Welcome to the Molina family.

Waiver Program Handbook

Molina Healthcare of Illinois
HealthChoice Illinois
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MolinaHealthcare.com

MOLINA® HEALTHCARE

Your Extended Family.

Table of Contents

Welcome to Molina Healthcare!

This handbook contains the information you need to know about waiver services and programs available through the Illinois Department of Human Services.

Member Services

If you have any questions, call Molina Healthcare Member Services. You can contact Member Services at **(855) 687-7861** (TTY/Illinois Relay Service 711) from 8 a.m. to 5 p.m., Monday through Friday.

This handbook is also posted online at www.MolinaHealthcare.com. You may request printed copies of information on our website by calling Member Services at **(855) 687-7861** or TTY 711.

Language Help

This handbook is also printed in Spanish. The English and Spanish versions are on our website at www.MolinaHealthcare.com. You may call Member Services to request a printed copy of this handbook in Spanish at no cost to you. For hearing impaired members, call the Illinois Relay Service at 711 for help at no cost to you.

If you have any problems in reading or understanding this or any other Molina Healthcare information, please call Member Services at **(855) 687-7861** for help. We can explain the information orally, in English or in your primary language, or print it in your primary language or in certain ways. These services are free.

Interpretive Services

Molina Healthcare offers interpretive services, translation or language help to those who need them. These services are free. If your doctor does not speak your language or does not have someone who can talk to you in you a way that you can understand, please contact Molina Healthcare for help.

MyMolina.com

Molina Healthcare members have access to many online self-services at www.MyMolina.com. MyMolina.com is available 24 hours a day, 7 days a week. You can use MyMolina.com to:

- Change your address or phone number
- Find a Molina Healthcare network provider
- Change your Primary Care Provider (PCP)
- Request a new ID card
- File a complaint

To sign up, visit www.MyMolina.com and click on “Register Now” to create an account.

Your Feedback is Important to us

Molina Healthcare wants you to receive the best quality of care. Your satisfaction with Molina Healthcare is very important to us. We value your opinion and welcome suggestions on how to serve you better. It will help us improve the service we provide. If you have suggestions, please call Member Services at **(855) 687-7861** (TTY/ Illinois Relay Service 711).

Long Term Services and Supports (LTSS) Program Overview

Eligibility

Molina Healthcare does not determine your eligibility into the Waiver or Nursing Home programs. Eligibility determination is under either the Department on Aging or the Department of Human Services, Division of Rehabilitative Services. If one of these Departments has decided you are eligible, you will be asked to select a health plan. A plan will be assigned for you if you did not make a choice.

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

- Be a resident of the State of Illinois
- Be a citizen of the United States or a legally admitted alien
- Have a 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 and maintain Medicaid eligibility

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

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

Case Management Service

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

If you are in the Persons who are Elderly Waiver or the Persons with Disabilities Waiver, your Case Manager will visit you at least one time every three months. If you are in the Persons with Brain Injury Waiver, your Case Manager will contact you at least one time every month. If you are in the Persons with HIV/AIDS Waiver, your Case Manager will contact you at least monthly by phone, and visit you at least every other month.

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

At each assessment visit, your Case Manager will ask questions to learn more about you. They will ask about your strengths. They will ask what you can do and what you need help with. Your Case Manager will work with you and your authorized representative, as you decide on services to meet your needs.

If you live in a Nursing Facility, your Case Manager will approve your Long Term Care stay. Your Case Manager will work with you and your authorized representative to see if you can return to a community setting with

services and supports. If you live in the community, your Case Manager will help get the services you need based on your waiver program.

You will have case management services as long as you are a Molina Healthcare member and in a nursing facility or HCBS Waiver program.

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

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

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

Home and Community Based Services and Waivers
Home and Community Based Services (HCBS) help you live in your own home or other type of community setting. Your Case Manager will work with you, your authorized representative, or guardian to find the right types of service. Not all services will be right for you. Once you agree to these services your Case Manager will work to arrange them for you.

