



Scope of Service Residential Care Apartment Complex



SPC: 711

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
1.1	<p>Service Definition</p> <p>Inclusa follows the definitions and guidelines as defined for Residential Care Apartment Complexes in the Wisconsin Department of Health Services (DHS) Family Care contract, standard program category (SPC) 711.</p> <p>Residential Care Apartment Complex (RCAC): a place where 5 or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen, including a stove, and individual bathroom, sleeping, and living areas, and that provides, to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal, and nursing services.</p> <p>“Residential Care Apartment Complex” does not include a nursing home, or a community based residential facility but may be physically part of a structure that is a nursing home or community based residential facility.</p>
1.2	<p>Inclusa Interdisciplinary Team (IDT) Definition</p> <p>The Inclusa Interdisciplinary Team (IDT) is composed of the following:</p> <ul style="list-style-type: none"> • Community Resources Coordinator (CRC) – The Inclusa CRC is responsible for identifying member service needs using the RAD process and authorizing the service(s) needed to meet the member’s long-term care outcomes. The CRC ensures the member has the necessary furnishings and supplies for independent living and coordinates moving the member’s belongings and medications at member move-in and in the event of the member moving out. The Inclusa CRC is the provider agency’s main point of contact for member-specific or related questions, concerns, or information. • Health and Wellness Coordinator (HWC) – The Inclusa HWC is a nurse that has ongoing responsibility to assess and review how the member is doing clinically and educate the member on health-related issues. Inclusa HWCs do not provide direct care services, supervision of agency direct care staff, or supervisory visits of direct care workers for nurse-delegated tasks. Inclusa HWCs do not delegate tasks to personnel from any provider agency or self-directed support. All nursing delegation must be provided by a registered nurse employed or subcontracted by the contracted provider agency. <p>The IDT may also be referred to as “Inclusa Team” or “Care Management Team.”</p>
2.0	Standards of Service
2.1	<p>Provider must follow the standards for licensure of a Residential Care Apartment Complex. This Scope of Service reflects Inclusa policies and procedures.</p>
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 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	<p>State Certified</p> <p>The RCAC must be certified by the Wisconsin Department of Health Services and be in satisfactory compliance with Chapter 50.034 Wisconsin Statutes and DHS 89. Standards and other information may be obtained electronically at: www.dhs.wisconsin.gov/regulations/residcomm/rcac-cert.htm.</p> <p>*If a provider is “registered” only, Inclusa is unable to enter into a contract.</p>
2.5	<p>Admission</p> <p>No residential care apartment complex may admit any of the following persons, unless the person being admitted shares an apartment with a competent spouse or other person who has legal responsibility for the individual: (a) A person who has a court determination of incompetence and is subject to guardianship under ch. 54, Stats. (b) A person who has an activated power of attorney for health care under ch. 155, Stats. (c) A person who has been found by a physician or psychologist to be incapable of recognizing danger, summoning assistance, expressing need, or making care decisions.</p> <p><i>Note:</i> This requirement is included because tenants need to be competent to understand and express their needs and preferences, enter into a service agreement, and understand and accept risk. DHS.Ch 89.29.</p>
2.6	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	<p>SPC 711 – Residential Care Apartment Complex</p> <p>Services are billed with the indicated SPC and procedure code at the daily rate as defined in Appendix A of the Subcontract Agreement and Residential Rate Agreement.</p> <p>The daily rate paid to the residential provider is comprised of two portions: room & board and care & supervision. The room and board portion of the daily rate is based on county HUD rates. Care and supervision rates are established by Inclusa using the regression model which incorporates member acuity and type of facility.</p> <p style="padding-left: 40px;">SPC 711 - Room and Board: Procedure Code 0167; per day SPC 711.01 - Care and Supervision: Procedure Code 0670; per day</p> <p>Member-specific rates will be documented through a Residential Rate Agreement. The signed Residential Rate Agreement must be returned to Inclusa within seven (7) business days of receipt. Inclusa will then fully execute the agreement and return a signed copy back to the provider for their records.</p>
3.2	<p>RCAC services include but are not limited to the following:</p> <p>Physical Environment (Room and Board)</p> <ol style="list-style-type: none"> 1. Physical Space: sleeping accommodations in compliance with facility regulations including, access to all areas of facility and grounds. 2. Furnishings: including all common area furnishings, individual apartment window coverings, floor coverings, etc. 3. Equipment: including all equipment that becomes a permanent fixture of the facility, such as grab bars, ramps, other accessibility modifications, call systems, etc. 4. Housekeeping services: including laundry detergent and services, household cleaning supplies, bathroom toilet paper, facial tissue, paper towels, etc.

