Scope of Service

Community Supported Living

This Scope of Service defines requirements for this service type for the
*i*Care Family Care (branded "Inclusa") and Family Care Partnership programs

Family Care Partnership: Attachment to Exhibit A to the Long-Term Care Services Agreement
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	**Service Definition** Community Supported Living (CSL) is a collaborative effort for members living in an unlicensed or uncertified setting of their choosing. It offers flexible services, both planned and unplanned, tailored to meet the member's individualized outcomes while maximizing member strengths. It is a partnership between the member, paid supports, and unpaid supports who work together to ensure the appropriate level of assistance. Community Supported Living creates a balance between autonomy and risk while facilitating community inclusion. Community Supported Living services can include support with daily activities, personal cares, transportation, and supervision. CSL supports can vary from a few hours per day or week, up to multiple visits per day, depending on the needs of the member.

2.0	Service Description/ Requirements
2.1	Each CSL provider shall provide a full range of program support services based on the needs of the member and consistent with the outcome based CSL plan. - Program Services - Training and Support of Activities related to Independent Living - personal hygiene, community integration and resources, interpersonal relationships, personal safety, home safety and emergency response skills. - Assistance with Activities of Daily Living - personal care and hygiene, general chores and housekeeping, meal preparation and transportation. Support should include observing Enrollee and offering cues to Enrollee to complete activities of daily living - Health Monitoring- services may include supporting Enrollee in coordination of medical appointments, accompanying Enrollee to medical service when necessary and keeping a record of medical appointments, reports and recommendations. - Health and Wellness – services may include education and support on physical exercise and nutrition plans and choices. Enrollees may also receive training on basic first aid and illness recognition and treatment, including at-home treatment and when to see a doctor.

	• Financial Management: Education and/or support of budgeting, money management, and risks or responsibilities of credit. • Medication management/Administration education and/or support to create • Independence. Providing medication reminders and observation of self-administration. Manage prescriptions and refills, secure storage/set-up and administer medications with RN oversight when applicable. • Medical appointment support: assistance with scheduling, understanding the • content of and attending medical appointments. • Community Inclusion: Support the member in identifying activities, groups, or volunteer opportunities the member desires to engage in. Assist the member in making the connections and coordinating their participation, to include accompanying the member initially or ongoing if necessary. It is not an activity organized by the provider, rather an activity occurring in the community or hosted by another entity. • Transportation: Medical and non-medical transportation support will be determined as part of the assessment process. If individual transportation needs exceed a 20-mile radius and more than five trips per month this would be considered excessive transportation and can be captured as such on the task assessment. • Emergency and Crisis Support- Provider offers 24/7 response to members in the event that unplanned or unexpected needs for support arise. • Intermittent Major Household Tasks – periodic or seasonal activities such as yard work, spring cleaning, snow removal, cleaning carpets, defrosting refrigerator, packing for a move, etc. may be supported by Provider if identified as member's outcome. • Assistive Technology – Providers may leverage technology to enhance safety and independence through the less invasive and less disruptive means afforded by technology. Notifications from assistive technology devices such as PERS or remote support options will go to the CSL provider for response and support. Technology should be considered as a part of member's plan to achieve maximum independence while assuring safety.
2.2	**Supplemental Services** • Behavioral Support – Includes implementing an effective and inclusive behavioral support plan, significant need for increased staff time for supervision, redirection, and teaching of coping skills/processing behavior choices. Members must have a behavioral acuity score that supports the need for enhanced behavioral • supports. Provider will participate with the member's team in the development and implementation of Behavioral Support Plans. • RN Skilled Nursing – RN required services including specialized care, clinical notes and other services within the scope of RN licensure shall be provided by or under the supervision of a Registered Nurse. Nursing Care Registered Nurse (RN) as defined in Wis. Admin. Code § DHS 133.14: • 3. The Provider is responsible for providing any personal protective equipment required by OSHA guidelines for the provision of supports and services. Supply costs, such as gloves worn by staff for personal protection are included in the daily support rate.
2.3	The focus of some services and supports will be to achieve optimal independence by developing independent living skills, participating in meaningful employment, and identifying valuable community resources. Services and supports may also focus on rehabilitation, prevention, and development of new or enhanced skills to cope with declining health and ability. The CSL program is designed to promote an individual's independence as much as possible. This requires service providers to have a reframed perspective from a more traditional residential or

