



**SPC: 10810  
Provider Subcontract Agreement Appendix N**

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

1.0	Definitions
1.1	<p><b>Service Definition</b></p> <p>Inclusa follows the definitions and guidelines as defined for (Prevocational Services) in the DHS Family Care contract, standard program category (SPC) 10810.</p> <p><b>Prevocational services</b> are designed to create a path to integrated community-based employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. Prevocational services involve the provision of learning and work experiences where a member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. Services are expected to occur over a defined period of time as determined by the member and his/her care planning team in the ongoing member-centered planning process. Services are expected to specifically involve strategies that enhance a member's employability in integrated, community settings.</p> <p>Prevocational services should enable each member to attain the highest possible wage and work which is in the most integrated setting and matched to the member's interests, strengths, priorities, abilities, and capabilities. Services are intended to develop and teach general skills that lead to employment, including but not limited to: ability to communicate effectively with supervisors, coworkers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety and mobility training.</p> <p>Prevocational services may be delivered in a variety of locations in the community and are not limited to fixed-site facilities. Some examples of community sites may be the library, job center, banks or any business.</p> <p>Prevocational services, regardless of how and where they are delivered, are expected to help people make reasonable and continued progress toward participation in at least part-time, integrated employment. Prevocational services are not considered outcomes in and of themselves. Competitive employment and supported employment are considered successful outcomes of prevocational services.</p> <p>Prevocational services may be provided to supplement, but may not duplicate, services provided as part of an approved Individualized Plan for Employment (IPE) funded under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA).</p> <p>The contracted provider of pre-vocational services must complete a six-month progress report and service plan document for the IDT. The purpose is to ensure and document that prevocational services are assisting the member in progressing toward a goal of at least part-time, integrated employment. Timely completion of this document is required for the IDT to consider reauthorization of prevocational services.</p>



Participation in prevocational services is not a pre-requisite for individual or small group supported employment services. Members who receive prevocational services may also receive educational, supported employment and/or day services. A member’s care plan may include two or more types of non-residential services. However, different types of non-residential services may not be billed for the same period of time.

Members participating in prevocational services shall be compensated in accordance with applicable Federal and State laws and regulations if those laws require compensation. The optimal outcome of the provision of prevocational services is permanent integrated employment at or above the minimum wage in the community.

Transportation may be provided between the member's place of residence and the site of the prevocational services or between prevocational service sites (in cases where the member receives prevocational services in more than one place) either as a component part of prevocational services or under specialized (community) transportation, but not both. All providers of transportation shall ensure that the provider qualifications for specialized (community) transportation are met. If the transportation is provided by the prevocational services provider, the cost of this transportation is included in the rate paid to the provider.

Personal care provided to a member during the receipt of prevocational services may be included in the reimbursement paid to the prevocational services provider or may be covered and reimbursed under another waiver service so long as there is no duplication of payment.

Prevocational services may be provided to supplement, but may not duplicate, services provided under supported employment or vocational futures planning and support services provided under the waiver.

The MCO shall assure the provider has the ability and qualifications to provide this service, demonstrated in at least one of the following ways:

- Accreditation by a nationally recognized accreditation agency.
- Comparable experience for a qualified entity, including a minimum of two years of experience working with the target population providing employment-related services that have a goal of integrated employment in the community at minimum wage or above.

In addition, the provider must comply with all applicable occupational health and safety standards of the federal Occupational Safety and Health Administration (OSHA) and if personal care services are provided, shall also meet the Supportive Home Care and In-Home Respite Training and Documentation Standards.

**Inclusa Interdisciplinary Team (IDT) Definition**

The Inclusa Interdisciplinary Team (IDT) is composed of the following:

- **Community Resources Coordinator (CRC)** – The Inclusa CRC is responsible for identifying member service needs using the RAD process and authorizing the service(s) needed to meet the member’s long-term care outcomes. The CRC ensures the member has the necessary furnishings and supplies for independent living and coordinates moving the member’s belongings and medications at member move-in and in the event of the member moving out. The Inclusa CRC is the provider agency’s main point of contact for member-specific or related questions, concerns, or information.
- **Health 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

