Provider Service Expectations
Corporate Adult Family Home
SPC 202
Provider Subcontract Agreement Appendix N

**Purpose:** The provision of subcontracted, authorized and provided Prevocational Service shall be in compliance with the provisions of the Provider Subcontract Agreement and the service description and requirements of this section.

<table>
<thead>
<tr>
<th>1.0</th>
<th>Service Definition</th>
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<tbody>
<tr>
<td>The Adult Family Home (AFH) definitions and standards are described in the Medicaid Waiver Standards for Wisconsin under SPC 202.01, SPC 202.02.</td>
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**Adult family homes of 1-2 beds** are places in which the operator provides care, treatment, support, or services above the level of room and board to up to two adults. Services typically include supportive home care, personal care and supervision. Services may also include transportation and recreational/social activities, behavior and social supports, daily living skills training and transportation if provided by the operator or designee of the operator. It includes homes which are the primary domicile of the operator or homes which are controlled and operated by a third party that hires staff to provide support and services.

**Adult family homes of 3-4 beds** are licensed under DHS 88 of the Wisconsin Administrative code and are places where 3-4 adults who are not related to the licensee reside, receive care, treatment or services above the level of room and board, and may include up to seven hours per week of nursing care per resident. Services typically include supportive home care, personal care and supervision. Other services provided may include behavior and social supports, daily living skills training and transportation performed by the operator or designee of the operator.

Furthermore, specifically to these Provider Service Expectations, Western Wisconsin Care requires the following minimum standards be met in order for an entity to be contracted as a ‘Corporate’ Adult Family Home:

- Reimbursement paid to a corporate adult family home is not tax-exempt unless the business is established as a tax-exempt business status under 501(a). Provider’s W9 must indicate it is a business entity and uses an Employer Identification Number (EIN) as the tax ID. Owner does not live in the home(s); therefore, the home is not the primary residence of provider. The provider must submit to Western Wisconsin Cares for review or have available for review at their location, the following final version documents relevant to the service provided:
  - &nbsp;&nbsp;&nbsp;&nbsp;Organizational chart  
  - &nbsp;&nbsp;&nbsp;&nbsp;Comprehensive policy and procedures for program services  
  - &nbsp;&nbsp;&nbsp;&nbsp;Organization’s training program for employees  
  - &nbsp;&nbsp;&nbsp;&nbsp;List of available internal or external resources the organization utilizes for consultation as needed or areas of expertise for working with members  
  - &nbsp;&nbsp;&nbsp;&nbsp;Staffing pattern of each home being contracted

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<th>2.0</th>
<th>Standards of Service</th>
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<td>2.1*</td>
<td>Provider must follow Medicaid Waiver Standards for Adult Family Home Services. These Provider Service Expectations have been written to reflect the Waiver Standards. An asterisk* reflects a Waiver Standard throughout the document.</td>
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As indicated by the State of Wisconsin, Department of Health Services (DHS), WWC shall authorized provision of services in the most integrated residential setting consistent with the member’s long-term care outcomes, and identified needs, and that is cost-effective when compared to alternative services that could meet the same needs and support similar outcomes. Residential care services are services through which a member is supported to live in a setting other than the member’s own home.

### Residential care services are appropriate when:
- The member’s long-term care outcomes cannot be cost-effectively supported in the member’s home, or
- when the member’s health and safety cannot be adequately safe-guarded in the member’s home; or
- Residential care services are a cost-effective option for meeting that member’s long-term care needs.

Furthermore, provider will ensure the setting in which the member resides supports integration into the greater community, including opportunities to seek employment and work in competitive settings, engage in community life, control personal resources, and receive services in the community. Western Wisconsin Cares separately authorizes and funds prevocational, supported employment, and other Family Care benefits deemed necessary to meet member outcomes.

