



**MANAGED
CARE
ORGANIZATION**

MEMBER HANDBOOK

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OVERVIEW OF THE PROGRAM

Welcome to Western Wisconsin Cares

OUR MISSION

Western Wisconsin Cares improves the quality of life for older persons and adults with disabilities through person-centered, cost-effective long-term care services by promoting member choice and independence.

This handbook explains Western Wisconsin Cares (WWC). If you have questions, or want more information, in La Crosse please call (608) 785-6266, or Toll Free (877) 785-6266, TTY: (608) 785-9787, in Tomah call (608) 372-3012 or Toll Free at (888) 742-5510, in Blair at (608) 989-2690 or Toll Free at (888) 285-3490, in Alma at (608) 685-6100 or toll free at (877) 874-4610 and in Neillsville at (715) 743-5410 or Toll Free at (866) 923-7815. If you need this handbook in another language, Braille, large print, or another alternate format, call the Member Relations Coordinator in La Crosse at (608) 785-6301 or (877) 785-6266, in Tomah at (608) 372-3046 or (888) 742-5510, in Blair at (608) 989-2696 or (888) 285-3490, and in Neillsville at (866) 923-7815. The Member Relations Coordinator will also assist with any questions or requests for more information.

Si Ud, quisiera ayuda para entender esta informacion, por favor llame al Western Wisconsin Cares para Miembros, al numero (608) 785-6266, (877) 785-6266, TTY: (608) 785-9787. Para obtener ayuda en conseguir servicios, llame Ud, al mismo numero.

Yog koj xav tau kev pab kom koj to taub zoo daim ntawv los yog cov xov ntawn no, koj hu tau rau Western Wisconsin Cares tus xov tooj (608) 785-6266, (877) 785-6266, TTY: (608) 785-9787. Xav kom pab, hu tau rau tib tug xovtooj no.

What Is Western Wisconsin Cares?

Western Wisconsin Cares (WWC) is a long term care district which is a local unit of government. WWC has a contract with the Department of Health Services and is certified by the Department as a Managed Care Organization. We are a part of the Wisconsin Family Care Program. More information about Family Care is available on **<http://dhs.wisconsin.gov>**

WWC is committed to working with its members in all phases of program development and service delivery. WWC has member

representation on all of our advisory and governing boards.

It is the intent of WWC to provide you with services in a community based setting which are flexible and meet your individual needs. WWC will arrange for services wherever you are living, whether in a nursing home, a group home or your own home. All WWC members will have a team of professionals who will help members identify their needs and arrange for services.

See pages 11 through 14 of this handbook for a complete listing of these services.

Who Can Be A Member?

It is your choice to enroll as a WWC member. The basic criteria for membership are:

- You have a developmental disability, physical disability, or are frail elderly
- You are over the age of 18
- You are financially eligible for Medical Assistance
- You meet the functional eligibility requirements as determined by the Resource Center
- You live within the WWC Region
- You have signed the enrollment form

How Do I Become A Member?

The staff at the Aging and Disability Resource Center will meet with you and discuss your options for the delivery of Long-Term Care services. They will then complete a screen to determine if you are eligible for membership in the WWC and what level of care you meet.

If you are eligible:

- The Aging and Disability Resource Center will review this Member Handbook with you
- Services offered in the WWC benefit package will be explained to you
- Your rights and responsibilities as a member of the WWC will be explained to you
- Your financial status will be reviewed to determine if you will need to share in the cost of your care
- You will need to sign a release of information so WWC can review your relevant medical records to better understand your long-term care and health needs
- The release of information form prevents the same questions being asked again of you or your physicians
- The Aging and Disability Resource Center staff will help you

complete the enrollment forms.

What Does Being A Member Mean?

As a member, all of your services for long-term care will be managed through WWC.

If your needs are being met, your team will not interfere with or replace services that are being provided by friends, family, or community volunteers. It is important for your health and well-being that you remain connected to your natural support network.

WWC provides services through a network of contracted providers in place of Medical Assistance card services or the Home and Community Based Waiver Programs (such as COP and CIP). Also, WWC can provide more services than these programs.

A prior authorization from your team is needed if a WWC service is going to be provided. If you ask your team to end, add or change a service, the decision will be made with you and your team using the Resource Allocation Decision (RAD) method.

WWC is responsible for helping you to achieve your personal outcomes, but also must consider cost in designing services and choosing providers. We do this through a process called the Resource Allocation Decision (RAD) method. Using the RAD method, your care management team helps you identify your personal outcomes, then works with you to find the most cost-effective way of helping you achieve those personal outcomes. The service plan should be both reasonable and effective. This means that you do not have to settle for a service plan that does not help you reach your outcomes or that gets in the way of an outcome. However, WWC may choose to provide a service in a less expensive way if the service plan is still effective in helping you meet your individual outcomes. If your outcomes cannot be achieved right away, your WWC Team will help you identify potential steps or additional resources. If you disagree with your service plan you may at any time use the grievance and appeal procedures described on pages 19 to 22 of this handbook.