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

Waiver Program	Services
Elderly Waiver Also known as: Aging Waiver or Community Care Program (CCP)	• Adult Day Service • Adult Day Service Transportation • Homemaker • Personal Emergency Response System
Persons with Disabilities Waiver Also known as: Physical Disabilities Waiver or Home Services Program (HSP)	• Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies

Persons with Brain Injury Waiver Also known as: Brain Injury Waiver; Traumatic Brain Injury (TBI) Waiver; or Home Services Program (HSP)	• Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies • Supported Employment • Prevocational Services • Day Habilitation • Behavioral Services
People with HIV or AIDS Waiver Also known as: AIDS Waiver or Home Services Program (HSP)	• Adult Day Service • Adult Day Service Transportation • Environmental Accessibility Adaptations-Home • Home Delivered Meals • Home Health Aide • Homemaker • Nursing-Skilled • Nursing-Intermittent • Personal Assistant • Personal Emergency Response System • Physical, Occupational, and Speech Therapy • Respite • Specialized Medical Equipment and Supplies
Supportive Living Program Waiver (SLP) Also known as: Supportive Living Facility Waiver (SLF)	Supportive living provides an alternative to traditional nursing home care by mixing housing with personal care and supportive services, and includes these services: • Nursing Assessments • Intermittent Nursing • Medication Assist • Personal Care • Housekeeping • Laundry • Social & Health Promotion Activities • Personal emergency response system • Well-being check • Maintenance • 24 hour response/security • Meals & snacks

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

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

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

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

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

Environmental Accessibility Adaptations
These are physical modifications to a member's home. The modifications must be necessary to support the health, welfare, and safety of the member and to enable the member to function with greater independence in their home. Without the modification a member would require some type of institutionalized living arrangement, such as nursing facility or assisted living.

Adaptations that do not help the member's safety or independence are not included as part of this service, such as new carpeting, roof repair, central air, or home additions.

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

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

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

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

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

Personal Assistant
In-home caregiver hired and managed by the member. The member must be able to manage different parts of being an employer such as hiring the caregiver, managing their time, submitting timesheets and completing other employee paperwork.

The caregiver helps with housekeeping items such as meal preparation, shopping, light housekeeping, and laundry. The caregiver can also help with hands-on personal care items such as personal hygiene, bathing, grooming, and feeding. Personal Assistants can include other independent direct care givers such as RNs, LPNs, and Home Health Aides.

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

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

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

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

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

Freedom of Choice
You have the choice of nursing facility placement or home and community based services. You also have the right to choose not to receive services. You may choose which provider/agency you want to provide your Long Term Services and Supports.

A list of agencies approved by the Division of Rehabilitative Services, Department of Healthcare and Family Services, and the Department on Aging to provide services in your service area will be reviewed with you by your Molina Healthcare Case Manager.

Your Molina Healthcare Case Manager will work with you to participate in your service plan development and in choosing types of services and providers to meet your needs. You will receive a copy of each service plan and any subsequent changes to the plan. The services that you receive are for needs addressed on your service plan and not for the needs of other individuals in your home.

Personal Assistant Service

Depending on your Waiver, you may be able to select the Personal Assistant (PA) service.

If you choose to use the Personal Assistant service you are allowed to request a criminal background check on potential employees. Home Services Program will cover the cost of the background check and it will not affect your services.

You are responsible for hiring, managing and if necessary, firing your Personal Assistant.

You will receive a Member (customer) packet and a PA (employee) packet. You should keep copies of paperwork in your Member packet folder.

If you employ a PA, it is your responsibility to ensure the following:

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

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

As a member of Molina Healthcare Long Term Services and Supports program you have the following rights and responsibilities.

Your Rights

Non-discrimination
You may not be discriminated against because of race, color, nation origin, religion, sex, ancestry, marital status, physical or mental disability, unfavorable military discharge, or age.

