

Scope of Service

Daily Living Skills Training

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	Service Definition Daily Living Skills Training (DLST) provides person-centered education and training on member-specific skills to perform activities of daily living and instrumental activities of daily living, including skills intended to increase the member’s independence and participation in community life. This service includes: • An inventory to establish baseline levels of skills and independence; • Task analysis and systematic instructions in: ○ Money management, organizational skills, safety and situational awareness and routine daily activities; ○ Health, fitness, and self-care skills; ○ Home care maintenance, shopping, nutrition, and food preparation; ○ Mobility and travel training; ○ General communication and technology skills not related to using assistive technology or communication devices; ○ Self-advocacy; and ○ the skills necessary for accessing and using community resources. This service can only be provided in the member’s residence or in integrated community settings. This service cannot be provided in a non-residential facility-based setting. Personal care provided to a member during the receipt of this service may be included in this service or may be covered under another waiver service so long as there is no duplication of payment.
1.2	Daily living skills training agencies must meet at least one of the following qualifications: • Accreditation by a nationally recognized accreditation agency. • A minimum of two years of experience working with the target population in providing this service, day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment or similar services. If personal care is provided along with skills training, the Provider must also meet the Training and Documentation Standards for Supportive Home Care.

1.3	Individual daily living skills trainers must have a minimum of two years of experience working with the target population in providing this service, day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment or similar services. If personal care is provided along with skills training, the Provider must also meet the Training and Documentation Standards for Supportive Home Care.																						
2.0	Service Description/ Requirements																						
2.1	DLST are education and skill development activities that may include but are not limited to increase in a member's skill and ability with: • Personal grooming /hygiene • Food preparation - including shopping • Home upkeep/maintenance • Budgeting/Money management • Accessing and using community resources i.e., food banks • Transportation/Community mobility • Parenting skills • Safety/emergency skills training • Time management/calendar skills • Computer skills																						
2.2	DLST is considered time-limited based on actual progress toward learning independence with the identified task. Goals are typically achieved in a six-month period or less. There shall be ongoing updates that show progress towards established goals.																						
2.3	Once DLST is identified as a needed service, the Interdisciplinary team (IDT), member and Provider need to determine the following: • Identify methods of training, education and intervention provided to this member for this outcome • Outcome progress (measurable terms) • Member input on outcome • Current recommendation/changes to outcome																						
2.4	The following are excluded from DLST: • Tasks performed or classified as supportive home care • Activities that are primarily recreation • Educationally related services provided to members who are still enrolled in school when the service is available from IDEA or other relevant funding sources																						
3.0	Unit of Service																						
3.1	Provider must bill using appropriate procedure codes and modifiers. <table border="1"> <thead> <tr> <th>Service Code</th><th>Modifier</th><th>Service Description</th><th>Unit of Service</th></tr> </thead> <tbody> <tr> <td>T2012</td><td></td><td>Daily Living Skills Training</td><td>Per day</td></tr> <tr> <td>T2013</td><td></td><td>Daily Living Skills Training</td><td>Per hour</td></tr> <tr> <td>T2013</td><td>U9</td><td>Daily Living Skills Training, Meaningful day</td><td>Per hour</td></tr> <tr> <td>T2013</td><td>UC</td><td>Daily Living Skills Training; Peer Mentoring</td><td>Per hour</td></tr> </tbody> </table>			Service Code	Modifier	Service Description	Unit of Service	T2012		Daily Living Skills Training	Per day	T2013		Daily Living Skills Training	Per hour	T2013	U9	Daily Living Skills Training, Meaningful day	Per hour	T2013	UC	Daily Living Skills Training; Peer Mentoring	Per hour
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3.2	The cost of transportation paid to the provider of this service is included in the reimbursement rate.																						

