



FIDELIS CARE®

Fidelis Care Managed Long-Term Services and Supports (MLTSS) Booklet



1-855-642-6185 (TTY: 711)
fideliscarenj.com 

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Welcome to Fidelis Care

Welcome to your Fidelis Care Managed Long-Term Services and Supports (MLTSS) Plan. We are happy to have you as a member and look forward to serving you.

We want you to take an active role in your care. As our member, you will work with a care manager. They will help manage your care and make sure you get the services you need. Together, we will plan and coordinate services. Our goal is to enhance your quality of life.

Please read this booklet. It has important information about your Health Plan. This includes care and services just for MLTSS members.

Remember, MLTSS services are in addition to the services you get from NJ FamilyCare Plan A. That is why you should keep this booklet with your NJ FamilyCare member handbook. Your member handbook tells you about:

- Your available NJ FamilyCare Plan A benefits (MLTSS members receive all NJ FamilyCare Plan A benefits);
- Advance directives;
- Details about how to file a grievance or appeal;
- How we protect your privacy; and
- Preventive healthcare.

Do you have questions? Call MLTSS Member Services toll-free at **1-855-642-6185** (TTY: **711**) any time, day or night.

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Important Phone Numbers

MLTSS Member Services	1-855-642-6185 (TTY: 711)	Monday through Friday, from 8 a.m. to 6 p.m. Care Managers can be reached 24 hours a day, seven days a week.
24-Hour Behavioral Health Crisis Line	1-800-411-6485	24 hours a day, seven days a week.

If you contact Member Services after hours for an emergency, we will let your MLTSS Care Manager know.

**Keep these numbers near your phone.
You can call toll-free anytime you need help.**

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 and needs. This includes help doing everyday tasks that you may no longer be able to do for yourself. These tasks are things like bathing, dressing, getting around your home, fixing meals, or doing chores in the home.

MLTSS provides member-centered planning and benefits. MLTSS ensures you get the care you need. Your care manager and providers will work with you and your representatives to develop a care plan. This plan centers on member choice.

The care management team considers your overall well-being. They will work with you to see how different parts of your life affect your health. This includes helping you with your medical, behavioral, social, and economic needs. Care managers perform health and risk assessments to identify those needs, coordinate care and treatment services, explain benefits, provide education, and help connect you to community resources.

Long-term care also includes care that may keep you from having to go to a nursing home. This can be care in your own home or in the community if your needs can safely be met. These are called home-and community-based services (HCBS). Long-term care services also include care in a nursing home.

Who can join the MLTSS Program?

You can be a Fidelis Care MLTSS member if you:

- Meet NJ FamilyCare requirements;
- Meet the requirements for nursing facility level of care (for example, you need help with activities like bathing, dressing, eating, or walking);
- Are under the age of 21 and have a chronic condition that requires nursing services;
- Live in our service area; and
- Meet the financial requirements.

Your care manager will tell you more about the program.

Your MLTSS Identification (ID) Card

You will get your Fidelis Care MLTSS ID card in the mail. If you do not get it, call your care manager. You can also call MLTSS Member Services toll-free at **1-855-642-6185** (TTY: **711**) to get a new ID card. Finally, you can order a new card on your member portal at **fideliscarenj.com**.

When your ID card arrives, look it over to make sure the information is correct. Please keep it with you at all times. You need to show your card to get care or services.

The diagram shows a sample MLTSS ID card with the following fields and callouts:

- Your name:** Member: SAMPLE A SAMPLE
- Your Fidelis Care ID number:** Member ID: 1234567
- The date your Fidelis Care membership started:** Effective Date: 08/01/2023
- Your Medicaid ID number:** Medicaid #: 98765432*
- Your PCP's contact information:** Primary Care Provider (PCP): Allison Smith; PCP Phone: 1-555-123-9876
- Information your PCP and other providers need to correctly bill for your care/services:** Co-Pay Information: Dental \$X, Emergency \$X, PCP \$X, Pharmacy \$X, Specialist \$X
- How to contact us:** Member Services: 1-888-543-6543 / TTY: 711
- Our website:** www.fideliscarenj.com

Additional card details include: Managed Long Term Services and Supports (MLTSS), Issue Date: 07/15/2023, Plan Name: NJ FamilyCare A/ABP, and contact information for Fidelis Care P.O. Box 31224 Tampa, FL 33631-3224.

Feel free to ask your care manager any questions about your MLTSS ID card.

Your MLTSS Care Manager

As a member of our MLTSS program, you will work with a care manager. They are a licensed nurse or social worker.

Your MLTSS care manager will be your partner. They work with you and your medical and behavioral health providers to make sure you get the care you need. Together, you will develop a plan of care. To do this, they:

- Meet you face to face in your home, hospital, or nursing home to get to know you and your health needs. Your first visit will happen in the first month of your enrollment and then every three months (or more often if needed) for as long as you are in the program;
- Work with you, your primary care provider (PCP), and other providers to create a care plan and update it as your health and/or needs change;
- Work with your PCP and other providers to make sure you get the right care;
- Help you if you leave a nursing facility and return home, or when you move from your home to a nursing facility;
- Monitor your overall care;
- Answer any questions you or your family may have about your health;
- Work with you to create a backup care plan. If your care manager is not available, your backup care manager will help you; and
- Reach out to you within one business day when messages are left or requests are received to develop a care plan.

