



SPC: 50717, 50718, 704, 704.10*
Provider Subcontract Agreement Appendix N

*and other codes in the Z code package

Purpose: Defines requirements and expectations for the provision of subcontracted, authorized and rendered services. Services shall be in compliance with the Provider Subcontract Agreement and the provisions of this service expectations document.

1.0	Definitions
1.1	<p>Service Definition</p> <p>Inclusa follows the definitions and guidelines as defined for in the DHS Family Care contract, standard program categories (SPCs) 50717, 50718, 50719, and other codes in the Z code package.</p> <ul style="list-style-type: none"> • Alcohol and other Drug Abuse Day Treatment Services (in all settings except hospital-based or physician provided) – as defined in DHS 107.13(3m) • Alcohol and Other Drug Abuse Services (except those provided by a physician or on an inpatient basis) – as defined in Wis. DHS 107.13(3) • Counseling and Therapeutic Resources – as defined in DHS 107.13(2) • Mental Health Day Treatment Services (in all settings) – as defined in DHS 107.13(4) <p>Mental Health individual psychotherapy and AODA individual treatment psychotherapy are services needed to treat an individual’s personal, social, behavioral, cognitive, mental or alcohol or drug abuse disorder. Mental Health and AODA therapy services are provided in an outpatient clinic setting. Physician (Psychiatry) visits are not reimbursable under the Family Care benefit package.</p>
1.2	<p>Inclusa Interdisciplinary Team (IDT) Definition</p> <p>The Inclusa Interdisciplinary Team (IDT) is composed of the following:</p> <ul style="list-style-type: none"> • Community Resources Coordinator (CRC) – The Inclusa CRC is responsible for identifying member service needs using the RAD process and authorizing the service(s) needed to meet the member’s long-term care outcomes. The CRC ensures the member has the necessary furnishings and supplies for independent living and coordinates moving the member’s belongings and medications at member move-in and in the event of the member moving out. The Inclusa CRC is the provider agency’s main point of contact for member-specific or related questions, concerns, or information. • Health and Wellness Coordinator (HWC) – The Inclusa HWC is a nurse that has ongoing responsibility to assess and review how the member is doing clinically and educate the member on health-related issues. Inclusa HWCs do not provide direct care services, supervision of agency direct care staff, or supervisory visits of direct care workers for nurse-delegated tasks. Inclusa HWCs do not delegate tasks to personnel from any provider agency or self-directed support. All nursing delegation must be provided by a registered nurse employed or subcontracted by the contracted provider agency. <p>The IDT may also be referred to as “Inclusa Team” or “Care Management Team.”</p>
2.0	Standards of Service
2.1	Provider must follow the standards for Mental Health and AODA Services, and Counseling and Therapeutic Resources. This Scope of Service reflects Inclusa policies and procedures.
2.2	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)

