



**SPC: 110
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	Definitions
1.1	<p>Service Definition</p> <p>Inclusa follows the definitions and guidelines as defined for Daily Living Skills Training (DLST) in the DHS Family Care contract, standard program category (SPC) 110.</p> <p>Daily living skills training is the provision of education and skill development to teach members the skills involved in performing activities of daily living, including skills intended to increase the member's independence and participation in community life. It may include teaching money management, home care maintenance, food preparation, mobility training, self-care skills and the skills necessary for accessing and using community resources. Daily living skills training may involve training the member or the natural support person to assist the member.</p>
1.2	<p>Inclusa Interdisciplinary Team (IDT) Definition</p> <p>The Inclusa Interdisciplinary Team (IDT) is composed of the following:</p> <ul style="list-style-type: none"> • Community Resources Coordinator (CRC) – The Inclusa CRC is responsible for identifying member service needs using the RAD process and authorizing the service(s) needed to meet the member’s long-term care outcomes. The CRC ensures the member has the necessary furnishings and supplies for independent living and coordinates moving the member’s belongings and medications at member move-in and in the event of the member moving out. The Inclusa CRC is the provider agency’s main point of contact for member-specific or related questions, concerns, or information. • Health and Wellness Coordinator (HWC) – The Inclusa HWC is a nurse that has ongoing responsibility to assess and review how the member is doing clinically and educate the member on health-related issues. Inclusa HWCs do not provide direct care services, supervision of agency direct care staff, or supervisory visits of direct care workers for nurse-delegated tasks. Inclusa HWCs do not delegate tasks to personnel from any provider agency or self-directed support. All nursing delegation must be provided by a registered nurse employed or subcontracted by the contracted provider agency. <p>The IDT may also be referred to as “Inclusa Team” or “Care Management Team.”</p>
2.0	Standards of Service
2.1	<p>Provider must follow the Standards for Daily Living Skills Training. This Scope of Service reflects Inclusa policies and procedures.</p>
2.2	<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>
2.3	<p>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.</p>

2.4	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.
2.5	Provider Agency shall comply with applicable standards. Quality Indicators shall be used by MCO to evaluate the ability of the Daily Living Skills Training provider to provide adequate services to MCO members. Failure to adhere to quality standards can be grounds for terminating the contract if deficiencies are not corrected in a timely manner, as determined by the MCO.
2.6	Expected Outcomes <ol style="list-style-type: none"> 1. Members will receive training and care that is consistent with individual needs and outcomes identified in the member's individualized service plan. 2. Members shall be afforded the opportunity to evaluate and provide feedback regarding services received.
3.0	Service Description
3.1	<p>SPC 110 – Daily Living Skills Training</p> <p>DLST are education and skill development activities that may include but are not limited to increase in a member's skill and ability with:</p> <ul style="list-style-type: none"> • Personal hygiene • Food preparation • Home upkeep/maintenance • Money management • Accessing and using community resources • Community mobility • Parenting skills • Safety/emergency skills training • Time management/calendar skills
3.2	DLST is considered time-limited based on actual progress toward learning independence with the identified task. Goals are typically achieved in a six-month period or less.
3.3	DLST services include funding for educational or training services that are of direct benefit to the member.
3.4	Once DLST is identified as a needed service, the Inclusa team, member and provider need to determine the following: <ol style="list-style-type: none"> a. Identify methods of training, education and intervention provided to this member for this outcome. b. Outcome progress (measurable terms). c. Member input on outcome. d. Current recommendation/changes to outcome.
3.5	The following are excluded from DLST: <ul style="list-style-type: none"> • Tasked performed or classified as supportive home care • Activities that are primarily recreation • Educationally related services provided to members who are still enrolled in school when the service is available from IDEA or other relevant funding sources
4.0	Units of Service and Reimbursement Guidelines
4.1	Daily Living Skills Training Services (SPC 110, Procedure Code T2012) are billed with the indicated SPC and procedure code at the quarter hourly or daily rate as defined in Appendix A of the Provider Subcontract Agreement. Procedure code T2017 is designated for Self-Directed Supports DLTS.
4.2	Providers are required to meet all the member's care needs during the authorized DLST time and are not allowed to bill for additional services.
4.3	The cost of transportation paid to the provider of this service is included in the reimbursement rate.

