

Provider Handbook

February 2010



*Bringing Quality Managed Care
to Southwest Wisconsin*

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This handbook is also available online at: <http://familycarealliance.org/providers.html>

Contents

Introduction	1
Family Care	1
Overview of SFCA and the Flexible Family Care Benefit We Offer	1
Family Care Roles.....	3
The Care Management Team	3
Definition of “Outcomes”.....	4
MEMBER ELIGIBILITY	4
Eligibility for Family Care.....	4
Functional Eligibility.....	5
Financial Eligibility	5
Eligibility Verification.....	5
Member Enrollment Process	5
COVERED AND NON-COVERED SERVICES	6
Covered Services.....	6
Non-Covered Services.....	7
PROVIDER NETWORK	7
In-Network Provider	7
Out of Network Provider	8
Requests to Add a Provider	9
Member Choice	9
CONTRACT PROCESS	10
Documentation Requirements	10
Change of Contact Information.....	10
Criminal Background Checks	11
Audit Requirement	11
Room and Board in Residential Facilities.....	11
CLAIMS INFORMATION	12
Preparing and Submitting Claims	12
Elements of a Clean Claim.....	12
Submitting Your Claim	13
Reimbursement Information.....	13
Submission Deadlines	13
Corrected Claims.....	13
Claims Appeals.....	14
PRIOR AUTHORIZATION	14
Prior Authorization Request	14
Prior Authorization Processing	14
Prior Authorization for Emergency Services.....	15
COMMUNICATION	15
Reporting	15
Contact Information	15
Southwest Family Care Alliance Website.....	16
PROVIDER QUALITY STANDARDS	16
Overview of the Provider Quality Program	16
Member Satisfaction Survey	16
Provider Satisfaction Survey	16
Provider Comment/Complaint Form	16
Access Standards	17

Provider Meetings	17
PROGRAM INTEGRITY	17
Definitions	17
Program Integrity Compliance	18
Reporting	18
Investigating.....	18
CRITICAL INCIDENTS AND ADVERSE EVENTS	20
Definitions	20
MEMBER GRIEVANCES AND APPEALS	21
Definitions	22
Grievances or Appeals Against You as a Provider	22
Assisting a Member with a Grievance or Appeal	23
RESTRAINT AND SECLUSION	23
Use of Isolation, Seclusion, and Physical Restraint.....	23
CULTURAL COMPETENCY	23
Cultural Values.....	23
Cultural Competency	23
Cultural Preference.....	24
CONFIDENTIALITY	24
Provider Requirement	24
Reporting	24
Investigating.....	24

Appendix A: Definitions

Appendix B: Contact Information

Introduction

Family Care

Family Care, authorized by the Governor and Legislature in 1998, serves people with physical disabilities, developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs,
- Improving access to services,
- Improving quality through a focus on health and social outcomes, and
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and Disability Resource Centers: Designed to be a single entry point where individuals and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Managed Care Organizations (MCOs): Manage and deliver the Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences. Southwest Family Care Alliance (SFCA) is the MCO for eight counties: Crawford, Grant, Green, Iowa, Juneau, Lafayette, Richland, and Sauk.

SFCA coordinates and is responsible for quality assurance and billing, as well as for contracting with providers throughout the eight counties. This contracting process is called Provider Network Development, and these providers deliver the services needed by our members. Services provided must be high-quality, person-centered, cost-effective, and outcome based.

Overview of SFCA and the Flexible Family Care Benefit We Offer

Family Care improves the cost-effective coordination of long-term care services by creating a single flexible benefit that includes a large number of health and long-term care services that otherwise would be available through separate programs. A member of SFCA has access to a large number of specific health services offered by Medicaid, as well as the long-term care services in the Home and Community-Based Waivers and the very flexible state-funded Community Options Program. In order to assure access to services, SFCA develops and manages a comprehensive network of long-term care services and supports through contracts with providers. SFCA is responsible for assuring and continually improving the quality of care and services members receive. SFCA receives a monthly per-person payment to manage and purchase care for its members, who may be living in their own homes, group living situations, or nursing facilities. Some highlights of the Family Care benefit include:

- **People Receive Services Where They Live.** SFCA members receive Family Care services where they live, which may be in their own home or supported

apartment, or in alternative residential settings, such as Residential Care Apartment Complexes (RCACs), Community-Based Residential Facilities (CBRFs), Adult Family Homes, Nursing Homes, or Intermediate Care Facilities for people with developmental disabilities.

- **People Receive Interdisciplinary Care Management.** Each member has support from an interdisciplinary team (called a Care Management Team at SFCA) that consists of, at a minimum, a social worker care manager and a registered nurse care manager. Other professionals, as appropriate, also participate as members of the team. The Care Management Team conducts a comprehensive assessment of the member's needs, abilities, preferences, and values with the member and his or her representative, if any. The assessment looks at areas such as: activities of daily living, physical health, nutrition, autonomy and self-determination, communication, and mental health and cognition.
- **People Participate in Determining the Services They Receive.** Members or their authorized representatives take an active role with the Care Management Team in developing their care plans. SFCA provides support and information to assure members are making informed decisions about their needs and the services they receive. Members may also participate in the Self-Directed Supports (SDS) component of Family Care, in which they have increased control over their long-term care budgets and providers.
- People Receive Family Care Services that Include:
- **Long-Term Care Services**
These are services that have traditionally been part of the Medicaid Waivers programs or the Community Options Program, including adaptive aids, home modifications, home delivered meals, and supportive home care, to name a few.
- **Health Care Services**
These are services that help people achieve their long-term care outcomes, including home health, skilled nursing, medical equipment and supplies, outpatient mental health services, nursing home care, and occupational, speech, and physical therapy. For Medicaid recipients, health care services not included in Family Care are available through the Medicaid fee-for-service program.
- **Help Coordinating Member's Primary Health Care**
In addition to assuring that people get the health and long-term care services in the Family Care benefit package, SFCA Care Management Teams also help members coordinate all their health care, including, if needed, helping members get to and communicate with their physicians and helping them manage their treatments and medications.
- **Services to Help Achieve Member's Employment Objectives**
Services such as daily living skills training, day services, prevocational services, and supported employment are included in the Family Care benefit package. Other Family Care services such as transportation and personal care also help people meet their employment goals.
- **Services that Best Achieve Member's Outcomes**
The Care Management Team may decide to utilize creative options for services,

treatments or supports (other than just the benefit package services) that are more likely to help the member achieve his or her outcomes, and SFCA may then authorize those services and include them in the member's care plan.

A listing of Family Care benefit services can be found in the covered and non-covered section of this handbook.

