must hire them, manage their time and, submit their time sheets. You must do other paperwork. They help with:

- Making meals
- Shopping
- Light housework
- Laundry
- Personal care
- Bathing
- Grooming
- Feeding

They may be other direct caregivers like RNs, LPNs and Home Health Aides.

**Physical, Occupational and Speech Therapy – Also Known as Rehabilitation Services:** These are services to help with and/or get you back to functioning. They include physical, occupational and/or speech therapy.

**Prevocational Services:** These are for members with brain injuries. They give you work experience and training. This is to help you learn skills you need to get a job. You learn about things like:

- Showing up for work on time
- Showing up for work every day
- Getting jobs done
- Problem-solving
- Safety

**Respite:** This is relief for unpaid family or primary caregivers. They are the people who are meeting all of your needs. The respite caregiver helps you with all daily needs. They help when your primary caregiver cannot be there. You may get this service from a homemaker, PA, nurse or an adult day health center.

**Supported Employment:** These are activities needed to maintain paid work by people getting waiver services. It includes supervision and training.

**Supportive Living Program – Also Known as Supportive Living Facility or Service:**

An assisted living residence is housing that gives you many support services. It helps you to be independent. Some of the services are:

- Housework
- Personal care
- Medication oversight
- Shopping
- Meals
- Social programs

Supportive Living does not include complex medical services or supports.



## Freedom of Choice

You may choose a nursing facility or Home- and Community-Based Services. You also have the right to turn down services.

You may choose which agency you want to give you your LTSS. Your care manager will go over the agencies with you. They are approved by the Division of Rehabilitative Services, Healthcare and Family Services, and the Department on Aging.

Your care manager will work with you on your service plan. They will also help you choose services and providers that are right for you. You will get a copy of each service plan and any changes to the plan.

The services that you get are for your needs. They are in your service plan. They are not for other people in your home.

## Personal Assistant (PA) Service

You may be able to choose PA service. This depends on your waiver.

If you choose a PA, you may ask for a background check. The Home Services Program (HSP) will cover the cost. It will not affect your services.

You are must hire, manage and, if needed, fire your PA.

You will get a member packet. You will also get a PA packet. Keep copies of paperwork in your member packet folder.

If you hire a PA, you must:

- Complete/submit all paperwork to the local HSP office. You must do this before the PA starts working for you. This includes information in the member and PA packets.
- Pick a PA who can physically do the tasks you need. The PA cannot have a medical problem that could get worse because of the work.
- Give a copy of your service plan to your PA. You must go over it with them. This is so they know about your needs and their hours.
- Go over the time sheet with your PA. This is to make sure it is correct before they submit it. You must only approve hours worked for you.
- Not pre-sign or submit time sheets before the last day worked in a billing period.

- Complete the PA's Last Day of Employment form (in your packet). Send it to the HSP office when a PA's job ends.
- Let the HSP office know within 24 hours of any injury the PA had at work.
- Complete the Report of Injury to a Provider form (in your packet). Mail or fax it to the HSP office. Send it within 24 hours after you reported it.

If you need a PA where you work, you must first contact your care manager to ask for paid services. You must do the same if you go on vacation and need a PA.

# Your Rights and Responsibilities

You have these rights and responsibilities as a member of our LTSS Program.

## Your Rights

### Nondiscrimination

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 us. To do this, you can call us. Or you can fax it to us or send us a letter.



Phone: 1-800-608-8158  
(TTY 1-877-650-0952)  
Fax: 1-866-388-1769



Mail: Harmony Health Plan  
Attn: Grievances and Appeals Dept.  
P.O. Box 31384  
Tampa, FL 33631-3384

If you cannot call, someone can call for you. If you cannot write a letter, someone can write it for you.

### Confidentiality

All information about you and your care is private. It may be used only for purposes of treatment, payment, and operation of the program. This includes:

- Deciding your initial and continuing eligibility
- Determining your assets, income, and service needs
- Finding and getting services for you
- Making sure you are healthy and safe

Information about you cannot be used for any other purpose, unless you sign a Release of Information form.

### **Transfer to Other Provider/Agency**

You may ask to change your provider to another one. If you want to do this, you can call your care manager. They will help you.

