



## Definitions of Important Words

For a more comprehensive explanation, please consult the Member Handbook.

**Abuse** – The physical, mental, or sexual abuse of an individual. Abuse also includes neglect, financial exploitation, treatment without consent, and unreasonable confinement or restraint.

**Administrative Law Judge** – An official who conducts a State Fair Hearing to resolve a dispute between a Member and his or her managed care organization (MCO).

**Advance Directive** – A written statement of a person’s wishes about medical treatment. An advanced directive is used to make sure medical staff carry out those wishes should the person be unable to communicate. There are different types of advance directives and different names for them. Living will, power of attorney for health care, and do-not-resuscitate (DNR) order are examples of advance directives.

**Advocate** – Someone who helps Members make sure the MCO is addressing their needs and outcomes. An advocate may help a Member work with the MCO to informally resolve disputes and may also represent a Member who decides to file an appeal or grievance. An advocate might be a family member, friend, attorney, ombudsman, or any other person willing to represent a Member.

**Aging and Disability Resource Center (ADRC)** – Service centers that provide information and assistance on all aspects of life related to aging or living with a disability. The ADRC is responsible for handling enrollment and disenrollment in the Family Care program. In Milwaukee County, there is an Aging Resource Center (ARC) for people 60 years and older and a Disability Resource Center (DRC) for people who are younger than 60.

**Appeal** – A request for review of a decision. Members can file an appeal when they want the MCO to change a decision their Care Team made. Examples include the team deciding to: stop, suspend, or reduce a service the Member is currently receiving, deny a covered service the Member requests, or not pay for a covered service.

**Assets** – Assets include, but are not limited to, motor vehicles, cash, checking and savings accounts, certificates of deposit, money market accounts, and cash value of life insurance. The assets a person has is used, in part, to determine eligibility for Medicaid. An individual must be eligible for Medicaid to be in Family Care.

**Authorized Representative** – A person who has the legal authority to make decisions for a Member. An authorized representative may be court appointed, a person designated as the Member’s power of attorney for health care, or a person’s guardian.

**Benefit Package** – Services that are available to Family Care Members. These include, but are not limited to, personal care, home health, transportation, medical supplies, and

nursing care. The services a Member receives must be pre-authorized by the Member's Care Team and listed in the Member's care plan.

**Care Plan** – An ongoing plan that documents the Member's personal experience and long-term care outcomes, needs, preferences, and strengths. The plan identifies the services the Member receives from family or friends and identifies authorized services the MCO will provide. The Member is central to the care planning process. The Care Team and Member meet regularly to review the Member's care plan.

**Care Team** – Every Family Care Member is assigned a Care Team. The Member is a central part of his or her team. The team includes the Member, and at least a care manager and a registered nurse. Members can choose anyone else they want involved on their Care Team, such as a family member or friend. Other professionals, such as an occupational or physical therapist, or mental health specialist, may be involved, depending on the Member's needs. The Care Team works with Members to assess needs, identify outcomes, and create care plans. The team authorizes, coordinates, and monitors services.

**Choice** – The Family Care program supports a Member's choice when receiving services. Choice means Members have a say in how and when care is provided. Choice also means Members are responsible for helping their Care Team identify services that are cost-effective. Members can also choose to direct one or more of their services by using the self-directed supports (SDS) option.

**Cost Share** – A monthly amount that some Members may have to contribute toward the cost of their services. Cost share is based on income and is determined by the Income Maintenance agency. Individuals must pay their cost share every month to remain eligible for Medicaid and Family Care.

**Cost-Effective** – The option that effectively supports the Member's identified long-term care outcome at a reasonable cost and effort. The Member and the Care Team use the Resource Allocation Decision (RAD) process to determine ways to support the Member's long-term care outcomes. Then the Member and the team look at the options and choose the most cost-effective (not necessarily the cheapest) way to support the Member's outcomes.

**Department of Health Services (DHS)** – The State of Wisconsin agency that runs Wisconsin's Medicaid programs, including Family Care.

**DHS Review** – A review of a Member's grievance or appeal by the Department of Health Services (DHS). DHS works with MetaStar to review grievances and appeals. MetaStar reviews Member concerns and tries to come up with informal solutions. A DHS review will not lead to a decision.

**Disenroll/Disenrollment** – The process of ending a person's membership in Family Care. A Member can choose to disenroll from Family Care at any time. The MCO has to disenroll a Member in certain situations. For example, the MCO would disenroll a Member if he or she loses eligibility for Medicaid or permanently moves out of state.

