

Service Addendum: Financial Management Services (Management of Self-Directed Supports)

The provision of contracted, authorized, and provided services shall be in compliance with the provisions of this agreement, the service description and requirements of this section and, if applicable, state certification and licensing criteria.

Specifics
<p>Providers are subject to the same qualifications as providers under the Medicaid State Plan as defined in Wisconsin State Statute 1915 (c) Home and Community-Based Waiver services waivers #0367.90 and #0368.90 required under § 46.281 (1) (c).</p> <p>The services for which Lakeland Care, Inc. (LCI) is contracting with your organization are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract.</p>
Service Definition and Description
<p>Financial management services are services to assist members and their families to manage service dollars or their personal finances to prevent institutionalization. This service includes a person or agency paying service providers after the member or legal decision maker authorizes payment to be made for services included in the member's approved self-directed supports plan. Financial management services providers, sometimes referred to as fiscal intermediaries or fiscal agents, are organizations or individuals who pay personnel costs, tax withholding, worker's compensation, health insurance premiums, and other taxes and benefits as indicated in the individual's self-directed supports plan and budget for services. Financial management services are purchased directly by the MCO and made available to the member/family to ensure that appropriate compensation is paid to providers. Additionally, this service includes the provision of assistance to members who are unable to manage their own personal funds. This service includes assistance to the member to effectively budget personal funds to ensure sufficient resources are available for housing, board and other essential costs. This service includes paying bills authorized by the member or his or her legal decision maker and keeping an account of disbursements. Excludes payments to court appointed guardians or court-appointed protective payees if the court has directed them to perform any of these functions. Excludes payment for the cost of room. and board.</p> <p>A Financial Management Service provider must have standards in place that ensure at minimum that:</p> <ol style="list-style-type: none"> 1) the provider is an agency, unit of an agency or individual that is bonded and qualified to provide financial services related to the scope of the services being provided , which may include self-directed supports, 2) has training and experience in accounting or bookkeeping; and, 3) has a system in place that recognizes the authorization of payment by the participant or legal decision maker, that promptly issues payment as authorized, and that documents budget authority and summarizes payments in a manner that can be readily understood by the participant or legal decision maker

Specific to self-directed supports, Financial Management Services is a service/function that assists the member to:

1. (a) manage and direct the distribution of funds contained in the member-directed budget;
2. (b) facilitate the employment of staff by the member by acting as the member's agent and performing such employer responsibilities as ensuring adherence to training and documentation standards for supportive home care staff per Home and Community-Based Waiver, processing payroll, withholding, and filing federal, state, and local taxes, and making tax payments to appropriate tax authorities; purchasing and managing a worker's compensation policy on behalf of the member; and,
3. (c) performing fiscal accounting and making expenditure reports to the member and state authorities.

The provider shall generate employee payroll checks and non-labor related invoices in a timely and accurate manner and in compliance with all federal and state regulations pertaining to domestic/household employees and independent contractors. The provider will also be responsible for documenting and reporting on all disbursements to the state, the LCI and members.

Fiscal/Employer Agent (F/EA) is when the member is considered the legal employer of staff. The provider establishes the member as a legal employer by obtaining an Employer Identification Number (EIN) for the member and helping the member complete the necessary documents, including federal and state tax forms. The member signs a form that allows the provider to file employer taxes on his/her behalf. Employees whom the member has chosen to hire are subject to a pre-employment background check and, if hired, must complete certain employment documents, including the W-4 and I-9 forms. Members are responsible for recruiting, hiring, training, supervising and, if necessary, dismissing their employees.

Some of the responsibilities of the member as employer include:

- Recruiting and selecting employees to be hired.
- Setting employees' work schedules and rates of pay within appropriate limits and following wage and hour laws.
- Deciding how to train employees.
- Choosing and managing the tasks assigned to employees.
- Supervising employees while they perform tasks for the member, providing feedback regarding employees' performance of these tasks and, if necessary, dismissing employees.
- Signing employee time cards and submitting them to the provider as authorization for payment of wages.

Agency with Choice (AWC) is when the member manages employees but is not the employer. The provider is the legal employer and the member shares some of the employer responsibilities. The provider is responsible for the paperwork requirements, worker's compensation and liability insurance coverage. Some of the responsibilities shared by the member include:

- Recruiting and recommending employees to be hired.
- Assisting with determination of employees' work schedules and rates of pay.