### **Temporary Change in Residence**

If you will be temporarily living in another place in Illinois and still want to get services, call your care manager. They will help you. They will get your services changed to your temporary place.

### **Service Plan (does not apply to SLP)**

Your service plan has:

- Type of service
- Number of hours of services
- How often you get them
- Approved dates for services

Your provider cannot change your service plan. If you need a change in services, call your care manager. They will go over your needs. They can make changes to your plan.

### **If You Want More Services than Your Service Plan Allows**

You may ask your provider to give you more services than those in your service plan. But you may have to pay 100% of the cost of those services.

### **Quality of Service**

If any of these things happens, call your caregiver's supervisor:

- You do not believe your provider/caregiver is following your service plan
- Your caregiver does not come to your home when they are supposed to
- Your caregiver is always late

If the supervisor does not take care of the problem, you can call your care manager. If the problem persists, call Harmony at 1-800-608-8158 (TTY 1-877-650-0952) to file a grievance.



You also have these rights:

1. To get information about the agency. This includes:
  - Programs and services
  - The staff
  - The staff's background
  - Its contracts
2. To not use programs and services
3. To disenroll from programs and services
4. To know your care manager
5. To know how to ask for a change of care manager
6. To make decisions about your care with your care manager
7. To get information about all services. This is even if a service is not covered. You can talk about options with your care manager .
8. To these rights for your personal and medical data:
  - Have it kept private
  - Know who can see your information
  - Know how the agency makes sure your information is secure and private
9. To be treated politely and with respect by the staff
10. To complain to the agency
11. To find out how to use their complaint process. This includes how much time it takes for them to answer your complaint and take care of issues of quality and complaints.
12. To get information you understand

## Your Responsibilities

### Nondiscrimination 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 offense.

## Reporting Changes

When you become a member of the LTSS Program, you must report changes to your information including:

Change	Report To
Changes to your services or service needs	Harmony Health Plan care manager
Change of address or phone number, even if temporary	Harmony Health Plan care manager Enrollment agency

## Financial Benefits

Your LTSS Program is paid by Medicaid. Medicaid is a federal and state-funded program. It is monitored by Illinois Department of Healthcare and Family Services (HFS). Federal law allows HFS to recover the Medicaid money paid out for LTSS. This is done through Medicaid Estate Recovery. In order to recover the Medicaid money paid out for your LTSS services, HFS can file a claim against your estate. This includes real and personal property.

If you are married, HFS cannot seek to recover its claim against your estate until after your spouse dies. Your spouse may keep your home until they die. They can also keep other real and personal property until their death. HFS can seek to recover money from your estate equal to the amount of Medicaid money paid out for your LTSS services. If you want details, ask your care manager.

## Hospital or Nursing Home Admission

If you are going into a hospital, nursing home or other facility for any reason, you or your representative should tell your care manager before or as soon as possible after you went into the facility. You cannot get services while you are in these facilities. But you can get them as soon as you go home. Tell your care manager when you will be going home. This is so we can check on your service needs.

If you are admitted in a hospital or facility for more than 60 calendar days, your enrollment in your home and community waiver may end. (For Supportive Living Program, discharge from the waiver is automatic on the day of admission to a nursing home.) If you want to return home and need services, call your care manager. They will help you to get your services. They will also help you reapply to the home and community waiver.

## Absent From Home

You cannot get LTSS services if you are not at home. If you are away from your home for any reason for over 60 calendar days, we will refer your care to your enrollment agency for possibly stopping the waiver program. You must tell your caregiver/provider if you plan to be away from your home when you are scheduled for services. This includes things like a doctor visit, an outing or a short vacation. Let your caregiver/provider know when you will not be home. Let them know when you will return. This is so they can give you services when you get back. If you are going to be away, give your care manager your temporary phone number and address. This is in case we need to reach you.

## You Must Cooperate in the Delivery of Services

To help your caregivers you must:

- Let your caregiver/provider know at least 1 day in advance if you will be away from home on the day you are to have service.
- Allow the caregiver into your home.
- Allow the caregiver to give you the services on your approved service plan.
- Not demand that your caregiver do more or less than what is on your service plan. If you want to change your service plan, call your care manager. Your caregiver cannot change your service plan, except for SLP.
- Not harm or threaten to harm the caregiver. You must not display any weapons. Others in your home must not do these things either.