### Service Descriptions

#### Physical Environment (Room and Board) – SPC 202.01 and 202.02

In addition to requirements set forth for the physical environment within DHS Chapter 88 or Medicaid Waiver Standards and Certifying Agency requirements, the following general components of the physical environment must be met:

1. **Physical Space** - sleeping accommodations in compliance with facility regulations including access to all areas of facility and grounds.
2. **Furnishings** - all common area furnishings and bedroom furnishings including all of the following: bed, mattress with pad, dresser and/or closet, pillows, bedspreads, blankets, sheets, pillowcases, towels and washcloths, window coverings, floor coverings.
3. **Equipment** - all equipment that becomes a permanent part of the facility, such as grab bars, ramps and other accessibility modifications, door alarms, pull-stations and/or call lights.
4. **Housekeeping services and supplies** - including laundry services, cleaning supplies and services, refuse containers/bags and facility paper goods (toilet paper, paper towel, facial tissue).
5. **Building Maintenance** - including interior and exterior structure integrity and upkeep, pest control, garbage and refuse disposal.
6. **Grounds Maintenance** - including landscaping maintenance, driveway, parking lot, walkway maintenance, as well as snow and ice removal from all walkways, driveways and overhangs.
7. **Building Protective Equipment** - 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.
9. Fire and Safety Systems- including installation, inspection and maintenance costs.
10. Food- 3 meals plus snacks, including any special dietary accommodations, meal supplements and/or thickeners to be served or used at meal times, as well as consideration for individual preferences, cultural or religious customs of the individual resident. Supplements that are not replacing a meal for the member in this setting, but are needed by the member in order to support nutritional needs and are served in addition to meals, are funded by WWC separately. For enteral nutrition, refer to section 4.1 under room & board.
11. Telephone and Media Access- access to make and receive calls and acquisition of information and news (e.g. television, newspaper, internet)

Program Services (Care and Supervision) – SPC 202.11 and 202.22
1. Supervision- adequate and qualified staff to meet the scheduled and unscheduled needs of members 24 hours per day when members are present.
2. Personal and supportive care- assistance with activities of daily living, incidental activities of daily living, and daily living skills training.
3. Group and individual activities, socialization and community integration activities- including facility leisure activities, community integration opportunities up to twice per week minimum, and assistance with socialization with family and other social contacts.
4. Health Monitoring- including coordination of medical appointments and accompanying members to medical service when necessary, reporting medical or significant medication changes to WWC team as indicated on the Change In Condition form/instructions.
5. Medication Management and Administration- including managing and administering or monitoring the self-administration of medications and the cost associated with delivery, storage, packaging, documenting and regimen review. Bubble packing, when part of the facility’s medication administration or management program, is the financial responsibility of the residential provider.
6. Nursing (RN) oversight/supervision and delegation of medically oriented tasks necessary for member care within the scope of licensure. AFH providers may not conduct skilled nursing services in an AFH setting.
7. Person centered behavior support strategies to support member’s outcomes, including participation with the MCO in the development and implementation of Behavior Support Plans when applicable.
8. Facility supplies and equipment- first aid supplies, gauze pads, blood pressure cuffs, stethoscopes, thermometers, cotton balls, medication and specimen cups, gait belts, etc.
9. Personal Protective Equipment for staff use: including gloves, gowns, masks, etc.
10. OSHA and Infection Control Systems- including gloves, gowns, masks, etc.

Roles of WWC Staff

WWC Care Management Team
• Social Worker/CM
The social worker is responsible for identifying member service needs using the RAD process and to authorize the service(s) needed to meet the member’s long term care outcomes. The WWC team ensures the member has the necessary furnishings and supplies for independent living and coordinates moving member’s belongings and medications at member move in and in the event of the member moving out. The WWC Social Worker is the provider agency’s main point of contact for member specific or related questions, concerns, or information.

- RN

WWC RNs have an ongoing responsibility to assess and review how the member is doing clinically and educate member on health related issues. WWC RN’s do not provide direct care services, supervision of agency direct care staff or supervisory visits of direct care workers for nurse delegated tasks. WWC nurses 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.

Provider Network

- Residential Coordinator

The PN Residential Coordinator is assigned referrals for members needing various levels of residential services in the Family Care program. The Residential Coordinator works with the team and eligible, subcontracted provider agencies to find appropriate and cost effective residential options (to include CPSL services) when a member need has been identified by the WWC team. The Residential Coordinator is responsible for establishing the member-specific care and supervision rate and communicating this to the provider agency.

- Provider Network Coordinator

The PN Coordinator works with the provider agency on subcontract agreement issues or questions. The provider agency works with the PN Coordinator to add, change, or end any services in the WWC subcontract agreement. The PN Coordinator is responsible for ensuring compliance with the subcontract agreement and these provider service expectations.