Our care managers want to help you reach your healthcare goals. They also want to partner with you to manage your health so you can live a happier, healthier life.

My MLTSS Care Manager:

My MLTSS Care Manager Phone Number:

Write your MLTSS care manager's name above. Keep this information handy!

Remember to check your member handbook to learn more about behavioral health benefits and services that you may be able to get.

Stay in touch with your MLTSS care manager. Make sure to let them know of any changes in your health or to report any critical incidents as explained by your care manager and

outlined on Page 8. You should also report any changes in your contact information to your care manager.

Call your MLTSS care manager if:

- Your health changes (so we can increase or decrease your level of service);
- You need to report a critical incident;
- Any of your medications change;
- You plan to leave our service area for a long period of time (for example, if you plan to move south for the winter or stay with family);
- Your Medicaid eligibility changes or you get any letters or calls from NJ FamilyCare; or
- You move or your contact information changes.

If you need to talk with a care manager after hours, call Member Services toll-free at **1-855-642-6185** (TTY: **711**). We are here for you 24 hours a day, seven days a week. If your care manager is unavailable, your back-up care manager will help you. Member Services will reach a care manager for you.

Critical Incidents

A critical incident is any event that could harm your overall health and well-being, such as:

- The unexpected death of a member;
- Physical, psychological, sexual, or verbal abuse;
- You fall and need medical treatment;
- A medical emergency;
- You make an error with your medications that had a bad reaction;
- You or your family want to report concerns about mistreatment by a caregiver or another person;
- You attempted suicide and need medical treatment;
- You want to report a theft that involves law enforcement;
- You need to report that someone may be taking advantage of your finances;
- You may be evicted; or
- Your heat, electricity, or water is being shut off.

To report a critical incident, call Member Services any time toll-free at **1-855-642-6185** (TTY: **711**). They will reach a care manager, who will contact you the same day. For non-urgent issues, we should call you back within 24 hours.

Contact Us

Call or write us with any questions you have. We are happy to answer them for you. We are here for you any time, day or night.



Member Services:

Toll-free number: **1-855-642-6185** (TTY: **711**)



Fidelis Care MLTSS
550 Broad St., 12th Floor
Newark, NJ 07102

You can call us any time you need help to:

- Get a new MLTSS ID card;
- Find, choose, or change a provider;
- Make an appointment with a provider;
- Update your contact information, such as your mailing address and phone number; and/or
- File a grievance or appeal.

We want you to be comfortable when working with us and your providers. Do you speak a different language? Do you need information in Braille, large print, or audio? We can get you translations and alternative formats at no cost to you. To get information in alternative formats, call Member Services toll-free at **1-855-642-6185** (TTY: **711**).

Interpreter services are provided free of charge to you when talking with your Health Plan, your providers, or during the grievance process. If you need an interpreter for your medical appointment, call us before your appointment. We will arrange for an interpreter to be at your appointment.

MLTSS Member Representative

Besides your MLTSS care manager, we have member representatives to help our MLTSS members. Call Member Services toll-free at **1-855-642-6185** (TTY: **711**) 24 hours a day, seven days a week.

Our member representatives work with our different departments to:

- Make sure our members' best interests are represented when planning for quality improvement programs;
- Oversee the education of our members, their families, and providers about MLTSS issues; and
- Work on ways to make our Health Plan better.

Let a member representative know about any falls, abuse, neglect, death, or any incidents that would harm or affect your health. To report an event, call Member Services toll-free at **1-855-642-6185** (TTY: **711**).

An MLTSS member representative will also:

- Be another resource for members and their families to go to for any questions;
- Help make sure our members know how to get the most from our Health Plan;
- Make sure members get in touch with the right staff members within our Plan; and
- Help solve issues or problems.

To get in touch with an MLTSS Member Representative, call or write:



Member Services:

Toll-free number: **1-855-642-6185** (TTY: **711**)



Fidelis Care MLTSS
550 Broad St., 12th Floor
Newark, NJ 07102

Moving Back Home from a Nursing Facility

If your health improves enough for you to leave a nursing facility, we will help you move back home and cover the cost.

Once you are home, your care manager will call you at least once a month to see how you are doing. They will also stop by to see you at least every three months. If any changes need to be made to your plan of care, you can work on them together.

A few things need to happen to help this move occur:

- 1.** Your care manager meets with you to talk about the move;
- 2.** Once you decide to move, your care manager meets with your providers to make sure your move goes smoothly;
- 3.** Before the move, your care manager gets prior authorizations (asks for approval) for any services you need;
- 4.** Your care manager talks with you within three business days of your move to help you with your plan of care, which must be signed before you leave the nursing facility; and
- 5.** You and your Care manager meet face to face within 10 business days of your return home.

Money Follows the Person (MFP)

Money Follows the Person (MFP) helps people move from nursing homes into their homes and/or the community.

