

## Scope of Service

### Housing Counseling

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	<b>Service Definition</b> Housing counseling provides assistance to a member who is looking to acquire and maintain safe, affordable, and accessible housing in the community as set forth in the approved member-centered plan, where ownership or rental of housing is separate from service provision. The purpose of housing counseling is to promote consumer choice and control, increase access to affordable housing, and promote community inclusion. Housing counseling includes exploring home ownership and rental options and individual and shared housing situations, including options where the member lives with the member's family.
1.2	This service is excluded if it is otherwise provided free to the general public. This service may not be provided by an agency that also provides residential support services or support/service coordination to the member. Providers must have expertise in housing issues, have housing counseling or assistance as part of its mission or regular activities, and must not have a direct or indirect financial interest in the property or housing the member selects.
2.0	Service Description/ Requirements
2.1	Housing Counseling is considered time limited based on progress toward permanent housing within the community. Goals are typically achieved in a three-month period or less and may be reauthorized for up to six months if measurable progress is documented. Once Housing Counseling is identified as a needed service, the IDT, member, and provider need to determine the following: <ul style="list-style-type: none"><li>• Housing counselor and IDT will have conversation around who will assist member in gathering needed documentation if necessary</li><li>• Outcome progress (measurable terms)</li><li>• Member input on outcome</li><li>• Current recommendation/changes to outcome</li></ul>
2.2	Housing Counseling does not include the cost for physical alternations needed to allow usage of a home. Such services may be covered under Environmental Accessibility Adaptations (Home Modifications).
2.3	Housing Counseling does not include necessary housing start-up expenses. Such services may be covered under Relocation Services.

<b>3.0</b>	<b>Unit of Service</b>			
3.1	Provider must bill using appropriate procedure codes and modifiers.			
	<b>Service Code</b>	<b>Modifier</b>	<b>Service Description</b>	<b>Unit of Service</b>
	T2038	UA	Housing Counseling	Per hour
3.2	<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.			
3.3	The cost for this service must be a reasonable and customary charge, no greater than the charge to persons who are not enrolled in a Family Care/Family Care Partnership program.			
<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	Member wait time to receive the service shall be no more than 60 business days from the time of service approval. If this requirement is at risk, the provider agency must continue to report status of the open referral on a weekly basis to the MCO IDT until the referral is filled.			
4.3	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.			
4.4	The Provider must retain copies of the authorization notification.			
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: <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>			
4.7	Information regarding authorization and claims processes are available at: <b>Family Care:</b> Providers/Claims and Billing at <a href="http://www.inclusa.org">www.inclusa.org</a> <b>Family Care Partnership:</b> Provider/Claims section and Provider/Prior Authorization section at <a href="http://www.icarehealthplan.org">www.icarehealthplan.org</a>			

<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	Housing counseling must be provided by staff with specialized training and experience in any of the housing issues listed in the definitions section. Providers must have expertise in housing issues relevant to the member.
5.3	Provider must have an ongoing staff development program for the skills necessary to provide quality services and to ensure that staff stay current on housing counseling regulations.
5.4	Provider staff must receive Recovery and Person- centered Planning training or other comparable training approved by the Division of Mental Health and Substance Abuse Services within the first six months of providing Housing Counseling Services.
5.5	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
5.6	Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at: <b>Family Care:</b> <a href="http://www.inclusa.org">www.inclusa.org</a> <b>Family Care Partnership:</b> <a href="http://www.icarehealthplan.org">www.icarehealthplan.org</a>
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"> <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 <i>iCare</i> 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><i>iCare</i> 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	<p><b>Member Incidents</b>  Provider must communicate and report all incidents involving an <i>iCare</i> Enrollee to the IDT– the Care Coach or the Field Care Manager Nurse within <b>24 hours</b> 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><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.</p> <p>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 Includa website at <a href="http://www.includa.org">www.includa.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>
7.8	<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	<b>Quality Program</b>
8.1	<p>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.</p> <p>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.</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 Enrollees 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 MCO, 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>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.</p>
-----	--