The Care Management Team

As a member of WWC you will be the “center” of a team that will help you look at your needs and develop a plan to assist you in meeting those needs. WWC will provide you with a team of professionals who will help you evaluate your needs. They will start by completing a comprehensive assessment that will examine all the areas of your life. Then the team will assist you in developing an individualized service plan to meet any identified needs. Your plan will choose services that will meet your individual goals and outcomes. At a minimum, your team will consist of yourself; your choice of advocates or supports, a social worker, a registered nurse, and other professionals (for example occupational, physical or behavioral therapists) as needed. You can choose whoever else you want to be there for the evaluation and writing of your individual service plan. The social worker on the team will be your primary contact and will be responsible for leadership of your team.

Member Involvement

As a member of WWC you will have input into the process and services WWC will provide. Educational and prevention opportunities will also be available. As a member we ask you:

- To tell us what services you want, and how you want them provided.
- To be on WWC committees or boards to assist with policy and procedure if able and willing, or contact the Member Relations Coordinator if you have any suggestions for changes to WWC Policies or Procedures
- To participate in the health education and prevention programs
- To help us evaluate the performance of WWC and its service providers
- To complete member surveys. Surveys will be mailed or done by your team periodically (survey results will be available to all members upon request to the Member Relations Coordinator)
- To participate in Member Outcome Interviews. Talking directly with members and people close to members is one way the Wisconsin Department of Health Services and WWC can get information on how well Family Care is doing in helping people to meet their outcomes and goals.

Your involvement will create a WWC that will provide quality services to benefit you and all members.

What About Your Doctor And Hospital Services?

WWC is not responsible for your physician, hospital, prescription medication or other services as listed on page 15 of this handbook. Relationships with your physician, your pharmacist and your hospital will remain the same. However, it will be important to your long-term care plan that WWC coordinate with these medical services.

WWC can provide you with immediate community based care services that could enhance your ability to live in the community. WWC will work closely with your medical providers.

Emergency Care Services

Learn what to do before an emergency occurs. In the event of an emergency call 9-1-1. After the emergency has been taken care of, your health care provider will call WWC so we can start to plan follow-up care right away.

Where And When Are Services Provided?

Your individual service plan will state where you will receive WWC services. You may receive services at your place of residence, the provider's office, or other convenient locations in the community. You also have the right to receive services from culturally competent providers, and information about specific capacities of providers, such as languages spoken by staff, etc.

A team member will always travel to see you when needed. People can come to the WWC office from 8:30 to 5:00 on Monday through Friday, or can call WWC 24 hours a day, seven days a week. WWC has several office locations throughout the region.

The La Crosse office of WWC is located at 1407 Saint Andrew Street in La Crosse, WI. The mailing address is 1407 Saint Andrew Street, Suite 100, La Crosse, WI 54603-2378. Business hours are from 8:30 a.m. to 5 p.m. The number to call during business hours is (608) 785-6266 or toll free (877) 785-6266 or TTY (608) 785-9787. If after business hours, weekends or holidays you can call (877) 657-8766.

The Tomah office of WWC is located at 307 West Warren Street, Tomah, WI. The mailing address is 307 West Warren Street, Tomah, WI 54660. The number to call during business hours is (608) 372-3012 or toll free (888) 742-5510. If after business hours, weekends or holidays you can call toll free (877) 657-8766.

The Blair office of WWC is located at 305 West Broadway Street, Blair, WI. The mailing address is 305 West Broadway Street, PO Box 167, Blair, WI 54616-0167. The number to call during business hours is toll free (888) 285-3490. If after business hours, weekends or holidays, you can call toll free (877) 657-8766.

The Alma office of WWC is located at 323 South Main Street, Alma, WI. The mailing address is 323 South Main Street, Alma, WI 54610. The number to call during business hours is (608) 685-6100 or toll free at (877) 874-4610. The FAX number is (608) 785-5332.

The Neillsville office of WWC is located at 1210 West 4th Street, Neillsville, WI. The mailing address is 1210 West 4th Street, Neillsville, WI 54456. The number to call during business hours is (715) 743-5410 or toll free at (866) 923-7815. The FAX number is (608) 785-5333.

Out Of Area Care

If you are going to be out of the WWC Regional Area for a temporary absence, you must notify your Care Management Team. WWC will conduct two tests to determine if services will continue:

- WWC will request economic support to do a residency test to determine if you are still considered a resident of the WWC Regional Area. If you are determined to be a non-resident, you may lose eligibility for the program.
- If the test results show that you remain a resident, the WWC will test whether a cost-effective plan for achieving your outcomes and assuring your health and safety during the absence can be developed using the RAD method. If WWC feels it cannot develop a cost effective plan to meet your outcomes and assure your health and safety, WWC can make a request to the Department for approval of an involuntary disenrollment from the program. You would be notified of the results of the Department review of the WWC's involuntary disenrollment request.
- If WWC makes a request to disenroll you, the request shall be submitted to DHS for a decision and shall be processed in accordance with requirements outlined in the WWC contract with DHS. When WWC submits a request for disenrollment to DHS, WWC shall also inform you of WWC's request for disenrollment and refer you to the ADRC for options counseling and potential

transition back to the fee-for-service system. WWC shall continue to serve you until the effective disenrollment date.

- If WWC disenrolls you with permission from DHS, you will have 45 days to request a fair hearing to appeal the Department's decision. If you wish services to continue while the hearing decision is pending, you must request continuation within 14 days of notice of action.

