



Scope of Service Supportive Home Care - Chore Services



**SPC: 104.00 and 104.30
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 Supportive Home Care in the DHS Family Care contract, standard program category (SPC) 104.</p> <p>Supportive Home Care (SHC) is the provision of services to directly assist persons with daily living activities and personal needs to assure adequate functioning and safety in their home and community.</p> <p>SHC - Chore Services are defined as:</p> <p style="padding-left: 40px;">Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event for reasons of health and safety or the need to assure the member's continued community living. These may include: outdoor activities such as yard work and snow removal; indoor activities such as window washing; cleaning of attics and basements; cleaning of carpets, rugs and drapery; refrigerator/freezer defrosting; the necessary cleaning of vehicles, wheelchairs and other adaptive equipment and home modifications such as ramps. This also may include assistance with packing/unpacking and household cleaning/organizing when a member moves.</p> <p>An unrelated live-in caregiver may provide any or all of the types of supportive home care services. Services by a related live-in caregiver are subject conditions listed in section 3.5. Payment of a live-in caregiver may be reduced by the value of room and board in accordance with any applicable wage and hour laws.</p> <p>Excludes training provided to a member intended to improve the member's ability to independently perform routine daily living tasks, which may be provided as daily living skills training.</p>
2.0	Standards of Service
2.1	Provider must follow the standards for SHC – Chore Services. 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 Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so.</p> <p>Per 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.

2.5	It is understood that SHC-Chore Service workers will typically provide services only when the member is present in the home, unless written agreement is provided by the member and confirmed by the Community Resources Coordinator (CRC) and/or Health and Wellness Coordinator (HWC) that services may be delivered without the member present.																																
3.0	Service Description																																
3.1	SPC 104.00 (Procedure Code S5121) and 104.30 (Procedure Code S5120) Service is billed with the indicated SPC and Procedure code at the unit rate as defined in the Appendix A of the Provider Subcontract Agreement. Provider may only bill for services under contract with Inlusa and authorized by the Inlusa team.																																
3.2	Members must be given the opportunity to direct some or all of their Supportive Home Care whenever possible to the extent of their ability and desire. Inlusa teams must determine the member's ability and/or desire to direct services by assessment and by observation and address this in the member's plan.																																
3.3	Prior to authorizing payment to family members the following conditions must be met: <ol style="list-style-type: none"> 1. The service is authorized by the Inlusa team; 2. The member's preference is for the family member to provide the service; 3. The Inlusa team monitors and manages any conflict of interest situation that may occur as a result of the family member providing services; 4. The family member meets the MCO's standards for its subcontractors or employees providing the same service; and 5. The family member will either: <ol style="list-style-type: none"> a. 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 b. Find it necessary to forego paid employment in order to provide the service and is not receiving a pension (including Social Security retirement benefits). 																																
4.0	Units of Service and Reimbursement Guidelines																																
4.1	SPC 104.00 (Procedure Code S5121) and 104.30 (Procedure Code S5120) Service is billed with the indicated SPC and Procedure code at the unit rate as defined in the Appendix A of the Provider Subcontract Agreement. Provider may only bill for services under contract with Inlusa and authorized by the Inlusa team. Services covered under this benefit for reimbursement include: <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Service</th> <th>SPC</th> <th>Code</th> <th>Mod 1</th> </tr> </thead> <tbody> <tr> <td>Chore Services, General, per day</td> <td>104.00</td> <td>S5121</td> <td></td> </tr> <tr> <td>Snow Plowing, per day</td> <td>104.00</td> <td>S5121</td> <td>UA</td> </tr> <tr> <td>Snow Shoveling, per day</td> <td>104.00</td> <td>S5121</td> <td>UB</td> </tr> <tr> <td>Lawn Care, per day</td> <td>104.00</td> <td>S5121</td> <td>UC</td> </tr> <tr> <td>Handyman Service, per day</td> <td>104.00</td> <td>S5121</td> <td>UD</td> </tr> <tr> <td>Moving Services, per day</td> <td>104.00</td> <td>S5121</td> <td>UE</td> </tr> <tr> <td>Chore Services, General, per 15 min</td> <td>104.30</td> <td>S5120</td> <td></td> </tr> </tbody> </table> <p>Some general and moving services may include pickup and delivery of donated or purchased items, specialized cleaning (window washing, attics/basement cleaning, carpets, rugs, draperies, refrigerator/ freezer defrosting), required cleaning of vehicles, wheelchairs, other adaptive equipment, packing for a move, moving a member from one residence to another.</p>	Service	SPC	Code	Mod 1	Chore Services, General, per day	104.00	S5121		Snow Plowing, per day	104.00	S5121	UA	Snow Shoveling, per day	104.00	S5121	UB	Lawn Care, per day	104.00	S5121	UC	Handyman Service, per day	104.00	S5121	UD	Moving Services, per day	104.00	S5121	UE	Chore Services, General, per 15 min	104.30	S5120	
Service	SPC	Code	Mod 1																														
Chore Services, General, per day	104.00	S5121																															
Snow Plowing, per day	104.00	S5121	UA																														
Snow Shoveling, per day	104.00	S5121	UB																														
Lawn Care, per day	104.00	S5121	UC																														
Handyman Service, per day	104.00	S5121	UD																														
Moving Services, per day	104.00	S5121	UE																														
Chore Services, General, per 15 min	104.30	S5120																															
4.2	Minimum Referral Units There is no minimum for referral units; however, providers may refuse referrals at their own discretion if they are unable to cover time frame based on current staffing pattern. Referrals must be made based on member need, and teams would typically not increase units to meet a provider referral base line.																																