We may suspend or end your LTSS services if you do not cooperate as noted above. If this happens, your care manager will work with you and the caregiver to make a care management plan to restart your services.

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

The Health Care Worker Background Check Act applies to all unlicensed individuals hired or retained by a health care employer such as:

- Home health care aides
- Nurse's aides
- Personal care assistants
- Private duty nurse's aides
- Day training workers
- A person with a health-related job to give you direct care

You can contact the Department of Public Health online or you can call **1-217-785-5133** to confirm the status of a worker before work begins. You can also contact the Department of Financial and Professional Regulation for the status of any Licensed Practical Nurse

(LPN) or Registered Nurse (RN) that you want to hire. You can find out if they have allegations of abuse, neglect or theft.

If you are the victim of abuse, neglect or exploitation, report it to your care manager right away. You should also report it to one of the following agencies based on your age or placement. The agencies keep all reports private. You do not have to tell them who you are when you make a report.

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

You can call the Illinois Department of Public Health Nursing Home Hotline to report complaints about hospitals, nursing facilities, and 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 1-888-206-1327)**

All adults 18 and older can call the Illinois Department on Aging Adult Protective Services Hotline to report abuse, neglect, or exploitation. Your care manager will give you 2 brochures. They talk about how to report abuse, neglect and exploitation. You can ask for new copies of these 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. This happens when the person is not able to understand, not willing 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** – A caregiver's failure to give a senior or person with disabilities life's necessities. This includes food, clothes, shelter, medical and other items
- **Willful deprivation** – This is when someone willfully denies a senior or person with disabilities medication, medical care, shelter, food, a therapeutic device or other physical assistance. This exposes that person to the risk of physical, mental, or emotional harm – except when the person has said they do not want the care.
- **Financial exploitation** – This is the misuse or withholding of a senior's 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 Harmony and our providers. If you are not happy, you can file a grievance or appeal.

## Grievances

A grievance is a complaint about any matter other than a denied, reduced or terminated service or item.

Harmony takes member grievances very seriously. We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, you should let us know right away. Harmony has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits coverage.

### These are examples of when you might want to file a grievance.

- Your provider or a Harmony staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or a Harmony staff member was rude to you.
- Your provider or a Harmony staff member was insensitive to your cultural needs or other special needs you may have.

You can file your grievance on the phone by calling Harmony at **1-800-608-8158** (TTY 1-877-650-0952). You can also file your grievance in writing via mail or fax at:



**Harmony Health Plan**  
Attn: Grievance Department  
P.O Box 31384  
Tampa, FL 33631-3384  
Fax: 1-866-388-1769

In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your member ID number. You can ask us to help you file your grievance by calling Member Services at **1-800-608-8158** (TTY **1-877-650-0952**).

If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your grievance. If you are hearing impaired, call the Illinois Relay at **711**.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be “your representative.” If you decide to have someone represent you or act for you, inform Harmony in writing the name of your representative and his or her contact information.

We will try to resolve your grievance right away. If we cannot, we may contact you for more information.

## Appeals

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get a “Notice of Action” letter from us. This letter will tell you the following:

- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services

You may not agree with a decision or an action made by Harmony about your services or an item you requested. An appeal is a way for you to ask for a review of our actions. You may appeal within **sixty (60) calendar days** of the date on our Notice of Action form. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than **ten (10) calendar days** from the date on our Notice of Action form. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for

- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not advising you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

## Here are two ways to file an appeal.

1. Call Member Services at **1-800-608-8158** (TTY **1-877-650-0952**). If you file an appeal over the phone, you must follow it with a written signed appeal request.
2. Mail or fax your written appeal request to:

<p><b>Harmony Health Plan</b>  <b>Attn: Appeals Department</b>  <b>P.O Box 31368</b>  <b>Tampa, FL 33631-3368</b>  <b>Fax: 1-866-201-0657</b></p>	<p><b>Harmony Health Plan</b>  <b>Attn: Pharmacy Medication</b>  <b>Appeals Department</b>  <b>P.O Box 31398</b>  <b>Tampa, FL 33631-3398</b>  <b>Fax: 1-888-865-6531</b></p>
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If you do not speak English, we can provide an interpreter at no cost to you. Please include this request when you file your appeal. If you are hearing impaired, call the Illinois Relay at 711.