What If I Decide To Move Outside Of The WWC Region?

If you are planning to move permanently out of the WWC Region, you should give WWC advance notice of the move so that the WWC care manager can meet with you to discuss the consequences of the move and assist you in planning for services in the new region.

What If I Need Services In A Nursing Home Or In An Intermediate Care Facility For People With Mental Retardation?

The primary goal of WWC is to assist you in living in your own home or other desired setting. It is possible that your life situation or health condition might make a temporary stay necessary in a nursing home or Intermediate Care Facility for people with Mental Retardation (ICF/MR). You will decide with your team if a nursing home or ICF/MR stay is necessary. Your team will work with you to supervise the services while you are in the nursing home or ICF/MR. Upon admission, your team will begin to plan your return home so that this can be achieved as soon as possible.

How To Obtain Services From WWC

The Aging and Disability Resource Center social worker will give you a complete WWC Service Provider Network Listing upon enrollment. The Provider Network Listing is available anytime just by asking your team for an updated copy.

You have the right to select from providers within the WWC Provider Network, but you will first need to discuss this with your Care Management Team to receive a prior authorization and to be sure your choice has the services you need.

You also may request a provider that is not in the WWC Provider Network by contacting your Care Management Team. Some reasons for using another provider are:

- The network providers do not have the skills needed for a particular condition that you have
- The network providers cannot see you within the time you need

- the service
- The network providers do not meet your cultural needs, or
- Transportation or access to the provider is very difficult.

You may request a change in provider if you are not satisfied with current services. It is important to request the change from your Care Management Team to receive a prior authorization and to be sure that your new choice of provider has the services that you need.

If the need occurs after business hours, call the 24-hour phone number about getting the service authorized: (877) 657-8766. WWC services are listed on page 11 through 14 of this handbook. WWC will pay for goods or services only when prior authorization was obtained from your team.

WWC will not pay for goods or services provided before enrollment or after disenrollment.

Will I Have A Monthly Cost Share?

Some individuals enrolled in WWC will have a cost share. The Economic Support Section of Human Services in the county you live in determines the cost share before you enroll in WWC. A cost share is an amount that you need to pay for the services in the Family Care Benefit package that are provided to you by WWC. WWC will bill you monthly. If the cost share is not paid in 30 days or other arrangements made with WWC, you may become ineligible for WWC services.

If you are living in a substitute care facility you may receive a bill for room and board costs from WWC. These costs also need to be paid to WWC in addition to the cost share.

What Is Wisconsin's Estate Recovery Program?

Through the Estate Recovery Program, the state seeks repayment of certain Medicaid benefits provided to an individual. Recovery is made from the estate of an individual or the estate of the spouse of the individual after both have died and from liens placed on homes. The State does not seek recovery of benefits from a member's estate while the member's spouse or a minor, disabled, or blind child survives the member. The money recovered goes directly back into the Medicaid Program and is used to provide care for others in need. A brochure describing this Program and any exceptions is available from the Aging and Disability Resource Center. The staff from the Aging and Disability Resource Center will explain this program to you before you enroll in WWC.

What About Medicare Benefits?

It is the expectation that Medicare benefits will be elected by members who are currently enrolled in Medicare Parts A and/or B and that the Medicare benefit is maximized. Also, if the member is currently enrolled in Medicare Parts A and/or B and chooses not to use his or her Medicare benefits, WWC may refuse to pay for costs that Medicare would otherwise cover. (This is consistent with Federal Managed Care Regulations at 42 CFE 438.210 identifying covered services and “medically necessary services.” This is the expectation on other Medicaid programs as well.)

What Happens If I Get A Bill From A Provider

You should never receive a bill when your service was authorized by the WWC Care Management Team. If you do, send it to your WWC social worker and WWC will take care of it.

Self-Directed Supports

Self-directed supports (SDS) is another way for WWC members to arrange for, manage and monitor services in the long-term care benefit package directly or with the assistance of another person chosen by the member. SDS is beneficial to some members in that it gives them greater involvement, flexibility and control over the service setup and delivery. The self-directed option is offered to give you the greatest amount of flexibility and control in your living arrangements and services. Participation in the use of self-directed supports is completely voluntary. It is up to the member to choose to what extent they would like to self-direct services.

When a WWC member expresses interest in the Self-Directed Supports option, the WWC Interdisciplinary Team has the following responsibilities to assist the WWC member:

- Provide information regarding the philosophy of SDS and the choices available to members within SDS.
- Work jointly with the member during the assessment and planning process to ensure all key SDS components are addressed
- Ensure all key SDS components are included in the member-centered plan
- Ensure mechanisms are in place for ongoing check-in and support regarding the member’s participation in SDS

Limits on SDS

There may be circumstances when WWC must consider taking back

some control over supports and services, due to:

- a. significant threats to the member's health and safety,
- b. substantial financial mismanagement, and/or
- c. refusal to provide information necessary to adequate monitoring.

In these circumstances, when plan changes are imposed rather than negotiated, certain procedures and safeguards must be followed, consistent with the 10 day notice of change or denial of service requirement.

