

Scope of Service

Supported Employment - Individual

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>Supported employment – individual employment support services are comprised of six components that assist members to obtain and maintain competitive integrated employment (CIE). CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm.</p> <p>CIE Job Development</p> <p>CIE Job Development is designed to support a member through job development to obtain CIE. CIE Resulting from job development must be consistent with the member’s person-centered employment goals, including type of work, preferred hours, and income desired. Job development includes:</p> <ul style="list-style-type: none">• Written goals, preferences, and conditions for success prior to the start of the service;• Obtaining sufficient knowledge of the member to effectively match their interests, skills, strengths,• personality, and conditions for success to a prospective employer and job;• Direct and indirect time networking with businesses on behalf of the member to find and create CIE opportunities;• Job duty negotiation and representation on behalf of the member with prospective employers; and• Assessing and negotiating the types of assistance and accommodations a member may need to fully perform and maintain their job <p>CIE Job Development may not be authorized for a member already engaged in CIE unless: (1) the member desires to augment their existing CIE with an additional employment opportunity that meets the criteria for CIE; (2) the member wishes to obtain a promotion to a different job title and/or a higher wage; or (3) the member wishes to obtain more hours in their current employment that meets the criteria for CIE, and the member needs time-limited assistance to request and negotiate additional hours.</p> <p>CIE Job Coaching</p> <p>CIE job coaching consists of job training and performance-related supports for a member. CIE job coaching includes:</p> <ul style="list-style-type: none">○ Task analysis of the job;○ Structured intervention techniques, including job site training via systematic instruction, to assist the

- member in learning to perform job tasks;
- Teaching and modeling appropriate work ethics, interpersonal skills, and other soft skills necessary
- to ensure success in CIE, including travel and mobility skills;
- Engagement with the member's supervisor and co-workers;
- Evaluation and facilitation of necessary job accommodations;
- Performance assessments to measure progress in learning tasks and skills required to successfully sustain CIE
- Assisting the member to develop self-advocacy skills at work; and
- A job coach fading plan.

Job coaching support for self-employment should never supplant the member's role and responsibility in all aspects of operating their business

Workplace Personal Assistance

Workplace personal assistance provides on-going employment supports and personal assistance at the workplace for the member to sustain CIE when job coaching for independence is no longer needed. This service is used to assist a member in tasks where independent mastery has been determined not possible due to physical, behavioral health and/or emotional challenges. Workplace Personal Assistance includes:

- Assistance with personal care while at work;
- Assistance during paid and unpaid breaks;
- Motivational and behavioral supports;
- Physical supports using the concept of partial participation;
- Supervision supports to maintain safety in the workplace;
- Assisting the member to maintain employment by working with the employer on scheduling, performance expectations, transportation, communication, and promoting skill acquisition; and
- Check-ins with the employer regarding work performance and expectations

Workplace Personal Assistance can be provided in addition to CIE job coaching only when a member has a portion of their job where they are expected to become independent, through assistance from a job coach, and has another portion of the job where they are not expected to be able to become independent. Job coaching and WPA services may not be provided for the same unit of time.

Partners with Business (PwB)

Partners with Business enables a member to maintain CIE with a combination of natural and paid employment supports provided directly by their employer, who is recruited, trained, supported, and backed-up by a qualified supported employment provider. PwB can augment natural support with formal paid supports provided by a designated co-worker. The supported employment provider reimburses the employer for the co-worker(s) support that is beyond what is typically available to workers without disabilities filling the same or similar positions. PwB includes:

- Facilitating and establishing the PwB arrangement, including:
 - Utilization of the PwB support analysis;
 - Negotiation of PwB supports with the employer;
 - Implementation of co-worker background checks;
 - Implementation of a PwB agreement;
 - Development of a co-worker support plan, that outlines direct support provided by a co-worker that a job coach/WPA would otherwise provide
- Training for the co-worker(s) providing PwB support, including:
 - Training specific to the member, including the support plan, communication style, learning style, and specific needs related to performing and maintaining their job; and
 - Ensuring the co-worker completes the DHS WPA web-based training if providing assistance with personal care
- Supporting the employer, supervisor, and co-workers supporting the member, including:

