



Scope of Service

Consultative Clinical and Therapeutic Services for Caregivers

SPC: 113.10

Provider Subcontract Agreement Appendix N

Purpose: Defines requirements and expectations for the provision of subcontracted, authorized and rendered services. Services shall be in compliance with the Provider Subcontract Agreement and the provisions of this service expectations document.

1.0	Service Definition
	<p>Inclusa follows the definitions and guidelines as defined for Consultative Clinical and Therapeutic Services for Caregivers in the DHS Family Care contract, standard program category (SPC) 113.10. Consultative Clinical and Therapeutic Services for Caregivers are designed to improve the ability of unpaid caregivers and paid direct support staff to carry out therapeutic interventions and support.</p> <p>Consultative clinical and therapeutic services for caregivers. The purpose of consultative services is to improve the ability of unpaid caregivers and paid direct support staff to carry out therapeutic interventions and support.</p> <p>Clinical and therapeutic services assist unpaid caregivers and/or paid support staff in carrying out the member's treatment/support plans, are not covered by the Medicaid State Plan and are necessary to improve the member's independence and inclusion in their community.</p> <p>The service includes assessments, development of home treatment plans, support plans, intervention plans, training, and technical assistance to carry out the plans and monitoring of the member and the caregiver/staff in the implementation of the plans.</p>
2.0	Standards of Service
2.1	Provider must follow Inclusa policies and procedures (as applicable) for Consultative Clinical and Therapeutic Services for Caregivers as reflected in this Scope of Service.
2.2	Includes training that is directly related to improving the ability of unpaid caregivers and paid direct support staff to carry out and integrating support and interventions. Interventions include actions and practices to improve current state and circumstances and support the holistic wellbeing of an individual.
2.3	Services and supports may not be experimental or aversive in nature nor may they otherwise jeopardize the health and safety of the member.
2.4	Service must be provided in a manner which honors member's rights and considers member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.
2.5	Provider must incorporate practices that honor members' beliefs, being respectful to member and staff culture, heritage, and other identity facets including members with limited English proficiency, diverse cultural and ethnicity, disabilities, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members' cultural backgrounds and other identity facets.
2.6	<p>Inclusa subcontracted providers of long-term care services are prohibited from influencing members' choice of long-term care program, provider, or Managed Care Organization (MCO) through communications that are misleading, threatening, or coercive. Inclusa and/or the WI Department of Health Services may impose sanctions against a provider that does so.</p> <p>Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.</p>

3.0	Service Description
3.1	<p>Consultative Clinical and Therapeutic Services for Caregivers - SPC: 113.10</p> <p>This service includes the provision of training for caregivers/staff that are or will be serving members with complex needs (beyond routine care.)</p> <p>For example:</p> <ul style="list-style-type: none"> • an individual with complex needs is relocating from one of the State Centers for the Intellectually Disabled, this service could be used to train caregivers/staff on the behavioral support plans necessary for community integration. • an individual that is neurodivergent, has sensory needs and/or accommodations that are not being met. An assessment is completed along with support plan and training of how caregivers and environmental modifications (accommodations) can support this member.
3.2	<p>This service may also include consultation with service providers and potential providers to identify providers and supports that can best meet the unique needs of the member and to identify additional supports necessary for caregivers to perform therapeutic interventions.</p>
3.3	<p>Excludes training in member self-advocacy or caregiver advocacy on behalf of a member, which are covered under consumer education and training.</p>
3.4	<p>This service may not duplicate any service that is provided under another service category or through the Medicaid State Plan.</p>
3.5	<p>Assessments/Development of home treatment plans (this does not include counseling treatment plans), support plans, intervention plans, and inclusive plans for accommodation.</p> <p>An inclusive assessment will be facilitated by the CCTS provider agency and will include:</p> <ul style="list-style-type: none"> • Interviews with the member, team leaders, staff, guardian, and professionals across settings or anyone else whom the member wants involved. • A review of background information • Evaluation of interviews to understand and accommodate support needs • The identification and assessment of previously used strategies for effectiveness. • The identification of staff/caregiver training needs.
3.6	<p>Development of Plan after Inclusive Assessment</p> <ul style="list-style-type: none"> • This plan will ensure the member is being supported through strength based, person-centered, trauma informed care with the least restrictive approaches that maintain self-worth, opportunity, and respect for the member. • For the member to attain and maintain the highest quality of life, the support team must provide the individual with positive, proactive, and consistent support and accommodation, and understand the social, psychological, physiological, medical, and environmental influences to their life. • Approaches outlined in this plan must be viewed as being flexible and incorporate, as appropriate, a full integration of social, emotional, environmental, occupational, intellectual, spiritual, and physical wellness. • It is through this holistic and balanced plan that the individual and support team can maximize strengths, preserve rights, learn, and enhance skills and tools, maintain resilience, and create positive social change to fit this individual’s needs, preferences, and outcomes.
3.7	<p>Training and technical assistance to carry out and integrate the plans and monitoring/troubleshooting of the member and the caregiver/staff in the implementation of the plans.</p> <p>The CCTS provider agency will identify training needs and outline a plan for support staff.</p>