5. Building Maintenance: including interior and exterior structure integrity and upkeep, pest control, garbage and refuse disposal, etc.
6. Grounds Maintenance: including landscaping maintenance, driveway, parking lot, walkway maintenance, as well as snow and ice removal from all walkways, driveways, and overhangs, etc.
7. Building Protective Equipment: including carpet pads, wall protectors, baseboard protectors, etc.
8. Building Support Systems: including heating, cooling, air purification, as well as water and electrical systems installation, maintenance, and utilization costs, etc.
9. Fire and Safety Systems: including installation, inspection, maintenance costs, etc.
10. Food: including up to three (3) meals/day plus snacks, any special dietary accommodations, supplements (ex. Boost/Ensure) when given to member at mealtime in place of meal, thickeners, and consideration for individual preferences, cultural or religious customs of the individual resident.
 - If a member is unable to meet all nutritional needs through provided meals and snacks, the provider and Inclusa IDT would partner to explore and document all other nutritional options. If it is determined that a supplement (ex. Boost/Ensure) is needed between meals to best support a member's outcome, then a physician's order will be required. Inclusa will pay for the additional nutritional supplements separately
 - If a member requires enteral/tube feeding, the food portion of the room & board amount is removed from the daily rate. Inclusa pays the enteral/tube feeding cost separately.
11. Telephone and Media Access: including access to make and receive calls and acquisition of information and news. Some examples may include, but are not limited to: newspaper, television, or internet.

Program Services (*Care and Supervision*)

1. Supervision: adequate qualified staff to meet the scheduled and unscheduled needs of member(s).
2. Personal Emergency Response Systems (PERS) are the responsibility of the residential provider.
3. Socialization and access to community activities: including facility leisure activities, community activities, assistance with socialization with family, and/or other social contacts per facility regulations and member centered planning.
4. Health Monitoring: including coordination of medical appointments and reporting medical or medication changes to the Inclusa team. The provider should coordinate with natural supports to accompany members to medical services when necessary.
5. Medication Management and Administration: including administering medications and the cost associated with delivery, storage, packaging, documenting and regimen review. Bubble packing, when part of the facility's medication administration and management program, is the financial responsibility of the residential provider.
6. Individualized Service Plans: provider will coordinate with the Inclusa team and natural supports to develop a plan that meets the member's social, health, and emotional needs.
7. Facility Supplies and Equipment: first aid supplies, gauze pads, blood pressure cuffs, stethoscopes, thermometers, cotton balls, etc.
8. Personal Protective Equipment for staff use including gloves, gowns, masks, and all other protective supplies and equipment for caregivers in the home. Inclusa will authorize and pay for standard lancets.
9. OSHA and Infection Control Systems: including hazardous material bags, Sharps disposal containers, disposable and/or reusable wash cloths, wipes, cleanser product, protective pads/protective liners for furniture and mattresses belonging to the home (pads/protective liners for member-owned furniture will be authorized and paid for by Inclusa), air quality - free of unpleasant odors and second-hand smoke, etc. Providers are not required to use disposable products. The decision to use them is considered a provider preference.

