

## Scope of Service

### Prevocational Services

This Scope of Service defines requirements for this service type for the iCare Family Care (branded “Inclusa”) and Family Care Partnership programs

Family Care Partnership: Attachment to Description of Long-Term Care Provider Services and Payment  
Family Care Only (If applicable): Appendix N to Subcontract Agreement

**Purpose:** This document defines requirements and expectations for the provision of subcontracted, authorized and rendered services. The services shall be provided in compliance with service expectations in the Agreement and Wisconsin licensing and certification standards, as applicable. Provisions of this Scope of Service supersede any other agreements, including agreements between the Enrollee and Provider, such as intake agreements. All references to Enrollee include the Enrollee and as applicable any of the Enrollee’s authorized representatives.

1.0	Definitions
1.1	<p><b>Service Definition –</b> Prevocational services are designed to create a person-center path for members to achieve or maintain at least part time participation in competitive integrated employment (CIE). CIE is defined at <a href="https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm">https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm</a>. This service involves community-based learning, work experiences, and community-based volunteering where the member can develop general, non-job task-specific strengths, skills, knowledge, and experience that contribute to employability in paid employment in CIE. Services are expected to occur over a defined period as determined by the member and the member’s interdisciplinary team (IDT). The expected outcome of this service is measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the member’s engagement to obtain or maintain CIE with the highest possible wage. The member must have a documented outcome of CIE in their member-centered plan to receive this service. When this service is authorized for a member already working in CIE, the service must focus on goals related to ensuring the member’s success in, and ability to sustain, CIE.</p>
1.2	<p>Prevocational services include:</p> <ul style="list-style-type: none"><li>• Community-based exploration and experiential opportunities that facilitate a member’s desire for, and ongoing participation in CIE at the highest possible wage;</li><li>• Services and skill-building opportunities that are matched to the member’s interests, strengths, priorities, abilities, and conditions for success in CIE.</li><li>• Development of general skills that lead to CIE, including:<ul style="list-style-type: none"><li>○ The ability to communicate effectively with supervisors, co-workers, and customers;</li><li>○ Expressing and understanding expectations;</li><li>○ Adherence to generally accepted community workplace conduct;</li><li>○ The ability to follow directions and attend to tasks;</li><li>○ Utilizing workplace problem solving skills and strategies;</li><li>○ Learning to network;</li><li>○ Developing interview skills;</li><li>○ Creating resumes and portfolios;</li><li>○ Managing conflicts;</li><li>○ Learning and applying general workplace safety; and</li><li>○ Mobility training.</li></ul></li><li>• Volunteering opportunities;</li></ul>

	<ul style="list-style-type: none"> <li>• Completion of a six-month progress report and service plan document for the interdisciplinary care team (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.</li> </ul> <p>This service may be provided in a disability-specific, provider owned and controlled (facility-based) setting or a non-disability-specific (community-based) setting. When this service uses a provider owned or controlled setting for a portion of the service delivery, the service delivery is considered facility-based. When this service uses a community setting 100% of the time, the service delivery is considered community-based. Community-based service delivery may use a provider owned or controlled setting as a hub or base, but cannot provide services in that setting.</p> <p>Each member's prevocational service plan shall include opportunities to participate in community-based activities that are consistent with the intended outcome of the service and that facilitate the member's interactions with people from the broader community who do not receive HCBS. This includes opportunities and support specific to pursuing CIE in the community.</p> <p>Unless used to support Project SEARCH, community-based prevocational services are expected to be provided in small groups no larger than three (3). This service can be provided on an individual basis as appropriate for member's needs.</p> <p>Prevocational services may be provided to supplement, but not duplicate services that are available and provided to a member 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>Prior to authorizing this service, the member's record documents that this service is not otherwise available to the member through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and for members ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401 et seq).</p>
1.3	<p>Participation in prevocational services is not a prerequisite for participation in CIE or authorization of any other employment services. Members who receive prevocational services may also receive educational, supported employment and/or day services. A member-centered 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.</p> <p>Members participating in paid training as part of prevocational services shall be compensated in accordance with applicable Federal and State laws and regulations. This service cannot involve volunteering for a service provider contracted by an MCO or volunteering in situation where a member must be paid under state and federal labor laws.</p> <p>Waiver funding is not available for vocational services (paid work as opposed to time-limited paid training) delivered in facility-based settings where members are supervised for the primary purpose of producing goods or performing services.</p> <p>Transportation between the member's residence and the site where the member starts and ends this service each day may be included as a component of prevocational services or under specialized (community) transportation, but not both. Transportation between the facility and one or more community site(s) is always included in this service.</p>

