

## Scope of Service

### Personal Emergency Response System (PERS)

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	<b>Service Definition</b> Personal emergency response system (PERS) is a service that provides a direct telephonic or other electronic communications link between a member living in the community and health professionals to secure immediate response and assistance in the event of a physical, emotional, or environmental emergency. This service may include devices and services necessary for operation of PERS when otherwise not available. This service may include installation, upkeep and maintenance of devices or systems as appropriate. Electronic devices must meet UL Standards. Telephonic devices must meet FCC regulations.
2.0	Service Description/ Requirements
2.1	PERS may also include cellular telephone or GPS type service used when a conventional PERS is less cost-effective or is not feasible
2.2	Provider must offer a system of monitoring members in their homes through electronic devices and provide staff response to emergencies. Provider shall have monitoring sites, which are staffed 24 hours/day, 365 days/year.
2.3	Response to the alarm button must occur within <b>one minute</b> of the alarm. Response to the alarm button must be hands free, two-way, and provided by live operator voice-to-voice interaction.
2.4	<b>Each PERS authorization shall include:</b> Installation in the member's home, including any needed phone jack modifications and devices; two-way voice communication; and average-range, waterproof, portable help button, with a 3- to 5-year battery. All units will have a battery backup in the event of an electrical outage. Models with additional features should be specified in the contract, i.e., fall detection, smoke detector, medication reminder, etc.
2.5	<b>Installation</b> <ul style="list-style-type: none"><li>It shall be the Provider's responsibility to ensure delivery and installation of each Personal Emergency Response System unit that is purchased or leased. The Provider agrees to complete installation within 5 working days of receipt of the service order.</li><li>The Provider shall provide all parts and equipment necessary for installing an emergency medical response system unit into a functioning telephone system.</li><li>The Provider will ensure all installed systems have a range sufficient to operate appropriately within the Enrollee's environment.</li></ul>

	<ul style="list-style-type: none"> <li>Any damage to equipment or physical plant caused by the installation is the responsibility of the Provider.</li> <li>The Provider shall instruct the member in the use and maintenance of the PERS and shall provide the member with simple written instructions, including how to report a malfunction of the PERS. The Provider shall, upon request of the member or IDT, provide additional follow-up instructions to the member on operating and maintaining the PERS.</li> <li>The Provider is responsible for informing the member and/or member's representative of their responsibilities and time frames to have equipment available for pick-up upon termination of service or disenrollment of the member.</li> </ul> <p>The provider shall submit notification to the IDT within 5 working days of the installation indicating the date of installation and confirmation of the member's understanding of the use and maintenance of the PERS.</p>
2.6	<p><b>Maintenance of Equipment and Service</b></p> <p>Provider shall maintain all installed PERS in proper working order. The Provider shall make provision to ensure that each installed PERS is operating properly at least once every 30 days. Provision for the testing will preferably be automated and result in the least possible inconvenience for the member.</p> <p>The Provider shall follow-up with the member and notify the IDT within 24 hours, or the next business day, of any PERS that is not operating properly. Malfunctioning equipment shall be repaired or replaced within 24 hours of notification or identification. members may manually check/test the unit as frequently as desired.</p>
2.7	<p><b>Suspension and Termination of Service</b></p> <ul style="list-style-type: none"> <li>The decision to remove a PERS unit is at the sole discretion of IDT upon proper notification. If the Provider is notified directly by a member's family or other representative to remove the PERS, authorization must first be obtained from the IDT.</li> <li>When a member's services are suspended because of the member's admission to the hospital, the IDT will notify and/or authorize the Provider to take the unit off-line. Services will be resumed to the member only after the IDT notifies the Provider. Payment for leased equipment will be made at the standard unit price as long as a unit remains in the home of a member.</li> <li>The Provider is responsible for the collection of all equipment within 5 working days of notification by the IDT. iCare will discontinue payment effective 5 days after notice of disconnect or the following day after removal of the PERS, whichever is sooner.</li> <li>If PERS is discontinued due to member disenrollment or death, payment will cease the following day after disenrollment or death.</li> <li>iCare is not responsible for equipment that the Provider is unable to collect from the member or their representative after service is terminated.</li> </ul>

