Dear Member:

Welcome to our Managed Long Term Services and Supports (MLTSS) program! We’re happy you chose us to help you or your loved one get MLTSS health care services as a part of NJ FamilyCare.

This MLTSS handbook companion guide explains how our program works and how it can help keep you healthy. It tells you what your MLTSS benefits are and what limits apply. For a full listing of all your Amerigroup Community Care benefits and services, please see your Amerigroup member handbook. You can also learn more about your benefits online at myamerigroup.com/NJ.

You may have already gotten your Amerigroup MLTSS member identification (ID) card and other information from us. Your ID card will tell you when your Amerigroup benefits start and the name of your primary care provider (PCP), your doctor. It will also tell you how to contact us with any questions or concerns. Please check your ID card as soon as you get it. If you haven’t gotten an ID card from us within one week of getting this packet, or if any information on the card is not correct and needs to be changed, please call us at 800-600-4441 (TTY 711). We’ll send you a new ID card right away.

We want to know what’s important to you so we can guide you to helpful benefits. Our Member Services staff is ready with tools and resources when you have questions or want help. You can call Monday through Friday, 8 a.m. to 6 p.m. Eastern time. We can help you choose a new PCP, answer questions about your benefits and more. After hours, you can call our 24-hour Nurse HelpLine at 800-600-4441 (TTY 711). We have nurses ready to answer your questions anytime, day or night.

Your MLTSS Care Manager is always working to make health care less complicated for you. You can call your Care Manager anytime to help you figure out your care plan, answer your questions, get you to the services you need, and coordinate with your providers and support system. To reach the MLTSS team, just call 855-661-1996 (TTY 711), option 1, Monday through Friday from 8 a.m. to 5 p.m. Eastern time For help after hours, please call our 24-hour Nurse HelpLine at 800-600-4441 (TTY 711). We are always here for you if you experience a change in your health during your membership.

Communication is an important part of health care, so we offer language interpretation services at no cost to you. We want to make sure you can speak comfortably with your PCP. We’ll try to help you find a PCP who speaks your language or shares your cultural beliefs. For more information, please call us. Thank you for being an Amerigroup member.

Sincerely,

Teresa Hursey, President
Amerigroup Community Care
Welcome to Amerigroup Community Care! You’ll get most of your health care services covered through Amerigroup. This companion guide will tell you how to get the services you need.

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YOUR INTRODUCTION TO MANAGED LONG TERM SERVICES AND SUPPORTS

Now that you’re 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 help 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, making 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 you can. 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 activities of daily living like bathing, dressing, eating, or walking, or you have a chronic condition that requires nursing services
• Meet NJ FamilyCare financial eligibility rules

We direct members 20 and older with intellectual/developmental disabilities (I/DD) who need MLTSS services to the Division for Developmental Disabilities (DDD) for screening before requesting MLTSS eligibility. We teach members about the screening process and answer questions from DDD when additional information is needed. If the DDD cannot provide services through their program, we will conduct a NJ Choice Assessment with the member and submit it to the Office of Community Choice Options (OCCO) to determine eligibility for enrollment into the MLTSS program.

What long-term care services are covered in MLTSS?
The covered long-term care services in MLTSS can be found in a community-based setting (like your home), assisted living or in a nursing home. The kind and amount of care you get depends on your needs.
Here are the kinds of home care services covered in MLTSS (some of these services may have limits):

- **Chore services** – Services to keep your home clean and a safe environment, such as cleaning rugs, washing walls and windows, removing snow or ice, and replacing lightbulbs.
- **Home-delivered meals** — For members 18 years of age and older, nutritionally balanced meals delivered to your home when someone is not able to help you make your own meals.
- **Personal emergency response system** — A call button so you can get help in an emergency when your caregiver isn’t around for members 18 years of age and older.
- **Home modifications** — Certain changes to your home that will help you get around easier and safer, 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 necessary vehicle modifications (such as electronic monitoring systems to improve personal safety, mechanical lifts to make access possible) to your vehicle or a family vehicle.
- **Home-based supportive care** — Help with your household chores or errands like doing laundry, making meals, light housekeeping, or grocery shopping.
- **In-home respite care** — Short-term services provided in the home for members when there is a lack of or need for relief of an unpaid, informal caregiver.
- **Inpatient respite care** — A short stay in a nursing home or assisted care living facility to relieve caregivers/family members.
- **Assisted care living facility** — A coordinated group of supportive personal and health services, chore services, drug administration, and occasional skilled nursing services available 24 hours a day.
- **Assisted living program** — Delivery of assisted living services in certain publicly subsidized housing buildings. Services include personal care, chore services, and medication oversight and administration throughout the day. This allows you to live in your own independent apartment with the supports you may need.
- **Adult family care** — Allows up to three unrelated individuals to live in a primary residence of a trained caregiver who provides the support and health services for the residents. This includes personal care services, meal preparation, transportation, housekeeping, medication administration, etc.
- **Behavioral health services** — Mental health and substance use disorder services, such as outpatient treatment, partial care and other levels of care outlined in the Member Handbook.

MLTSS services given to you in your home or in the community do not take the place of care you get from family and friends or services you already get. If you get help from community programs, Medicare-covered services or other insurance, or have a family member who takes
care of you, these services won’t be replaced by paid care through MLTSS. Instead, the home care services you get through MLTSS will be coordinated with the help you already get to help you stay in your home and community longer. **Care administered through MLTSS benefits will be given 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**

Managing all the moving pieces of your care can be overwhelming. Our MLTSS Care Management team works to help make health care less complicated for you. We manage all of your physical health, behavioral health, and long-term care needs and services. This is referred to as **care coordination**.

We help you stay on top of your care with a customized plan of care. You and your Care Manager will work together to create your care plan. Your **Care Manager** is your main contact person to talk about your care plan, answer your questions about your services and get you the care you need. They will work with you, your family, and your caregivers to keep your care plan running smoothly. They can help coordinate with your primary care provider (PCP) and connect you with other resources to make it easier for you and your family.

Your Care Manager will schedule a face-to-face visit within 45 calendar days of your enrollment in MLTSS to review, and/or complete an NJ Choice Assessment and work with you (and your caregivers) to develop a plan of care appropriate for you. The assessment and plan of care will be reviewed, updated, and/or completed within 45 calendar days. You’ll have to sign your care plan to say you agree with what you and your Care Manager decided on. You may keep services you already get or start new MLTSS services within 30 calendar days. A copy of the plan of care will be mailed to you within 45 calendar days of enrollment.

Amerigroup will tell you the name of your Care Manager. 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 phone number below.

**My Care Manager is:** ____________________________________________________________

**I can reach my Care Manager at:** _______________________________________________
Your Care Manager will:

- Give you information about MLTSS program rules when you’re newly enrolled and will discuss these on an ongoing basis, while updating your care plan.
- Work with you to ensure you have all the information you need to make good choices about your care.
- Help you get the right kind of long-term care services in the right setting for you.
- Help you set and reach goals through care management and service delivery.
- Coordinate all of your physical health, behavioral health, oral health and long-term care needs.
- Help to solve issues you have about your care.
- Make sure your plan of care is carried out and is working the way it needs to.
- Be aware of your needs as they change, update your plan of care quarterly and as your needs change, and make sure the services you get fit your changing needs.
- Communicate with your providers to make sure they know what’s happening with your care and to coordinate your service delivery.
- Keep track of all communications and discussions with you in your Care Management record.