Family Care Roles

The Care Management Team

SFCA contracts with each county to provide care management services. The Care Management Team is a group of people who work together to reach a common goal. Each person on the team contributes his or her own ideas. When an individual becomes a member of SFCA, they become the center of the Care Management Team. In general, the goal of the team is to provide the member with supports and services so that he/she can live a more independent and healthy life. A member helps identify their personal outcomes and, along with his/her care management team, creates a plan that lists the member's outcomes and needs along with the resources they will need. The member's team includes the following:

- **Member:** The member is the most important part of the Care Management Team. His/her involvement and contribution is critical to ensure that long-term care outcomes are achieved and the member's needs are met. The member's Team will involve the member in the process to identify personal goals or outcomes: from assessment to plan development, provider arrangements, service delivery, and evaluation of member satisfaction with services provided.
- **Social Work Care Manager:** The Social Work Care Manager helps the member identify and address the member's support needs as identified in their assessment. Examples of areas the member may evaluate with their Care Manager are employment, transportation, supportive home care, or outpatient mental health services. All of the services the member receives through SFCA are driven by the Member-Centered Plan and resulting Individual Service Plan that is written with the member. The Social Work Care Manager helps to arrange and monitor the service and supports included in the member's service plan.
- **Registered Nurse Care Manager:** The Registered Nurse Care Manager (RN) evaluates the member's health care needs and coordinates health care services with members. The RN helps or works with others to make sure the member receives ongoing tailored support for the member's long-term care and health care concerns. The RN will provide prevention and wellness education to members and other people in the member's life and will also encourage the use of influenza and pneumonia vaccines, if applicable and appropriate.
- **Guardian:** If a guardian has been appointed for a member, that person is always part of the Team.
- **Others as Member Determines:** Members may wish to include other people as part of the Team. Adult children or therapists are examples of others that members may choose to be part of their team.

Definition of “Outcomes”

Care Managers work with members/guardians to identify what is important to the member and identify his/her personal outcomes. Outcomes drive the individual service plan. SFCAs support members in meeting their outcomes. Some examples of outcomes we frequently hear include: “I want to live at home.” This is an outcome. Another example may be “I want to work.” There are many outcomes—they are personal and individual-specific. When services are purchased to meet an outcome they are expected to be cost-effective as well as help achieve the outcome.

Family Care may not be able to help members obtain everything they want out of life. In addition, SFCAs may not always purchase services to help the member achieve their outcomes. The things members do for themselves, or that a member’s family and friends do for them, are still a very important part of any plan to help members achieve their personal outcomes. The personal outcomes that Family Care does help members achieve are:

- Members are treated fairly.
- Members have privacy.
- Members have personal dignity and respect.
- Members choose their services.
- Members choose their daily routine.
- Members achieve their employment objectives.
- Members are satisfied with services.
- Members choose where and with whom to live.
- Members participate in the life of the community.
- Members remain connected to informal support networks.
- Members are free from abuse and neglect.
- Members have the best possible health.
- Members are safe.
- Members experience continuity and security.

MEMBER ELIGIBILITY

Eligibility for Family Care

An individual/guardian can choose to enroll in the SFCAs MCO if they are a resident of a participating county, are at least 18 years old, and have a long-term care need. The individual must also be functionally and financially eligible for Family Care and the individual must agree to sign the enrollment form. Family Care is a voluntary program. Individuals can enroll by calling or visiting an Aging and Disability Resource Center. See Appendix B for a list of participating counties and resource center contact information.

Functional Eligibility

Individuals must be functionally eligible for Family Care. Aging and Disability Resource Center staff will work with the individual to see if they meet functional eligibility criteria. Individuals must have a physical disability, developmental disability, or be over the age of sixty-five years.

Financial Eligibility

Individuals must be financially eligible for Family Care. The economic support unit in the person's county of residence will assign a worker to determine financial eligibility for individuals desiring to enroll in Family Care. This worker will determine if the individual meets the financial eligibility criteria for the SFCA MCO, Medical Assistance (Medicaid), or other financial assistance.

Eligibility Verification

Individuals will be asked to provide the following information to verify eligibility:

- Information about the individual's health and support needs,
- Information about the individual's income and assets, and
- A signed "Release of Information" form for medical records to better understand the individual's long-term care and health needs.

Member Enrollment Process

Individuals are enrolled in Family Care after they have gone through the financial and functional eligibility process with an Aging and Disability Resource Center and a county economic support unit. Once these have been completed, the individual will meet with an enrollment counselor to talk about what enrollment means. An enrollment counselor will discuss the individual's options and try to answer any questions the individual/guardian may have about Family Care and obtaining services from SFCA. The Aging and Disability Resource Center and the county economic support unit will let the individual know if they have a cost share. The Aging and Disability Resource Center will refer the individual to SFCA upon enrollment.

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COVERED AND NON-COVERED SERVICES

Covered Services

The following services are included in the Family Care Benefit Package:

- Adaptive Aids
- Adult Day Care
- Alcohol and Other Drug Abuse Services, **except** those provided by a physician or on an inpatient basis
- Care Management
- Communication Aids/Interpreter Services
- Community Support Program
- Consumer Education and Training
- Counseling and Therapeutic Resources (including alternative therapies)
- Daily Living Skills Training
- Day Services/Treatment
- Durable Medical Equipment, **except** for hearing aids and prosthetics
- Home Health Care
- Home Modifications
- Housing Counseling
- Meals: Home Delivered only
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, **except** those provided by a physician or in an inpatient setting
- Nursing Facility (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease)
- Nursing Services (including respiratory care, intermittent and private duty nursing)
- Occupational Therapy (in all settings **except** for inpatient hospital)
- Personal Care
- Personal Emergency Response System (PERS) Services
- Physical Therapy (in all settings **except** for inpatient hospital)
- Prevocational Services
- Relocation Services
- Residential Services: Certified Residential Care Apartment Complex (RCAC)
- Residential Services: Community-Based Residential Facility (CBRF)
- Residential Services: Adult Family Home
- Respite Care
- Specialized Medical Supplies
- Speech and Language Pathology Services (in all settings **except** for inpatient hospital)
- Supported Employment
- Supportive Home Care
- Transportation: Select Medicaid covered (i.e., Medicaid covered transportation services **except** ambulance and transportation by common carrier) and Non-Medicaid covered
- Vocational Futures Planning

Non-Covered Services

The Family Care benefit package does not include the following services:

- Ambulance Transportation
- Audiology
- Chiropractic
- Crisis Intervention Services
- Dentistry
- Emergency and Urgent Care Services
- End-Stage Renal Disease Services
- Eyeglasses
- Family Planning Services
- Hearing Aids (including batteries, accessories, and assistive listening devices; and repair and maintenance of hearing aids and assistive listening devices)
- Hospice Care
- Hospital: Inpatient
- Hospital: Outpatient (except physical therapy, occupational therapy, speech and language pathology, mental health services, and substance abuse treatment)
- Independent Nurse Practitioner Services
- Lab and X-ray
- Mental Health Services (provided by a physician or provided in an inpatient hospital setting)
- Nurse Midwife Services
- Optometry
- Prescription Drugs
- Physician Services
- Podiatry
- Prenatal Care Coordination
- Prosthetics (including repair and maintenance)
- School-based Services
- Substance Abuse Services (provided by a physician or provided in an inpatient hospital setting)
- Transportation by Common Carrier