1.2

	employed or subcontracted by the contracted provider agency. The IDT may also be referred to as “Inclusa Team” or “Care Management Team.”
<b>2.0</b>	<b>Standards of Service</b>
2.1	Provider must follow the standards for Prevocational Services. 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) through communications that are misleading, threatening, or coercive. Inclusa and/or the Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so.  Per DHS, any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.
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.
2.5	There are no assurances of a certain level of business usage. Inclusa staff and consumers will select the program and the Provider that best meets the needs of the member. Provider must accept all referrals made for all consumers authorized. The authorization/agreement and resulting services can only be severed in consultation and agreement with Inclusa. Any decision not to accept a referral or sever an agreement based on an authorization of service, requires Inclusa CR/PR Employment & Community Connections team approval.
<b>3.0</b>	<b>Service Description</b>
3.1	<p><b>SPC 10810 – Prevocational Services</b></p> <p>Prevocational providers shall provide for members in an environment conducive to meeting individual outcomes that align with the non-residential home and community-based services setting rules.</p> <p><b>Community-Based Prevocational Services</b></p> <p>There is a distinct difference between Facility-Based and Community-Based Prevocational Services (CBPVS). The goal of Community-Based Prevocational Services is to offer community-based services that will expose members to opportunities within the community that will lead to better decisions relative to employment. Eighty percent (80%) or greater of the member’s authorized time must be spent in a community (non-facility) setting.</p> <p><b>Goals set for CBPVS are to be time-limited and measurable.</b></p> <p>The intent of CBPV service is to increase members’ independence and participation in their communities. A person-centered assessment and team-based planning process is used to develop very specific goals and service timelines with members. Activities that contribute to the member’s work experience, work skills or work-related knowledge are required. As with facility-based prevocational services, the goal is to assist members with obtaining community integrated employment. Supports are instructional in nature and focused on skill development in a variety of areas including, but not limited to:</p>

	<ul style="list-style-type: none"> <li>• Community involvement and volunteering with <b>non-profit</b> organizations as a means to explore interest areas, to build a resume, to become comfortable with working alongside people without disabilities, or to develop general skills helpful for integrated employment</li> <li>• Tours and informational interviewing at various local businesses of interest</li> <li>• Job shadowing of jobs in the local community</li> <li>• Attending classroom-based activities that are focused on preparing for integrated employment and that are held in appropriate community venues (technical college, library, and business centers etc.)</li> <li>• Attending Job Fairs</li> <li>• Accessing community resources</li> <li>• Financial literacy</li> <li>• Mobility and travel training</li> <li>• Safety and situational awareness</li> <li>• Self-awareness and self-advocacy</li> <li>• Problem solving and critical thinking</li> <li>• Social skills and development</li> <li>• Self-discovery and vocational exposure</li> </ul> <p>Service Provider works with the member and IDT to establish specific goals through assessment and personal discovery. Members receive individualized supports to achieve their goals in small groups.</p> <p><b>Community-Based Prevocational Services Are Not:</b></p> <ul style="list-style-type: none"> <li>• Typically authorized for members that participate in supported employment or competitive employment as the purpose of CBPV is to obtain a job.</li> <li>• Provided at the facility-based work site unless: <ul style="list-style-type: none"> <li>○ An activity being provided is also open to the public for attendance</li> </ul> </li> <li>• Considered a long-term service and should be limited to 6 months to 1 year in duration with the expectation that employment is obtained at the conclusion of the service. Time is limited to allow all members who want an opportunity to participate to do so.</li> </ul> <p><b>Transportation in Community-Based Prevocational Services:</b></p> <ul style="list-style-type: none"> <li>• Transportation is typically included within the CBPV rate, if: <ul style="list-style-type: none"> <li>○ The provider is using their own vehicle to transport the members</li> <li>○ The members do not require any type of specialized medical vehicle for transportation</li> </ul> </li> <li>• A separate authorization will only be provided when a member requires an accessible vehicle for transport, and if the provider does not regularly use specialized vehicles to transport CBPV groups; this requires Care Manager approval.</li> <li>• Exceptions to the time limitation may be authorized on a case-by-case basis if it is expected that a job will be obtained within a reasonable amount of time. If an extension is requested, Care Management approval must be obtained.</li> </ul>
3.2	<p><b>Facility-Based Prevocational Services</b></p> <p>Facility-Based Prevocational Services involve the provision of learning and work experiences where a member can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated, community settings. Services are expected to occur over a <b>defined period of time</b> as determined by the member and his/her care planning team in the ongoing member-centered planning process. Services are expected to specifically involve strategies that enhance a participant's employability in integrated, community settings. <b>Community Integrated Employment is considered a successful outcome of prevocational services.</b></p>

