



www.myamerigroup.com

Dear Member:

Welcome to our Managed Long Term Services and Supports (MLTSS) program! At Amerigroup Community Care, we are proud to manage your MLTSS health care services for you as part of your New Jersey Medicaid/NJ FamilyCare benefits.

This handbook companion guide explains how our MLTSS program works and how it can help keep you healthy. It tells you what your MLTSS coverage is and what limits apply to your MLTSS benefits.

For a complete listing of all your Amerigroup benefits and services, please see your Amerigroup member handbook.

You may have already received your Amerigroup MLTSS ID card and other information from us. Your ID card will tell you when your Amerigroup membership starts and the name of your primary care provider (PCP). **It will also tell you how to contact our MLTSS Care Management program with any questions or concerns.** Please check your ID card right away. If you have not received an MLTSS ID card from us within one week of receiving this packet, or if the name of your PCP or any other information on the card is not correct and needs to be changed, please call us at 1-800-600-4441 (TTY 1-800-855-2880). We will send you a new ID card with the correct information right away.

We want to hear from you. By calling 1-800-600-4441 (TTY 1-800-855-2880), you can talk to a nurse on our 24-hour Nurse Helpline. Or you can talk to a Member Services representative, Monday through Friday, 8 a.m. to 6 p.m. You can also search for network providers and learn more about your benefits online at www.myamerigroup.com/NJ. And, as our MLTSS member, you can call your Care Manager anytime. We are here to help you receive the right care in your own home or community.

Thank you again for choosing us as your health plan. We are committed to providing you the best possible care.

Sincerely,

A handwritten signature in black ink that reads "John Koehn". The signature is written in a cursive style with a long, sweeping underline.

John Koehn
Chief Executive Officer
Amerigroup Community Care

AMERIGROUP MEMBER HANDBOOK COMPANION GUIDE

MANAGED LONG TERM SERVICES AND SUPPORTS PROGRAM

101 Wood Avenue South, 8th Floor Iselin, NJ 08830
1-800-600-4441 • TTY 1-800-855-2880
www.myamerigroup.com/NJ

Welcome to Amerigroup Community Care! You will get most of your health care services covered through Amerigroup. This companion guide will tell you how to get the long-term services you need.

Table of Contents

Your Introduction to Managed Long Term Services and Supports.....	2
Who is eligible for the MLTSS program?.....	1
What long-term care services are covered in MLTSS?	1
Care Coordination and Role of the MLTSS Care Manager	2
Independence, Dignity and Choice	4
Changing Care Managers	4
Your MLTSS Member Representative	5
How to Get Free Language Help	6
Questions about your Amerigroup Community Care health plan?	6
MLTSS Covered Services and Coverage Limits.....	6
Abuse, Neglect and Exploitation.....	10
YOUR MEMBER RIGHTS AND RESPONSIBILITIES.....	11
MLTSS Patient Pay Liability	13
Collection of Patient Pay Liability	13
Nonpayment of Patient Pay Liability	13
MLTSS Nursing Facility Transitions	14
How to Contact Us	14

Amerigroup is a culturally diverse company. We welcome all eligible individuals into our health care programs, regardless of health status. If you wish to submit a concern or complaint to the Amerigroup Beneficiary Rights Ombudsman, please call 1-877-440-4085 (TTY 1-800-855-2880).

Your Introduction to Managed Long Term Services and Supports

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

What is the Managed Long Term Services and Supports program?

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

Who is eligible for the MLTSS program?

You can be an Amerigroup MLTSS member if you:

- Live in the Amerigroup service area
- Meet the clinical eligibility requirements for nursing facility care; for example, you need help with daily living like bathing, dressing, eating or walking, or you have a chronic condition requiring nursing services
- Meet Medicaid financial eligibility requirements

What long-term care services are covered in MLTSS?

The covered long-term care services you can receive in MLTSS are nursing home care or home and community-based services (HCBS) *instead* of nursing home care. The kind and amount of care you get depends on your needs.

