

Scope of Service

Supported Employment - Small Group

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	<p>Service Definition</p> <p>Supported employment - small group employment support services provide a combination of person-centered career exploration, career planning and employment training activities in integrated community setting for groups of two to six workers. Small group employment support does not include services provided in facility-based work settings. Examples include mobile crews, enclaves and other business-based workgroups who employ small groups of workers with disabilities in employment in a community setting. Small group employment support must be provided in a manner that promotes integration into the workplace and integration between members and people without disabilities in those workplaces. Members must have a goal of at least part-time participation in competitive integrated employment (CIE) in their member-centered plan to receive this service. The expected outcome of this service is to gain knowledge, skills, personal strengths, and experiences which contribute to the member pursuing, achieving, or sustaining CIE. CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm.</p> <p>Small group employment support services may include:</p> <ul style="list-style-type: none">• Career exploration and development leading to at least part-time participation in CIE. Career exploration activities must be provided in integrated community settings where such activities typically take place for individuals not receiving HCBS. Activities include:<ul style="list-style-type: none">○ Business tours and informational interviews;○ Small group discovery;○ Meeting with prospective employers;○ Small group educational opportunities focused on key aspects of CIE;○ Division of Vocational Rehabilitation orientation;○ Soft skill education and training opportunities;○ Developing transportation and mobility skills; and○ Identification of need and referral for Work Incentive Benefits Analysis• Small group employment support does not include payment for supervision, training, support, or adaptations that are typically available to workers without disabilities who fill similar positions in the business.• Supported employment-small group services may only be provided in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled

	<p>by a service provider. Supported employment services-small group employment support may not include volunteer work.</p> <ul style="list-style-type: none"> Members receiving small group employment support may also receive educational, pre-vocational, career planning, and day services. However, different types of non-residential services may not be billed for the same period of time.
1.2	<p>Before authorizing supported employment services, the member's record documents that the service is not otherwise available under a program funded by Vocational Rehabilitation under § 110 of the Rehabilitation Act of 1973, as amended, and, for members ages 18-22, not available through a program funded under or the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1401 et seq).</p> <p>Coverage does not include incentive payments, subsidies, or unrelated vocational training expenses, including the following:</p> <ul style="list-style-type: none"> Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or Wages or other payments that are passed through to users of supported employment services <p>Members participating in elements of this service that involve work shall be compensated in accordance with applicable Federal and State laws and regulations.</p>
1.3	<p>The cost of transportation from a member's residence to the site where the member starts and end this service each day may be included in the reimbursement paid to the supported employment provider or reimbursed under specialized (community) transportation, but not both. Personal care may be a component part of supported employment-small group employment support but may not comprise the entirety of the service. Personal care provided to a member during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider or may be reimbursed under supportive home care or self-directed personal care, but not both.</p> <p>Individual and agency providers must be HCBS compliant per 42 CFR 441.301(c)(4).</p>
1.4	<p>Supportive employment agencies must meet at least one of the following provider qualifications:</p> <ul style="list-style-type: none"> Accreditation by a nationally recognized accreditation agency. Division of Vocational Rehabilitation (DVR) provider for provision of supported employment or customized employment services. A minimum two years of experience working with the target population providing employment related services in the community. <p>Additionally, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. If transportation services are provided, the provider must meet the qualifications for Specialized Transportation- Community Transportation.</p>
1.5	<p>Individual on the job support persons must meet at least one of the following provider qualifications:</p> <ul style="list-style-type: none"> Certified Employment Support Professional (CESP) certification from national APSE, or ACRE Basic Employment certificate in supported employment, community employment, or customized employment, or- A minimum of two years of experience working with the target population providing employment related services

1.6	If personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. If transportation services are provided, the provider must meet the provider qualifications for Specialized Transportation- Community Transportation.
2.0	Service Description/ Requirements
2.1	All local, State and Federal laws governing any aspect of the employment must be followed.
2.2	Federal and state wage certificates must cover the Enrollee and the employer whenever the Enrollee is paid at a rate that is less than the state's minimum wage.
2.3	The Supportive Employment Services should not be rendered until all Vocational Rehabilitation funding is exhausted, is unnecessary or is unavailable.
2.4	<p>Supported Employment – Small Group Employment Support Services (Work Crews/Enclaves)</p> <p>The intended outcome of this time-limited service is sustained paid employment and work experience leading to further career development and individual competitive integrated employment for which an individual is compensated at or above the minimum wage, but not less than the customary wage level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.</p> <p>For additional information regarding small group enclave use this link: https://www.dhs.wisconsin.gov/publications/p0/p00898.pdf</p>
2.5	<p>All settings and locations must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services under the Family Care waiver program.</p> <ul style="list-style-type: none"> • Compliance is needed for facility and community-based settings unless the community-based setting is 100% in the community. Community based means the participants are never at an actual setting OR that they only meet at the setting in the AM, then proceed to other places in the community for the rest of the day. They may or may not return to the setting to get picked up to go home, but the setting itself cannot provide services and support to any client. • Additionally, compliance is specific to the approved location, any planned move to another location (address) needs to be prior approved by DHS and determined HCBS compliant. Prior to providing services in a new location, provider must supply a copy of the letter of determination to the MCO.
2.6	<p>All nonresidential settings must meet conditions that ensure specific rights of people receiving HCBS in those settings, including the following qualifications:</p> <ul style="list-style-type: none"> • Is integrated in, and supports full access to, the greater community. • Provides opportunities to seek employment, work in competitive integrated settings, engage in community life, and control personal resources. • Ensures that individuals receive services in, and access to, the greater community to the same degree of access as individuals not receiving HCBS. • Is selected by the individual from among multiple setting options, including non-disability specific settings. • Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

