



Building vibrant and
inclusive communities



Provider Partners

March 2019

A Sneak Peek at 2019 Residential Outcome Options

Our 2019 Residential Outcome Payment program will bring exciting new outcome options. One in particular that we look forward to sharing includes an opportunity to support members to explore their gifts, capacities, and interests, and begin to consider the value of offering their contributions within the workforce. Additionally, as we continue to see great success, we will again tie an available outcome opportunity to our previous year's Performance Improvement Project (PIP), this year focusing on choking education and prevention. (To learn more about Includa's PIP program, contact qualityinnovation@includa.org.)

Further details regarding the 2019 Residential Outcome Payment opportunities will be communicated via email and in the next issue of the *Provider Partners* newsletter.

2018 Residential Outcome Successes

We wrapped up 2018 as another successful year for Residential Outcome Payment projects! We thank all the residential providers who participated in one or more of the Outcome Payment opportunities and want to highlight some of the amazing work completed by the providers who participated.

Quality Improvement: The 2018 Quality Improvement Outcome encouraged providers to implement a project to improve the quality of their services. As part of this quality initiative, providers were asked to design a project that aligned with Includa's mission and values, promoted full citizenship, and had a positive impact on the member(s) they served.

Results: 157 facilities completed projects improving overall services for 547 members. See the Project Showcase on page 2 for details.

Behavioral Health: The 2018 Behavioral Health Outcome focused on the development of a Dementia Care Toolkit to identify proactive approaches and responses to challenging communication strategies (targeted behaviors), and were useful tools for providers to better support those specifically diagnosed with a form of dementia.

Results: 29 facilities supported one or more of their members with a Dementia Care Toolkit.

(Note: Resources for the toolkit are still available on the Includa Dementia Care Resources page at includa.org/providers/resources/dementia-care-resources.)

Health Promotion: The 2018 Health Promotion Outcome demonstrated providers' true commitment to ensuring residents received options and education for gaining access to flu vaccine clinics.

Results: 798 facilities supported 2,767 members to receive education and an opportunity to get their influenza vaccination.

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Residential Outcomes Special Report Continues on Page 2
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What are Residential Outcome Payments?

Residential Outcome Payments are part of Inclusa's Residential Rate Methodology (RRM), which is the process we use for setting Residential Care and Supervision rates. These outcome opportunities allow residential providers to receive an additional payment when meeting certain criteria designed to promote member success. Payments are based on offering an additional level of care not captured within other areas of Inclusa's RRM. To learn more about the methodology, visit our website [Providers/Resources page](#).

2018 Residential Outcomes: Quality Improvement Project Showcase



Bethany St. Joseph Corp.— Prairie Home, Salem Terrace, and Shelby Terrace

The Memory Box Project was designed to “assist members in creating and preserving a collection of memories from their personal history.” Tools were created to “facilitate conversations with members to assist in telling their personal stories,” and “to train facilitators in interviewing techniques for older adults and soliciting memories.”

At the completion of the project it was stated that, “Members reacted with laughter, smiles, and tears following the interview process and upon receipt of their Memory Box.” Comments included the following:

- I haven't laughed this much in years! Thank you for asking me these questions!
- What a beautiful tribute to my life!
- Thank you, I will treasure this and so will my children. This is the most precious gift!
- I sat and looked through the box over and over...it is the most beautiful gift!

Maplewood Terrace RCAC

The Strength Building Program focused on promoting “physical health and well-being” where staff and residents were educated with onsite training on the benefits of the program while partnering with a physical therapy company in the use of self-study packets and other resources.

The value of the project was apparent in the “increased participation, thus increasing mobility and emotional satisfaction.” It was stated, “We are so proud to share, we have been successful in locating volunteers to complete in-person exercise groups two days per week; the tenants are thrilled, attendance has increased, and participation is delightful to observe! ...Our tenants’ satisfaction has been verbalized both with their own personal comments and their facial expressions speak volumes. So very worth the effort of locating volunteers. It has been a win, win situation!”