**Division of Hearings and Appeals (DHA)** – The State of Wisconsin agency that hears Medicaid appeals for Family Care. Administrative law judges with this Division conduct State Fair Hearings when a Member files an appeal. This Division is independent of the MCO and DHS.

**Enroll/Enrollment** – Enrollment in Family Care is voluntary. To enroll, individuals should contact their local Aging and Disability Resource Center (ADRC). The ADRC determines whether an individual is functionally eligible for Family Care. The Income Maintenance agency determines whether an individual is financially eligible for Medicaid and Family Care. If the individual is eligible and wants to enroll in Family Care, he or she must complete and sign an enrollment form.

**Estate Recovery** – The process where the State of Wisconsin seeks repayment for costs of Medicaid services when the individual receives Medicaid-funded long-term care. The State recovers money from an individual's estate after the person and his or her spouse dies. The money recovered goes back to the Medicaid program to be used to care for other Medicaid recipients.

**Expedited Appeal** – A process Members can use to speed up their appeal. Members can ask the MCO to expedite their appeal if they think waiting the standard amount of time could seriously harm their health or ability to perform daily activities.

**Family Care** – A long-term care program for frail elders, adults with developmental/intellectual disabilities, and adults with physical disabilities. Family Care provides cost-effective, comprehensive, and flexible services tailored to each Member's needs. The program strives to foster Members' independence and quality of life, while recognizing the need for interdependence and support.

**Financial Eligibility** – Financial eligibility means eligibility for Medicaid. The Income Maintenance agency looks at a person's income and assets to determine whether he or she is eligible for Medicaid. An individual must be eligible for Medicaid to be in Family Care.

**Functional Eligibility** – The Wisconsin Long Term Care Functional Screen determines whether a person is functionally eligible for Family Care. The Functional Screen collects information on an individual's health condition and need for help in such activities as bathing, getting dressed, and using the bathroom.

**Grievance** – An expression of dissatisfaction about care, services, or other general matters. Subjects for grievances include quality of care, relationships between the Member and his or her Care Team, and Member rights.

**Guardian** – The court may appoint a guardian for an individual if the person is unable to make decisions about his or her own life.

**Income Maintenance Agency** – Staff from the Income Maintenance agency determine an individual's financial eligibility for Medicaid, Family Care, and other public benefits.

**Level of Care** – Refers to the amount of help an individual needs to perform daily activities. Members must meet either a "nursing home" level of care or a "non-nursing

home” level of care to be eligible for Family Care. The services available to Members depend on their level of care.

**Long-Term Care (LTC)** – A variety of services that people may need as a result of a disability, getting older, or having a chronic illness that limits their ability to do the things they need to do throughout their day. This includes such things as bathing, getting dressed, making meals, and going to work. Long-term care can be provided at home, in the community, or in various types of facilities, including nursing homes and assisted living facilities.

**Long-Term Care Outcome** – A situation, condition, or circumstance, that a Member or the Care Team identifies that maximizes a Member’s highest level of independence. During the assessment, Care Teams work with Members to assess their physical health needs and ability to perform daily activities. The Care Team uses this information to determine a Member’s long-term care outcomes. The MCO authorizes services based on long-term care outcomes.

Outcomes also include clinical and functional outcomes. A clinical outcome relates to a Member’s physical, mental, or emotional health. An example of a clinical outcome is being able to breathe easier. A functional outcome relates to a Member’s ability to do certain tasks. An example of a functional outcome is being able to walk down stairs.

**Managed Care Organization (MCO)** – The agency that operates the Family Care program.

**Medicaid** – A medical and long-term care program operated by the Wisconsin Department of Health Services (DHS). Medicaid is also known as “Medical Assistance,” “MA,” and “Title 19.” Family Care Members must meet Medicaid eligibility requirements to be a Member.

**Medicare** – The federal health insurance program for people age 65 or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (permanent kidney failure requiring dialysis or kidney transplant). Medicare covers hospitalizations, physician services, prescription drugs, and other services.

**Member** – A person who meets functional and financial eligibility criteria and enrolls in Family Care.

**Member Rights Specialist** – An MCO employee who helps and supports Members in understanding their rights and responsibilities. The Member Rights Specialist also helps Members understand the grievance and appeal processes and can assist Members who wish to file a grievance or appeal.

**MetaStar** – The agency that the Wisconsin Department of Health Services (DHS) works with to review requests of grievances and appeals and conduct independent quality reviews of MCOs.

