



Scope of Service Physical and Occupational Therapy, Speech & Language Pathology

SPC: 507.11, 507.12, 507.13

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 Physical Therapy, Occupational Therapy, and Speech and Language Pathology in the DHS Family Care contract, SPC 507.11, 507.12, 507.13.</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Physical Therapy as defined in Wis. Admin Code § DHS 107.16 (in all settings) • Occupational Therapy as defined in Wis. Admin Code § DHS 107.17 (in all settings) "Occupational therapy" means the therapeutic use of purposeful and meaningful occupations to evaluate and treat individuals of all ages who have a disease, disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and environments and to promote health and wellness. • Speech and language pathology services as defined in Wis. Admin. Code § DHS 107.18 (in all settings) "Speech-language pathology" means applying principles, methods or procedures of prevention, identification, evaluation, consultation, intervention, instruction or research related to speech, language, cognition or swallowing or any abnormal condition involving speech, articulation, fluency, voice, verbal or written language, auditory comprehension, cognition or communication or oral, pharyngeal or laryngeal sensorimotor competencies.
2.0	Standards of Service
2.1	<p>Provider must follow the standards for Physical Therapy, Occupational Therapy, and Speech and Language Pathology. This Scope of Service reflects Inclusa policies and procedures.</p>
2.2	<p>"Physical therapist" means an individual who has been graduated from a school of physical therapy and holds a license to practice physical therapy granted by the examining board.</p> <p>"Physical therapy" means any of the following:</p> <ul style="list-style-type: none"> • Examining, evaluating, or testing individuals with mechanical, physiological, or developmental impairments, functional limitations related to physical movement and mobility, disabilities, or other movement-related health conditions, in order to determine a diagnosis, prognosis, or plan of therapeutic intervention or to assess the ongoing effects of intervention. In this subdivision, "testing" means using standardized methods or techniques for gathering data about a patient. • Alleviating impairments or functional limitations by instructing patients or designing, implementing, or modifying therapeutic interventions. • Reducing the risk of injury, impairment, functional limitation, or disability, including by promoting or maintaining fitness, health, or quality of life in all age populations. • Engaging in administration, consultation, or research that is related to any activity specified in subsds. 1. to 3. 448.50(4)(b)
2.3	<p>"Occupational therapist" means an individual who is licensed by the affiliated credentialing board to practice occupational therapy.</p>

	<p>“ Occupational therapy,” as defined at s. 448.96 (5), Stats., may include the following interventions:</p> <ul style="list-style-type: none"> • Remediation or restitution of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological processes. • Adaptation of task, process or environment, or the teaching of compensatory techniques, in order to enhance performance. • Disability prevention methods and techniques which facilitate the development or safe application of performance skills. • Health promotion strategies and practices which enhance performance abilities.
2.4	<p>The profession of speech-language pathology contains a broad area of speech-language pathology practice that includes both speech-language pathology service delivery and professional practice domains.</p> <p>Treatment establishes a new skill or ability or remediates or restores an impaired skill or ability. The ultimate goal of therapy is to improve an individual's functional outcomes. To this end, SLPs:</p> <ul style="list-style-type: none"> • design, implement, and document delivery of service in accordance with best available practice appropriate to the practice setting; • provide culturally and linguistically appropriate services; • integrate the highest quality available research evidence with practitioner expertise and individual preferences and values in establishing treatment goals; • utilize treatment data to guide decisions and determine effectiveness of services; • integrate academic materials and goals into treatment; • deliver the appropriate frequency and intensity of treatment utilizing best available practice; • engage in treatment activities that are within the scope of the professional's competence; • collaborate with other professionals in the delivery of services
2.5	<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>
2.6	<p>Inclusa may not prohibit or otherwise restrict a provider acting within the lawful scope of practice from advising or advocating on behalf of a member who is his/her patient, including any of the following:</p> <ol style="list-style-type: none"> a. For the member’s health status, medical care, or treatment options, including any alternative treatment that may be self-administered. b. For any information, the member needs in order to decide among all relevant treatment options. c. For the risks, benefits, and consequences of treatment or non-treatment. d. For the member’s right to participate in decisions regarding his/her health care, including the right to refuse treatment and to express preference about future treatment decisions.
2.7	<p>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.</p>
2.8	<p>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.</p>

