

Scope of Service

Respite Services – All Settings

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 this 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	Respite Care Services are services provided for a member on a short-term basis to ease the member’s family or other primary caregiver(s) from daily stress and care demands. These services provide a level of care and supervision appropriate to the member’s needs while the family or other primary caregiver(s) are temporarily relieved from daily caregiving demands. Respite care may be provided in an institution such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Respite may also be provided in a residential setting such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the member’s own home or the home of a respite care provider. Respite may also be provided by licensed camps.
1.2	The cost of room and board is excluded, except when provided as part of Respite Services furnished in a facility approved by the State that is not a private residence or a residential care complex, CBRF, or adult family home. The receipt of Respite services precludes the member from receiving other waiver services such as Adult Day Care, Nursing Services, and Supportive Home Care on the same day the member receives Respite Services, unless clear documentation exists that service delivery occurred at distinct times from Respite Services regardless of how the Respite payment is structured. Respite services may not be furnished for the purpose of compensating relief or substitute staff for a waiver residential service. The costs of such staff are met from payments for the waiver residential service.
1.3	For Provider of this service: supportive home care agencies, individual respite providers and personal care agencies must comply as applicable with the Training and Documentation Standards for Supportive Home Care found at: https://www.dhs.wisconsin.gov/publications/p01602.pdf. For providers of this service: 1-2 bed adult family homes must comply with WI Medicaid Waiver Standards for 1-2 bed adult family homes; residential care apartment complexes must comply with Wis. Admin. Code DHS 89; and hospital, nursing homes, community-based residential facilities and 3-4 bed adult family homes must comply with DHS 124, DHS 132, DHS 134, DHS 83 and DHS 88 as applicable. Camps must be licensed under Wis. Admin. Code Ch. ATCP 78.

2.0	Service Description/Requirements
2.1	Respite care services may not be used for any purpose (e.g. treatment) other than to relieve the Enrollee's caregiver from care demands.
2.2	Respite care stays may not exceed 28 days without prior approval by iCare.
2.3	For respite under crisis stabilization, treatment facilities must comply with their applicable DHS license (Chapter 83 or 88) and Wis. Admin Code Chapter DHS 34.03 certification.
2.4	Institutional Respite - The facility must be a Medicaid certified hospital, nursing home or an intermediate care facility for the mentally retarded (ICF-MR). The Provider shall document the planned length of stay in the Enrollee record. Institutional respite must have prior approval by iCare except in emergency situations where the primary caregiver suddenly or unexpectedly becomes unable to provide care due to death, illness, disability or unanticipated event. Criteria for consideration include: • A description of the barriers to the use of alternative community-based services • A plan to address the length of stay in Institutional respite
2.5	Other Setting Respite – When respite is to be provided in a private home which is not the home of the Enrollee the following conditions apply: • When the planned length of stay is to be 72 hours or less the home will be the preferred choice of the Enrollee and primary caregiver. The caregiver must ensure that the home is safe, and the respite provider is trained and capable of providing the appropriate level of care and supervision needed.
2.6	Room and board costs may not be included in the charge for home-based respite and other setting respite services.
2.7	Only those personnel who have been appropriately trained and screened by Provider and who have been directly engaged by Provider to render services shall be allowed to enter the premises where the respite care will be provided to the Enrollee.
2.8	Respite care may not be used to fill gaps in the Enrollee's service plan due to worker shortages or other home care shortfalls. Respite care services may not be used to meet the needs of persons temporarily without a permanent living arrangement.
2.9	When residential respite care is provided, the admission of the Enrollee to the facility shall not result in the Provider exceeding the licensed capacity of the facility or the terms of its license or certification. No respite placement may be made to any facility that is at its licensed capacity.
2.10	The cost of transportation may be included in the rate paid to the Provider of this service or may be covered and reimbursed under specialized transportation but not both.

3.0	Unit of Service			
3.1	Provider must bill using appropriate procedure codes and modifiers.			
	Service Code	Modifier	Service Description	Unit of Service
	S9125		Respite Care - residential	Per day
	S9125	UB	Respite Care – Institutional setting	Per day
	T1005		Respite Care- in home (max of 28 units per 24 hours)	Per 15 min
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	Respite – The residential facility must maintain documentation of current licensure or certification under the applicable statutes or administrative rules and must assure that providers and Residential staff meet the training standards as applicable as described above. The Provider shall document the required Provider training standards have been met and document the planned length of the respite stay in the Enrollee record.			
4.6	Providers of home-based respite and other setting respite shall document that the applicable standards for training and home environment have been met. The Provider shall document the planned length of stay in the Enrollee record.			
4.7	The Provider must retain the following documentation and make available for review by iCare upon request: • Proof that Provider meets the required standards for applicable staff qualification, training and programming. • Policy and procedure for verification of criminal, caregiver and licensing background checks as required. • Evidence of completed 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 Enrollee-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 iCare.			
4.8	The Provider must have an executed Wisconsin Medicaid Provider Agreement and Acknowledgement of Terms of Participation form (F-21192 or F-21192A or F-21192B) on file with the county agency.			

