



**SPC: 710  
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.

<b>1.0</b>	<b>Service Definition</b>
	<p>Inclusa follows the definitions and guidelines as defined for Independent Nursing in the DHS Family Care contract, standard program category (SPC) 710.</p> <p>This service is a service provided by a Registered Nurse for the observation or care of a member for the maintenance of health or prevention of illness that requires substantial skill, knowledge or training based on biological, physical and social sciences.</p>
<b>2.0</b>	<b>Standards of Service</b>
2.1	<p>Provider must follow the standards for Independent Nursing. This Scope of Service reflects Inclusa policies and procedures.</p> <p><b>Program Services</b> Independent Registered Nurses shall provide intermittent skilled nursing and medication management services consistent with the Nurse Practice Act and DHS 107. The following standards are to be met by the Independent Registered Nurse:</p> <ol style="list-style-type: none"> <li>1) Perform an initial evaluation on the first visit.</li> <li>2) Initiate the physician’s plan of care and necessary revisions</li> <li>3) Provide those services that require care of a registered nurse as defined in Ch. N6</li> <li>4) Initiate appropriate preventative rehabilitative procedures.</li> <li>5) Accept only those delegated medical acts for which there are written orders and for which the nurse has appropriate training or expertise.</li> <li>6) Regularly reevaluate the Member’s needs.</li> <li>7) Provide health care counseling within the scope of nursing practice to the Member and Member’s family in meeting needs related to the Member’s outcomes.</li> <li>8) Prepare written clinical notes that document the care provided within 24 hours of providing service and incorporate them into the member’s clinical record within 7 days.</li> <li>9) Within 24 hours inform the physician, guardian, IDT, and any other people participating in the Member’s care of changes in the Member’s condition needs.</li> <li>10) Create a plan of care which the physician reviews and signs at least every 62 days or when the Member’s condition changes, whichever occurs first.</li> </ol>
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> <p><b>Member Rights</b> The nurse shall provide a written statement of the rights of the Member to the Member and/or guardian prior to the provision of service. These written rights shall include but not be limited to:</p>

	<ol style="list-style-type: none"> <li>1) Fully informed of all rules and regulations affecting the Member.</li> <li>2) To be fully informed of services to be provided by the nurse.</li> <li>3) To be fully informed of one’s own health condition, unless medically contraindicated and to be afforded the opportunity to be involved in the decisions related to the care.</li> <li>4) To refuse treatment to the extent permitted by law and to be informed of the medical consequences of that refusal.</li> <li>5) To confidential treatment of personal and medical records and to approve of refuse their release.</li> <li>6) To have one’s property treated with respect.</li> <li>7) To complain about care that was provided or not provided, and to seek resolution of the complaint without fear of recrimination.</li> </ol> <p><b>Documentation and Records</b></p> <p>The nurse shall maintain a record for each Member. The record shall be readily available and accessible to the IDT (Interdisciplinary Team), if needed. The record shall include:</p> <ol style="list-style-type: none"> <li>1) Member name, address, and birth date</li> <li>2) Diagnosis, any hospital discharge summaries, or any other pertinent information from a recent hospitalization. This can be obtained from the Interdisciplinary Team at time of referral.</li> <li>3) All medical orders, including written plan of care and all interim physician’s orders.</li> <li>4) A medication list including start and stop dates, dosage, route of administration and frequency. This should be reviewed and updated with each nursing visit.</li> <li>5) Progress notes for each visit which is dated and signed by the nurse providing service that summarizes the care given and the Member’s response to that care.</li> <li>6) Written summaries of the Member’s care provided by the nurse to the physician at least every 62 days.</li> </ol> <p><b>Staff Training</b></p> <p>The Independent Registered Nurse shall maintain the necessary training that will ensure the highest degree of care is delivered to the MCO member for services needed.</p>
2.4	<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>
<b>3.0</b>	<b>Service Description</b>
3.1	<p><b>SPC 710 – Independent Nursing:</b></p> <p>This service is a service provided by a Registered Nurse for the observation or care of a member for the maintenance of health or prevention of illness that requires substantial skill, knowledge or training based on biological, physical and social sciences.</p> <ul style="list-style-type: none"> <li>• S9123 – Independent/Private Duty Nursing-RN, per hour</li> <li>• S9124 – Independent/Private Duty Nursing; LPN, per hour</li> <li>• T1001 – Nursing assessment/evaluation; each visit</li> <li>• T1502 – Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit</li> </ul>
3.2	<p><b>SDS Services for Independent Nursing:</b></p> <ul style="list-style-type: none"> <li>• S9123 U5 – SDS Skilled Nursing Services - Independent/Private – RN</li> </ul>
3.3	<p>Members must be given the opportunity to direct some or all of their Independent Nursing whenever possible to the extent of their ability and desire. Inclusive 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>