Potter's Country Home

A Community Involvement Initiative was established to “Ensure each resident has the opportunity to participate each month in ... community-based activity ... with a focus on matching residents with activities that include a specific area of interest for them.” This was accomplished by identifying “areas of community involvement that interest each resident,” with a “Search for existing community opportunities that would be a strong match for each resident's areas of interest,” and “As opportunities are found and matches made, begin scheduling small group outings with residents into the community.”

Here, “Each resident enjoyed the interview process and really felt that their voice was being heard and suggestions honored,” and “Potter's overall service was improved by offering as many community outings as we did. It gave the residents more options and choices as well as exposure to a variety of community events for those that chose to participate.”

Electronic Visit Verification Requirement for Personal Care and Home Health Services

In response to the federal 21st Century Cures Act, the Wisconsin Department of Health Services (DHS) is required to implement electronic visit verification (EVV) for Medicaid-covered personal care services and home health services. This requirement affects all personal care and home health services, including services provided through Wisconsin Medicaid, Family Care, and IRIS.

EVV is an electronic system that uses technologies to verify that authorized services were provided. Home care workers will be required to send information at the beginning and end of each visit to an EVV system, including: date, time, location and type of services; individual providing services, and individual receiving services.

DHS plans to implement EVV over a span of multiple years based on the federal requirements for implementation: EVV for personal care services to be implemented by January 1, 2020, and for home health services by January 1, 2023. Providers do not need to do anything or purchase anything to be in compliance with the EVV requirement at this time.

Please visit the DHS [Electronic Visit Verification](#) web page to learn more about the EVV implementation and sign up to receive email updates. The page includes information on frequently asked questions, as well as announcements of upcoming public forums and recordings of previous forums.



DHS is working with providers, partners, and the federal Centers for Medicare and Medicaid Services (CMS) to develop an appropriate and realistic timeline, and would like to hear from stakeholders regarding the implementation of EVV. The input provided by stakeholders is essential to the planning process for this new requirement. It will be used by DHS to make planning decisions and assist in determining the best way to comply with the federal requirement. Providers, partners, and other stakeholders can contact DHS at dhsevv@dhs.wisconsin.gov.

This information from the Wisconsin Department of Health Services is being shared with you as a courtesy reminder on behalf of Inclusa.

EVV Public Forums: Next Forum will be April 10

The Department of Health Services (DHS) will be hosting a public forum in Milwaukee on **April 10, 2019**, to share information and get feedback on the DHS approach to the federally mandated EVV requirement. Members, participants, caregivers, providers, related associations, and advocates are welcome to attend in person or via the livestream option. The materials presented at this forum will cover general information about EVV and technical information for providers who provide personal care services. Please see the [DHS EVV Forums page](#) for details and to **register for in-person or livestream attendance**.

A previous forum was held November 27, 2018, in Stevens Point and via livestream. Recorded video of the forum, a copy of the presentation that was given, and a FAQ are available on the DHS EVV Forums page.

Change to Six-Month Time Frame for Ongoing Authorizations

Most ongoing member authorizations are currently set up with a seven-month authorization period. This caused some complications as authorization periods sometimes overlapped. **Beginning May 1, 2019**, we will begin the transition to using a six-month authorization period to eliminate overlaps. **All new enrollments will have six-month authorization periods, and existing authorizations will transition at the time of the member-centered plan review.** During this transition period, providers may experience some shorter authorization periods while we get authorizations aligned with the end of the six-month cycle for the member-centered plan review period. **The following services are exceptions to the six-month authorization period and are not impacted by the transition described above: residential (AFH, CBRF, RCAC; 12-month period, calendar year), 13-month DME capped rentals, and nursing home daily bed rate (12-month period, July 1-June 30).**

Sign Up for DQA/CCDET 2019 Caregiver Project Workshops

The University of Wisconsin Oshkosh Center for Community Development, Engagement and Training (CCDET) and the Wisconsin Department of Health Services, Division of Quality Assurance (DQA), are pleased to offer the 2019 Caregiver Project workshops in the Madison area and in Eau Claire. These workshops are partially subsidized by DQA.

