



Next Steps

Family Care

You have selected the **Family Care Program** provided by:

(insert name of the Managed Care Organization)

Your anticipated **enrollment date** will be:

(insert date)

To schedule a **home visit**, within 3-days after your enrollment date, you will be contacted by:

(insert name of the Managed Care Organization)

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.



Additional tips/reminders:

1. If you are not happy with the services you receive or any part of the care, then please express your concerns to your care team.
2. Family Care is a voluntary program. You can at any time reconsider your choice to enroll. If you decide later that you might want to look at other options, please contact the ADRC of _____.
3. If any service that you receive or would like to receive is reduced or denied, then _____ (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 that you can take to appeal the decision. In addition, there are advocates called ombudsmen that can help. You can reach the disability or elderly 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 _____.