If you feel you have been discriminated against, you have the right to file a complaint with Molina Healthcare by calling, faxing or sending us a letter:

Phone: (855) 687-7861
Fax: (855) 502-5128

Mail: Molina Healthcare
Attn: Grievance and Appeals Dept.
1520 Kensington Road Suite 212
Oak Brook, IL 60523

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

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

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

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

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

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

Service Plan (does not apply to SLP)
Your Service Plan establishes the type of service, the number of hours of service, how often the service will be provided, and the dates the services are approved. Your Provider cannot change your Service Plan. If you need a change in services you need to call your Molina Healthcare Case Manager to review your needs and make changes to your Service Plan.

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

Quality of Service
If you do not believe your provider/caregiver is following your Service Plan, of if your caregiver does not come to your home as scheduled, or if your caregiver is always late, you should call the caregiver agency and talk to your caregiver's supervisor. If the problem is not resolved you should call your Molina Healthcare Case Manager. If the problem is still not resolved you should call Molina Healthcare at **(855) 687-7861** to file a grievance.

Your Responsibilities

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

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

Change	Report To
Changes to your services or service needs	Molina Healthcare Case Manager
Change of address or phone number Even if temporary	Molina Healthcare Case Manager Enrollment Agency

Financial Benefits
Your Long Term Services and Supports program is paid by Medicaid, a Federal and State funded program monitored by Illinois Department of Healthcare and Family Services (HFS). Federal law allows HFS to recover the Medicaid assistance paid out for Long Term Services and Supports through what is known as "Medicaid Estate Recovery." In order to recover the Medicaid assistance paid out for your LTSS services, HFS can file a claim against your estate, which includes real and personal property.

If you are married, HFS cannot seek to recover its claim against your estate until after your spouse is deceased. Your spouse will be allowed to keep your home and other real and personal property until his/her death. HFS can seek to recover money from your estate equal to the amount of Medicaid assistance paid out for your LTSS services. For further information ask your Molina Healthcare Case Manager.

Hospital or Nursing Home Admission
If you are entering a hospital, nursing home, or other facility for any reason, you or your authorized representative should inform your Molina Healthcare Case Manager before or as soon as possible after you have entered such a facility. Your services cannot be provided while you are in these facilities, but can be provided as soon as you return home. Inform your Molina Healthcare Case Manager when you will be discharged home, so we can check on your service needs.

If you are admitted in a hospital or facility for more than 60 calendar days, the enrollment in your home and community waiver may be terminated. (For Supportive Living Program, discharge from the waiver is automatic on the day of admission to a nursing home). If you are interested in returning home and need services, contact your Molina Healthcare Case Manager to assist you in reestablishing your in-home services and requesting reapplication to the home and community waiver.

Absent from Home
LTSS Services cannot be provided if you are not at home. If you are away from your home for any reason for more than 60 calendar days, your case will be referred to your Enrollment Agency for possible termination from the waiver program.

You must inform your caregiver/provider if you plan to be absent from your home when your scheduled services are to be provided, such as for a doctor's appointment, a general outing, or a short vacation. Notify your caregiver/provider when you will not be home and when you plan to return so they can resume services upon your return. During your absence, give your Molina Healthcare Case Manager your temporary phone number and address, in case you need to be reached.

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

- Notify your caregiver/provider at least one day in advance if you will be away from home on the day you are to receive service.
- Allow the authorized caregiver into your home.
- Allow the caregiver to provide the services authorized on your Service Plan you approved.
- Do not require the caregiver to do more or less than what is on your Service Plan. If you want to change your Service Plan call your Molina Healthcare Case Manager. Your caregiver cannot change your Service Plan, except for SLP.
- You and others in your home must not harm or threaten to harm the caregiver or display any weapons.

Not cooperating as noted above may result in the suspension or termination of your LTSS services. Your Molina Healthcare Case Manager will work with you and the caregiver to develop a Care Management agreement to restart your services.