	<p>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 it may be covered and reimbursed under another waiver service so long as there is no duplication of payment.</p> <p>Prevocational services may be provided to supplement but may not duplicate supported employment or vocational futures planning and support services provided under the waiver.</p>
1.4	<p>For facility-based prevocational services providers, the facility must be HCBS compliant per 42 CFR 441.301(c)(4). For community-based providers, service delivery must be 100% community based.</p> <p>All agency providers must meet at least one of the following provider qualifications:</p> <ul style="list-style-type: none"> <li>• Accreditation by a nationally recognized accreditation agency, or</li> <li>• A DVR contracted provider of supported employment services, or</li> <li>• A minimum of two years of experience working with the target population providing employment-related services.</li> </ul> <p>Additionally, agency and individual providers providing personal care must also meet the Training and Documentation Standards for Supportive Home Care. Agencies and individuals providing transportation must meet the qualifications for Specialized Transportation -Community Transportation.</p>
<b>2.0</b>	<b>Service Description/ Requirements</b>
2.1	<p>Prevocational providers shall provide services for members in an environment conducive to meeting individual outcomes that align with the non-residential Home and Community-Based Services (HCBS) setting rules. Settings must not isolate people from the broader community, and programs must provide opportunities for adults, to do the following in an age and developmentally appropriate manner:</p> <ul style="list-style-type: none"> <li>• Seek employment</li> <li>• Work in competitive integrated settings</li> <li>• Engage in community life</li> <li>• Receive services in the community</li> <li>• Interact with peers who do not have disabilities</li> <li>• Participate in community events and activities</li> <li>• Access and control personal resources</li> </ul> <p>Given the objective that Prevocational Services are to prepare and assist individuals to obtain competitive integrated employment, MCO expects that contracted prevocational providers also are contracted for Supported Employment Services. Exceptions may be applied for and considered under special circumstances.</p>
2.2	<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.</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</p>

employment. Supports are instructional in nature and focused on skill development in a variety of areas including, but not limited to:

- Community involvement and volunteering with **non-profit** 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 competitive integrated employment
- Tours and informational interviewing at various local businesses of interest
- Job shadowing of jobs in the local community
- Attending classroom-based activities that are focused on preparing for competitive integrated employment and that are held in appropriate community venues (technical college, library, and business centers etc.)
- Attending Job Fairs
- Accessing community resources
- Financial literacy
- Mobility and travel training
- Safety and situational awareness
- Self-awareness and self-advocacy
- Problem solving and critical thinking
- Social skills and development
- Self-discovery and vocational exposure

Service Provider works with the member and IDT Staff to establish specific goals through assessment and personal discovery. Members receive individualized supports to achieve their goals in small groups no larger than three (3) participants.

**Community-Based Prevocational Services Are Not:**

- Typically authorized for members that participate in supported employment or competitive employment as the purpose of CBPV is to obtain a job.
- Provided at the facility-based work site:
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- Considered a long-term service and should be limited 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. Communication with the IDT staff is key

**Transportation during Community-Based Prevocational Services:**

- Transportation during programming is included within the CBPV rate, if:
  - The provider is using their own vehicle to transport the members
  - The members do not require any type of specialized medical vehicle for transportation
- 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.
- Transportation to and from programming typically is not built into the Community Based Prevocational Rate. There may be exceptions to this, and when this occurs it will be clearly stated in the contract.

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.