PROVIDER NETWORK

In-Network Provider

SFCA is committed to ensuring that our provider network is adequate to meet the needs of our members. We are equally committed to ensuring that our providers demonstrate competency and quality in the provision of service to our members. We add providers to the SFCA Provider Network when all of the following standards are met:

- The service is a Family Care benefit;

- The proposed service is not adequately available within the current provider network or additional providers in a specific service area would offer needed choice for members;
- The provider's specialized knowledge, expertise, or cultural diversity is needed;
- The provider's mission statement and/or philosophies complement Family Care outcomes and the mission of SFCA;
- The provider meets all applicable licensing/certification requirements as they apply to the service(s) to be provided;
- The provider has demonstrated education and/or experience with proposed services and target group served;
- The provider has demonstrated competency with personnel practices related to hiring of staff, training, monitoring, and supervision of employees;
- The structural setting of services is of sufficient capacity and is safe for service provision;
- The provider has a demonstrated ability to meet other applicable standards that are required by law or per their contract with SFCA;
- The provider is able to demonstrate the ability to ensure the health and safety of members;
- The provider has demonstrated adequate financial stability to operate a business;
- The provider has positive references that illustrate competency and quality services;
- The provider is willing and able to sign and adhere to all components of the SFCA contract and/or agreement; and
- The provider is willing to submit other materials as requested by SFCA to illustrate quality, competency, and fiscal soundness.

Out of Network Provider

Members/guardians can request a provider other than a provider already in the SFCA Provider Network by talking with their Care Managers. SFCA Provider Network staff will review all requests for Out of Network Providers. Acceptable reasons for using an Out of Network Provider include:

- The Provider Network does not have capacity within it's current network to meet the member's identified need;
- The Provider Network does not include providers with the specialized expertise, specialized knowledge, or appropriate cultural diversity;
- SFCA cannot meet the member's need on a timely basis (emergency or urgent care service); or,
- The geographic availability of contracted providers is not adequate for a specific member which results in an undue hardship for the member.

Requests to Add a Provider

SFCA Provider Network staff will handle and process all requests to add providers to the Provider Network and all requests for Out of Network Providers. Requests can be submitted by Care Managers, SFCA staff or providers. Care Managers will review member requests for a specific provider and, if appropriate, submit the request to SFCA. Providers may contact SFCA Provider Network staff directly to apply to become part of the network. SFCA Provider Network staff will evaluate the application based on the standards listed under "In-Network Provider" (above).

Member Choice

Members have many choices in Family Care including choices among services and providers. These choices among services and providers include:

- For "Critical Personal Services," to choose any qualified provider who will accept a rate SFCA is willing to pay and meets SFCA's provider standards. "Critical Personal Services" are services that involve intimate personal needs or include services in which a provider needs to frequently go into a member's home;
- For other services, to choose from among the providers within the SFCA Provider Network, and to request SFCA consider adding specific providers to the SFCA Provider Network;
- To request a second opinion from a qualified health care professional within the SFCA Provider Network, or SFCA will arrange for the member to obtain a second opinion from a qualified health care professional outside the SFCA Provider Network, at no cost to the member;
- To have a family member, relative, or friend, paid to provide a service approved by the Care Management Team if the family member, relative, or friend agrees to accept the rate SFCA is willing to pay and meets SFCA's requirements and provider standards. (Note: members, or their guardian or Power of Attorney for Health Care will be considered the employer in these situations and the member will work with a fiscal intermediary that assists the member with specific employer duties through an option called Self-Directed Supports);
- To choose to request a provider outside the SFCA Provider Network if the network does not have providers with the specialized expertise or knowledge needed to treat a member's condition or meet a member's specific needs;
- To choose a Self-Directed Supports (SDS) option to manage his/her own services or with the member's own team of natural supports;
- To change the member's interdisciplinary teams up to two times per calendar year if SFCA has additional interdisciplinary teams to offer the member.

CONTRACT PROCESS

Documentation Requirements

There are many documents that are required as part of the SFCA contracting process. These documents may differ depending on provider type but generally include:

- The purchase of service contract or limited purchase agreement entered into by and between you "the provider" and SFCA
- Financial information, such as your most recent tax return, financial report or audit
- Copies of your licenses and certificates, as applicable
- Copies of your insurance declaration pages listing amount of insurance coverage and dates of coverage
- Criminal Background Check Information Disclosure (BID) form or Contract Checklist sign-off if provider performs background checks on its own (SFCA may ask for proof of background checks at any time)
- Provider references
- Provider Application Form
- Provider Disclosure Questions Form
- Authorization and Release Form
- Other documentation as requested by SFCA

Change of Contact Information

It is important that you keep us informed as to any changes in your address, telephone number, or other contact information, such as email address or contract administrator name. Please contact the SFCA Provider Network Department to report any such changes. The best way to do this is to fill out a *Provider Information Form* and mail or fax it to us. The form is available on our website at <http://familycarealliance.org/providers.html#Forms>. Please call our office at (608) 647-4729 if you would like us to mail you a blank form.

The contact information for SFCA Provider Network Department is as follows:

Southwest Family Care Alliance
Provider Network Department
28526 US HWY 14
Lone Rock, WI 53556
(608) 647-4729; (877) 376-6113 Toll Free; (608) 647-4754 (FAX)
Email: provider_network@familycarealliance.org

Criminal Background Checks

In order to protect the members served, providers are required to comply with the provision of applicable Wisconsin Statutes (Chapter 48 and Chapter 50), the Caregiver Background Check and Investigation Legislation, and applicable administrative rules of the State of Wisconsin, Department of Health Services.

You must ensure that background checks are conducted on all employees assigned to work with Family Care members, if the employee has actual, direct contact with our members. You must retain in your personnel files all pertinent information, including the Background Information Disclosure (BID) Form and/or search results from the Department of Justice, the Department of Health Services, and the Department of Regulation and Licensing, as well as out-of-state records, Tribal Court proceedings and military records.

After the initial background check, you must conduct a new background check every four (4) years, or at any time within that period when you have reason to believe a new check should be obtained. You must maintain the results of this background check, on your own premises, for at least the duration of the contract. As part of a quality check, SFCA's Provider Network staff may audit your personnel files to assure compliance with the State of Wisconsin Caregiver Background Check Policy.

You must refrain from assigning any individual to conduct any work under this contract who does not meet the requirement of this law. Employee in this paragraph shall mean an employee or prospective employee of yours, and any subcontractors, agents and assigns who will perform any work with SFCA members. You are required to notify SFCA's Provider Network staff in writing within one (1) business day if an employee has been charged with or convicted of any crime specified in HFS 12.07(2).

