



## Next Steps

# Partnership

You have selected the *Partnership Program* provided by:

\_\_\_\_\_

(insert name of the Managed Care Organization)

Your anticipated *enrollment date* will be:

\_\_\_\_\_

(insert date)

To schedule a *home visit*, within three days after your enrollment date, you will be contacted by:

\_\_\_\_\_

(insert name of the Managed Care Organization)



### *Additional tips/reminders:*

1. If you are not happy with the services you receive or any part of the care, please express your concerns to your care team.
2. Partnership is a voluntary program. At any time you can reconsider your choice to enroll. If you decide later that you might want to look at other choices, then please contact the ADRC of \_\_\_\_\_.
3. If any service that you receive or would like to receive is reduced or denied, \_\_\_\_\_ (insert name of the Managed Care Organization) will give you a written notice containing information about your right to appeal the decision. This notice will include steps you can take to appeal the decision. In addition, there are advocates called ombudsmen that can help. You can reach the elderly or disability ombudsman program in the area by calling \_\_\_\_\_.

If you have any questions about your next steps or have problems along the way, we can help.

Please call the ADRC of \_\_\_\_\_ at \_\_\_\_\_.

***What to Expect During Your Home Visit***

During this visit (and future visits), care management staff will take time to get to know you and learn from you how the program can best support your needs. You are welcome to have family or friends take part in these, and future conversations.

You will be asked about any non-prescription medications or supplies that you routinely purchase. These might be paid for as part of your services and support plan that is developed with your team.