	Supportive Home Care model. Provider Agencies must ensure that staff have the skills and training to promote individual strengths, personal choice, decision making, and personal control of one's life.
2.4	Another key component of Community Supported Living is the right of choice in service provider. Members receiving supports in Community Supported Living have the right to choose from any available provider subcontracted with MCO.
2.5	Provider is expected to: • maintain cost effectiveness by providing only minimum supports needed for maximum independence. • Utilize measurable outcomes with the expectation of fading paid supports as the member becomes more independent. • Develop relationships and natural supports beyond paid staff. • Maximize use of current technologies available.
3.0	**Unit of Service**
3.1	Provider must bill using appropriate procedure codes and modifiers. (table below)
3.2	CSL rates are a daily rate. The daily rate is inclusive of administrative and business functions necessary to provide the service. These functions are not billable in addition to the service units.
3.3	**Electronic Visit Verification (EVV)** Electronic Visit Verification (EVV) is a system that uses technology to verify that authorized services are provided. Through EVV, a worker providing personal care services or applicable supportive home care services sends visit data to an EVV vendor at the beginning and end of each visit using methods such as a mobile application, a home phone (landline or fixed Voice over Internet Protocol [VoIP]), or fixed device. CSL agencies are required to use EVV to report member visits for the designated codes. CSL agencies will have the choice of using the EVV system developed by WI Department of Health Services (DHS) or their own existing EVV system as long as it meets DHS policy and technical requirements. Data collected from the EVV system will be used to validate affected service codes against approved authorizations during the claim adjudication process.

Table for section 3.1:

Service Code	Modifier	Service Description	Unit of Service
S5126	UA	Attendant Care; Community Supported Living; per day	Day
S5131		Supportive Home Care - Homemaker Service Per day	Day
S5136	UC	Companion Care, Community Supported Living; per day	Day

3.4	**Remote Waiver Services and Interactive Telehealth** Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth. Remote Waiver Services and Interactive Telehealth Provider may not require members to receive a service via interactive telehealth or remotely if in person service is an option. Remote waiver services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communications between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. To authorize a waiver service for remote delivery, the IDT must: • Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service. Functional equivalence exists when there is no reduction in quality, safety, or effectiveness of the in-person service because it is delivered by using audiovisual telecommunication technology. • Obtain informed consent from the member to receive the service remotely. • Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely. State Plan Services Via Interactive Telehealth Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communications between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.
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	The Provider must retain the following documentation and make available for review by *i*Care 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 MCO.
4.6	Information regarding authorization and claims processes are 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	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
5.3	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.4	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

5.5	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:
	   o Enrollee rights and responsibilities
	   o Provider rights and responsibilities
	   o Record keeping and reporting
	   o Arranging backup services if the caregiver is unable to make a scheduled visit
	   o 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).

5.6	Personal assistance services training shall be completed prior to providing personal assistance services. Provider shall comply with Family Care Training and Documentation Standards for Supportive Home Care and In-Home Respite which can be accessed at: https://www.dhs.wisconsin.gov/publications/p01602.pdf
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	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 MCO staff
6.3	Provider must have a clearly documented backup plan for times when scheduled staff are not available, such as vacation or unexpected staff absences. It is the responsibility of the Provider to secure and pay for qualified staff coverage.
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	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	Provider must notify the Enrollee and IDT when the contracted service is unable to be rendered for essential services.
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	**Member Incidents:** Provider must communicate and report all incidents involving an *i*Care 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 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. 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. Incident reporting resources and training are available at: **Family Care**: Providers section of the Inclusa website at www.inclusa.org **Family Care Partnership**: For Providers/Education/Resources section of the *i*Care website at www.iCarehealthplan.org
7.8	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. 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. Unplanned termination of service may occur as a result of health or safety concerns and may not require a 30-day written notice. In the event an unplanned termination is due to events such as Enrollee disenrollment, changes in eligibility, death, incarceration, moving outside the service area or other factors determined by MCO, payment will be made up to disenrollment but not inclusive of the day of disenrollment.
8.0	**Quality Program**
8.1	*i*Care 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*Care 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-
	    o tracking of number, frequency, and outcomes of Member Incident Reports related to provider performance
	    o 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.

8.3	**Expectations of Providers and MCO for Quality Assurance Activities** • **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 *i*Care 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.