

**LA CROSSE COUNTY DEPARTMENT OF HUMAN SERVICES
POLICY AND PROCEDURES**

SECTION: Aging & Disability Resource Center of WW	POLICY #:	PAGE: 1-5	<u>Review Date</u>	<u>Date Revised</u>
SUBJECT: Consumer Rights and Responsibilities		DATE ISSUED:		
PREPARED BY: Peggy Herbeck/Audra Martine	MANAGER APPROVAL: (Signature required)			
REVIEW CYCLE: Yearly	BOARD APPROVAL DATE: (If Applicable)			

POLICY TITLE: The Aging & Disability Resource Center of Western Wisconsin
Consumer Rights and Responsibilities

PURPOSE: To let the consumer know his/her rights and responsibilities

POLICY/PROCEDURE:

**The Aging and Disability Resource Center of Western Wisconsin
Consumer Rights and Responsibilities**

As a participant in Long Term Care Options Counseling, Pre-Admission Counseling and/or as an applicant for Family Care, you have specific rights and responsibilities.

- A. Pre-Admission Counseling / Long Term Care Options Counseling**
1. You have the right to receive assistance, if needed, in understanding and exercising your rights and responsibilities.
 2. The Aging and Disability Resource Center of Western Wisconsin shall respect and observe client rights as established in administrative rule.
 3. The Aging and Disability Resource Center of Western Wisconsin shall inform people of their rights and responsibilities in ways that they can understand and use and shall make available any information on rights that the Department provides in the manner prescribed by the Department.
 4. The Aging and Disability Resource Center of Western Wisconsin shall provide assistance to people when they need help in understanding how to resolve service system disputes or violation of rights complaints, and assist in linking people with advocates when needed.
 5. You have the right to be informed about available long-term care options in your community.
 6. You will be offered long-term care options counseling within 5 working days of the date the Aging and Disability Resource Center of Western Wisconsin receives your name.
 7. You have the right to any help you need to understand and take part in the screening process. This includes interpreters, taped or Braille material or other communication aids.
 8. You will be offered the Long Term Care functional screen to help you determine if you are eligible for Family Care service. It is your choice if you wish to participate in the screen. The screen will be offered to you within 10 business days of

acceptance of counseling and screening unless it is not convenient for you or you are too ill to actively participate.

9. You will be offered the Long Term Care Financial Screen to help you determine if you are financially eligible for Family Care.
10. You may decide to stop the screening process at any time.
11. If you are determined functionally eligible for Family Care, the Aging and Disability Resource Center of Western Wisconsin staff will assist you to apply for determination of financial eligibility with the local Economic Support Unit in your county.
12. You are eligible for notification in writing of both financial and functional eligibility results.
13. Specific exemptions for Pre-Admission Counseling and the functional and financial screen are as follows:
 - a. If you have undergone a functional screen during the last six months
 - b. You are only entering a facility for respite care
 - c. You are already an enrollee of the Care Management Organization
 - d. You decide that you do not want to reveal any financial information and you are not expected to be eligible for Medical Assistance within the next six months.

B. Determining Eligibility For Family Care

1. You have the right to have a Long Term Care Functional Eligibility Screen completed by staff of the Aging and Disability Resource Center of Western Wisconsin to determine if you are eligible at either the Nursing Home or Non Nursing Home Level of Care under Family Care. The results of the screen will be explained to you and you will be notified in writing.
2. You have the right to have a financial determination completed by the local Economic Support Unit in your county. You will be informed of the results of this determination in writing.
3. You have the right to receive the result of the functional screen within 10 business days of the acceptance of screening unless you request a delay in the process.
4. You have the right to a written decision regarding your financial application for Family Care within thirty (30) days of the date you request the financial review.
5. If your application for Family Care is approved you have the right to a timely referral to the Care Management Organization.
6. You have the right to appeal any decision made by the Aging and Disability Resource Center of Western Wisconsin or the local Economic Support Unit of your county. The Aging and Disability Resource Center of Western Wisconsin shall refrain from any reprisal or threat of reprisal against the person registering a complaint or grievance.