	<ul style="list-style-type: none"> • Training will include instruction about accommodations, support regimens and other services included in the member’s care plan(s), use of equipment specified in the service plan and guidance, as necessary, to safely support the member in the community. • Training must be aimed at assisting the unpaid caregiver, staff, and supporters in meeting the preferences and accommodation of the member. • This service includes on-line or in-person training, conferences, or resource material on the specific disabilities, illnesses, conditions that affect the member of whom they care. The purpose of the training is for the caregiver to learn more about the member’s needs, preferences, and outcomes, what to expect and how to provide the best care for someone with that specific condition. • Training includes the costs of registration and training fees associated with formal instruction in areas relevant to the needs identified in the member’s care plan. • This service excludes payment for lodging and meal expenses incurred while attending a training event or conference. • Following the completion of identified training, the provider agency will collaborate with all parties to provide consultation/follow-up regarding plan implementation and effectiveness based on the member needs.
3.8	At times, the provider agency may be asked to assist with identifying other appropriate services/supports for a member. This may include referrals to additional CCTS providers with specific specialization and areas of focus including but not limited to dementia, neurodiversity, behavioral health, communication, wellness, and sensory needs and accommodations.
4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Consultative Clinical and Therapeutic Services for Caregivers – SPC: 113.10</p> <p>Services are billed with the indicated SPC and procedure code as defined in the Provider Subcontract Agreement, Appendix A.</p> <p>Assessment, Plan Development Services, Training, Technical Assistance (ongoing follow-up), and Consultation Services are billed in either quarter hour or per session increments with a minimum billing of 1 hour (60 minutes).</p> <p>Travel time to and from the caregiver may not be billed separately, this time is considered covered within the direct time reimbursement.</p>
4.2	Any mileage costs for the assessment, training, technical assistance, or consultative services are included in the reimbursement rate. If travel time to the member’s home or meeting location will exceed 15 minutes, the Inclusa team may authorize additional time in quarter hour increments.
4.3	A standard hour of reimbursement may include: 50 minutes of face-to-face time with the member or caregiver and 10 minutes for documentation and collaboration with the Inclusa team or other appropriate providers.
4.4	<p>Remote Waiver Services and Interactive Telehealth</p> <p>Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.</p>
5.0	Staff Qualifications and Training
5.1	Caregiver Background Checks – Providers will comply with all applicable standards and/or regulations related to caregiver background checks and comply with Appendix H from the Inclusa Subcontract Agreement.
5.2	<p>Agencies will ensure that staff possess skills and knowledge that typically would be acquired through:</p> <ul style="list-style-type: none"> • Training on the population being served