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

- **Home- Based Supportive Care** – Help with your household chores or errands like doing laundry, preparing meals, light housekeeping or grocery shopping
- **Home-delivered meals** – Nutritionally balanced meals delivered to your home
- **Personal Emergency Response System** – A call button so you can get help in an emergency when your caregiver is not around
- **In-home respite care** – Services provided to members unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of an unpaid, informal caregiver
- **Inpatient respite care** – A short stay in a nursing home or assisted care living facility so your caregiver can get a break or attend to their personal business

- **Home modifications** – Certain modifications or changes to your home that will help you get around easier and safer in your home, like grab bars or a wheelchair ramp. (up to \$5,000 per project or per calendar year, and \$10,000 per lifetime)
- **Vehicle Modifications** – Medically needed vehicle modification (such as electronic monitoring systems to enhance personal safety, mechanical lifts to make access possible) to your vehicle or a family vehicle
- **Assisted Care Living Facility** – A coordinated group of supportive personal and health services, chore services, medication administration, intermittent skilled nursing services, available 24 hours per day, to you if you are enrolled in the MLTSS program
- **Assisted Living Program** – The provision of assisted living services if you live in qualified publicly subsidized housing buildings
- **Adult Family Care** – Enables up to three unrelated individuals to live in the community in the primary residence of a trained caregiver who provides support and health services for members

This doesn't mean that you will receive services up to the cost of nursing home care. MLTSS won't pay for more services than you must have to safely meet your needs at home. Remember, **MLTSS only pays for services to meet long-term care needs that can't be met in other ways.**

MLTSS services provided to you in your home or in the community will not take the place of care you get from family and friends or services you already receive. If you get help from community programs (like Meals on Wheels), services paid for by Medicare or other insurance, or have a family member that takes care of you, these services will not be replaced by paid care through MLTSS. Instead, the home care you receive through MLTSS will work *together* with the help you already receive to help you stay in your home and community longer. **Care in MLTSS will be provided as cost-effectively as possible. This way, more people who need care will be able to get help.**

Care Coordination and Role of the MLTSS Care Manager

As an MLTSS program member, you will have all of your physical health, mental health and long-term care needs and services managed by Amerigroup. This is called **care coordination**.

These functions are done by a **care manager**. Your care manager will play a vital role. Your care manager is your main contact person **He or she is the first person you should go to if you have any questions about your services.**

Amerigroup will tell you who your care manager is. And we'll tell you how to reach them. Be sure to keep this companion guide in a place that's easy to find. Write your care manager's name and contact number below.

My care manager is: _____

I can reach my care manager at: _____

Your care manager will:

- Provide information about MLTSS and answer your questions
- Work with you to ensure that you have all the information you need to make good choices about your health care
- Help you get the right kind of long-term care services in the right setting for you to address your needs
- Coordinate all of your physical health, mental health and long-term care needs
- Help to solve issues that you have about your care
- Make sure your plan of care is carried out and is working the way that it needs to
- Be aware of your needs as they change, update your plan of care when needed (at least once a year), and make sure that the services you get are appropriate for your changing needs
- Check at least twice a year to make sure that you continue to need the level of care provided in a nursing home
- Communicate with your providers to make sure they know what's happening with your health care and to coordinate your service delivery

Other tasks done by the care manager can vary. This will depend on the types of care you need or receive.

