



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 <b>Home Health</b> in the DHS Family Care contract, standard program category (SPC) 105.</p> <p><b>Home health services as defined in Wis. Admin. Code § DHS 133</b>            A home health agency shall provide part-time, intermittent skilled nursing services performed by a registered nurse or licensed practical nurse and home health aide services and may provide physical therapy, occupational therapy, speech and language pathology services and medical supplies and equipment. Services may be provided in any setting in which normal life activities take place, other than a hospital; nursing facility; intermediate care facility for individuals with intellectual disabilities; or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board. Home health services shall be provided in accordance with a written plan of care, which the physician shall review at least every 62 days or when the recipient's medical condition changes, whichever occurs first.</p>
2.0	Standards of Service
2.1	<p>Provider must follow the standards for Home Health. 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. 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>Inclusa may not prohibit or otherwise restrict a provider acting within the lawful scope of practice from advising or advocating on behalf of a member who is his/her patient, including any of the following:</p> <ul style="list-style-type: none"> <li>a. For the member's health status, medical care, or treatment options, including any alternative treatment that may be self-administered.</li> <li>b. For any information, the member needs in order to decide among all relevant treatment options.</li> <li>c. For the risks, benefits, and consequences of treatment or non-treatment.</li> <li>d. For the member's right to participate in decisions regarding his/her health care, including the right to refuse treatment and to express preference about future treatment decisions.</li> </ul>
2.4	<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>
2.5	<p>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.</p>

3.0	Service Description
3.1	<p><b>SPC 105 Home Health</b> as defined in Wis. Admin. Code § DHS 133</p> <p><b>SPC Code 105.11 - Physical Therapy</b> as defined in Wis. Admin. Code § DHS 133.15(2) Physical therapy shall be provided by a physical therapist or by a qualified therapy assistant under the supervision of a qualified physical therapist.</p> <p><b>SPC Code 105.12 - Occupational Therapy</b> as defined in Wis. Admin. Code § DHS 133.15(3) Occupational therapy shall be provided by an occupational therapist or by a qualified therapy assistant under the supervision of a qualified occupational therapist.</p> <p><b>SCP Code 105.13 - Speech/language pathology</b> as defined in Wis. Admin. Code § DHS 133.15(4) Speech therapy shall be provided by a speech pathologist or audiologist.</p> <p><b>SPC Code 105.20 - Skilled Nursing</b> as defined in Wis. Admin. Code § DHS 133.14</p> <p>(1) PROVISION OF SERVICES. Skilled nursing services shall be provided by or under the supervision of a registered nurse.</p> <p>(2) Duties of the registered nurse. The registered nurse shall:</p> <ul style="list-style-type: none"> <li>(a) Make the initial evaluation visit to the patient;</li> <li>(b) Regularly reevaluate the patient's needs;</li> <li>(c) Initiate the plan of care and necessary revisions;</li> <li>(d) Provide those services requiring substantial specialized care;</li> <li>(e) Initiate appropriate preventive and rehabilitative procedures;</li> <li>(f) Prepare clinical and progress notes;</li> <li>(g) Promptly inform the physician or advanced practice nurse prescriber and other personnel participating in the patient's care of changes in the patient's condition and needs;</li> <li>(h) Arrange for counseling the patient and family in meeting related needs;</li> <li>(i) Participate in in-service programs for agency staff; and</li> <li>(j) Supervise and teach other personnel.</li> </ul> <p><b>SPC Code 105.21 - Home Health Aide</b> as defined in Wis. Admin. Code § DHS 133.17 PROVISION OF SERVICES. When a home health agency provides or arranges for home health aide services, the services shall be given in accordance with the plan of care provided for under s. DHS 133.20, and shall be supervised by a registered nurse or, when appropriate, by a therapist.</p> <p><b>SPC Code 105.23 - S9123-Nursing Care Registered Nurse (RN)</b> as defined in Wis. Admin. Code § DHS 133.14</p> <p>(1) PROVISION OF SERVICES. Skilled nursing services shall be provided by or under the supervision of a registered nurse.</p> <p>(2) Duties of the registered nurse. The registered nurse shall:</p> <ul style="list-style-type: none"> <li>(a) Make the initial evaluation visit to the patient;</li> <li>(b) Regularly reevaluate the patient's needs;</li> <li>(c) Initiate the plan of care and necessary revisions;</li> <li>(d) Provide those services requiring substantial specialized care;</li> <li>(e) Initiate appropriate preventive and rehabilitative procedures;</li> <li>(f) Prepare clinical and progress notes;</li> <li>(g) Promptly inform the physician or advanced practice nurse prescriber and other personnel participating in the patient's care of changes in the patient's condition and needs;</li> <li>(h) Arrange for counseling the patient and family in meeting related needs;</li> <li>(i) Participate in in-service programs for agency staff; and DHS 133.14(2)(j)</li> <li>(j) Supervise and teach other personnel</li> </ul> <p>(3) SCOPE OF DUTIES. Nurses shall perform only those duties within the scope of their licensure.</p> <p><b>SPC Code 105.23 - S9124-Nursing Care Licensed Practical Nurse (LPN)</b> as defined in Wis. Admin. Code § DHS 133.14(4) Nursing services not requiring a registered nurse may be provided by a licensed practical nurse under the supervision of a registered nurse.</p>