- AFH Coordinator

The AFH Coordinator assists the provider agency in understanding and complying with 1-2 bed AFH Standards and WWC policy and procedure related to the AFH program. The AFH Coordinator is the main point of contact for all issues, questions, or comments regarding the role and responsibility of being a certified 1-2 bed certified AFH provider.

4.0 Units of Service and Reimbursement Guidelines

4.1 Traditional Adult Family Home 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.

The daily rate paid to a Corporate Adult Family Home is comprised of two portions: room & board and care & supervision. The room and board portion of the daily rate is a standardized amount for all members.

Care & Supervision:

- SPC: 202.11 Adult Family Home 1-2 Beds, Procedure code 0240
- SPC: 202.22 Adult Family Home 3-4 Beds, Procedure code 0241

Care & Supervision rates are established by WWC using a member specific rating process based on the individual member’s needs. The care and supervision rate is based on the member’s functional and behavioral acuity and reviewed regularly. Rates are agreed to between the provider agency and WWC provider network department in writing.

Room & Board:

- SPC: 202.01 Adult Family Home 1-2 Beds, Procedure code 0120
- SPC: 202.02 Adult Family Home 3-4 Beds, Procedure code 0130

Shared Bedrooms and Enteral Feeding

If a WWC member is placed in a shared bedroom, the room and board portion of the daily rate will be adjusted to pay 100% of the board portion and 70% of the rent portion of the daily rate. If a member requires enteral/tube feeding, the food portion of the room & board amount is removed from the
daily rate. WWC authorizes and pays the enteral/tube feeding cost separately.

AFH Provider and WWC Provider Network shall sign a rate agreement for referred member when a placement occurs. The total rate shall be in full force as of the effective date listed on the rate agreement. A signed copy of the rate agreement must be returned to WWC Provider Network within 7 business days of receipt. WWC provider network will sign the rate agreement and a fully executed agreement will be sent to the provider agency for their records. Rate Agreements not returned within expected timeframes may result in provider payments being held until the rate agreement is received.

AFH services are billed in daily units. Units of AFH services are billable for each day the member is authorized and resides at the AFH, with the exception of the day the member leaves the AFH. AFH vendors are required to provide for all care needs identified in section 3.1 and the service plan.

Providers are specifically prohibited from billing for additional services not authorized in the service plan or included in the member specific rate.

### 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 the WWC Provider Policy on Caregiver Background Checks.

#### 5.2 Staff Qualifications

3-4 Bed providers must comply with all DHS 88 regulations related to staff qualifications.

1-2 Bed providers must comply with all Wisconsin Medicaid Standards for 1-2 Bed Adult Family Homes related to sponsor/operator/staff qualifications.

#### 5.3 Orientation and Training

Agency must orient and train their staff on the Family Care Program and WWC. Support materials regarding the Family Care Program are available on the WWC website at: [www.wwcares.org](http://www.wwcares.org) or on the DHS Office of Family Care Expansion website: [http://www.dhs.wisconsin.gov/ltcare/](http://www.dhs.wisconsin.gov/ltcare/)

#### 5.4 Corporate AFH Training

It is expected providers of Corporate AFH services utilize additional resources as needed, internally or in the community in order to work with the target population effectively.

#### 5.5 Training Requirements

It is expected the Corporate AFH provide training for all staff. Training shall include, but not be limited to the following either as part of, or in additional to, the State of Wisconsin Regulations or WI Medicaid Standards compliance:

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 and proficient in the adaptation and use of specialized equipment, modification of the member environment to promote optimum member learning and stability. Staff are expected to complete regular training/continuing education coursework to maintain/update their level of knowledge and expertise.
e. Interpersonal and communication skills and appropriate attitudes for working effectively with members. These include;
   - Understanding the principles of person-centered services
   - 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
f. Adapting teaching styles to individual learning style
g. Fire safety and first aid
h. Medication management and administration
i. Consumer care plans, to include the Member Centered Plan and individualized consumer care needs
j. Specific consumer restraint plans and state regulations surrounding restrictive measures
k. Behavior support techniques and crisis prevention.
l. Person centered philosophy, including dignity, choice, and individualized program plans, which should be reflected in the day-to-day operations and documentation.
| m. Range of motion exercises as appropriate to specific consumers when there is a doctor order in place to assist consumers  
| n. Involvement with and encouragement of natural supports  
| o. Skill training techniques and positive practice techniques, for example: visual cueing, shaping, backward chaining, and self-charting.  
| p. Documentation methods and standards  
| q. Confidentiality laws and regulations  
| r. Other information as deemed appropriate  
|   • After initial training, eight hours of training related to above areas should be provided each year.  
|   • Medication Management should be reviewed yearly |