4.3	<p>The SHC Agency will Only Bill for Authorized and Performed Services</p> <p>The SHC agency will only bill Inclusa for authorized and performed services using the SPC and procedure codes designated on the referral form. SHC providers are prohibited from billing for services not authorized in the service plan.</p>
4.4	<p>Member No-Show/Unavailability for Services</p> <p>If member will be unavailable for services as scheduled, the member or Inclusa team must cancel the scheduled visit prior to the caregiver traveling to the member's home. Agencies may bill a maximum of one (1) hour when the member or Inclusa team did not cancel the scheduled visit and the member was unavailable upon arrival for scheduled service. SHC agency must report in writing to the Inclusa team within 24 hours when a member did not cancel a scheduled visit and was unavailable when the caregiver arrived to provide service.</p>
4.5	<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>Caregiver Background Checks</p> <p>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>
5.2	<p>Staff that provide services shall complete required training within six (6) 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, 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.</p>
5.4	<p>The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served prior to member contact:</p> <ol style="list-style-type: none"> 1. Policy, procedures and expectations of Inclusa and the SHC agency including training on: <ol style="list-style-type: none"> a. Inclusa member rights and responsibilities b. Provider rights and responsibilities c. Record keeping and reporting d. Arranging backup services if the caregiver is unable to make a scheduled visit e. Other information deemed necessary and appropriate 2. Information about individuals to be served including information on individual's specific disabilities, abilities, needs, functional deficits, strengths and preferences. This training should be person specific for the people to be served and generally focused. 3. Recognizing and appropriately responding to all conditions that might adversely affect the member's health and safety including how to respond to emergencies and member-related incidents. 4. Interpersonal and communication skills and appropriate attitudes for working effectively with members. 5. Confidentiality laws and rules 6. Procedures for handling complaints 7. Use of adaptive aids and equipment 8. Homemaking and household services, meal planning and preparation, shopping, housekeeping techniques and proper maintenance of a clean, safe and healthy living environment 9. Personal health and wellness-related needs of the member including nutrition, dietary needs, exercise needs and weight monitoring/control
5.5	<p>Staff shall be trained in recognizing abuse and neglect, and reporting requirements.</p>
5.6	<p>Services provided by anyone under the age of 18 shall comply with Child Labor Laws.</p>

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	<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 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	<p>The provider agency must notify the Inclusa team within two (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.</p> <p>The provider agency must continue to report the status of an open referral on a weekly basis to the Inclusa team until the referral is filled.</p>
7.3	The Inclusa team will issue a new written referral form when the tasks assigned, amount, frequency or duration of the service changes.
7.4	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
7.5	The Inclusa Team reserves the right to limit the frequency service is provided. If the member has specialized needs that require faster response, such as in the instance of snow removal, the Inclusa team will be responsible for coordinating the Chore Service Provider to correspond to the member schedule and to ensure member safety.
7.6	<p>Authorizations for Member Services</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"> • During Inclusa business hours – call 877-622-6700 and press 0 for assistance. • After Inclusa 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 Supportive Home Care - Chore Services authorizations and requests for Provider Portal assistance should be directed to the Inclusa SHC-SDS-Home Health Support Team at ACS-SHC-SDS-HomeHealth@inclusa.org or 888-544-9353, ext. 7.</p>

7.7	<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 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>Inclusa 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 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 ProviderRelations@inclusa.org.</p>
8.2	<p>The provider agency shall report to the Inclusa 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	<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>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. 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 15 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 15 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	<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>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 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

	<p>performance and for effectively modifying poor performance where it exists.</p> <ul style="list-style-type: none"> • 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- the formal or informal review and identification of compliance with Inclusa contract terms, provider service expectation terms, and 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>