Audit Requirement

Each provider agency must provide an annual audit to SFCA if they are paid more than \$25,000 annually through contracts, unless the audit requirement is waived or it is not required per State standards. If you may be required to submit an audit, there will be an audit addendum included in your contract that will outline all of the audit requirements. If your audit is waived, you may still need to provide SFCA with annual financial statements. If you have any questions regarding this requirement, please contact SFCA Provider Network staff.

Room and Board in Residential Facilities

For members residing in a residential facility (which may be an adult family home, community based residential facility (CBRF), or an assisted living facility), as part of the member's approved services plan, SFCA will pay for the support and supervision portion of the care, and the member/guardian will be required to pay the rent and food portion of the facility's cost. These costs are also called "Room and Board" costs. The member/guardian will be informed of the room and board rate and the member/guardian will receive a monthly bill from SFCA for their room and board expense. Room and board costs are a flat rate based on the type of facility. Room and board costs are different than a cost share, which is based on the member's income

and/or assets. SFCA will pay providers the full daily rate for the facility and SFCA will bill the member/guardian directly for room and board costs.

CLAIMS INFORMATION

Preparing and Submitting Claims

Providers need to make sure they submit clean claims to SFCA within the required timelines, either electronically to WPS or by submitting the WPS paper claim form to WPS or SFCA. (See below for elements of a clean claim and submission instructions.) The WPS claim form can be found online at <http://familycarealliance.org/providers.html#Forms>. Please call our office at (608) 647-4729 if you would like us to mail you a blank form. Our medical providers may use the CMS 1500 or UB-04 forms to submit claims.

WPS/SFCA will reject all claims that do not include the elements of a clean claim or are not filed within the required timelines. WPS/SFCA will send all paper claims that do not contain the required elements back to the provider for correction. Most information needed to submit clean claims is available on the authorization letter for the service provided. Rate information for negotiated rate services is available on the Services, Rates, and Special Provisions Letter (SRSP).

Elements of a Clean Claim

Elements of a clean claim are as follows:

- Member name
- Member number (Social Security Number)
- Member date of birth
- Provider Tax I.D.
- Provider name and address
- Dates of service (if the claim is for multiple months of service, you must use a separate line for each month)
- Service Code
- Modifier, if applicable
- Authorization Number
- Number of units of service provided
- Rate per Unit
- Total Units cost
- Total of all charges submitted

If the service provided is a Medicaid service, the clean claim must also be submitted in a format and coding system acceptable to Wisconsin's Medicaid program.

Submitting Your Claim

For claims previously billed to a third party payer, please make sure you attach a copy of the Remittance Advice/Explanation of Benefits (EOB) or Explanation of Medicare Benefits (EOMB) to the claim form, or the claim will be returned to you unpaid. If there is an EOB/EOMB that has multiple members on it, each claim submitted needs a copy of the EOB/EOMB attached.

Please submit all paper claims to:

Southwest Family Care Alliance		Southwest Family Care Alliance
c/o WPS Health Insurance		ATTN: Claims Department
PO Box 8158	or	28526 US HWY 14
Madison, WI 53708-8158		Lone Rock, WI 53556

NOTE: Transportation claims and Physical, Occupational, and Speech Therapy claims must be mailed to SFCA at the Lone Rock address above, due to the complex nature of the coding used for these claims. Corrected claims should also be sent to Lone Rock.

You may also fax claims to (608) 649-4728 (including the claim types noted above).

It is a requirement that providers must accept payment made by Southwest Family Care Alliance and/or any third party payors as payment in full. **Providers are prohibited from billing, charging, or seeking remuneration or compensation from SFCA members.**

Reimbursement Information

SFCA will pay all clean claims that receive advance authorization within 30 days of receipt of the claim. Checks will be mailed directly to you at the address you provided. You may also sign up to have payments deposited directly to your bank account.

Submission Deadlines

Providers must bill SFCA no later than 90 days from the time services are provided, unless a different timeline (provider-specific) has been approved and established for you.

Southwest Family Care Alliance is the payor of last resort. The Provider must bill other primary third party payors first. In the event the primary payor denies the claim or makes only a partial payment on the claim, you must make sure that you submit invoices to SFCA within 90 days of receiving the denial or partial payment. SFCA will then determine the appropriate additional payment, if any.

Corrected Claims

Corrected claims must be submitted as paper claims directly to SFCA with "Corrected Claim" visibly noted on the claim form. The corrected claim will be submitted as it should have been originally. A claim is considered corrected if an initial payment has

been made and you are billing additional services for the same time period using the same authorization number.

Claims Appeals

You can dispute a claims denial or partial claims payment by requesting reconsideration. To request reconsideration, you must file a written request with SFCA Provider Network staff within 60 days of SFCA's action. Please submit reconsideration requests (appeals) to SFCA Provider Network staff.

If you file a request for reconsideration or appeal, you must clearly mark it as an "appeal" and indicate your name, address, date(s) of service, date of billing, date of rejection, and reasons for your request for reconsideration or appeal. Please include any supporting documentation that may be of assistance when reviewing the claim denial.

If you have any questions regarding this process, please contact SFCA Provider Network staff and they will guide you through this process.

If you do not agree with SFCA's decision upon reconsideration, or if SFCA does not respond to your request, you can file an appeal reconsideration request or failure to respond complaint to the Department of Health Services (DHS). You must file this request with DHS within 60 days of SFCA's final decision or failure to respond.

PRIOR AUTHORIZATION

Prior Authorization Request

All services provided to members must be authorized in writing by SFCA prior to the delivery of services. In addition, the total amount of services provided may not exceed the amounts authorized in writing by SFCA.

SFCA has the final authority in determining member eligibility for services and amount of services to be provided. Providers will not be reimbursed for unauthorized services provided to members or provided in amounts that exceed those authorized. Please notify all of your employees of our prior authorization requirements.

You must only provide services to members in the amounts authorized by SFCA. You will be responsible for the cost of any services provided that exceed the authorized amount. **Under no circumstances are you able to seek payment from the member or their family for the cost of services exceeding the total amount(s) authorized by SFCA.**

Prior Authorization Processing

A provider or member/guardian can request services from the member's Care Management Team. Upon receipt of such request, the team will either authorize or deny the request. When services are authorized, a written authorization for each and every service to be provided will be sent to the provider specifying the specific service

to be provided, the amount of service (number of units) to be provided, and the duration of services to be provided. Providers may sign up to view authorizations online rather than receive paper copies in the mail.

Providers or members/guardians may request additional service authorization(s) (new/additional service(s)) or extensions of existing authorizations by contacting the member's Care Management Team. The team will consider all requests for new/additional services or extensions of existing authorizations; however the mere factor of a request does not in any way imply that there will be any change in service level, service type, or duration of service.

Prior Authorization for Emergency Services

You must notify the Care Management Team immediately in an emergency situation. They will work with you to immediately authorize any services that are needed. See Appendix B for contact information, including after-hours and emergency contact information.

