Scope of Service
Financial Management Services for Self-Directed Supports

SPC: 619
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	**Service Definition** Inclusa follows the definitions and guidelines as defined for Financial Management Service (FMS) for Self-Directed Supports in the DHS Family Care contract, standard program category (SPC) 619. **Financial Management Services for Self-Directed Supports** are services to assist members and their families to manage service dollars. This service includes a person or agency paying service providers after the member or legal decision maker authorizes payment to be made for services included in the member's approved self-directed supports plan. Financial Management Service providers, sometimes referred to as fiscal intermediaries or fiscal agents, are organizations or individuals that write checks to pay bills for personnel costs, tax withholding, worker's compensation, health insurance and other taxes and benefits appropriate for the specific provider consistent with the individual's self-directed supports plan and budget for services. Financial Management Services are purchased directly by the MCO and made available to the member/family to insure that appropriate compensation is paid to providers of services. Fiscal Employer Agency (FEA) refers to the model whereby the member is the employer of record. The agency manages all payroll and related functions on behalf of the member. Co-Employment/Agency with Choice refers to the model whereby the FMS agency is the employer of record. Specific employer related functions (such as determining wages, scheduling, and employee supervision) are divided between the member and the employing agency with the intent of maintaining as much control and authority with the member as he/she desires. Fiscal Conduit refers to the model where the FMS agency processes vendor payments for goods and services.
1.2	**Inclusa Interdisciplinary Team (IDT) Definition** The Inclusa Interdisciplinary Team (IDT) is composed of the following: • **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 & 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.

	The IDT may also be referred to as “Inclusa Team” or “Care Management Team.”
2.0	**Standards of Service**
2.1	Provider must follow the standards for Financial Management Services. This Scope of Service reflects Inclusa policies and procedures.
2.2	The provider is accountable for insuring compliance with all federal and state laws associated with tax withholding and all other employee benefits.
2.3	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 Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so. 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.
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	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.
3.0	**Service Descriptions**
3.1	**SPC 619 – Financial Management Services for Self-Directed Supports** Obtain federal and state (if applicable) approval to be a FEA vendor which includes obtaining a separate FEIN specifically to file the IRS form 2678, Employer Appointment of Agent and other federal tax forms and to make federal tax payments on the behalf of individuals.
3.2	Ensure an up to date working knowledge of state tax, labor, immigration, worker’s compensation, and program requirements.
3.3	Obtain a separate FEIN for each employer (if FEA) for the sole purpose of filing certain federal employment tax forms and making federal tax payments and use only to process wages and federal forms and taxes for the individual employers it represents as agent.
3.4	Manage intakes/enrollments, preferring face to face options when reasonable.
3.5	Process criminal and caregiver background checks that are substantially similar to the background checks required under Wis. Stat. § 50.065 and Wis. Admin. Code Chapter DHS 12 on individuals providing services to self-directing members who have, or are expected to have, regular, direct contact with the member. Provide a copy of any unclean background checks to Inclusa SDS staff and care management team. Maintain copies of the documentation in the worker’s files as required by the state. Persons who are listed on the caregiver registry and OIG exclusions list shall not be considered qualified for employment. If a caregiver has had a background check completed within a year of becoming hired through a different member/employer, the previous DOJ report and DHS report can be used, unless there is reason to believe there is a change. The member may still request that a new report be obtained.
3.6	Prepare and distribute individual enrollment and worker employment packages.
3.7	Notify member, Self-Directed Supports employees/vendors and care management team of when Self-Directed Supports employees/vendors can start.
3.8	Train and provide ongoing assistance to applicable caregivers on how to do Electronic Visit Verification (EVV). Electronic Visit Verification (EVV) is a system that uses technology to verify that authorized services are provided. Through EVV, a caregiver providing personal care services or applicable supportive home care services sends visit data to an EVV vendor at the beginning and