2.3	<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>Competitive Integrated Employment is considered a successful outcome of prevocational services.</b></p> <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 competitive integrated 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.</p> <p><b>Appropriate activities could include, but are not limited to:</b></p> <p>Note: Items included in list below under: Interpersonal and social skills training are relevant to work environments</p> <ul style="list-style-type: none"> <li>• Career exploration and career planning activities</li> <li>• Learning about DVR services and how to apply</li> <li>• Interviewing skills/practice and learning etiquette/dress for interviewing</li> <li>• Working on developing a visual resume/portfolio</li> <li>• Learning and Practicing self-advocacy skills relevant to working</li> <li>• Universal workplace safety training</li> <li>• Interpersonal and social skills training relevant to work environments</li> <li>• Wellness classes relevant to maintaining health and stamina for work</li> </ul> <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>
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2.4	<p>All settings and locations must meet all HCBS rules and be determined compliant prior to being eligible to provide services under the Family Care/Family Care Partnership waiver program. Please note:</p> <ul style="list-style-type: none"> <li>• Compliance is needed for facility and community-based settings unless the community-based setting is 100% in the community.</li> <li>• Additionally, compliance is specific to the approved location, any planned move to another location (address) needs to be prior approved by DHS and determined HCBS compliant. To ensure we are able to fund members receiving services through the new location, a copy of the letter of determination will need to be shared and the contract updated.</li> </ul> <p>All nonresidential settings must meet conditions that ensure specific rights of people receiving HCBS in those settings, including the following qualifications:</p> <ul style="list-style-type: none"> <li>• Is integrated in, and supports full access to, the greater community.</li> <li>• Provides opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources.</li> <li>• Ensures that individuals receive services in, and access to, the greater community to the same degree of access as individuals not receiving HCBS.</li> <li>• Is selected by the individual from among multiple setting options, including non-disability specific settings.</li> <li>• Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</li> <li>• Optimizes individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.</li> <li>• Facilitates individual choice regarding services and supports, and who provides them</li> </ul> <p>Exceptions or modification to an HCBS Settings Rule requirement may be necessary to mitigate risks to a member's health and safety. Exceptions to these requirements can be allowed through the Person-Centered Planning process and <b>must be included as part of the MCP and the provider Individual Service Plan (ISP)</b>. CMS refers to these as <b>Modification of Rights (MOR) Plan</b>. Consideration and planning for a modification of rights must include the member, Legal Decision Maker (LDM) when indicated, IDT, and the provider.</p> <p>For more specific information regarding HCBS requirements use this link: <a href="#">HCBS Settings Rule: Compliance for Nonresidential Services Providers   Wisconsin Department of Health Services</a></p>
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3.0	Unit of Service				
3.1	Provider must bill using appropriate procedure codes and modifiers.				
	Service Code	Modifier	Modifier	Service Description	Unit of Service
	T2014	UA	U7	Community Based Prevocational Services	Each
	T2014	UA		Community Based Prevocational Services	Per day
	T2014	UA	HB	Community Based – Project Search	Each
	T2014	UB	U7	Facility Based Prevocational Services	Each
	T2014	UB		Facility Based Prevocational Services	Per day
	T2015	UA		Community Based Prevocational Services	Per 15 minutes
	T2015	UB		Facility Based Prevocational Services	Per 15 minutes
4.0	Documentation of Service				
4.1	Provider must respond to the IDT within two (2) business days to accept or decline a referral. Provider must work with IDT to ensure services begin on the planned date and time. If the planned start date is delayed, Provider shall immediately notify the IDT to ensure the needs of the Enrollee are met.				
4.2	IDT must prior authorize all services prior to being rendered by Provider. Notification of authorization to Provider shall include expected start date, duration of authorization, units authorized and any expected outcomes, if applicable.				
4.3	The Provider must retain copies of the authorization notification.				
4.4	The IDT shall issue a new authorization notification to Provider when the tasks assigned, amount, frequency, or duration of the service changes.				
4.5	<p>The Provider must retain the following documentation and make available for review by iCare upon request:</p> <ul style="list-style-type: none"><li>• Proof that Provider meets the required standards for applicable staff qualification, training, and programming.</li><li>• Policy and procedure for verification of criminal, caregiver and licensing background checks as required.</li><li>• Evidence of completed 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 Enrollee-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 MCO.</li></ul>				