**Natural Supports** – The people in your life who already choose to help you.

**Non-Nursing Home Level of Care** – Members who are at this level of care have some need for long-term care services but are not eligible to receive services in a nursing home. A more limited set of Family Care services is available at this level of care.

**Notice of Action** – A written notice from the MCO explaining a specific change in service and the reason(s) for the change. The MCO must send the Member a Notice of Action if the MCO denies a Member's request for a covered service, refuses to pay for a covered service, or plans to stop, suspend, or reduce a Member's service.

**Notification of Appeal Rights** – A written notice sent to Members explaining their options for filing an appeal. MCOs must send a notification of appeal rights to Members if the MCO didn't provide services in a timely way or didn't meet the deadlines for handling an appeal. Other situations when MCOs send this notice include times when Members don't like their care plan because it doesn't support their long-term care outcomes or requires Members to accept care they don't want. Income Maintenance agencies send Members a notification of appeal rights when Members lose financial or functional eligibility for Family Care.

**Nursing Home Level of Care** – Members who are at this level of care have needs that are significant enough that they are eligible to receive services in a nursing home. A very broad set of Family Care services is available at this level of care.

**Ombudsman** – A person who investigates reported concerns and helps Members resolve issues. Disability Rights Wisconsin provides ombudsman services to potential and current Family Care Members under age 60. The Board on Aging and Long Term Care provides ombudsman services to potential and current Members age 60 and older.

**Personal Experience Outcomes** – The goals the Member has for his or her life. One Member's personal experience outcome might be being healthy enough to enjoy visits with her grandchildren, while another Member might want to be able to be independent enough to live in his own apartment.

**Power of Attorney for Health Care** – A legal document people can use to authorize someone to make specific health care decisions on their behalf in case they ever become unable to make those decisions on their own.

**Prior Authorization (Prior Approval)** – The Care Team must authorize services before a Member receives them (except in an emergency). If a Member gets a service, or goes to a provider outside of the network, the MCO may not pay for the service.

**Provider Network** – Agencies and individuals the MCO contracts with to provide services. Providers include attendants, personal care, supportive home care, home health agencies, assisted living care facilities, and nursing homes. The Care Team must authorize the Member's services before the Member can choose a provider from the directory.

**Residential Services** – Residential care settings include adult family homes (AFHs), community-based residential facilities (CBRFs), residential care apartment complexes (RCACs), and nursing homes. The Member's Care Team must authorize all residential services.

**Resource Allocation Decision (RAD) Process** – A tool a Member and his or her Care Team use to help find the most effective and efficient ways to meet the Member’s needs and support his or her long-term care outcomes.

**Room and Board** – The portion of the cost of living in a residential care setting related to rent and food costs. Members are responsible for paying their room and board expenses.

**Self-Directed Supports (SDS)** – SDS is a way for Members to arrange, purchase, and direct some of their long-term care services. Members have greater responsibility, flexibility, and control over service delivery. With SDS, Members can choose to have control over, and responsibility for, their own budget for services, and may have control over their providers, including responsibility for hiring, training, supervising, and firing their own direct care workers. Members can choose to self-direct one or more of their services.

**Service Area** – The geographic area where a Member must reside in order to enroll and remain enrolled with My Choice Family Care.

**State Fair Hearing** – A hearing held by an administrative law judge who works for the State of Wisconsin Division of Hearing and Appeals (DHA). Members may file a request for a State Fair Hearing when they want to appeal a decision made by their Care Team. Members may also ask for a State Fair Hearing if they filed an appeal with their MCO and were unhappy with the MCO’s decision. Notices of Action and notifications of appeal rights give Members information on how to file a request for a fair hearing.