When self direction is limited, the member's support plan identifies what actions on the part of the member or others are necessary in order to shift control of supports and services back to the member. This includes providing skills training and other supports, which may help the member better manage self directed supports.

If you disagree with any limits placed on your SDS, you have the right to appeal your team's decision. The Member Relations Coordinator will help with your appeal.

Service Purchasing Options under Self-Directed Supports

If you do not wish to utilize a WWC Network Provider for services, you and your Care Management Team can set a budget for needed services and use the following options:

1) "Fiscal Intermediary Option"

With this option, you are the employer. You would recruit, hire, schedule, monitor, supervise and fire your own employee(s).

You also determine the employee's wages, within established ranges. The fiscal intermediary provides a payroll service; issuing the payroll checks to the person you hire, deducting the necessary taxes and other payroll deductions, and reporting any payroll-related information to the applicable government agency.

2) "Co-employment Option"

Individuals can work with local co-employment agencies that become the employer of record for persons hired to provide your care. You negotiate the employee's wage rate and benefits with the chosen agency based on funding availability and the type of service you need. Co-employment agencies offer backup coverage from their pool of providers in case your regular self-directed support provider cannot work due to illness or

other circumstances. The agencies may have some restrictions regarding the type of work that employees may perform, so it is important to talk with your WWC Care Management team about possible restrictions when developing a plan.

What Services Are Included In The WWC Long Term Care Benefit Package?

WWC will not pay for goods or services provided before enrollment or after disenrollment.

WWC will pay for goods or services only when prior authorization was obtained from your team.

The following services are available to members at the Nursing Home Level of Care depending on service needs evaluated through assessments and the use of the Resource Allocation Decision method described in “**What Does Being a Member Mean?**”:

- Adaptive Aids - general and vehicle (**Please note that not all vehicles are suitable for modification and some restrictions apply. Please consult your WWC team before you purchase a vehicle intended for modification as they will be the best source of information regarding vehicle adaptation requirements.**)
- Adult Day Care
- Alcohol and Other Drug Abuse Day Treatment Services (in all settings)
- Alcohol and Other Drug Abuse Services, except those provided by a physician or on an inpatient basis
- Case Management (including Assessment and Case Planning)
- Communication Aids/Interpreter Services
- Community Support Program
- Consumer Education and Training
- Counseling and Therapeutic Resources
- Daily Living Skills Training
- Day Services/Treatment
- Durable Medical Equipment/except for hearing aids and prosthetics (in all settings)
- Financial Management Services (excludes payments to court appointed guardians or court appointed protective payees if the court has directed them to perform any of these functions)
- Home Modifications
- Housing Counseling
- Meals: home delivered
- Medical Supplies
- Mental Health Day Treatment Services (in all settings)
- Mental Health Services, except those provided by a physician or

- on an inpatient basis
- Nursing Facility* (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease (IMD) (Inpatient services are not covered for IMD residents between the ages of 21 years and 64 years of age, except that services may be provided to a 21 year old resident of an IMD if the person was a resident immediately prior to turning 21 and continues to be a resident after turning 21.)
- 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 Services
- Physical Therapy (in all settings except for inpatient hospital)
- Prevocational Services
- Relocation Services
- Residential Services: Certified Residential Care Apartment Complex (RCAC) Community-Based Residential Facility (CBRF), Adult Family Home
- Respite Care (for caregivers and members in non-institutional and institutional settings)
- 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

The following services are available to members at the Non Nursing Home Level of Care depending on service needs evaluated through assessments and the use of the Resource Allocation Decision method described in **“What Does Being a Member Mean?”**:

- Alcohol and Other Drug Abuse Day Treatment Services (in all settings)
- Alcohol and Other Drug Abuse Services, except those provided by a physician on an inpatient basis
- Case Management (including Assessment and Case Planning)
- Community Support Program
- Durable Medical Equipment / except for hearing aids and prosthetics (in all settings)
- Financial Management Services (excludes payments to court appointed guardians or court appointed protective payees if the court has directed them to perform any of these functions)
- Home Health
- Mental Health Day Treatment Services (in all settings)

- Mental Health Services, except those provided by a physician or on an inpatient basis
- Nursing Facility* (all stays including Intermediate Care Facility for People with Mental Retardation (ICF/MR) and Institution for Mental Disease (IMD) (Inpatient services are not covered for IMD residents between the ages of 21 years and 64 years of age, except that services may be provided to a 21 year old resident of an IMD if the person was a resident immediately prior to turning 21 and continues to be a resident after turning 21.)
- Nursing Services (including respiratory care, intermittent and private duty nursing)
- Occupational Therapy (in all settings except for inpatient hospital) Personal Care
- Physical Therapy (in all settings except for inpatient hospital)
- Specialized Medical Supplies
- Speech and Language Pathology Services (in all settings except for inpatient hospital)
- Transportation: Select Medicaid covered (i.e. Medicaid covered Transportation Services except Ambulance and transportation by Common Carrier),

*You may request a private room and your WWC Team will help you determine if there are possible options available. WWC follows Medicaid Guidelines regarding payment for private rooms. Your WWC Team will give you information about these guidelines.