## Can someone help you with the appeal process?

You have several options for assistance. You may:

- Ask someone you know to assist in representing you. This could be your Primary Care Physician or a family member, for example.
- Choose to be represented by a legal professional.
- If you are in the Disabilities Waiver, Traumatic Brain Injury Waiver, or HIV/AIDS Waiver, you may also contact CAP (Client Assistance Program) to request their assistance at **1-800-641-3929** (Voice) or **1-888-460-5111** (TTY).

To appoint someone to represent you, either: **1)** send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information or, **2)** fill out the Authorized Representative Appeals form. You may find this form on our website at [www.harmonyhpi.com](http://www.harmonyhpi.com).

## Appeal Process

We will send you an acknowledgement letter within three (3) business days saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing.

A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce or stop the medical service.

Harmony will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Harmony may request an extension up to fourteen (14) more calendar days to make a decision on your case if we need to get more information before we make a decision. You can also ask us for an extension, if you need more time to obtain additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Decision Notice. The Decision Notice will tell you what we will do and why.

If Harmony's decision agrees with the Notice of Action, you may have to pay for the cost of the services you got during the appeal review. If Harmony's decision does not agree with the Notice of Action, we will approve the services to start right away.

Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed.
- You have the option to see your appeal file.
- You have the option to be there when Harmony reviews your appeal.

## How can you expedite your Appeal?

If you or your provider believes our standard timeframe of fifteen (15) business days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. If you write to us, please include your name, member ID number, the date of your Notice of Action letter, information about your case and why you are asking for the expedited appeal. We will let you know within twenty-four (24) hours if we need more information. Once all information is provided, we will call you within twenty-four (24) hours to inform you of our decision and will also send you and your authorized representative the Decision Notice.

## How can you withdraw an Appeal?

You have the right to withdraw your appeal for any reason, at any time, 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. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request.

Harmony 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 Harmony at **1-800-608-8158** (TTY **1-877-650-0952**)

## What happens next?

After you receive the Harmony appeal Decision Notice in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing Appeal and/or asking for an External Review of your appeal within **thirty (30) calendar days** of the date on the Decision Notice. You can choose to ask for both a State Fair Hearing Appeal and an External Review or you may choose to ask for only one of them.

## State Fair Hearing

If you choose, you may ask for a State Fair Hearing Appeal within **one hundred-twenty (120) calendar days** of the date on the Decision Notice, but you must ask for a State Fair Hearing Appeal within **ten (10) calendar days** of the date on the Decision Notice if you want to continue your services. If you do not win this appeal, you may be responsible for paying for these services provided to you during the appeal process.

At the State Fair Hearing, just like during the Harmony Appeals process, you may ask someone to represent you, such as a lawyer or have a relative or friend speak for you. To appoint someone to represent you, send us a letter informing us that you want someone else to represent you and include in the letter his or her contact information.

You can ask for a State Fair Hearing in one of the following ways:

- Your local Family Community Resource Center can give you an appeal form to request a State Fair Hearing and will help you fill it out, if you wish.
- Visit <https://abe.illinois.gov/abe/access/appeals> to set up an ABE Appeals Account and submit a State Fair Health Appeal online. This will allow you to track and manage your appeal online, viewing important dates and notices related to the State Fair Hearing and submitting documentation.
- If you want to file a State Fair Hearing Appeal related to your medical services or items, or Elderly Waiver (Community Care Program (CCP)) services, send your request in writing to:



Illinois Department of Healthcare and Family Services  
Bureau of Administrative Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602



Fax: (312) 793-2005

Email: [HFS.FairHearings@illinois.gov](mailto:HFS.FairHearings@illinois.gov)



