

## Scope of Service

### Consultative Clinical and Therapeutic Services for Caregivers

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 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	<p><b>Service Definition</b></p> <p><b>Consultative clinical and therapeutic services for caregivers.</b> The purpose of Consultative Clinical and Therapeutic Services for Caregivers is to improve the ability of unpaid caregivers and paid direct support staff to carry out therapeutic interventions.</p> <p>Clinical and therapeutic services assist unpaid caregivers and/or paid support staff in carrying out the member's treatment/support plans, are not covered by the Medicaid State Plan and are necessary to improve the member's independence and inclusion in their community.</p> <p>The service includes assessments, development of home treatment plans, support plans, intervention plans, training, and technical assistance to carry out the plans and monitoring of the member and the caregiver/staff in the implementation of the plans.</p> <p>This service includes the provision of training for caregivers/staff that are or will be serving members with complex needs (beyond routine care). For example, when an individual with complex needs is relocating from one of the State Centers for people with I/DD, this service could be used to train caregivers/staff on the behavioral support plans necessary for community integration.</p> <p>This service may also include consultation with service providers and potential providers to identify providers that can meet the unique needs of the member and to identify additional supports necessary for caregivers to perform therapeutic interventions.</p> <p>Services are provided by state licensed or certified professionals or agencies with deliver services limited to their areas of formal education and training and/or as directed by their professional codes of ethics.</p>
1.2	<p>Excludes training in member self-advocacy or caregiver advocacy on behalf of a member, which are covered under consumer education and training.</p> <p>Individual counselors or therapists must have current state licensure or certification in their field of practice. Counseling or therapy agencies must employ or contract with professionals with current state licensure or certification in their field of practice.</p>

2.0	Service Description/ Requirements
2.1	Includes training that is directly related to improving the ability of unpaid caregivers and paid direct support staff to carry out and integrating support and interventions. Interventions include actions and practices to improve current state and circumstances and support the holistic wellbeing of an individual.
2.2	Services and supports may not be experimental or aversive in nature nor may they otherwise jeopardize the health and safety of the member.
2.3	<p>Assessments/Development of home treatment plans (this does not include counseling treatment plans), support plans, intervention plans, and inclusive plans for accommodation.</p> <p>An inclusive assessment will be facilitated by the CCTS provider agency and will include:</p> <ul style="list-style-type: none"> <li>• Interviews with the member, team leaders, staff, guardian, and professionals across settings or anyone else whom the member wants involved.</li> <li>• A review of background information</li> <li>• Evaluation of interviews to understand and accommodate support needs</li> <li>• The identification and assessment of previously used strategies for effectiveness.</li> <li>• The identification of staff/caregiver training needs.</li> </ul>
2.4	<p>Development of Plan after Inclusive Assessment</p> <ul style="list-style-type: none"> <li>• This plan will ensure the member is being supported through strength based, person-centered, trauma informed care with the least restrictive approaches that maintain self-worth, opportunity, and respect for the member.</li> <li>• For the member to attain and maintain the highest quality of life, the support team must provide the individual with positive, proactive, and consistent support and accommodation, and understand the social, psychological, physiological, medical, and environmental influences on their life.</li> <li>• Approaches outlined in this plan must be viewed as being flexible and incorporate, as appropriate, a full integration of social, emotional, environmental, occupational, intellectual, spiritual, and physical wellness.</li> </ul> <p>It is through this holistic and balanced plan that the member and support team can maximize strengths, preserve rights, learn, and enhance skills and tools, maintain resilience, and create positive social change to fit this individual's needs, preferences, and outcomes.</p>
2.5	<p><b>Training and technical assistance to carry out and integrate the plans and monitoring/troubleshooting of the member and the caregiver/staff in the implementation of the plans.</b></p> <p>The CCTS provider agency will identify training needs and outline a plan for support staff.</p> <ul style="list-style-type: none"> <li>• Training will include instruction about accommodations, support regimens and other services included in the member's care plan(s), use of equipment specified in the service plan and guidance, as necessary, to safely support the member in the community.</li> <li>• Training must be aimed at assisting the unpaid caregiver, staff, and supporters in meeting the preferences and accommodation of the member.</li> <li>• This service includes on-line or in-person training, conferences, or resource material on the specific disabilities, illnesses, conditions that affect the member. The purpose of the training is for the caregiver to learn more about the member's needs, preferences, and outcomes, what to expect and how to provide the best care for someone with that specific condition.</li> <li>• Training includes the costs of registration and training fees associated with formal instruction in areas relevant to the needs identified in the member's care plan.</li> </ul>