COMMUNICATION

Reporting

SFCA strives to ensure good communication between agencies. The Care Management Team is the first place to turn when you need to communicate about a member. Here are a few communication guidelines:

For questions regarding a member – Contact the member's Care Management Team

To seek authorization for services – Contact the member's Care Management Team

For emergency contact information – See Appendix B of this Handbook

For questions relating to your contract or if you have any concerns or complaints – Contact SFCA Provider Network staff

You are required to report any: changes in a member's condition, injury, illness, hospitalization, or deterioration. These reports should be made to the member's Care Management Team or the emergency contact in emergency situations when the member's Care Management Team cannot be reached.

Contact Information

See Appendix B for Care Management Team and emergency/after-hours contact information for each county, as well for as SFCA Provider Network, Program Integrity, and Claims contacts.

Southwest Family Care Alliance Website

Please visit our website at <http://familycarealliance.org>, which contains information for providers, members and the general public. The Providers section includes forms, links to useful references, back editions of the SFCA Provider Bulletin, and announcements of upcoming provider events.

PROVIDER QUALITY STANDARDS

"Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution."

~William Foster

Overview of the Provider Quality Program

Provider quality is of utmost importance, as it is providers that provide the hands-on care and services to our members. SFCA has developed service standards and service-specific quality measurement tools to ensure quality of care and services. We continue to work with providers to further develop our Provider Quality Program and will provide resources and information to providers as it specifically relates to their area of service provision. The Provider Quality Program currently focuses on Provider Credentialing/Licensing, Cultural Competency, Ethics, Program Integrity, Member Safety, Accessibility, Provider Satisfaction, Recognizing Excellent Provider Performance, Empowerment, Service Standards, and Education.

Member Satisfaction Survey

SFCA performs an annual member satisfaction survey to measure how satisfied members are with SFCA. In addition, SFCA has providers that send out their own member satisfaction surveys as part of their quality program and provide the results to SFCA as a quality update. We encourage all providers consider participating in this type of quality process.

Provider Satisfaction Survey

SFCA will periodically request that providers complete a satisfaction survey. The survey gives providers an opportunity to evaluate their experience working with SFCA and offer suggestions for improvement.

Provider Comment/Complaint Form

A Provider Comment/Complaint Form is used when a Care Manager or others would like to comment about a provider that he/she feels has gone above and beyond in service provision. SFCA recognizes providers that perform services in a manner that exceeds our expectations.

The form is also used as a quality alert when a Care Manager or other person has concerns relating to a specific provider. Provider Comment/Complaint Forms are completed by Care Managers or other persons and given to SFCA Provider Network staff for processing and follow-up.

Access Standards

SFCA is committed to ensuring that members have access to providers that are part of the SFCA Provider Network. Access is defined as members having timely access to the services they need and that they also have physical access to providers, which includes provider availability and the physical structure of provider facilities. While supporting access to services for all of our members, SFCA has special concern for vulnerable populations who may have special health needs or who may be at risk for adverse health outcomes. These populations require targeted interventions and tailored programs to achieve improvements in health status. SFCA is committed to ensuring that members have access to specialized services. SFCA Provider Network staff will work with providers to ensure adequate access to services.

Provider Meetings

SFCA will sponsor periodic meetings in each county to communicate with and provide educational opportunities for providers.

PROGRAM INTEGRITY

Southwest Family Care Alliance is committed to protecting the integrity of its managed care program. SFCA follows operational initiatives that were created to prevent, detect, and correct instances of fraud and abuse. Instances of fraud and abuse could be detrimental to SFCA, our members, and our personnel, and would violate our commitment to program integrity. Fraud and abuse could harm SFCA's viability. SFCA has developed policies and procedures specifically relating to Program Integrity and will investigate all allegations of fraud and abuse.

Definitions

Fraud – any intentional deception or misrepresentation made by a person or entity with the knowledge that the deception or misrepresentation could result in some unauthorized benefit to the perpetrator, itself, or to some other person or entity. It includes any act that constitutes fraud under applicable Federal or State law.

Examples of Fraud:

- Falsification of Provider Credentials
- Intentionally performing or billing improperly (e.g., intentionally denying appropriate services or intentionally submitting false billing claims)

Abuse – a practice that is inconsistent with sound fiscal, business, or medical practices, and results in unnecessary program costs or any act that constitutes abuse under applicable Federal or State law.

Underutilization – when an organization shows a pattern of failing to provide SFCA members with medically necessary, adequate health care services in a timely manner, while being reimbursed per plan.

Cherry-Picking – selecting the healthiest segment of the enrollment population that could result in higher profits for SFCA or provider and also could result in individuals who require the most care to obtain inadequate care.

Forms of cherry-picking include:

- Misuse of health needs questionnaires,
- Attempts to discourage individuals with potentially high utilization needs from joining Family Care,
- Choosing to hold a health fair, etc., in a location that would not enable or would discourage disabled individuals from attending, and
- Distributing marketing materials in locations where only “healthy” potential enrollees are likely to access them.

Program Integrity Compliance

Providers must not provide services or bill in a manner that would be considered a violation of our Program Integrity policies, including committing fraud and/or abuse. In addition, providers must contact the Program Integrity Compliance Officer to report any and all instances of alleged Program Integrity violations.

Reporting

All instances of alleged Program Integrity violations should be reported directly to the SFCA Program Integrity Compliance Officer. The SFCA Program Integrity Compliance Officer can be reached at:

Southwest Family Care Alliance

Program Integrity Compliance Officer (Internal Auditor)

28526 US HWY 14

Lone Rock, WI 53556

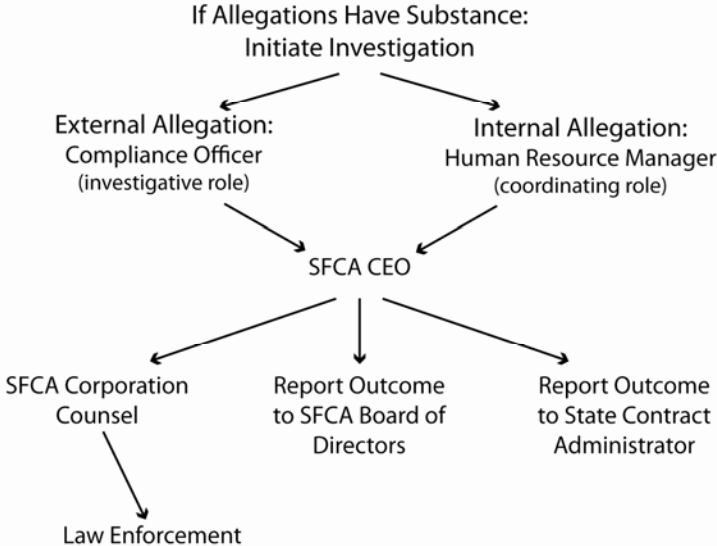
(608) 647-4729 x531, (877) 376-6113 (Toll Free), (608) 647-4754 (FAX)

Investigating

There are specific timelines established in investigating Program Integrity violation allegations. Investigations of all violation allegations will be conducted within 30 days of the Program Integrity Compliance Officer receiving the complaint. The complaint will be resolved within 60 days of the Program Integrity Compliance Officer receiving the complaint.