4.9	Information regarding authorization and claims processes is available at: Family Care: Providers/Claims and Billing at www.inclusa.org Family Care Partnership: Provider/Claims section and Provider/Prior Authorization section at www.icarehealthplan.org
5.0	Staff Qualifications and Training
5.1	Caregiver Background Checks – 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.
5.2	Respite Providers that are licensed or certified facilities must follow the licensing and certification requirements for continuing education.
5.3	Supportive home care agencies, individual respite providers and personal care agencies must comply as applicable with the Training and Documentation Standards found at: https://www.dhs.wisconsin.gov/publications/p01602.pdf
5.4	All Respite providers must document that applicable standards for training and home environment have been met for all workers providing respite services to iCare Enrollees.
5.5	Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at: Family Care: www.inclusa.org Family Care Partnership: www.icarehealthplan.org
5.6	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.7	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
5.8	The Provider must ensure that staff have received training on the following subjects pertaining to the individuals served: • Policy, procedures and expectations may include the following: ○ Enrollee 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 • 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. • 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. • Interpersonal and communication skills and appropriate attitudes for working effectively with Enrollees and with IDT. • Confidentiality laws and rules • Practices that honor diverse cultural and ethnic differences • Procedures for following Family Care and Family Care Partnership required processes for handling complaints and grievances (see Section 7.3).

6.0	Supervision and Staff Adequacy
6.1	The Provider shall maintain adequate staffing to meet the needs of Enrollees referred by <i>iCare</i> and accepted by the Provider for service.
6.2	Provider must ensure: • Staff are supervised and assessed to assure they are working effectively and collaboratively with Enrollees by conducting adequate on-site supervision and review. • Performance issues with staff are addressed promptly and IDT is kept informed about significant issues that affect the Enrollee. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Enrollees. • Provider staff are working collaboratively and communicating effectively with <i>iCare</i> staff
7.0	Communication and Reporting Requirements
7.1	It is the responsibility of the Provider to ensure <i>iCare</i> has the most accurate and updated contact information to facilitate accurate and timely communication.
7.2	The Provider shall report to the IDT whenever: • There is a change in service provider • 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)
7.3	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.
7.4	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. <i>iCare</i> will not pay for services that have not been authorized.
7.5	Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.
7.6	Member Incidents Provider must communicate and report all incidents involving an <i>iCare</i> Enrollee to the IDT– the Care Coach or the Field Care Manager Nurse within 24 hours via phone, fax or email. 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. 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. Family Care: 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.

	Family Care Partnership: 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. All reported incidents will be entered into the <i>iCare</i> 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 <i>iCare</i> when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification. Incident reporting resources and training are available at: Family Care: Providers section of the Includa website at www.includa.org Family Care Partnership: For Providers/Education/Resources section of the <i>iCare</i> website at www.iCarehealthplan.org.
7.7	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. 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.
8.0	Quality Program
8.1	<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. 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.
8.2	Quality Performance Indicators • 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 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. • Performance record of contracted activities- ○ tracking of number, frequency, and outcomes of Member Incident Reports related to provider performance ○ tracking of successful service provision (Enrollee achieving goals/outcomes, increased Enrollee independence and community participation, etc.) • Contract Compliance- formal or informal review and identification of compliance with <i>iCare</i> contract terms, provider service expectation terms, applicable policies/procedures for contracted providers • Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with <i>iCare</i> staff.

8.3	Expectations of Providers and iCare for Quality Assurance Activities • Collaboration: working in a goal oriented, professional, and team-based approach with <i>iCare</i> 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 <i>iCare</i>, responding to calls, emails, or other inquiries, keeping <i>iCare</i> designated staff informed of progress, barriers, and milestones achieved during quality improvement activities • 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 • Enrollee-centered solutions to issues: relentlessly striving to implement solutions with the focus on keeping services Enrollee-centered and achieving the goals and outcomes identified for persons served <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.
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