3.0	Service Description
3.1	<p>SPC 50711 - Physical therapy as defined in Wis. Admin. Code § DHS 107.16</p> <p>SPC 50712 - Occupational therapy as defined in Wis. Admin. Code § DHS 107.17</p> <p>SPC 50713 - Speech and language pathology services as defined in Wis. Admin. Code § DHS 107.18</p>
3.2	Inclusa utilizes code packages, called Z codes, to authorize therapies including physical therapy, occupational therapy and speech therapy. A Z code package allows for the authorization of one Z code, which represents multiple therapy codes without the need to have multiple authorizations for each procedure code. While the authorization will show a general Z code, provider must bill using the specific procedure code and modifier as listed within the authorized Z code package. A complete list of Z codes and the CPT codes available in each Z code package is available on the Inclusa provider portal under the resources tab.
4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Physical Therapy (PT) SPC 50711 (Procedure Code) Z1000 – per 15 min</p> <p>Occupational Therapy (OT) SPC 50712 (Procedure Code) Z2000 – per 15 min</p> <p>Speech Therapy (ST) SPC 50713 (Procedure Code) Z3000 – per 60 min SPC 50713 (Procedure Code) Z3200 – Each</p> <p>Service is billed with the actual procedure code and modifier as listed within the Z code packages at a rate as defined in Appendix A of the Provider Subcontract Agreement and the Max Fee (Medicaid rates).</p>
4.2	<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>
5.0	Staff Qualifications and Training
5.1	Caregiver Background Checks – Providers will comply with all applicable standards and/or regulations related to caregiver background checks as well as comply with Appendix H from the Inclusa 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 and Inclusa. Support materials regarding the Family Care Program are available on the Inclusa website at www.inclusa.org .
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"> • Training on the population being served • Training on the provision of the services being provided • Applicable regulatory/licensure training requirements are met for all staff • Training on the scope of services necessary • Training of rights and confidentiality (HIPAA) • Training of prevention of exploitation, emotional, verbal, physical, and sexual abuse
5.5	Staff shall be trained in recognizing abuse and neglect and reporting requirements.
5.6	<p>Individual Therapists must have current state licensure or certification in the fields of practice.</p> <ul style="list-style-type: none"> • Physical Therapy – reference Wi. statue 448.53 • Occupational Therapy – reference Wi. Statue 448.963 • Speech Therapy - reference Wi. Statute 459.20

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, 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	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>Authorizations for Member Services</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"> • During Inlusa business hours – call 877-622-6700 and press 0 for assistance. • After Inlusa business hours – call 877-622-6700 and press 9 to be connected to our after-hours support. <p>Questions regarding billing or claims for current PT, OT, and SLP authorizations and requests for Provider Portal assistance should be directed to the Inlusa Residential-CSL-NH-Therapy Support Team at ACS-Residential-CSL-NH-Therapy@inlusa.org or 888-544-9353, ext. 6.</p>
7.6	<p>Remote Waiver Services and Interactive Telehealth</p> <p>Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.</p>

	<p>1. Remote Waiver Services</p> <p>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.</p> <p>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.</p> <p>To authorize a waiver service for remote delivery, the IDT must:</p> <ol style="list-style-type: none"> 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 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. <p>2. State Plan Services Via Interactive Telehealth</p> <p>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.</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> <p>Providers can update their information by contacting Provider Relations at 877-622-6700 (select Option 2, then Option 3) or ProviderRelations@inclusa.org.</p>
8.2	<p>The provider agency shall report to the Inclusa team whenever:</p> <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 is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)
8.3	<p>Member Incidents</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.</p> <p>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.</p>

	Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org .
8.4	<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>
8.5	<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"> • 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	<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 style="padding-left: 40px;">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

	<p>Inclusa contract terms, provider service expectation terms, applicable policies/procedures for Inclusa contracted providers</p> <ul style="list-style-type: none"> • 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 • 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>