



Scope of Service Vocational Futures Planning & Support (VFPS)



SPC: 114

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 Vocational Futures Planning and Support (VFPS) in the DHS Family Care contract, standard program category (SPC) 114. VFPS is a member directed, flexible process, offering a unique way for individuals with physical disabilities to mold and shape the process to meet member needs, outcomes, and desires.</p> <p>Vocational Futures Planning & Support (VFPS) is a person-centered, team based comprehensive employment planning and support service that provides assistance for members to obtain, maintain or advance in employment or self-employment/microenterprise. The agency providing VFPS services will ensure that the following service strategies are available as needed to the member:</p> <ol style="list-style-type: none"> a. Development of an employment plan based on an individualized determination of strengths, needs and interests of the individual with a disability, the barriers to work, including an assistive technology prescreen or in-depth assessment, and identification of the assets a member brings to employment; b. Work Incentive Benefits analysis and support; c. Resource team coordination; d. Career exploration and employment goal validation; e. Job seeking support; and f. Job follow-up and long-term support. <p>VFPS must be provided by qualified professionals that include, for example, an employment specialist, a benefits specialist and an assistive technology consultant. When this service is provided, the member record must contain activity reports, completed by the appropriate VFPS Team member(s), within thirty (30) days of completing a particular service strategy. When ongoing support is provided, monthly ongoing support reports must be completed by the provider of the ongoing support.</p> <p>VFPS excludes services that could be provided as prevocational or as supported employment. Such services may be used to supplement, but may not duplicate any VFPS services provided under the waiver. VFPS excludes services funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17)).</p> <p>All providers shall have skills and knowledge typically acquired through completion of an advanced degree in human services, or an equivalent combination of education and experience, with ongoing training and technical assistance appropriate to their specific specialty.</p>
2.0	Standards of Service
2.1	Provider must follow the standards for Vocation Futures Planning and Support (VFPS). 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 WI Department of Health Services may impose sanctions against a provider that does so.

	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.
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.
3.0	Service Description
3.1	<p style="text-align: center;">SPC 114 – Vocation Futures Planning & Support (VFPS):</p> <p>VFPS is a multi-phase, long-term program. Services within the program require staff with expertise in employment and the benefits, entitlements, subsidies and services available to the member that employment could affect. The provider agency will also require expertise in assistive technology/adaptive equipment as it relates to supporting successful employment for members. The process is based on the premise that members with disabilities do not lack the aptitude or motivation to pursue their employment goals. Rather, it's the presence of multiple barriers and the lack of opportunity that prevents people with significant disabilities from going to work. In the VFPS process, members are encouraged to examine not only the barriers directly related to their vocational goal, but to think holistically.</p> <p>The individual who uses the VFPS to achieve their employment goal is expected to take an active role. They must form a <u>partnership with the service providers</u>, advocates, mentors, or other individuals that make up their team. The individual member makes all decisions regarding the vocational plan with input and guidance from their team.</p>
3.2	<p>Program Definitions:</p> <p>Resource Team – a gathering of individuals that support the member's employment goal as well as resource people that can address specific barriers to employment. The agency providing Vocational Futures Planning and Support should offer the member the option of using a Resource Team, coordinated by the agency. The Resource Team composition will not only depend on the needs and desires of the member, but also on the barriers identified by the member and the resources, services, and people identified to address those barriers. In addition to the Employment Specialist, the team may consist of a Benefits Specialist, an Assistive Technology Consultant and the member's Includa team. The agency will ensure that all team members are qualified to provide the services and supports they agree to provide. The Resource Team meetings are coordinated by the Employment Specialist who will make sure that any activity reports prepared by an individual team member are copied and shared with the other members of the team as well as monthly ongoing support reports from the VFPS team. The Resource Team typically meets every 4-6 weeks during the exploration/goal validation phase and the guided job search phase.</p> <p>Activity reports must be completed by the appropriate VFPS team member(s) within 14 calendar days of the completion of each of the six required activities.</p>
3.3	<p>Barriers and Assets Identification – Required Activity</p> <p>This service is typically completed by the Employment Specialist (ES), and is a series of conversations with the individual to identify what he/she perceives is getting in the way of employment, as well as the specific assets, skills and strengths he or she brings to a job. Barriers may include health issues, transportation, attendant care, work skills, education and benefits concerns.</p> <p>During this phase the ES should explain the VFPS process and encourage the member to talk about their dream/ideal job, regardless of current/perceived barriers. Activities that include member participation should occur in settings of the member's choosing.</p> <p>The provider agency will complete a written report that will summarize:</p> <ul style="list-style-type: none"> • The individual's employment goal, barriers and assets, • Provide identification of potential funding sources, and • Provide identification of resources, service providers, and formal and informal supports that will make up the Resource Team