	<ul style="list-style-type: none"> ○ On and off-site follow-along back-up supports; ○ Providing assistance with supports typically provided by the co-worker when temporarily unavailable; and ○ Monthly check-ins with the employer and member, at minimum. <ul style="list-style-type: none"> ● Fading expectations should be in place to maximize the independence of the employed member while also ensuring that the member can successfully maintain CIE <p>The employer may only be reimbursed for supports identified through the PwB support analysis that would otherwise be provided by a job coach or WPA. Reimbursement is based on units of service that would otherwise need to be provided by a Supported Employment provider, as determined through the PwB Support Analysis.</p> <p>The amount of time authorized for PwB is negotiated with the employer and is: 1) reflective of the needs the member has for the co-worker provided supports above and beyond negotiated natural supports and supervisory/co-worker supports that are otherwise available to employees without disabilities, and 2) is based on the specific amount of time the co-worker(s) is providing direct support to the member as determined by the PwB Support Analysis.</p> <p>PwB is only authorized when the member agrees to the arrangement and the employer prefers to provide CIE supports, rather than job coach and/or WPA supports.</p> <p>Natural supports for the member, already negotiated with, and provided by, the employer prior to the implementation of PwB are not reimbursable under PwB.</p> <p>Work Incentive Benefits Counseling</p> <p>Work Incentive Benefits Counseling provides the member individualized information about their benefits and how earnings could affect them. The information offers the member guidance to make informed choices about employment. Work Incentive Benefits Counseling includes:</p> <ul style="list-style-type: none"> ● Verifying the member's current benefits; ● Identifying benefits that may change as a result of increased work earnings; ● Identifying options and costs for health and long-term care benefits; ● Predicting foreseeable points of benefit changes; ● Providing contact information for agencies to which the member will need to report earnings; ● Providing accurate and applicable information regarding Social Security work incentives; ● Developing a written summary of an individualized member-centered work incentive benefits analysis; ● Holding an in-person meeting with the member to explain the individualized written work incentive benefits analysis; and ● Providing follow-along services for up to one year for questions and clarifications about benefits
1.2	<p>Supported employment-individual support services may not be provided in a small-group format. The ratio is always 1:1 for this service.</p> <p>Individual employment support does not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers in similar positions in the business. Supported employment-individual employment support services may not include volunteer work, regardless of setting.</p> <p>Supported employment-individual support services may be provided only in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled by a service provider.</p> <p>Members receiving individual employment supports may also receive educational, pre-vocational and/or day services. However, different types of nonresidential services may not be billed for the same period of time.</p>

	<p>Before authorizing supported employment-individual employment support services, the member's record documents that the service is not available under a program funded by Vocational Rehabilitation under the §110 of the Rehabilitation Act of 1973 as amended, and for individuals ages 18-22, not available through a program funded under 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, such as:</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>Supported employment-individual employment support services may be reimbursed on a unit-of-service or outcome basis. Payment may include different methods, such as co-worker support models and payments for work milestones, such as length of time on the job, or number of hours the member works.</p>
1.3	<p>The cost of transportation from a member's residence and the site where the member starts and ends the services each day may be included in the reimbursement paid to the supported employment provider or may be reimbursed under specialized (community) transportation, but not both-</p> <p>Personal care may be a component of supported employment-individual support services 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 the supportive home care or self-directed personal care, but not both.</p>
1.4	<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 certification from national APSE, or • ACRE Basic Employment Certificate in supported employment, community employment, or customized employment, or • DVR contracted provider of supported employment or customized employment, or • A minimum of two years of experience working with the target population providing supported employment. <p>In addition, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. If transportation is provided the provider must meet the qualifications for Specialized Transportation-Community Transportation.</p>
1.5	<p>Supported 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 or • Division of Vocational Rehabilitation <p>DVR contracted provider of supported employment or customized employment services, or</p> <ul style="list-style-type: none"> • A minimum of two years of experience working with the target population providing employment related services. <p>Additionally, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. If transportation is provided, the provider must meet the provider qualifications for Specialized Transportation – Community Transportation.</p> <p>Individual providers of work incentive benefits counseling must be a DVR contracted provider of work incentive benefits services or must complete Community Work Incentive Coordinator (CWIC) certification or a similar comprehensive training program.</p> <p>Agency providers of work incentive benefits counseling must be a DVR contracted provider of work incentive benefits services.</p>

