



# Scope of Service Counseling & Therapeutic Resources (Non-MA)



**SPC: 507.04, 507.05, 507.06  
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.

<b>1.0</b>	<b>Service Definition</b>
	<p>Inclusa follows the definitions and guidelines as defined for Counseling and Therapeutic Resources in the DHS Family Care contract, standard program categories (SPCs) 507.04, 507.05, and 507.06. Counseling and therapeutic services is the provision of professional, treatment-oriented services to address a member’s identified needs for personal, social, physical, medical, behavioral, emotional, cognitive, mental or substance abuse disorders. Counseling and therapeutic services may include assistance in adjusting to aging and/or disabilities including understanding capabilities and limitations. Services may also include assistance with interpersonal relationships, recreational therapies, music therapy, art therapy, nutritional counseling, medical counseling, weight counseling and grief counseling. Counseling and therapeutic services must meet clearly defined outcomes, be proven effective for the member’s condition or outcome and be cost effective. Any alternative therapies and treatments must meet DHS requirements. Excludes inpatient services, services provided by a physician and services covered by the Medicare program (except for payment of any Medicare cost share). Counseling agencies must comply with Wis. Admin. Code DHS 61.35. All providers must have current state licensure or certification in their field of practice.</p>
<b>2.0</b>	<b>Standards of Service</b>
2.1	Provider must follow the standards for Counseling and Therapeutic Resources. 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	Provider must incorporate practices that honor members’ beliefs, being sensitive to cultural diversity and diverse cultural and ethical backgrounds, including supporting members with limited English proficiency or disabilities, and regardless of gender, sexual orientation, or gender identity. This includes fostering attitudes and interpersonal communication styles in staff and providers which respect members’ cultural backgrounds.
<b>3.0</b>	<b>Service Description</b>
3.1	<p><b>SPC 50704, 50705, 50706 – Counseling and Therapeutic Services</b></p> <p>Services may include services such as interpersonal relationships, weight counseling, music therapy, art therapy, nutritional counseling, equestrian and grief counseling, activity therapy, cardiac/Pulmonary Rehabilitation (medical counseling)</p>

	50704 – Services provided per visit or session 50705 – Services provided as a 15-minute unit of service 50706 – Services provided as a per diem service
3.2	Members must be given the opportunity to direct some or all of their Counseling and Therapeutic Resources whenever possible to the extent of their ability and desire. Inclusive teams must determine the member’s ability and/or desire to direct services by assessment and by observation and address this in the member’s plan.
3.3	Prior to authorizing payment to family members the following conditions must be met: <ol style="list-style-type: none"> <li>1) The service is authorized by the Inclusive team;</li> <li>2) The member’s preference is for the family member to provide the service;</li> <li>3) The Inclusive team monitors and manages any conflict of interest situation that may occur as a result of the family member providing services;</li> <li>4) The family member meets the MCO’s standards for its subcontractors or employees providing the same service; and</li> <li>5) The family member will either: <ul style="list-style-type: none"> <li>• Provide an amount of service that exceeds normal family care giving responsibilities for a person in a similar family relationship who does not have a disability; or</li> <li>• Find it necessary to forego paid employment in order to provide the service and is not receiving a pension (including Social Security retirement benefits).</li> </ul> </li> </ol>
<b>4.0</b>	<b>Units of Service and Reimbursement Guidelines</b>
4.1	<p><b>SPC 50704:</b></p> <p><b>S8990 – Health related, non-medical – Each</b>  <b>S9449 – Weight management, Non- physician – Per session</b>  <b>S8990, U5 – SDS, Health related, non-medical – Each</b>  <b>S9451, U5 – Exercise classes – each</b>  <b>S9451 – Exercise classes – each</b>  <b>S9970, U5 – Health Club Membership – each</b>  <b>S9970 – Health Club Membership – each</b>  <b>S8940 – Equestrian hippotherapy, per session – each</b>  <b>S8940, U1 – Equestrian hippo therapy, per session; group – each</b>  <b>S9470 – Nutrition counseling, dietitian – each</b>  <b>G0176 – OPPS/PHP; Activity Therapy; Music, Dance &amp; Art therapy - each</b></p> <p><b>SPC 50705:</b></p> <p><b>H2032 – Activity Therapy – Qtr hr</b></p> <p><b>SPC 50706:</b></p> <p><b>S9472 – Cardiac Rehabilitation Program – each</b>  <b>S9473 – Pulmonary Rehabilitation Program - each</b></p> <p>Service is billed with the indicated SPC and procedure code rate as defined in Appendix A of the Provider Subcontract Agreement.</p>
<b>5.0</b>	<b>Staff Qualifications and Training</b>
5.1	<b>Caregiver Background Checks</b> – Providers will comply with all applicable standards and/or regulations related to caregiver background checks and comply with Appendix H from the Inclusive Subcontract Agreement.
5.2	Staff that provide services shall complete required training within six months of beginning employment unless training is needed before the staff can safely provide the service.
5.3	Provider agency must orient and train their staff on the Family Care Program, Inclusive, and Community™, the trademarked care management model of Inclusive. Support materials regarding the Family Care Program and Community™ are available on the Inclusive website at <a href="http://www.inclusive.org">www.inclusive.org</a> .