	<ul style="list-style-type: none"><li>• This service excludes payment for lodging and meal expenses incurred while attending a training event or conference.</li><li>• Following the completion of identified training, the provider agency will collaborate with all parties to provide consultation/follow-up regarding plan implementation and effectiveness based on the member needs.</li></ul>																																												
2.6	At times, the provider agency may be asked to assist with identifying other appropriate services/supports for a member. This may include referrals to additional CCTS providers with specific specialization and areas of focus including but not limited to dementia, neurodiversity, behavioral health, communication, wellness, and sensory needs and accommodations.																																												
3.0	Unit of Service																																												
3.1	All mileage costs and travel time for the assessment, training, technical assistance, or consultative services are included in the reimbursement rate. Additional reimbursement may be authorized upon Provider request for extended travel time to the member’s home or meeting location dependent on specific member situation. All prior-authorized travel time will be authorized in quarter hour increments.																																												
3.2	A standard hour of reimbursement may include: 50 minutes of face-to-face time with the member or caregiver and 10 minutes for documentation and collaboration with the IDT team or other appropriate providers.																																												
3.3	<div>Provider must bill using applicable procedure codes and modifiers.</div> <table><tr><th>Service Code</th><th>Modifier</th><th>Service Description</th><th>Unit of Service</th></tr><tr><td>G0108</td><td>UK</td><td>Diabetes outpatient self-management training, individual</td><td>Each (per 30 min)</td></tr><tr><td>G0164</td><td>UK</td><td>Skilled services of a licensed nurse (LPN or RN) in the training and/or education of a patient or family member</td><td>Per 15 minutes</td></tr><tr><td>G0177</td><td>UK</td><td>Training and educational services related to the care and treatment of patient’s disabling MH problems</td><td>Per session (45 mins or longer)</td></tr><tr><td>H0034</td><td>UK</td><td>Medication training and support</td><td>Per 15 minutes</td></tr><tr><td>H2014</td><td>UK</td><td>Skills training and development</td><td>Per 15 minutes</td></tr><tr><td>S5110</td><td>UK</td><td>Family Homecare training</td><td>Per 15 minutes</td></tr><tr><td>S5111</td><td>UK</td><td>Family Homecare training</td><td>Per session</td></tr><tr><td>S5115</td><td>UK</td><td>Homecare training for non-family</td><td>Per 15 minutes</td></tr><tr><td>S5116</td><td>UK</td><td>Homecare training for non-family</td><td>Per session</td></tr><tr><td>T1999</td><td></td><td>Development, Consultative Services</td><td>Each</td></tr></table>	Service Code	Modifier	Service Description	Unit of Service	G0108	UK	Diabetes outpatient self-management training, individual	Each (per 30 min)	G0164	UK	Skilled services of a licensed nurse (LPN or RN) in the training and/or education of a patient or family member	Per 15 minutes	G0177	UK	Training and educational services related to the care and treatment of patient’s disabling MH problems	Per session (45 mins or longer)	H0034	UK	Medication training and support	Per 15 minutes	H2014	UK	Skills training and development	Per 15 minutes	S5110	UK	Family Homecare training	Per 15 minutes	S5111	UK	Family Homecare training	Per session	S5115	UK	Homecare training for non-family	Per 15 minutes	S5116	UK	Homecare training for non-family	Per session	T1999		Development, Consultative Services	Each
Service Code	Modifier	Service Description	Unit of Service																																										
G0108	UK	Diabetes outpatient self-management training, individual	Each (per 30 min)																																										
G0164	UK	Skilled services of a licensed nurse (LPN or RN) in the training and/or education of a patient or family member	Per 15 minutes																																										
G0177	UK	Training and educational services related to the care and treatment of patient’s disabling MH problems	Per session (45 mins or longer)																																										
H0034	UK	Medication training and support	Per 15 minutes																																										
H2014	UK	Skills training and development	Per 15 minutes																																										
S5110	UK	Family Homecare training	Per 15 minutes																																										
S5111	UK	Family Homecare training	Per session																																										
S5115	UK	Homecare training for non-family	Per 15 minutes																																										
S5116	UK	Homecare training for non-family	Per session																																										
T1999		Development, Consultative Services	Each																																										
3.4	<b>Remote Waiver Services and Interactive Telehealth</b> Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.																																												

<b>4.0</b>	<b>Documentation of Service</b>
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 and caregiver background checks and certification/licensing as required.</li> <li>• Evidence of completed criminal and caregiver background checks and certification/licensing 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>
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	<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.
5.2	Individual counselors or Therapists must have current state licensure or certification in their fields of practice. Counseling agencies must comply with Wis. Admin. Code DHS 61.35. Provider must ensure that staff are fully trained and have appropriate credentials to complete the assigned tasks.
5.3	<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>

5.4	<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>• Recognizing abuse and neglect and reporting requirements</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 7.3).</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 iCare 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 iCare 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	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"> <li>• There is a change in service provider</li> <li>• There is a change in the Enrollee's needs or abilities</li> <li>• 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>
7.3	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. <b>iCare will not pay for services that have not been authorized.</b>
7.6	Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.
7.7	Provider will ensure that appropriate reporting occurs in a timely manner. More details regarding reporting requirements are covered in Sections 2.3, 2.4 and 2.5 above.
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. 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. 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:  <b>Family Care:</b> Providers section of the Inclusa website at <a href="http://www.inclusa.org">www.inclusa.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 team will make every effort to notify the provider at least 30 days in advance.</p>

8.0	Quality Program
8.1	<p><i>i</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>i</i>Care 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 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 Enrollee 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 NCO, 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>i</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.</p>