	<ul style="list-style-type: none"> <li>Documented backup procedure, including notification to member and other impacted agencies regarding backup plan.</li> </ul>
4.6	<p>Information regarding authorization and claims processes are available at:</p> <p><b>Family Care:</b> Providers/Claims and Billing at <a href="http://www.inclusa.org">www.inclusa.org</a></p> <p><b>Family Care Partnership:</b> Provider/Claims section and Provider/Prior Authorization section at <a href="http://www.icarehealthplan.org">www.icarehealthplan.org</a></p>
<b>5.0</b>	<b>Staff Qualifications and Training</b>
5.1	<p><b>Caregiver Background Checks</b> – Caregiver and Criminal Background checks must be completed in compliance with Wisconsin DHS Admin. Code Chapter 12 and 13. Provider must maintain and make available for review documentation that caregiver and criminal background checks have been completed timely for all staff.</p>
5.2	<p>Provider Personnel. There shall be a direct service staff person or persons who shall possess skills and knowledge that typically would be acquired through:</p> <ul style="list-style-type: none"> <li>A course of study that would lead to a bachelor’s degree in one of the human services, or</li> <li>A minimum of 2 years of academic, technical, or vocational training consistent with the type of work to be supervised or</li> <li>A minimum of 2 years’ experience in a work situation related to the type of work supervised.</li> <li>Additional staff or consultants who are knowledgeable and skilled in adapting or modifying equipment and environments, and the application of special equipment for persons with physical disabilities shall be available, as needed.</li> <li>Provider shall maintain the following staff ratios when the program is operation: <ul style="list-style-type: none"> <li>There shall be a minimum of 2 direct service staff for the first 15 people receiving Prevocational Services from Provider.</li> <li>The actual ratio of staff to program Enrollees shall reflect the specific needs of the individuals being served. A ratio reflecting the needs of the specific Enrollees serviced shall be provided.</li> </ul> </li> </ul>
5.3	<p>The provider agency must ensure that staff have received training on the following essential knowledge areas for employment support professionals.</p> <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>
5.4	<p>Provider must comply with all training requirements as outlined in their licensing/certification standards. If training standards are not specified, Provider must ensure that staff are fully trained to complete the assigned tasks.</p>
5.5	<p>Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at:</p> <p><b>Family Care:</b> <a href="http://www.inclusa.org">www.inclusa.org</a></p> <p><b>Family Care Partnership:</b> <a href="http://www.icarehealthplan.org">www.icarehealthplan.org</a></p>



5.6	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.7	<p>The Provider must ensure that staff have received training on the following subjects pertaining to the individuals served:</p> <ul style="list-style-type: none"> <li>• Policy, procedures, and expectations may include the following: <ul style="list-style-type: none"> <li>○ Enrollee rights and responsibilities</li> <li>○ Provider rights and responsibilities</li> <li>○ Record keeping and reporting</li> <li>○ Arranging backup services if the caregiver is unable to make a scheduled visit</li> <li>○ Other information deemed necessary and appropriate</li> </ul> </li> <li>• 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.</li> <li>• Recognizing and appropriately responding to all conditions that might adversely affect the Enrollee's health and safety including how to respond to emergencies and Enrollee-related incidents.</li> <li>• Interpersonal and communication skills and appropriate attitudes for working effectively with Enrollees and with IDT.</li> <li>• Confidentiality laws and rules</li> <li>• Practices that honor diverse cultural and ethnic differences</li> <li>• Procedures for following Family Care and Family Care Partnership required processes for handling complaints and grievances (see Section 7.4).</li> </ul>
<b>6.0</b>	<b>Supervision and Staff Adequacy</b>
6.1	The Provider shall maintain adequate staffing to meet the needs of Enrollees referred by MCO and accepted by the Provider for service.
6.2	<p>Provider must ensure:</p> <ul style="list-style-type: none"> <li>• Staff are supervised and assessed to assure they are working effectively and collaboratively with Enrollees by conducting adequate on-site supervision and review.</li> <li>• Performance issues with staff are addressed promptly and IDT is kept informed about significant issues that affect the Enrollee.</li> <li>• Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Enrollees.</li> <li>• Provider staff are working collaboratively and communicating effectively with MCO staff</li> </ul>
<b>7.0</b>	<b>Communication and Reporting Requirements</b>
7.1	<p>The contracted provider of pre-vocational services must complete a six-month progress report and service plan document for the interdisciplinary care management team (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> <p>Required: <u>Prevocational Services Six-Month Progress Report and Prevocational Plan</u> template (DHS Form F-00395).</p>
7.2	It is the responsibility of the Provider to ensure the MCO has the most accurate and updated contact information to facilitate accurate and timely communication.