Other tasks done by the Care Manager can change. This depends on the types of care you need or get.

If you get nursing home care, your Care Manager will:

- Be part of the care planning process with the nursing home where you live.
- Talk to you often throughout the care planning process.
- Complete any extra needs assessments that are helpful in taking care of your health and long-term care needs.
- Add to the nursing home’s care plan if there are things Amerigroup can do to help manage health problems or schedule other kinds of physical and behavioral health care you need.
- Have face-to-face visits at least every six months.
- Check at least twice a year to make sure you still need the level of care given when you are in a nursing home.
- Work with the nursing home when you need services the nursing home isn’t responsible for giving.
- Decide if you’re interested and able to move from the nursing home to the community, and if so, help make sure this happens quickly.
If you get home care, your Care Manager will:

- Work with you to do a full, individual assessment of your health and long-term care needs and decide on the services to meet those needs.
- Work with you to develop your individual plan of care.
- Talk to the right health care providers about your plan of care.
- Give you information to help you choose long-term care providers in the Amerigroup plan.
- Call you and visit you in person at least once every three months.
- Make sure your plan of care is carried out and working the way it should.
- Check to make sure you’re getting what you need and that gaps in care are resolved right away.
- Give you information about community resources that might be helpful to you.
- Make sure the home care services you get are based on your needs and don’t 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 care you need. Please reach out to them with any questions or concerns. They’re dedicated to you and your health.

**Independence, dignity and choice**

If you qualify for the MLTSS program, you have the right to choose to get care in one of these places:

- Your home
- Another place in the community (like an assisted living or adult family care program)
- A nursing home

To get care in your home or in the community, you must qualify for these types of services. You and your Care Manager must decide your needs can safely be met in that setting. The actual kind and amount of care you get depends on your needs.

If you’re in a nursing home, you may be able to move from your nursing home to your own home and get services there if you want to. If you’d like to move out of the nursing home into the community, please talk with your Care Manager.

What if you don’t want to leave the nursing home and move to the community? Amerigroup or your Care Manager won’t need you to, even if we think care in the community would be the best setting for you. As long as you qualify for nursing home care, you can choose your primary setting and change it at any time. As long as you qualify for the program, you can enroll in the setting you choose.
You can also help choose the providers or provider groups who will give you care. This could be an assisted living or nursing home, or an organization who will provide your care at home. You may also be able to hire your own workers for some kinds of care. This benefit is called self-direction or the Personal Preference Program.

The provider you choose must be willing and able to provide the care you need. Also, they must work with Amerigroup. Your Care Manager will try to help you get the provider you choose.

**Changing Care Managers**

If you’re unhappy with your Care Manager and would like a different one, you can change your Care Manager at any time. This doesn’t mean you can pick whoever you want to be your Care Manager since Amerigroup must be able to meet the needs of all our MLTSS members and hire staff in a way that allows us to do that. To ask for a different Care Manager, please call us at 855-661-1996 (TTY 711), option 1. Tell us why you want to change Care Managers. If we can’t give you a new Care Manager, we’ll tell you why. 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 they:

- Are no longer employed with Amerigroup.
- Aren’t working at the time.
- Are working with too many members to give you the attention you need.

If this happens, Amerigroup will send you a letter with your new Care Manager’s name and contact information.

You can call your Care Manager anytime you have a question or concern. You don’t need to wait until a home visit or a phone call occurs. Please call your Care Manager when you have a change in your health, or if something happens that may affect the kind or amount of care you need. If you need help after normal business hours that can’t wait until the next day, you can call us at 800-600-4441 (TTY 711).

If your Care Manager is unavailable, you can call the MLTSS team at 855-661-1996 (TTY 711), option 1, Monday through Friday from 8 a.m. to 5 p.m. Eastern time They will assign a backup Care Manager to help you and follow up on your concerns.

**YOUR MLTSS MEMBER REPRESENTATIVE**

Besides your Care Manager, your MLTSS Member Representative will help you. They can help you understand the Amerigroup MLTSS program by:
• Helping MLTSS members know and use the MLTSS program.
• Being a resource for MLTSS members for grievances and appeals.
• Providing MLTSS program information to members and their representatives.
• Helping take care of any member issues.

To reach an MLTSS Member Representative, call 855-661-1996 (TTY 711), option 1.

We want to hear from you. As an Amerigroup member or caregiver, you can go to our Health Education Community Advisory Committee (HECAC) meetings. By participating, you can learn about health care services in your community, and we can find out how to better serve you. Go to myamerigroup.com/NJ to find out more about where and when events take place. You can also call 877-453-4080 (TTY 711), option 1, to ask when the next meeting will be held in your area.

HOW TO GET FREE LANGUAGE HELP
If English is not your first language, ask for help in another language at no cost to you. We can help in many languages and dialects. Just call us at 800-600-4441 (TTY 711).

HOW TO REACH US
Our MLTSS team is here to listen — we want to know what’s important to you so we can guide you to helpful benefits and resolve any concerns you may have. You can call us at 855-661-1996 (TTY 711), option 1, Monday through Friday from 8 a.m. to 5 p.m. Eastern time. If you need to speak to a Care Manager after normal business hours and can’t wait until the next day, you can call us at 800-600-4441 (TTY 711). **There is an option available to speak with the MLTSS Clinical On-Call Staff associate. All information will be shared with your Care Manager as needed on the next business day.** We’re here to help.

Write to us:
Amerigroup Community Care
Managed Long Term Services and Supports
101 Wood Ave. S., 8th Floor
Iselin, NJ 08830

Call us: 855-661-1996 (TTY 711), option 1

Visit us: myamerigroup.com/NJ
QUESTIONS ABOUT YOUR AMERIGROUP HEALTH PLAN?
Please review your Amerigroup member handbook. It will tell you how to get the care you need. You can view your handbook online at myamerigroup.com/NJ. You can also call Member Services at 800-600-4441 (TTY 711) or the New Jersey MLTSS department at 855-661-1996 (TTY 711), option 1, to ask for a copy.

MLTSS COVERED SERVICES AND BENEFIT LIMITS
As an MLTSS member, you get all the benefits of NJ FamilyCare as well as your MLTSS benefits and services. Below is a brief description of these MLTSS services and their benefit limits. If you have any questions about MLTSS services or limits, please call your Care Manager.