- Helping guide training of employees.
- Choosing and managing the tasks assigned to employees.
- Supervising employees while they perform tasks for the member, providing feedback regarding employees' performance of these tasks and, if necessary, making the decision to dismiss employees (the provider representative notifies employees if they are being dismissed).
- Signing employee timecards and submitting them to the provider as authorization for payment of wages

Fiscal Conduit (FC) is when the member purchases a service or goods from an independent contractor, company or organization of their choice using a budget that is developed and authorized based on what LCI would otherwise pay through a contracted provider. The entity from which the service or goods are purchased invoices the provider and provides a completed Form W-9 Request for Taxpayer Identification Number and Certification to the provider. The provider issues payment for the service or goods and a 1099 Form to the entity from which the service or goods were purchased.

Staff to Member Ratio

Staff to member ratio for services will vary based on member needs and long-term care outcomes and will be determined under guidance of the LCI IDT staff.

Timeliness and Access to Service

Providers shall make all reasonable efforts to initiate service provision at the date and time requested by the LCI Interdisciplinary Team (IDT) on behalf of the member. If initiation of the service at the member's preferred time is not feasible, the provider will express such to the LCI IDT, who will arrange an alternative start date of services, or, if necessary, arrange to meet the member's needs by other means.

Standards of Service

Providers of services shall meet the standards of this agreement; and if applicable, agrees to retain licensing in good standing during contract period.

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. Lakeland Care Inc and/or the WI Department of Health Services may impose sanctions against a provider that does so. Per Wisconsin Department of Health Services (DHS), any incidents of providers influencing member choice in a Family Care program must be reported to DHS immediately.

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.

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.

Staff Qualifications, Training and Competency

Providers will comply with all applicable standards and/or regulations related to caregiver background checks.

Provider shall ensure staff providing care will complete all required Training and Documentation Standards for Supportive Home Care set forth by the Department of Health Services, October 2016 found here:

<https://www.dhs.wisconsin.gov/publications/p01602.pdf>

Provider shall attest to the completion of this training and provide LCI an attestation letter signed and dated by an authorized signer on behalf of the provider. These training requirements include the following:

Personal Assistance Services: Worker Training Standards

Workers who provide personal assistance services, or personal assistance and household services related to the care of the person, such as food purchasing and preparation, laundry, and cleaning of areas of the home necessary to provide personal assistance, must receive training on the following subjects:

- A. Policies, Procedures, and Expectations for workers, including HIPAA (Health Insurance Portability and Accountability Act) compliance and other confidentiality requirements; ethical standards, including respecting personal property; safely providing services to members; and procedures to follow when unable to keep an appointment, including communicating the absence and initiating backup services.
- B. Billing and Payment Processes and Relevant Contact Information, including recordkeeping and reporting; and contact information, including the name and telephone number of the primary contact person at the SHC agency, or the SDS member or representative, and the fiscal/employer agent or co-employment agency.
- C. Recognition of, and response to, an emergency, including protocols for contacting local emergency response systems; prompt notification of the SHC agency or the member's SDS employer fiscal agent or co-employment agency; and notification of the contacts provided by the SDS member and LCI's IDT staff.
- D. Member-Specific Information, including individual needs, functional capacities, relevant medical conditions, strengths, abilities, member preferences in the provision of assistance, SHC-related outcomes, and LCI's care manager contact information. The member/legal decision maker may provide this training component, in whole or in part.
- E. General Target Population. Information that is applicable to the members the worker will serve. (This applies primarily to SHC agency-based services or where a worker will serve multiple SDS members with the same or similar conditions.)
- F. Providing Quality Homemaking and Household Services, including understanding good nutrition, special diets, and meal planning and/or preparation; understanding and maintaining a clean, safe, and healthy home environment; and respecting member

preferences in housekeeping. (This applies where a worker will be providing housekeeping services in addition to personal assistance. The training may focus on the particular housekeeping services the worker will provide.)

- G. Working Effectively with Members, including appropriate interpersonal skills; understanding and respecting member direction, individuality, independence, and rights; procedures for handling conflict and complaints; and cultural differences and family relationships. This component should include training on behavioral support needs, if applicable.

Household/Chore Services: Worker Training Standards

Workers who perform only household chores relating primarily to the care and/or upkeep of the interior or exterior of the member's residence shall receive training commensurate with the scope of their duties as follows:

- A. Policies, Procedures, and Expectations for workers, including HIPAA compliance and other confidentiality requirements; ethical standards, including respecting personal property; safely providing services to members; and procedures to follow when unable to keep an appointment, including communicating the absence and initiating backup services.
- B. Billing and Payment Processes and Relevant Contact Information, including recordkeeping and reporting; and contact information, including the name and telephone number of the primary contact person at the SHC agency, or the SDS member, and fiscal/employer agent, or co-employment agency.
- C. Recognition of, and response to, an emergency, including protocols for contacting local emergency response systems; prompt notification of the SHC agency or the member's SDS employer fiscal agent or co-employment agency; and notification of the contacts provided by the SDS member and LCI's IDT staff.
- D. Providing Quality Homemaking and Household Services, including understanding good nutrition, special diets, and meal planning and/or preparation; understanding and maintaining a clean, safe, and healthy home environment; respecting member preferences in housekeeping tasks and shopping.
- E. Member-Specific Information only to the extent that it is necessary and is directly related to performing the tasks of household/chore services, and LCI's care manager contact information. (The member or member's representative may provide this component of training, in whole or in part.)