This Federal program also helps states strengthen and improve community-based systems of long-term care for low-income seniors and people with disabilities.

- To be eligible:
 - Member must be in a nursing facility for 60 days; and
 - Member must be MLTSS.
- As-needed services include:
 - Furniture;
 - Household items;
 - Groceries;
 - Help with housing;

- PCA services, meals-on-wheels, life alert, and other home-based services;
- Participant direction (self-direction); and
- Help to ensure a safe, seamless discharge.

Participant Direction (Self-Direction)

If you get services in your own home, you can choose *participant direction*. (This is also called self-direction.)

The goal of participant direction is to give you the freedom to choose how to best manage your care. It empowers you to choose:

- What kind of care you want and need;
- When and where to get your care; and
- Who will provide your care.

You can hire who you want to care for you. This care includes services such as:

- Personal care;
- Non-medical transportation; and
- Chore and home-based supportive care.

You will be trained to make the right decisions about your care. You will also work with the people you hire to meet the goals in your plan of care.

Ask about this when you meet with your care manager. Together you can decide if this would be a good choice for you. You may also decide at some point that it is not for you. If so, you can choose to end participant direction at any time.

You can choose a family member to manage your participant direction. However, they cannot give you personal attendant services while managing your participant direction. The person who manages self-direction is called the authorized program representative.

MLTSS Cost Sharing

“Cost sharing” refers to what members pay for their care. Those in a nursing facility or assisted living facility are responsible for cost sharing known as patient payment liability (PPL). The County Social Service Agency reviews your income to decide what you should pay.

PPL applies to these MLTSS members:

- Nursing facility residents;
- Assisted living services residents;
- Adult foster care residents; and
- Community residential services residents.

Please pay your PPL amount to your facility, or you could lose your services.

Members with traumatic brain injuries who live in a group home pay their PPL portion directly to the group home.

MLTSS Services Covered by Fidelis Care

Besides the NJ FamilyCare Medicaid services we give you, we also cover the NJ FamilyCare MLTSS services on the next chart. Your care manager can answer questions about these services. You can also call Member Services toll-free at **1-855-642-6185** (TTY: **711**) any time day or night.

Service	Description/Limits
<p>Assisted Living Program (ALP)</p>	<p>This service is available if you are in a publicly subsidized assisted living facility and includes:</p> <ul style="list-style-type: none"> • Chore services; • Managing and giving medications; • Homemaker services; • Personal care services; and • 24-hour on-site staff who: <ul style="list-style-type: none"> – Meets your needs in a way that allows for respect, dignity and independence; and – Makes sure you are safe. <p>You must pay your monthly rent payments and utility bills. You must also pay for your own meals and other household items.</p> <p>You cannot get this service at the same time as these services:</p> <ul style="list-style-type: none"> • Assisted living services; • Caregiver/participant training; • Chore services; or • Home-based supportive care (HBSC).

Service	Description/Limits
<p>Assisted Living Services — Assisted Living Residence (ALR)</p>	<p>These services are available if you are in an assisted living facility and include:</p> <ul style="list-style-type: none"> • Chores; • Homemaker services; • Managing and giving medications; • Personal care services; • Recreational, social activities and programs; and • 24-hour on-site staff who: <ul style="list-style-type: none"> – Meets your needs in a way that allows for respect, dignity, and independence; and – Makes sure you are safe. <p>An assisted living residence (ALR) is a facility approved by the Department of Health to give you:</p> <ul style="list-style-type: none"> • Apartment-style housing; • Assisted living services; and • Group dining. <p>Each apartment-style unit includes a:</p> <ul style="list-style-type: none"> • Front door that can be locked from inside; • Private bathroom; • Small kitchen (kitchenette); and • Bedroom. <p>In an ALR, you can get to your own apartment anytime and get food and drinks anytime.</p>

Service	Description/Limits
<p>Assisted Living Services — Assisted Living Residence (ALR) (continued)</p>	<p>You cannot have access to these services at the same time as:</p> <ul style="list-style-type: none"> • Adult day health services; • Assisted living program (ALP); • Attendant care; • Caregiver/participant training; • Chore services; • Home-based supportive care (HBSC); • Home-delivered meals; • Personal care assistant (PCA); • Personal emergency response system (PERS); • Residential modifications; • Respite care; or • Social adult day care (SADC) group activities.

Service	Description/Limits
<p>Assisted Living Services — Comprehensive Personal Care Home (CPCH)</p>	<p>A comprehensive personal care home (CPCH) is a facility approved by the Department of Health to give you:</p> <ul style="list-style-type: none"> • Assisted living services; • A personal care assistant (PCA); • Room and board; and • Transportation to and from healthcare services. <p>In a CPCH:</p> <ul style="list-style-type: none"> • The stove in the kitchen can be removed if it is a safety hazard; • A front door can be locked from inside; • You can get to your own apartment kitchen at any time to get food and drinks; and • You may share a unit with another person (no more than one). <p>You cannot get this service at the same time as these services:</p> <ul style="list-style-type: none"> • Adult day health services; • Attendant care; • Assisted living program (ALP); • Caregiver/participant training; • Chore services; • Home-based supportive care (HBSC); • Home-delivered meals; • Personal care assistant (PCA); • Personal emergency response system (PERS); • Residential modifications; • Respite care; or • Social adult day care (SADC).