7.3	<p>The Provider shall report to the IDT whenever:</p> <ul style="list-style-type: none"> <li>• There is a change in service provider</li> <li>• There is a change in the Enrollee's needs or abilities The Enrollee or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and Enrollee)</li> </ul>
7.4	<p>Provider shall notify IDT of formal complaints or grievances received from Enrollees within 48 hours of receipt. Written notification of completed complaint investigations must be submitted to the IDT.</p>
7.5	<p>Provider must notify the Enrollee and IDT when the contracted service is unable to be rendered such as closing for inclement weather or widespread illness outbreak.</p>
7.6	<p>The IDT must be notified in a timely manner if the Provider, through its experience in providing services to the Enrollee, believes that the Enrollee's needs have changed, and a modification of the service level is indicated. <b>iCare will not pay for services that have not been authorized.</b></p>
7.7	<p>Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.</p>
7.8	<p><b>Member Incidents</b>  Provider must communicate and report all incidents involving an iCare Enrollee to the IDT– the Care Coach or the Field Care Manager Nurse within <b>24 hours</b> via phone, fax, or email.</p> <p>If the reporter is unable to reach someone from the care team, 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 Enrollee.</p> <p>If the incident is not yet resolved or resulted in serious harm or injury to the Enrollee, the provider must attempt to contact the IDT via phone.</p> <p><b>Family Care:</b> If unable to contact IDT, call 1-877-622-6700 and ask to speak to a Care Management Support 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><b>Family Care Partnership:</b> If unable to contact IDT, call 1-800-777-4376 and ask to speak to a Care Management Support Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist and ask to be redirected or leave a message.</p> <p>All reported incidents will be entered into the MCO 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.</p> <p>The provider will inform the MCO when notifying their regulatory authority of incidents.</p> <p>Incident reporting resources and training are available at:  <b>Family Care:</b> Providers section of the Includa website at <a href="http://www.includa.org">www.includa.org</a>  <b>Family Care Partnership:</b> For Providers/Education/Resources section of the iCare website at <a href="http://www.iCarehealthplan.org">www.iCarehealthplan.org</a></p>

7.9	<p>The provider agency shall give at least 30 days' advance notice to the IDT when it is unable to provide authorized services to an individual Enrollee. The provider agency shall be responsible to provide authorized services during this time period.</p> <p>The IDT or designated staff person will notify the provider agency when services are to be discontinued. The IDT will make every effort to notify the provider at least 30 days in advance.</p>
8.0	<b>Quality Program</b>
8.1	<p><i>iCare</i> quality assurance activities are a systematic, measured 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>It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. <i>iCare</i> will monitor compliance with these standards to ensure the services purchased are of the highest quality.</p>
8.2	<p><b>Quality Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency</li> <li>• Education/Training of staff- Effective training of staff Enrollees 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 Member Incident Reports related to provider performance</li> <li>○ tracking of successful service provision (Enrollee achieving goals/outcomes, increased Enrollee independence and community participation, etc.)</li> </ul> </li> <li>• Contract Compliance- formal or informal review and identification of compliance with MCO contract terms, provider service expectation terms, applicable policies/procedures for contracted providers</li> <li>• Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with MCO staff.</li> </ul>
8.3	<p><b>Expectations of Providers and MCO 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 MCO 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 MCO, responding to calls, emails, or other inquiries, keeping MCO 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>Enrollee-centered solutions to issues:</b> relentlessly striving to implement solutions with the focus on keeping services Enrollee-centered and achieving the goals and outcomes identified for persons served</li> </ul> <p><i>iCare</i> 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 Enrollees.</p>