The purpose of pre-vocational services, regardless of setting, is furthering employment-related goals such as attendance, task completion, problem solving, interpersonal relations and safety, as outlined in the member-centered plan. Prevocational services are designed to create a path to integrated community-based employment for which an individual is compensated at or above the minimum wage, where a member can attain the highest level of work with the job matched to the individual's interests, strengths, priorities, abilities, and capabilities. Services are intended to develop and teach general skills.

**Appropriate activities could include, but are not limited to:**

Note: Items included in list below under: Interpersonal and social skills training are relevant to work environments

- Career exploration and career planning activities
- Learning about DVR services and how to apply
- Interviewing skills/practice and learning etiquette/dress for interviewing
- Working on developing a visual resume/portfolio
- Learning and Practicing self-advocacy skills relevant to working
- Universal workplace safety training
- Interpersonal and social skills training relevant to work environments
- Wellness classes relevant to maintaining health and stamina for work

Support of employment outcomes is a part of the member-centered planning process, which includes the individual, his or her guardian, if any, and other members of the interdisciplinary care planning team, and emphasizes informed consumer choice. This process includes identification of the member's personal outcomes and identification of services and items, including prevocational services and other employment-related services that advance achievement of the member's outcomes. The member and his or her interdisciplinary care planning team will identify alternatives that are effective in supporting his or her outcomes and from those select the most cost-effective alternative. The member-centered plan will minimally be reviewed and updated every six months along with the DHS six-month reporting form template: [Prevocational Services Six-Month Progress Report and Prevocational Plan](#) template (DHS Form F-00395).

Members participating in prevocational services may be compensated in accordance with applicable Federal laws and regulations, but the provision of prevocational services is intended to lead to Community Integrated Employment.

Participation in prevocational services is not a required pre-requisite for supported employment services provided under the waiver. Prevocational services may be provided in a variety of community locations including but not limited to work centers operated by community rehabilitation programs (CRPs).

For more information and resources, visit the [DHS Family Care: Integrated Employment and Prevocational Services](#) page.

Prevocational services should support each member to attain the highest possible wage and work which is in the most integrated setting and matched to the member's interests, strengths, priorities, abilities, and capabilities. Services are intended to develop and teach general skills that lead to employment including but not limited to:

- Prevocational services may be provided to supplement, but cannot duplicate, services being provided to members through the Division of Vocational Rehabilitation (DVR).

