

Scope of Service

Vocational Futures Planning and Support (VFPS)

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>Service Definition</p> <p>Vocational futures planning and 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 competitive integrated employment.</p> <p>CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm. This service assists a member in identifying a pathway to CIE and addresses barriers to employment due to the member’s disability, benefits, or life circumstances. The expected outcome of this service is measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the member obtaining and sustaining CIE with the highest possible wage.</p> <p>This service includes seven (7) elements available as needed to the member:</p> <ul style="list-style-type: none">• Coordination of the VFPS process;• Development of a written employment plan based on an individualized determination of the member’s strengths, assets, needs, interests; and barriers to CIE• An assistive technology pre-screen or in-depth assessment;• Work Incentive benefits analysis;• Career exploration;• Job seeking support, including customized job negotiation or business plan development and launch; and• Job coaching, including systematic instruction to stabilize in CIE or workplace personal assistance (WPA) support to maintain CIE
1.2	<p>VFPS must be provided by qualified professionals that include, for example, an employment specialist, a benefit specialist, and an assistive technology consultant (as further defined in section 2.2 as resource team) . 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>Personal care provided to a member during the receipt of this service may be included in the reimbursement paid to the provider or may be covered and reimbursed under another waiver service so long as there is no duplication of payment.</p> <p>This service may not be used to support volunteering, regardless of where the service takes place.</p>

	<p>This service may not be provided in small group format. The ratio is always 1:1 for this service.</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.</p> <p>VFPS may supplement, but not duplicate, any services provided to the member under an approved Individualized Plan for Employment (IPE) funded under the Rehabilitation Act of 1973 as amended, and for members ages 18-22, under an approved Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17).</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> <p>This service may not be authorized for a member who has already obtained CIE outside the VFPS process or does not have a goal to advance in CIE.</p>
1.3	<p>The VFPS agency provider must offer all seven elements of the services.</p> <p>Additionally, the agency must meet at least one of the following provider qualifications:</p> <ul style="list-style-type: none"> • A DVR contracted provider of supported employment and/or customized employment services, or • Accreditation by a nationally recognized accreditation agency, or • A minimum of two years of experience working with the target population providing employment-related services. <p>Additionally, if personal care services are provided, the provider must meet the Training and Documentation Standards for Supportive Home Care.</p>
2.0	Service Description/ Requirements
2.1	<p>Vocational Futures Planning & Support (VFPS): VFPS is a multi-phase, long-term program. 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 is 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 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 partnership with the service providers, 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>

2.2	<p>Resource Team Definition: The Resource Team is 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 VFPS 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 IDT.</p> <p>The Resource Team typically meets every 4-6 weeks during the exploration/goal validation phase and the guided job search phase.</p>
2.3	<p>Barriers and Assets Identification – Required Activity 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> <ul style="list-style-type: none"> • 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; can include Discovery Service
2.4	<p>Discovery Service Note:</p> <p>This service cannot be authorized if the member is otherwise able to access this service (or a similar service) through DVR and a self-referral to DVR is appropriate next step for the member. The information developed through Discovery allows for activities of typical life to be translated into possibilities for employment. Discovery seeks to answer a fundamental question, "Who is this person?" in a descriptive, non-evaluative manner. The focus of the observations and interactions in Discovery seeks to understand and answer three key questions that guide subsequent efforts to obtain customized employment for the individual:</p> <ul style="list-style-type: none"> • The person's strongest transferable skills and tasks of likely value to an employer(s) • The person's strongest interests that connect with employment • The person's essential conditions for employment success that the job seeker needs to have. <p>Providers will complete and submit a completed Discovery Profile.</p> <p>Duration of time to complete Discovery Service and submit Discovery Profile: 60 days (Extension only if necessary for reasons beyond control of provider and approved by member's IDT.)</p> <p>Discovery Service: Discovery Profile</p> <p>The Discovery profile report captures all of the learning from the Discovery service and consists of three sections that offer the member, legal decision maker (if applicable), natural supports, MCO, DVR and employment service providers the information to move ahead with customized job development or development of a customized self-employment opportunity.</p> <ul style="list-style-type: none"> • Part I of the profile, the Intake Interview Summary, is developed during the meeting held prior to the initiation of Discovery. This form summarizes the individual's life with factual information necessary to accomplish the Discovery interactions. • Part II, the Profile of Discovery, provides the descriptive basis of the profile. A broad range of life domains are described starting with the family and home and proceeding through education, employment, life activities and skill performance.