If you receive nursing home care, your care manager will:

- Be part of the care planning process with the nursing home where you live
- Perform any additional needs assessment that may be helpful in managing your health and long-term care needs
- Supplement (or add to) the nursing home's plan of care if there are things Amerigroup can do to help manage health problems or coordinate other kinds of physical and mental health care you need
- Conduct face-to-face visits at least every six months
- Coordinate with the nursing home when you need services the nursing home isn't responsible for providing
- Determine if you're interested and able to move from the nursing home to the community and if so, help make sure this happens timely

If you receive home care, your care manager will:

- Work with you to do a comprehensive, individual assessment of your health and long-term care needs and determine the services most appropriate to meet those needs
- Work with you to develop your individualized plan of care
- Make sure the right health care professionals are consulted during your plan of care process
- Give you information to help you choose long-term care providers contracted with Amerigroup
- Contact you by telephone and visit you in person at least once every three months
- Make sure your plan of care is carried out and working the way that it needs to
- Monitor to make sure you are getting what you need and that gaps in care are addressed right away
- Give you information about community resources that might be helpful to you
- Make sure the home care services you receive are based on your needs and do not cost more than nursing home care

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

Independence, Dignity and Choice

In MLTSS, if you qualify for nursing home care, you have the right to choose to get care:

- In your home
- Or in another place in the community (like an assisted living or adult family care program)
- Or in a nursing home

To get care in your home or in the community, you must qualify for MLTSS. And your care manager must conclude that your needs can safely be met in that setting. The cost of your care can't be more than the cost of your care in a nursing home. That includes the cost of your home care **and** any home health or nursing care you may need. The actual kind and amount of care you will receive depends on your needs.

If you're in a nursing home, you may be able move from your nursing home to your own home and receive services if you want to. If you'd like to move out of the nursing home into the community, talk with your care manager.

What if you don't want to leave the nursing home and move to the community? Then, Amerigroup or your care manager won't require you to do that, even if we think care in the community would cost less. As long as you qualify for nursing home care, you can choose it. And you can change your choice at any time. As long as you qualify, you can enroll in the setting you choose.

In MLTSS, you can also help choose the providers who will give your care. This could be an assisted living or nursing home. Or it could be the agency who will give your care at home. You may also be able to hire your own workers for some kinds of care. (This is called the Personal Preference Program).

The provider you choose must be willing and able to give your care. **And** the provider must be contracted with Amerigroup to provide the kind of care you need. Your care manager will try to help you get the provider you pick.

Changing Care Managers

If you're unhappy with your care manager and would like a different one, you can ask us about making a change. That doesn't mean you can pick whoever you want to be your care manager. Amerigroup must be able to meet the needs of all its MLTSS members and assign staff in a way that allows us to do that. To ask for a different care manager, call Amerigroup at [1-855-661-1996] (TTY 1-800-855-2880). Tell us why you want to change care managers. If we can't give you a new care manager, we'll tell you why. And we'll help to address any problems or concerns you have with your current care manager. There may be times when Amerigroup will have to change your care manager. This may happen if your care manager:

- Is no longer with Amerigroup
- Is temporarily not working, or
- Has too many members to give them the attention they need

If this happens, Amerigroup will send you a letter that says who your new care manager will be. We'll also tell you how to contact your new care manager.

As a member of our MLTSS program, you can contact your care manager anytime you have a question or concern about your health care. You do not need to wait until a home visit or a phone call. You should contact your care manager any time you have a change in your health condition or other things that may affect the kind or amount of care you need. If you need help after normal business hours that won't wait until the next day, you can call Amerigroup at 1-800-600-4441 (TTY 1-800-855-2880).

As always, if you have a behavioral health crisis, please call us 1-800-600-4441 (TTY 1-800-855-2880) 24 hours a day, 7 days a week.

Amerigroup has a Behavioral Health Specialized Call Center to manage behavioral health (BH) calls from you and providers. During normal business hours, these calls are answered by Behavioral Health Care Services Technicians (CSTs). They are trained to screen all calls for BH emergencies. When the CST recognizes a likely BH emergency, the call is "warm-transferred" to a BH utilization management (UM) clinician. In a potential emergency, you are never placed on hold.

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

We make sure to notify BH Case Management as soon as we can to follow up with you. We want to ensure that needed services were received. The BH case manager will also try to conduct a further assessment of your needs and engage them in case management as needed. The BH case manager will help you get appointments. They will also help coordinate care for you when there are many providers.