Please note that some services may not be available to a member at the Non-Nursing Home Level of Care, as determined by the Functional Screen. The Functional Screen is completed by the Aging and Disability Resource Center at the time of enrollment and re-done yearly by your WWC Social Worker at your annual review. Your WWC Team will help you identify those services.

Members at the non-nursing home level, who are not residing in a nursing facility or ICF/MR at the time of enrollment, do not have access to long-term care (i.e. care for longer than ninety (90) calendar days) in a nursing facility or ICF/MR.

WWC will strive to meet members' personal outcomes through the benefits listed above. The member may request assistance to meet

outcomes by means not listed in the benefit package. These requests will be considered by the WWC Team using assessments and the Resource Allocation Decision method. WWC may use other procedures deemed appropriate to consider requests for services or supports which fall outside the WWC benefit package.

What Services Are Not Included In The WWC Long Term Care Benefit Package?

The following services are not included in the WWC long-term care benefit package. These services may be paid for by Medicare, Insurance or Medical Assistance. Your team will work closely with you to obtain these services and will let you know if there are any costs to you to use these services:

- Alcohol and Other Drug Abuse Services provided by a physician or on an inpatient setting
- Audiology
- Chiropractic
- Crisis Intervention
- Dentistry
- Emergency Care (including air and ground ambulance)
- Eyeglasses
- Family Planning Services
- Hearing Aids
- Hospice
- Hospital: Inpatient and Outpatient including emergency room care (except for indicated in list of covered services beginning on page 11)
- Independent Nurse Practitioner Services
- Lab and X-ray
- Mental Health Services provided by a physician or on an inpatient basis
- Optometry
- Pharmaceuticals
- Physician and Clinic Services (except as indicated in list of covered services beginning on page 11)
- Podiatry
- Prenatal Care Coordination

- Prosthetics
- School-based Services
- Transportation: Ambulance and transportation by common carrier (specific information about community transportation services is available from your Team or the Aging and Disability Resource Center.)

What Are My Rights As A Member?

Members have the right to all of the following:

1. Freedom from unlawful discrimination in applying for or receiving the Family Care benefit.
2. Accuracy of member information.
3. Confidentiality of all member information, including electronic information. Use of provider/member e-mail can facilitate improved communication. However, due to the risks involved in e-mail use, WWC staff will not use e-mail to communicate any member information without written documentation on file of member informed consent and agreement to guidelines for use of e-mail.
4. Prompt eligibility, entitlement and cost-sharing decisions and assistance.
5. Access to personal, program and service system information.
6. Choice to enroll in WWC, if eligible, and to disenroll at any time.
7. Information about and access to all services of resource centers and WWC within standards established under Family Care rules in HFS Chapter 10 Wis. Adm. Code, to the extent that the member is eligible for such services.
8. Support in understanding their rights and responsibilities related to Family Care, including due process procedures available to them as well as what options are available to express their opinions and concerns whether about resource centers, WWC and services, including through appeals, grievances and requests for Department review and fair hearings. Resource centers, WWC and county agencies under contract with the Department shall assist members to identify all rights to which they are entitled and, if multiple grievance, review or fair hearing mechanisms are available, which mechanism will best meet member needs.
9. Support from WWC in all of the following:
 - a. Self-identifying long-term care needs and appropriate Family Care outcomes.
 - b. Securing information regarding all services and supports potentially available to the enrollee through the Family Care benefit.

- c. Actively participating in planning individualized services and making reasonable service and provider choices for achieving identified outcomes.
 - d. Identifying, eliminating or monitoring and managing situations where a conflict of interest may exist due to a person or entity having an interest in, or the potential to benefit from, a particular decision, outcome or expenditure.
9. Receiving services identified in the individualized service plan.
10. Support in the exercise of any rights and available grievance and appeal procedures beyond those specified elsewhere in this Article. Examples of other rights and procedures available to clients include those afforded to person who receive treatment or services for developmental disability, mental illness or substance abuse under ch. 51 Stats., and HFS 94 and those afforded to persons who reside in a nursing home, community-based residential facility, adult family home or residential care apartment complex, or who received services from a home health agency under statutes and rules for those programs.

What Are My Responsibilities As A Member?

Your team will work closely with you to try to meet your long-term care needs. In order to do this, the member has the following responsibilities:

- To provide full, correct and truthful information requested by providers to determine eligibility, cost sharing, or to meet their reporting requirements
- To allow the release of records as needed
- To participate in the initial and ongoing development and implementation of your service plan;
- To seek prior authorization from your WWC Team before goods or services are purchased;
- To use any benefits you are entitled to under other programs or private insurance to pay for services before these expenses are charged to WWC;
- To use WWC providers unless you and your team mutually agree otherwise;
- To accept services without regard for the provider's race, color, religion, age, gender, sexual orientation or national origin;
- To pay the monthly cost-share that you are required to pay toward the services you receive;

- To participate in quality assurance processes, for example surveys, individual and group interviews and service assessments;
- To report in a timely manner any changes in your personal health, household or financial status which might affect eligibility or the amount of benefits or services received;
- To report concerns about goods or services to your team.

Why Would My Benefits Be Stopped?