	<ul style="list-style-type: none"> • Training on the provision of the services being provided • Applicable regulatory/licensure training requirements are met for all staff • Training on the scope of services necessary • Training of rights and confidentiality (HIPAA) • Training of prevention of exploitation, emotional, verbal, physical, and sexual abuse • Knowledge in the adaptation of specialized equipment and in the modifications of the member environments.
5.3	Provider agency must orient and train their staff on the Family Care Program, Inclusa, and Community™, the trademarked care management model of Inclusa. Support materials regarding the Family Care Program and Community™ are available on the Inclusa website at www.inclusa.org .
5.4	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.5	Individual counselors must have current state licensure or certification in their fields of practice. Counseling agencies must comply with Wis. Admin. Code DHS 61.35
6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of members referred by Inclusa and accepted by the agency for service. See comment please
6.2	Provider agency will ensure: <ul style="list-style-type: none"> • Staff provide services in a timely and professional manner. • Performance issues with staff are addressed promptly and Inclusa teams are kept informed about significant issues that affect the Inclusa member. • Provider staff are working collaboratively and communicating effectively with Inclusa staff
6.3	Provider will ensure staff have appropriate credentials for the service provided.
7.0	Service Referral and Authorization
7.1	The Inclusa team will provide a written service referral form to the provider agency which specifies the need for the service. The Inclusa team will collaborate with the provider agency to determine the amount, frequency and duration of the service.
7.2	The provider agency will notify the Inclusa team within 7 business days of receiving a referral regarding the ability to accept the member for services. If the referral is accepted, notification should also include the anticipated start date. Member wait time to receive the service shall be no more than 60 business days from the time-of-service approval. The provider agency must continue to report status of an open referral on a weekly basis to the Inclusa team until the referral is filled. If there is a delay in the provider's ability to deliver the service within this timeframe, notification to the Inclusa team is required.
7.3	The Inclusa team will issue a new written referral form when the tasks assigned, amount, frequency, or duration of the service changes.
7.4	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
7.5	Authorizations for Member Services The Inclusa Provider Portal is used by providers to obtain information about current authorizations. In addition, the provider must use the portal to acknowledge all new authorizations. The provider agency is responsible for ensuring that only currently employed and authorized staff have access to the provider portal, and for using the member authorization information available on the portal to bill for services accurately. For authorization needs such as new authorizations, additional units, or missing authorizations, during normal Inclusa business hours (8:00 a.m. to 4:30 p.m.) the provider should contact the Inclusa team (Community Resource Coordinator or Health and Wellness Coordinator).

	<p>If your authorization request is an emergent need impacting the member’s health and safety and you cannot reach the Inclusa team:</p> <ul style="list-style-type: none"> • During Inclusa business hours – call 877-622-6700 and press 0 for assistance. • After Inclusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support. <p>Questions regarding billing or claims for current Consultative Clinical and Therapeutic Services for Caregivers authorizations and requests for Provider Portal assistance should be directed to the Inclusa SHC-SDS-Home Health Support Team at ACS-SHC-SDS-HomeHealth@inclusa.org or 888-544-9353, ext. 7.</p>
7.6	<p>Remote Waiver Services and Interactive Telehealth</p> <p>Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.</p> <ol style="list-style-type: none"> 1. Remote Waiver Services <p>Remote waiver services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communications between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.</p> <p>The IDT must first determine the service is necessary to support an outcome by using the RAD or other Department approved alternative and then determine whether it can be authorized remotely.</p> <p>To authorize a waiver service for remote delivery, the IDT must:</p> <ol style="list-style-type: none"> a. Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service. Functional equivalence exists when there is no reduction in quality, safety, or effectiveness of the in-person service because it is delivered by using audiovisual telecommunication technology. b. Obtain informed consent from the member to receive the service remotely. c. Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely. 2. State Plan Services via Interactive Telehealth <p>Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communications between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.</p>
8.0	Communication, Documentation and Reporting Requirements
8.1	<p>Inclusa communicates with providers regularly in the following formats:</p> <ul style="list-style-type: none"> • Vendor forums • Mass notifications via email, fax, or mail • Notices for expiring credentialing <p>Notices are sent to providers via email when the provider has email available to ensure timeliness of communication.</p> <p>Provider agencies are required to ensure that Inclusa contracting staff, Community Living staff, Inclusa teams, guardians, and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.</p>