2.0	Service Description/ Requirements
2.1	All local, State and Federal laws governing any aspect of the employment must be followed.
2.2	<p><i>iCare</i> promotes and encourages individualized competitive integrated employment for members while respecting individual outcomes, preferences, and choices as part of our overall mission. Our vision is to allow members the same opportunities to seek competitive integrated employment and be self-supporting as enjoyed by all citizens.</p> <p>Employment is part of the human experience and one which we plan for from childhood. CIE is associated with positive physical and mental health benefits, maintaining, and increasing independence in other facets of life (e.g. at home), having more natural supports, experiencing less social isolation, gaining increased self-esteem and self-advocacy skills, and having a chance to increase disposable income significantly versus reliance only upon public benefits.</p> <p>Most importantly, employment is one of the most common ways we are recognized as valuable and contributing members of society. Employment provides stability in our lives. Being unemployed can have a myriad of negative effects on our lives, our health, our independence, and our relationships.</p> <p><i>iCare</i> believes that all individuals, regardless of disability and age, can work – and work optimally when offered the opportunity, training, and support that builds on each person’s strengths and interests. Individually tailored and preference-based job development, training, and support will recognize each person’s employability and potential contributions to the labor market.</p>
2.3	Members receiving Supported Employment – Individual Employment Support Services must be working in a position that meets the DHS-DMS and the Division of Vocational Rehabilitation (DVR) jointly approved CIE definition: Competitive Integrated Employment (CIE) - Jointly Approved CIE Definition (wisconsin.gov)
2.4	<p>The Provider must be able to deliver service in accordance with Technical Specifications for Supported Employment. These specifications include the following:</p> <ul style="list-style-type: none"> • Assessment: The assessment is an evaluation of an Enrollee’s functional abilities in a variety of settings. The Provider must involve the Enrollee and as appropriate, the Enrollee’s family and advocates. The assessment shall document the preferences, values, and needs of the individual. The assessment occurs in environments both familiar and unfamiliar to the Enrollee. The assessment may include community work experiences. Not less than 80% of the assessment may occur in the community. Assessments must be updated as necessary • Plan for Job Development: Upon completion of the assessment, the Provider must complete the plan for job development. This plan, along with the assessment, must be sent to the IDT Staff and the Enrollee/guardian. Job placement cannot occur prior to a review of the assessment and plan for job development. Job Development refers to services to develop competitive, integrated job offers through direct employer contacts on behalf of specific members who need assistance in their job search. Job Development services are expected to be provided in a ratio of one service provider staff to one member, which means all Job Development efforts billed for a specific member must be for the specific benefit of that member and not a group of individuals seeking competitive integrated employment. However, all job development activities do not have to be done face to face with the individual member. Activities of development include but are not limited to: <ul style="list-style-type: none"> ○ Assistance seeking and completing business tours, informational interviews and completing applications ○ Developing a written or visual resume ○ Practicing interview skills ○ Conducting a job search with employer contacts being specific to each member

	<ul style="list-style-type: none"> ○ Presentation of the member's individualized visual resume and negotiation of customized positions with employers ○ Identifying sustainable transportation options • On going Job Coaching/Teaching (Supported employment training)/Systematic Instruction: Job coaching/teaching is the provision of support to members who, because of disability, need ongoing support to maintain competitive integrated employment. This can include: <ul style="list-style-type: none"> ○ Assisting Enrollee to learn and perform job duties through job skill teaching provided either on or off the job site, and other evidence-based strategies, in ways that meet employer's expectations including soft skills, etc. ○ Coordination of work-related services (such as transportation, personal care assistance, etc.) ○ Assistance to Enrollee/employer on use of assistive technology resources and other disability related accommodations ○ Engagement of natural supports in appropriate training, support, and supervision roles ○ Aide Enrollee to learn and follow workplace policies and procedures, and to abide by all expectations of employees established by the employer. ○ Teaching the Enrollee about work-related behavior and other employment standards
2.5	<p>Transportation</p> <p>Early collaboration with the IDT staff prior to obtaining employment to identify transportation options is imperative to support members maintaining their CIE long-term. These conversations and the coordination should continue to be evaluated throughout the duration of employment which could include exploring: Social Security Work Related Incentives</p> <ul style="list-style-type: none"> • Impairment-Related Work Expenses (IRWE) • Plan to Achieve Self Support (PASS) • Foodshare Employment and Training (FSET) • Wheels to Work, Pass Plans • W-2 Job Access Loans • Other alternative transportation support options <p>In collaboration with the IDT Staff, the coordination of transportation services for a member with an established supported employment position is considered part of Ongoing vocational guidance and is included in the monthly authorization for that service. This needs to be done in a cost effective, collaborative effort with IDT Staff based on the members' work schedule.</p> <p>Physically transporting a member in a vehicle to/from their place of employment, etc. should be authorized separately by the IDT and only utilized when there are no other options.</p>
2.6	<p>Personal Care</p> <p>In partnership with IDT Staff the coordination and arrangement of personal care services for a member while in their supported employment position is considered part of Ongoing vocational support and is included in the monthly authorization for that service.</p> <p>Physically providing Personal Care (including personal assistance) to a member while on the job is not considered part of Ongoing vocational support and should be authorized separately by the IDT. (if greater than 2 hours per month)</p>