4.4	<p>When quarter hour or daily units are authorized, the rate and authorized time includes face-to-face contact with the member as well as coordination activities and supervisory activities of the provider.</p> <p>Provider time and activity that does not include face-to-face contact with the member may not be billed.</p> <p>Example:</p> <ol style="list-style-type: none"> 1. 4 quarter hour units of DLST are authorized (60 minutes). Of that hour, it is expected that 50 minutes is face-to-face contact with the member and no more than 10 minutes of that time conducting coordination activities/progress notes, etc. 2. A day of DLST is authorized for the member. Of that day, it is expected that only 15 minutes are used for conducting coordination activities/ progress notes, etc. without the member and the rest of the time is working directly with the member on DLST. 3. 20 minutes of time is spent updating progress notes without contact with the member. No billing can occur for DLST services.
4.5	<p>Daily Living Skills Training Services (SPC 110, Procedure Code T2012) are billed with the indicated SPC and procedure code at the quarter hourly or daily rate as defined in Appendix A of the Provider Subcontract Agreement. Procedure code T2017 is designated for Self-Directed Supports DLTS.</p>
4.6	<p>Remote Waiver Services and Interactive Telehealth Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.</p>
5.0	<p>Staff Qualifications and Training</p>
5.1	<p>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.</p>
5.2	<p>The agency must ensure that the direct service staff are qualified by having relevant education and/or experience in providing DLST to the target population.</p>
5.3	<p>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.</p>
5.4	<p>The DLST agency must ensure that DLST providers have received training on the following subjects pertaining to the individuals served:</p> <ol style="list-style-type: none"> A. Policy, procedures and expectations of Inclusa and the DLST agency including training on: <ul style="list-style-type: none"> • Member rights and responsibilities • Provider rights and responsibilities • Record keeping and reporting • Confidentiality laws and regulations • Effective teaching styles • Adapting teaching styles to individual learning style • Documentation/data collection • Other information deemed necessary and appropriate B. Information about individuals to be served including information on individual’s specific disabilities, abilities, needs, functional deficits, strengths and preferences. This training should be person specific for the people to be served. C. Recognizing and appropriately responding to all conditions that might adversely affect the member’s health and safety including how to respond to emergencies and member-related incidents. D. Providers shall ensure that DLST staff are knowledgeable in the adaption and use of specialized equipment and in the modification of the member environments and that these staff complete regular training/continuing education coursework to maintain/update their