	<p>through communications that are misleading, threatening or coercive. Inclusa and/or the WI Department of Health Services may impose sanctions against a provider that does so.</p> <p>Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.</p>
2.3	<p>Service must be provided in a manner which honors member's rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.</p>
2.4	<p>Medicaid Certification Provider agency and/or individual therapists must be Wisconsin Medicaid Certified. Provider and/or individual therapists must have a Medicaid Provider Number that can be verified by Inclusa. This Medicaid Certification must remain current during the term of the contract. Provider must follow requirements as set forth in the Medicaid Provider Manual unless communicated otherwise by Inclusa.</p> <p>State Licensed, Certified or Registered as Applicable Provider agency must be licensed, Certified or Registered by the State of Wisconsin licensing entity to provide Mental Health outpatient and/or AODA outpatient services under contract with Inclusa. Provider license, certification or registration must be verifiable by Inclusa through the licensing entity. Licensure, Certification or Registration must remain current during the term of the contract. Provider must follow requirements as set forth by its licensure, certification or registration for the provision of services under contract with Inclusa.</p> <p>Medicare Certified Mental health psychotherapy and AODA Treatment are services eligible for reimbursement under Medicare when a Medicare recipient meets Medicare qualifications for the service. Medicare is a primary funding source over Inclusa funding. Therefore, it is preferred that Providers of mental health services and AODA treatment are Medicare certified. Provider must provide verification of Medicare certification or fully disclose to Inclusa prior to contracting if it is not Medicare Certified. Provider must communicate to Inclusa any changes in Medicare certification status.</p> <p>National Provider Identifier Mental Health Clinics and AODA treatment Clinics must provide a NPI number to Inclusa.</p>
3.0	Service Description
3.1	<p>Alcohol and other Drug Abuse Day Treatment Services (in all settings except hospital-based or Physician Provided - As described in DHS 107.13(3m))</p> <p>Alcohol and Other Drug Abuse Services (except those provided by a physician or on an inpatient basis) - As described in DHS 107.13(3))</p> <p>Counseling and Therapeutic Resources – As described in DHS 107.13(2))</p> <p>Mental Health Day Treatment Services (in all settings), - As described in DHS 107.13(4)).</p>
3.2	<p>Treatment is planned and structured based on information from a differential diagnostic examination and directed at the accomplishment of specific goals and as further defined in DHS 107.13</p>
4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Mental Health SPC 507.17: Z Code Package Z4000 – per 30-60 mins; Each Z Code Package Z4200 – per 15 mins Z Code Package Z4500 – per 60 mins; Each Z Code Package Z7100 – per 30-60 mins; Each (Home and Community Based) Z Code Package Z7300 – per 15 mins (Home and Community Based)</p> <p>AODA SPC 507.18: Z Code Package Z5000 – per 30-60 mins; Each Z Code Package Z5200 – per 15 mins; Each</p>

	<p>Z Code Package Z5500 – per 60 mins; Each Z Code Package Z7000 – per 60 mins (Home and Community Based)</p> <p>Behavioral Health SPC 507.19: Z Code Package Z6000 – per 15 mins; Each</p> <p>Day Treatment, Medical SPC 704: H2012, HE – per 60 minutes</p> <p>AODA Day Treatment SPC 704.10: H2012, HF – per 60 minutes</p> <p>Service is billed with the actual procedure code and modifier as listed within the Z code packages at a rate as defined in Appendix A of the Provider Subcontract Agreement and the Max Fee Schedule (Medicaid rates).</p>
5.0	Staff Qualifications and Training
5.1	Caregiver Background Checks – Providers will comply with all applicable standards and/or regulations related to caregiver background checks as well as comply with the <i>Inclusa Provider Policy on Caregiver Background Checks.</i>
5.2	Staff that provide services shall complete required training as required under licensure.
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 www.inclusa.org .
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"> • Training on the population being served • Training on the provision of the services being provided • Applicable regulatory/licensure training requirements are met for all staff • Training on the scope of services necessary • Training of rights and confidentiality (HIPAA) • Training of prevention of exploitation, emotional, verbal, physical, and sexual abuse • Knowledge in the adaptation of specialized equipment and in the modifications of the member environments.
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.6	Individual counselors must have current state licensure or certification in their fields of practice. Counseling agencies must comply with Wis. Admin. Code DHS 61.35
5.7	In addition, all staff and agencies must comply with Wis. Admin. Code and DHS 107.13 in licensing and practice.
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.
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"> • 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 Inclusa teams are kept informed about significant issues that affect the Inclusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inclusa members. • Provider staff are working collaboratively and communicating effectively with Inclusa staff.