3.0	Unit of Service			
3.1	Provider must bill using appropriate procedure codes and modifiers.			
	Service Code	Modifier	Service Description	Unit of Service
	T2018		Supported employment, integrated	Per Day
	T2018	UN	Supported employment, integrated	Per Day
	T2018	UN, U7	Supported employment, integrated	Each
	T2019		Supported employment, integrated	Per 15 minutes
T2019	UN	Supported employment, integrated	Per 15 minutes	
3.2	Supported Employment Outcome Based Model (SEOB) (Family Care only) (Under development – FCP) One (1) Unit = 15 minutes Employment Personal Care Work Crews / Enclaves For Job Development for competitive integrated employment , outcome payment is based on a tiered model created to incentive providers to service members with even the greatest challenges to obtaining competitive integrated employment. The model uses logic based on characteristics of a member’s long-term care functional screen (LTCFS), which is used to determine a member’s individual capitation amount. The range of possible individual-level capitation amounts are divided evenly into four tiers for the purpose of establishing tiered outcome payments for Job Development.			
	One Unit/One Time for Job Development For Systematic Instruction/Ongoing vocational guidance payment is based on member hours worked. Payment is authorized as One Unit/Month and paid according to the number of hours a member works per month, member acuity tier, and graduated time on the job (in months).			
	Provider payment is determined based on an hourly rate negotiated between MCO and provider. This rate is broken down into twelve (12) per-hour-worked rates based on target percentages for job coaching when a member at a certain acuity level has been working for a certain length of time, Member tiers are identified using logic based on the characteristics of a member’s LTCFS, which is used to determine a member’s individual capitation amount. The range of possible individual-level capitation amounts are divided evenly into four payment tiers for the purpose of provider reimbursement. Providers will maintain documentation to validate the hours the Member has worked.			
	Based on the length of time a member has been in their job, provider reimbursement per hour worked will decrease based on a graduated matrix.			
	Member acquisition of an additional community, integrated job would result in an additional authorization for job coaching.			
	Promotion within the current employer which increases member job duties and changes member job title could result in additional vocational provider support. Therefore, provider may request to revert to the first payment tier (0-11 months) of the Supported Employment Outcome Based (SEOB) model.			
	Member change in job duties or tasks within the same position at the same employer is considered in the current SEOB tiered payment model.			
	Seasonal jobs should be tracked the same as jobs where members work year-round and tracked accordingly. For “off months,” provider should negate months worked from the total and resume “months on the job” the next season start date.			
	Providers need to minimally, maintain monthly contact with the member and employer to assure both parties are satisfied. Providers will list employer, hourly wage, and length of time on the job (in months) in the comments section of their billing form when submitting for authorizations to MCO.			