<p>3.4</p>	<p>VFPS Strategies:</p> <p>Benefits Analysis and Planning – Required Activity This service is completed by the Benefits Specialist, and is a thorough analysis of the benefits, entitlements, subsidies and services the individual receives to assess the impact that income from employment may have on continued eligibility and benefit amounts, including health coverage. Individuals are informed of work incentives, provisions that are designed to help protect benefits while working (i.e. Impairment Related Work Expense, Earned Income Exclusion, Plan for Achieving Self Support (PASS), Continued Medicaid and Extended Medicare, as well as other benefit programs for which the individual may be eligible such as Medicaid Purchase Plan). The information is intended to assist the member in making informed decisions about employment.</p> <p>Assistive Technology Assessment and Training – Required Activity This service is completed by the Assistive Technology Consultant and includes an assessment that determines the individual’s need for assistive technology devices and identifies available equipment and devices that will assist the member in preparing for and engaging in employment. This service will help individuals with disabilities and service providers make informed choices about adaptive equipment, and find cost-effective ways to meet their adaptive equipment needs. Assistive Technology services may include assessing the need for adaptive computer work stations, training on specialized hardware and software, ergonomic assessments, general workplace accessibility, computer repair and trouble shooting. Most Assistive Technology assessments are done in the home, workplace, or school to gain a better understanding of the environment.</p> <p>Career Exploration and Goal Validation – Required Activity This service is completed by the Employment Specialist (ES), and includes a discussion of interests, hobbies, strengths, and exploration of potential job fields. Vocational/educational assessments, networking, informational interviews, job shadowing, mentoring, business advisory group, and work experiences are some of the strategies used during this step. The ES should utilize a number of strategies during this phase establishing goals and timelines for the completion of each strategy, providing a thorough explanation each strategy to the member. Barriers and assets should continue to be reviewed during this phase. Also during this phase, the ES should continue to coordinate resource team meetings, continue to work with the Benefits Specialist and the Assistive Technologist, and provide written summaries of activities to the resource team members.</p> <p>The provider agency will complete a written report that will summarize:</p> <ul style="list-style-type: none"> • The career fields explored • The feasibility as a career path for the individual • Facilitation of the resource team, which is meeting throughout the process to address barriers and review progress • Action plans are created and implemented by team members • Job seeking skills training/preparation <p>Guided Job Search or Guided Business Plan Development for Self-Employment – Required Activity This is an individualized process based on the member’s unique interests, strengths, limitations as a potential employee, as well as the needs of a prospective employer. Employment specialist will assist with job seeking preparation in whatever way the member desires, including contacting employers, helping with resume and cover letter development, providing interview skills training, negotiating accommodations, providing sensitivity training to employers, etc. Prior to beginning this phase, the ES should ensure that all barriers have been addressed or managed.</p>
<p>3.5</p>	<p>Other Components of VFPS:</p> <p>PASS Plan Development A Plan for Achieving Self-Support (PASS) is a Social Security Administration (SSA) work incentive which allows a person with a disability to set aside otherwise countable income and/or resources for a specific period of time in order to achieve a work goal.</p>