5.4	<p>The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served:</p> <ul style="list-style-type: none"> <li>• Training on the population being served</li> <li>• Training on the provision of the services being provided</li> <li>• Applicable regulatory/licensure training requirements are met for all staff</li> <li>• Training on the scope of services necessary</li> <li>• Training of rights and confidentiality (HIPAA)</li> <li>• Training of prevention of exploitation, emotional, verbal, physical, and sexual abuse</li> <li>• Knowledge in the adaptation of specialized equipment and in the modifications of the member environments.</li> </ul>
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.6	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
<b>6.0</b>	<b>Supervision and Staff Adequacy</b>
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"> <li>• Staff are supervised and assessed to assure they are working effectively and collaboratively with members by conducting adequate on-site supervision and review.</li> <li>• Performance issues with staff are addressed promptly and Inlusa teams are kept informed about significant issues that affect the Inlusa member.</li> <li>• Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inlusa members.</li> <li>• Provider staff are working collaboratively and communicating effectively with Inlusa staff.</li> </ul>
<b>7.0</b>	<b>Service Referral and Authorization</b>
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	The provider agency must notify the Inlusa team within 3 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. 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.
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><b>Authorizations for Member Services</b></p> <p>The Inlusa 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 Inlusa business hours (8:00 a.m. to 4:30 p.m.) the provider should contact the Inlusa 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 Inlusa team:</p>

	<ul style="list-style-type: none"> <li>• During Inclusa business hours – call 877-622-6700 and press 0 for assistance.</li> <li>• After Inclusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support</li> </ul> <p>Questions regarding billing or claims for current Counseling &amp; Therapeutic Resources authorizations and requests for Provider Portal assistance should be directed to the Inclusa Residential-CSL-NH-Therapy Support Team at <a href="mailto:ACS-Residential-CSL-NH-Therapy@inclusa.org">ACS-Residential-CSL-NH-Therapy@inclusa.org</a> or 888-544-9353, ext. 6.</p>
<b>8.0</b>	<b>Communication, Documentation and Reporting Requirements</b>
8.1	<p>Inclusa communicates with providers regularly in the following formats:</p> <ul style="list-style-type: none"> <li>• Vendor forums</li> <li>• Mass notifications via email, fax, or mail</li> <li>• Notices for expiring credentialing</li> </ul> <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> <p>Providers can update their information by submitting contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or <a href="mailto:ProviderRelations@inclusa.org">ProviderRelations@inclusa.org</a>.</p>
8.2	<p>The provider agency shall report to the Inclusa team whenever:</p> <ol style="list-style-type: none"> <li>1) There is a change in service provider</li> <li>2) There is a change in the member’s needs or abilities</li> <li>3) The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)</li> </ol>
8.3	<p>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.</p>
8.4	<p>Inclusa interdisciplinary team will receive timely, accurate, and comprehensive information relating to the services provided (e.g. treatment plans, progress notes, etc.).</p>
8.5	<p><b>Member Incidents</b></p> <p>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 <b>within 24 hours</b>. Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance.</p> <p><a href="http://www.inclusa.org">Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.</a></p>
8.6	<p>The provider agency shall give at least 15 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.</p> <p>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 15 days in advance.</p>
8.7	<p>The provider agency must maintain the following documentation; and make available for review by Inclusa upon request.</p> <ul style="list-style-type: none"> <li>• Provider meets the required standards for applicable staff qualification, training and programming</li> </ul>