Note: While all five areas (subsections A-E) of this section must be addressed in the training of household/chore services workers, the type and depth of information provided may not need to be as extensive as for personal assistance services.

Exemption from or Waiver of Training

A. Exemption—Due to their own licensure or credentialing requirements, the following professions may be exempted by the responsible entity or entities from these training requirements: certified nursing assistant, licensed practical nurse, registered nurse, licensed physical or occupational therapist, or certified physical or occupational therapy assistant. When an exemption is granted, the responsible entity or entities must still ensure that a worker performing medically oriented tasks, such as tube feedings, wound care, or tracheotomy care is competent in performing these tasks with the specific member.

B. Waiver—Some or all of the required training may be waived based on knowledge and skills attained through prior experience (e.g., as a personal care worker for a Medicaid-certified personal care agency). Responsibility for making, documenting, and maintaining documentation of such a waiver shall be based on the protocols in Section III.B. and VIII. When a waiver is granted, the responsible entity or entities must still ensure that a worker performing medically oriented tasks, such as tube feedings, wound care, or tracheotomy care is competent in performing these tasks with the specific member.

Note: Notwithstanding any exemption or waiver under subsections A or B of this section, such workers will likely need agency and member contact information, information on billing, payment, documentation, and any other relevant administrative requirements, protocols for emergencies and member-specific information.

C. Documentation—For workers exempted from some or all of the training requirements under subsections A or B of this section, the responsible entity (pursuant to Section III.B.) making the exemption or waiver decision shall maintain copies of credentials or other documentation of their existence, or a written rationale for waivers based on experience, signed and dated by that entity.

Completion and Documentation of Training**A. Timeframes**

1. Personal assistance services training shall be completed prior to providing personal assistance services.
2. Household/chore services training shall be completed within two months of beginning employment.

B. Responsibility for Creating and Maintaining Documentation

1. For agency-based services, the SHC agency shall document the training and any exemptions or waivers and maintain the documentation.
2. For SDS members who are common-law employers:
 - a. Members who make training decisions shall document the training and any exemptions or waivers and maintain the documentation with the assistance of the fiscal/employer agent if within the scope of its work or.

- b. If members do not make training decisions, the fiscal/employer agent if within the scope of its work shall document the training and any exemptions or waivers and maintain the documentation.
3. For SDS members who are co-employers, the co-employment agency shall document the training and any exemptions or waivers and maintain the documentation.

C. Content of Documentation

1. Documentation shall list the training content, dates such training occurred, and for exemptions and waivers, the credentials and/or rationale that are the basis for any training exemption or waiver.
2. Documentation that training requirements have been met through provision of training and/or exemption or waiver shall be signed and dated by the entity or entities making those decisions.

D. Additional Training

The entity responsible for making and documenting training decisions shall ensure the worker completes appropriate additional training if the worker's job duties change and require additional knowledge and/or skills.

The provider's tasks related to managing SDS finances could include but are not limited to:

- Providing education to the member and potential employees regarding employment related paperwork to assure timely implementation of SDS.
- Completing and explaining necessary eligibility, tax and insurance paperwork with the member and potential employees.
- Performing comprehensive background checks and providing LCI with findings in a timely manner.
 - A comprehensive background check will include:
 - Criminal Background Check Report
 - Background Information Disclosure Form (BID)
 - Department of Justice (DOJ) Report
 - Department of Health Services (DHS) (Adults) or Department of Children & Family Services (DCF) (Children) Report
 - Office of Inspector General Report
 - Caregiver Misconduct Registry report
- Supply the member with access to timesheets and instructions on completing and submitting them, including clearly communicating the pay period schedule and schedule for timesheet deadlines
- Promptly issuing employee paychecks based on approved time records.
- Withholding and depositing income tax, within the state of WI Department of Workforce Development (DWD) standards.
- Managing FICA, FUTA and SUTA in accordance with federal and state requirements.
- Providing necessary year end taxation form to members and employees.
- Secure workers compensation insurance and manage any claims or issues arising from SDS employees' work-related injuries or illnesses

- Timely Communication of concerns with the Interdisciplinary Team (IDT) staff regarding identified or suspected fraudulent activity related to budget utilization; including over/under utilization of budget by 10% year to date.
- Addressing and resolving member and/or worker concerns related to payment for services rendered in collaboration with the LCI IDT staff.
- Providing clear, easy-to-access (or regularly mailed) spending summaries to both the member and IDT staff.