The Communication Tree on the next page shows the process SFCA uses in investigating fraud and abuse allegations.

**MCO
Communication Tree for
Fraud and Abuse Allegations**



CRITICAL INCIDENTS AND ADVERSE EVENTS

All individuals or entities providing services to SFCA members are **required to report** critical incidents and adverse events as defined below to the Care Management Team **within 24 hours** from the time the provider becomes aware of the incident/situation. All deaths of members must be reported to the Care Management Team within 24 hours, whether unexpected or not. This can be accomplished by calling the care management unit directly or by using the emergency/after-hours contact information in Appendix B. Providers will be expected to provide a written report on any critical incident within 7 calendar days to the SFCA Quality Department.

You must ensure immediate safety of the person served and take any necessary steps to assure that the member is protected from risk of continued harm. Guardians should be notified. If appropriate, Adult Protective Services, Wisconsin Department of Quality Assurance, and/or law enforcement should also be contacted.

You are required to cooperate with SFCA and the Care Management Team in investigating an alleged unforeseen event through access to records, staff, and any other relevant sources of information requested.

Definitions

Critical Incident – any circumstance, event or condition resulting from action or inaction that is either:

- Associated with suspected abuse, neglect, financial exploitation, other crime, a violation of member rights, or any unplanned, unapproved use of restrictive measures;
- Or that:
 - Resulted in serious harm to the health, safety or well-being of a member; or
 - Resulted in serious harm to the health, safety or well-being of another person as a result of the member's actions; or
 - Resulted in substantial loss in the value of the personal or real property of a member or of another person as a result of the member's actions; or
 - Resulted in the unexpected death of a member; or
 - Posed an immediate and serious risk to the health, safety, or well-being of a member, but did not cause harm because of chance or improvised preventive intervention.

Adverse Event – any circumstance, event, or condition resulting from either action or inaction that:

- Was undesirable and unintended; and
- Did not result in any serious harm to a member's health, safety or well-being; and

- Indicates or may indicate a quality issue with the services provided by the MCO or any of its providers.

Abuse – any of the following, if done intentionally, negligently, or recklessly:

- An act, omission, or course of conduct by another that is not reasonably necessary for treatment or maintenance of order and discipline and that does at least one of the following:
 - Results in bodily harm or great bodily harm to a member, or
 - Intimidates, humiliates, threatens, frightens, or otherwise harasses a member.
 - The forcible administration of medication or treatment with the knowledge that no lawful authority exists for the administration or performance.

Client Rights – rights in Family Care as outlined in member application materials and the SFCA Member Handbook.

Crime – conduct which is prohibited by State or Federal law and is punishable by fine or imprisonment or both. Conduct punishable only by forfeiture is not a crime.

Neglect – an act, omission, or course of conduct by another that, because of the failure to provide adequate food, shelter, clothing, medical care or dental care, creates a significant danger to the physical or mental health of a member.

Unexpected Death – any death that:

- Occurred without warning, and was not anticipated or considered probable; or
- Must be reported to the coroner or medical examiner pursuant to s. 979.01, Wis. Stats. or other regulation; or
- Is reportable to the Department of Regulation and Licensing or any part of the Department of Health Services.

MEMBER GRIEVANCES AND APPEALS

SFCA members have the right to register a grievance or appeal when they are not satisfied with any aspect of their care. SFCA maintains policies and procedures to ensure that every member's concerns are heard and responded to in a timely manner. There are two ways that the grievance and appeal process might touch you as a provider: 1) the member has a grievance related to your services and, 2) the member needs your assistance in filing a grievance or appeal related to SFCA or another provider. This section will provide a general overview of grievances and appeals, and then describe your role and responsibilities in the two situations mentioned above. To learn more about the member grievance and appeal process, see the *Southwest Family Care Alliance Member Handbook*, which is available on our website at <http://familycarealliance.org/members.html>. Please call our office at (608) 647-4729 if you would like us to mail you a copy of the handbook.

Definitions

Grievance. A grievance is a communication submitted by or on behalf of a member, expressing dissatisfaction regarding issues other than “actions” as defined below. Grievances can be oral or written, and are submitted to SFCA or to the Department of Health Services. Subjects for grievances include any act, decision or omission by SFCA or an SFCA provider, including but not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member’s rights.

Appeal – a request for review of an action, as “action” is defined below.

Action – Actions are taken by the care management team or SFCA in relation to member services or the member-centered plan. A *Notice of Action* is sent to the member when this occurs. Under the terms of SFCA’s contract with the Department of Health Services, “Action” means:

- The denial or limited authorization of a requested service, including the type or level of service;
- The reduction, suspension, or termination of a previously authorized service that is less than requested;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services and support items included in the member’s Individual Service Plan (ISP)/Member Centered Plan (MCP) in a timely manner
- The failure of a MCO to act within the timeframes as defined in the Health and Community Supports Contract for resolution of grievances and appeals;
- The development of an individualized service plan that is unacceptable to the member because any of the following apply:
- The plan is contrary to an enrollee’s wishes insofar as it requires the enrollee to live in a place that is unacceptable to the enrollee.
- The plan does not provide sufficient care, treatment, or support to meet the enrollee’s needs and identified Family Care outcomes.
- The plan requires the enrollee to accept care, treatment or support items that are unnecessarily restrictive or unwanted by the enrollee.

Grievances or Appeals Against You as a Provider

If a member approaches you regarding a complaint against you, direct the member to call the Quality Assurance Specialist at (608) 647-4729 ext. 516 for assistance. The toll-free number is (800) 376-6113.

You must notify SFCA in writing within five (5) business days of any grievances or appeals filed in writing against you and the action you took to resolve such grievances or appeals.

You must fully cooperate with SFCA in researching and resolving complaints and grievances regarding your services. Such cooperation will include furnishing information to SFCA on member grievances and appeals within 15 days of the request.

Assisting a Member with a Grievance or Appeal

If a member approaches you for assistance regarding a grievance or appeal that is not about you as a provider, a good place to start is to review with them the instructions in the member's copy of the *Southwest Family Care Alliance Member Handbook*. You may also direct the member to call the Quality Assurance Specialist at (608) 647-4729 ext. 516 or (800) 376-6113.

A member may file the grievance or appeal directly, or a family member or friend may file on the member's behalf if they have the member's or guardian's written permission. You may file an appeal on behalf of a member if you have the member's written permission. You are not allowed to file grievances on behalf of a member.

Please contact the SFCA Quality Assurance Specialist (as listed above) for assistance with any grievance, appeal, or member rights matter.