After normal business hours, BH emergency calls are managed by the Nurse HelpLine (1-800-600-4441, TTY 1-800-855-2880). The Nurse HelpLine staff member will work with you and family/caregivers, or with emergency responders, as needed, to resolve the emergency. Any emergency behavioral calls after hours are also referred to BH Case Management for follow-up.

Your MLTSS Member Representative

In addition to your care manager, there is another person at Amerigroup to help you. This person is the MLTSS Member Representative. The MLTSS Member Representative can help you understand the Amerigroup MLTSS program by:

- Helping MLTSS members understand and use the MLTSS program
- Being a resource for MLTSS members for appeals and grievances
- Providing MLTSS program information to members and their representatives, and
- Facilitating resolution of any member issues

To reach the MLTSS Member Representative, call 1-855-661-1996 (TTY 1-800-855-2880). Ask to speak with the MLTSS Member Representative.

How to Get Free Language Help

If English is not your first language, you can ask for help in another language. This is a free service. To get help in another language, call Amerigroup at 1-800-600-4441 (TTY 1-800-855-2880).

Questions about your Amerigroup Community Care health plan?

Please review your NJ member handbook. It will tell you how to get the health care you need. You can view your handbook online at www.myamerigroup.com/NJ. Or call our Member Services department at 1-800-600-4441 or the New Jersey MLTSS Department at 1-855-661-1996 to request a copy. TTY users can call 1-800-855-2880.

MLTSS Covered Services and Coverage Limits

As our MLTSS member, you receive all the benefits of NJ FamilyCare. You also get your MLTSS coverage and services. Below is a brief description of these services and their coverage limits. If you have any questions about MLTSS services or limits, please call your care manager.

Covered Service	Coverage Limits
<p>Adult Family Care (AFC) Enables up to three unrelated individuals to live in the community in the primary residence of a trained caregiver who provides support and health services for the resident</p>	<p>Members with AFC do not receive:</p> <ul style="list-style-type: none"> • Personal Care Assistant (PCA) • Chore Service • Home-Delivered Meals • Home-Based Supportive Care • Caregiver/Participant Training • Assisted Living or Assisted Living Program
<p>Assisted Living Services (ALS) Coordinated group of supportive personal and health services medication administration, intermittent skilled nursing services, available 24 hours per day, to residents enrolled in the MLTSS program</p> <p>Includes Assisted Living Residences (ALR) and Comprehensive Personal Care Homes (CPCH)</p>	<p>Members with ALS do not receive:</p> <ul style="list-style-type: none"> • Personal Care Assistant (PCA) • Adult Day Health Services (ADHS) • Adult Family Care • Assisted Living Program • Environmental Accessibility Adaptations • Chore Services • Personal Emergency Response Services • Home-Delivered Meals • Caregiver/Participant Training • Adult Day Health Services • Social Adult Day Care • Attendant Care • Home-Based Supportive Care • Respite Care

