

Scope of Service

Communication Assistance

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 Communication Assistance includes devices or services needed to assist members with hearing, speech, communication or vision impairments. These items or services assist the member to effectively communicate with others, decrease reliance on paid staff, increase personal safety, enhance independence, increase community inclusion, and improve social and emotional well-being.
1.2	Communication Assistance includes any device, software, or service that addresses these objectives, such as: Augmentative and alternative communication systems; <ul style="list-style-type: none">• Hearing or speech amplifications, aids, and assistive devices when not covered under the State Plan;• Cognitive retraining aids;• Electronic technology, such as tablets, mobile devices, and related software or mobile/tablet applications, when the use provides communication assistance for the member;• Evaluation and assessment of the communication assistance needs of the member, and;• The repair, maintenance, and servicing of such systems.
1.3	Communication assistance includes interpreter services, which are provided to members with hearing, speech, or vision impairment and who require interpretation to effectively communicate with people in the community, employees, or others. This service excludes interpreter services that are otherwise available, including for communication with the managed care organization, its contractors, or other health care professionals that are required to provide interpreter services as part of their rate. This service does not supplant the responsibility of managed care organizations, contracted providers, or other health care professionals to take reasonable steps to

	provide meaningful access to their programs by persons with limited English proficiency (LEP). Provider must provide language assistance services in order to comply with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.			
1.4	Communication assistance includes interpreter services, which are provided to members with hearing, speech, or vision impairment and who require interpretation to effectively communicate with people in the community, employees, or others. This service excludes interpreter services that are otherwise available, including for communication with the managed care organization, its contractors, or other health care professionals that are required to provide interpreter services as part of their rate. This service does not supplant the responsibility of managed care organizations, contracted providers, or other health care professionals to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP). Provider must provide language assistance services in order to comply with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.			
1.5	This waiver service is only provided to individuals ages 21 and over. All medically necessary Communication Assistance for children under age 21 are covered in the state plan benefit pursuant to the EPSDT benefit.			
1.6	Sign language interpreters (individual or agency-employed) must be licensed under Wis. Stats. § 440.032. Individual and agency employed interpreters, facilitators, or translators (non-sign language) must have the ability to interpret effectively, accurately, and impartially both receptively and expressively, using necessary specialized vocabulary. Items or devices provided by communication aid vendors or assessors must meet UL or FCC standards for electronic devices. Individual or agency employed qualified health professionals must have current state licensure or certification in their field of practice.			
2.0	Service Description/ Requirements			
2.1	Services include the cost of installation, maintenance and repair of allowable Communication Assistance devices.			
2.2	Providers of systems or devices purchased for use as Communication Assistance shall ensure that such items meet all the applicable standards of manufacture, safety, design, and installation (Underwriters Laboratory, Federal Communications Commission, etc.) and should be obtained from authorized and qualified dealers.			
3.0	Unit of Service			
3.1	Provider must bill using appropriate procedure codes and modifiers.			
	Service Code	Modifier	Service Description	Unit of Service
	E1902		Communication board, non-electronic augmentative or alternate communication devices	Each
	V5268		Assistive listening device; telephone amplifier, any type	Each
	V5269		Assistive listening device; alerting, any type	Each
	V5270		Assistive listening device; television amplifier, any type	Each
	V5271		Assistive listening device; television caption decoder	Each

	V5272		Assistive listening device; TDD	Each
	V5273		Assistive listening device; for use with cochlear implant	Each
	V5274		Assistive listening device; not otherwise specified	Each
	V5288		Assistive listening device; personal FM/DM transmitter assistive listening device	Each
	L8510		Voice amplifier	Each
	E2511		Speech generating software program, for personal computer or personal digital assistant	Each
	T1013		Sign language or interpreter services	Each
	97535		Self-care/home management training, direct one-on-one contact	Per 15 min
	V5020		Conformity evaluation	Each
	97755		Assistive technology assessment	Each
	V5336		Repair/modification of augmentative communicative system or device (excludes adaptive hearing aid)	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	Member wait time to receive the service shall be no more than 30 business days for general equipment or supplies or 120 business days for highly specialized equipment 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	<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, 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. 			

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. This requirement is only applicable for staff that will have in-person direct contact with members.
5.2	A qualified interpreter is a person who has been certified by the National Registry of Interpreters for the Deaf or one that has successfully participated in the DHS Office for the Deaf and Hard of Hearing program, “Wisconsin Interpreting and Transliterating Assessment (WITA).” Allowable foreign language interpreter services are those provided by a person recognized by iCare as proficient in the translation of the applicable language and who have been instructed by the Provider as to the privacy and confidentiality of the Enrollee related communication.
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	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
5.5	Staff must be trained in recognizing abuse and neglect and reporting requirements.
5.6	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
5.7	The Provider must ensure that staff have received training on the following subjects pertaining to the individuals served: <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. • Interpersonal and communication skills and appropriate attitudes for working effectively

	<p>with Enrollees and with IDT.</p> <ul style="list-style-type: none"> • Confidentiality laws and rules • Practices that honor diverse cultural and ethnic differences <p>Procedures for handling complaints and grievances.</p>
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	<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 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	<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)
7.3	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	Interpretation services only - 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	<p>Member Incidents 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 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 detail 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:</p> <ul style="list-style-type: none"> • Family Care: Providers section of the Inclusa website at www.inclusa.org • Family Care Partnership: For Providers/Education/Resources section of the <i>iCare</i> website at www.iCarehealthplan.org
7.7	<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	<p style="text-align: center;">Quality Program</p>
8.1	<p><i>iCare</i> 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>iCare</i> 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 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- <ul style="list-style-type: none"> ○ 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	<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>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>