	<p><b>SPC Code 105.24 - Respiratory Care</b> as defined in Wis. Admin. Code § DHS 107.113</p> <p>(1) Covered services. Services, medical supplies and equipment necessary to provide life support for a recipient who has been hospitalized for at least 30 consecutive days for his or her respiratory condition and who is dependent on a ventilator for at least 6 hours per day shall be covered services when these services are provided to the recipient in the recipient's home. A recipient receiving these services is one who, if the services were not available in the home, would require them as an inpatient in a hospital or a skilled nursing facility, has adequate social support to be treated at home and desires to be cared for at home, and is one for whom respiratory care can safely be provided in the home. Respiratory care shall be provided as required under ss. <a href="#">DHS 105.16</a> and <a href="#">105.19</a> and according to a written plan of care under sub. (2) signed by the recipient's physician for a recipient who lives in a residence that is not a hospital or a skilled nursing facility.</p> <p><b>SPC Code 105.32 - 99509 TD - RN Supervisory Visit for Personal Care</b> § DHS 133.18</p> <p>(1) If a patient receives skilled nursing care, a registered nurse shall make a supervisory visit to each patient's residence at least every 2 weeks. The visit may be made when the home health aide is present or when the home health aide is absent. If the patient is not receiving skilled nursing care, but is receiving another skilled service, the supervisory visit may be provided by the appropriate therapist providing a skilled service.</p> <p>(2) If home health aide services are provided to a patient who is not receiving skilled nursing care, or physical, occupational or speech-language therapy, the registered nurse shall make a supervisory visit to the patient's residence, when the home health aide is present or when the home health aide is absent, at least every 60 days to observe or assist, to assess relationships, and to determine whether goals are being met and whether home health services continue to be required.</p> <p>DHS 133.18 History</p> <p><b>SPC Code 105.32 - T1019-Personal Care Worker Services</b> as defined in Wis. Admin. Code § DHS 107.112 – A medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community. These services shall be provided upon written orders of a physician by a provider certified under s. DHS 105.17 and by a personal care worker employed by the provider or under contract to the provider who is supervised by a registered nurse according to a written plan of care. The personal care worker shall be assigned by the supervising registered nurse to specific recipients to do specific tasks for those recipients for which the personal care worker has been trained. The personal care worker's training for these specific tasks shall be assured by the supervising registered nurse. The personal care worker is limited to performing only those tasks and services as assigned for each recipient and for which he or she has been specifically trained.</p> <p><b>SPC Code 105.32 - T1019-U3-Personal Care Worker Services-Travel Time</b></p> <p>Wisconsin Medicaid reimburses personal care providers for reasonable travel time of the PCW. This is never more than the actual time, rounded to the nearest 15-minute increments.</p>
3.2	<p>Members must be given the opportunity to direct some or all of their Home Health whenever possible to the extent of their ability and desire. Inlusa teams must determine the member's ability and/or desire to direct services by assessment and by observation and address this in the member's plan.</p>
3.3	<p>Prior to authorizing payment to family members or legal decision makers, the following conditions must be met:</p> <ol style="list-style-type: none"> <li>1) The service is authorized by the Inlusa team;</li> <li>2) The member's preference is for the family member or LDM to provide the service;</li> <li>3) The Inlusa team monitors and manages any conflict of interest situation that may occur as a result of the family member providing services;</li> <li>4) The family member or LDM meets the MCO's standards for its subcontractors or employees providing the same service; and</li> <li>5) The family member will either: <ul style="list-style-type: none"> <li>• Provide an amount of service that exceeds normal family care giving responsibilities for</li> </ul> </li> </ol>

a person in a similar family relationship who does not have a disability; or

- Find it necessary to forego paid employment in order to provide the service and is not receiving a pension (including Social Security retirement benefits).

