SPC: 619
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
	Inclusa follows the definitions and guidelines as defined for Financial Management - Representative Payee in the DHS Family Care contract, standard program category (SPC) 619. Financial Management service includes the provision of assistance to members who are unable to manage their own personal funds. This service includes assistance to the member to effectively budget the member's personal funds to ensure sufficient resources are available for housing, board, and other essential costs. This service includes paying bills authorized by the member or their legal decision maker, keeping an account of disbursements, and assisting the member to ensure that sufficient funds are available for needs. Excludes payments to court-appointed guardians or court-appointed protective payees if the court has directed them to perform any of these functions. Financial Management - Organizational Representative Payee, designated by Social Security Administrations, Financial Management – Organizational Representative Payee service providers are expected to manage all of the member's dollars (earned and unearned income) and write checks to ensure the member's basic current needs of food, shelter, clothing and medical care are met., Representative Payees of members will be expected to converse directly with members regarding all aspects and service expectations set forth in this document. Representative Payees must minimally follow the responsibilities, requirements and guidelines set forth by the Social Security Administration for Organizational Representative Payees within the Social Security Act, the Code of Federal Regulations, and Inclusa service expectations. Organizational representative payee agencies must be a state or local government agency or a community-based non-profit social service agency and have demonstrated experience providing service to the Inclusa target population.
2.0	**Standards of Service**
2.1	Provider must follow the standards for Representative Payee. This Scope of Service reflects Inclusa policies and procedures.
2.2	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. 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.
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	The Organizational Representative Payee **cannot** collect a fee for this service from Inclusa if they are receiving compensation for the service from another source such as the court, guardianship fees, the Social Security Administration, or if they did not perform any payee services in the month.

2.5	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.
3.0	**Service Description**
3.1	**SPC 619 – Representative Payee** Upon a referral from Inclusa, the Representative Payee agency will complete the application/ paperwork establishing the agency as the Representative Payee with the Social Security Administration. The Representative Payee agency will then be responsible for preparing a budget, paying bills for the member, distribution of personal spending funds, receiving the calls directly from the member to discuss funds, reporting and following up with Social Security regarding any changes in income and authorizing additional discretionary funds requests. In addition, the Representative Payee is responsible for negotiating with creditors, landlords, utility companies, etc. in regard to payment arrangements.
3.2	**Duties Required by Social Security for Representative Payee:** • Determine the beneficiary's current financial needs for day-to-day living (e.g., food, clothing, housing, medical expenses, and personal items) and use his or her payments to meet those needs. • Notify the Social Security Administration (SSA) when a beneficiary's condition improves to a point where you believe he or she no longer needs a payee. • Save any money left after meeting the beneficiary's current needs in a checking or savings account (preferably interest bearing), U.S. savings bonds, or other appropriate investment(s). • Keep separate **written** records for each member for at least **2 years.** This includes a record of all payments received from the Social Security Administration (SSA), bank statements and cancelled checks, receipts or cancelled checks for rent, utilities, and major purchases made for the beneficiary. For example, if you withdraw $100 from the beneficiary's account and buy an $80 item, then there must be a receipt for the $80 and a record reflecting the disposition of the remaining $20. • Notify SSA of any changes or circumstances that would affect your performance as a payee or your decision to continue to serve as a payee (for example, you sell or transfer your business). • Assure that you do not lend a beneficiary's money to anyone else, including other beneficiaries you serve (this includes using funds held in a collective account to make up a shortfall when a beneficiary's expenses exceed his/her ownership interest in the account). • Return any conserved funds (funds owned by the beneficiary) to SSA (or the new Organizational Representative Payee) if you stop serving as the beneficiary's payee. • Notify SSA if a beneficiary dies while you are payee, and give any conserved funds owned by the beneficiary to the legal representative of the beneficiary's estate for disposition under state law. If you received checks after the death of a beneficiary and they are not due, you must return them to SSA. • A payee must complete forms for annual accountings of benefits received. The completed forms must be returned to SSA. • If you receive a large payment representing several months or even years of benefits, you should plan to spend or conserve the money wisely, in the best interests of the beneficiary. • You must report any event that affects the beneficiary's payment or entitlement to benefits and promptly return any payment that the beneficiary is not due. Do not rely on the beneficiary to report these changes. • If you are a payee for a Supplemental Security Income (SSI) beneficiary, be aware of all income, funds and items a beneficiary may own that can be converted to cash because