### 6.0 Supervision and Staff Adequacy

**6.1** Provider agency will:
- 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, WWC teams are kept informed about significant issues that affect the WWC member.
- Supervisory staff are involved in assessment, goal planning and tracking, and supervision for WWC members.
- Provider staff are working collaboratively and communicating effectively with WWC staff

**6.2** The agency shall maintain adequate staffing to meet the needs of members referred by WWC and accepted by the agency for service. Providers shall assure that the staff to member ratio is adequate to meet the specific needs of the member(s) receiving services.

**6.3** Providers must have an acceptable back up procedure when staff are not available.

**6.4** The AFH agency must have a method of verifying service is provided as assigned and scheduled in accordance with the Member Centered Plan.

**6.5** The AFH agency shall designate contact person or on-call number for circumstances when WWC or the member needs to contact the AFH agency during non-business hours.

### 7.0 Service Referral and Authorization

**7.1** Member referrals for Corporate AFH level services are submitted to the WWC provider network department from the WWC team. The WWC Provider Network Residential Coordinator assists in identifying potential provider matches between the member’s needs and provider options. The Residential Coordinator contacts potential provider agencies to identify availability of settings and services. The Residential Coordinator communicates available options to the WWC team. The WWC team will contact the provider agency to discuss the member’s needs in depth so both parties are able to determine appropriateness of the referral. Agency must complete an assessment to ensure cares and services can be provided adequately by providers.

**7.2** Once a contact is made by the WWC team to provider agency, the provider agency must notify the WWC team and the Provider Network Residential Coordinator within 2 business days of receiving the daily rate if the provider is accepting the placement.

**7.3** Rates are established for services between the Provider Network Residential Coordinator and provider agency. The Residential Coordinator completes the member specific rate agreement and sends this to the provider agency for signature. The effective date and rate on the agreement shall be in force upon issuance to the provider.

**7.4** Services should not commence and will not be reimbursed for until provider network has contacted the provider agency or vice versa and a rate agreement is complete or in process with an effective date and rate in place.

**7.5** **Authorizations for Member Services**
Current and active authorizations are obtained by accessing the WWC Provider Portal. Providers must sign up with WWC to access the portal. The provider agency is responsible for ensuring only currently employed and authorized staff have access to
the WWC provider portal and using the member authorization information available on the portal to bill for services accurately. Questions on active authorizations should be directed to the WWC team. For authorization needs during normal WWC business hours (8:00 a.m.-4:30 p.m.), the provider should contact 1) the WWC team, if not available 2) the WWC team’s Unit Manager, if not available 3) the On-Call Unit Manager. For authorization of services or products after WWC business hours, providers contact the After-Hours Authorization Line at (877) 657-8766.

## 8.0 Communication, Reporting, and Documentation Requirements

### 8.1 WWC Communicates with Providers Regularly

- 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 WWC Provider Network, WWC 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.

### 8.2 Behavior Support Planning and Implementation

Providers will comply with all aspects of implementation, documentation, communication, reporting and timelines when behavior support plans are in place for a member receiving services. Providers will comply with the **WWC Provider Policy on Behavior Support Plans** which can be found on the WWC website: [www.wwcares.org > Providers > Provider Policy & Procedure](http://www.wwcares.org).

### 8.3 Communication of Member Absence

Providers will comply with the WWC Provider Policy for member Absences and Change In Condition Reporting in Residential Settings. The provider shall use the WWC Member Absence form which can be found on the WWC website: [www.wwcares.org > Providers > Forms](http://www.wwcares.org).

### 8.4 Communication of Change in Condition (CIC) Situations

Providers will comply with the WWC Provider Policy for Member Absences and Change In Condition Reporting in Residential Settings. The Member Change In Condition form is available on the WWC website at [www.wwcares.org > Providers > Forms](http://www.wwcares.org).

### 8.5 Member Moves Within the Same Provider Organization

WWC team and Provider Network staff must be consulted prior to a member being moved from one home to another. If AFH provider agency is considering a move for a member to another of the agency’s home, the agency shall contact WWC Provider Network and WWC team immediately for further discussion prior to any move. A new member rate agreement must be processed by provider network and the move authorized by WWC before the move occurs.

