

Scope of Service

Counseling & Therapeutic Resources

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>Service Definition</p> <p>Counseling and Therapeutic Resources is the provision of professional, treatment-oriented services that address a member's identified needs for personal, social, physical, medical, behavioral, emotional, cognitive, mental or substance abuse disorders.</p> <p>The outcome of counseling and therapeutic resources is maintenance or improvement of the member's mental, physical, or behavioral health, welfare and functioning in the community. Counseling and therapeutic resources may be delivered in a member's home, natural (outdoor) setting, community setting, or a provider's office. Counseling and therapeutic resources are provided by state licensed or certified professionals or agencies that deliver services limited to their areas of formal education and training, as directed by their professional code of ethics.</p> <p>Counseling and Therapeutic resources may include disability or aging adjustment and adaptation counseling; interpersonal counseling; recreational, music, art, equestrian (hippotherapy) or aquatic therapy; nutritional counseling, medical counseling and education provided by a registered nurse (RN); weight counseling; and grief counseling.</p> <p>Counseling and therapeutic resources must meet clearly defined outcomes, be effective for the member's condition or outcome and be cost effective. Costs directly associated with counselling or therapies are included in this service. Expenses may not be primarily recreational or diversional in nature, as demonstrated in the member-centered plan. Excludes inpatient services, physician services, and services covered by the Medicare program (except for payment of any Medicare cost share).</p>
1.2	<p>This waiver service is only provided to individuals ages 21 and over. All medically necessary Counseling and Therapeutic Resources for children under age 21 are covered in the state plan benefit pursuant to the EPSDT benefit.</p>
1.3	<p>Counseling or therapy agencies must employ or contract with professionals with current state licensure or certification in their field of practice. Individual counselors or therapists must have current state licensure or certification in their field of practice.</p>

2.0	Service Description/ Requirements			
2.1	<p>Additional service requirements include:</p> <ul style="list-style-type: none"> The amount and nature of the services must be consistent with the care plan developed by the Interdisciplinary Team ("IDT"). iCare will not pay for services that have not been authorized. Counseling or therapeutic service must address an assessed need and be directly related to the therapeutic goal. Items, supplies, or devices that are a necessary component of allowable Counseling or Therapeutic Services that are not payable under Medicaid, should be billed as Specialized Medical Supplies. 			
2.2	Excluded are services that are experimental as defined in Wis. Admin. Code s. DHS 107.035 or that are aversive in nature or that may otherwise jeopardize the health or safety of the Enrollee.			
3.0	Unit of Service			
3.1	Provider must bill using applicable procedure codes and modifiers.			
	Service Code	Modifier	Service Description	Unit of Service
	S9470	U1	Nutritional counseling	Per hour
	S8990	U1	Physical or manipulative therapy performed for maintenance rather than restoration. Health related, non-medical activity or service	Per session
	H0046	HP, HO	Mental health service, not otherwise classified	Per hour
	H2032		Activity Therapy	Per 15 minutes
	97553		Physical Therapy, Occupational Therapy Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider	Per 15 minutes
	G0176		Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling MH problems	Per session (45 minutes or longer)
	S8940		Equestrian/hippotherapy	Per session
	S9472		Cardiac rehabilitation	Per diem, each
	S9473		Pulmonary rehabilitation	Per diem, each
3.2	The cost of transportation may be included in the rate, or may be covered and reimbursed under Specialized Transportation, but may not be billed under both services.			
4.0	Documentation of Service			
4.1	<p>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.</p>			

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"> • Proof that Provider meets the required standards for applicable staff qualification, training, and programming. • Policy and procedure for verification of criminal and caregiver background checks and certification/licensing as required. • Evidence of completed criminal and caregiver background checks and certification/licensing 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	<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	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	Providers of Counseling and Therapeutic Services shall maintain current state licensure or certification in their field of practice.
5.3	If services are provided by trained technicians, therapy assistants or other specially trained persons who do not require state licensure or certification, the services must be authorized and supervised by a medical professional or approved by iCare.
5.4	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.
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	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

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 ○ 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. • Recognizing abuse and neglect and reporting requirements • 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 7.4).
6.0	Supervision and Staff Adequacy
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"> • 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 iCare 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	Providers must submit regular progress reports to the IDT. These reports will be used to evaluate the need for the continuation or for modification of treatment or therapy services.
7.3	<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)

7.4	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.
7.5	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.
7.6	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.
7.7	Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.
7.8	<p>Member Incidents Provider must communicate and report all incidents involving an iCare Enrollee to the IDT– the Care Coach or the Field Care Manager Nurse within 24 hours via phone, fax, or email.</p> <p>If the reporter is unable to reach someone from the care team, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the Enrollee.</p> <p>If the incident is not yet resolved or resulted in serious harm or injury to the Enrollee, the provider must attempt to contact the IDT via phone.</p> <p>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. 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: Family Care: Providers section of the Includa website at www.includa.org Family Care Partnership: For Providers/Education/Resources section of the iCare website at www.iCarehealthplan.org</p>
7.9	<p>The provider agency shall give at least 30 days' advance notice to the IDT when it is unable to provide authorized services to an individual Enrollee. The provider agency shall be responsible to provide authorized services during this time period.</p> <p>The IDT or designated staff person will notify the provider agency when services are to be discontinued. The IDT will make every effort to notify the provider at least 30 days in advance.</p>

8.0	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.</p> <p>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>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 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 Enrollee 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.
8.3	<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><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>