Service	Description/Limits
<p>Caregiver/Participant Training</p>	<p>This service offers training and help to those who give you care.</p> <p>Training can be given one on one or in a group setting, and can include seminars.</p> <p>The training needs must be listed in your plan of care. Limited to one training session a day.</p> <p>You cannot get this service at the same time as these services:</p> <ul style="list-style-type: none"> • Assisted living program (ALP); or • Assisted living services.

Service	Description/Limits
<p>Chore Services</p>	<p>The following services involve tasks to keep your home clean and safe.</p> <p>These are more than just the tasks of day-to-day living, such as housekeeping and laundry. These chore services are available when you, a relative, or a landlord cannot do them because of physical or financial reasons:</p> <ul style="list-style-type: none"> • Changing screens/storm windows, weather stripping around doors and caulking windows for seasonal weather; • Cleaning appliances; • Cleaning and securing rugs and carpets; • Cleaning attics and basements to remove fire and health hazards; • Clearing walkways of ice, snow, and leaves and trimming overhanging tree branches; • Installing safety equipment; • Replacing door locks and window catches; • Replacing fuses, light bulbs, electric plugs, and bad cords; and • Washing walls, windows, and scrubbing floors. <p>You cannot get this service at the same time as these services:</p> <ul style="list-style-type: none"> • Assisted living program (ALP); • Assisted living services; or • Community residential services (CRS).

Service	Description/Limits
<p>Cognitive Therapy (Group and Individual)</p>	<p>This is a service for the following members:</p> <ul style="list-style-type: none"> • Those who have had a traumatic brain injury (TBI); or • Those who have been in the TBI waiver program. <p>The service helps maintain and prevent worsening of your ability to:</p> <ul style="list-style-type: none"> • Make decisions for yourself; • Pay attention and focus; • Remember things; and • Solve problems. <p>What kinds of therapy and how often you get them are decided by:</p> <ul style="list-style-type: none"> • Assessments you will receive; and • Your plan of care. <p>Therapy can be provided in these settings:</p> <ul style="list-style-type: none"> • A rehabilitation center; • A residential program; or • Your home.
<p>Community Residential Services (CRS)</p>	<p>This is a service for the following members:</p> <ul style="list-style-type: none"> • Those who have had a traumatic brain injury (TBI); or • Those who have been in the TBI waiver program. <p>The services are given in a licensed residence supervised by a CRS provider, and include:</p> <ul style="list-style-type: none"> • Chore services; • Companion services; • Night supervision; • Personal care; • Recreational activities; and • Transportation.

Service	Description/Limits
<p>Community Transition Services</p>	<p>These services help cover the costs you may face when preparing your home after you move out of a facility.</p> <p>Covered expenses include:</p> <ul style="list-style-type: none"> • Fees to arrange and manage your move; • Install things to help you get around in your home (for example, a ramp or grab bars); • Necessary household items like furniture, food preparation tools, and bed linens; • Pest control and cleaning (one-time, when you first move in); • Security deposits to lease an apartment or house; • Set-up fees for utilities (for example, electricity and phone); and • Moving costs. <p>Your needs must be listed in your plan of care.</p> <p>Service limits include:</p> <ul style="list-style-type: none"> • Does not cover vehicle modification; • Cannot be used to buy TVs or other recreational items; • Monthly rent/mortgage payments and utility bills are not covered; • Total expenses cannot be more than \$5,000; and • This service can only be used once in your lifetime.

Service	Description/Limits
<p>Home-Based Supportive Care (HBSC)</p>	<p>These services help you with your instrumental activities of daily living (IADL) needs. This is to let you stay in your home and be as independent as possible.</p> <p>Services include:</p> <ul style="list-style-type: none"> • Grocery shopping; • Laundry; • Light housework; • Meal preparation; and • Watching over your finances. <p>You cannot get this service at the same time as these services:</p> <ul style="list-style-type: none"> • Assisted living program (ALP); • Assisted living residential (ALR); • Assisted living service; • Community residential services (CRS); or • Comprehensive personal care home (CPCH).
<p>Home-Delivered Meals</p>	<p>You can have meals delivered to your home if you:</p> <ul style="list-style-type: none"> • Do not live in a medical facility; • Cannot shop for and/or prepare food without help; and • Do not have a caregiver to make meals for you. <p>The meals are high in nutrition. They provide one-third of the recommended dietary allowances (RDA).</p> <p>You cannot get this service at the same time as these services, which already include meals:</p> <ul style="list-style-type: none"> • Assisted living services; or • Community residential services (CRS).