- Termination of the Program
If the WWC contract with the Department of Health Services is discontinued you will return to Medical Assistance and other community services to which you may be entitled.
- Voluntary Leaving
We hope that you will be pleased with WWC. You may leave the program at any time. If you want to disenroll, you will be referred to the Aging and Disability Resource Center to discuss your options and to select a disenrollment date that will be appropriate and work best for you. You will be able to keep any insurance and your Medical Assistance benefit unless you become ineligible. If you are thinking of disenrolling from WWC and getting long-term care services from somewhere else, you should talk to the Aging and Disability Resource Center staff to be sure you have all the information you need about services available in your area.
- Involuntary Leaving
WWC may stop your enrollment with permission from the Wisconsin Department of Health Services. If that decision is reached, you will have 45 days to request a fair hearing to appeal the Department's decision. If you wish services to continue while the hearing decision is pending, you must request continuation within 14 days of notice of action.

Do I Have The Right To Determine My Own Care?

You have the right to make decisions about your long-term care and health care. This includes the right to accept or refuse services or treatment. You also have the right to plan and direct the types of long-term care and health care you wish to receive in the future if you

become unable to express your wishes. You can let WWC, your providers and doctor know your wishes by completing a “Living Will” or “Durable Power of Attorney for Health Care.” For more information, contact your WWC team or your primary care physician.

What Do I Do If I Am Not Satisfied?

We take member satisfaction very seriously. You are encouraged to first discuss any problems you have with the people involved.

You can also call the Member Relations Coordinator at WWC in La Crosse at (608) 785-6301, toll free (877) 785-6266, TTY: (608) 785-9787; in Tomah at (608) 372-3046 or toll free at (888) 742-5510; or in Blair at (608) 989-2696 or toll free at (888) 285-3490, or in Alma at (608) 685-6100 or toll free at (877) 874-4610 and in Neillsville at (866) 923-7815. The Member Relations Coordinator will help with any steps in your appeal/grievance. For example, the Member Relations Coordinator can help you review your options, direct you to another agency if desired, send you appropriate forms, or help you file an appeal/grievance over the phone. Appeals and grievances are defined as:

“Appeal”: A request for review of an action, such as the denial or limited authorization of a requested service, the reduction, suspension, or termination of a previously authorized service, or the denial, in whole or in part, of a payment for a service.

“Grievance”: An expression of dissatisfaction about any matter other than an action, as “action” is defined above. The term is also used to refer to the overall system that includes grievances and appeals handled at the WWC level and the DHS level, and access to the State fair hearing process. (Subjects for grievances include any act, decision or omission by WWC, including but not limited to, the quality of care or services provided, and aspect of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the member’s rights.)

If you file an appeal/grievance with WWC, we will let you know within 5 days, in writing, that we got it. We will work with you to informally resolve your grievance if possible. However, if we are unable to resolve your grievance informally, you have the right to appear in person before the WWC Appeal and Grievance Committee which is assigned to resolve grievances. A hearing with this committee will be scheduled as part of this process.

A decision regarding your appeal or grievance will be made within 20 business days of when you filed your grievance. A 14 calendar day extension is possible if you request it or WWC shows to the satisfaction of DHS that there is a need for additional information and how the delay is in your interest. WWC will communicate with you in writing regarding the results of the resolution process and the date it was completed.

An expedited resolution of the appeal or grievance may be requested if taking the time for a standard resolution could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function. This request should be made to your social worker, their supervisor or the Member Relations Coordinator. If agreed that an expedited resolution is needed, WWC will respond with a decision within 3 working days. If WWC denies a request for expedited resolution of an appeal, the appeal will be transferred to the standard resolution timeframe. WWC will also give you prompt verbal notice of the denial and follow up in writing within two calendar days.

If you file a grievance with WWC first, and you don't agree with our decision, you can still file a grievance later with the Wisconsin Department of Health Services or the State Fair Hearing process.

Contact WWC in any of these ways regarding an appeal/grievance:

Write: Western Wisconsin Cares – **La Crosse Office**
c/o Member Relations Coordinator
1407 St. Andrew Street, Suite 100
La Crosse, WI 54603
Call: (608) 785-6301
Toll Free: (877) 785-6266
Fax: (608) 785-6315

Write: Western Wisconsin Cares – **Tomah Office**
c/o Member Relations Coordinator
307 West Warren Street
Tomah, WI 54660
Call: (608) 372-3046
Toll Free: (888) 742-5510
Fax: (608)785-5330

Write: Western Wisconsin Cares – **Blair Office**
c/o Member Relations Coordinator
305 West Broadway Street
PO Box 167
Blair, WI 54616
Call: (608) 989-2690
Toll Free: (888) 285-3490
Fax: (608)785-5331

Write: Western Wisconsin Cares – **Alma Office**
c/o Member Relations Coordinator
323 South Main Street
Alma, WI 54610
Call: (608) 685-6100
Fax: (608) 785-5332
Toll Free: (877) 874-4610

Write: Western Wisconsin Cares—**Neillsville Office**
c/o Member Relations Coordinator
1210 West 4th Street
Neillsville, WI 54456
Call: (715) 743-5410
Fax: (608) 785-5333
Toll Free: (866) 923-7815

Additional Grievance Options

Department of Health Services (DHS) Grievance Process

You have the right to take your appeal/grievance to DHS before, during or after trying to work it out with WWC. You must appeal to DHS within 45 days from the date of an adverse decision from the WWC Appeal and Grievance Committee.