Or you may call 1-855-418-4421  
TTY 1-800-526-5812

- If you want to file a State Fair Hearing Appeal related to mental health services or items, substance abuse services, Persons with Disabilities Waiver services, Traumatic Brain Injury Waiver services, HIV/AIDS Waiver services, or any Home Services Program (HSP) service, send your request in writing to:



Illinois Department of Human Services  
Bureau of Hearings  
69 W. Washington Street, 4th Floor  
Chicago, IL 60602



Fax: (312) 793-8573

Email: [DHS.HSPApeals@illinois.gov](mailto:DHS.HSPApeals@illinois.gov)



Or you may call 1-800-435-0774  
TTY 1-877-734-7429

## State Fair Hearing Process

The hearing will be conducted by an Impartial Hearing Officer authorized to conduct State Fair Hearings. You will receive a letter from the appropriate Hearings office informing you of the date, time and place of the hearing. This letter will also provide information about the hearing. It is important that you read this letter carefully. If you set up an account at <http://abe.illinois.gov/abe/access/appeals> you can access all letters related to your State Fair Hearing process through your ABE Appeals Account. You can also upload documents and view appointments.

At least three (3) business days before the hearing, you will receive information from Harmony. This will include all evidence we will present at the hearing. This will also be

sent to the Impartial Hearing Officer. You must provide all the evidence you will present at the hearing to Harmony and the Impartial Hearing Officer at least three (3) business days before the hearing. This includes a list of any witnesses who will appear on your behalf, as well as all documents you will use to support your appeal.

You will need to notify the appropriate Hearings Office of any accommodation you may need. Your hearing may be conducted over the phone. Please be sure to provide the best phone number to reach you during business hours in your request for a State Fair Hearing. The hearing may be recorded.

### **Continuance or Postponement**

You may request a continuance during the hearing, or a postponement prior to the hearing, which may be granted if good cause exists. If the Impartial Hearing Officer agrees, you and all parties to the appeal will be notified in writing of a new date, time and place. The time limit for the appeal process to be completed will be extended by the length of the continuation or postponement.

### **Failure to Appear at the Hearing**

Your appeal will be dismissed if you, or your authorized representative, do not appear at the hearing at the time, date and place on the notice and you have not requested postponement in writing. If your hearing is conducted via telephone, your appeal will be dismissed if you do not answer your telephone at the scheduled appeal time. A Dismissal Notice will be sent to all parties to the appeal.

Your hearing may be rescheduled, if you let us know within ten (10) calendar days from the date you received the Dismissal Notice, if the reason for your failure to appear was:

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

If the appeal hearing is rescheduled, the Hearings Office will send you or your authorized representative a letter rescheduling the hearing with copies to all parties to the appeal.

If we deny your request to reset your hearing, you will receive a letter in the mail informing you of our denial.

### **The State Fair Hearing Decision**

A Final Administrative Decision will be sent to you and all interested parties in writing by the appropriate Hearings Office. The Decision will also be available online through your ABE Appeals Account. This Final Administrative Decision is reviewable only through the Circuit Courts of the State of Illinois. The time the Circuit Court will allow for filing of

such review may be as short as thirty-five (35) days from the date of this letter. If you have questions, please call the Hearing Office.

### **External Review (for medical services only)**

Within **thirty (30) calendar days** after the date on the Harmony appeal Decision Notice, you may choose to ask for a review by someone outside of Harmony. This is called an external review. The outside reviewer must meet the following requirements:

- Board certified provider with the same or like specialty as your treating provider
- Currently practicing
- Have no financial interest in the decision
- Not know you and will not know your identity during the review

External Review is not available for appeals related to services received through the Elderly Waiver; Persons with Disabilities Waiver; Traumatic Brain Injury Waiver; HIV/Aids Waiver; or the Home Services Program.

**Your letter must ask for an external review of that action and should be sent to:**



Harmony Health Plan  
Attn: Appeals Department  
P.O Box 31368  
Tampa, FL 33631-3368  
1-866-201-0657

### **What Happens Next?**

- We will review your request to see if it meets the qualifications for external review. We have five (5) business days to do this. We will send you a letter letting you know if your request meets these requirements. If your request meets the requirements, the letter will have the name of the external reviewer.
- You have five (5) business days from the letter we send you to send any additional information about your request to the external reviewer.