Service	Description/Limits
<p>Medication Dispensing Device</p>	<p>This service helps you remember to take your medication on time as instructed. This is for people who live alone or are alone for long periods during the day.</p> <p>Here is how the service works:</p> <ul style="list-style-type: none"> • The device automatically dispenses your medication as the prescription requires (amount and timing); • Once your medication is dispensed, you need to get it within a certain period of time; if you do not, the device will give you reminders; • If you do not get to your medication by the last reminder, an automatic phone call is made to you, your emergency contact, and your care manager until someone answers; and • If there is no answer, the machine will lock your missed medication. <p>This benefit includes installing the device and service.</p> <p>This service must be medically necessary.</p>

Service	Description/Limits
<p>Non-Medical Transportation</p>	<p>Non-medical transportation is a service that enhances a member’s quality of life. A Fidelis Care-approved provider may transport the member to locations including but not limited to:</p> <ul style="list-style-type: none"> • Shopping; • Beauty salon; • Financial institution; • Religious services of their choice; or • To tour a potential community residence (may include travel to DCA or Public Housing Authorities and, if applicable, meeting with landlords in community locations to secure community housing). <p>Service Limitations:</p> <ul style="list-style-type: none"> • Services are limited to those that are required for implementation of a member’s plan of care. When possible, family, neighbors, friends, public transit, tickets, or community agencies that can provide this service without charge will be used.
<p>Nursing Facility Services (Custodial Care)</p>	<p>Services are to meet your medical, nursing, dietary, and social needs. Services are provided in a setting that gives ongoing medical supervision and nursing care. We authorize this service based on the NJ Choice assessment.</p>

Service	Description/Limits
<p>Occupational Therapy (group and individual)</p>	<p>These services are intended to:</p> <ul style="list-style-type: none"> • Incrementally (minimal unpredictable changes over longer lengths of time) develop or improve skills; or • Prevent the loss of previously achieved/attained progress at risk of being lost as a result of a traumatic or acquired non-degenerative brain injury (TBI/ABI). <p>These services also are intended to help a member learn new skills to let them function best in their current or future least-restrictive environment.</p> <p>Occupational therapy services can also help you keep skills gained through rehabilitation.</p> <p>This service is limited to members with traumatic brain injuries (TBI).</p>
<p>Personal Emergency Response System (PERS)</p>	<p>These devices let you get help in an emergency if you:</p> <ul style="list-style-type: none"> • Live alone; or • Need regular supervision and are alone for a long period of time during the day. <p>These devices:</p> <ul style="list-style-type: none"> • Connect to your phone; • Send a signal to a response center when you press the “Help” button; and • Are available as portable “Help” buttons, which let you move around your house and be able to call for help when needed. <p>This includes installing the PERS and service.</p> <p>This service must be medically necessary.</p>

Service	Description/Limits
<p>Physical Therapy (group and individual)</p>	<p>Services are intended to:</p> <ul style="list-style-type: none"> • Incrementally (minimal unpredictable changes over longer lengths of time) develop or improve skills; or • Prevent the loss of previously achieved/attained progress that is at risk of being lost as a result of a traumatic or acquired non-degenerative brain injury (TBI/ABI). <p>Services are also intended to let a member learn new skills that lets them function best in their current or future least-restrictive environment.</p> <p>Physical therapy is also to keep you from losing any more bodily functions (movement and mobility) that have been regained through rehabilitation.</p> <p>This service is limited to members with traumatic brain injuries (TBIs).</p>
<p>Private-Duty Nursing (for adults age 21 and older)</p>	<p>This is one-on-one, ongoing nursing care. It is provided in your home by a registered nurse (RN) or licensed practical nurse (LPN).</p> <p>Limits include:</p> <ul style="list-style-type: none"> • This service is not available if you are an inpatient at a hospital or in a nursing facility; and • Up to 16 hours of services are approved in a 24-hour period. <p>This service must be medically necessary.</p> <p>Prior authorization is needed.</p>

Service	Description/Limits
<p>Residential Modifications</p>	<p>These are special changes made to your home to help you live on your own.</p> <p>Changes to your home must be:</p> <ul style="list-style-type: none"> • Needed for your care, as well as for your health and safety; and • Meet State and local building codes. <p>Changes can include:</p> <ul style="list-style-type: none"> • Installing a ramp and grab bars; and • Widening doorways. <p>Changes or improvements for general use are not covered, such as:</p> <ul style="list-style-type: none"> • Carpet; • Central air conditioning; • Changes that increase the total square footage of your home; and • Roof repair. <p>Limits include:</p> <ul style="list-style-type: none"> • Total expenses cannot be more than \$5,000 each calendar year or \$10,000 in your lifetime; and • You cannot get this service if you live in a/an: <ul style="list-style-type: none"> – Assisted living residence; – Assisted living program (ALP); or – Community residential services (CRS). <p>Changes to a rental unit must be approved by the owner or manager.</p>

