



Scope of Service Community Support Program (CSP)

SPC: 509

Provider Subcontract Agreement Appendix N

Purpose: Defines requirements and expectations for the provision of subcontracted, authorized and rendered services. Services shall be in compliance with the Provider Subcontract Agreement and the provisions of this service expectations document.

1.0	Service Definition
	<p>Inclusa follows the definitions and guidelines as defined for Community Support Program (CSP) in the DHS Family Care contract, standard program category (SPC) 509.</p> <p>Community Support Program (CSP) services are provided by an agency or county based system that has received Medicaid certification to administer the program. CSP offers the following all-inclusive services: representative payee services, psychiatry (not included in the Inclusa benefit package), nursing services (APNP services not included in the Inclusa benefit package), case management, employment related services, teaching and training of daily living skills, group services, medication management coordination, and delivery, and medication administration. CSP has Case Managers and Mental Health (MH) Technicians available to provide the above services that are invoiced at various Medicaid established rates, depending on the education level of the CSP staff person.</p>
2.0	Standards of Service
2.1	Provider must follow the standards for Community Support Program (CSP) . This Scope of Service reflects Inclusa policies and procedures.
2.2	<p>Inclusa subcontracted providers of long-term care services are prohibited from influencing members' choice of long-term care program, provider, or Managed Care Organization (MCO) through communications that are misleading, threatening or coercive. Inclusa and/or the WI Department of Health Services may impose sanctions against a provider that does so.</p> <p>Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.</p>
2.3	Service must be provided in a manner which honors member's rights such as consideration for member preferences (scheduling, choice of provider, direction of work), and consideration for common courtesies such as timeliness and reliability.
2.4	Medicaid Certification – Provider must be Wisconsin Medicaid Certified for a certified Community Support Program. Provider must have a Medicaid Provider Number that can be verified by Inclusa. This Medicaid Certification must remain current during the term of the contract. Provider must follow requirements as set forth in the Medicaid Provider Manual unless communicated otherwise by Inclusa.
2.5	Wisconsin Administrative Code HFS 63: Community Support Programs for Chronically Mentally Ill Persons.
2.6	National Provider Identifier – CSP providers are required to submit a NPI number to Inclusa.
3.0	Service Description
3.1	<p>SPC (509) – Community Support Program (CSP):</p> <p>CSP offers the following all-inclusive services: representative payee, psychiatry (not included in the Inclusa benefit package), nursing services (APNP services not included in the Inclusa benefit package), case management, employment related services (IPS), teaching and training of daily living skills, group services, medication management coordination, and delivery, and medication administration.</p>
3.2	MD (psychiatrist) or Advanced Practice Nurse Practitioner level of services are not included in the Inclusa benefit package and therefore cannot be authorized or reimbursed for by Inclusa.

3.3	<p>The comprehensive assessment and care plan is the responsibility of Inclusa. Inclusa contracts with CSP programs for the program services. Subcontracted CSP staff and the Inclusa team will work collaboratively to serve the member best.</p> <p>In terms of the roles of each organization, the Inclusa team makes the funding decisions for the care plan for each member. The CSP licensed mental health professional, together with the member, determine the appropriate treatment plan.</p> <p>Regular communication and collaboration between the CSP program and the Inclusa team is essential to ensure that the CSP team is well informed about the member’s overall health and the Inclusa team is apprised of the member’s mental health status and functioning to ensure appropriate services and supports are in place for remediation of the members mental health condition.</p>
3.4	<p>Services included in CSP include:</p> <ol style="list-style-type: none"> 1) CSP assessments (in collaboration with the Inclusa team) An initial assessment (DHS 107.13[6][a]1., Wis. Admin. Code) is covered only when the member is first admitted to the CSP and following discharge from a hospital after a short-term stay, per DHS 107.13(6)(b)2., Wis. Admin. Code. 2) CSP case management (coordinating services listed below in collaboration with the Inclusa team) 3) Psychosocial rehabilitation services <ol style="list-style-type: none"> a. Employment-related services (IPS) b. Social or recreational skill training c. Assistance with and supervision of activities of daily living d. Other support services: obtaining necessary services, entitlements, living accommodations, supporting healthy interpersonal relationships and transactions, etc. 4) CSP treatment plan development and review (in collaboration with the Inclusa team) 5) CSP treatment services: <ol style="list-style-type: none"> a. Individual, family, and group psychotherapy b. Symptom management or supportive psychotherapy c. Medication administration and monitoring (purchase of prescription medications is not included in the Inclusa benefit package and is billable via the member’s Forward Health card) d. CSP crisis intervention 6) Psychological evaluations (psychiatric evaluation is not included in the Inclusa benefit package and is billable via the member’s Forward Health card)
3.5	<p>Services that do not meet CSP Program Requirements</p> <p>Examples of covered services that do not meet program requirements include the following:</p> <ol style="list-style-type: none"> 1) Services for which records or other documentation were not prepared or maintained. 2) Services for which the provider fails to meet any or all of the requirements of DHS 106.03, Wis. Admin. Code, including, but not limited to, the requirements regarding timely submission of claims. 3) Services that fail to comply with requirements or state and federal statutes, rules, and regulations. 4) Services provided by a provider who fails or refuses to provide access to records.