C. Acceptance of Family Care

1. You have the right to choose to participate in Family Care.

D. Complaints and Grievances

1. Provision of Information
 - a. The informal and formal processes for resolving complaints and grievances regarding the Aging and Disability Resource Center of Western Wisconsin, the Care Management Organization or civil rights available through Family Care and other service systems, and which process might be most appropriate for resolving the person's specific issue.
 - b. The ability to obtain assistance from the Aging and Disability Resource Center of Western Wisconsin to file complaints and grievances relating to the Aging and Disability Resource Center of Western Wisconsin.
 - c. Available resources to assist with complaints and grievances. The Aging and Disability Resource Center of Western Wisconsin shall cooperate with

a review by an external advocacy organization on the behalf of the person in regard to filing or processing a complaint or grievance.

E. Complaint and Grievance Process

1. **Informal internal complaint and grievance**
 - a. **Must be resolved within 10 business days of the time the complaint or grievance is received.**
 - b. **The complaint will be logged in the Complaint and Grievance Log by the local staff of the Aging and Disability Resource Center of Western Wisconsin in your county.**
 - c. **The person whom the complaint is addressed to will try to resolve the situation with the consumer.**
 - d. **If the professional staff of the Aging and Disability Resource Center of Western Wisconsin can not resolve the issue, the supervisor of the Aging and Disability Resource Center of Western Wisconsin in the county of your residence will be requested to become involved to assist with resolution.**
 - e. **The supervisor's involvement could entail conferencing by phone or in person, whichever is most appropriate.**
 - f. **If satisfactory resolution cannot be met then the consumer will be offered the option of a Formal Internal Complaint.**
2. **Formal Internal Complaint**
 - a. **Must be resolved within 15 business days of the time the complaint or grievance is received.**
 - b. **The steps followed for an informal internal complaint or grievance will be followed first.**
 - c. **Peggy Herbeck, Supervisor, the Aging and Disability Resource Center of Western Wisconsin, will review the complaint or grievance first. If resolution can not be reached after review, the consumer may appeal to the Director of the Aging and Disability Resource Center of Western Wisconsin.**
 - d. **The Director of the Aging and Disability Resource Center of Western Wisconsin will review the complaint or grievance. If resolution can not be reached after review, the consumer may appeal to the Aging and Disability Resource Center of Western Wisconsin Advisory Committee.**
 - e. **The consumer has the right to appeal to the Aging and Disability Resource Center of Western Wisconsin Advisory Committee. If resolution cannot be reached the consumer may file a complaint with the Department of Health and Family Services.**
3. **Formal External Complaint resolution through the Department, before during or after the use of the Aging and Disability Resource Center of Western Wisconsin's internal process**
 - a. **MetaStar, Inc. The Family Care external quality review organization shall act as the designated agent for DHFS. To file a grievance or appeal with DHFS, the member may contact the Family Care Grievance hotline either by writing, calling or mailing:**
DHFS Family Care Grievances
c/o Meta Star
2909 Landmark Place
Madison, WI 53713
Phone: (888) 203-8338 (HOTLINE)
FAX: (608) 274-8340
E-Mail: famcare@dhfs.state.wi.us
 - b. **The member or the provider may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed, appeal.**

F. Access to all or part of these steps may be taken at any time in the process.

G. Access to the State Fair Hearing Process

The consumer has the ability to directly appeal to the State Fair Hearing process within 45 days after receipt of notice of a decision or failure to act regarding the following types of grievances:

1. Determination of ineligibility for the Family Care benefit as specified in ss. 46.286(1) or 46.286 (1m), Wis. Stats.;
2. Determination of cost sharing for the Family Care benefit;
3. Determination that the individual is eligible for but not entitled to the Family Care benefit as specified in ss. 46.286(3) Wis. Stats.;
4. Determination in regard to divestment, treatment of trust amounts, and protection of income and resources of couple for maintenance of community spouse; and
5. Failure of the Aging and Disability Resource Center of Western Wisconsin to provide timely services and support.

