



Scope of Service Consumer Education and Training

SPC: 113

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
1.1	<p>Inclusa follows the definitions and guidelines as defined for Consumer Education and Training Services in the DHS Family Care contract, standard program category (SPC) 113.</p> <p>Consumer Education and Training Services are designed to help members develop self-advocacy skills, support self-determination, exercise civil rights and acquire skills needed to exercise control and responsibility over other support services. Self-advocacy skills enable members to communicate wants and needs, make informed decisions, voice their choices, and develop trusted supports with whomever they can share concerns.</p> <ul style="list-style-type: none"> • The consumer education and training service includes education and training for members, their caregivers, and legal decision makers that is directly related to developing such skills. • Managed care organizations assure that information about educational and/or training opportunities is available to members, their caregivers, and legal decision makers. • Covered expenses may include enrollment fees, books and other educational materials, and transportation related to participation in training courses, conferences, and other similar events. Excludes educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq) or other relevant funding sources. • Excludes education/training costs exceeding \$2500 per participant annually. Excludes payment for hotel and meal expenses while members or their legal decision makers attend allowable training/education events. • Providers must have expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management and decision-making.
1.2	<p>Peer Recovery Support Services under Consumer Education and Training are provided by certified peer specialists. A peer recovery support specialist serves as advocate and provides information and peer support for members in emergency, outpatient, or community settings. Peer specialists provide education, training, and support services such as the following:</p> <ol style="list-style-type: none"> a. Use personal recovery experience as a tool b. Provide information about mental health resources c. Assist in identifying and supporting members in crisis d. Facilitate self-direction and goal setting e. Communicate effectively with other treatment providers
2.0	Standards of Service
2.1	Provider must follow the standards for Consumer Education and Training Services. This Scope of Service reflects Inclusa policies and procedures.
2.2	Consumer Education and Training Services providers must have expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management and decision-making.

2.3	Certified peer specialists’ practice in accordance with the Department of Health Services Peer Specialist Code of Conduct Standards and the General Wisconsin Certified Peer Specialist Job Description, including practicing as part of an agency team under supervision. The certified peer specialists perform a wide range of recovery-oriented tasks as outlined in the member’s recovery plan which are within the scope and practice of certified peer specialists. Services provided to the member have been developed and identified by the member with the facilitation of the certified peer specialist in order to achieve the member’s self-directed recovery goals.
2.4	Peer specialist services are intended to assist the member in learning skills to independently manage mental health symptoms. Therefore, it is expected that the service would phase out over time. Specific peer specialist services such as Wellness Recovery Action Planning (WRAP) may be short-term in nature. Other peer specialist services may occur ongoing or intermittently as needed by the member. The Inclusa team will consider member-specific needs and member’s progression toward independently managing mental health needs when authorizing services.
2.5	Services and supports may not be experimental or aversive in nature nor may they otherwise jeopardize the health and safety of the member.
2.6	Service must be provided in a manner which honors member’s rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.
2.7	Provider must incorporate practices that honor members’ beliefs, being sensitive to cultural diversity and diverse cultural and ethical backgrounds, including supporting members with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members’ cultural backgrounds.
2.8	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.
3.0	Service Description
3.1	Consumer Education and Training Services providers will assure that information about educational and/or training opportunities is available to members and their caregivers and legal decision makers. Covered expenses shall include, but are not limited to: <ul style="list-style-type: none"> • Enrollment fees, books, and other educational materials • Transportation related to participation in training courses, conferences, and other similar events
3.2	Consumer Education and Training Services shall not include: <ul style="list-style-type: none"> • Educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq) or other relevant funding sources • Education/training costs exceeding \$2500 per participant annually • Payment for hotel and meal expenses while members or their legal decision makers attend allowable training/education events
3.3	Peer Recovery Support Specialists provide service to members with mental health disorders. Peer Recovery Support Specialists are described as follows: <ul style="list-style-type: none"> • <u>Outreach Worker</u> – identifies and engages hard-to-reach individuals; offers proof of transformative power of recovery; make recovery attractive • <u>Motivator</u> – exhibits faith in capacity for change; encourages and celebrates recovery achievements; mobilizes internal and external resources; encourages self-advocacy and economic self-sufficiency • <u>Ally and Confidant</u> – genuinely cares and listens, can be trusted with confidences in matters not affecting safety