Covered Service	Coverage Limits
<p>Assisted Living Program (ALP) Means the provision of assisted living services to the tenants/residents of qualified publicly subsidized housing buildings</p> <p>Not available in all subsidized senior housing buildings</p>	<p>Members with ALP do not receive:</p> <ul style="list-style-type: none"> • Personal Care Assistant (PCA) • Chore Service • Home-Based Supportive Care • Caregiver/Participant Training • Assisted Living • Adult Family Care
<p>TBI Behavioral Management (group and individual) Daily program provided by, and under the supervision of, a licensed psychologist or board-certified/board-eligible psychiatrist and by trained behavioral aides designed to service recipients who display severe maladaptive or aggressive behavior which is potentially destructive to self or others</p>	<p>Entry to this service is based on medical necessity criteria, and the member must:</p> <ul style="list-style-type: none"> • Have a diagnosis of acquired, nondegenerative or traumatic brain injury (TBI) or • Formerly be a TBI waiver member who transitions into MLTSS
<p>Caregiver/Participant Training Instruction provided to a member and/or caregiver in either a one-to-one or group situation to teach a variety of skills necessary for independent living, including but not limited to:</p> <ul style="list-style-type: none"> • Coping skills to assist the member in dealing with disability • Coping skills for the caretaker to deal with supporting someone with long term care needs • Skills to deal with care providers and attendants 	<p>Caregiver/Participant Training is not available to members who have chosen:</p> <ul style="list-style-type: none"> • Assisted Living Services • Assisted Living Program or • Adult Family Care <p>Does not duplicate the training that is part of the therapist's scope of practice on teaching the use of adaptive equipment</p> <p>Limited to one visit a day.</p>
<p>Chore Services Services needed to maintain the home in a clean, sanitary and safe environment</p> <p>Noncontinuous, nonroutine heavy household maintenance tasks intended to increase the safety of the member</p>	<p>Chore services are not available to those with:</p> <ul style="list-style-type: none"> • Assisted Living Services • Assisted Living Program • Adult Family Care <p>Chore services are authorized only when: Neither the member nor anyone else in the household can perform or pay for the chore no relative, caregiver, landlord, community agency, volunteer, or third party payer can complete the chore</p> <p>Does not include normal, everyday housekeeping tasks such as dusting, vacuuming, changing bed linens, washing dishes, cleaning the bathroom</p>

Covered Service	Coverage Limits
<p>Cognitive Therapy (group and individual) Therapeutic interventions for maintenance and prevention of deterioration, including direct retraining, use of compensatory strategies, use of cognitive orthotics and prostheses</p>	<p>The member must:</p> <ul style="list-style-type: none"> • Have a diagnosis of acquired, nondegenerative, or traumatic brain injury or • Formerly be a TBI waiver participant who transitions to MLTSS
<p>Community Residential Services (CRS) A package of services provided to a member living in the community, residence-owned, rented, or supervised by a CRS provider</p>	<p>The member must:</p> <ul style="list-style-type: none"> • Have a diagnosis of acquired, nondegenerative, or traumatic brain injury or • Formerly be a TBI waiver participant
<p>Community Transition Services Those goods and services provided to a member that may aid in the transitioning from institutional settings to his/her own home in the community through coverage of nonrecurring, one-time transitional expenses</p>	<p>Community Transition Services are furnished only when they are:</p> <ul style="list-style-type: none"> • Reasonable and necessary as determined through the service plan development process • Clearly identified in the service plan; and the person is unable to meet such expense when the services • Are not available from other sources <p>These services have a lifetime limit of \$5,000.</p>
<p>Home Based Supportive Care (HBSC) Designed to assist MLTSS members with their Instrumental Activities of Daily Living (IADL) needs and are available to members' whose Activities of Daily Living (ADL) needs are provided by nonpaid caregivers such as a family member or as a wrap-around service to non-Medicaid programs</p>	<p>HBSC is not available for those who have chosen Assisted Living (ALR, CPCH & ALP). Since the PCA State Plan Service can assist with IADLs, HBSC is offered only when Activities of Daily Living related tasks are provided by a caregiver or another non-Medicaid program.</p>
<p>Home Delivered Meals Nutritionally balanced meals delivered to the member's home when more cost-effective than having a personal care provider prepare the meal</p>	<p>Home delivered meals are provided to a member residing in an unlicensed residence, only when:</p> <ul style="list-style-type: none"> • The member can't prepare the meal • The member can't leave the home independently • There is no other caregiver, paid or unpaid, to prepare the meal <p>No more than one meal per day will be provided through the MLTSS benefit.</p>
<p>Medication Dispensing Device Allows for a set amount of medications to be dispensed per the dosage instructions</p>	<p>This device is for a member who lives alone or who is alone for significant amounts of time per the plan of care. Members might not have a regular caregiver for extended periods of time. Or they might need much routine supervision.</p>