RESTRAINT AND SECLUSION

Use of Isolation, Seclusion, and Physical Restraint

All providers must comply with Ch. 51.61(1)(i) Wis. Stats and HFS 94.10 Wis. Adm. Code, in the use of isolation, seclusion, and physical restraints, which may not be used without specific case-by-case approval from the Department of Health Services, using the procedures specified by the Department of Health Services. SFCA will work with you in establishing a plan.

CULTURAL COMPETENCY

Cultural Values

You must provide services in a manner that honors a member's beliefs and is sensitive to cultural diversity. You must foster an attitude and communicate in a way that respects members' cultural backgrounds.

Cultural Competency

You must foster and encourage cultural competency. There are essential elements that contribute to the ability to become more culturally competent. These elements include:

- Value diversity,
- Be conscious of the "dynamics" inherent when cultures interact,
- Institutionalize cultural knowledge, and
- Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

These elements must be manifested at every level of service delivery. They should be reflected in attitudes, structures, policies, and services. Being competent means learning new patterns of behavior and effectively applying them in the appropriate settings.

Cultural Preference

Members have a right to choose providers from the SFCA Provider Network and choose services based on cultural preferences.

CONFIDENTIALITY

Provider Requirement

You must maintain confidentiality of all member information you generate or receive. You must also be in compliance with all State and Federal confidentiality requirements.

You must comply with the Federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services you provide or purchase with funds provided under contract with SFCA.

Reporting

You must immediately report all allegations of confidentiality violations to SFCA Provider Network staff and include your plan of action to address the violation if substantiated.

Investigating

SFCA Provider Network staff will work with you in investigating any instances of alleged violation and will work with you to resolve substantiated violations.

Appendix A. Definitions

Action

Actions are taken by the care management team or other SFCA department in relation to member services or the member-centered plan. A Notice of Action is sent to the member when this occurs. (See the Member Grievances and Appeals section of the handbook for a list of action types.)

Appeal

An appeal is a request for review of an action, as "action" is defined above. (See the Member Grievances and Appeals section of the handbook for more information about appeals.)

Business Hours/Days

Business Hours/Days are defined as 8:00 a.m. to 4:30 p.m. Monday through Friday.

Clean Claims

Clean Claims are those claims that are submitted to WPS/SFCA which are completely and accurately filled out, and do not require correction, editing, or resubmission by the provider agency. (See the Claims Information section of the handbook for elements of a clean claim.)

Managed Care Organization (MCO)

A Managed Care Organization (MCO) is an entity that has been certified by the State as meeting the requirements for a Managed Care Organization under s.46.284(3), Wis. Stats. and has a contract under s.46.284(2), Wis. Stats.; and s. HFS 10.42. SFCA is an MCO that has been certified by the Department of Health Services to make available to members, in consideration of periodic fixed payments, certain long-term care and health care services.

Member

A member is a person voluntarily enrolled in the SFCA MCO after having been found to be financially and functionally eligible for services from SFCA.

Contract

The contract/agreement between a provider and Southwest Family Care Alliance and all addendums, attachments, schedules, amendments, and exhibits attached thereto.

Culturally Competent

Services provided in a manner that honors the member's beliefs and customs and is sensitive to the cultural diversity and background of the member. This cultural competence will be demonstrated in written and verbal communications with the member and the member's family and in the training of provider staff.

DHS

Wisconsin Department of Health Services, 1 West Wilson Street, Madison, Wisconsin 53701.
General phone number: (608) 266-1865; TTY phone number: 608-267-7371.

Emergency

An emergency is when something occurs that threatens the member's health or level of function that may necessitate SFCA to immediately authorize service.

Family Care

The name given to the Wisconsin Long Term Care Re-design Project including the provision of long-term care services, referrals, and eligibility determination by an Aging & Disability

Resource Center and managed care organization. To learn more about Wisconsin's Family Care program, visit <http://dhs.wisconsin.gov/lcicare/>.

Grievance

A grievance is a communication submitted by or on behalf of a member, expressing dissatisfaction regarding issues other than "actions" as defined above. Grievances can be oral or written, and are submitted to SFCA or to the Department of Health Services. Subjects for grievances include any act, decision or omission by SFCA or an SFCA provider, including but not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member's rights. (See the Member Grievances and Appeals section of the handbook for more information about grievances.)

Service Authorization

A service authorization is an official document indicating that the SFCA is willing to pay for the requested service(s) that will be provided to the member by the provider. A service authorization will indicate the name of the member authorized to receive the service; the type of service to be provided; the number of units (amount of service) to be provided; the rate to be paid per unit for the service; the duration of the authorization; and the funding source. Service authorizations are mailed to the provider, or the provider can elect to view authorizations online.

Appendix B. Contact Information

Southwest Family Care Alliance

<p>(8:00 am to 4:30 pm Monday - Friday) 28526 US HWY 14 Lone Rock, WI 53556</p>	<p>Phone: (608) 647-4729 Toll Free: (877) 376-6113 Fax: (608) 647-4754 http://familycarealliance.org</p>
<p>Provider Network Development Patty Kemerling, Provider Network Manager (608) 647-4729 x505 patty.kemerling@familycarealliance.org Kris Willey, Provider Network Coordinator (608) 647-4729 x506 kris.willey@familycarealliance.org Angie Young, Provider Network Developer (608) 647-4729 x521 angela.young@familycarealliance.org</p> <p>Program Integrity Violation Reporting Southwest Family Care Alliance Program Integrity Compliance Officer (Internal Auditor) (608) 647-4729 x531, (877) 376-6113 or via mail / fax above</p>	<p>Claims Submission Southwest Family Care Alliance c/o WPS Health Insurance PO Box 8158 Madison, WI 53708-8158 or Southwest Family Care Alliance ATTN: Claims Department 28526 US HWY 14 Lone Rock, WI 53556-5114 Fax: (608) 649-4728</p> <p>NOTE: Transportation claims and Physical, Occupational, and Speech Therapy claims must be sent to SFCA at the Lone Rock address above, due to the complex nature of the coding used for these claims.</p>

Care Management Unit - Crawford

Crawford County Human Services

<p>Normal Business Hours (8:00 am to 4:30 pm Monday - Friday) 225 North Beaumont Road, Suite 326 Prairie du Chien, WI 53821 Phone: (608) 326-0248 Fax: (608) 326-4395</p>	<p>All Other Times After Hours: (608) 326-0241 The After Hours number will connect you with the Crawford County Sheriff's Department dispatcher. Tell them you would like to speak with the on-call social worker.</p>
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Aging and Disability Resource Center - Crawford

Aging & Disability Resource Center of SW WI-Crawford Co. Satellite

<p>225 North Beaumont Road, Suite 118 Prairie du Chien, WI 53821 klearn@crawfordcountywi.org</p>	<p>Phone: (608) 326-0235 Toll Free: (877) 794-2372 Fax: (608) 326-1150 http://crawfordcountywi.org/seniorresources</p>
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Care Management Unit - Grant