3.3	Job Development						
	Member Acuity	One Time Payment		Code			
	Tier 1	\$1,600.00		Y1098			
	Tier 2	\$1,200.00		Y2098			
	Tier 3	\$900.00		Y3098			
	Tier 4	\$650.00		Y4098			
	Systematic Instruction/Ongoing Vocational Guidance						
	Member Acuity	0-11 Months		12-24 Months		25 + Months	
	Job 1						
		Code	Graduated Matrix	Code	Graduated Matrix	Code	Graduated Matrix
	Tier 1	Y100	95%	Y1012	78%	Y1025	60%
	Tier 2	Y200	80%	Y2012	60%	Y2025	45%
	Tier 3	Y300	60%	Y3012	40%	Y3025	30%
	Tier 4	Y400	35%	Y4012	30%	Y4025	24%
	Job 2						
		Code	Graduated Matrix	Code	Graduated Matrix	Code	Graduated Matrix
	Tier 1	Y1200	95%	Y1212	78%	Y1225	60%
	Tier 2	Y2200	80%	Y2212	60%	Y2225	45%
	Tier 3	Y3200	60%	Y3212	40%	Y3225	30%
	Tier 4	Y4200	35%	Y4212	30%	Y4225	24%
	Outlier	Y500		Member Specific			
3.4	Providers Paid Under SEOB Model Implementing Partners with Business						
	Providers paid through the Supported Employment Outcome Based (SEOB) model have the option of establishing arrangements for supports that would otherwise be needed by the member and provided by an agency job coach to be provided by the employer, through a co-worker or supervisor. To implement this model for providing needed supports, the provider enters into an agreement with an individual’s employer to reimburse the employer for supports provided by one or more supervisors and/or co-workers, acceptable to the individual, to enable the person to maintain individualized competitive integrated employment with the employer. The provider continues to function as the credentialed Medicaid provider.						
	Paid employer supports do not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers filling similar positions in the business, nor do they supplant natural supports already available to, and negotiated with, the employer for the benefit of the member that is employed by the employer.						
	The provider must ensure the following as part of utilizing the Partners with Business option: <ul style="list-style-type: none">A formal written agreement is in place outlining the nature and amount of the supports, above and beyond natural supports, to be provided to the member by the employer, the amount of time						

necessary for the supervisor(s) or co-worker(s) to provide this support and the cost to the employer for this support, which will be reimbursed by the provider. The agreement should include expectations regarding documentation and billing necessary for the employer to be reimbursed by the provider.

- The supervisor(s) and/or co-worker(s) identified to provide the support to the individual must pass background checks otherwise required for Job Coach. The provider is responsible for ensuring these checks are done (by the employer or provider) and for retaining copies of background check results on file.
- Providing an orientation training to the supervisor(s) and/or co-worker(s) identified to provide the support to the individual which includes the following content:
 - Basic introduction to Supported Employment
 - Explanation of the Partners with Business model of support – what is covered/not covered; expected outcomes
 - Overview of best practices for coaching to promote maximum independence and performance
 - Training specific to the member, including support plan, communication style, learning style, support needs and specific needed related to performing and maintaining his/her job that the supervisor(s) or co-worker (s) is expected to address;
 - Role and availability of the provider in supporting the member, the employer/supervisor, and co-worker(s) providing support to the member;
 - Contact information for the provider, including emergency/back-up cell phone numbers;
 - Documentation requirements necessary for the provider to invoice MCO (based on member hours worked) and make payment to the employer based on the supports provided to the member.
- The provider is available to provide back-up supports and/or additional training/technical assistance for the employer and member whenever this may be needed;
- The provider completes minimum monthly check-ins with the employer and the member.
- Based on all of the above expectations, the provider maintains records of each Partners with Business arrangement for review by MCO at any time or as a part of annual quality monitoring. Records should include, at minimum: current written agreement between the employer and provider as described above; valid copies of background checks; proof of completion of training for supervisor(s) and co-worker(s) providing supports to the member; evidence of monthly check-ins being completed; billing documentation submitted by the employer to support payments to the employer; record of reimbursements made to the employer and tax documents issued to the employer (e.g. 1099 forms) by the provider.

The Partners with Business model may be utilized from the start of a member's employment. Some members may be expected to do their job with only natural supports after a period of enhanced onboarding and training. For these members, the Partners with Business model could be established from the date of hire and utilized to provide the supports the member needs during the initial period of employment, tapering off to the point where only natural, unpaid supports are being provided by the employer. In this example, a provider agency job coach is a resource to the member and employer rather than a source of on-the-job supports for the member.

The Partners with Business model may also be utilized at any point during employment, if the employer prefers (or the individual prefers, and the employer agrees) this type of approach. The Partners with Business model should always be considered when on-going fading of job coaching has stopped occurring, when the amount of job coaching support a member needs exceeds the target support percentage for their assigned tier/phase, and for outliers: either to avoid a member requiring outlier status or to bring an end to a member's already approved outlier status.