Service	Description/Limits
<p>Respite Care</p>	<p>These services make sure you get care when your regular caregivers cannot be there.</p> <p>Services are:</p> <ul style="list-style-type: none"> • Given in your home or a Medicaid-licensed nursing facility; • Not meant to take the place of care usually given by a nurse or therapist; and • Offered to you if you cannot care for yourself. <p>Services are limited to 30 days each calendar year.</p>
<p>Social Adult Day Care (SADC)</p>	<p>This is a group program. It offers health, social, and related support services if you have difficulties in these areas. It can meet non-medical needs.</p> <p>The program involves visits to a supervised adult day care center. You go for several hours and take part in recreational and social activities.</p> <p>Limits include:</p> <ul style="list-style-type: none"> • You cannot get this service if you are in an assisted living facility; and • You cannot get this service while getting adult day health services.
<p>Speech, Language, and Hearing Therapy (group and individual)</p>	<p>These services help with speech, language, and hearing. They can help you keep skills learned in rehabilitation.</p> <p>Limited to members with traumatic brain injuries (TBI).</p>

Service	Description/Limits
<p>Structured Day Program</p>	<p>These services are offered to members who:</p> <ul style="list-style-type: none"> • Have had a traumatic brain injury (TBI); or • Have been in the TBI waiver program. <p>Services include activities in a one-on-one or group setting. These can help you be more independent and get back into your community.</p> <p>Activities are designed to improve your:</p> <ul style="list-style-type: none"> • Attention skills; • Completing tasks; • Problem-solving ability; • Managing finances; and • Safety awareness.
<p>Supported Day Services</p>	<p>These services are offered to the following members:</p> <ul style="list-style-type: none"> • Those who have had a traumatic brain injury (TBI); or • Have been in the TBI waiver program. <p>Services are aimed to get you active in your community through:</p> <ul style="list-style-type: none"> • Recreational activities; • Shopping; and • Volunteering. <p>A plan of care will be created for you. It will include these types of activities. You will be able to do them one-on-one with a healthcare professional.</p>

Service	Description/Limits
<p>Traumatic Brain Injury (TBI) Behavior Management (group and individual)</p>	<p>A daily program for members who have severe maladaptive or aggressive behavior that is potentially destructive to themselves or others. The program is provided in the home or out of the home, is time-limited, and is designed to treat the member and caregivers, if appropriate, on a short-term basis. It is provided by, and under the supervision of, a licensed psychologist or board-certified/board-eligible psychiatrist and by trained behavioral aides.</p> <p>The service includes a complete assessment of the maladaptive behavior(s), development of a structured treatment plan, implementation of the plan, ongoing training and supervision of caregivers and behavioral aides, and periodic reassessment of the plan. The goal of the program is to return the member to the prior level of functioning that is safe for them and others.</p> <p>This service must be medically necessary.</p>
<p>Vehicle Modifications</p>	<p>Services include:</p> <ul style="list-style-type: none"> • Changes to a vehicle that would help you be more independent at home and in your community, while keeping you safe; and • Items such as lifts and monitoring systems. <p>The need for these changes must be identified in your plan of care.</p> <p>Service Limitations:</p> <ul style="list-style-type: none"> • You or your authorized representative must own the car and it must be registered in New Jersey; and • Changes must follow New Jersey codes.

Voluntary Withdrawal from Managed Long-Term Services and Supports

Taking part in the MLTSS Program is your choice. Some members may qualify for MLTSS but may not wish to get the services. Those members may choose to leave the program.

If you choose to leave MLTSS, talk to your care manager face to face or by phone. The Office of Community Choice Options (OCCO) will contact you about possible loss of benefits due to financial eligibility rules. The care manager:

- Lets you know that leaving the MLTSS Program may lead to the loss of NJ FamilyCare services;
- Makes sure you understand that if you were not getting NJ FamilyCare services before you joined MLTSS, you may NOT be eligible for NJ FamilyCare when you leave MLTSS;
- Lets you know what MLTSS and NJ FamilyCare services will be lost or not available as a result of leaving;
- Lets you know how to stay eligible to get NJ FamilyCare and gives you information on how to contact the County Social Service Agency;
- Lets you know about other services or programs for which you may be eligible; this includes telling you how to contact the Aging and Disability Resource Connection (ADRC);
- Makes sure you know the withdrawal process, time frames, outcomes, and that you sign the consent form; and
- Lets you know how to access MLTSS services in the future.

You will be asked to sign the NJ Department of Human Services MLTSS Voluntary Withdrawal Form. We give you the withdrawal form and a copy of the form when it is complete. The form states you agree to leave the program.

See your Member Handbook. It has information about yearly reassessment and how to disenroll.

Member Rights and Responsibilities

You have the right to:

- Get information about our Plan, services, and providers;
- Get information and make recommendations about your rights and responsibilities;
- Have a say in our member rights and responsibilities policies and recommend changes to other policies and services we cover;