Both workshops will be presented on consecutive days in the following cities:

- April 3 and 4 in Middleton, WI (Madison area)
- June 18 and 19 in Eau Claire, WI

Continuing Education for Caregivers: Training for Trainers – 4 New Topics!

This full-day workshop at a cost of \$150 per participant, including lunch, introduces participants to over 30 hours of Caregiver Project training materials designed to prevent abuse and neglect, improve professional caregiving skills, increase quality of resident care, and meet continuing education requirements for caregivers in settings regulated by DQA.

By popular request, four new topics related to dementia care have been updated/added to the workshop curriculum:

- Dementia and Alzheimer's Disease: The Basics
- Managing Crisis Situations in Dementia Care
- Responding to Challenging Situations
- Compassionate Care and Communication Techniques

Upon completion of the workshop, participants will be able to train direct caregivers and other staff in their own facilities.

Investigating and Reporting Allegations of Misconduct (for DQA-regulated facilities)

This half-day workshop at a cost of \$120 per participant will help participants identify the key components of conducting internal investigations into allegations of abuse, neglect and misappropriation.

For more information or to register for these workshops, go to: www.uwosh.edu/ccdet/caregiver.

This information from the Wisconsin Department of Health Services is being shared with you as a courtesy reminder on behalf of Inclusa.



Take Action to Prevent Falls

Did you know that falls were the leading cause of non-fatal injuries for individuals 65 years and older in 2014? Falls caused 800,000 hospitalizations and nearly 2.8 million dollars in emergency department visits. Sadly, Wisconsin ranks second in the United States for fall-related deaths, which is twice the normal rate.

Falls can occur for a variety of reasons, such as improper footwear, medications, environmental factors such as electrical cords and rugs, and weather. Although most falls do not cause serious injuries, broken bones such as wrist, arm, ankle, and hip fractures can occur, as well as head injuries. Many people who fall become afraid of falling and this fear can dramatically interfere with their activities of daily living and their overall quality of life. The good news is that falls can be prevented.

- For more information on factors that can cause falling, please see the State of Wisconsin ***Slip, Trip and Fall Prevention Manual*** including the Slip, Trip, Fall Hazard Assessment Checklist located at the end of the document. The checklist can be used in a monthly walkthrough targeting slip, trip, and fall prevention.
- Inclusa offers resources such as Clinical Practice Guidelines to our providers. To find more information on falls prevention including risk factors for falls, please review the Falls Risk Assessment Clinical Practice Guideline, available on our website ***Providers/Resources page***.
- The National Council on Aging provides ***resources and handouts*** to increase awareness and provide education about the risks of falls and how to prevent falls.

If you have questions regarding this article, please contact Quality Innovation at qualityinnovation@inclusa.org.



DEMENTIA Did You Know?

The Out of the Box Squad

What do we do when someone we care for is displaying behavior that we don't understand? What makes this "stuff" happen?

People communicate using words, hand or body gestures, and behaviors to express unmet needs such as discomfort or pain, anxiety, sadness, and feelings of loss or fear, as well as positive expressions such as excitement, joy, or wonderment. When a person is no longer able to express a feeling or a need verbally, they may utilize other methods of communication that may come across as a negative or problematic behavior. Most behaviors are well understood and can be clarified with verbal communication. When it becomes a "problem" is when the caregiver struggles to fully understand the behavioral communication of a person with a dementia diagnosis. How, then, do we best support that person and meet their needs?

There are many resources available for caregivers. Books, online information, and educational opportunities are readily available but sometimes these just aren't enough. It may be time to call the **Out of the Box Squad!**

Who or what is the Out of the Box Squad (OOPS)? This is a group of Inclusa staff that are similarly driven individuals with diverse experience that participate in innovative brainstorming to find a positive resolution to complex or difficult member situations.