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<tr>
<th>Covered service</th>
<th>Benefit limits</th>
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<tbody>
<tr>
<td><strong>Adult Family Care (AFC)</strong>&lt;br&gt;Allows up to three unrelated individuals to live in the community in the primary home of a trained caregiver who provides support and health services for the member.</td>
<td>Members with AFC don’t receive:&lt;br&gt;• Personal care assistant (PCA)&lt;br&gt;• Chore services&lt;br&gt;• Home-delivered meals&lt;br&gt;• Home-based supportive care&lt;br&gt;• Caregiver/Participant training&lt;br&gt;• Assisted Living or Assisted Living Program</td>
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<td><strong>Assisted Living Residence (ALR)</strong>&lt;br&gt;Coordinated group of supportive personal and health services, drug administration, occasional skilled nursing services, available 24 hours per day to MLTSS members.&lt;br&gt;Includes assisted living residences (ALR) and comprehensive personal care homes (CPCH).</td>
<td>Members with ALR don’t receive:&lt;br&gt;• Personal Care Assistant (PCA)&lt;br&gt;• Adult Day Health Services (ADHS)&lt;br&gt;• Adult Family Care (AFC)&lt;br&gt;• Assisted living program&lt;br&gt;• Environmental accessibility adaptations&lt;br&gt;• Chore services&lt;br&gt;• Personal emergency response services&lt;br&gt;• Home-delivered meals&lt;br&gt;• Caregiver/Participant training&lt;br&gt;• Social adult day care&lt;br&gt;• Attendant care&lt;br&gt;• Home-based supportive care&lt;br&gt;• Respite care</td>
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<tr>
<td>Covered service</td>
<td>Benefit limits</td>
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<tr>
<td><strong>Assisted Living Program (ALP)</strong></td>
<td>Members with ALP don’t receive:</td>
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<tr>
<td>The delivery of assisted living services</td>
<td>• Personal care assistant (PCA)</td>
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<tr>
<td>to those living in certain public housing.</td>
<td>• Chore services</td>
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<tr>
<td></td>
<td>• Home-based supportive care</td>
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<td></td>
<td>• Caregiver/Participant training</td>
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<td></td>
<td>• Assisted living</td>
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<tr>
<td></td>
<td>• Adult family care</td>
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<td>Not available in all senior housing.</td>
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**Caregiver/Participant training**

Teaching provided to a member and/or caregiver either one-to-one or in a group to teach a variety of skills needed for independent living, like:

- Coping skills to help the member in dealing with a disability.
- Coping skills for the caretaker to deal with supporting someone with long-term care needs.
- Skills to deal with providers and attendants.

Caregiver/Participant training isn’t available to members who chose:

- Assisted living services
- Assisted living program
- Adult family care

Doesn’t replace the training that is part of the therapist’s practice on teaching the use of adaptive equipment.

Limited to one visit a day.

**Chore services**

Services needed to keep the home clean, sanitary, and safe.

Occasional heavy household maintenance tasks to ensure the member’s safety.

Chore services aren’t available to those with:

- Assisted living services
- Assisted living program
- Adult family care

Chore services are approved only when:

- Neither the member nor anyone else in the household can do or pay for the chore service.
- No relative, caregiver, landlord, community organization, volunteer, or third party payer can provide the chore services.

Doesn’t include normal, everyday housekeeping tasks such as dusting, vacuuming, changing bed linens, washing dishes, and cleaning the bathroom.
<table>
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<tr>
<th>Covered service</th>
<th>Benefit limits</th>
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| **Cognitive therapy** *(group and individual)*<br> Therapeutic interventions to keep skills and prevent deterioration, including direct retraining, use of compensatory strategies, use of cognitive orthotics, and prostheses. | The member must:  
• Have an acquired, nondegenerative or traumatic brain injury (TBI), or  
• Have been a TBI waiver participant in the past who moved to MLTSS. |
| **Community residential services (CRS)**<br> A package of services given to a member living in the community, residence-owned, rented or run by a CRS provider. | The member must:  
• Have an acquired, nondegenerative, or traumatic brain injury (TBI), or  
• Have been a TBI waiver participant in the past. |
| **Community transition services**<br> Those benefits and services given to a member who is moving from an institution to their own home. Amerigroup covers one-time moving costs. | Community transition services are given only when they are:  
• Reasonable and needed as decided through the service plan development process.  
• Clearly identified in the service plan, and the person can’t meet such costs when the services aren’t available from other sources.  
These services have a lifetime limit of $5,000. |
<p>| <strong>Home-Based Supportive Care (HBSC)</strong>&lt;br&gt; Designed to help MLTSS members with their instrumental activities of daily living (IADL) needs. HBSC is available to members whose activities of daily living (ADL) needs are given by nonpaid caregivers such as family members or as a wrap-around service to non-Medicaid programs. | HBSC isn’t available for those who have chosen assisted living (ALR, CPCH and ALP). Since the PCA State Plan Service can help with IADLS, HBSC is offered only when ADL-related tasks are given by a caregiver or another non-Medicaid program. |</p>
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<tr>
<th>Covered service</th>
<th>Benefit limits</th>
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<tr>
<td><strong>Home-delivered meals</strong></td>
<td>For members 18 years of age and older, no-cost healthy meals delivered to the member's home instead of having a personal caretaker make the meals for the member.</td>
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<tr>
<td><strong>Benefit limits</strong></td>
<td>Home-delivered meals are given to a member living in an unlicensed home, only when:</td>
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<td>- The member can’t make the meal.</td>
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<td>- The member can’t leave the home by themselves.</td>
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<td></td>
<td>- There is no other caregiver, paid or unpaid, to make the meal.</td>
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<td></td>
<td>- Members attending adult medical daycare may be eligible for home delivered meals if they meet the above criteria.</td>
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<td></td>
<td>No more than one meal per day will be provided through the MLTSS benefit.</td>
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<td><strong>Home modifications</strong></td>
<td>Physical changes to a member's private home, which:</td>
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<td></td>
<td>- Are documented in their plan of care to ensure the health, well-being and safety of the member.</td>
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<td>- Help the member live with greater independence in the home or community.</td>
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<td></td>
<td>- Without them, member would need to be in an institution.</td>
</tr>
<tr>
<td><strong>Benefit limits</strong></td>
<td>Home modifications are limited to $5,000 per calendar year, $10,000 per lifetime. Members living in licensed homes (ALR, CPCH, ALP, and Class B and C Boarding Homes) aren’t eligible to get home modifications. Changes to rented housing units must have written approval from the landlord. Members must show they will continue to live in the home at least one year for approval.</td>
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<tr>
<td><strong>Medication dispensing device</strong></td>
<td>Allows for a set amount of drugs to be dispensed based on dosing instructions.</td>
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<tr>
<td><strong>Benefit limits</strong></td>
<td>This device is for a member who lives alone or is alone for long periods per the care plan. Members might not have a regular caregiver for long periods or they might need routine monitoring.</td>
</tr>
<tr>
<td>Covered service</td>
<td>Benefit limits</td>
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<tr>
<td><strong>Nursing facility services</strong>&lt;br&gt;Custodial services given in a licensed facility that provide health care under medical supervision and constant nursing care for 24 or more hours.</td>
<td>Given to members who don’t need the degree of care and treatment that a hospital provides. These members need constant nursing care and services above the level of room and board due to their physical or mental health problem.</td>
</tr>
<tr>
<td><strong>Personal Emergency Response System (PERS)</strong>&lt;br&gt;Set up monthly monitoring using an electronic device that allows members at high risk of institutionalization to get help in an emergency. Available for members 18 years of age and older.</td>
<td>Approval is based on whether PERS is medically necessary for a member who lives alone or is alone for long periods of time; not for members receiving assisted living services or living in a nursing facility.</td>
</tr>
<tr>
<td><strong>Private Duty Nursing (PDN)</strong>&lt;br&gt;In addition to another source of care up to 16 hours per day, including services given or paid for by the other sources, if medically necessary, and if cost of service given is less than institutional care. This limitation for PDN services doesn’t apply to children under 21 eligible for NJ FamilyCare EPSDT services. Eligible children have unlimited access to Medicaid EPSDT services.</td>
<td>Adult PDN services are given 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.</td>
</tr>
</tbody>
</table>
| **Respite**<br>Services given to members who can’t care for themselves that are given on a short-term basis because an unpaid, informal caregiver is unavailable or needs help. | Respite is limited to up to 30 days per member, per calendar year. Respite service is not available for members who live permanently in a/an:  
- Community home service setting (CRS)  
- Assisted living residence  
- Comprehensive personal care home or for members admitted to a nursing facility |
<table>
<thead>
<tr>
<th>Covered service</th>
<th>Benefit limits</th>
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<tr>
<td><strong>Social Adult Day Care (SADC)</strong></td>
<td>A community-based group program to meet the nonmedical needs of adults with</td>
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<td>functional handicaps through a structured full program that provides various</td>
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<td></td>
<td>health, social, and related support services in a protective setting during any</td>
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<td></td>
<td>part of a day, but less than 24 hours.</td>
</tr>
<tr>
<td></td>
<td>Not available to those receiving assisted living services (ALR and CPCH); can’t</td>
</tr>
<tr>
<td></td>
<td>be combined with adult day health services.</td>
</tr>
<tr>
<td><strong>Structured day program</strong></td>
<td>Program of useful monitored activities, to maintain and improve independent and</td>
</tr>
<tr>
<td></td>
<td>community living skills. Provided somewhere outside the member’s home.</td>
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<tr>
<td></td>
<td>The member must have an acquired, nondegenerative, or traumatic brain injury or</td>
</tr>
<tr>
<td></td>
<td>formerly be a TBI waiver participant. Structured day program can’t be combined</td>
</tr>
<tr>
<td></td>
<td>with Adult Day Health Services.</td>
</tr>
<tr>
<td><strong>Supported day services</strong></td>
<td>Program of member activities having productive activities, requiring early and</td>
</tr>
<tr>
<td></td>
<td>occasional monitoring, at least monthly.</td>
</tr>
<tr>
<td></td>
<td>These services should be at home- or community-based, not given in an outpatient</td>
</tr>
<tr>
<td></td>
<td>setting or within a community home service.</td>
</tr>
<tr>
<td></td>
<td>The member must have an acquired, nondegenerative, or traumatic brain injury or</td>
</tr>
<tr>
<td></td>
<td>formerly be a TBI waiver participant. Supported day services are provided as an</td>
</tr>
<tr>
<td></td>
<td>option to a structured day program when the member doesn’t need constant</td>
</tr>
<tr>
<td></td>
<td>monitoring, and isn’t already receiving services in a setting that is paid for</td>
</tr>
<tr>
<td></td>
<td>supervision.</td>
</tr>
<tr>
<td><strong>Therapy</strong></td>
<td>Occupational, physical, speech, hearing, cognitive, and language therapies</td>
</tr>
<tr>
<td></td>
<td>available to members to improve and/or prevent loss of function.</td>
</tr>
<tr>
<td></td>
<td>Available only after rehabilitation therapy is no longer available or possible,</td>
</tr>
<tr>
<td></td>
<td>and approval will be based on medical necessity.</td>
</tr>
</tbody>
</table>
### Covered service