	Providers can update their information by contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or ProviderRelations@inclusa.org .
8.2	The provider agency shall report to the Inclusa team within one business day whenever: <ol style="list-style-type: none"> 1. There is a change in service provider 2. The member/caregiver or provider is not available for scheduled services
8.3	Providers will notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to the Inclusa interdisciplinary team.
8.4	Inclusa interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided.
8.5	Member Incidents Provider agencies shall report all member incidents to the Inclusa team. Providers must promptly communicate with the Inclusa team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member. Acceptable means of communicating member incidents to the Inclusa team would be via phone, fax, or email within 24 hours . Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance. Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org .
8.6	The provider shall give at least 30 days' advance notice to the Inclusa team and member prior to discontinuing authorized services . The agency shall be responsible for providing authorized services during this time period. The Inclusa team or designated staff person will notify the provider when services are to be discontinued prior to authorized dates of service. The Inclusa team will make every effort to notify the provider at least 30 days in advance.
8.7	The agency must maintain the following documentation and make available for review by Inclusa upon request: <ul style="list-style-type: none"> • Verification of criminal and caregiver background checks, if applicable • Verification that each provider meets staff qualifications • Documentation related to training methods, including frequency
9.0	Quality Assurance
9.1	Purpose Inclusa quality assurance activities are a systematic, departmental approach to ensuring and recognizing a specified standard or level of care expected of subcontracted providers. These methodologies are established to review and inspect subcontracted provider performance and compliance. Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. Inclusa provider quality assurance practices: <ol style="list-style-type: none"> 1) Establish the definition of quality services; 2) Assess and document performance against these standards; and 3) Detail corrective measures to be taken if problems are detected. It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. Inclusa will monitor compliance with these standards to ensure the services purchased are of the highest quality. Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.
9.2	Quality Performance Indicators

	<ul style="list-style-type: none"> • Education/Training of staff- Effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists. • Performance record of contracted activities- <ul style="list-style-type: none"> ○ tracking of number, frequency, and outcomes of assigned Inlusa Quality Teams related to provider performance ○ tracking of successful service provision (member/support staff achieving goals/outcomes, increased member independence, autonomy, and community participation, etc.) • Contract Compliance- formal or informal review and identification of compliance with Inlusa contract terms, provider service expectation terms, applicable policies/procedures for Inlusa contracted providers • Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inlusa
9.3	<p>Inlusa Sources and Activities for Measuring Provider Performance</p> <ul style="list-style-type: none"> • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits, if applicable • Statement of Deficiency (SOD)- state regulated entities • Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents, or issued Statement of Deficiency. • Tracking of performance and compliance in relation to the subcontract agreement and appendices • Statistical reviews of time between referral and service commencement • Member outcomes associated with this service are achieved
9.4	<p>Expectations of Providers and Inlusa for Quality Assurance Activities</p> <ul style="list-style-type: none"> • Collaboration: working in a goal oriented, professional, and team-based approach with Inlusa representatives to identify core issues to quality concerns, strategies to improve, and implementing those strategies • Responsiveness: actions taken upon request and in a timely manner to resolve and improve identified issues. This may include submitted documents to Inlusa, responding to calls, emails, or other inquiries, keeping Inlusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities • Systems perspective to improvement: approaching a quality concern, trend, or significant incident with the purpose of creating overall improvements that will not only resolve the issue at hand, but improve service and operations as a whole • Member-centered solutions to issues: relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served <p>Inlusa is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assisting with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve members.</p>