### 8.6 Member Incidents

Provider agencies shall report all member incidents to the WWC team. Providers must promptly communicate with the WWC 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 WWC team would be via phone, fax or email within 24 hours. Additional documentation of incidents may be requested by the WWC team or WWC Quality Assurance. Providers and WWC will comply with the **WWC Incident Reporting Policy** which is available on the WWC website at: [www.wwcares.org > Providers > Provider Policy & Procedure](http://www.wwcares.org).

### 8.7 Facility Closures

Provider shall ensure participation by WWC staff with knowledge about community services at Chapter 50 facility closure/relocation meetings for facilities in the WWC service area. Participation will be:
1. At initial closure planning meetings; and
2. When one or more residents of the facility are WWC members or are interested in and eligible for enrollment in WWC.

Participation may be in person or by telephone. WWC will abide by the direction of the Department relative to the placement of monitors and/or the appointment of receivership under Wis. Stats. § 50.05.

The Corporate AFH provider must maintain documentation in compliance with applicable DHS Chapter 88 regulations or WI Medicaid Standards for 1-2 Bed Adult Family Homes. The documentation must include and be available for review by WWC upon request:

- Maintain documentation that the license/certification is current
- Maintain current documentation that caregiver criminal background checks have been completed for all applicable persons working in the facility.
- Maintain a training record which documents completed training requirements.
- Maintain and regularly update an Adult Family Home Service Plan and written service agreement for each member living in the home.
- The AFH agency must maintain employee time sheets that support staffing levels.

The Corporate AFH agency must maintain the following for WWC members and make available for review by WWC upon request: applicable agency policy and procedures and employee records (background checks, training records), progress reports, communications, progress notes, medication records, individual service plans and assessments maintained in the member file at the residential facility.

### Quality Assurance

#### Purpose

WWC 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. WWC will measure a spectrum of outcomes against set standards to elicit the best picture of provider quality.

WWC 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. WWC 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.

#### Quality Performance Indicators

- 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 -
  - tracking of number, frequency, and outcomes of assigned WWC Quality Teams 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 WWC contract terms, provider service expectation terms, applicable policies/procedures for WWC contracted providers
- Availability and Responsiveness - related to referrals or updates to services, reporting and
communication activities with WWC

### 9.3 WWC Sources and Activities for Measuring Provider Performance
- 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 Expectations of Providers and WWC for Quality Assurance Activities
- **Collaboration**: working in a goal oriented, professional, and team based approach with WWC 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 WWC, responding to calls, emails, or other inquiries, keeping WWC 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

WWC 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.

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<th>Revision #</th>
<th>Date</th>
<th>Description of Changes/Reason</th>
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<td>Nancy Schmidt, Carole Anderson</td>
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<td>4</td>
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<td>Revisions</td>
<td>J Trussoni</td>
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<td>5</td>
<td>8/1/11</td>
<td>Revisions- Added QA info, Bubble Packing and WWC RN Role – Deleted ADRC Referral requirement</td>
<td>J Trussoni</td>
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<td>6</td>
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Policy on Transportation Services
For Corporate Adult Family Homes and 5-8 Bed CBRF Providers

Purpose: Members in WWC funded residential settings have varying transportation needs. The purpose of this policy is to establish the responsibility of the residential service provider as it pertains to transportation services for member, identify the types of transportation services included and not included in the member’s daily care and supervision rate, and provide direction for billable transportation.

Policy Statement: Corporate Adult Family Homes and 5-8 Bed CBRF providers subcontracted with Western Wisconsin Cares (WWC) are expected to cover the transportation needs of members placed in their homes/facilities, whether directly with their own vehicles, use of public transportation, developing agreements with other residential providers who have vehicles, or contracting with transportation entities. WWC will reimburse Corporate Adult Family Homes and 5-8 Bed CBRF providers for qualified, contracted, and authorized excessive mileage as defined in this document.

Definitions
Corporate Adult Family Home: Corporate Adult Family Homes are either certified by WWC (1-2 beds) or licensed under Chapter DHS 88(3-4 beds). They are defined as a place where up to four adults who are not related reside and receive care, treatment or services that are above the level of room and board. Corporate AFHs are owned by a business entity and provide shift staff. Corporate AFH providers must have a staff training program, comprehensive policies and procedures, and available internal or external resources available for consultation as needed.