4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Community Support Program (CSP) SPC 509, Procedure Code H0034, H0039</p> <p>Service is billed with the indicated SPC and procedure code at the quarter hour rate as defined in Appendix A of the Provider Subcontract Agreement and within the published Z code packages.</p>
4.2	<p>The Family Care benefit package includes CSP services with the exception of the physician (psychiatrist) services. CSP services are reimbursed at Medicaid established rates.</p> <p>Family Care members receive physician services through the Medicaid program utilizing their Forward Health Card. CSP provider will invoice Medicaid for CSP psychiatric services which are funded by Medicaid fee for service under the outpatient services category.</p> <p>For people enrolled in Family Care, the local county is not responsible for the non-federal share of CSP.</p> <p>MCO's pay both the federal and non-federal share of CSP services, with the exception of psychiatric services.</p>
4.3	<p>CSP services will be authorized at a package level (Z8000). Claims will be invoiced using the applicable MA allowable Procedure Code and Modifiers as listed in the Z code package.</p>
4.4	<p>Telephone contacts between members and CSP staff. Inclusa will authorize and reimburse for telephone contacts only when they involve a case management crisis or emergency service or when they are specifically identified in the treatment plan as a necessary element of the member's treatment.</p>
4.5	<p>Staff travel time to deliver covered CSP services. Travel is included in the authorization as part of the covered services.</p>
5.0	Staff Qualifications and Training
5.1	<p>Caregiver Background Checks – Providers will comply with all applicable standards and/or regulations related to caregiver background checks as well as comply with the <i>Inclusa Provider Policy on Caregiver Background Checks</i>.</p>
5.2	<p>Employees shall be trained according to the requirements to carry out responsibilities set forth in Medicaid guidelines and Wisconsin Administrative Code HFS 63.</p>
5.3	<p>The CSP agency must ensure that the direct service staff are qualified by having education and/or experience in providing services to the target population.</p>
5.4	<p>Provider agency must orient and train their staff on the Family Care Program, Inclusa, and Community™, the trademarked care management model of Inclusa. Support materials regarding the Family Care Program and Community™ are available on the Inclusa website at www.inclusa.org.</p>
5.5	<p>The CSP agency must ensure that staff have received training on the following subjects pertaining to the individuals served:</p> <ol style="list-style-type: none"> 1) Policy, procedures and expectations of Inclusa and the CSP agency including training on: <ul style="list-style-type: none"> • Member rights and responsibilities • Provider rights and responsibilities • Record keeping and reporting • Confidentiality laws and regulations • Effective teaching styles • Adapting teaching styles to individual learning style • Documentation/data collection • Other information deemed necessary and appropriate 2) 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. 3) Recognizing and appropriately responding to all conditions that might adversely affect the member's health and safety including how to respond to emergencies and Critical Incidents.

	<p>4) Providers shall ensure that CSP staff are knowledgeable in the adaption and use of specialized equipment and in the modification of the member environments and that these staff complete regular training/continuing education coursework to maintain/update their level of expertise.</p> <p>5) Interpersonal and communication skills and appropriate attitudes for working effectively with members. These include:</p> <ul style="list-style-type: none"> • Understanding the principles of person-centered services • Member rights • Cultural, linguistic and ethnic differences • Active listening • How to respond with emotional support and empathy • Ethics in dealing with members, family and other providers • Conflict Resolution and behavior support techniques • Maintaining appropriate personal and professional boundaries with member's served <p>Other topics relevant to the population to be served</p>
5.6	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
6.0	Supervision and Staff Adequacy
6.1	The provider agency shall maintain adequate staffing to meet the needs of members referred by Inlusa and accepted by the agency for service.
6.2	Providers must have an acceptable backup procedure, including notification of member and agency when provider is unable to show for a scheduled visit.
6.3	<p>Provider agency will ensure:</p> <ul style="list-style-type: none"> • Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review. • Performance issues with staff are addressed promptly and Inlusa teams are kept informed about significant issues that affect the Inlusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inlusa members. • Provider staff are working collaboratively and communicating effectively with Inlusa staff.
7.0	Service Referral and Authorization
7.1	The Inlusa team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.
7.2	<p>The provider agency must notify the Inlusa team within 5 business days of receiving a referral regarding the ability to accept the member for services. If the referral is accepted, notification should also include the anticipated start date or any delays in staffing by the requested start date.</p> <p>The provider agency must continue to report status of an open referral on a weekly basis to the Inlusa team until the referral is filled.</p>
7.3	The Inlusa team will issue a new written referral form when the tasks assigned, amount, frequency or duration of the service changes.
7.4	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
7.5	<p>Process for new referrals:</p> <ol style="list-style-type: none"> 1) The initial referral for CSP services can be made with a phone call to CSP Supervisor by the Inlusa team. 2) Inlusa team will then complete the CSP referral and fax this to the CSP Supervisor. 3) Inlusa team will also fax any relevant information that will assist in determining eligibility and potential placement on the waiting list. Information to be sent may include: Inlusa team case notes, Social and Health Assessments, and Member Centered Plan(s).