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefit limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumatic brain injury (TBI) behavioral management (group and individual)</strong> Daily program given by trained behavioral aides and under the supervision of a licensed psychologist or board-certified/board-eligible psychiatrist. Aides can help members who have major aggressive behavior that can be harmful to themselves or others.</td>
<td>Entry is based on criteria that’s medically necessary, and the member must have an acquired, non-degenerative or traumatic brain injury (TBI).</td>
</tr>
<tr>
<td><strong>Vehicle modifications</strong> Vehicle modifications to a member’s or a family vehicle outlined in an approved plan of care</td>
<td>Vehicle modifications must be needed to ensure the member’s health, well-being, and safety, or which allow them to live more independently in the home or community. All services must follow related state motor vehicle codes.</td>
</tr>
</tbody>
</table>

### ABUSE, NEGLECT AND EXPLOITATION

Our MLTSS members have the right to be free from abuse, neglect, and exploitation. It’s important you know how to identify abuse, neglect, and exploitation and how to report it.

**Abuse can be:**
- Physical abuse.
- Emotional abuse.
- Sexual abuse.

**It includes:**
- Causing pain, injury or mental harm.
- Limiting one’s physical space.
- Other cruel treatment.

**Neglect can happen when:**
- An adult can’t care for themselves or get needed care, placing their health or life at risk — this is “self-neglect.”
- A child or a dependent adult’s basic needs aren’t provided by a caregiver, causing harm or risk of harm to health or safety. The neglect may be accidental due to the caregiver not
providing or setting up the care or services the person needs. Neglect can also happen when the caregiver doesn’t meet the member’s needs on purpose.

**Exploitation can include:**
- Fraud or coercion.
- Forgery.
- Unapproved use of banking accounts or credit cards.

Financial exploitation occurs when a caregiver wrongly uses money provided for the member’s care. These are funds paid to the adult or to the caregiver by the government.

If you think you or any other MLTSS member is a victim of abuse, neglect, or exploitation, please tell your Care Manager or call us directly at 855-661-1996 (TTY 711), ext. 66195.

All suspected events of abuse, neglect, or exploitation of an **adult** should be reported to Adult Protective Services (APS) program at 800-792-8820 (TTY 711). All reports of abuse or neglect of a **child** should be reported to 877-NJ-ABUSE (877-652-2873) (TTY 711).

At Amerigroup, we don’t allow unfair treatment. No one is treated in a different way because of race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status, or disability. Read more about your right to fair treatment in your Amerigroup member handbook.

**Critical incidents**
You have a right to enjoy a quality of life free of abuse, neglect, and exploitation. Members, guardians, and legal representatives get information about critical incidents from a Care Manager during a face-to-face visit. If you report a critical incident, or make claims of abuse, neglect, or exploitation, you have a right to be free from any form of retaliation.

**Examples of critical incidents**
- Unexpected death of a member
- Missing person or unable to contact
- Inaccessible for initial onsite meeting with MLTSS Care Manager
- Theft with police involvement
- Severe injury or fall resulting in the need for medical treatment
- Medical or psychiatric emergency, including suicide attempt
- Medication error resulting in serious consequences
- Inappropriate or unprofessional conduct by a provider/agency involving the member
• Suspected or evidenced physical or mental abuse (including seclusion and restraints, both physical and chemical)
• Sexual abuse and/or suspected sexual abuse
• Neglect/mistreatment, including self-neglect, caregiver neglect (paid or unpaid), or other (services not received for reasons otherwise not listed)
• Exploitation, including financial, theft, and destruction of property
• Failure of a member’s Backup Plan
• Elopement/wandering from home or facility
• Eviction/loss of home
• Facility closure, with direct impact to the member’s health and welfare
• Media involvement or the potential for media involvement
• Cancellation of utilities
• Natural disaster, with direct impact to the member’s health and welfare

How to report a critical incident
• Members, MLTSS providers, and any Amerigroup associate can contact the member’s assigned Care Manager to make the report.
• Please call the NJ MLTSS Team at 855-661-1996 (TTY 711), option 1. Just ask to speak to a manager, and mention you’re calling to report a critical incident.