For all other matters, the Department's review process must be utilized prior to using the State Fair Hearing process.

H. Notification of Decision

1. The Aging and Disability Resource Center of Western Wisconsin shall give written notification of decision made through the Aging and Disability Resource Center of Western Wisconsin's internal complaint and grievance process to the person and any other affected parties. In addition to the decision the notification shall include:
 - a. Name of the contact person at the Aging and Disability Resource Center of Western Wisconsin for complaints and grievances - Peggy Herbeck, Supervisor, the Aging and Disability Aging and Disability Resource Center of Western Wisconsin.
 - b. Date of decision
 - c. Summary of steps taken on behalf of the person to resolve the issue
 - d. An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for determinations listed in (G) above
 - e. How to file for review by the Department and through the State Fair Hearing Process

- I. If you need assistance, the Aging and Disability Resource Center of Western Wisconsin will link you with advocacy resources.

A list of local advocacy organizations that might help you is attached.

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| <p>a. Elderly Benefit Specialists
La Crosse County Aging Unit
400 4th Street North
La Crosse, WI
Phone: (608) 785-9710</p> | <p>g. Citizen Advocacy
1035 Green Bay Street
Apt. 4
La Crosse, WI
Phone: (608) 782-4760</p> |
| <p>b. Federally designated protection and advocacy
Disability Rights WI
131 W. Wilson Street, Suite 700
Madison, WI 53703
Phone: (608) 267-0214
Toll Free: 1-800-928-8778</p> | <p>h. Division of Quality Assurance
Bureau of Assisted Living
Western Regional Office
610 Gibson St., Suite 1
Eau Claire, WI 54701
Phone: (715) 836-4752
Fax: (715) 836-2535
RCAC's, CBRF's, 3-4 Bd. AFH's,
Adult Daycare's, ICF-MR's,
Nursing Homes</p> |
| <p>c. WI Board on Aging and Long Term Care
1402 Pankratz Street Suite 111
Madison, WI 53704
Toll Free: 1-800-815-0015</p> | |

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| <p>d. Aids Resource Center of WI-La Crosse
 1707 Main Street
 La Crosse, WI 54601
 Phone: (608) 785-9866</p> | <p>i. DHFS Family Care Grievances
 c/o Metastar
 2909 Landmark Place
 Madison, WI 53713
 Toll Free: 1-888-203-8338
 Fax: (608) 266-8340
 Email:
 www.famcare@dhfs.state.wi.us</p> |
| <p>e. Family Care Request for Fair Hearing
 c/o DOA Division of Hearing and Appeals
 5005 University Avenue, Room 201
 PO Box 7875
 Madison, WI 53707
 Phone: (608) 266-3096
 Fax: (608) 264-9885</p> | |
| <p>f. Hmong Mutual Assistance Association
 1815 Ward Avenue
 La Crosse, WI
 Phone: (608) 781-5744</p> | <p>j. Independent Living Resources
 4439 Mormon Coulee Road
 La Crosse, WI 54601
 Phone: (608) 787-1111
 TDD/TTY: (608) 787-1148</p> |

J. Resolution of Complaints

1. **The Aging and Disability Resource Center of Western Wisconsin encourages individuals to resolve complaints and grievances with the Aging and Disability Resource Center of Western Wisconsin through the internal informal complaint and resolution process whenever possible.**
2. **There will be no reprisal or threat of reprisal against the consumer for registering a complaint or grievance. Consumers have the right to register a complaint or grievance or exercise their due process rights without fear of reprisal. The Aging and Disability Resource Center of Western Wisconsin will cooperate with a review by an external advocacy organization on the behalf of the consumer in regard to filing or processing a complaint or grievance.**
3. **The Aging and Disability Resource Center of Western Wisconsin shall cooperate with a review on the behalf of the person in regard to filing or processing a complaint or grievance.**