The member may receive supports including job coaching to augment, as needed, available employer supports. Job coaching would be provided by the agency billing for the member under the SEOB model and

	would not be authorized separately. If needed by the member, assistance with transportation and/or personal care may be separately authorized by MCO, according to individual need.
3.5	<p>Systematic Instruction/Ongoing vocational guidance “Outlier” Determination An Outlier determination will only be considered if all conditions are met on the MCO Long Term Employment Support Outlier Checklist and one of the following criteria is met:</p> <ul style="list-style-type: none"> • Member has been required by the court to have 24-hour supervision (as indicated on LTCFS-Protective Service Order). • Member has outstanding/ongoing issues involving criminal behavior which prevent the fading of support on the job without creating undue risk to safety of others who the member would typically come in contact with during employment. • Member’s LTCFS analysis results in a new payment tier determination which selected provider, IDT, and DVR staff (if involved) feel is insufficient to support the member to successfully maintain his/her integrated employment. • Member has unique support challenges, as determined by MCO, in consultation with the member’s provider and IDT, that prevent or delay fading in which case outlier status may be granted on a temporary basis, subject to the provider implementing an approved plan to fade job coaching to an appropriate level given the member’s acuity and length of time on the job. <p><i>**If a member needs additional services such as Transportation or Personal Care during Job Coaching, MCO will consider authorization of these services separately.</i></p>
3.6	<p>Supported Employment Outcome Based Payment Model for Job Coaching Policy and Process for Conducting Regular Review of Outcome Payment (Family Care only)</p> <p>Reasons for Regular Review: iCare Family Care recognizes the critical importance of competitive integrated employment opportunities for members and the vital role that Supported Employment-Individual job coaching providers play in enabling members to experience and enjoy the benefits of working in competitive integrated employment. Given this, iCare Family Care is committed to ensuring that Supported Employment individual job coaching providers have a payment model that incentivizes best practices and expansion of capacity to meet member needs, while also ensuring providers experience financial sustainability by implementing best practices and growing capacity. Evaluating payments for member hours worked is an important part of ensuring providers’ success. Additionally, federal expectations regarding outcome-based reimbursement for Supported Employment-Individual services include verification, at regular intervals, that the assumptions used to set the payments-per-hour-worked remain accurate. Finally, federal regulations require that rates for services are consistent with efficiency, economy, and quality of care [SEC. 1902. [42 U.S.C. 1396a] (a) 30 (A)]. Frequency of Review Based on internal staff and contracted provider input, the planned frequency of review is every third year, starting in CY2022. Based on three-year cycle, the next year after CY2022 will be CY2025. Provider participation in the review process will be required through the provider contract starting in CY2022. Elements of Review</p> <p>There are four essential elements of the review process:</p> <p><u>Provider Job Coaching Costs</u> In the calendar year in which the review is occurring, providers will be asked to submit cost worksheets, in format prescribed by MCO Family Care, for each job coach they employ to support MCO Family Care members. These cost worksheets will be requested once during the review year, in the fourth quarter.</p> <p><u>Amount of Job Coaching Provided</u> In each targeted review year, data will be collected from providers for a designated two-week period in each quarter to ensure a representative, longitudinal set of data to evaluate the appropriateness of the outcome payment levels. Providers will be asked to have their job coaches collect data on their time spent and miles</p>

driven supporting each MCO Family Care member in competitive integrated employment. Job coaches will use a data collection sheet prescribed by MCO Family Care. Providers will be asked to report cumulative data from job coaches for each member and report total job coaching time and mileage in established categories, on a reporting form prescribed by MCO Family Care.

Hours Worked by Members

For the designated two-week period in each quarter, providers will also be expected to report data on the hours worked by each iCare Family Care member they support in competitive integrated employment through an SEOB authorization.

Tier Placement of Members

iCare Family Care will review all tier placements members supported in competitive integrated employment through an SEOB authorization. The analysis will include updating the Long-Term Care Functional Screen dollar ranges associated with each tier, looking at the spread of members across tiers for each provider and overall, and further identifying individual members that would change tiers as a result of implementing the updated regression model. The analysis will then identify all members that fall into each tier/phase combination, evaluating their hours worked and level of job coaching for each provider and overall.