	<p>This step also involves negotiating with SSA while developing the plan, researching goods and services, and supporting approval of the plan.</p> <p>Full Stabilization/Transition to LTS- Required Activity At this stage, the member is fully employed and stabilization at the workplace has been achieved so member is working in a mostly independent manner. Stabilization support may involve assistive technology consultations, job accommodations or joint meetings with employer and employee, employee awareness training.</p> <p>Ongoing Support This service includes ongoing support services once a member is employed, provided periodically to address work-related issues as they arise (e.g., understanding employer leave policies, scheduling, time sheets, tax withholding, etc.). Ongoing support may also involve assistance to address issues in the work environment, including accessibility, employee – employer relations, etc.* Follow-along services are designed to identify any problems or concerns early, to provide the best opportunity for long lasting work opportunities.</p> <ul style="list-style-type: none"> • Also included are supports to address any barriers that interfere with employment success/maintaining employment, which may include providing support to the employer. Ongoing benefits planning may be provided during this phase. • Prior to the participants first day of employment, the ES will work with the participant and Resource Team to create an individualized plan for job stabilization. The ES will continue to coordinate the Resource Team, follow-up with the participant once they are employed, and provide monthly progress reports to the entire team. <p>This phase usually requires minimal time by the employment specialist, as most individuals will need minimal support/ contact (e.g. 1 hour per month)/ The benefit specialist may spend 1-2 hours per week helping the individual manage the changes in their benefits, the work incentives they use, negotiating with SSA and other benefit program administrators.</p> <p>Workplace PAS Personal assistance on the job as needed. This is a personal care worker who assists member with personal cares at the job site when necessary and can be funded by the long term care agency where the member is enrolled.</p>
3.6	<p>Members must be given the opportunity to direct some or all of their VFPS 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>
4.0	<p>Units of Service and Reimbursement Guidelines</p>
4.1	<p>VFPS Services</p> <p>SPC 114 Procedure Code T2038, HJ Service is billed with the indicated SPC and procedure code at the per unit rate as defined in Appendix A of the Provider Subcontract Agreement.</p> <p>Barriers and Assets identification; each – T2038, HJ Benefit Analysis; each – T2038, HJ, U6 PASS Plan Development; each – T2038, HJ, U8 Assistive Technology Assessment; each – T2038, HJ, UA Career Exploration/Goal Validation; each – T2038, HJ, UB Guided Job Search/Business Planning; each – T2038, HJ, UC Full stabilization/transition to Long Term Services; each – T2038, HJ, UD Ongoing Support; per quarter hour – T2038, HJ, UE Workplace PAS; per quarter hour – T2038, HJ, U7</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 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 www.inclusa.org .
5.4	<p>The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served:</p> <ol style="list-style-type: none"> 1) Policy, procedures and expectations of Inclusa including training on: <ul style="list-style-type: none"> • Inclusa member rights and responsibilities • Provider rights and responsibilities • Record keeping and reporting • Arranging backup services if the caregiver is unable to make a scheduled visit • 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
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.
5.7	<p>The agency providing Vocational Futures Planning and Support may be an Independent Living Center, a Community Rehabilitation Provider, an independent, private rehabilitation professional, etc. The provider will ensure that qualified professionals are implementing the VFPS strategies outlined above to support the member.</p> <p>An agency providing VFPS shall have designated Employment Specialists (ES) and a team leader who is experienced in using VFPS strategies. The team leader should be able to provide backup to the ES, provide guidance in the field, and mentor to improve performance. Team leaders shall conduct monthly case reviews to evaluate progress and develop new strategies with the ES.</p> <p>Agencies must provide formal training to the Employment Specialists (ES) in the VFPS process. The ES’s primary focus should be employment services with a case load of 12-15 active VFPS participants. The ES should be capable of carrying out the strategies required in the VFPS services model (see section 3).</p> <p>Providers of Vocational Futures Planning and Support shall have skills and knowledge typically acquired through:</p> <ol style="list-style-type: none"> a. Completion of a BA/BS degree in Vocational Rehabilitation, Social Work, Special Education or other related human services field, and b. One year of experience in working with persons with a physical disability, and c. Knowledge gained through ongoing training from a qualified entity providing a recognized vocational curriculum.

	The Employment Specialist shall meet monthly with both the Benefit Specialist and the Assistive Technology Specialist for case reviews
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	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>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.-4:30 p.m.) the provider should:</p> <ol style="list-style-type: none"> 1) Contact the Inclusa team. 2) If the team is not available, contact the Inclusa team’s Unit Manager 3) If the Unit Manager is not available, contact the On-Call Unit Manager. <p>For authorization of services or products after Inclusa business hours, provider should contact the After-Hours Authorization Line at 1-800-285-6425.</p> <p>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.</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

	<ul style="list-style-type: none"> • 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 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.</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>Inclusa interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided (e.g. treatment plans, progress notes, etc.).</p>
8.5	<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>Providers and Inclusa will comply with the Inclusa Incident Reporting Policy which is available on the Inclusa website at www.inclusa.org.</p>
8.5	<p>The provider agency must maintain the following documentation; and make available for review by Inclusa upon request.</p> <ul style="list-style-type: none"> • Provider meets the required standards for applicable staff qualification, training and programming • Verification of criminal, caregiver and licensing background checks as required. • Policy and procedure related to supervision methods by the provider agency including frequency, intensity and any changes in supervision. • Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents. The policy and procedure should also cover expectation of work rules work ethics and reporting variances to the program supervisor. • Employee time sheets/visit records which support billing to Inclusa.
9.0	Quality Assurance
9.1	<p>Purpose</p> <p>Inclusa quality assurance activities are a systematic, departmental approach to ensuring and recognizing a specified standard or level of care expected of subcontracted providers. These methodologies are established to review and inspect subcontracted provider performance and compliance.</p> <p>Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.</p> <p style="text-align: center;">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,

	<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">• Systems perspective to 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>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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