Covered Service	Coverage Limits
<p>Nursing Facility Services Custodial services that are provided in a licensed facility which provide health care under medical supervision and continuous nursing care for 24 or more consecutive hours</p>	<p>Provided to members that do not require the degree of care and treatment which a hospital provides and who, because of their physical or mental condition, require continuous nursing care and services above the level of room and board</p>
<p>Therapy Occupational, physical, speech, hearing and language therapies available to members for the purpose of habilitation and the prevention of loss of function</p>	<p>Available only after rehabilitation therapy is no longer available or viable, and authorization will be based on medical necessity</p>
<p>Personal Emergency Response System (PERS) Set up and monthly monitoring using an electronic device which enables members at high risk of institutionalization to secure help in an emergency</p>	<p>Approval of PERS is based on medical necessity for a member who lives alone or who is alone for significant amounts of time — not for members receiving Assisted Living Services or residing in a nursing facility</p>
<p>Private Duty Nursing (PDN) Supplements any other source of care up to a maximum of 16 hours per day, including services provided or paid for by the other sources, if medically necessary, and if cost of service provided is less than institutional care</p>	<p>Adult PDN services are provided in the community only (the home or other community setting of the member), and not in hospital inpatient or nursing facility settings. PDN services are a State Plan benefit for children under the age of 21.</p>
<p>Residential Modifications Those physical modifications/adaptations to a member's private primary residence which: Are required by his/her plan of care to ensure the health, welfare and safety of the member Help the member function with greater independence in the home or community and without which the member would need to be in an institution</p>	<p>Residential Modifications are limited to \$5,000 per calendar year, \$10,000 lifetime. Members living in licensed residences (ALR, CPCH, ALP, and Class B & C Boarding Homes) are not eligible to receive Residential Modifications. Adaptations to rented housing units must have the prior written approval of the landlord. Members must live in the residence at least one year for approval of the request.</p>
<p>Respite Services provided to members unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of an unpaid, informal caregiver (those persons who normally provide unpaid care) for the member</p>	<p>Respite is limited to up to 30 days per member per calendar year. Respite will not be paid back for members who reside permanently in a:</p> <ul style="list-style-type: none"> • Community Residential Service setting (CRS) • Assisted Living Residence • Comprehensive Personal Care Home or for members admitted to the Nursing Facility
<p>Social Adult Day Care (SADC) A community-based group program designed to meet the nonmedical needs of adults with functional impairments through a structured comprehensive program that provides a variety of health, social and related support services in a protective setting during any part of a day but less than 24-hour care</p>	<p>Not available to those receiving Assisted Living Services (ALR & CPCH); cannot be combined with Adult Day Health Services</p>

Covered Service	Coverage Limits
<p>Structured Day Program Program of productive supervised activities, for the development and maintenance of independent and community living skills, provided in a setting separate from the home in which the member lives</p>	<p>The member must have a diagnosis of acquired, nondegenerative or traumatic brain injury or formerly a TBI waiver participant. Structured Day Program cannot be combined with Adult Day Health Services.</p>
<p>Supported Day Services Program of member activities for the development of productive activity patterns, requiring initial and periodic oversight, at least monthly and intended to be a home and community-based service, not provided in an outpatient setting or within a Community Residential Service</p>	<p>The member must have a diagnosis of acquired, non-degenerative, or traumatic brain injury or formerly a TBI waiver participant. Supported Day Services are provided as an alternative to Structure Day Program when the member does not require continual supervision and are not to be provided in a setting where the setting itself is already paid to supervise the member.</p>
<p>Vehicle Modifications Vehicle Modifications to a member’s or family vehicle as defined in an approved plan of care</p>	<p>Vehicle Modifications must be needed to ensure the health, welfare and safety of a participant or which enable the individual to function more independently in the home or community. All services shall be provided in accordance with applicable State motor vehicle codes.</p>

Abuse, Neglect and Exploitation

Like all Amerigroup members, our MLTSS members have the right to be free from abuse, neglect and exploitation. It’s important that you understand how to identify abuse, neglect and exploitation and how to report it.