	<ul style="list-style-type: none"> <li>• Verification of criminal, caregiver and licensing background checks as required.</li> <li>• Policy and procedure related to supervision methods by the provider agency including frequency, intensity and any changes in supervision.</li> <li>• Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents. The policy and procedure should also cover expectation of work rules work ethics and reporting variances to the program supervisor.</li> <li>• Employee time sheets/visit records which support billing to Inclusa.</li> </ul>
<b>9.0</b>	<b>Quality Assurance</b>
9.1	<p><b>Purpose</b></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 style="padding-left: 40px;">Inclusa provider quality assurance practices:</p> <ol style="list-style-type: none"> <li>1) Establish the definition of quality services;</li> <li>2) Assess and document performance against these standards; and</li> <li>3) Detail corrective measures to be taken if problems are detected.</li> </ol> <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><b>Quality Performance Indicators</b></p> <ul style="list-style-type: none"> <li>• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response to Statement of Deficiency</li> <li>• Education/Training of staff- Effective training of staff 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.</li> <li>• Performance record of contracted activities- <ul style="list-style-type: none"> <li>○ tracking of number, frequency, and outcomes of Inclusa Incident Reports related to provider performance</li> <li>○ tracking of successful service provision (member achieving goals/outcomes, increased member independence and community participation, etc.)</li> </ul> </li> <li>• 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</li> <li>• Availability and Responsiveness- related to referrals or updates to services, reporting and communication activities with Inclusa staff.</li> </ul>
9.3	<p><b>Inclusa Sources and Activities for Measuring Provider Performance</b></p> <ul style="list-style-type: none"> <li>• Member satisfaction surveys</li> <li>• Internal or external complaints and compliments</li> <li>• Onsite review/audits</li> <li>• Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents.</li> </ul>

	<ul style="list-style-type: none"> <li>• Tracking of performance and compliance in relation to the subcontract agreement and appendices</li> <li>• Statistical reviews of time between referral and service commencement</li> </ul>
9.4	<p><b>Expectations of Providers and Inclusa for Quality Assurance Activities</b></p> <ul style="list-style-type: none"> <li>• <b>Collaboration:</b> working in a goal oriented, professional, and team based approach with Inclusa representatives to identify core issues to quality concerns, strategies to improve, and implementing those strategies</li> <li>• <b>Responsiveness:</b> actions taken upon request and in a timely manner to resolve and improve identified issues. This may include submitted documents to Inclusa, responding to calls, emails, or other inquiries, keeping Inclusa designated staff informed of progress, barriers, and milestones achieved during quality improvement activities.</li> <li>• <b>Systems perspective toward improvement:</b> approaching a quality concern, trend, or significant incident with the purpose of creating overall improvements that will not only resolve the issue at hand, but improve service and operations as a whole</li> <li>• <b>Member-centered solutions to issues:</b> relentlessly striving to implement solutions with the focus on keeping services member-centered and achieving the goals and outcomes identified for persons served</li> </ul> <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>