	<p>10. Hoyer/EZ Stand Lifts: Providers are responsible for the purchase of mechanical lifts to be used within their facility. Providers should coordinate with IDT regarding member specific items for Hoyer/EZ Stand lifts such as slings, etc.</p>
<p>3.3</p>	<p>The following costs are <i>not provided</i> by a facility and are costs incurred by the individual member(s) or the MCO:</p> <ul style="list-style-type: none"> • Co-payments for medication and medical/dental care • Personal hygiene supplies: including toothpaste, shampoo, soap, feminine care products, etc. • Member clothing: such as shirts, pants, underclothes, socks, shoes, coats, etc. • Costs associated with community recreational activities: event fees, movie tickets, other recreational activities of the member’s individual choosing, etc.
<p>3.4</p>	<p>The following costs are usually paid by Inclusa in addition to the residential rate:</p> <ul style="list-style-type: none"> • Personal incontinence products related to a diagnosis: briefs, pull-ups, catheters, reusable protective pads, etc. • Respiratory/oxygen products/equipment • Durable medical equipment and supplies for a specific individual • Sleep apnea related products/equipment <p>Safety lancets could increase the safety of a diabetic item which is part of the benefit package. Teams will continue to utilize their RAD process to determine if they will fund safety lancets for members. If applicable, Medicare should be billed as primary with Inclusa paying as the secondary.</p>
<p>3.5</p>	<p>Transportation</p> <p>Facility should arrange all regular and routine transportation needed to meet member outcomes as part of care and supervision services. Provider agencies and Inclusa are encouraged to coordinate with natural supports for transportation whenever possible.</p> <p>The definition of “Regular and Routine” is defined for each member as a collaborative partnership between the provider and Inclusa and will be defined for each member at admission to a residential placement and/or during annual and six (6)-month reviews or upon member change in condition.</p> <p>Regular and routine transportation may include but is not limited to:</p> <ul style="list-style-type: none"> • Social/Leisure/Community Outings <ul style="list-style-type: none"> ○ Availability to participate in community outings. Outings can be group in nature. Providers are responsible to provide options but not individual specific outings. ○ Examples include but are not limited to shopping, going out to eat, going to the movies, attending a community fair, etc. • Religious Services <ul style="list-style-type: none"> ○ Religious services that are provided at the facility can meet this expectation if determined to be in accordance with member outcomes. <p>Expected Outcomes</p> <ul style="list-style-type: none"> • Members will receive care that is consistent with the needs and outcomes in the member’s individualized service plan. • Members will have the opportunity to participate in activities that are mentally and physically stimulating. • Members shall be afforded the opportunity to evaluate and provide feedback regarding services received. <p>Transportation for scheduled medical appointments (medical transportation) and employment, prevocational services, and/or day services, etc. (non-medical transportation) are excluded from care and supervision. Facility and IDT should first look to coordinate transportation through natural supports. If this is not available, transportation could be authorized and reimbursed separately as needed. Facility should work with IDT to coordinate transportation services using an Inclusa contracted vendor.</p>

	<p>Wheelchair Accessible Transportation Wheelchair transportation will only be reimbursed if the member requires it. This would be a separate authorization to another vendor or the residential provider.</p>
4.0	Units of Service and Reimbursement Guidelines
4.1	<p>Units of service will be made based on DAYS authorized in the RCAC. A DAY includes the day of admission, but not the day of discharge. Day of disenrollment of a Family Care member is not a paid service day. Disenrollment includes death, incarceration, loss of financial/functional eligibility, failure of member to pay cost share, move to an IMD, and/or move out of the MCO service area. Voluntary or otherwise determined by MCO.</p>
4.2	<p>Security Deposits Inclusa is unable to reimburse for security deposits. If member is unable to afford a security deposit, RCAC is requested to waive the security deposit. If member paid a security deposit prior to enrollment in the MCO, provider may maintain security deposit in accordance with resident agreement.</p>
4.3	<p>Reimbursement in the event of damage to resident apartment</p> <ol style="list-style-type: none"> Inclusa does not pay security deposits for members living in an RCAC. RCAC is requested to waive the security deposit. If member paid a security deposit prior to enrollment in the MCO, Provider may maintain security deposit in accordance with resident agreement. Member is responsible to provide a pet deposit, if required by facility, and to pay for any damages related to the pet. If the RCAC waives the security deposit for an Inclusa member and the member causes significant damage to the apartment, Inclusa may, under certain circumstances, reimburse the RCAC for damages. Inclusa recommends a facility “move-in checklist” be reviewed by facility and member/resident as to the condition of the apartment at the time of initial occupancy. All defects in the apartment should be noted on the move-in checklist as well as the age of the carpet. A copy of the checklist should be given to the Inclusa team. Inclusa will not reimburse for “normal wear and tear” which may be described as the inevitable aging that occurs in apartments when tenants live there or for other damages or losses for which the tenant cannot reasonably be held responsible under applicable law. For example, routine painting and carpet cleaning when there is no unusual damage caused by tenant abuse would be considered normal wear and tear. Reimbursement may be considered for tenant “damage, waste, or neglect” of the premises. Each situation will be considered on an individual basis by the member’s Inclusa team, Member Support Manager, and Community Resources/Provider Relations (CR/PR) representative. If RCAC believes damage exceeds normal wear and tear, the RCAC must schedule a mutual inspection prior to making any changes in the apartment. The mutual inspection will include, at a minimum, a facility staff person, Inclusa CR/PR representation, and one of the member’s Inclusa team. If Inclusa agrees to fund repairs to the apartment, agreed upon repairs at Inclusa expense will be indicated in writing. The facility must provide quotes to Inclusa CR/PR representative and Inclusa team prior to making repairs. All requests for reimbursement must be made in writing to the member’s Inclusa team within 10 days after the member moves out of the RCAC. If a person living in an RCAC has already paid the security deposit, then enrolls in Inclusa at a later date, Inclusa expects any necessary deductions due to damages must be paid from the security deposit made by the member/tenant. State regulations require that the full deposit must be refunded to the tenant within 21 days of the tenant leaving the premises. If a full refund of the deposit is not made, a written itemized list of deductions must be provided within 21 days to tenant.

