

Scope of Service

Health and Wellness

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 Health and Wellness services maintain or improve the health, well-being, socialization, or inclusion of the member in their community. Services support whole-person culturally appropriate wellness by promoting stress relief, non-pharmacologic pain management, self-determination, and community connections. Services prevent or delay higher cost institutional care through health and wellness activities that focus on healthy habits.
1.2	Health and Wellness includes: • Healthy lifestyle services, such as: ○ Classes, lessons, events, or other educational opportunities, to address issues regarding living with a disability and having a healthy lifestyle, including nutrition, physical activity, and sensory regulation. ○ Health and wellness web and mobile applications. • Healthy lifestyles services increase the capacity of the member to self-advocate, navigate community resources, and improve overall health and socialization skills. These skills keep members in the community and out of an institution. • Evidence-based or culturally appropriate complementary medicine and wellness services, such as: ○ Yoga; ○ Meditation or mindfulness classes; ○ Tai Chi; ○ Traditional African-Based Holistic Services; ○ Ayurveda; ○ Traditional Chinese or Oriental Medicine; ○ Reiki; ○ Native American healers (treatments may include prayer, dance, ceremony and song, participation in sweat lodges, and the use of meaningful symbols of healing, such as the medicine wheel and/or other sacred objects), and • Sexuality Education and Training- including: ○ A proactive educational program about the values and critical thinking skills needed to form and maintain meaningful relationships, healthy sexuality, and sexual expression.