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 expected outcomes, amount, frequency and duration of services.
7.2	The provider agency must notify the Inclusa team within 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. 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	Prior authorization is waived for the initial assessment and any services provided the same day as the assessment for MH/AODA services under the following SPC codes: 50717 and 50718. Service request for notification and authorization is completed through the therapy cover sheet within three days of the initial assessment. All subsequent MH/AODA services must have prior authorizations through IDT staff.
7.4	The Inclusa team will issue a new written referral form when the tasks assigned, amount, frequency or duration of the service changes.
7.5	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
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 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: <ul style="list-style-type: none"> • During Inclusa business hours – contact Inclusa’s general number for assistance at 1-877-622-6700 • After Inclusa business hours – contact the After-Hours Authorization Line at 1-800-285-6425 Questions regarding billing or claims for current authorizations and requests for Provider Portal assistance should be directed to Inclusa Provider Customer Service at customerservice@inclusa.org or 1-888-544-9353.
8.0	Communication, Documentation and Reporting Requirements
8.1	Inclusa communicates with providers regularly in the following formats: <ul style="list-style-type: none"> • 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 submitting the Provider Contact Information Form at www.inclusa.org/providers/resources , or by contacting Provider Relations at 1-888-294-7451 or ProviderRelations@inclusa.org .
8.2	The provider agency shall report to the Inclusa team whenever: <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 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	Inclusa interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided (e.g. treatment plans, progress notes, etc.).
8.5	<p>Member Incidents</p> <p>Providers will communicate and report all incidents involving an Inclusa member to the Inclusa Interdisciplinary Team (IDT) – the Community Resource Coordinator (CRC) or the Health and Wellness Coordinator (HWC) within 24 hours via phone, fax or email.</p> <p>If the reporter is unable to reach the CRC or HWC, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the member.</p> <p>If the incident is not yet resolved or resulted in serious harm or injury to the member, the provider must attempt to contact the IDT via phone. If unsuccessful, call 1-877-622-6700 and ask to speak to a Member Support Manager or Regional Operations Senior Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist to be redirected or leave a message.</p> <p>All reported incidents will be entered into the Inclusa Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform Inclusa when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.</p> <p>Both Inclusa and contracted providers must comply with all state regulations and rules as outlined in the Provider Incident Reporting Policy and Training document, available on the Inclusa website at www.inclusa.org.</p>
8.6	<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>
8.7	<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"> • 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.

8.8	<p>Providers are responsible for meeting medical and financial documentation requirements. Refer to Wis. Admin. Code § DHS 106.02(9)(a) for preparation and maintenance documentation requirements and Wis. Admin. Code § DHS 106.02(9)(c) for financial record documentation requirements. The documentation must accurately reflect the services rendered and support the level of service submitted on the claim.</p>
8.9	<p>Communication: What Provider Can Expect from MCO</p> <p>A strength-based, collaborative relationship with providers is one of the most effective means to achieve positive outcomes for Inclusa members. To ensure a true partnership with Inclusa providers, Inclusa staff are expected to:</p> <ul style="list-style-type: none"> • Consistently maintain respectful communication and relationships. • Respond to provider phone calls and emails within one (1) business day of receipt unless staff are out of the office and an expected date of return is communicated via 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	<p>Quality Assurance</p>
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. Inclusa will monitor compliance with these standards to ensure the services purchased are of the highest quality.</p> <p>Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.</p>
9.2	<p>Quality Performance Indicators</p> <ul style="list-style-type: none"> • Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency • Education/Training of staff- Effective training of staff members in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists. • Performance record of contracted activities- <ul style="list-style-type: none"> ○ 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 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	<p>Expectations of Providers and Inclusa for Quality Assurance Activities</p> <ul style="list-style-type: none"> • Collaboration: working in a goal oriented, professional, and team based approach with Inclusa representatives to identify core issues to quality concerns, strategies to improve, and implementing those strategies • Responsiveness: actions taken upon request and in a timely manner to resolve and improve identified issues. This may include submitted documents to Inclusa, responding to calls, emails, or other inquiries, keeping Inclusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities. • Systems perspective toward improvement: approaching a quality concern, trend, or significant incident with the purpose of creating overall improvements that will not only resolve the issue at hand, but improve service and operations as a whole • Member-centered solutions to issues: relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served <p>Inclusa is committed to interfacing with providers to collaboratively and proactively discuss issues identified with processes and assist with implementing improvements and reviewing the impact of the changes as a partner in the mission to serve members.</p>