4.4	<p>Planned Termination of Placement A written 30-day notice is required by the MCO/member or RCAC provider (whoever is initiating the termination) to terminate a placement. Payment will be made up to, but not including the date of the member’s move out of the home. Failure by provider/MCO to meet 30-day notice requirement may result in a financial penalty up to, but not exceeding the number of days left in provider/MCO’s 30-day service commitment, unless an earlier date is mutually agreed upon by both parties.</p> <p>Unplanned Termination of Placement When an unplanned termination is due to reasons involving health and/or safety concerns a 30-day notice may not be required. The residential provider will coordinate an appropriate discharge plan with the IDT. Payment will be made up to, but not including the date of the member’s move out of the facility.</p> <p>If the unplanned termination is due to disenrollment of a member, 30-day notice would not be required. Disenrollment includes death, incarceration, loss of financial/function eligibility, failure of member to pay cost share, move to an IMD, and/or move out of the MCO service area, voluntary or otherwise determined by MCO. Payment would be made up to the last day of enrollment but does not include the date of disenrollment.</p>
4.5	<p>Member absence from residential care Residential providers are required to complete a member absence notification form if a member will temporarily be gone from a facility. Providers would coordinate with the IDT regarding reimbursement during this period.</p> <p>This would not include visits with family, vacations, or camp attendance that is less than 14 calendar days. Providers would continue to receive regular care and supervision and room and board payment in these situations.</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 Appendix H from the Inclusa Subcontract Agreement.</p>
5.2	<p>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.</p>
5.3	<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>
5.4	<p>It is recommended providers of RCACs utilize additional resources, as needed, in the community in order to work with the target population effectively.</p> <p>It is expected the RCAC provide training for all staff per DHS 89 requirements. The following are training subjects identified as beneficial to be provided if not specifically required in DHS 89:</p> <ol style="list-style-type: none"> a. Residents’ rights and responsibilities b. Providers’ rights and responsibilities c. Recognizing and appropriately responding to all conditions that might adversely affect the member’s health and safety including how to respond to emergencies and member-related incidents d. 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 e. Interpersonal and communication skills and appropriate attitudes for working effectively with members. These include; <ul style="list-style-type: none"> ○ Understanding the principles of person-centered services ○ Cultural, linguistic, and ethnic differences ○ Active listening ○ How to respond with emotional support and empathy

	<ul style="list-style-type: none"> o Ethics in dealing with members, family, and other providers o Conflict Resolution o Maintaining appropriate personal and professional boundaries with members served <p>f. Adapting teaching styles, as applicable, to individual learning style</p> <p>g. Fire safety and First Aid</p> <p>h. Medication management</p> <p>i. Member Care Plans</p> <p>j. Specific member restraint plans and state regulations surrounding restrictive measures</p> <p>k. Behavior management techniques and crisis prevention</p> <p>l. Person centered philosophy, including dignity, choice, and individualized program plans, which should be reflected in the day-to-day operations.</p> <p>m. Range of Motion exercises as appropriate to specific consumers when there is a doctor order in place to assist consumers</p> <p>n. Involvement with and encouragement of natural supports</p> <p>o. Skill training techniques and positive practice techniques, for example: visual cueing, shaping, backward chaining, and self-charting.</p> <p>p. Documentation methods and standards</p> <p>q. Confidentiality laws and regulations</p> <p>r. Other information as deemed appropriate.</p> <p>s. Medication management should be reviewed as indicated in DHS regulations.</p> <p>Staff shall be trained in recognizing abuse and neglect and reporting requirements</p>
5.5	Providers shall comply with DHS regulations in regard to employing anyone under the age of 18.
6.0	Supervision and Staff Adequacy
6.1	RCACs will follow all regulatory requirements for staffing patterns as stated in DHS 89.
6.2	Residential category of provider also outlines staffing pattern. Inclusa’s residential rate methodology utilizes category assignments for each provider. Categories are determined based on target group, average acuity of members served, staffing model, overnight care, and behavioral/medical specialties. There are five (5) provider categories.
6.3	Providers must have an acceptable back up procedure when scheduled staff is not available.
6.4	<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 Inclusa teams are kept informed about significant issues that affect the Inclusa member. • Supervisory staff are involved in assessment, goal planning and tracking, and supervision for Inclusa members. • Provider staff are working collaboratively and communicating effectively with Inclusa staff.
7.0	Service Referral and Authorization
7.1	The Inclusa team will communicate to the provider agency expected outcomes, amount, frequency and duration of services to be provided
7.2	Residential providers will receive a rate agreement from Inclusa that must be signed and returned to indicate acceptance of the terms of a member’s placement.
7.3	<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,</p>