	income and/or resources may impact the beneficiary's payments and/or eligibility (currently $2000 maximum for an individual). Inclusa Care Team and members are responsible for letting the Representative Payee know of additional income as well.
3.3	**Changes and Additional Events the Representative Payee Must Report to SSA:** • the beneficiary dies, • the beneficiary moves, • you are unable to contact the beneficiary and you do not know where the beneficiary is, • the beneficiary marries or divorces or marriage is annulled, • the beneficiary's name changes, • the beneficiary starts or stops working, • the disabled beneficiary's condition improves, • the beneficiary leaves or plans to leave the U.S. for 30 consecutive days or more, • the beneficiary's immigration or citizenship status changes, • the beneficiary is confined to a correctional institution or has an unsatisfied warrant, • your organization can no longer serve as a payee, • the beneficiary no longer needs a payee, • employee theft of beneficiary funds, or • when the Representative Payee address changes.
3.4	**You must also report the following events if the beneficiary receives SSI payments:** • the beneficiary acquires countable resources that exceed $2,000 for an individual or $3,000 for a couple, • the beneficiary moves, even temporarily, to or from a hospital, nursing home or other institution, • a married beneficiary separates from his or her spouse, or they begin living together after a separation, • someone moves into or out of the beneficiary's household, or • the beneficiary has any change in income (wages, government payment, pension, etc.) or resources (for example, a child's SSI payment may change if there are any changes in family income or resources, such as the parents' savings).
3.5	The Representative Payee will establish a member's budget to meet day to day living needs with the first focus on food, clothing, housing, and medical needs. Secondary member financial priorities should be personal care items, dental expenses, rehabilitation expenses; next should be past-due bills, support for dependents and entertainment.
3.6	The Representative Payee is responsible to distribute money for food, clothing, and shelter. This would not be a task authorized under any other service in the Family Care benefit package. The Representative Payee is required to ensure that the member receives funds on a regular basis to purchase groceries. The frequency of this distribution is a collaborative decision between the Representative Payee and the member. How this money is issued to the member (cash, check, blank check, gift card, debit card, money order, etc.) is the responsibility of the Representative Payee. They will consult with the Inclusa Care Team in making this determination.
3.7	For members that have pensions and/or earned income: the budget must include unearned income for which the member is eligible such as SSDI, SSI, SSI-E and earned income in order to ensure that all basic needs are being reimbursed. The Representative Payee is responsible for ensuring that food, clothing, and shelter needs are met. If the Representative Payee is not able to meet those needs solely with their benefit income, they need to collaborate with the member to determine the priority of how things will get paid from their combined income (earned and unearned). This may include accepting earned funds to meet the member's basic needs per Social Security guidelines. Inclusa Care Team may need to collaborate with and assist the Representative Payee in obtaining this information and assuring members' cooperation as the Representative Payee has no legal authority to access this information.

	The member may also choose to have all or some of their pension or other income deposited into their Representative Payee account so all bills can be paid by the Representative Payee.
3.8	The Representative Payee must provide a toll-free telephone number or other accessible communication method for members to contact the Organizational Representative Payee agency directly without cost to the member, meet with members face to face as needed or requested by the member, and establish a protocol with easily accessible and various convenient locations for members to cash checks.
3.9	As necessary, the Representative Payee will need to obtain releases of information from the authorized party for conducting Representative Payee Services on behalf of the member with landlords, creditors, utility companies, etc. Releases are not usually optional. Since the Representative Payee is responsible for paying bills, the bills must go to them.
3.10	The Representative Payee will process applications for new referrals, report changes in income to Social Security, and contact Social Security or other income sources with any problems or issues surrounding member's earned or unearned income. The Representative Payee will contact the care manager for assistance in resolving issues relative to earned income. They will also report all other required changes listed in Section III.
3.11	Representative Payee agencies are required to respond to phone or email inquiries within 24 standard business hours.
3.12	The Representative Payee Organization must notify the Inclusa care manager by email if the member has reached assets of $1,250 or if there is an expected dollar deposit of more than $2,000 dollars to ensure that financial planning and counseling is available, so the member remains financially eligible for Family Care services.
4.0	**Units of Service and Reimbursement Guidelines**
4.1	**Representative Payee:** This service shall be billed at a set monthly rate per member. The rate shall not exceed Social Security Guidelines. Organizational representative payees cannot collect a fee for this service from Inclusa if they are receiving compensation for the service from another source such as the court, guardianship fees, the Social Security Administration, or if they did not perform any payee services in the month. **SPC 619; Procedure Code T2025** Service is billed with the indicated SPC and procedure code at the monthly rate as defined in Appendix A of the Provider Subcontract Agreement.
4.2	**Remote Waiver Services and Interactive Telehealth** Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
5.0	**Staff Qualifications and Training**
5.1	The agency must ensure that the direct service staff is qualified by having education and/or experience in financial services, including training and experience in accounting and bookkeeping.
5.2	The agency must maintain record of when training is completed.
5.3	**Caregiver Background Checks** – Providers will comply with all applicable standards and/or regulations related to caregiver background checks and comply with Appendix H from the Inclusa Subcontract Agreement.
5.4	Provider agency must orient and train their staff on the Family Care Program, Inclusa, and Commonunity™, the trademarked care management model of Inclusa. Support materials regarding the Family Care Program and Commonunity™ are available on the Inclusa website at www.inclusa.org.
5.5	The provider agency must ensure that staff have received training on the following subjects pertaining to the individuals served: A. Policy, procedures, and expectations of Inclusa and the Organizational Rep Payee agency including training on:

	• Member rights and responsibilities • Provider rights and responsibilities • Record keeping and reporting • Documentation/data collection • Other information deemed necessary and appropriate B. Information about individuals to be served including information on disabilities, abilities, needs, functional deficits, strengths, and preferences. C. Recognizing and appropriately responding to all conditions that might adversely affect the member's health and safety including how to respond to emergencies. D. Interpersonal and communication skills and appropriate attitudes for working effectively with members. These include: • 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 • Maintaining appropriate personal and professional boundaries with member's served • Other topics relevant to the population to be served
5.6	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.7	Services provided by anyone under the age of 18 shall comply with Child Labor Laws.
6.0	**Supervision and Staff Adequacy**
6.1	The provider agency shall maintain adequate staffing to meet the needs of members referred by Inclusa and accepted by the agency for service.
6.2	Providers must have an acceptable backup procedure to ensure delivery of service in a timely manner.
6.3	Provider agency will ensure: • Performance issues with staff are addressed promptly and Inclusa teams are kept informed about significant issues that affect the Inclusa member. • Provider staff are working collaboratively and communicating effectively with Inclusa staff
7.0	**Service Referral and Authorization**
7.1	The Inclusa 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 Inclusa team within 2 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 Inclusa team until the referral is filled.
7.3	The provider agency will retain copies of the referral forms in the agency file as proof of authorization.
7.4	**Authorizations for Member Services** 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.

	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). If your authorization request is an emergent need impacting the member's health and safety and you cannot reach the Inclusa team: • During Inclusa business hours – call 877-622-6700 and press 0 for assistance. • After Inclusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support. Questions regarding billing or claims for current Representative Payee authorizations and requests for Provider Portal assistance should be directed to the Inclusa SHC-SDS-Home Health Support Team at ACS-SHC-SDS-HomeHealth@inclusa.org or 888-544-9353, ext. 7.
7.5	**Remote Waiver Services and Interactive Telehealth** Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option. 1. Remote Waiver Services Remote waiver services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communications between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service. The IDT must first determine the service is necessary to support an outcome by using the RAD or other Department approved alternative and then determine whether it can be authorized remotely. To authorize a waiver service for remote delivery, the IDT must: a. Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service. Functional equivalence exists when a there is no reduction in quality, safety, or effectiveness of the in-person service because it is delivered by using audiovisual telecommunication technology. b. Obtain informed consent from the member to receive the service remotely. c. Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely. 2. State Plan Services Via Interactive Telehealth Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communications between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.
8.0	**Communication, Documentation and Reporting Requirements**
8.1	Inclusa communicates with providers regularly in the following formats: • Vendor forums • Mass notifications via email, fax, or mail • Notices for expiring credentialing Notices are sent to providers via email when the provider has email available to ensure timeliness of communication. Provider agencies are required to ensure that 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. Providers can update their information by contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or ProviderRelations@inclusa.org.
8.2	The provider agency shall report to the Inclusa team whenever: 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)
8.3	**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 ***within 24 hours***. Additional documentation of incidents may be requested by the team or Inclusa Quality Assurance. Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.
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	The provider agency must maintain the following documentation, and make available for review by Inclusa upon request: • Provider meets the required standards for applicable staff qualification, training and programming • Verification of 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 member-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 Inclusa.
9.0	**Quality Assurance**
9.1	**Purpose** 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. Inclusa will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality. Inclusa provider quality assurance practices: 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. 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.

	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.

9.2	**Quality Performance Indicators**
	• Legal/Regulatory Compliance- evidenced by regulatory review with no deficiencies, type of deficiency and/or effective and timely response.
	• 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-
	  ○ 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 scope of service, 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	**Inclusa Sources and Activities for Measuring Provider Performance** • Member satisfaction surveys • Internal or external complaints and compliments • Onsite review/audits • Quality Teams- as assigned based on significant incidents, trend in quality concerns or member-related incidents. • Tracking of performance and compliance in relation to the subcontract agreement and appendices • Statistical reviews of time between referral and service commencement
9.4	**Expectations of Providers and Inclusa for Quality Assurance Activities** • **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 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. • **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. 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.

10.0	Expected Outcomes
10.1	• Members will receive services and care that is consistent with individual needs and outcomes identified in the member's individual service plan. • Members shall be afforded the opportunity to evaluate and provide feedback regarding services received.