	<p><b>Transportation in Facility-Based Prevocational Services:</b></p> <ul style="list-style-type: none"> <li>• Transportation during prevocational service activities is an expected component of prevocational activities and built into the negotiated rate.</li> <li>• Transportation may be provided between the member’s place of residence and the site of the prevocational services or between prevocational service sites.</li> <li>• Transportation can be authorized as either a component part of prevocational services, under specialized (community) transportation, or by other means, but should not be duplicative.</li> <li>• All providers of transportation shall ensure that the provider qualifications for specialized (community)transportation are met.</li> </ul> <p><b>Prevocational Services are not considered an employment outcome.</b> Per Wisconsin regulation, any new entrant to prevocational services must have an outcome of community employment in order to participate in prevocational services and regardless of how and where they are delivered. Prevocational Service Providers are expected to assist members in making reasonable and continued progress toward voluntary participation in at least part-time, integrated employment. Reasonable and continued progress means progress that is meaningful, purposeful, and is consistent with the goals established when the prevocational services was last authorized.</p>										
3.3	<p>Members must be given the opportunity to direct some or all of their Prevocational Services whenever possible to the extent of their ability and desire. The Inclusa 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 caregiving 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>										
3.5	<p><b>Behavior Support Planning and Implementation</b></p> <p>If a member requires a Behavior Support Plan, providers will develop/write behavior support plans in partnership with the IDT Staff. It is the expectation that providers will comply with all aspects of implementation, documentation, communication, reporting and timelines when behavior support plans are in place for a member receiving services.</p>										
4.0	<p><b>Units of Service and Reimbursement Guidelines</b></p>										
4.1	<p><b>Prevocational Services</b>  <b>SPC (10810) (Procedure Code T2014 UA; T2015 UA; T2014 UB; T2015 UB)</b>  Service is billed with the indicated SPC and procedure code at the rate as defined in Appendix A of the Provider Subcontract Agreement.</p> <table border="1" data-bbox="324 1837 1461 1923"> <thead> <tr> <th data-bbox="324 1837 435 1923">SPC Code</th> <th data-bbox="435 1837 578 1923">Procedure Code ID</th> <th data-bbox="578 1837 704 1923">Modifier 1</th> <th data-bbox="704 1837 831 1923">Modifier 2</th> <th data-bbox="831 1837 1461 1923">Procedure Code Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	SPC Code	Procedure Code ID	Modifier 1	Modifier 2	Procedure Code Description					
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	10810	T2014	UA	U7	Community-Based Prevocational Services, each
	10810	T2014	UA		Community-Based Prevocational Services, per day
	10810	T2015	UA	U8	Community-Based Prevocational Services, per 15 min
	10810	T2014	UB	U7	Facility-Based Prevocational Services, each
	10810	T2014	UB		Facility-Based Prevocational Services, per day
	10810	T2015	UB	U8	Facility-Based Prevocational Services, per 15 min
4.2	<b>Remote Waiver Services and Interactive Telehealth</b> Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.				
<b>5.0</b>	<b>Staff Qualifications and Training</b>				
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 essential knowledge areas for employment support professionals. <ul style="list-style-type: none"> <li>• Strength-Based Assessment Methods</li> <li>• Person Centered Planning Principles Self-Determination</li> <li>• Career Exploration Techniques</li> <li>• Customized Employment: Discovery Process, Planning Meeting, Profile, and Visual Resume</li> <li>• Motivational Interviewing</li> <li>• Meeting and Team facilitation</li> <li>• Disability Awareness</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 to member and other impacted agencies regarding the backup plan.				
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> </ul>				

	<ul style="list-style-type: none"> <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 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.
	<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 Prevocational Services authorizations and requests for Provider Portal assistance should be directed to the Inclusa Transportation-Employment Support Team at <a href="mailto:ACS-Transportation-Employment@inclusa.org">ACS-Transportation-Employment@inclusa.org</a> or 888-544-9353, ext. 4.</p>
7.5	
	<p><b>Remote Waiver Services and Interactive Telehealth</b></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>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> </li> </ol>
7.6	



	<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 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> <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 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 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>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 <b>24 hours</b> 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>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 14 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 14 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>
8.7	<p><b>Communication: What Provider Can Expect from MCO</b></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"> <li>• Consistently maintain respectful communication and relationships.</li> <li>• 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.</li> <li>• Arrive promptly for scheduled meetings and contact providers as soon as possible when a meeting must be delayed or cancelled.</li> <li>• Identify themselves and their role with Inclusa to staff of provider agencies through an introduction and by wearing a Inclusa ID badge.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Inform the member that he/she can invite representatives of provider agencies to be part of the Interdisciplinary team, if desired.</li> <li>• Encourage the member to invite appropriate providers to participate in six-month and annual review meetings or relevant portions of review meetings.</li> </ul>

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• For members receiving residential services, offer the provider a copy of the Member Centered Plan and relevant updates.</li> <li>• Inclusa IDT shall inform Provider within five (5) business days if/when there is a change in the assigned Community Resource Coordinator or Health &amp; Wellness Coordinator for a member.</li> </ul>
<p style="text-align: center;"><b>9.0</b></p>	<p style="text-align: center;"><b>Quality Assurance</b></p>
<p style="text-align: center;">9.1</p>	<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>
<p style="text-align: center;">9.2</p>	<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.</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>

<p>9.3</p>	<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>
<p>9.4</p>	<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>