	<ol style="list-style-type: none"> 4) The CSP Supervisor will review the CSP referral and any attached information, on a weekly basis, to determine eligibility and placement on the waiting list. 5) CSP Supervisor will contact the Inclusa team to notify them of the member’s placement on the waiting list and an approximate timeframe for the member’s admission to the program, once they are determined eligible. This initial contact must be made within one week of the member’s placement on the waiting list. 6) Once approved for admission to CSP, the CSP Case Manager will request authorization for Inclusa funding by contacting the Inclusa team. Inclusa will continue to fund one hour per month of billable time for case supervision by CSP Supervisor
7.6	<p>The initial authorization for CSP services from Inclusa will include the initial assessment and treatment plan development. The CSP provider will submit the assessment and initial treatment plan to Inclusa upon completion.</p> <p>Once received and reviewed by the Inclusa team, the Inclusa team and CSP Case Manager will discuss and agree upon a set number of authorized CSP Case Manager and/or MH Technician hours per week (or per month) for member contact and support, any other CSP services appropriate for the Inclusa member, as well as determine the appropriate level of billing (Technician, Bachelor’s, or Master’s level rate).</p> <p>Inclusa team will document agreed upon hours using the authorization and referral form and submit written document to CSP agency.</p>
7.7	<p>Authorizations for Member Services</p> <p>The Inclusa Provider Portal is used by providers to obtain information about current authorizations. In addition, the provider must use the portal to acknowledge all new authorizations. The provider agency is responsible for ensuring that only currently employed and authorized staff have access to the provider portal, and for using the member authorization information available on the portal to bill for services accurately.</p> <p>For authorization needs such as new authorizations, additional units, or missing authorizations, during normal Inclusa business hours (8:00 a.m. to 4:30 p.m.) the provider should contact the Inclusa team (Community Resource Coordinator or Health and Wellness Coordinator).</p> <p>If your authorization request is an emergent need impacting the member’s health and safety and you cannot reach the Inclusa team:</p> <ul style="list-style-type: none"> • During Inclusa business hours – call 1-877-622-6700 and press 0 for assistance. • After Inclusa business hours – call 1-877-622-6700 and press 9 to be connected to our after-hours support. <p>Questions regarding billing or claims for current CSP authorizations and requests for Provider Portal assistance should be directed to the Inclusa Residential-CSL-NH-Therapy Support Team at ACS-Residential-CSL-NH-Therapy@inclusa.org or 1-888-544-9353, ext. 6.</p>
8.0	Communication, Documentation and Reporting Requirements
8.1	<p>Inclusa communicates with providers regularly in the following formats:</p> <ul style="list-style-type: none"> • Vendor forums • Mass notifications via email, fax, or mail • Notices for expiring credentialing <p>Notices are sent to providers via email when the provider has email available to ensure timeliness of communication.</p> <p>Provider agencies are required to ensure Inclusa Community Resources/Provider Relations (CR/PR) staff, Inclusa teams, guardians and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.</p>