	<ul style="list-style-type: none">Optimizes individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.Facilitates individual choice regarding services and supports, and who provides them. <p>Exceptions or modifications to an HCBS Settings Rule requirement may be necessary to mitigate risks to a member’s health and safety. Exceptions to these requirements can be allowed through the Person-Centered Planning process and must be included as part of the MCP and the provider Individual Service Plan (ISP). CMS refers to these as Modification of Rights (MOR) Plan. Consideration and planning for a modification of rights must include the member, Legal Decision Maker (LDM) when indicated, IDT, and the provider.</p> <p>For more specific information regarding HCBS requirements use this link: HCBS Settings Rule: Compliance for Nonresidential Services Providers Wisconsin Department of Health Services</p>																																													
3.0	Unit of Service																																													
3.1	<p>Provider must bill using appropriate procedure codes and modifiers.</p> <table><tr><th>Service Code</th><th>Modifier</th><th>Modifier</th><th>Service Description</th><th>Unit of Service</th></tr><tr><td>T2018</td><td></td><td></td><td>Supported employment, small group</td><td>Per Day</td></tr><tr><td>T2018</td><td>UP</td><td></td><td>Supported employment, small group</td><td>Per Day</td></tr><tr><td>T2018</td><td>UP</td><td>U7</td><td>Supported employment, small group</td><td>Each</td></tr><tr><td>T2018</td><td>UP</td><td>U7, U9</td><td>Supported employment, small group, sub-minimum</td><td>Each</td></tr><tr><td>T2018</td><td>UP</td><td>U9</td><td>Supported employment, small group, sub-minimum</td><td>Per Day</td></tr><tr><td>T2019</td><td></td><td></td><td>Supported employment, small group</td><td>Per 15 minutes</td></tr><tr><td>T2019</td><td>UP</td><td></td><td>Supported employment, small group</td><td>Per 15 minutes</td></tr><tr><td>T2019</td><td>UP</td><td>U9</td><td>Supported employment, small group, sub-minimum</td><td>Per 15 minutes</td></tr></table>	Service Code	Modifier	Modifier	Service Description	Unit of Service	T2018			Supported employment, small group	Per Day	T2018	UP		Supported employment, small group	Per Day	T2018	UP	U7	Supported employment, small group	Each	T2018	UP	U7, U9	Supported employment, small group, sub-minimum	Each	T2018	UP	U9	Supported employment, small group, sub-minimum	Per Day	T2019			Supported employment, small group	Per 15 minutes	T2019	UP		Supported employment, small group	Per 15 minutes	T2019	UP	U9	Supported employment, small group, sub-minimum	Per 15 minutes
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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	<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
4.6	<p>The Provider shall maintain an individual file for each Enrollee served. This file record must include the assessment which documents the need for the service, job development plan, training/coaching plan, a copy of all six-month progress reports and the plan for long-term support.</p> <p>The Enrollee file shall contain documentation that DVR services were either denied, exhausted or are not available before the services were provided.</p>
4.7	<p>Information regarding authorization and claims processes are available at:</p> <p>Family Care: Providers/Claims and Billing at www.inclusa.org</p> <p>Family Care Partnership: Provider/Claims section and Provider/Prior Authorization section at www.icarehealthplan.org</p>
5.0	Staff Qualifications and Training
5.1	<p>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.</p>
5.2	<p>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.</p>
5.3	<p>Provider must orient and train their staff on the Family Care and Family Care Partnership Programs. Support materials can be found at:</p> <p>Family Care: www.inclusa.org</p> <p>Family Care Partnership: www.icarehealthplan.org</p>
5.4	<p>Staff must be trained in recognizing abuse and neglect and reporting requirements.</p>

5.5	<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"> • 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 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	<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	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 Provider shall send a written report to the Interdisciplinary Team (“IDT”) not less than once every six months. A copy of this report shall also be sent to the Enrollee or their guardian.
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. iCare will not pay for services that have not been authorized.
7.7	Provider shall follow up with the Enrollee or IDT to determine the reason for an unplanned Enrollee absence.
7.8	<p>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.</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>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.</p> <p>The provider will inform the MCO when notifying their regulatory authority of incidents.</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 iCare website at www.iCarehealthplan.org
7.9	<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	Quality Program
8.1	<p><i>i</i>Care 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>i</i>Care 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><i>i</i>Care 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>