Designated MLTSS associates will get the critical incident report, submit the report to the State within one business day of the initial report, and complete an investigation within 30 days of the initial report. These associates review the information to find and address possible or actual quality of care and/or health and safety issues. Once the critical incident is reported, Amerigroup and the MLTSS provider must take steps to ensure no further harm to the member.

YOUR MEMBER RIGHTS AND RESPONSIBILITIES
At Amerigroup, we’re committed to treating our members in a way that confirms their rights and responsibilities.

We have a written policy that follows federal and state laws affecting our members’ rights. As a member, you have a right to:
• Be treated with respect, dignity, and need for privacy.
• Be given information about the organization, its services, the providers giving care, and member rights and responsibilities.
• Be able to communicate and be understood with the help of a translator, if needed.
• Be able to choose primary care providers (PCP) within the limits of the plan, including the right to refuse care from specific providers.
• Take part in decision-making about your health care, to be fully informed by the PCP, other health care provider, or Care Manager of health and functional status.
• Take part in the development and execution of a care plan to support high-level functional ability 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 member's choice, free of restraint, interference, coercion, discrimination, or retaliation by the plan or its providers.
• Communicate advance directives.
• Have access to their medical records to follow related federal and state laws.
• Be free from harm, including unnecessary physical restraints or isolation, too many drugs, and physical/mental abuse or neglect.
• Be free from unsafe procedures.
• Receive information on available treatment options or other courses of care.
• Refuse treatment and know the consequences.
• Have services provided that support a good quality of life and independence for members, independent living in members’ homes and other community settings as long as medically and socially possible, and protection 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:
• Ask for and get information on choice of services available.
• Have access to quality service providers.
• Be informed of your rights before 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.
• Receive appropriate services that support your health and welfare.
• Take on risk after being fully informed and able to know the risks and consequences of the decisions made.
• Make decisions about your care needs.
• Take part in the development of and changes to the care plan.
• Ask for changes in services at any time, including adding, increasing, decreasing, or stopping services.
• Ask for 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.
• Ask for support and advice from your Care Manager to resolve concerns about your care needs and/or grievances about services or providers.
• Be informed of and get in writing resident rights after entering an institution or home.
• Be informed of all the covered services you can get, offered by the institution or home, and any charges not covered by the plan while in the facility.
• Not be moved or released from a facility except: for medically necessary reasons; to protect your physical welfare and safety or the welfare and safety of others; and because of failure to pay, after reasonable and appropriate notice to the facility from available income as reported on the statement of available income for Medicaid payment.
• Have your health plan protect and support your ability to exercise all rights listed in this document.
• Have all rights and responsibilities listed here sent to your authorized representative or court-appointed legal guardian.

**Amerigroup has a written policy that addresses our MLTSS members’ responsibilities for working with those providing health care services. It’s our MLTSS members’ responsibility to:**

• Provide all health and treatment-related information, including but not limited to, drugs, circumstances, living situation, and informal and formal supports to the plan’s Care Manager to identify care needs and develop a care plan.
• Know 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 change your plan of care to ensure approval and service delivery on time.
• Ask questions when more understanding is needed.
• Know the risks with your decisions about care.
• Report any major changes in your health, drugs you’re taking, circumstances, living situations, and informal and formal supports to the Care Manager.
• Tell your Care Manager if a problem occurs or if you’re unhappy with the services being provided.
• Follow your health plan’s rules and/or the rules of the institution or home.
• Tell your assigned Care Manager if there are any gaps in services/care.
• Let your PCP know as soon as you can after you get emergency treatment.
• Talk about any problems about following your provider’s directions.
• Know what saying no to treatment recommended by a provider means.
• Carry your State Medicaid, Medicare, and Amerigroup NJ FamilyCare identification cards at all times.
• Report any lost or stolen cards to Amerigroup as soon as you can.
• Call Amerigroup if information on your ID card is wrong or if you have changes in name or address.
• Report any changes to your address and phone number by calling the Medicaid Hotline at 800-356-1561 (TTY 877-294-4356). If you have NJ FamilyCare, call 800-701-0710 (TTY 800-701-0720). You need to keep your contact information current so we can send you updated information or contact you.
• Complete the NJ FamilyCare renewal process every year to ensure you keep your NJ FamilyCare benefits.

RENEW YOUR NJ FAMILYCARE AND SSI BENEFITS ON TIME. HELPING YOU STAY WELL IS IMPORTANT TO US. KEEP YOUR HEALTH CARE BENEFITS — RENEW YOUR ELIGIBILITY ON TIME. IF YOU NEED HELP WITH RENEWING YOUR NJ FAMILYCARE BENEFITS, WE ARE HERE TO HELP YOU. YOU CAN CALL US AT 877-453-4080 (TTY 711), AND WE WILL HELP YOU WITH ANSWERING QUESTIONS ABOUT YOUR RENEWAL APPLICATION.

EVERY YEAR, EITHER NJ FAMILYCARE OR THE COUNTY WELFARE AGENCY (CWA) WILL SEND YOU A FORM. THIS FORM TELLS YOU IT’S TIME TO RENEW YOUR NJ FAMILYCARE BENEFITS. BE SURE TO FOLLOW THE CWA RULES ABOUT FILLING OUT THE FORM. TURN IN THE FORM BEFORE THE DUE DATE LISTED ON THE FORM; IF YOU DON’T, YOUR ELIGIBILITY WILL END, AND YOU’LL NO LONGER BE ENROLLED IN AMERIGROUP. IF YOU HAVE ANY QUESTIONS, YOU CAN CALL OR GO TO THE CWA OFFICE IN YOUR AREA AND SPEAK WITH YOUR CASEWORKER. THESE OFFICES ARE LISTED IN YOUR MEMBER HANDBOOK. YOU CAN CALL US AT 877-453-4080 (TTY 711) AND WE WILL HELP YOU WITH YOUR RENEWAL APPLICATION.

How to disenroll from Amerigroup
If you don’t like something about Amerigroup, please call us at 800-600-4441 (TTY 711). We’ll try to work with you to fix the problem. We want to keep you as a member.

To disenroll from Amerigroup, you must call the Health Benefits Coordinator at 800-701-0710 (TTY 800-701-0720). The Health Benefits Coordinator is with the Department of Human Services (DHS). DHS must approve your disenrollment.

You may disenroll at any time with good reason. Disenrolling will take 30 to 45 calendar days. During this time, Amerigroup will keep providing for your care until you’re disenrolled.