	<p>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 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. <p>Questions regarding billing or claims for current RCAC 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 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> <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 the member’s needs or abilities 2) The member is not available to attend scheduled services as defined on the member’s ISP
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>Member Incidents</p> <p>Providers will communicate and report all incidents involving an Inclusa member to the Inclusa Interdisciplinary Team (IDT) – the Community Resource Coordinator (CRC) or the Health and Wellness Coordinator (HWC) within 24 hours via phone, fax, or email.</p> <p>If the reporter is unable to reach the CRC or HWC, they may leave a message reporting details of an incident that has been resolved and did not result in serious harm or injury to the member.</p> <p>If the incident is not yet resolved or resulted in serious harm or injury to the member, the provider must attempt to contact the IDT via phone. If unsuccessful, call 1-877-622-6700 and ask to speak to a Member Support Manager or Regional Operations Senior Manager to immediately make a report. If a manager is unavailable, the provider will speak with the receptionist to be redirected or leave a message.</p> <p>All reported incidents will be entered into the Inclusa Incident Management System and reported to DHS in accordance with MCO contract requirements. Providers may be asked to provide any additional information or details necessary to complete the investigation of reported incidents. The provider will inform Inclusa when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.</p> <p>Incident reporting resources and training are available in the Providers section of the Inclusa website at www.inclusa.org.</p>

8.5	<p>The provider agency must maintain the following documentation; and make available for review by Inclusa Staff 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. • Staffing patterns for the facility when applicable
8.6	<p>Communication: What Provider Can Expect from MCO</p> <p>A strength-based, collaborative relationship with providers is one of the most effective means to achieve positive outcomes for Inclusa members. To ensure a true partnership with Inclusa providers, Inclusa staff are expected to:</p> <ul style="list-style-type: none"> • Consistently maintain respectful communication and relationships. • Respond to provider phone calls and emails within one (1) business day of receipt unless staff are out of the office and an expected date of return is communicated via Inclusa’s phone or email messaging system. • Arrive promptly for scheduled meetings and contact providers as soon as possible when a meeting must be delayed or cancelled. • Identify themselves and their role with Inclusa to staff of provider agencies through an introduction and by wearing a Inclusa ID badge. • Communicate anticipated contacts with a member to provider staff in advance of the planned visit to ensure the member, and any staff needed to assist with the discussion, are available. • Show consideration and respect for facility or provider agency staff by informing them of Inclusa staff presence upon arrival when an unplanned visit is warranted. • Consult with providers when member-specific information is needed, especially in situations where the member may not report accurate information and family has limited contact. Many providers have daily contact with members and can readily report changes that help staff to accurately assess changes in a member’s functional abilities or needs. • Inform the member that he/she can invite representatives of provider agencies to be part of the Interdisciplinary team, if desired. • Encourage the member to invite appropriate providers to participate in six-month and annual review meetings or relevant portions of review meetings. • For members who are not receptive to provider participation in review meetings, consistently update providers of new information needed to ensure the provision of appropriate services and supports. • For members receiving residential services, offer the provider a copy of the Member Centered Plan and relevant updates. <p>Inclusa IDT shall inform Provider within five (5) business days if/when there is a change in the assigned Community Resource Coordinator or Health & Wellness Coordinator for a member.</p>
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 • 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

	<ul style="list-style-type: none">• 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>
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