3.3	When hourly or daily units are authorized, the rate and authorized time includes face-to-face contact with the member as well as coordination activities and supervisory activities of the provider. Provider time and activity that does not include face-to-face contact with the member may not be billed. Examples: • 1 hourly unit of DLST is authorized (60 minutes). Of that hour, it is expected that 50 minutes is face-to-face contact with the member and no more than 10 minutes of that time conducting coordination activities/progress notes, etc. If multiple hourly units are authorized in the same day, the coordination activities/progress notes should not exceed 15 minutes in total. • A day of DLST is authorized for the member. Of that day, it is expected that only 15 minutes are used for conducting coordination activities/ progress notes, etc. without the member and the rest of the time is working directly with the member on DLST. • 20 minutes of time is spent updating progress notes without contact with the member. No billing can occur for DLST services.
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 Provider must complete a written report monthly that details the member's progress toward each outcome outlined in the individualized plan, and if indicated, recommendations for changes.
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	The Provider must retain the following documentation and make available for review by iCare upon request: • Proof that Provider meets the required standards for applicable staff qualification, training, and programming. • Policy and procedure for verification of criminal, caregiver and licensing background checks as required. • Evidence of completed criminal, caregiver and licensing background checks as required. • Policy and procedure related to supervision methods by the provider agency including frequency, intensity, and any changes in supervision. • Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as Enrollee-related incidents. The policy and procedure should also cover expectation of work rules, work ethics and reporting variances to the program supervisor. • Employee time sheets/visit records which support billing to MCO. • Documentation of services in member's file including dates and times that services were provided and name of individual providing the service.

4.7	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	Personnel providing Daily Living Skills Training shall have sufficient training so as to meet the skill level requirements of Wisconsin Admin. Code s. DHS 61.38.
5.3	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.
5.4	Director of program shall have skills and knowledge that would typically be acquired through a course of study leading to a bachelor's degree in a human service-related field. Program staff will be knowledgeable and skilled at working with members referred by the MCO.
5.5	Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at: Family Care: www.inclusa.org Family Care Partnership: www.icarehealthplan.org
5.6	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.7	The Provider must ensure that staff have received training on the following subjects pertaining to the individuals served: • Policy, procedures, and expectations may include the following: ○ Enrollee rights and responsibilities ○ Provider rights and responsibilities ○ Record keeping and reporting ○ Arranging backup services if the caregiver is unable to make a scheduled visit ○ Other information deemed necessary and appropriate • Information about individuals to be served including information on individual's specific disabilities, abilities, needs, functional deficits, strengths, and preferences. This training should be person specific for the people to be served and generally focused. • Recognizing and appropriately responding to all conditions that might adversely affect the Enrollee's health and safety including how to respond to emergencies and Enrollee-related incidents. • Interpersonal and communication skills and appropriate attitudes for working effectively with Enrollees and with IDT. • Confidentiality laws and rules • Practices that honor diverse cultural and ethnic differences • Procedures for following Family Care and Family Care Partnership required processes for handling complaints and grievances (see Section 7.3).
6.0	Supervision and Staff Adequacy

6.1	The Provider shall maintain adequate staffing to meet the needs of Enrollees referred by 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
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 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	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. If the reporter is unable to reach someone from the care team, they may leave a message to report 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 Includa website at www.includa.org Family Care Partnership: For Providers/Education/Resources section of the iCare 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.
8.0	Quality Program
8.1	iCare 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. iCare will monitor compliance with these standards to ensure the services purchased are of the highest quality.
8.2	Quality Performance Indicators • Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency • Education/Training of staff- Effective training of staff Enrollees in all aspects of their job, including handling emergency situations. Established procedures for appraising staff performance and for effectively modifying poor performance where it exists. • Performance record of contracted activities- ○ tracking of number, frequency, and outcomes of Member Incident Reports related to provider performance ○ tracking of successful service provision (Enrollee achieving goals/outcomes, increased Enrollee independence and community participation, etc.) • Contract Compliance- formal or informal review and identification of compliance with 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 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.
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