If you disenroll from Amerigroup, you can change your mind. To switch back to Amerigroup, you must ask the Health Benefits Coordinator to re-enroll you. Call 800-701-0710
(TTY 800-701-0720). Enrolling again takes 30 to 45 calendar days. During this time, you wouldn’t be covered by Amerigroup. You would continue to be covered by your current fee-for-service Medicaid or managed care organization, if applicable.

MLTSS provides both State Plan services and long-term services and supports to individuals who meet the clinical and Medicaid institutional financial eligibility rules. Participation in the program is voluntary.

If you qualify for MLTSS, but don’t want to get MLTSS services, you may choose to leave the program. Leaving MLTSS doesn’t mean you’ll stop getting regular Medicaid benefits or NJ FamilyCare State Plan services through the NJ FamilyCare program, if you’re financially eligible.

Participants who qualified for MLTSS using financial income limits greater than 100 percent of the Federal Poverty Level (FPL) may not be eligible to get State Plan services upon leaving MLTSS. Other NJ FamilyCare programs may have lower income limits. MLTSS members should consult their local County Welfare Agency (CWA) for financial eligibility requirements.

If you want to leave MLTSS, you must talk to a Care Manager in person or by phone. Your Care Manager will:

- Let you know that leaving MLTSS may cause you to lose benefits for Medicaid State Plan services due to the financial eligibility rules.
- Ensure you know that if you weren’t receiving Medicaid State Plan services before enrolling in MLTSS, you may NOT be eligible for NJ FamilyCare after leaving MLTSS.
- Provide information on what MLTSS and State Plan services you can’t get after you leave.
- Teach you how to ensure you stay eligible for NJ FamilyCare.
- Give you information on other services or programs you may be eligible for, including information about contacting the Aging and Disability Resource Connection (ADRC).
- Teach you how to get MLTSS services in the future.
- Ensure you know how to leave the program, including time frames and outcomes.

You’ll be asked to sign the NJ Department of Human Services Voluntary Withdrawal Form showing your understanding and approval to leave MLTSS.

**GRIEVANCES AND APPEALS**

See member handbook.
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 you have. Except for cost-sharing and patient pay liability, Amerigroup will make sure you don’t pay for services you’re not responsible for.

Members residing in Traumatic Brain Injury Group Homes or Community Residential Services (CRS) are responsible for paying cost share to the CRS provider directly. The member and provider will work together to determine cost share amount and payment process.

Collection of patient pay liability

If you owe payments, here’s how they will be collected:

- If you live in nursing facilities, special care nursing facilities or community-based homes, Amerigroup will have providers in these facilities collect patient payment.
- Amerigroup will pay these facilities the rest of the amount.
- The patient payment amount applied to the claim is shown on the provider’s Explanation of Payment.

Nonpayment of patient pay liability

After notice from the nursing facility/community-based home provider that the member hasn’t paid, the Care Manager will help you by:

- Looking at the work done by your nursing facility/community-based home provider to collect the patient payment, and recording this in your electronic medical record.
- Stressing with you or your representative the importance of paying and what happens if you don’t pay. This includes letting the Office of Community Choice Options (OCCO) know if the provider wants to do an Involuntary Transfer, Withdrawal, or Discharge, and recording this in your case file.

Upon notice from the nursing facility/community-based home provider that the facility/provider is thinking about an Involuntary Discharge (per NJAC 8:85) due to failure to pay, the Care Manager will work to find another nursing facility/home provider for you. These efforts are recorded in your case file.

If you’re in a nursing facility or special care nursing facility and the Care Manager can’t find another facility for you, the Care Manager will:

- Decide if your needs can safely be met (at a low cost) in the community by doing a transition assessment.
- Find out if the provider is willing to continue serving a member who hasn’t paid their patient pay liability.
If you live in Assisted Living or Adult Family Care and your Care Manager is unable to find another community-based home provider to 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 about moving to the community. Your Care Manager will help with the move through the Transition Planning Conference process. You may also qualify for the Money Follows the Person Demonstration Program. This program can help you move back to the community safely through special services.

Do you want to know more about the Nursing Facility Transition Program, including Money Follows the Person? Just contact your Amerigroup Care Manager or nursing facility social worker.

**BEHAVIORAL HEALTH SERVICES (BH)**
Amerigroup covers mental health and substance use disorder services for MLTSS members. You may have a Behavioral Health Care Manager call you to provide information and referral to mental health or substance use disorder treatment if needed. See your member handbook for more information.

*To reach the New Jersey Behavioral Health Crisis Line, please call 877-842-7187 (TTY 711), 24 hours a day, 7 days a week. The crisis line should not be used instead of 911 — call 911 if you are in need of immediate emergency services.*

We have a Behavioral Health Specialized Call Center to manage behavioral health (BH) calls from you and your 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 potential BH emergency, you’re immediately connected with a BH utilization management specialist. In a possible emergency, you’re 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 stay on the call until we know you’re safe. In less urgent cases, we’ll work with you to make a plan to take care of the emergency. This may involve family members or caregivers, as needed, to be sure the crisis is safely taken care of.
We tell BH Care Management as soon as we can to follow up with you. We want to ensure you get the care you need. The BH Care Manager will also have an added needs assessment and involve you in case management as needed. The BH Care Manager will help you get appointments. They'll also help coordinate care for you when there are multiple providers.

In addition to the New Jersey Behavioral Health Crisis Line, the 24-hour Nurse HelpLine can also help you in case of an emergency. You can reach the 24-hour Nurse HelpLine by calling 800-600-4441 (TTY 711). The 24-hour Nurse HelpLine staff member will work with you and your family/caregivers, or with emergency responders, as needed, to take care of the emergency. Any emergency behavioral health calls after hours are also referred to Care Management for follow-up.
# Medical Assistance Customer Centers (MACC)

Michelle Pawelczak, Director, Office of Customer Service: 609-631-4641

<table>
<thead>
<tr>
<th>MACC Office</th>
<th>Director and Phone Number</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(04) Camden</td>
<td>Patricia Dana, Director</td>
<td>One Port Center</td>
</tr>
<tr>
<td>(03) Burlington</td>
<td>Sheron Keyes, Clinical Services Director</td>
<td>2 Riverside Drive Ste. 300</td>
</tr>
<tr>
<td>(08) Gloucester</td>
<td>Phone: 856-614-2870</td>
<td>Camden, NJ 08103-1018</td>
</tr>
<tr>
<td>(11) Mercer</td>
<td>Fax: 856-614-2575</td>
<td></td>
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<tr>
<td>(17) Salem</td>
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<td></td>
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<tr>
<td>(01) Atlantic</td>
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<td>(05) Cape May</td>
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</tr>
<tr>
<td>(06) Cumberland</td>
<td></td>
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</tr>
<tr>
<td>(07) Essex</td>
<td>Carmen Morgan, Director</td>
<td>153 Halsey St.</td>
</tr>
<tr>
<td>(09) Hudson</td>
<td>Phone: 973-648-3700</td>
<td>4th Floor Newark, NJ 07102-2807</td>
</tr>
<tr>
<td></td>
<td>Fax: 973-642-6468</td>
<td></td>
</tr>
<tr>
<td>(13) Monmouth</td>
<td>Joanne Dellosso, Director</td>
<td>100 Daniels Way Freehold, NJ 07728-2668</td>
</tr>
<tr>
<td>(10) Hunterdon</td>
<td>Phone: 732-863-4400</td>
<td>1st Floor</td>
</tr>
<tr>
<td>(12) Middlesex</td>
<td>Fax: 732-863-4450</td>
<td></td>
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<tr>
<td>(15) Ocean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(18) Somerset</td>
<td></td>
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</tr>
<tr>
<td>(20) Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) Passaic</td>
<td>Susan Wojtasek, Director</td>
<td>100 Hamilton Plaza Paterson, NJ 07505-2109</td>
</tr>
<tr>
<td>(02) Bergen</td>
<td>Phone: 973-977-4077</td>
<td>5th Floor</td>
</tr>
<tr>
<td>(14) Morris</td>
<td>Fax: 973-684-8182</td>
<td></td>
</tr>
<tr>
<td>(19) Sussex</td>
<td></td>
<td></td>
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<tr>
<td>(21) Warren</td>
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</tbody>
</table>
THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION WITH REGARD TO YOUR HEALTH BENEFITS. PLEASE REVIEW IT CAREFULLY.