Contact DHS in any of these ways:

Write: DHS Family Care Complaints
c/o Metastar
2909 Landmark Place
Madison, Wisconsin 53713
Call: (888) 203-8338 toll free hotline
Fax: (608) 274-8340
E Mail: famcare@dhfs.state.wi.us

State Fair Hearing Grievance Process

You can take the following grievances directly to the State fair hearing process, but you must file the grievance within 45 days of the action or incident being appealed or grieved. These types of grievances can also be taken to fair hearing before, during or after using WWC or DHS processes:

- Not getting timely services and items that are included in the individual service plan

- Reduction of services or items in the Long-Term Care Benefits package
- You do not like the Individual Service Plan (ISP) because the ISP requires you to live in a place you do not want to live
- The services or items in the ISP are not enough to meet your needs
- The services in the ISP restrict the way you want to live or you do not want the service
- Involuntary disenrollment
- WWC makes a decision on an appeal or grievance that is entirely or partially adverse to the member.
- The Department is unable to resolve to the member's satisfaction their grievance or appeal

State fair hearing requests must be submitted in writing to the following address or fax number. If you have any questions, contact the telephone number listed below.

Write: Family Care Request for Fair Hearing
 c/o DOA Division of Hearings and Appeals
 5005 University Avenue, Room 201
 Madison, WI 53705-5400

Call: (608) 266-3096

Fax: (608) 264-9885

Continuing A Service During The Appeal Or Grievance Process

Under the following circumstances, WWC will continue your current level of service until the issuance of an appeal or grievance, if you make a request to WWC, through your social worker, their supervisor or the Member Relations Coordinator. In order for services to continue while waiting for a decision on your appeal or grievance, you must file an appeal or grievance by the date of the intended action, or within 14 days of receipt of the written notice from the WWC and/or DHS (whichever is later). The services will continue if current level of services was authorized by your team.

If services are continued or reinstated pending the issuance of an appeal or grievance decision, services must be continued until one of the following occurs:

- You withdraw the appeal or grievance.
- You do not request a State fair hearing within 10 days from when WWC mails an adverse WWC decision.
- A State fair hearing decision, adverse to the enrollee is made.
- The authorization expires or authorization service limits are met.

You may be held responsible for the cost of services continued during the appeal or grievance process if the appeal or grievance decision is adverse to you.

You or your legal representative have the right to file a grievance, a WWC level appeal, request a DHS review and/or request a State fair hearing. You have a right to due process as it relates to appeals/grievances. A provider, acting on your behalf with your written consent, may file a WWC appeal or grievance.

You must file the grievance, appeal, or request for fair hearing within 45 days from the date of action or incident being grieved or appealed. Within that timeframe, any of these filings may be made separately or concurrently.

You may obtain, free of charge, copies of your records relevant to the grievance, appeal, DHS review or fair hearing. Your social worker will arrange for these records per your request.

Your social worker or the WWC Member Relations Coordinator, (608) 785-6301 or (877) 785-6266 in La Crosse, (608) 372-3046 or (888) 742-5510 in Tomah, (608) 989-2696 or (888) 285-3490 in Blair, or (608) 685-6100 or (877) 874-4610 in Alma, and (866) 923-7815 in Neillsville are available to answer your questions and help you file an appeal/grievance. Forms for filing an appeal/grievance may be obtained from your social worker, the WWC Member Relations Coordinator, the Aging and Disability Resource Center, Independent Living Resources, or WWC provider agencies.

You may contact an advocacy agency of your choice at any time during the appeal/ grievance process. Some agencies that you might want to contact if you need an outside advocate are:

- Disability Rights Wisconsin, 131 West Wilson Street, Suite 700, Madison, WI 53703, 608-267-0214, Toll Free: 800-928-8778, TTY: 888-758-6049.
- The Wisconsin Board on Aging and Long-Term Care, 214 North Hamilton Street, Madison, WI 53703, 1-800-815-0015 (provides advocacy to people who live in nursing homes, ICF/MR, CBRFs, and Adult Family Homes.)

- The La Crosse County Aging Unit, Elderly Benefit Specialist, 400 4th Street North, Room 205, La Crosse, WI 54601, 608-785-9710.
- The Aging and Disability Resource Center of Western Wisconsin, Disability Benefit Specialist, 300 4th Street North, La Crosse, WI 54601, 608-785-5700.
- The Aging and Disability Resource Center of Trempealeau County, Disability Benefit Specialist, (715) 538-2001
- The Aging and Disability Resource Center of Buffalo, Clark, and Pepin Counties, 866-578-2372 or in Buffalo County 608-685-6307, in Clark County 715-743-5166, in Pepin County 715-672-8945
- Independent Living Resources, 4439 Mormon Coulee Road, La Crosse, WI 54601, Voice: 608-787-1111, TDD/TTY: 608-787-1148.

Filing an appeal/grievance or requesting a fair hearing will not negatively impact the way WWC, its providers, or DHS treat you.

What Do I Do If I Need Assistance For Abuse, Neglect Or Financial Exploitation?