# Definitions of Services in the Family Care Benefit Package

<b>Home and Community-Based Waiver Service Definitions</b> Full definitions available upon request. These services are not available to Members at the non-nursing home level of care.
<p><b>Adaptive Aids</b> are controls or appliances that enable people to increase their abilities to perform activities of daily living or control the environment in which they live (including patient lifts, control switches, etc.). Adaptive aids are also services that help people access, participate, and function in their community. This includes vehicle modifications (such as van lifts, hand controls), and may include the initial purchase of a service dog and routine veterinary costs for a service dog. (Excludes food and non-routine veterinary care for service dogs.)</p>
<p><b>Adult Day Care Services</b> are the provision of services for part of a day in a non-residential group setting to adults who need an enriched social or health-supportive experience or who need assistance with activities of daily living, supervision, and/or protection. Services may include personal care and supervision, light meals, medical care, and transportation to and from the day care site.</p>
<p><b>Assistive Technology/Communication Aids</b> means an item, piece of equipment, or product system that increases, maintains, or improves the functional ability of Members at home, work, and in the community. Services include devices or services that assist Members to hear, speak, or see, such as communication systems, hearing aids, speech aids, interpreters, and electronic technology (tablets, mobile devices, software).</p>
<p><b>Care Management Services</b> (also known as case management or service coordination) are provided by a Care Team. The Member is the center of the Care Team. The team consists of, at minimum, a registered nurse and a care manager, and may also include other professionals, as appropriate to the needs of the Member, and family or other natural supports requested by the Member. Services include assessment, care planning, service authorization, and monitoring the Member's health and well-being.</p>
<p><b>Consultative Clinical and Therapeutic Services</b> assist unpaid caregivers and paid support staff in carrying out the Member's treatment or support plan. Services include assessments, development of home treatment plans, support plans, intervention plans, training and technical assistance to carry out the plans. Services also include training for caregivers and staff that serve Members with complex needs (beyond routine care).</p>
<p><b>Consumer Education and Training</b> are services designed to help a person with a disability develop self-advocacy skills, support self-determination, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. These services include education and training for Members, their caregivers, and legal representatives. Covered expenses may include enrollment fees, books and other educational materials, and transportation to training courses, conferences, and other similar events.</p>
<p><b>Counseling and Therapeutic Services</b> are services to treat personal, social, physical, medical, behavioral, emotional, cognitive, mental health, or alcohol or other drug abuse disorders. Services may include assistance in adjusting to aging and disability, assistance with interpersonal relationships, recreational therapies, art therapy, nutritional counseling, medical counseling, weight counseling, and grief counseling.</p>



**Daily Living Skills Training** teaches Members and their natural supports the skills involved in performing activities of daily living, including skills to increase the Member's independence and participation in community life. Examples include teaching money management, home care maintenance, food preparation, mobility training, self-care skills, and the skills necessary for accessing and using community resources.

**Day Services** is the provision of regularly scheduled activities in a non-residential setting (day center) to enhance social development and to develop skills in performing activities of daily living and community living.

**Financial Management Services** assist Members and their families to manage service dollars or manage their personal finances. This service includes a person or agency paying service providers after the Member authorizes payment for services included in the Member's self-directed support plan. Fiscal Management Services also includes helping Members with budgeting personal funds to ensure resources are available for housing and other essential costs.

**Home Delivered Meals** (sometimes called "meals on wheels") include the costs associated with the purchase and planning of food, supplies, equipment, labor, and transportation to deliver one or two meals a day to Members who are unable to prepare or obtain nourishing meals without assistance.

**Home Modifications** are the provision of services and items to assess the need for, arrange for, and provide modifications or improvements to a Member's living quarters in order to provide accessibility or increase safety. Home modifications may include materials and services, such as ramps, stair lifts, wheelchair lifts, kitchen/bathroom modifications, specialized accessibility/safety adaptations and voice-activated, light-activated, motion-activated and electronic devices that increase the Member's self-reliance and capacity to function independently.

**Housing Counseling** is a service that helps Members to obtain housing in the community, where ownership or rental of housing is separate from service provision. Housing counseling includes exploring home ownership and rental options, identifying financial resources, identifying preferences of location and type of housing, identifying accessibility and modification needs, and locating available housing.

**Personal Emergency Response System** is a service that provides a direct communications link (by phone or other electronic system) between someone living in the community and health professionals to obtain immediate assistance in the event of a physical, emotional, or environmental emergency.

**Prevocational Services** involve learning and work experiences where a Member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. These services develop and teach general skills, which include the ability to communicate effectively with supervisors, co-workers, and customers, generally accepted community workplace conduct and dress, ability to follow directions, ability to attend to tasks, workplace problem solving skills, general workplace safety, and mobility training. Prevocational services are designed to create a path to integrated community-based employment for which a person is paid at or above the minimum wage, but not less than the usual wage and level of benefits paid for the same or similar work performed by people without disabilities.

**Relocation Services** are services and items a Member would need in order to move from an institution or a family home to an independent living arrangement in the community. Relocation services may include payment for moving the Member's personal belongings, payment for general cleaning and household organization services, payment of a security deposit, payment of utility connection costs and telephone installation charges, the purchase of necessary furniture, telephones, cooking/serving utensils, basic cleaning equipment, household supplies, bathroom and bedroom furnishings, and kitchen appliances.