3.0	Unit of Service			
3.1	A unit of Personal Emergency Response shall be <b>one month</b> of monitoring. The monthly service must include: the use of a properly operating console; the use of a pendant and/or bracelet that signals the console over the user’s telephone line; 24-hour access to hands-free, two-way voice communication; monitoring personnel who will contact the appropriate responder(s) per pre-established instructions.			
3.2	The base monthly charge for basic telephone service that is necessary to allow PERS operation is paid by the member.			
3.3	If the contracted Provider agency uses a subcontractor for the installation of equipment, and/or the monitoring service, the contracted Provider agency must notify the MCO of the subcontracting relationship. Services billed may only be billed by the contracted Provider agency. The subcontractor may not bill for service authorized through the contracted PERS agency.			
3.4	Provider must bill using applicable procedure codes and modifiers.			
	Service Code	Modifier	Service Description	Unit of Service
	S5160		Installation (includes installation of console and explanation of operations)	Per install
	S5161		Monthly Service	Per month
	S5161	HX	Wellness and Check	Per month
	S5161	SE	Medication Compliance	Per month
	S5162		Purchase of System Only	Per item
3.5	Compensation for partial month service is as follows: For beginning service, the service fee will be paid for the full month if the installation occurs between the 1st and 15th of any month. The service fee for installations occurring from the 16th of any month to the end will begin to be payable the first of the following month. Upon termination of service, the full month of service will be payable if notice of termination of service occurs after the 16th of any month. If such notice occurs by the 15th of any month, service fees will end with the preceding month.			
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 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.			
4.2	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 <i>iCare</i> upon request:</p> <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>
4.6	<p>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></p>
<b>5.0</b>	<b>Staff Qualifications and Training</b>
5.1	<p><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. This requirement is only applicable for staff that will have in-person direct contact with members.</p>
5.2	<p>All in person installations of PERS systems should be done by qualified installers representing the Provider agency.</p>
5.3	<p>For the monitoring/response center employees, the Provider shall employ staff who are professional and have a degree in a human services or medical field or extensive experience working with the target population (individuals with physical disabilities, intellectual disabilities, and frail elderly) served by <i>iCare</i>. Call Center staff will be trained upon hire and annually to ensure quality support.</p>
5.4	<p>To adequately meet the needs of this population, it is recommended that monitoring staff have been trained in these areas:</p> <ul style="list-style-type: none"> <li>• Blood Borne Pathogens</li> <li>• Universal Precautions</li> <li>• First Aid</li> <li>• CPR</li> <li>• Medication Administration</li> <li>• Crisis Response</li> <li>• Managing Threatening Confrontations</li> <li>• and specific training around the needs of the individuals that they support</li> </ul>
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:  <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></p>

5.6	<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 7.5).</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 iCare Enrollees.</li> <li>• Provider staff are working collaboratively and communicating effectively with MCO staff</li> </ul>
6.3	Provider monitoring centers, where possible, will have redundancy built in to ensure uninterrupted response during severe weather or other natural disasters.
6.4	The PERS agency must assure adequate supervision of installation technicians and monitoring response staff.
<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	The PERS agency shall report all emergency response calls placed by the member to the monitoring service within 2 business days of the call. Reports will be submitted to the member's IDT via fax or email to the office where the team is located. It is necessary for the PERS agency to communicate these calls to keep the IDT team informed of any emergent health issues for the member. Accidental calls to the monitoring center do not need to be reported unless the accidental calls are frequent.
7.4	If any applicable regulatory, industry, or manufacturer standards are changed, resulting in improvements, or updating of equipment, the IDT shall be notified and each on-line member with leased equipment shall be provided with said new equipment within 60 days.
7.5	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.
7.6	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. <b>iCare will not pay for services that have not been authorized.</b>
7.7	<p><b>Member Incidents</b>  Provider must communicate and report all incidents involving an iCare 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>
7.9	<p>Provider will conduct a customer satisfaction survey of Enrollees served under this Agreement at least once each calendar year. The results will be provided to MCO for distribution to IDT.</p>
<b>8.0</b>	<b>Quality Program</b>
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><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 member 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>
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