3.4 Ongoing, providers are required to monitor conflict of interest related to their staffing patterns and report any potential situations to the Inlusa teams.

**4.0 Units of Service and Reimbursement Guidelines**

**Home Health - SPC 105**  
 Service is billed with the indicated SPC and procedure code at the rate as defined in Appendix A of the Provider Subcontract Agreement.

SPC Code	HCSPC Code ID	Modifier 1	Procedure Code Description	Unit for Code	Rates
10511	97799		Physical medicine/rehabilitation service or procedure.	Visit	MA Rate
10512	97139		Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify).	QtrHr	MA Rate
10513	92507		Treatment of speech, language, communication, and/or auditory disorder	Visit	MA Rate
10520	99600		Skilled Nursing services; per visit	Visit	MA Rate
10521	T1021		Home health aide or certified nurse assistant, per visit	Visit	MA Rate
10523	S9123		Nursing care, in the home by RN; per hour	Hr	MA Rate
10523	S9124		Nursing care, in the home by licensed practical nurse; per hour.	Hr	MA Rate
10524	99504		Home visit for mechanical ventilation care; 1 hour	Hr	MA Rate
10532	99509	TD	RN Supervisory visit for personal care; per visit	Visit	MA Rate
10532	T1019		Personal care worker services; per 15 min	QtrHr	MA Rate
10532	T1019	U3	Personal care worker services; per 15 min, Travel Time	QtrHr	MA Rate

4.2 Federal regulations require Home Health agencies to have written policies concerning the acceptance of members by the agency. When personnel of the agency make an intake evaluation visit, the cost of the visit is considered an administrative cost of the agency and is not reimbursable separately as a skilled nursing visit since, at this point, the member has not been accepted for care.

**4.3 Electronic Visit Verification (EVV)**  
 Effective November 1, 2020, agencies are required to use EVV to report member visits for the designated service codes. Designated codes include Personal Care T1019. Agencies 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.

**4.4 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	<b>Caregiver Background Checks-</b> 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 Community™, the trademarked care management model of Inclusa. Support materials regarding the Family Care Program and Community™ are available on the Inclusa website at <a href="http://www.inclusa.org">www.inclusa.org</a> .
5.4	The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served: <ul style="list-style-type: none"> <li>• Policy, procedures and expectations of Inclusa including training on: <ul style="list-style-type: none"> <li>• Inclusa member rights and responsibilities</li> <li>• Provider rights and responsibilities</li> <li>• Record keeping and reporting</li> <li>• Arranging backup services if the caregiver is unable to make a scheduled visit</li> <li>• Other information deemed necessary and appropriate</li> </ul> </li> <li>• 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 and generally focused.</li> <li>• 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.</li> <li>• Interpersonal and communication skills and appropriate attitudes for working effectively with members.</li> <li>• Confidentiality laws and rules</li> <li>• Procedures for handling complaints</li> </ul>
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.
<b>6.0</b>	<b>Supervision and Staff Adequacy</b>
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.
6.2	Providers must have an acceptable backup procedure, including notification of member and agency when provider is unable to show for a scheduled visit.
6.3	Provider agency will ensure: <ul style="list-style-type: none"> <li>• Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review.</li> <li>• Performance issues with staff are addressed promptly and Inclusa teams are kept informed about significant issues that affect the Inclusa member.</li> <li>• Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inclusa members.</li> <li>• Provider staff are working collaboratively and communicating effectively with Inclusa staff</li> </ul>
<b>7.0</b>	<b>Service Referral and Authorization</b>
7.1	The Inclusa 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 Inclusa team within <b>2</b> 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	The provider agency must have a policy in place that outlines member services must be offered and/or delivered as authorized by Inclusa teams. If member services cannot be met as authorized, the provider agency must contact the Inclusa team as soon as the issue is known. See also section 8.2
7.6	<p><b>Authorizations for Member Services</b></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). 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"> <li>• During Inclusa business hours – call 877-622-6700 and press 0 for assistance.</li> <li>• After Inclusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support.</li> </ul> <p>Questions regarding billing or claims for current Home Health authorizations and requests for Provider Portal assistance should be directed to the Inclusa SHC-SDS-Home Health Support Team at <a href="mailto:ACS-SHC-SDS-HomeHealth@inclusa.org">ACS-SHC-SDS-HomeHealth@inclusa.org</a> or 888-544-9353, ext. 7.</p>
7.7	<p><b>Remote Waiver Services and Interactive Telehealth</b> (Excluding ANY Skilled Nursing Service or Service by RN)</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"> <li>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"> <li>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.</li> <li>b. Obtain informed consent from the member to receive the service remotely.</li> <li>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.</li> </ol> </li> </ol>