	<ul style="list-style-type: none"> • <u>Role model and Mentor</u> – offers his/her life as living proof of the transformative power of recovery; provides stage-appropriate recovery education • <u>Partner in Problem Solving</u> – helps resolve personal and environmental obstacles to recovery • <u>Advocate</u> – helps individuals and families navigate complex service systems • <u>Educator</u> – provides each client with normative information about stages of recovery; informs professional helpers, the community, and potential service consumers about the prevalence, pathways, and styles of long-term recovery <p>Peer Recovery Support Specialist is NOT a:</p> <ul style="list-style-type: none"> • Sponsor (or equivalent) • Therapist/counselor • Nurse/Physician • Priest/Clergy • Home Care Worker
3.4	<p>Peer Recovery Support Specialist services shall include, but are not limited to:</p> <ul style="list-style-type: none"> • Develop Wellness Recovery Action Plan (WRAP) collaboratively with member • Visit member on a regular basis • Connection to resources/benefits for basic needs such as housing, transportation, food, drop-in support centers, PIE, recovery group in the community, Economic Support, ADRC, etc. • Assist in identifying and supporting members in crisis • Coping skills • Mental health education • Wellness management recovery • Active participant in member’s treatment and recovery plan • Improve/develop natural and community support network • Assist member with personalized recovery experience or planning • Facilitate member empowerment
3.5	<p>Peer Recovery Support Specialists will NOT be requested or assigned to do the following:</p> <ul style="list-style-type: none"> • Cleaning or chore services • Personal cares • Preparing meals • Errands • Laundry • Transporting members for general transportation outside of targeted appointments relating to recovery plan • Medication delivery • Grocery shopping for member
4.0	Units of Service and Reimbursement Guidelines
4.1	<p>SPC: 113, Procedure Code: S9445 Patient Education, Individual; S9446 Patient Education, Group</p> <p>Services are billed with the indicated SPC and procedure code at the as defined in the Provider Subcontract Agreement, Appendix A. Services are billed with applicable units as indicated in Appendix A.</p>
4.2	<p>SPC: 113, Procedure Code: H0038 Peer Recovery Support Specialist Services</p> <p>Services are billed with the indicated SPC and procedure code at the as defined in the Provider Subcontract Agreement, Appendix A. Services are billed in quarter hour increments with a minimum billing of 1 hour (60 minutes).</p> <p>Travel time to and from the member visits may not be billed separately, this time is considered covered within the direct time reimbursement.</p>

4.3	Any mileage costs for the peer specialist 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.
4.4	A standard hour of reimbursement includes: 50 minutes of face-to-face time with the member (could include travel time with the member), and 10 minutes for documentation and collaboration with the Inclusa team or other appropriate providers.
4.5	Remote Waiver Services and Interactive Telehealth Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
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 as well as comply with Appendix H from the Inclusa Subcontract Agreement.
5.2	Agencies will ensure the peer specialist will: <ul style="list-style-type: none"> • Be self-identified as a person living in recovery with a mental health illness • Possess and maintain Peer Specialist State certification and training requirements • Possess self-awareness of personal recovery • Use effective oral and written communication skills • Have insured vehicle and valid driver's license for daily use or ability to arrange own transportation • Have knowledge of and ability to use computer • Have effective advocacy skills • Have knowledge of Americans with Disabilities Act (ADA) • Have knowledge of how to assist recipients with locating community resources (employment, housing, health, etc.)
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	Provider agency will ensure the peer specialist is trained as follows: <ul style="list-style-type: none"> • All provider agency standard policies and procedures • Care Manager communication expectations and progress reporting requirements • WRAP concepts and process • Basic recovery concepts • Identification of crisis and risk of suicide • Knowledge of Chap. 51 and 55 • Ethics and Boundaries • Confidentiality • Consumer rights and responsibilities • Active listening and communication skills • Reasonable accommodations (ADA) • Basic advocacy skills, helping individual to self-advocate • Understanding peer support, concepts and skills • Cultural competency • Telling your story effectively and when appropriate (self-disclosure) <p>Additional training topics which may be offered when the peer specialist and supervisor agree subjects are relevant may include but are not limited to:</p> <ul style="list-style-type: none"> • Trauma informed care • Medications, diagnoses and treatments • Knowledge of seclusion and restraint prevention

	<ul style="list-style-type: none"> • Self-injury training • Conducting dialogues and role play skills • Substance abuse issues • Working with special populations • Motivational Interviewing • Learning about community resources and/or personal safety plans.
6.0	Supervision and Staff Adequacy
6.1	<p>The agency shall maintain adequate staffing to meet the needs of members referred by Inclusa team and accepted by provider agency.</p> <p>Peer specialist will work to accommodate their visit schedule with member availability and needs.</p>
6.2	<p>Provider agency will ensure:</p> <ul style="list-style-type: none"> • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Performance issues with staff are addressed promptly and Inclusa teams are kept informed about significant issues that affect the Inclusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inclusa members. • Provider staff are working collaboratively and communicating effectively with Inclusa staff.
6.3	<p>Agency supervisory staff will have BS/BA in a human services field and/or appropriate clinical experience to effectively monitor services and communication between member, Inclusa team and service providers to bring consistency and coordination to member's services.</p>
6.4	<p>Provider's supervision and direction of the peer specialist is required on a regular basis to ensure staff are developing and maintaining a productive relationship with the member and are effectively working toward the member's outcomes. The provider agency will consult with the Inclusa team if they identify concerns with peer specialist and member relationship or progress toward member's outcomes.</p>
6.5	<p>The agency must have a method of verifying that services are provided as assigned and scheduled.</p>
6.6	<p>The agency shall designate contact person or on-call # for circumstances when Inclusa needs to contact the peer specialist during business hours.</p>
7.0	Service Referral and Authorization
7.1	<p>The Inclusa team will provide a written referral and authorization form to the provider agency that specifies the expected outcomes, amount, frequency and duration of services.</p>
7.2	<p>The provider agency will notify the Inclusa team within 2 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 or any delays in staffing by the requested start date. 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.</p>
7.3	<p>The Inclusa team will issue a new written referral form when the tasks assigned, amount, frequency or duration of the service changes.</p>
7.4	<p>The provider agency will retain copies of the Inclusa referral forms in the agency file as proof of authorization.</p>
7.5	<p>Authorizations for Member Services</p> <p>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.</p>