**Residential Care: 1-2 Bed Adult Family Home** is a place in which the operator provides care, treatment, support, or services above the level of room and board for up to two adults. Services typically include supportive home care, personal care, and supervision. Services may also include transportation and recreational/social activities, behavior and social support, and daily living skills training.

**Residential Care: 3-4 Bed Adult Family Home** is a place where 3-4 adults who are not related to the licensee reside and receive care, treatment, or services above the level of room and board, and may include up to seven hours per week of nursing care per resident. Services typically include supportive home care, personal care, and supervision. Services may also include behavior and social support, daily living skills training, and transportation.

**Residential Care: Community-Based Residential Facility (CBRF)** is a homelike setting where five or more adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision, training, transportation, and up to three hours per week of nursing care per resident.

**Residential Care: Residential Care Apartment Complex (RCAC)** is a homelike, community-based setting where five or more adults reside in their own living units that are separate and distinct from each other. Services include supportive services (laundry, house cleaning), personal care, nursing services (wound care, medication management), and assistance in the event of an emergency.

**Respite Care Services** are services provided on a short-term basis to relieve the Member's family or other primary caregiver(s) from daily stress and care demands. Respite care may be provided in the Member's home, a residential facility, a hospital, or a nursing home.

**Self-Directed Personal Care Services** are services to assist Members with activities of daily living and housekeeping services Members need to live in the community. Activities of daily living include help with bathing, eating, dressing, managing medications, oral, hair and skin care, meal preparation, bill paying, mobility, toileting, transferring, and using transportation. The Member selects an individual or agency to provide his or her services, pursuant to a physician's order and following his or her Member-centered plan.

**Skilled Nursing** are medically necessary skilled nursing services that may only be provided by an advanced practice nurse, a registered nurse (RN), or a licensed practical nurse (LPN) working under the supervision of an RN. Skilled nursing includes observation and recording of symptoms and reactions, general nursing procedures and techniques, and may include periodic assessment of the Member's medical condition and ongoing monitoring of a Member's complex or fragile medical condition.

**Specialized Medical Equipment and Supplies** are those items necessary to maintain the Member's health, manage a medical or physical condition, improve functioning, or enhance independence. Allowable items may include incontinence supplies, wound dressing, orthotics, enteral nutrition (tube feeding) products, certain over-the-counter medications, medically necessary prescribed skin conditioning lotions/lubricants, prescribed Vitamin D, multi-vitamin or calcium supplements, and IV supplies.

**Support Broker** is a person the Member chooses to assist him or her in planning, obtaining, and directing self-directed support (SDS).

**Supported Employment Services** (individual and small group employment support services) help Members who, because of their disabilities, need on-going support to obtain and maintain competitive employment in an integrated community work setting. The outcome of this service is sustained paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

- Individual employment services are individualized and may include vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, meeting with prospective employers, job analysis, job coaching and training, transportation, career advancement services, or support to achieve self-employment.
- Small group employment services are services and training provided in a business, industry, or community setting for groups of two to eight workers with disabilities. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Services may include vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, meeting with prospective employers, job analysis, training and systemic instruction, job coaching and training, transportation, career advancement services, or support to achieve self-employment.

**Supportive Home Care (SHC)** includes services that directly assist Members with daily living activities and personal needs to ensure adequate functioning in their home and community. Services may include help with dressing, bathing, managing medications, eating, toileting, grooming, mobility, bill paying, using transportation, and household chores.

**Training Services for Unpaid Caregivers** assist the people who provide unpaid care, training, companionship, supervision, or other support to a Member. Training includes instruction about treatment regimens and other services included in the Member's care plan, use of equipment specified in the service plan, and guidance, as necessary, to safely maintain the Member in the community.

**Transportation (specialized transportation) – Community and Other Transportation**

- Community transportation services help Members gain access to community services, activities, and resources. Services may include tickets or fare cards, as well as transportation of Members and their attendants to destinations. Excludes emergency (ambulance) transportation.
- Other transportation services help self-directing Members to receive non-emergency, Medicaid-covered medical services. Services may include tickets or fare cards, reimbursement for mileage, as well as transportation of Members and their attendants to destinations. Excludes non-medical transportation, which is provided under community transportation-see above. Excludes emergency (ambulance) transportation.

**Vocational Futures Planning and Support** is a person-centered, team-based employment planning and support service that provides assistance for Members to obtain, maintain, or advance in employment or self-employment. This service may include the development of an employment plan, work incentive benefits analysis and support, resource team coordination, career exploration and employment goal validation, job seeking support and job follow-up, and long-term support.