	end of each visit. FMS providers will have the choice of using the EVV system developed by WI Department of Health Services (DHS) or their own existing EVV system as long as it meets DHS policy and technical requirements. Data collected from the EVV system will be used to validate affected service codes against approved authorizations during the claim adjudication process.
3.9	Management of individual budgets: 1. Internal policies and procedures for receiving and maintaining individual's budgets and authorizations. 2. A system and process in place to track and monitor budget funds. 3. Supply a monthly aggregate report to SDS Inclusa Staff and notify care management teams on members that over or under spend their budgets. 4. Provide a monthly report to SDS Inclusa staff of individuals who are paid at time and half due to overtime. 5. Provide access to individual spending reports on a monthly basis to member and care management teams. 6. Offer additional utilization reports upon request.
3.10	Communicate and educate self-directed employees when code changes occur.
3.11	Process payroll, including a system with written policies and procedures. Withhold, file and deposit all applicable taxes (FICA, FUTA, SUTA, federal and state income). Ensure workers are paid in compliance with federal and state Department of Labor wage and hour rules for regular and overtime pay. Apply live-in and companionship exemptions.
3.12	Process payments for independent contractors who provide services and supports.
3.13	Complete end of year federal tax processes, with a system in place and written policies and procedures and internal controls.
3.14	Cost-effectively obtain worker's compensation insurance for employers and maintain relevant documentation in each individual's file.
3.15	Maintain a FEA Policies and Procedure Manual.
3.16	Sustain a customer service system that includes: a) A toll free number, b) A fax line, c) Web-based information regarding services, d) Internet/secure e-mail communication, e) Ability to provide translation and interpreter services, f) Materials available in alternate formats, g) Methods for receiving, returning, and tracking calls and complaints from individuals and support service workers during and after regular business hours within one business day, h) Methods for acting as a mandatory reporter, particularly for financial fraud and abuse issues, to the appropriate state agencies, i) Developed and implemented orientation and skills training for individuals, j) Developed and implemented customer service training for Financial Management Agency staff, k) Developed and implemented an individual/representative satisfaction survey, l) Developed policies and procedures that emphasize the application of the philosophy of individual direction and being culturally sensitive in all business practices in order to communicate effectively with a diverse population of participants of all ages and with a variety of needs, disabilities, and chronic conditions.
4.0	**Units of Service and Reimbursement Guidelines**

4.1	**Financial Management Services** **SPC 619 Procedure Code T2025, Modifiers U9, U5** SDS Financial Money Management - per month fee **SPC 619 Procedure Code T2025, Modifiers U9, U5, U7** SDS Financial Money Management - one time admin fee Service is billed with the indicated SPC and procedure code at the unit rate as defined in Appendix A of the Provider Subcontract Agreement.
4.2	Direct services and good costs must be billed under the authorized SPC and procedure code as defined in Appendix A.
4.3	Provider Agency may not bill administrative fee if no payroll services were provided for that month.
5.0	**Provider 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	Staff that provide services shall complete required training within six months of beginning employment unless training is needed before the staff can safely provide the service.
5.3	Provider agency must orient and train their staff on the Family Care Program, Inclusa, and Commonunity™, the trademarked care management model of Inclusa. Support materials regarding the Family Care Program and Commonunity™ are available on the Inclusa website at www.inclusa.org.
5.4	The provider agency must ensure that self-directed employees have received training on the following subjects pertaining to the individuals served and achieve signed verification that it occurred: • HIPAA, confidentiality, ethical standards; communicating absence and initiating back-up services • Billing/payment processes – recordkeeping and reporting; contacts • How to recognize and respond to emergencies, contact local emergency response systems • Specific information about member needs, capacities and limitations, preferences • Quality of service relevant to member support needs • Conflict resolution, interpersonal skills, respecting member direction, and cultural differences
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.6	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
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.
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 amount, frequency and duration of services.
7.2	The provider agency must notify the Inclusa team within **2** business days of receiving a referral. The provider agency must continue to report status of an open referral on a weekly basis to the Inclusa team until the referral is processed.
7.3	The Inclusa team will issue an updated written referral form when a new worker, service, amount, frequency, or duration is added, changed, on hold or stopped.
7.4	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.

7.5	The Financial Management Agency must notify Inclusa SDS staff of any discrepancies between the approved authorizations and actual submissions for payment by the SDS employee or independent contractor.
7.6	**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 & 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 Financial Management Services for SDS 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.
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 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. 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	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.
8.3	**Member Incidents** 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 & Wellness Coordinator (HWC) within **24 hours** via phone, fax, or email. 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. 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**.**

	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. Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.
8.4	The provider agency shall give at least 30 days' advance notice to the Inclusa 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. The Inclusa team or designated staff person will notify the provider agency when services are to be discontinued. The Inclusa team will make every effort to notify the provider in advance.
8.5	The provider agency must maintain the following documentation, and make available for review by Inclusa upon request: • 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 Inclusa.
8.6	**Communication: What Provider Can Expect from MCO** A strength-based, collaborative relationship with providers is one of the most effective means to achieve positive outcomes for Inclusa members. To ensure a true partnership with Inclusa providers, Inclusa staff are expected to: • 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 Inclusa'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 Inclusa to staff of provider agencies through an introduction and by wearing a Inclusa 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 Inclusa 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. • 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	**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: 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** • Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response. • 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: ○ tracking of number, frequency, and outcomes of Inclusa Incident Reports related to provider performance ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.) ○ annual submission of: ▪ training materials ▪ training verification form ▪ worker and member set up packet ▪ policies and procedures related to quality monitoring, including fraud and

	customer service ▪ annual satisfaction survey report/summary ▪ annual billing error report/summary • 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. • Any other provider documentation that supports Inclusa staff with quality or program integrity related activities.
9.3	**Inclusa Sources and Activities for Measuring Provider Performance** • 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
9.4	**Expectations of Providers and Inclusa for Quality Assurance Activities** • **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. 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.