Abuse can be:

- Physical abuse
- Emotional abuse or
- Sexual abuse

It includes:

- Inflicting pain, injury or mental anguish
- Unreasonable confinement
- Other cruel treatment

Neglect can occur when:

- An adult is unable to care for him/herself or to obtain needed care, placing his or her health or life at risk – this is “self-neglect”
- The basic needs of a child or an adult who is dependent on others are not met by a caregiver, resulting in harm or risk of harm to health or safety. The neglect may be unintended, resulting from the caregiver’s lack of ability to provide or arrange for the care or services the person requires. Neglect also may be due to the purposeful failure of the caregiver to meet the person’s needs.

Exploitation can include:

- Fraud or coercion
- Forgery or
- Unauthorized use of banking accounts or credit cards

Financial exploitation occurs when a caregiver improperly uses funds intended for the care or use of an adult. These are funds paid to the adult or to the caregiver by a governmental agency.

If you think you or any other MLTSS member is a victim of abuse, neglect or, please tell your care manager.

All suspected incidents of abuse, neglect or exploitation of an **adult** should be reported to Adult Protective Services (APS) program at 1-800-792-8820. All reports of abuse or neglect of a **child** should be reported to 1-877-NJ ABUSE (1-877-652-2873).

At Amerigroup, we do not allow unfair treatment. No one is treated in a different way because of race, beliefs, language, birthplace, disability, religion, sex, color, or age. Read more about your right to fair treatment in your Amerigroup NJ Member Handbook.

YOUR MEMBER RIGHTS AND RESPONSIBILITIES

At Amerigroup, we are committed to treating our members in a manner that confirms their rights and responsibilities.

We have a written policy that complies with federal and state laws affecting the rights of enrollees. As a member, you have a right to:

- Be treated with respect, dignity, and need for privacy
- Be provided with information about the organization, its services, the practitioners providing care, and member rights and responsibilities and to be able to communicate and be understood with the assistance of a translator if needed
- Be able to choose primary care practitioners, within the limits of the plan network, including the right to refuse care from specific practitioners
- Participate in decision-making regarding their health care, to be fully informed by the primary care practitioner, other health care provider or care manager of health and functional status, and to participate in the development and implementation of a plan of care designed to promote functional ability to the optimal level and to encourage independence
- Voice grievances about the organization or care provided and recommend changes in policies and services to plan staff, providers and outside representatives of the enrollee's choice, free of restraint, interference, coercion, discrimination or reprisal by the plan or its providers
- Formulate advance directives
- Have access to his/her medical records in accordance with applicable Federal and State laws
- Be free from harm, including unnecessary physical restraints or isolation, excessive medication, physical or mental abuse or neglect
- Be free of hazardous procedures

- Receive information on available treatment options or alternative courses of care
- Refuse treatment and be informed of the consequences of such refusal
- Have services provided that promote a meaningful quality of life and autonomy for members, independent living in members' homes and other community settings as long as medically and socially feasible, and preservation and support of members' natural support systems

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

- Request and receive information on choice of services available
- Have access to and choice of qualified service providers
- Be informed of your rights prior to receiving chosen and approved services
- Receive services without regard to race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status or disability
- Have access to appropriate services that support your health and welfare
- Assume risk after being fully informed and able to understand the risks and consequences of the decisions made
- Make decisions concerning your care needs
- Participate in the development of and changes to the Plan of Care
- Request changes in services at any time, including adding, increasing, decreasing or stopping services
- Request and receive from your care manager a list of names and duties of any person(s) assigned to provide services to you under the Plan of Care
- Receive support and direction from your care manager to resolve concerns about your care needs and/or complaints about services or providers
- Be informed of and receive in writing facility specific resident rights upon admission to an Institutional or residential settings
- Be informed of all the covered/required services you are entitled to, required by and/or offered by the Institutional or residential setting, and any charges not covered by the managed care plan while in the facility
- Not be transferred or discharged out of a facility except for medical necessity; to protect your physical welfare and safety or the welfare and safety of other residents; or because of failure, after reasonable and appropriate notice of nonpayment to the facility from available income as reported on the statement of available income for Medicaid payment
- Have your health plan protect and promote your ability to exercise all rights identified in this document
- Have all rights and responsibilities outlined here forwarded to your authorized representative or court appointed legal guardian