Do you ever feel:

- Afraid or anxious around your partner or family members?
- That you have to be careful what you do or say around your partner or family member?
- That nothing you do is ever good enough for your partner or family member?
- That you don't have enough to eat or drink?
- Alone or isolated?

Does a partner, friend or family member ever:

- Humiliate, criticize or call you names?
- Keep you from accessing medical/dental care?
- Threaten to hurt you?
- Use your credit cards without your permission?
- Take your money or belongings without your permission?
- Ridicule or insult your feelings, beliefs or opinions?
- Push or shove you?
- Slap, hit, shake or kick you?
- Force, coerce or manipulate sexual contact with you?

If you are ever afraid in your own home or are worried that people will not understand how you feel, your WWC nurse or social worker are safe people to talk to about any issues that you might have. They will provide support; options for staying safe; information about abuse; and ways to help heal. In addition to your WWC nurse or social worker, there are other resources in the community to call as well.

You are not alone. You can call for help or support:

- La Crosse Office WWC (608) 785-6266 and (877) 785-6266
- Tomah Office WWC..... (608) 372-3012 and (888) 742-5510
- Blair Office WWC (608) 989-2690 and (888) 285-3490
- Alma Office WWC (608) 685-6100 and (877) 874-4610
- Neillsville Office of WWC.....(715) 743-5410 and (866) 923-7815
- Aging and Disability Resource Center of Western Wisconsin (608) 785-5700 and (800) 500-3910
- Aging and Disability Resource Center of Trempealeau County..... (715)-538-2001 and (800) 273-2001
- Aging and Disability Resource Center of Buffalo, Clark, and Pepin Counties
 - Buffalo County (608) 685-6307 and (866) 578-2372
 - Clark County (715) 743-5166 and (866) 578-2372
 - Pepin County (715) 672-8945 and (866) 578-2372
- La Crosse County Crisis Line (608) 784-4357 (HELP)
- New Horizons Shelter (608) 791-2600 or 1-888-231-0066
- Great Rivers 2-1-1 Service..... Dial 2-1-1 or 1-800-362-8255

Program Integrity

Billions of dollars are lost each year to Medicare/Medicaid waste, fraud, and abuse. When the system is cheated, we are all cheated.

As a Wisconsin Medicaid Program provided through State and Federal dollars, WWC is committed to preventing, detecting, and correcting instances of fraud and abuse. “Fraud” is an intentional deception or misrepresentation made by a person or entity with the knowledge that the deception or misrepresentation could result in unauthorized benefit to him/herself, itself or to some other person or entity. “Abuse” is defined as a practice that is inconsistent with sound fiscal, business or medical practices and results in unnecessary program costs.

What to look for:

- You are billed for a service that you have not received
- You are asked to provide your Medicare/Medicaid number when a service or supply is advertised as “free”
- You continue to receive medical supplies or other services when they are no longer necessary
- You or someone you know has had a change in income, assets, or level of disability that may affect eligibility for WWC.

If you identify or suspect fraud or abuse, call the WWC and describe the problem to:

- Your WWC Care Manager in La Crosse – (608) 785-6266 or (877) 785-6266
- Your WWC Care Manager in Tomah – (608) 372-3012 or (888) 742-5510
- Your Care Manager in Blair – (608) 989-2690 or (888) 285-3490
- Your Care Manager in Alma – (608) 685-6100 or (877) 874-4610
- Your Care Manager in Neillsville - (715)743-5410 or (866) 923-7815
- WWC Compliance Officer – (608) 785-6059 or (877) 785-6266

If you do not want to call WWC, other sources to report fraud or abuse are:

- Coalition of Wisconsin Aging Groups,
2850 Dairy Drive, Suite 100
Madison, Wisconsin 53718-6751
Phone: (608) 224-0606 or (800) 488-2596
Fax: (608) 224-0607
Email: cwag@cwag.org
- Medicaid recipient hotline: (1- 800-362-3002)

Telephone Numbers

WWC Social Worker	
WWC Nurse	
Emergency	9-1-1
WWC On-Call person, evenings, weekends and holidays-(for service authorization only)	877-657-8766
WWC Receptionist – La Crosse	608-785-6266 or 877-785-6266
WWC Receptionist – Tomah	608-372-3012 or 888-742-5510
WWC Receptionist – Blair	608-989-2690 or 888-285-3490
WWC Receptionist – Alma	608-685-6100 or 877-874-4610
WWC Receptionist—Neillsville	715-743-5410 or 866-923-7815
Member Rights Coordinator – La Crosse	608-785-6301 or 877-785-6266
Member Rights Coordinator – Tomah	608-372-3046 or 888-742-5510
Member Rights Coordinator – Blair	608-989-2696 or 888-285-3490
Member Rights Coordinator – Alma	608-685-6100 or 877-874-4610
Member Rights Coordinator – Neillsville	866-923-7815
Aging and Disability Resource Center of Western Wisconsin	608-785-5700 or 800-500-3910
Aging and Disability Resource Center of Trempealeau County	715-538-2001 or 800-273-2001
Aging and Disability Resource Center of Buffalo, Clark, and Pepin Counties	866-578-2372
<ul style="list-style-type: none"> • Buffalo County • Clark County • Pepin County 	608-685-6307 715-743-5166 715-672-8945