Reporting Abuse, Neglect, Exploitation, or Unusual Incidents

The Health Care Worker Background Check Act applies to all unlicensed individuals employed or retained by a health care employer as home health care aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care. You can contact the Department of Public Health online at http://www.idph.state.il.us/nar/ or by phone at (217) 785-5133 to verify status prior to employment, or visit the Department of Financial and Professional Regulation website at https://ilesonline.idfpr.illinois.gov/Lookup/LicenseLookup.aspx for information on any Licensed Practical Nurse (LPN) or Registered Nurse (RN) (nurses) that you want to employ to see if they have allegations of abuse, neglect or theft.

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

- **Nursing Home Hotline (800) 252-4343**
  Illinois Department of Public Health Nursing Home Hotline is for reporting complaints regarding hospitals, nursing facilities, and home health agencies and the care or lack of care of the patients.
- **Supportive Living Program Complaint Hotline (800) 226-0768**

- **Adult Protective Services (866) 800-1409 (TTY – (888) 206-1327)**
  The Illinois Department on Aging Adult Protective Services Hotline is to report allegations of abuse, neglect, or exploitation for all adults 18 years old and over. Your Molina Healthcare Case Manager will provide you with two brochures on reporting Abuse, Neglect and Exploitation. You can request new copies of these brochures at any time.

  Illinois law defines abuse, neglect, and exploitation as:

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

Grievances and Appeals

We want you to be happy with services you get from Molina Healthcare 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.
Molina Healthcare 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. Molina Healthcare 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 Molina Healthcare 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 Molina Healthcare staff member was rude to you.
- Your provider or a Molina Healthcare 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 Member Services at **(855) 687-7861** or TTY 711. You can also file your grievance in writing via mail or fax at:

Molina Healthcare of Illinois
Attn: Grievance and Appeals Dept.
1520 Kensington Road Suite 212
Oak Brook, IL 60523
Fax: (855) 502-5128

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 **(855) 687-7861** or TTY 711.

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 Molina Healthcare in writing the name of your representative and his or her contact information. An Authorized Representative Designation Form is also available online at www.MolinaHealthcare.com or by calling Member Services at **(855) 687-7861** or TTY 711.

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

Appeals

You may not agree with a decision or an action made by Molina Healthcare 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

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

Here are two ways to file an appeal.

Call Member Services at **(855) 687-7861** or TTY 711. If you file an appeal over the phone, you must follow it with a written signed appeal request.

Mail or fax your written appeal request to:

Molina Healthcare of Illinois
Attn: Appeals & Grievances
1520 Kensington Road Suite 212
Oak Brook, IL 60523
Fax: (855) 502-5128

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 **(800) 641-3929** (Voice) or **(888) 460-5111** for 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.MolinaHealthcare.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.

Molina Healthcare will send our decision in writing to you within fifteen (15) business days of the date we received your appeal request. Molina Healthcare 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 Molina Healthcare'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 Molina Healthcare'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 Molina Healthcare 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.

Molina Healthcare 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 Molina Healthcare at **(855) 687-7861** or TTY 711.

What happens next?
After you receive the Molina Healthcare 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 **thirty (30) 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 Molina Healthcare 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.
- 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

Or you may call **(855) 418-4421**, TTY: **(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.HSPAppeals@illinois.gov

Or you may call **(800) 435-0774**, TTY: **(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.
At least three (3) business days before the hearing, you will receive information from Molina Healthcare. 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 Molina Healthcare 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. 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 Molina Healthcare appeal Decision Notice, you may choose to ask for a review by someone outside of Molina Healthcare 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:

Molina Healthcare of Illinois
1520 Kensington Road Suite 212
Oak Brook, IL 60523
Fax: (855) 502-5128

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 Molina Healthcare 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 **(855) 687-7861** or TTY 711. 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.

Molina Healthcare of Illinois
1520 Kensington Road Suite 212
Oak Brook, IL 60523

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 Molina Healthcare know what their decision is verbally. They will also follow up with a letter to you and/or your representative and Molina Healthcare with the decision within forty-eight (48) hours.

1520 Kensington Road, Suite 212
Oak Brook, IL 60523

MolinaHealthcare.com

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