	Providers can update their information by submitting the Provider Contact Information Form at www.inclusa.org/providers/resources , or by contacting Provider Relations at 608-785-3623 or ProviderRelations@inclusa.org .
8.2	In the event that the CSP provider and Inclusa differ in regards to the approach used to assist the member in achieving their outcomes/goals, staff from both agencies can consult with the CSP Supervisor, the Inclusa Member Support Manager, the CSP psychiatrist, and/or the Inclusa Behavioral Health team .
8.3	The provider agency shall report to the Inclusa team whenever: <ol style="list-style-type: none"> 1) There is a change in service provider 2) There is a change in the member’s needs or abilities 3) The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)
8.4	The provider agency shall give at least 30 days’ advance notice to the Inclusa team when it is unable to provide authorized services to an individual member. The provider agency shall be responsible to provide authorized services during this time period. The Inclusa team or designated staff person will notify the provider agency when services are to be discontinued. The Inclusa team will make every effort to notify the provider at least 30 days in advance.
8.5	Member Progress Reports/Plans (Person Centered Recovery Plans) Required CSP reports include the initial treatment plan and assessment. CSP will complete their initial assessment and treatment plan with recommended services and hours. <i>The initial assessment and treatment plan is sent to the Inclusa team before further authorization will occur.</i> The Inclusa team will update the referral with recommended CSP’s treatment plan’s services and hours and resend to the CSP agency. Submission Timeframes: <ul style="list-style-type: none"> • <i>CSP provider will submit the CSP 6-month review of the treatment plan to Inclusa upon completion.</i> The Inclusa team will review the CSP treatment plan, the 6-month review of the plan, and progress that has been made on the treatment plan. • After review of the 6-month review of the CSP treatment plan, Inclusa team will review and update the referral and send the updated referral to CSP provider.
8.6	Providers will notify MCO of formal complaints or grievances received from MCO members within 48 hours of receipt. Written notification of completed complaint investigations will be forwarded to the Inclusa interdisciplinary team.
8.7	Member Incidents Provider agencies shall report all member incidents to the Inclusa team. Providers must promptly communicate with the Inclusa team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member. Acceptable means of communicating member incidents to the Inclusa team would be via phone, fax or email <i>within 24 hours</i> . Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance. Providers and Inclusa will comply with the <i>Inclusa Incident Reporting Policy</i> which is available on the Inclusa website at www.inclusa.org .
8.8	CSP Provider will invite the Inclusa team to participate in CSP’s Recovery Oriented Treatment Planning meeting with the member. Inclusa Team will invite CSP Case Manager to participate in the Member Centered Plan (MCP) process with the member.
8.9	The CSP agency must maintain the following documentation; and make available for review by Inclusa upon request:

	<ul style="list-style-type: none"> • Verification of criminal and caregiver and licensing background checks • Verification that each CSP staff meets training and experience requirements • Documentation related to communications to CSP providers regarding supervision methods by the CSP agency including frequency, intensity and any changes in supervision • Written policy and procedure for arranging backup when a care provider is not available. • Written procedures for responding to complaints, inappropriate practices or matters qualifying as member-related incidents • Written policy and procedure that covers expectation of work rules such as timeliness of scheduled visits, work ethics and reporting variances to the CSP agency supervisor • An example of its employee time sheet/visit record document that is used for documenting employee time for payroll and billing purposes.
9.0	Quality Assurance
9.1	<p>Purpose</p> <p>Inclusa quality assurance activities are a systematic, departmental 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>Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.</p> <p>Inclusa provider quality assurance practices:</p> <ol style="list-style-type: none"> 1) Establish the definition of quality services; 2) Assess and document performance against these standards; and 3) Detail corrective measures to be taken if problems are detected. <p>It is the responsibility of providers and provider agencies to maintain the regulatory and contractual standards as outlined in this section. Inclusa will monitor compliance with these standards to ensure the services purchased are of the highest quality.</p> <p>Resulting action may include recognition of performance at or above acceptable standards, working with the provider to repair and correct performance if it is below an acceptable standard, or action up to termination of services and/or contract should there be failure to achieve acceptable standards and compliance with contract expectations.</p>
9.2	<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 members 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 Inclusa Incident Reports related to provider performance ○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.) • Contract Compliance- formal or informal review and identification of compliance with Inclusa contract terms, provider service expectation terms, applicable policies/procedures for Inclusa contracted providers • Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inclusa staff.
9.3	<p>Inclusa Sources and Activities for Measuring Provider Performance</p> <ul style="list-style-type: none"> • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits

	<ul style="list-style-type: none"> • Statement of Deficiency (SOD)- state regulated entities • Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents, or issued Statement of Deficiency. • Tracking of performance and compliance in relation to the subcontract agreement and appendices • Statistical reviews of time between referral and service commencement
9.4	<p>Expectations of Providers and Inclusa for Quality Assurance Activities</p> <ul style="list-style-type: none"> • Collaboration: working in a goal oriented, professional, and team based approach with Inclusa 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 Inclusa, responding to calls, emails, or other inquiries, keeping Inclusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities. • Systems perspective toward 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 • Member-centered solutions to issues: relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served <p>Inclusa 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 members.</p>