HIPAA Notice of Privacy Practices

The original effective date of this notice was April 14, 2003. The most recent revision date is shown at the end of this notice.

Please read this notice carefully. This tells you who can see your protected health information (PHI). It also tells you when we have to ask for your OK before we share it. It tells you when we can share it without your OK. It also tells you what rights you have to see and change your information.

Information about your health and money is private. The law says we must keep this kind of information, called PHI, safe for our members. That means if you’re a member right now or if you used to be, your information is safe.

We get information about you from state agencies for Medicaid and the Children’s Health Insurance Program after you become eligible and sign up for our health plan. We also get it from your doctors, clinics, labs and hospitals.

Federal law says we must tell you what the law says we have to do to protect PHI that’s told to us in writing or saved on a computer. We also have to tell you how we keep it safe. To protect PHI:

- On paper (called physical), we:
  - Lock our offices and files
  - Destroy paper with health information so others can’t get it
- Saved on a computer (called technical), we:
  - Use passwords so only the right people can get in
  - Use special programs to watch our systems
- Used or shared by people who work for us, doctors or the state, we:
  - Make rules for keeping information safe (called policies and procedures)
  - Teach people who work for us to follow the rules

When is it OK for us to use and share your PHI?

We can share your PHI with your family or a person you choose who helps with or pays for your health care if you tell us it’s OK. Sometimes, we can use and share it without your OK:

- **For your medical care**
  - To help doctors, hospitals and others get you the care you need
• **For payment, health care operations and treatment**
  – To share information with the doctors, clinics and others who bill us for your care
  – When we say we’ll pay for health care or services before you get them
  – To find ways to make our programs better, as well as giving your PHI to health information exchanges for payment, health care operations and treatment. If you don’t want this, please visit myamerigroup.com/pages/privacy.aspx for more information.

• **For health care business reasons**
  – To help with audits, fraud and abuse prevention programs, planning, and everyday work
  – To find ways to make our programs better

• **For public health reasons**
  – To help public health officials keep people from getting sick or hurt

• **With others who help with or pay for your care**
  – With your family or a person you choose who helps with or pays for your health care, if you tell us it’s OK
  – With someone who helps with or pays for your health care, if you can’t speak for yourself and it’s best for you

We must get your OK in writing before we use or share your PHI for everything, except your care, payment, everyday business, research or other things listed below. We do have to get your written OK before we share psychotherapy notes from your doctor about you.

You may tell us in writing that you want to take back your written OK. We can’t take back what we used or shared when we had your OK. But we will stop using or sharing your PHI in the future.

**Other ways we can — or the law says we have to — use your PHI:**
• To help the police and other people who make sure others follow laws
• To report abuse and neglect
• To help the court when we’re asked
• To answer legal documents
• To give information to health oversight agencies for things like audits or exams
• To help coroners, medical examiners or funeral directors find out your name and cause of death
• To help when you’ve asked to give your body parts to science
• For research
• To keep you or others from getting sick or badly hurt
• To help people who work for the government with certain jobs
• To give information to workers’ compensation if you get sick or hurt at work

**What are your rights?**
• You can ask to look at your PHI and get a copy of it. We don’t have your whole medical record, though. **If you want a copy of your whole medical record, ask your doctor or health clinic.**
• You can ask us to change the medical record we have for you if you think something is wrong or missing.
• Sometimes, you can ask us not to share your PHI. But we don’t have to agree to your request.
• You can ask us to send PHI to a different address than the one we have for you or in some other way. We can do this if sending it to the address we have for you may put you in danger.
• You can ask us to tell you all the times over the past six years we’ve shared your PHI with someone else. This won’t list the times we’ve shared it because of health care, payment, everyday health care business or some other reasons we didn’t list here.
• You can ask for a paper copy of this notice at any time, even if you asked for this one by email.
• If you pay the whole bill for a service, you can ask your doctor not to share the information about that service with us.

What do we have to do?
• The law says we must keep your PHI private except as we’ve said in this notice.
• We must tell you what the law says we have to do about privacy.
• We must do what we say we’ll do in this notice.
• We must send your PHI to some other address or in a way other than regular mail if you ask for reasons that make sense, like if you’re in danger.
• We must tell you if we have to share your PHI after you’ve asked us not to.
• If state laws say we have to do more than what we’ve said here, we’ll follow those laws.
• We have to let you know if we think your PHI has been breached.

Contacting you
We, along with our affiliates and/or vendors, may call or text you using an automatic telephone dialing system and/or an artificial voice. We only do this in line with the Telephone Consumer Protection Act (TCPA). The calls may be to let you know about treatment options or other health-related benefits and services. If you do not want to be reached by phone, just let the caller know, and we won’t contact you in this way anymore. Please let us know how we can contact you about treatment and care.

What if you have questions?
If you have questions about our privacy rules or want to use your rights, please call Member Services at 800-600-4441. If you’re deaf or hard of hearing, call TTY 711.

What if you have a complaint?
We’re here to help. If you feel your PHI hasn’t been kept safe, you may call Member Services, or contact the U.S. Department of Health and Human Services at 800-368-1019. Nothing bad will happen to you if you complain.
Write to or call the U.S. Department of Health and Human Services:
Office for Civil Rights
U.S. Department of Health and Human Services
Jacob Javits Federal Building
26 Federal Plaza, Suite 3312
New York, NY 10278
Phone: 800-368-1019
TDD: 800-537-7697
Fax: 212-264-3039

We reserve the right to change this Health Insurance Portability and Accountability Act (HIPAA) notice and the ways we keep your PHI safe. If that happens, we’ll tell you about the changes in a newsletter. We’ll also post them on the Web at myamerigroup.com/pages/privacy.aspx.

Race, ethnicity and language
We receive race, ethnicity and language information about you from the state Medicaid agency and the Children’s Health Insurance Program. We protect this information as described in this notice.