Grant County Department of Social Services

Normal Business Hours (8:00 am to 4:30 pm Monday - Friday) 8820 Highway 35/61 South PO Box 447 Lancaster, WI 53813 Phone: (608) 723-2136 Fax: (608) 723-4834 http://www.co.grant.wi.gov	All Other Times After hours emergency number: (608) 723-2157 (Sheriff's Department)
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Aging and Disability Resource Center - Grant

Aging & Disability Resource Center of SW WI-Grant County Satellite

8820 Hwy. 35/61 South PO Box 383 adrc@co.grant.wi.gov	Phone: (608) 723-6113 Toll Free: (877) 794-2372, (800)514-0066 FAX: (608) 723-6122 http:// www.co.grant.wi.gov
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Care Management Unit - Grant/Iowa UCS

Unified Community Services of Grant/Iowa County

Normal Business Hours Lancaster: (8:00 am to 5:00 pm Monday & Thursday; 8:00 am to 8:00 pm Tuesday & Wednesday; 8:00 am to 4:30 pm) 200 W. Alona Lane Lancaster, WI 53813 Phone: (608) 723-6357 Fax: (608) 723-4417 http://www.co.grant.wi.gov , click Departments on menu	Dodgeville: (8:00 am to 8:00 pm Monday; 8:00 am to 5:00 pm Tuesday - Thursday; 8:00 am to 4:30 pm Friday) 1122 Professional Drive Dodgeville, WI 53533 Phone: (608) 935-2776 Fax: (608) 935-3174
	All Other Times After hours call (608) 723-6357 or (800) 362-5717

Aging and Disability Resource Center - Iowa

Aging & Disability Resource Center of SW WI-Iowa County Satellite

222 North Iowa Street Dodgeville, WI 53533 judy.lindholm@iowacounty.org	Phone: (608) 935-0389 Toll Free: (877) 794-2372 FAX: (608) 935-1204 http://www.iowacounty.org
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Care Management Unit - Green

Green County Human Services

Normal Business Hours (8:00 am to 5:00 pm Monday - Friday, except 8:00 am to 8:30 pm Tuesday) Pleasant View Complex N3152 Highway 81 Monroe, WI 53566 Phone: (608) 328-9393 Fax: (608) 328-9480 http://www.gchsd.org	All Other Times Call (608) 328-9393. After hours/On Call will be routed to Care Managers as appropriate with a county screening procedure.
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Aging and Disability Resource Center - Green

Aging & Disability Resource Center of SW WI-Green County Satellite

Pleasant View Complex N3152 State Rd. 81 Monroe, WI 53566 resourcecenter@gchsd.org	Phone: (608) 328-9499 Toll Free: (877) 794-2372 FAX: (608) 328-9631 http://adrcgreencounty.org
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Care Management Unit - Juneau

Juneau County Department of Human Services

Normal Business Hours (8:00 am to 4:30 pm Monday - Friday) Juneau County Dept. of Human Services 220 E. La Crosse Street Mauston, WI 53948 Phone: (608) 847-2400 Fax: (608) 847-9576 http://www.co.juneau.wi.gov	All Other Times After hours crisis line: (608) 847-6161 Hess Hospital answers the calls and forwards them to Juneau County on-call services. Juneau County Human Services along with Juneau County Sheriff Department assesses and authorizes emergency services and needs.
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Aging and Disability Resource Center - Juneau

Aging & Disability Resource Center of SW WI-Juneau County Satellite

220 E. La Crosse Street Mauston, WI 53948 hrandall@co.juneau.wi.us	Phone: (608) 847-9371 Toll Free: (877) 794-2372 Fax: (608) 847-9442 http://www.co.juneau.wi.gov
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Care Management Unit - Lafayette

Lafayette County Human Services

Normal Business Hours (8:00 am to 4:30 pm Monday - Friday, except Tuesday 8:00 am to 7:00 pm) 627 Main Street Darlington, Wisconsin 53530 Phone: (608) 776-4800 Fax: (608) 776-4914 http://www.lchsd.org/	All Other Times After Hours Crisis Line: (608) 776-4848 The After Hours Crisis Line number will connect you with the Lafayette County Sheriff's Department dispatcher. Ask them to have the Human Services on-call worker call you back.
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Aging and Disability Resource Center - Lafayette

Aging & Disability Resource Center of SW WI-Lafayette Co. Satellite

627 Main Street Darlington, Wisconsin 53530	Phone: (608) 776-4960 Toll Free: (877) 794-2372 Fax: (608) 776-4915
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Care Management Unit - Richland

Richland County Health and Human Services

Normal Business Hours (8:00 am to 5:00 pm) Richland County Health and Human Services 221 West Seminary Street Richland Center, WI 53581 Phone: (608) 647-8821 Fax: (608) 647-6611 If you are calling during business hours and cannot reach the care management team and need immediate assistance, please press 0 and ask the front desk receptionist to page the Long Term Support Intake Worker, who will be able to help you with your immediate need. The Long Term Support Intake Worker does have the ability to authorize services in situations that require a timely response. http://co.richland.wi.us/departments/hhs/	All Other Times After Hours – On Call System: Richland County Sheriff's Dept. Phone: (608) 647-2106 Toll Free: (800) 544-2106 TTY: (800) 283-9877 (Wisconsin Telecommunications Relay System) The After Hours – On Call System telephone number will connect you with the Richland County Sheriff's Department dispatcher. Once connected with the dispatcher, please say, "I would like to access the Richland County Health and Human Services' Long Term Support Emergency On-Call system". The dispatcher will then take your name and telephone number and page the On-Call Worker, who will then return your call within 15 minutes. If your call is not returned within 15 minutes, please call the After Hours On-Call System telephone number and have the On-Call Worker paged again. The TYY number will connect you with a service that can relay your message to the Richland County Sheriff's Department dispatcher and On-Call System.
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Aging and Disability Resource Center - Richland

Aging & Disability Resource Center of SW WI-Richland Co. Satellite

221 West Seminary Street Richland Center, WI 53581 resctr@co.richland.wi.us	Phone: (608) 647-4616 Toll Free: (877) 794-2372 Fax: (608) 647-6611 http://co.richland.wi.us/departments/hhs/resctr
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Care Management Unit - Sauk

Sauk County Human Services

Normal Business Hours (8:00 am to 4:30 pm) Sauk County Human Services 505 Broadway PO Box 29 Baraboo, WI 53913 Phone: (608) 355-4200 Fax: (608) 524-7990	All Other Times After Hours Crisis Line: (800) 533-5692 This is a service which screens calls and refers them to an on-call worker. TDD: (608) 355-4298
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Aging and Disability Resource Center - Sauk

Aging & Disability Resource Center of SW WI-Sauk County Satellite

SAUK COUNTY WEST SQUARE BUILDING 505 Broadway, Room 102 Baraboo, WI 53913 tvandre@co.sauk.wi.us	Phone: (608) 355-3289 Toll Free: (877) 794-2372 FAX: (608) 355-4375 http://www.co.sauk.wi.us/dept/coa/index.html
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