	<p>2. State Plan Services Via Interactive Telehealth</p> <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>
<b>8.0</b>	<b>Communication, Documentation and Reporting Requirements</b>
8.1	<p>Inclusa communicates with providers regularly in the following formats:</p> <ul style="list-style-type: none"> <li>• Vendor forums</li> <li>• Mass notifications via email, fax, or mail</li> <li>• Notices for expiring credentialing</li> </ul> <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 <a href="mailto:ProviderRelations@inclusa.org">ProviderRelations@inclusa.org</a>.</p>
8.2	<p>The provider agency shall report to the Inclusa team whenever:</p> <ol style="list-style-type: none"> <li>1. There is a change in service provider</li> <li>2. There is a change in the member's needs or abilities or there is an immediate concern with member health and safety</li> <li>3. The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)</li> </ol> <p>Members have the right to refuse services; however, if the member is refusing essential services or there is a pattern in refusal, the provider should contact the Inclusa team as soon as possible.</p>
8.3	<p>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.</p>
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>
8.5	<p><b>Member Incidents</b></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.</p> <p>Acceptable means of communicating member incidents to the Inclusa team would be via phone, fax or email <b>within 24 hours</b>. Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance.</p> <p>Incident reporting resources and training are available in the Providers section of the Inclusa website at <a href="http://www.inclusa.org">www.inclusa.org</a>.</p>
8.6	<p>The provider agency shall give at least 10 working days' advance notice to the Inclusa team when it's 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 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 at least 30 days in advance.</p>
8.7	<p>The provider agency must maintain the following documentation, and make available for review by Inclusa upon request:</p>

	<ul style="list-style-type: none"> <li>• Provider meets the required standards for applicable staff qualification, training and programming</li> <li>• Verification of criminal, caregiver and licensing background checks as required.</li> <li>• Policy and procedure related to supervision methods by the provider agency including frequency, intensity and any changes in supervision.</li> <li>• 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.</li> <li>• Employee time sheets/visit records which support billing to Inclusa.</li> <li>• If hiring family members or LDM, policy and procedure for identifying and reviewing conflict of interest.</li> </ul>
<b>9.0</b>	<b>Quality Assurance</b>
9.1	<p><b>Purpose</b>  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:</p> <ol style="list-style-type: none"> <li>1) Establish the definition of quality services;</li> <li>2) Assess and document performance against these standards; and</li> <li>3) Detail corrective measures to be taken if problems are detected.</li> </ol> <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.  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><b>Quality Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency</li> <li>• 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.</li> <li>• Performance record of contracted activities- <ul style="list-style-type: none"> <li>○ tracking of number, frequency, and outcomes of Inclusa Incident Reports related to provider performance</li> <li>○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)</li> </ul> </li> <li>• 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</li> <li>• Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inclusa staff.</li> </ul>
9.3	<b>Inclusa Sources and Activities for Measuring Provider Performance</b>



	<ul style="list-style-type: none"> <li>• Member satisfaction surveys</li> <li>• Internal or external complaints and compliments</li> <li>• Onsite review/audits</li> <li>• Statement of Deficiency (SOD)- state regulated entities</li> <li>• Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents, or issued Statement of Deficiency.</li> <li>• Tracking of performance and compliance in relation to the subcontract agreement and appendices</li> <li>• Statistical reviews of time between referral and service commencement</li> </ul>
9.4	<p><b>Expectations of Providers and Inclusa for Quality Assurance Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Collaboration:</b> 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</li> <li>• <b>Responsiveness:</b> 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</li> <li>• <b>Systems perspective to improvement:</b> 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</li> <li>• <b>Member-centered solutions to issues:</b> relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served</li> </ul> <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>