A Note on Outliers

The SEOB model allows for the identification of individual members who, for a specific period of time, are determined to be outliers in terms of the SEOB model assumptions and therefore, are reimbursed on a fee-for-service basis, using the 15-minute unit rate that is established by MCO Family Care at the time of authorization. This 15-minute unit rate reflects job coach costs reported by the participating provider pool and verified by MCO Family Care during the most recently completed SEOB review. Because these authorizations fall outside of the SEOB payment methodology, they are not included in the review of the SEOB payment model described in this document. Appropriate use of the outlier option is reviewed for each provider at the annual provider engagement completed by iCare Family Care.

Analysis

iCare Family Care will evaluate all data at three levels:

- Provider level
- GSR level
- Organization-Wide level

The payments-per-hour-worked will not be adjusted in the year following a review if Organization-Wide provider net income is no more than 10%, or if Organization-Wide net loss is no more than 10%.

Organization-Wide provider net income will be calculated by combining each provider's net income and determining the percentage of total Organization-wide payments to providers this net income represents.

Net income is defined as gross income received through the SEOB payment model, less gross cost calculated using the total job coaching hours provided multiplied by the established fee-for-service job coaching rate, less deductions for documented and approvable provider reinvestments in their respective Supported Employment programs. An example to illustrate is as follows:

PROVIDER A	
Total hours worked by members supported in CIE through SEOB model during the four (4) two-week periods for which provider submitted data.	2,000
Total gross income earned for cumulative member hours worked during the four (4) two-week periods for which the provider submitted data.	\$22,000

Total job coaching hours during the four (4) two-week periods for which the provider submitted data.	\$500
Total cost of job coaching cost based on total job coaching hours X fee-for-service job coaching rate.	\$16,000
NET INCOME OR LOSS TO PROVIDER	\$6000
Provider reinvestment in SE program: <ul style="list-style-type: none"> 8 Job Coaches getting additional certificate-based training from expert source outside of agency. <i>Note: Cannot be more than 100% of net income to provider. See page 5 for approvable examples.</i>	\$4,000
NET INCOME AFTER REINVESTMENT	\$2,000

ORGANIZATION-WIDE: Net Income or Loss	
Provider A (after reinvestment)	+\$2,000
Provider B (after reinvestment)	+\$8,000
Provider C (after reinvestment)	+\$4,000
Provider D (after reinvestment)	+\$15,000
Provider E (before reinvestment)	-\$2,000
Provider F (before reinvestment)	-\$6,000
Provider G (after reinvestment)	+\$1,000
Provider H (before reinvestment)	-\$5,000
Provider I (after reinvestment)	+\$1,000
TOTAL NET INCOME OR LOSS	+\$17,000
Total MCO Family Care SEOB Payments	\$280,000
Organization-Wide Net Income or Loss	+6%
Change in Payments-Per-Hour-Worked	NO

In a year where the Organization-Wide evaluation shows net income of no more than 10%, any providers showing a net loss (before reinvestment) will be offered technical assistance to identify and correct the issues; but the payment-per-hour-worked will not be changed. Similarly, in a year where Organization-Wide evaluation shows a net loss of no more than 10%, all providers showing a net loss (before reinvestment) will be offered technical assistance to identify and correct the issues; but the payments-per-hour-worked will not be changed.

In a year where Organization-Wide evaluation shows net income above 10%, the target job coaching percentages and/or the job coaching fee-for-service rate will be adjusted down the following year, based on the results of the data analysis, to bring Organization-Wide net income to no more than 10%. Likewise, in a year where Organization-Wide evaluation shows a net loss of more than 10%, the target job coaching percentages and/or the job coaching fee-for-service rate will be adjusted up, based on the results of the data analysis, to bring Organization-Wide net loss to no more than 5%. This establishes enhanced down-side risk protection for providers, as a mechanism for encouraging more providers to participate in iCare Family Care's network of Supported Employment-Individual providers.