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).

If your authorization request is an emergent need impacting the member’s health and safety and you cannot reach the Inclusa team:

- 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.

Questions regarding billing or claims for current Consumer Education and Training 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.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

1. Remote Waiver Services

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.

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.

To authorize a waiver service for remote delivery, the IDT must:

- 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

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.

8.0 Communication, Documentation and Reporting Requirements

8.1 Inclusa communicates with providers regularly in the following formats:

- Vendor forums
- Mass notifications via email, fax, or mail
- Notices for expiring credentialing

Notices are sent to providers via email when the provider has email available to ensure timeliness of communication.

Provider agencies are required to ensure Inclusa Provider Network, 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.

	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 agency or peer specialist must report to a Inclusa team within 2 business days if the member was not available for scheduled service.
8.3	The provider agency shall report to the Inclusa team whenever: <ol style="list-style-type: none"> 1. There is a change in service provider 2. There is a change in the member's needs or abilities is recognized 3. The member or provider is not available for scheduled services.
8.4	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.
8.5	<p>Member Incidents</p> <p>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 Inclusa team or Inclusa Quality Assurance.</p> <p>Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.</p>
8.6	<p>The provider shall give at least 30 days' advance notice to the Inclusa team when it's unable to provide authorized services to an individual member. The agency shall be responsible to provide authorized services during this time period.</p> <p>The Inclusa team or designated staff person will notify the provider when services are to be discontinued. The Inclusa team will make every effort to notify the provider at least 30 days in advance.</p>
8.7	<p>Member Progress Reports</p> <p>The agency's peer specialist must maintain member progress notes on each member they serve. The progress notes will describe all face-to-face visits to include (but not limited to) information such as: date of visit, meeting place, who was present at visit, what outcome(s) were worked on, member's mental health status, what was done during visit and anything significant regarding the member's overall status.</p> <p>Providers of peer specialist services shall complete a written progress report that details the member's progress toward the objectives outlined in the referral for services and, if indicated, recommendations for changes.</p> <p>The Inclusa team may use these provider reports to evaluate the need for continuation or modification of services. Inclusa teams may request peer specialist progress notes as needed to determine effectiveness of the service, continuing authorization, and planning for future outcomes.</p> <p>Provider will provide summary of progress reports as requested by Inclusa.</p>
8.8	<p>The agency must maintain the following documentation; and make available for review by Inclusa upon request:</p> <ul style="list-style-type: none"> • Verification of criminal and caregiver background checks • Verification that each provider meets staff qualifications • Documentation related to supervision communication/instruction methods, including frequency, intensity and any changes in supervision • The agency must maintain peer specialist time sheets/visit records which support billing activities • Procedures for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.

	<ul style="list-style-type: none"> • Policy and procedure on expectations of work rules such as timeliness of scheduled visits, work ethics and reporting variances to the agency supervisor • Example of the peer specialist time sheet/visit record document used for documenting employee time for payroll and billing purposes.
9.0	Quality Assurance
9.1	<p>Purpose</p> <p>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.</p> <p>Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.</p> <p>Inclusa provider quality assurance practices:</p> <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 <p>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.</p> <p>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.</p>
9.2	<p>Quality Performance Indicators</p> <ul style="list-style-type: none"> • Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency • 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 Inclusa Quality Teams related to provider performance ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance- formal or informal review and identification of compliance with Inclusa contract terms, provider service expectation terms, applicable policies/procedures for Inclusa contracted providers • Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inclusa
9.3	<p>Inclusa 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 • Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents. • Tracking of performance and compliance in relation to the subcontract agreement and appendices • Statistical reviews of time between referral and service commencement

<p>9.4</p>	<p>Expectations of Providers and Inclusa for Quality Assurance Activities</p> <ul style="list-style-type: none"> • Collaboration: working in a goal oriented, professional, and team based approach with Inclusa 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 Inclusa, responding to calls, emails, or other inquiries, keeping Inclusa 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>Inclusa is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve members.</p>
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