Community Based Residential Facility (CBRF): for elders or persons with physical disabilities is a place where 5 or more adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision and training. Services include supportive home care, personal care, supervision, behavior and social supports, daily living skills training, transportation and up to seven hours per week of nursing care per resident. Community-based residential facility (CBRF) for persons with developmental disabilities is a place where up to 8 adults who are not related to the operator or administrator reside and receive care, treatment, support, supervision and training. Services include supportive home care, personal care, supervision, behavior and social supports, daily living skills training, transportation and up to seven hours per week of nursing care per resident.

Excessive Mileage: Mileage beyond mile 20 for a one-way trip; Mileage for medically-related appointments for the 6th appointment and beyond in one calendar month.

Medical Transportation: transportation provided to necessary and/or authorized medical appointments such as doctor, dental, vision, hearing, and/or behavioral health appointments.

Non-Medical Transportation: transportation provided to non-medical services such as adult day care, supported employment, day services, community outings/integration or other services that meet an outcome for the member.

Loaded Miles: miles of transportation when member(s) are physically in the vehicle.

Local, Non-excessive Transportation: transportation which is 20 miles or less one way from the current residence of the member.

Non-Excessive Medical Transportation: medical transportation that does not exceed 5 medically related appointments per calendar month, and/or 20 miles one way to the appointment setting.

WWC Team: also known as the ‘WWC IDT’, consists of a Registered Nurse and Care Manager assigned to a member caseload for managed care service authorization and member-centered planning.

Transportation Included in the Daily Care and Supervision Rate
Corporate AFH and CBRF providers are responsible to either provide or coordinate the provision and cost of local, non-excessive medical transportation and community integration activities as part of the funded daily care & supervision rate paid by WWC.

- Medical. Local, non-excessive medical transportation: this includes medical transportation as defined above which is 20 miles or less one way from the residence of the member and which does not exceed 5 medical appointments per month. This includes the travel and staff accompaniment to the appointment.
• **Non-Medical.** Up to two weekly community outing/community integration activities: it is expected all members in residential settings are provided at a minimum, one community outing/integration activity per week. This could be a group outing or individual outing depending on the goals and outcomes of the member. Local transportation to day programming/day services, employment services are included in the daily care and supervision rate whether the residential provider provides directly or uses a contracted transportation provider.

**Transportation Not Included in the Daily Care and Supervision Rate and May Be Authorized Separately**

The following transportation situations are not included in the member’s daily residential rate. Transportation listed below deemed a member need by the WWC Team may be authorized separately.

Non-local, excessive transportation billed separately from the member’s daily rate must be prior authorized by the WWC team and part of the subcontract agreement between provider and WWC.

• **Medical.** Medical transportation as defined above which is more than 20 miles one way from the residence of the member and/or the member has 6 or more medically-related appointments per calendar month are reimbursed separately from the daily rate. The first five (5) appointments in a given month and the first 20 miles to and from the medical location are included in the daily rate. Miles over 20 both ways are reimbursed at a contracted rate of .50 per mile. Miles for the 6th and beyond medically-related appointments per calendar month may be billed at a contracted rate of .50 per mile.

• **Non-Medical.** Transportation to day programming/services or employment services which is more than 20 miles one way from the residence of the member is reimbursed separately from the daily rate. The first 20 miles to and from the non-medical location are included in the daily rate. Miles over 20 both ways will be reimbursed at a contracted rate of .50 per mile.

Mileage for community integration activities is not reimbursable beyond the daily care and supervision rate paid.

• **Members requiring a wheelchair accessible vehicle.** Should a provider be required to transport a non-ambulatory member in a wheelchair accessible vehicle due to the needs of the member, excessive mileage as defined above will be reimbursed at a contracted rate of .70 per mile.

The WWC Subcontract Agreement will include the transportation service code and rate as a standing contracted service to be used when conditions are met for non-local, excessive transportation and prior authorization is received from the WWC Team.

If the residential provider does not have vehicle(s) for member transportation, WWC Team will authorize a subcontracted transportation provider for the service. The residential provider would be responsible for coordinating appointments and transportation needs directly with the transportation provider. The coordination of transportation services are included as part of the daily rate.