	○ Learning objectives include positive self-image, communication skills, reproductive anatomy, conception and fetal development, safe sex, and health awareness. ○ Positive outcomes include safety from negative consequences of being sexual, assertiveness about setting boundaries and reporting violations, expressing physical affection in a manner that is appropriate, and making informed choices about the relationships. Independent living skills are enhanced and improved work outcomes result from a better understanding of interpersonal boundaries, and improved communication, critical thinking, and self-reliance skills. ○ Sexuality Education can be taught in a group classroom setting with the support of direct support professionals, family members, and natural supports.																																												
1.3	Health and Wellness services must address a specific goal or outcome documented in the MCP. Services may not be primarily recreational or diversional in nature. This service excludes items or services that are harmful or contraindicated for the member, as determined by the member’s interdisciplinary team (IDT). This service excludes adaptations needed to participate in health and wellness activities. Adaptations are covered under Assistive Technology. This service excludes the purchase of food and any ingested herbs, treatments, or nutritional supplements. Excludes physician services.																																												
1.4	This service may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for members ages 18-21), or a responsible private or public entity.																																												
2.0	Service Description/ Requirements																																												
2.1	Fitness centers must comply with Wis Stat. § 100.178 and Wis. Admin. Code Ch. DHS 174. Personal trainers must have a national certification from an accredited agency and current cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) certification. Individual and agency wellness providers must have licensure, certification, registration, accreditation, experience, or training appropriate to the service being provided.																																												
3.0	Unit of Service																																												
3.1	Provider must bill using appropriate procedure codes and modifiers. <table><tr><th>Service Code</th><th>Modifier</th><th>Service Description</th><th>Unit of Service</th></tr><tr><td>97124</td><td></td><td>Massage Therapy</td><td>Per 15 min</td></tr><tr><td>97124</td><td>U1</td><td>Massage Therapy, in home</td><td>Per 15 min</td></tr><tr><td>97810</td><td></td><td>Acupuncture, without electrical stimulation; first 15 min</td><td>Per 15 min</td></tr><tr><td>97811</td><td></td><td>Acupuncture, without electrical stimulation; subsequent units after the first unit</td><td>Per 15 min</td></tr><tr><td>97813</td><td></td><td>Acupuncture, with electrical stimulation, first 15 min</td><td>Per 15 min</td></tr><tr><td>97814</td><td></td><td>Acupuncture, with electrical stimulation, subsequent units after the first unit</td><td>Per 15 min</td></tr><tr><td>S9452</td><td></td><td>Nutrition Classes, per session</td><td>Each</td></tr><tr><td>S9451</td><td></td><td>Exercise Classes (including Yoga, Tai Chai), per session;</td><td>Each</td></tr><tr><td>S9454</td><td></td><td>Stress management classes (including Yoga, Meditation, Mindfulness, Tai Chai), per session</td><td>Each</td></tr><tr><td>S9970</td><td></td><td>Health Club Membership</td><td>Each</td></tr></table>	Service Code	Modifier	Service Description	Unit of Service	97124		Massage Therapy	Per 15 min	97124	U1	Massage Therapy, in home	Per 15 min	97810		Acupuncture, without electrical stimulation; first 15 min	Per 15 min	97811		Acupuncture, without electrical stimulation; subsequent units after the first unit	Per 15 min	97813		Acupuncture, with electrical stimulation, first 15 min	Per 15 min	97814		Acupuncture, with electrical stimulation, subsequent units after the first unit	Per 15 min	S9452		Nutrition Classes, per session	Each	S9451		Exercise Classes (including Yoga, Tai Chai), per session;	Each	S9454		Stress management classes (including Yoga, Meditation, Mindfulness, Tai Chai), per session	Each	S9970		Health Club Membership	Each
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	0591T		Health and well-being coaching face-to-face, individual, initial assessment	Each
	0592T		Health and well-being coaching face-to-face, individual, follow up session, at least 30 min	Each
	0593T		Health and well-being coaching face-to-face, group, at least 30 min	Each
	H0051		Traditional Healing Service (including Traditional African Based Holistic services, Ayurveda, Chinese or Oriental medicine, Reiki, Native American Healers), per session	Each
	S9445	UD	Patient education, nonphysician provider, individual, per session	Each
	S9446	UD	Patient education, nonphysician provider, group, per session	Each
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 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 iCare.			
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	Yoga instructors/agency teachers must be a registered Yoga teacher with the Yoga Alliance or have completed at least 200 hours of training from a Yoga Alliance Registered School or have equivalent training or certification (at least 200 hours of instruction).
5.3	Mindfulness or meditation classes or instructors must have a mindfulness-based stress reduction or meditation teacher training or certification from a reputable educational program or entity.
5.4	Tai Chi instructors must be an accredited or certified Tai Chi or Qigong instructor or equivalent training/experience (25-50 hours minimum). Fitness Center or personal trainers may also provide Tai Chi as long as they meet the provider qualifications for fitness centers or trainers.
5.5	Reiki instructors must be a Reiki Master Practitioner or Reiki Master Teacher or have at least Reiki level 1 and Reiki level 2 training from a Reiki Master Practitioner or a Reiki Master Teacher (total training should be at least 15 hours)
5.6	Ayurveda instructors must be a certified Ayurvedic counselor or practitioner certified by the National Ayurveda Medical Association Certification Boards or have training from a program accredited or recognized by the Ayurvedic Accreditation Commission or Nation Ayurvedic Medical Association (Must have at least 600 hours)
5.7	Massage therapists must hold a license through Department of Safety and Professional Services (DSPS) as a licensed massage therapist.
5.8	Cooking classes must be provided by a Department of Safety and Professional Services (DSPS) dietician or be with a provider with a nutritional or culinary degree/education or experience.
5.9	African healers may be a “person who is recognized by the community in which he lives as competent to provide health care by using vegetable, animal, and mineral substances and certain methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are prevalent in the community regarding physical, mental and social well-being and causation of disease and disability.” Therefore, there may not be specific accreditations available to ascertain the training or competence of individuals identified as providers of traditional African holistic services.
5.10	Native American/Traditional Medicine/Healing is led by the community’s Medicine Man/Woman.
5.11	Sexuality education and training providers (individual and organization) must meet at least one of the following qualifications: • Sexuality Educator, Counselor, or Sex Therapist certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), or • Any of the following professions with specialized training in sexuality education ○ Psychologist ○ Licensed Clinical Social Worker ○ Licensed Professional Counselor ○ Applied Behavior Analyst ○ Other licensed or certified professional approved by the SMA to provide this service
5.12	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.

5.13	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
5.14	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.15	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
5.16	- 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 handling complaints and grievances.
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	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 iCare staff
7.0	Communication and Reporting Requirements
7.1	It is the responsibility of the Provider to ensure iCare 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 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 iCare 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. <i>iCare</i> 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 <i>iCare</i> contract terms, provider service expectation terms, applicable policies/procedures for <i>iCare</i> contracted providers • Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with <i>iCare</i> staff.
8.3	Expectations of Providers and <i>iCare</i> for Quality Assurance Activities • Collaboration: working in a goal oriented, professional, and team-based approach with <i>iCare</i> 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 <i>iCare</i>, responding to calls, emails, or other inquiries, keeping <i>iCare</i> 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>iCare</i> 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.