- Talk openly about the care you need, no matter the cost or benefit coverage, your treatment options, and the risks involved (this information must be given in a way you understand);
- File an appeal or grievance about your Plan or the care we provide; also, know that if you do, it will not change how you are treated; and to know that you cannot be disenrolled from your Plan for filing an appeal or grievance;
- Ask for and get information about the services available to you;
- Have access to and a choice of qualified service providers;
- Know your rights before getting approved services;
- Get services without regard to race, religion, color, creed, gender, national origin, political beliefs, sexual orientation, marital status, or disability;
- As a resident of an MLTSS community, to have a key to lock/unlock the home and bedroom doors, to have visitors of the Member's choosing, to make and receive phone calls, to make independent schedules, and to have access to food at any time, unless otherwise determined in a documented person-centered process;
- Have access to appropriate services that support your health and welfare;
- Make decisions about your care needs;
- Choose between a nursing facility and home-and community-based services (HCBS), whichever safely meets your needs;
- To assume risk after being fully informed and able to understand the risks and effects of your decisions;
- Take part in the development of your plan of care;
- Request changes in services at any time, including requests to add, increase, decrease, or discontinue services;
- Ask for and get from your care manager a list of names and duties of any person(s) who provide care services to you;
- Get help and guidance from your care manager to resolve concerns and/or complaints about your care needs or services or providers;
- Get written facility specific resident rights when you go into an institutional or residential setting;
- Be informed of all the covered/required services you are entitled to, and are required by and/or offered by the institutional or residential setting, and any charges not covered by our Health Plan while in the facility;

- Not to be transferred or discharged out of a facility except for medical necessity;
 - To protect your physical welfare and safety or the welfare and safety of other residents;
or
 - After reasonable notice, when you fail to make payments to the facility that are based on your income level.
- Have us protect and promote your ability to use the rights listed in this document;
- Have all rights and responsibilities mentioned here passed on to your chosen representatives;
- Get information about the Plan, its staff, staff qualifications, and its contracts;
- Not take part in or to leave programs and services offered by the Plan;
- Know your care manager and know how to change your care manager;
- Get support from us to make decisions with your care manager;
- Be informed of all care management services available, even if a service is not covered, and to discuss options with your care manager;
- Have information about you kept private and to know how we keep your data secure;
- Make complaints to us and get details about the complaint process;
- Get information in a way you can understand; and
- Be treated with respect by our staff and recognition of your dignity and right to privacy.

You have the responsibility to:

- Give your care manager all the information needed to develop a plan of care for you;
- Understand your healthcare 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 when needed;
- Understand the risks that come with decisions you make about your care;
- Report any major changes to your health condition, medication, living arrangements, informal, and formal supports to your care manager;
- Let your care manager know of any problems or if you are not happy with your care;
- Follow our rules and/or the rules of an institutional or residential setting (including any cost share);
- Ask questions if you do not understand something about your care or the Plan;

- Give information that we and your providers need to give care to you;
- Follow plans and instructions for care that you have agreed on with your provider(s);
- Understand your health problems; and
- Help set treatment goals that you and your provider(s) agree to.

We are committed to keeping your race, ethnicity, and language (REL), and sexual orientation and gender identity (SOGI) information confidential. Here are some of the ways we protect your information:

- Keeping paper documents in locked file cabinets;
- Making sure that all electronic information is on physically secure media; and
- Keeping your electronic information in password-protected files.

We may use or disclose your REL and SOGI information to perform our operations. These activities may include:

- Designing intervention programs;
- Designing and directing outreach materials;
- Informing healthcare practitioners and providers about your language needs; or
- Assessing healthcare disparities.

We will never use your REL and SOGI information for underwriting, rate setting, or benefit determinations. We will not disclose your REL or SOGI information to unauthorized individuals.

Discrimination Is Against the Law

Fidelis Care complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, age, disability or sex.

We have free aids and services to help people with disabilities communicate with us. That includes help such as sign language interpreters. We can also give you info in other formats. Those formats include large print, audio, accessible electronic formats and Braille.

If English is not your first language, we can translate for you. We can also provide written info in other languages.

If you need these services, call us at **1-855-642-6185**. TTY users can call **711**. We're here for you Monday-Friday from 8 a.m. to 6 p.m.

Do you feel that we did not give you these services? Or do you feel we discriminated in some way? If so, you can file a grievance by mail, phone, fax, or email. You can reach us at Fidelis Care Grievance Department, P.O. Box 31384, Tampa, FL 33631-3384. You can reach us by phone at **1-855-642-6185**; TTY **711**. Our fax is **1-866-388-1769**. Our email is **OperationalGrievance@fideliscarenj.com**. If you need help filing a grievance, a Fidelis Care Civil Rights Coordinator can help you.

You can also file a civil rights complaint online with the U.S. Dept. of Health and Human Services, Office for Civil Rights. Go to the Complaint Portal at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. File by mail to: U.S. Dept. of Health and Human Services, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201. You can call them at **1-800-368-1019**, **1-800-537-7697** (TTY).

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.

If English is not your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio and large print. Just give us a call toll-free. You can reach us at **1-855-642-6185**. For TTY, call **711**.

Si el español es su idioma materno, podemos traducir la información para usted. También podemos proporcionarle información en otros formatos, entre ellos, Braille, audio y letra grande. Solo llámenos, sin costo alguno. Puede comunicarse con nosotros llamando al **1-855-642-6185**. Para TTY, llame al **711**.

若您中文是您的第一語言，我們可以為您翻譯。我們也提供其他格式的資訊，包括點字版、音訊和大字印刷。請致電免費專線 **1-855-642-6185**。TTY 請撥打 **711**。

귀하의 모국어가 한국어인 경우 번역해 드릴 수 있습니다. 점자, 오디오, 대형 활자본 등 다른 형식으로도 정보를 제공해 드릴 수 있습니다. 수신자 부담 전화 **1-855-642-6185**(TTY: **711**)번으로 전화하여 당사에 문의해 주십시오.