3.4	<p>Prior to authorizing payment to family members, the following conditions must be met:</p> <ol style="list-style-type: none"> <li>1) The service is authorized by the Inclusa team;</li> <li>2) The member’s preference is for the family member to provide the service;</li> <li>3) The Inclusa 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 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 a person in a similar family relationship who does not have a disability; or</li> <li>• Find it necessary to forego paid employment in order to provide the service and is not receiving a pension (including Social Security retirement benefits).</li> </ul> </li> </ol>
4.0	<p><b>Units of Service and Reimbursement Guidelines</b></p>
4.1	<p><b>Independent Nursing</b></p> <p>This service is a service provided by a Registered Nurse for the observation or care of a member for the maintenance of health or prevention of illness that requires substantial skill, knowledge or training based on biological, physical and social sciences.</p> <p><b>SPC 710 Procedure Code:</b></p> <ul style="list-style-type: none"> <li>• S9123 – Independent/Private Duty Nursing-RN, per hour</li> <li>• S9124 – Independent/Private Duty Nursing; LPN, per hour</li> <li>• T1001 – Nursing assessment/evaluation; each visit</li> <li>• T1502 – Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit</li> <li>• 9123 U5 – SDS Skilled Nursing Services - Independent/Private - RN</li> </ul> <p>Service is billed with the indicated SPC and procedure code at the (710) rate as defined in Appendix A of the Provider Subcontract Agreement.</p> <p><b>Units of Service</b></p> <p>Units of service are made in <b>VISITS</b> authorized. All visits shall be authorized in writing by the Managed Care Organization. Failure to have the proper authorization from the MCO will be cause for non-payment of services during the unauthorized time period. If a skilled visit and a medication administration visit is on the same day, Provider will only bill skilled visit. Provider will also verify from IDT that a Home Health Agency denied serving member.</p>
5.0	<p><b>Staff Qualifications and Training</b></p>
5.1	<p><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.</p> <p><b>Qualifications</b></p> <p>Licensed as a registered nurse pursuant to s. 441.06 Stats in the state of Wisconsin</p> <p><b>Requirements</b></p> <ol style="list-style-type: none"> <li>1) Proof of Wisconsin Registered Nurse license</li> <li>2) Proof of liability insurance</li> <li>3) Proof of valid driver’s license</li> <li>4) Proof of Medicaid provider number</li> </ol>
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	Independent RN must be oriented 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	<b>Staff Training</b> The Independent Registered Nurse shall maintain the necessary training that will ensure the highest degree of care is delivered to the MCO member for services needed.
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
<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.
<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 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><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).</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"> <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 Independent Nursing 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>

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"> <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</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>
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><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. 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>
8.5	<p>The provider agency shall give at least 30 days’ advance notice to the Inclusa team when it’s unable to provide authorized services to an individual member. The 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"> <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> </ul>

9.0	Quality Assurance
9.1	<p><b>Purpose</b></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"> <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.</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><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	<p><b>Inclusa Sources and Activities for Measuring Provider Performance</b></p> <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>• Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents.</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,</li> </ul>

	<p>emails, or other inquiries, keeping Inlusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities.</p> <ul style="list-style-type: none"><li>• <b>Systems perspective toward 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>Inlusa is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve members.</p>
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