



SPC: 610

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 Housing Counseling in the DHS Family Care contract, standard program category (SPC) 610.</p> <p>Housing counseling is a service which provides assistance to a member when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing, increase access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, explaining the rights and responsibilities of a tenant with disabilities including how to ask for reasonable accommodations and modifications and how to file a complaint; and planning for ongoing management and maintenance.</p> <p>A qualified provider must be an agency or unit of an agency that provides housing counseling as a regular part of its mission. Counseling must be provided by staff with specialized training and experience in housing issues. This service is excluded if it is otherwise provided free to the general public. Providers must have expertise in housing issues relevant to the member and may not be a provider of residential support services to the member.</p>
2.0	Standards of Service
2.1	Provider must follow the standards for Housing Counseling. This Scope of Service reflects Inclusa policies and procedures.
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	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.
2.4	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.

3.0	Service Description
3.1	<p>SPC 610 – Housing Counseling:</p> <p>Housing Counseling is considered time limited based on progress toward permanent housing within the community. Goals are typically achieved in a three-month period or less and may be reauthorized for up to six months if measurable progress is documented.</p> <p>Services include counseling and assistance in identifying housing options, identifying financial resources, and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.</p> <p>Once Housing Counseling is identified as a needed service, the Includa Care Team, member, and provider need to determine the following:</p> <ul style="list-style-type: none"> • Housing counselor and Includa team will have conversation around who will assist member in gathering needed documentation if necessary • Outcome progress (measurable terms) • Member input on outcome • Current recommendation/changes to outcome
3.2	<p>Includa has developed two outcome-based services under the umbrella of housing counseling – Housing Planning and Housing Locator</p> <p>Housing Planning is defined as:</p> <p>The service results in a community living plan for a member addressing some or all of the following, based on the member’s unique situation and needs related to housing planning:</p> <ul style="list-style-type: none"> ▪ Where do I want to live? ▪ Who do I want to live with? What does it mean to have a roommate? ▪ What kind of housing do I need/want? ▪ What can I afford and where could I get help with cost if I need it? ▪ Is ownership an option? ▪ Who can help me find housing? <p>Housing Locator is defined as:</p> <p>The service results in a member securing housing they own or control (rent/lease directly from landlord that is not provider of Includa-funded services). Services include:</p> <ul style="list-style-type: none"> ▪ Identification of housing options. ▪ Assistance to secure housing which may include: <ul style="list-style-type: none"> ○ Facilitating discussions with landlords. ○ Completion of applications. ○ Identification of financial resources needed. ○ Other assistance based on member need. <p>Components of Housing Planning and Housing Locating will often be explored at the same time and tasks may flow between both outcome based services.</p> <p>IDT will complete the Risk Adjustment Tool with member and Housing Counseling Provider. Based on the level of risk (low, medium, or high) an authorization is established based on that level of difficulty. The Risk Adjustment Tool determines the number of hours pre-authorized. If housing is secured within the pre-authorized units, the provider is eligible to receive an outcome payment.</p>

4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Housing Counseling (SPC code 610, Procedure Code T2038, UA)</p> <p>Housing Counseling Services are billed with the indicated SPC and procedure code per unit at a negotiated rate as defined in Appendix A of the Provider Subcontract Agreement.</p> <p>Providers are required to meet all the member’s housing counseling needs during the authorized time and are not allowed to bill for additional services.</p> <p>In the event that a member has an appointment for housing counseling and fails to attend, the providers will not bill for housing counseling services for that missed appointment.</p> <p>The member is expected to adhere to all policies and procedures of the housing counseling agency and will be informed of such by the agency.</p>
4.2	<p>Housing Counseling Outcome Payment (SPC 610, Procedure Code T2038, UA, U1, U2 or U3)</p> <p>a. The outcome payment amount is risk-adjusted based on two factors:</p> <p>i. Degree of difficulty and challenge member is facing in securing housing, measured through a Risk Adjustment Evaluation Tool; and</p> <p>ii. How fast the provider is able to assist the member to locate and secure housing, given the degree of difficulty.</p> <p>Housing Counseling Outcome Payments are billed with the indicated SPC and procedure code per unit at a negotiated rate as defined in Appendix A of the Provider Subcontract Agreement.</p>
4.3	<p>Remote Waiver Services and Interactive Telehealth</p> <p>Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.</p>
5.0	Staff Qualifications and Training
5.1	<p>A qualified provider must be an agency or unit of an agency that provides housing counseling as a regular part of its mission. Counseling must be provided by staff with specialized training and experience in housing issues. Providers must have expertise in housing issues relevant to the member.</p>
5.2	<p>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.</p>
5.3	<p>Provider agency must orient and train their staff on the Family Care Program, Includa, and Community™, the trademarked care management model of Includa. Support materials regarding the Family Care Program and Community™ are available on the Includa website at www.includa.org.</p>
5.4	<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 Includa Subcontract Agreement.</p>
5.5	<p>The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served:</p> <p>A. Policy, procedures, and expectations of Includa and the housing counseling agency including training on:</p> <ul style="list-style-type: none"> • Member rights and responsibilities • Provider rights and responsibilities • Record keeping and reporting • Confidentiality laws and regulations <p>B. 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

	<ul style="list-style-type: none"> • 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
5.6	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.7	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 Inlusa 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	<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.
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	<p>The provider agency must notify the Inlusa team within three (3) 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.</p> <p>The provider agency must continue to report status of an open referral on a weekly basis to the Inlusa team until the referral is filled.</p>
7.3	The Inlusa 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 Inlusa 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 Inlusa business hours (8:00 a.m. to 4:30 p.m.) the provider should contact the Inlusa 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 Inlusa team:</p> <ul style="list-style-type: none"> • During Inlusa business hours – call 877-622-6700 and press 0 for assistance.

	<ul style="list-style-type: none"> • After Includa 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 Housing Counseling authorizations and requests for Provider Portal assistance should be directed to the Includa SHC-SDS-Home Health Support Team at ACS-SHC-SDS-HomeHealth@includa.org or 888-544-9353, ext. 7.</p>
7.6	<p>Remote Waiver Services and Interactive Telehealth</p> <p>Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.</p> <ol style="list-style-type: none"> 1. Remote Waiver Services <p>Remote waiver services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communications between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.</p> <p>The IDT must first determine the service is necessary to support an outcome by using the RAD or other Department approved alternative and then determine whether it can be authorized remotely.</p> <p>To authorize a waiver service for remote delivery, the IDT must:</p> <ol style="list-style-type: none"> a. Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service. Functional equivalence exists when 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 <p>Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communications between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.</p>
8.0	Communication, Documentation and Reporting Requirements
8.1	<p>Includa 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 Includa Community Resources/Provider Relations (CR/PR) staff, Includa 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@includa.org.</p>
8.2	<p>The provider agency shall report to the Includa 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>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.</p> <p>Acceptable means of communicating member incidents to the Inclusa team would be via phone, fax or email within 24 hours. Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance.</p> <p>Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.</p>
8.5	<p>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.</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>
8.6	<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"> • 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.
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 style="padding-left: 40px;">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. Inclusions 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</p>

	up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.
9.2	<p>Quality Performance Indicators</p> <ul style="list-style-type: none"> • Education/Training of staff- Effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists. • Performance record of contracted activities- <ul style="list-style-type: none"> ○ tracking of number, frequency, and outcomes of Inclusa Incident Reports 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 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 • Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incident. • 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 Inlusia 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 Inlusia, responding to calls, emails, or other inquiries, keeping Inlusia 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>