	<p>level of expertise.</p> <p>E. Interpersonal and communication skills and appropriate attitudes for working effectively with members. These include:</p> <ul style="list-style-type: none"> • Understanding the principles of person-centered services • Cultural, linguistic and ethnic differences • Active listening • How to respond with emotional support and empathy • Ethics in dealing with members, family and other providers • Conflict resolution and behavior support techniques • Maintaining appropriate personal and professional boundaries with members served • Other topics relevant to the population to be served
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of members referred by Inlusa and accepted by the agency for service.
6.2	<p>Providers of training services shall assure that the staff to member ratio is adequate to meet the specific needs of the member(s) receiving services.</p> <p>Inlusa team needs to be informed and in agreement with any need to change the staff-to-member ratio prior to the change occurring.</p>
6.3	Providers must have an acceptable backup procedure, including notification of member and DLST agency when provider is unable to show for a scheduled visit.
6.4	<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 Inlusa teams are kept informed about significant issues that affect the Inlusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inlusa members. • Provider staff are working collaboratively and communicating effectively with Inlusa staff. • 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 Inlusa teams are kept informed about significant issues that affect the Inlusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inlusa members. • Provider staff are working collaboratively and communicating effectively with Inlusa staff.
6.5	Agency shall maintain and provide adequate staffing to meet the needs of members referred by MCO and accepted by DLST agency. DLST Agency shall give at least 30 days' advance notice to Inlusa IDT when unable to provide authorized service to individual members. DLST Agency is responsible to provide authorized services during that time period.
6.6	The DLST agency shall designate contact person or on-call number for circumstances when Inlusa or the member needs to contact the DLST agency during non-business hours.
7.0	Service Referral and Authorization
7.1	The Inlusa team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.
7.2	The provider agency must notify the Inlusa 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.
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	<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> <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).</p> <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 Daily Living Skills Training authorizations and requests for Provider Portal assistance should be directed to the Inclusa Transportation-Employment Support Team at ACS-Transportation-Employment@inclusa.org or 888-544-9353, ext. 4.</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 a 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	<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 Community Resources/Provider Relations (CR/PR) 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> <p>Providers can update their information by contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or ProviderRelations@inclusa.org.</p>
8.2	<p>The provider agency shall report to the Inclusa team whenever:</p> <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 3) The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)
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	<p>Inclusa interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided (e.g. treatment plans, progress notes, etc.).</p> <p>Provider shall complete a written report monthly that details the member's progress toward each outcome outlined in the individualized plan, and if indicated, recommendations for changes.</p>
8.5	<p>Member Incidents</p> <p>Providers will communicate and report all incidents involving an Inclusa member to the Inclusa Interdisciplinary Team (IDT) – the Community Resource Coordinator (CRC) or the Health and Wellness Coordinator (HWC) within 24 hours via phone, fax or email.</p> <p>If the reporter is unable to reach the CRC or HWC, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the member.</p> <p>If the incident is not yet resolved or resulted in serious harm or injury to the member, the provider must attempt to contact the IDT via phone. If unsuccessful, call 1-877-622-6700 and ask to speak to a Member Support Manager or Regional Operations Senior Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist to be redirected or leave a message.</p> <p>All reported incidents will be entered into the Inclusa Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform Inclusa when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.</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 agency shall give at least 30 days’ advance notice to the Inlusa team when it is unable to provide authorized services to an individual member. The provider agency shall be responsible to provide authorized services during this time period.</p> <p>The Inlusa team or designated staff person will notify the provider agency when services are to be discontinued. The Inlusa team will make every effort to notify the provider at least 30 days in advance.</p>
8.7	<p>The provider agency must maintain the following documentation, and make available for review by Inlusa upon request.</p> <ul style="list-style-type: none"> • Provider meets the required standards for applicable staff qualification, training and programming • Verification of criminal, caregiver and licensing background checks as required. • Policy and procedure related to supervision methods by the provider agency including frequency, intensity and any changes in supervision. • Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents. The policy and procedure should also cover expectation of work rules work ethics and reporting variances to the program supervisor. • Employee time sheets/visit records which support billing to Inlusa. • Policy and procedure for arranging backup when a DLST provider is unavailable. Provider shall include procedures for notifying member and Inlusa IDT. • Written procedure to assure that services are provided as assigned and scheduled. • Member-specific, written service plan which specifies the tasks assigned to the DLST provider. This plan shall include expected outcomes, amount, frequency, and duration of services. • Provider shall complete a written report monthly that details the member’s progress toward each outcome outlined in the individualized plan, and if indicated, recommendations for changes.
8.8	<p>Communication: What Provider Can Expect from MCO</p> <p>A strength-based, collaborative relationship with providers is one of the most effective means to achieve positive outcomes for Inlusa members. To ensure a true partnership with Inlusa providers, Inlusa staff are expected to:</p> <ul style="list-style-type: none"> • Consistently maintain respectful communication and relationships. • Respond to provider phone calls and emails within one (1) business day of receipt unless staff are out of the office and an expected date of return is communicated via Inlusa’s phone or email messaging system. • Arrive promptly for scheduled meetings and contact providers as soon as possible when a meeting must be delayed or cancelled. • Identify themselves and their role with Inlusa to staff of provider agencies through an introduction and by wearing a Inlusa ID badge. • Communicate anticipated contacts with a member to provider staff in advance of the planned visit to ensure the member, and any staff needed to assist with the discussion, are available. • Show consideration and respect for facility or provider agency staff by informing them of Inlusa staff presence upon arrival when an unplanned visit is warranted. • Consult with providers when member-specific information is needed, especially in situations where the member may not report accurate information and family has limited contact. Many providers have daily contact with members and can readily report changes that help staff to accurately assess changes in a member’s functional abilities or needs. • Inform the member that he/she can invite representatives of provider agencies to be part of the Interdisciplinary team, if desired. • Encourage the member to invite appropriate providers to participate in six-month and annual review meetings or relevant portions of review meetings.

	<ul style="list-style-type: none"> For members who are not receptive to provider participation in review meetings, consistently update providers of new information needed to ensure the provision of appropriate services and supports. For members receiving residential services, offer the provider a copy of the Member Centered Plan and relevant updates. Inclusa IDT shall inform Provider within five (5) business days if/when there is a change in the assigned Community Resource Coordinator or Health & Wellness Coordinator for a member.
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"> o tracking of number, frequency, and outcomes of Inclusa Incident Reports related to provider performance o 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 staff.
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 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)

	<ul style="list-style-type: none"> • Tracking of performance and compliance in relation to the subcontract agreement and appendices • Statistical reviews of time between referral and service commencement
9.4	<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 toward 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>