We use this information to:
- Make sure you get the care you need
- Create programs to improve health outcomes
- Develop and send health education information
- Let doctors know about your language needs
- Provide translator services

We do not use this information to:
- Issue health insurance
- Decide how much to charge for services
- Determine benefits
- Disclose to unapproved users

Your personal information
We may ask for, use and share personal information (PI) as we talked about in this notice. Your PI is not public and tells us who you are. It’s often taken for insurance reasons.
- We may use your PI to make decisions about your:
  - Health
  - Habits
  - Hobbies
- We may get PI about you from other people or groups like:
  - Doctors
  - Hospitals
  - Other insurance companies
- We may share PI with people or groups outside of our company without your OK in
some cases.

- We’ll let you know before we do anything where we have to give you a chance to say no.
- We’ll tell you how to let us know if you don’t want us to use or share your PI.
- You have the right to see and change your PI.
- We make sure your PI is kept safe.

Revised March 9, 2018
Amerigroup Community Care complies with applicable Federal civil rights laws. We don’t discriminate against people because of their:

- Race
- Color
- National origin
- Age
- Disability
- Sex or gender identity

That means we won’t exclude you, or anyone; or treat you, or anyone, differently because of these things.

**Communicating with you is important**

For people with disabilities or who speak a language other than English, we provide aids and services at no cost to you like:

- Qualified sign language interpreters
- Written materials in large print, audio, accessible electronic formats, and other formats
- Help from qualified interpreters in the language you speak
- Written materials in the language you speak

To get these services, call Member Services at 800-600-4441 (TTY 711).

**Your rights**

Do you feel you didn’t get the above services, or that we discriminated against you for reasons listed above? If so, you can file a grievance (complaint). File by mail, email, fax, or phone:

Grievance/Appeals Representative

101 Wood Avenue South, Suite 800
Iselin, NJ 08830

Phone: 800-452-7101 (TTY 711)
Fax: 877-271-2409
Email: nj1-membercomplaints@anthem.com

**Need help filing?** If you need help filing a discrimination grievance, one of our Amerigroup Grievance/Appeals Representatives is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **On the web:** https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:** U.S. Department of Health and Human Services
  Office for Civil Rights
  200 Independence Ave. SW
  Room 509F, HHH Building
  Washington, DC 20201
- **By phone:** 800-368-1019 (TDD 1-800-537-7697)

For a complaint form, visit hhs.gov/ocr/office/file/index.html.
Do you need help with your health care, talking with us, or reading what we send you? We provide our materials in other languages and formats at no cost to you. Call us toll free at 1-800-600-4441 (TTY 711).

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al 1-800-600-4441 (TTY 711).

您需要醫療保健的幫助嗎？請向我們諮詢，或是閱讀我們寄給您的資料。我們以其他語言和格式提供我們的資料，您無需支付任何費用。請撥打免費電話1-800-600-4441（TTY 711）。

Precisas de ajuda com a tua assistência à saúde, para falar connosco ou acerca do que enviamos para ti? Fornecemos os nossos materiais em outros idiomas e formatos sem custo algum. Ligue-nos gratuitamente pelo número 1-800-600-4441（TTY 711）。

Kailangan ninyo ba ng tulong sa inyong pangangalagang pangkalusugan, sa pamamagitan ng pakikipag-usap sa amin, o pagbasa kung ano ang ipinapadala namang sa inyo? Nagbibigay kami ng aming mga material sa ibang mga wika at anyo na wala kayong gagastasunin. Tawagan kami nang walang bayad sa 1-800-600-4441（TTY 711）。

In caso si necessiti di assistenza con il servizio sanitario, per parlare con noi o comprendere le informazioni ricevute, sono disponibili materiali gratuiti in altre lingue e formati. Contattare il numero gratuito 1-800-600-4441（TTY 711）。

의료 서비스, 당사와의 소통 또는 당사에서 보내는 자료 읽기와 관련해 도움이 필요하신가? 무료로 자료를 다른 언어나 형식으로 제공해 드립니다. 무료 전화 1-800-600-4441（TTY 711）。

Θέλετε βοήθεια στην υγεία, να μιλήσετε μαζί μας ή να διαβάσετε το που θα μας επιστρέψετε; Παρέχουμε υλικά μας σε άλλες γλώσσες και μορφές στοιχείων χωρίς κόστος. Τηλεφωνήστε μας στο αναδρομικό 1-800-600-4441 (TTY 711)。

Potrzebujesz pomocy z opieką zdrowotną, kontaktem z nami lub przesyłanymi przez nas dokumentami? Oferujemy materiały w innych językach i formatach, bez żadnych opłat. Zadzwoń na darmowy numer 1-800-600-4441（TTY 711）。

NJ-MEM-0711-17
OMHC# 078-17-53
क्या अपनी स्वास्थ्य देखभाल के बारे में, हमसे बात करने के लिए या हमारे द्वारा भेजी गई सामग्री पढ़ने के लिए आपको सहायता चाहिए? हम आपको अपनी सामग्री अनुच्च भाषाओं और फॉर्मेट में बनाए कस्टम शुलुक के उपलब्ध कराते हैं। हमें टॉल फ्री नंबर 1-800-600-4441 (TTY 711).

هل تحتاج إلى مساعدة في تعليق الصحة أو في التحدث منا أو قراءة ما نقوم بإرساله إليك؟ نحن نقدم المواد الخاصة بنا بلغات وتنسيقات أخرى بدون تكلفة عليك. اتصل بنا على الرقم المجاني 4441-600-4441 (TTY 711).

 Вам нужна помощь с медицинским обслуживанием, консультацией или материалами, которые мы вам прислали? Мы можем бесплатно предоставить вам материалы на других языках и в других форматах. Позвоните в нас по бесплатному телефону 1-800-600-4441 (TTY 711).

Èske w bezwen èd pou swen sante ou, pou w pale ak nou, oswa pou w li sa nou voye ba ou?
Nou bay dokiman nou yo nan lòt lang ak nan lòt fòma san ou pa peye anyen. Rele nou gratis
nan 1-800-600-4441 (TTY 711).

Vous avez besoin d’aide pour vos soins médicaux, pour communiquer avec nous ou pour lire les documents que nous vous envoyons ? Nous fournissons nos publications dans d’autres langues et sous d’autres formats, et c’est gratuit. Appelons-vous sans frais au 1-800-600-4441 (TTY 711).

كم أب كوبْيْأ بِلغِةِ كيْنْسِيْ مَتْلُكَ مَدْدَ كِيْ ضَرْوَرَتْ يَإِ، يا بِمْ سِبْ بِاتْ كِرْنِيْ يَا وَهْ يُهْنِيْ مِنْ بِمْ نْعْ أُبَّكَ وَرْسَالَ كِيْ بِمْارِيْ مَدْدَ دِرْكارْ يِبَإْ - يَا بِمْ أَبْنَى مَوْاْدَ أَبْ كَوْ دِيْكَرْ دِيْزَبْاَوْنَ أَوْ فَرَامِيشَ مِنْ بَلْامَعْوَضَ أَرْ فَرَامِيشَ بِيْنَ يِبَإْ (TTY 711) 1-800-600-4441