Amerigroup has a written policy that addresses our MLTSS members' responsibility for working with those providing health care services. It is our MLTSS members' responsibility to:

- Provide all health and treatment related information, including but not limited to, medication, circumstances, living arrangements, informal and formal supports to the plan's care manager in order to identify care needs and develop of a plan of care
- Understand your health care needs and work with your care manager to develop or change goals and services

- Work with your care manager to develop and/or revise your Plan of Care to facilitate timely authorization and implementation of services
- Ask questions when additional understanding is needed
- Understand the risks associated with your decisions about care
- Report any significant changes on your health condition, medication, circumstances, living arrangements, informal and formal supports to the care manager
- Notify your care manager should any problem occurs or if you are dissatisfied with the services being provided
- Follow your health plan's rules and /or those rules of Institutional or residential settings

MLTSS Patient Pay Liability

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

Collection of Patient Pay Liability

If you have patient pay liability amounts that you owe, here is how it will be collected.

- If you live in a nursing facilities (NFs), special care nursing facilities (SCNFs) or community-based residential alternatives, Amerigroup will have providers in these facilities collect patient pay liability.
- Amerigroup will pay these facilities the balance of the amount that applies.
- The patient pay liability amount applied to the claim will be shown on the provider's Explanation of Payment.

Nonpayment of Patient Pay Liability

Upon notice from the nursing facility/community-based residential provider that the patient pay liability has not been paid, the care manager will help you by:

- Looking at the efforts made by your nursing facility/community-based residential provider to collect the patient pay liability and documenting this in your electronic medical record
- Stressing with you or your representative that it's important to pay the patient pay liability and what happens if you don't, including letting the Office of Community Choice Options know if the provider wants to pursue an Involuntary Transfer and documenting this in your case file

Upon notice from the nursing facility/community-based residential provider that the facility/provider is thinking about an Involuntary Discharge (per NJAC 8:85) due to nonpayment, the care manager will work to find an another nursing facility/residential provider for you. These efforts will be documented in your case file.

If you are in a NF or SCNF and the care manager can't find another NF/SCNF for you, the care manager will:

- Determine if your needs can safely and cost-effectively be met in the community by doing a transition assessment
- Find out if the provider is willing to continue serving a member who has failed to pay his or her patient pay liability

If you live in Assisted Living or Adult Family Care and your care manager can't find an alternate community-based residential provider that will serve you, Amerigroup will submit a request to DMAHS for further direction.

MLTSS Nursing Facility Transitions

If you live in a nursing facility and are in New Jersey's MLTSS program, you have the right to talk with your care manager. Your care manager will help with the transition through the Transition Planning Conference process. You may also qualify for the Money Follows the Person (MFP) Demonstration program. This program can help you move back to the community through special services, including one-time transition services such as:

- Security deposits for housing and utilities
- Household items like bedding and housewares
- Furniture and small appliances like a microwave

Want to know more about the Nursing Facility Transition Program, including Money Follows the Person? Contact your Amerigroup care manager or nursing facility social worker.

How to Contact Us

As always, if you have any questions or concerns, we want to hear from you.

Write us:

Amerigroup Community Care
Managed Long Term Services and Supports
101 Wood Avenue South, 8th Floor Iselin, NJ 08830

Call us: 1-855-661-1996 (TTY 1-800-855-2880).

Visit us: www.myamerigroup.com/NJ

We are here to help.