	<ul style="list-style-type: none"> Part III, the Plan Preparation Summary, allows the facilitator to begin to summarize and to translate the information from Parts I and II into a document that provides the preparation necessary for a quality customized plan. These documents utilize a narrative format that may be augmented by digital photos. <p>Discovery Service: Essential Steps in Completing Discovery Service and Estimated Time Needed for Each Step Including Writing of Discovery Profile Procedural note: While gathering information during Discovery, capture the person's skills, contributions, and performance of tasks through written observational/interview notes and digital pictures. This will help you write the Individual Discovery Profile information and develop the Representational Portfolio. Total Time Expected: 24 Hours</p>
2.5	<p>VFPS Strategies: Benefits Analysis and Planning – Required Activity</p> <p>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. Abbreviated Benefits Analysis Consultation: Assist consumers in understanding how improving their financial progress will impact their benefits.</p> <ul style="list-style-type: none"> Benefit Consultation Report outlining addressed questions and concerns. Contacts with Member, Legal Decision Maker if applicable, and IDT Staff should be documented with a summary of each contact made. <p>Full Benefit Analysis: Detailed analysis of (potential) impact of earnings on the full array of the consumer's benefits.</p> <ul style="list-style-type: none"> Work Incentive Benefits Analysis Report. Required meeting for service provider to review the report with the member and IDT Staff. Meeting in-person, by phone, or virtually to review the report with the member and IDT Staff.
2.6	<p>VFPS Strategies: Assistive Technology Assessment and Training – Required Activity</p> <p>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.</p> <p>Assistive Technology services may include assessing the need for adaptive computer workstations, 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>

2.7	<p>VFPS Strategies: Career Exploration and Goal Validation – Required Activity</p> <p>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.</p> <p>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
2.8	<p>Other Components of VFPS: PASS Plan Development</p> <p>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>
2.9	<p>VFPS Strategies: Guided Job Search or Guided Business Plan Development for Self-Employment – Required Activity</p> <p>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.</p> <p>Prior to beginning this phase, the ES should ensure that all barriers have been addressed or managed.</p>
2.10	<p>Other Components of VFPS: Full Stabilization/Transition to LTS- Required Activity</p> <p>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.</p> <p>Stabilization support may involve assistive technology consultations, job accommodations or joint meetings with employer and employee, employee awareness training.</p>
2.11	<p>Other Components of VFPS: 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.

	<ul style="list-style-type: none">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>																																																		
2.12	Other Components of VFPS: 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.																																																		
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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	Member wait time to receive the service shall be no longer than 30 business days from the time-of-service approval. If there is a delay in the provider’s ability to deliver the service within this timeframe, notification to the MCO team is required.																																																		
4.3	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.																																																		
4.4	The Provider must retain copies of the authorization notification.																																																		
4.5	The IDT shall issue a new authorization notification to Provider when the tasks assigned, amount, frequency, or duration of the service changes.																																																		

4.6	<p>The Provider must retain the following documentation and make available for review by iCare upon request:</p> <ul style="list-style-type: none"> • 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 MCO
4.7	<p>Information regarding authorization and claims processes are available at:</p> <p>Family Care: Providers/Claims and Billing at www.inclusa.org</p> <p>Family Care Partnership: Provider/Claims section and Provider/Prior Authorization section at www.icarehealthplan.org</p>
5.0	Staff Qualifications and Training
5.1	<p>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.</p>
5.2	<p>All providers shall have skills and knowledge typically acquired through completion of a BA/BS degree in Vocational Rehabilitation, Social Work, Special Education or other related field, or an equivalent combination of education and experience, with ongoing training and technical assistance appropriate to their specific specialty.</p>
5.3	<p>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.</p>
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>Family Care: www.inclusa.org</p> <p>Family Care Partnership: www.icarehealthplan.org</p>
5.6	<p>Staff must be trained in recognizing abuse and neglect and reporting requirements.</p>
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"> • Policy, procedures, and expectations may include the following: <ul style="list-style-type: none"> ○ Enrollee rights and responsibilities ○ Provider rights and responsibilities

	<ul style="list-style-type: none"> ○ Record keeping and reporting ○ Arranging backup services if the caregiver is unable to make a scheduled visit ○ Other information deemed necessary and appropriate <ul style="list-style-type: none"> • 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 <p>Procedures for following Family Care and Family Care Partnership required processes for handling complaints and grievances (see Section 7.3).</p>
6.0	Supervision and Staff Adequacy
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"> • 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 MCO staff
7.0	Communication and Reporting Requirements
7.1	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.
7.2	<p>The Provider shall report to the IDT whenever:</p> <ul style="list-style-type: none"> • 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	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.
7.5	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. iCare will not pay for services that have not been authorized.

7.6	Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.
7.7	<p>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.</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>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.</p> <p>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.</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. A copy of the report may be submitted as a form of notification.</p> <p>Incident reporting resources and training are available at:</p> <ul style="list-style-type: none"> • 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
7.8	<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	Quality Program
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	Program services, procedures, and policies reflect a commitment to helping Enrollees develop basic and functional skills required of adult life to enhance their individual performance and contribution to the community.

8.3	<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 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- <ul style="list-style-type: none"> ○ 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 MCO 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 MCO staff.
8.4	<p>Expectations of Providers and MCO for Quality Assurance Activities</p> <ul style="list-style-type: none"> • Collaboration: 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 • Responsiveness: 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 • 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 <p>iCare 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>