**Residential Providers Transporting Multiple WWC Members for Services Not included in the Daily Residential Rate**

When multiple members are being transported at the same time by the residential provider beyond 20 miles one way for a medically related appointment, day programming/services, or employment, the provider may bill the .50 per mile rate for the transportation per member, per loaded mile. Billing .50 per mile for members riding along without need for transportation defined above may not be billed for.

Wheelchair Accessible Vehicles: provider may only charge .70 per mile excessive mileage charge for members who have a defined need for this type of transportation. Any member riding in the wheelchair accessible vehicle who is fully capable of being transported in a standard vehicle may only be charged to WWC at the .50 per mile excessive mileage rate.

**Calculating Number of Miles One Way for Member Transportation**

Per Wisconsin Medicaid Handbook rules, mileage should always be the shortest, most direct route from the point of recipient departure to the recipient’s destination.

Providers seeking authorization to bill for excessive mileage must calculate the number of miles by using a reputable Internet-based mapping application (MapQuest, TravelMath.com, maps.randmcnally.com/mileage-calculator)
The exact address of starting point and destination should be used. The most direct route in terms of total miles should be used to calculate the mileage required.

**WWC Prior Authorizations for Excessive Member Transportation**

Corporate Adult Family Home and 5-8 Bed CBRF providers must have the transportation service code included in their subcontract with WWC to have prior authorization completed for excessive transportation. The service must be listed with each residential facility under contract. Transportation needs of a member are expected to be discussed in depth between the provider and WWC Team upon admission to the residential setting, at each Member-Centered Plan, and anytime the needs of member change.

- Admission Planning: any ongoing, regularly scheduled excessive transportation as defined above is identified during the referral process. Utilizing the RAD process, the WWC Team may enter a prior authorization for the excessive transportation. The authorization includes the frequency and miles necessary for the identified excessive mileage.
- Member-Centered Plan: transportation needs of the member in placement are reviewed in detail to identify the need for excessive transportation or the reduction/end of need for excessive transportation in the member’s plan. Authorizations are adjusted accordingly.
- Ongoing Transportation needs of member change: the residential provider shall notify the WWC Team of a change in the member’s transportation needs whether this adds, reduces, or eliminates the need for excessive mileage reimbursement as soon as the change is known.
- Intermittent excessive mileage needs: should an occasion occur when member transportation meets the excessive mileage definition and the member does not have ongoing, regularly scheduled excessive mileage (i.e. member has been scheduled for a specialty appointment at a medical facility 60 miles away), the residential provider shall notify the WWC Team of this need prior to the appointment/occurrence. Utilizing the RAD process, the WWC Team will then make the determination of a time limited authorization for excessive mileage.

**Billing WWC for Transportation Services Not Included in the Daily Care & Supervision Rate**

Only miles driven over the 20th mile each way in transport may be listed on the billing invoice to WWC for reimbursement. Only miles driven for medically-related appointments after the 5th appointment in a calendar month may be listed on the billing invoice to WWC for reimbursement.

The invoice for excessive mileage should include, at a minimum: member name, destination point, destination purpose, medical or non-medical, total miles traveled, excessive miles billed to WWC one way.

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<td>RI</td>
<td>Non-Medical non-emergency transportation; per mile</td>
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**Examples of Billable Transportation**

- A medical trip totaling 60 miles round trip: 20 miles each way, or 40 miles total of the 60 miles, in this trip are included in the daily care & supervision rate. 20 miles of this trip (10 miles to and 10 miles from) are billable to WWC at .50/mile.
- Two members are transported for medically-related appointments. One member’s appointment is 21 miles away. The second member’s appointment is 25 miles away. Provider may bill 1 mile each way excessive mileage for member 1 Provider may bill 5 miles each way excessive mileage for member 2
- Two members are traveling with the provider. Member A is being transported to employment services 30 miles from the residence. Member B is riding along as no other supervision is available in the residence. Provider may bill 10 miles each way excessive mileage for member A Provider may not bill any mileage for member B.

**Examples of Transportation Not Billable to WWC**

- Trips to the pharmacy (per Medicaid Handbook)
• Medical trip where the mileage to the appointment is 18 miles, but provider has another errand to run after the appointment 6 miles farther away. No excessive mileage is available.
• Trips to the grocery store for the home/facility or routine provider goods (provider errands), even when the member is in attendance.