The external reviewer will send you and/or your representative and Harmony a letter with their decision within five (5) calendar days of receiving all the information they need to complete their review.

## Expedited External Review

If the normal time frame for an external review could jeopardize your life or your health, you or your representative can ask for an **expedited external review**. You can do this over the phone or in writing. To ask for an expedited external review over the phone, call Member Services toll-free at **1-800-608-8158** (TTY **1-877-650-0952**). To ask in writing, send us a letter at the address below. You can only ask one (1) time for an external review about a specific action. Your letter must ask for an external review of that action.



Harmony Health Plan  
Attn: Appeals Department  
P.O Box 31368  
Tampa, FL 33631-3368

## What Happens Next?

- Once we receive the phone call or letter asking for an expedited external review, we will immediately review your request to see if it qualifies for an expedited external review. If it does, we will contact you or your representative to give you the name of the reviewer.
- We will also send the necessary information to the external reviewer so they can begin their review.
- As quickly as your health condition requires, but no more than two (2) business days after receiving all information needed, the external reviewer will make a decision about your request. They will let you and/or your representative and Harmony know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Harmony with the decision within forty-eight (48) hours.

## Discrimination is Against the Law

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

### Harmony Health Plan:

- 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, Braille, 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 Harmony Member Services at **1-800-608-8158** (TTY: **1-877-650-0952**), Monday – Friday from 8 a.m. to 5 p.m., for help or you can ask Member Services to put you in touch with a Civil Rights Coordinator who works for Harmony Health Plan.

If you believe that Harmony Health Plan 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:

Harmony Health Plan, Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384; Telephone **1-866-530-9491**; TTY number **1-877-247-6272**; Fax: **1-866-388-1769**; **OperationalGrievance@wellcare.com**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Harmony 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, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-608-8158** (TTY: **1-877-650-0952**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-608-8158** (TTY: **1-877-650-0952**).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-608-8158** (TTY: **1-877-650-0952**).

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 **1-800-608-8158** (TTY: **1-877-650-0952**)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-608-8158** (TTY: **1-877-650-0952**) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-608-8158** (TTY: **1-877-650-0952**).

لصتا. ن اجمالاب كل رفاوتت ةيوغلل اءءاسملا تامءء ن اء ؁ ةءلل رءءا ءءءءء ءءء اءء: ةءوالم مءبلا ءل او مءل اءءاء مءر) **1-800-608-8158** (TTY: **1-877-650-0952**).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-608-8158** (TTY: **1-877-650-0952**).

सुचना: जो तमे गुजराती बोलता हो, तो नःशुल्क भाषा सहाय सेवाओ तमारा माटे उपलब्ध छे. फोन करो **1-800-608-8158** (TTY: **1-877-650-0952**).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں - کال کریں **1-800-608-8158** (TTY: **1-877-650-0952**).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-608-8158** (TTY: **1-877-650-0952**).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-608-8158** (TTY: **1-877-650-0952**).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-608-8158** (TTY: **1-877-650-0952**) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-608-8158** (TTY: **1-877-650-0952**).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε **1-800-608-8158** (TTY: **1-877-650-0952**).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-608-8158** (TTY: **1-877-650-0952**).

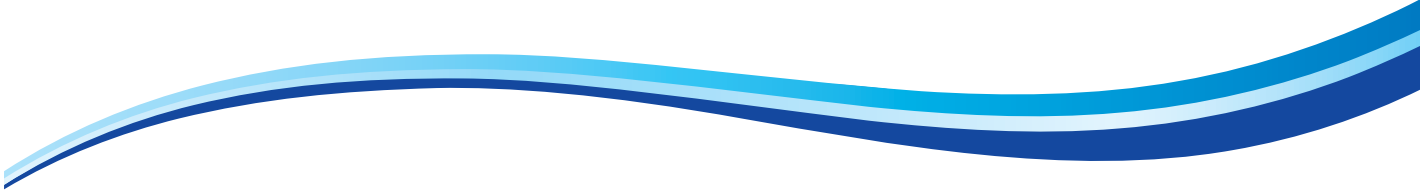












1-800-608-8158

TTY 1-877-650-0952

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