The goal of the OOPS is to support members by supporting caregivers and interdisciplinary teams with creative solutions to difficult situations surrounding members with dementia or cognitive decline. An OOPS brainstorming session is one way that caregivers (and possibly the member) and the member's support system can work together to develop an individualized plan to better support the person living with dementia.

The OOPS is available to all providers and caregivers. All you need to do is contact your Inclusa interdisciplinary team and ask to schedule a brainstorming session with the OOPS.

HCBS Compliance Assessments Begin in March for Nonresidential Settings

Home and community-based services (HCBS) waivers provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than in institutions or other isolated settings. The Centers for Medicaid and Medicare Services (CMS) requires all states that operate home and community-based services waivers to comply with a federal settings rule. The purpose of the settings rule is to ensure that people receiving services through HCBS waiver programs have access to the benefits of community living and are able to receive services in the most integrated settings.

The Wisconsin Department of Health Services (DHS) has published updated information for nonresidential providers regarding how they will ensure providers are meeting the requirements of the settings rule. The rule applies to all nonresidential waiver services. However, the nonresidential settings most affected are: **adult day service, adult day care, prevocational, and group supported employment** settings.

DHS is working with an external entity, Public Consulting Group (PCG), to complete provider reviews which will determine a provider's compliance with the rule. Reviews will take place between March 2019 and March 2020. Providers will receive a call from PCG prior to the visit.

Detailed information is available on the DHS [Home and Community-Based Services webpage](#), including [HCBS Settings Rule FAQs](#) developed by DHS to provide guidance on the requirements in the settings rule.

This information from the Wisconsin Department of Health Services is being shared with you as a courtesy reminder on behalf of Inclusa.

Provider Claims Audits

Inclusa has a standard process for verifying compliance with certain provider contract provisions, including verification that services were provided and billed in accordance with the authorized service. As a provider of services to our members, you must maintain records that include written documentation of care and services provided for Inclusa members, including dates and times that the services were provided.

When Inclusa conducts claims audits, we will request documentation to verify the dates, times, and services for members. We ask that providers supply any documentation

they have that supports the amount billed for services for each member in the time period requested. Acceptable documentation would include any paperwork that shows employees checking off on services, signed time cards, time periods of work performed, member signatures, etc.

Claims audits are conducted in a manner that will not unduly interfere with the performance of the provider's activities. We are working with providers to identify and review billing and payment procedures and determine compliance by the provider to ensure the well-being of our members.

Your cooperation in this process is appreciated!

Changes to Certain DME Maximum Allowable Fees

The federal Consolidated Appropriation Act of 2016 and the federal 21st Century Cures Act of 2016 limit Medicaid funding for certain durable medical equipment (DME) based on the lowest Medicare max fee rates in each state. In response to this legislation, ForwardHealth announced in their December 2018 *Update* (No. 2018-43) that there will be reductions to certain DME maximum allowable fees, effective for dates of service on and after 01/01/2019.

Because of these rate changes, it was necessary for Inclusa to end any impacted authorizations effective 12/31/2018 and create new authorizations effective 01/01/2019. **Please be sure to log in to the Inclusa provider portal to check for new authorization IDs prior to submitting any DME claims with dates of service on and after 01/01/2019.**

More information on these changes can be found at www.forwardhealth.wi.gov/kw/pdf/2018-43.pdf.

Contact Information

Inclusa General

Member-Related Questions, Authorizations

Phone: 877-622-6700

Email: info@inclusa.org

Web: www.inclusa.org (see the Providers menu for additional provider resources)

Inclusa Provider Customer Service

Inclusa Portal, Claims Submission

Phone: 888-544-9353

Email: CustomerService@inclusa.org

Web: www.inclusa.org/providers/provider-portal • www.inclusa.org/providers/claims-billing

Inclusa Provider Relations

Contracting, Scopes of Service

Phone: 888-294-7451

Email: ProviderRelations@inclusa.org

Web: www.inclusa.org/providers/contracting