Se português for a sua língua materna, podemos traduzir por si. Também lhe podemos fornecer informações noutros formatos, tais como braille, áudio e em letras grandes. Para tal, basta contactar-nos através do número **1-855-642-6185**. Para TTY, ligue para o **711**. A chamada não tem quaisquer custos.

જો ગુજરાતી તમારી પ્રથમ ભાષા છે, તો અમે તમારા માટે અનુવાદ કરીને આપી શકીએ છીએ. અમે તમને બીજા ફોર્મેટ્સમાં પણ માહિતી આપી શકીએ છીએ. તેમાં બ્રેઇલ, ઓડિયો અને મોટી પ્રિન્ટનો સમાવેશ થાય છે. અમને ફક્ત એક ટોલ-ફ્રી કોલ કરો. તમે **1-855-642-6185** પર અમારો સંપર્ક કરી શકો છો. TTY માટે, **711** પર કોલ કરો.

Jeśli język polski jest Twoim pierwszym językiem, możesz skorzystać z tłumaczenia. Możesz również otrzymać informacje w innych formatach, takich jak alfabet Braille'a, plik dźwiękowy lub duży druk. Wystarczy wykonać bezpłatne połączenie na numer **1-855-642-6185**, (TTY: **711**).

Se l'italiano è la sua prima lingua, possiamo provvedere alla traduzione per lei. Possiamo anche fornirle informazioni in altri formati, tra cui Braille, audio e stampa grande. È sufficiente chiamarci al numero verde **1-855-642-6185**. Per TTY, chiamare il numero **711**.

إذا كانت العربية لغتك الأولى، فيمكننا توفير خدمة الترجمة لك. يمكننا أيضاً تزويدك بمعلومات بتنسيقات أخرى ويشمل ذلك طريقة برايل والتسجيل الصوتي والطباعة بأحرف كبيرة. ما عليك سوى الاتصال بنا على الرقم المجاني. يمكنك التواصل معنا عبر الرقم **1-855-642-6185**. للهاتف النصي TTY، اتصل على الرقم **711**.

Kung Tagalog ang una ninyong wika, puwede kaming magsalin para sa inyo. Puwede rin kaming magbigay sa inyo ng impormasyon sa iba pang format. Kabilang dito ang Braille, audio, at malaking print. Tawagan lang kami nang libre. Puwede kayong makipag-ugnayan sa amin sa **1-855-642-6185**. Para sa TTY, tumawag sa **711**.

Если вашим родным языком является русский, мы можем предоставить вам услуги перевода. Мы также можем предоставить вам информацию в других форматах. Сюда относятся такие форматы, как шрифт Брайля, аудиоформат и крупный шрифт. Просто позвоните нам по бесплатному номеру телефона. Вы можете связаться с нами по номеру **1-855-642-6185**. TTY: **711**.

Si Kreyòl Ayisyen se pa premye lang ou, nou ka tradwi pou ou. Epitou nou ka ba w enfòmasyon nan lòt fòm. Sa gen ladan Bray, odyo, ak gwo enpresyon. Sèlman ba nou yon koutfil gratis. Ou ka jwenn nou nan **1-855-642-6185**. Pou TTY, rele **711**.

अगर हिंदी आपकी पहली भाषा है, तो हम आपके लिए अनुवाद कर सकते हैं. हम आपको अन्य फ़ॉर्मेट में भी जानकारी दे सकते हैं. इसमें ब्रेल, ऑडियो और बड़े प्रिंट शामिल हैं. बस हमें टोल-फ़्री कॉल करें. आप हमसे **1-855-642-6185** पर संपर्क कर सकते हैं. TTY के लिए, **711** पर कॉल करें.

Nếu ngôn ngữ chính của quý vị là tiếng Việt, chúng tôi có thể phiên dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác. Bao gồm chữ nổi, âm thanh và bản in chữ lớn. Chỉ cần gọi cho chúng tôi theo số điện thoại miễn phí. Quý vị có thể liên hệ với chúng tôi theo số **1-855-642-6185**. Đối với TTY, gọi số **711**.

Si le français est votre langue maternelle, nous pouvons vous fournir une traduction. Nous pouvons également vous fournir des informations dans d'autres formats, notamment en braille, au format audio ou encore en gros caractères. Il vous suffit de nous appeler gratuitement au **1-855-642-6185**. Pour le mode TTY, composez le **711**.

اگر اردو آپ کی پہلی زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم آپ کو دوسری شکلوں میں بھی معلومات دے سکتے ہیں۔ اس میں بریل، آڈیو اور بڑا پرنٹ شامل ہے۔ بس ہمیں ایک ٹال فری نمبر پر کال کریں۔ آپ ہم سے **1-855-642-6185** پر رابطہ کر سکتے ہیں۔ TTY کے لیے، **711** پر کال کریں۔



FIDELIS CARE®

1-855-642-6185 (TTY: 711)

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