Review Sample Timelines:

Milestone	Timeframe	Example Year: CY2022
Providers notified of start of review year and schedule for all data collection and reporting they must follow.	January 7, 2022	January 3, 2022
Providers receive all data collection and reporting forms for review process.	January 17, 2022	January 17, 2022
Providers can access virtual training on all of the data collection and reporting forms.	January 31, 2022	January 31, 2022
Quarter 1 data collection for job coaching and hours worked.	First two weeks of March	March 1-14, 2022
Quarter 1 cumulative data report for job coaching and hours worked due to MCO	Two weeks after March data collection period ends	March 29, 2022
Quarter 2 data collection for job coaching and hours worked.	First two weeks in June	May 29 -June 11, 2022
Quarter 2 cumulative data report for job coaching and hours worked due to MCO.	Two weeks after June data collection period ends	June 27, 2022
Quarter 3 data collection for job coaching and hours worked.	Second and third weeks in September	September 11 - 24, 2022
Quarter 3 cumulative data report for job coaching and hours worked due to MCO.	Two weeks after September data collection period ends	October 7, 2022
Quarter 4 data collection for job coaching and hours worked.	Second and third weeks in November	November 13 - 26, 2022
Quarter 4 cumulative data report for job coaching and hours worked due to MCO.	Two weeks after November data collection period ends	December 9, 2022
Providers submit job coach cost worksheets.	4 th quarter of review year (Oct-Dec)	October-December, 2022
MCO pulls all member tier data for members working in CIE and reported in each provider's Quarter 4 cumulative data report.	End of CY	December 31, 2022
MCO conducts analysis of all data and determines any adjustments needed to the payments-per-hour-worked.	1 st quarter of year following review year	January-March, 2023
MCO shares results of review with providers; receives leadership approval for adjustments needed and supported by the review process.	2 nd quarter of year following review year	April-June, 2023
MCO adjusts payments-per-hour worked as needed and supported by the review process.	Start of 3 rd quarter of year following review year	July 1, 2023

Examples of Approvable Provider Reinvestments in Their Supported Employment-Individual Programs

These examples represent a non-exhaustive list of pre-approved provider reinvestment strategies. Additional strategies may be utilized if prior approved by iCare Family Care.

	<ul style="list-style-type: none"> Increasing job coach and/or job developer wages across the board or based on evidence of exceptional performance in the prior year, where criteria for measuring performance are consistently defined and fairly applied for each position type Investment in recruiting and hiring additional job coach and/or job developer capacity Investment in establishing a larger geographic footprint (service area) within MCO's Geographic Service Regions where Supported Employment-Individual Services will be offered to MCO members Financing additional training for job coaching and/or job development staff, or a designated Supported Employment-Individual program manager, above and beyond training required to be qualified to provide these services Investment in recruiting and hiring additional Supported Employment-Individual program manager capacity in response to increase in job coaching and/or job development staff Funding of a "rainy day" fund for Supported Employment-Individual services, where the fund is separately established in financial records and accounting/audit reports, with policy adopted that limits use of this fund only to expenditures directly related to Supported Employment-Individual services and expenditures documented/reported to iCare Family Care as part of annual financial reporting by the provider Maintaining membership to National APSE <p>Utilization of Billing and Data Audits iCare Family Care retains its authority, under existing contracts, to audit SEOB billing by providers at regular intervals and/or at any point in time MCO deems it necessary and prudent to conduct a billing audit. Furthermore, MCO will establish the right, through provider contract language starting in CY2021, to audit provider data submissions for SEOB payment model reviews at any point in time MCO deems it necessary and prudent to conduct an audit of the data submissions by one or more providers.</p>
3.7	<p>Remote Waiver Services and Interactive Telehealth Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.</p>
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>Personnel. Supported Employment Services shall be provided by Provider personnel that have skills and abilities in the areas of assessment, job development, job placement, job retention and evaluation. Typical skills that Provider’s personnel should have include:</p> <ul style="list-style-type: none"> • Knowledge, skill, and abilities in assessing individuals who have developmental disabilities. • Skill in work site analysis. • Skill in assessing needs for assistive technology, disability accommodation and individualized ergonomics. • Skill in the area of job development. • Skill in the areas of sales and marketing. • Skills in the area of job coaching. • Skill in the area of outcome development and program evaluation.
5.3	<p>For the individual on the job support person, the MCO shall assure that the provider has the ability and qualifications to provide this service as outlined in Section 1.3.</p>
5.4	<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>

5.5	<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>
5.6	Staff must be trained in recognizing abuse and neglect and reporting requirements.
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"> • 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	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.
7.5	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.
7.6	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. 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 Includa website at www.includa.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>