Provider shall ensure competency of individual employees performing services to LCI members. Competency shall include maintaining any required certifications or licenses as well as assurance of the general skills and abilities necessary to perform assigned tasks.

Staffing Assignment and Turnover

The provision of successful services is attributable in large part to the strength of the relationship between a member and the staff directly providing the service. Given this contributory factor, provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

In order to establish and preserve this relationship, providers must take specific precautions to establish and monitor these services. Providers must have a process in place for:

1. Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
2. Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.
3. Provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) staff to allow members to express concerns to individuals other than the individual who performs the task

Changes in staff assignments to specific members and within the organization are at the discretion of the provider. Provider agrees to take member requests for specific staff into consideration when assigning or reassigning staff to specific members and will notify LCI IDT staff in their reporting of any changes to staff providing services.

The Provider shall maintain and provide adequate staffing to meet the needs of members referred by Lakeland Care Inc and accepted by the Service Provider.

Communication, Collaboration and Coordination of Care

Provider's staff shall have access to appropriate communication device(s) when out of the office during business hours (email, cell phone, etc.).

Enrollment and Orientation:

1. Upon receiving referral information from LCI, the provider will contact the member/legal decision maker to schedule an initial face-to-face enrollment and orientation visit with the member and each potential employee; the LCI IDT staff may attend this visit.
2. The provider is responsible for processing all background checks for potential employees. Completed background checks must be emailed to LCI's IDT staff, IDT Supervisor, and SDS Specialists

3. The provider must have each potential employee complete all Federal and State required employment documents prior to beginning any employment.

*LCI funds cannot be released without completion of all required employment paperwork; including background checks.

On-Going Monitoring:

1. The provider will provide ongoing support for members and their employees.
2. The provider agrees to perform in-home visits as needed during the contract year to assist members and/or employees with FMS related functions.
3. The provider will oversee and monitor members' budgets.
4. The provider will immediately communicate to LCI when the provider identifies any suspicious or irregular spending by the member.
 - a. Suspicious or irregular spending can include a deviation from what the member typically submits for timesheets, a drastic rate of pay change, timesheets that do not appear to be in alignment with the member's needs, an overlap in billable time by employees, inaccurate timesheets, a deviation in the timesheet signatures, etc. This level of communication would warrant a phone conversation with the assigned LCI IDT staff.
5. The provider will provide supporting documentation (timesheets, etc.) to LCI staff as requested to aid in collaborative and effective care management practices.
6. The provider will report spending patterns monthly to LCI and to the member via monthly spending reports.
 - a. The monthly spending reports will always include year to date spending, budget remaining detail and will flag/identify a 10% year to date in overspending when warranted.

LCI communicates with providers regularly in the following formats:

- Provider forums
- Mass notifications via email or mail
- Notices for expiring credentialing

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT teams, guardians, and other identified members of the interdisciplinary team for a member have accurate and current provider contact information to include address, phone numbers, fax numbers, and email addresses.

Providers 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 LCI interdisciplinary team.

The provider agency shall report to the LCI team whenever:

1. There is a change in service provider
2. There is a change in the member's needs or abilities
3. The member or provider is not available for scheduled services (within 24 hours unless an alternate date is scheduled between provider and member)

The provider agency shall give at least 30 days' advance notice to the LCI team when it is unable to provide authorized services to an individual member. The provider agency shall be

responsible to provide authorized services during this time period. The LCI team or designated staff person will notify the provider agency when services are to be discontinued. The LCI team will make every effort to notify the provider at least 30 days in advance.

Member Incidents

Provider agencies shall report all member incidents to the LCI team. Providers must promptly communicate with the LCI team regarding any incidents, situations or conditions that have endangered or, if not addressed, may endanger the health and safety of the member.

a. Changes in:

- Condition (medical, behavioral, mental)
- Medications, treatments, or MD order
- Falls (with or without injury)
- Urgent Care, Emergency Room or Hospitalization
- Death: anticipated or unexpected
- Any other circumstances warranting the completion of an agency incident or event report
- Unplanned use of restrictive measure

b. Communication/Coordination regarding:

- Medical Equipment or Supplies
- Plan of Care development and reevaluation
- Transition difficulty, discharge planning
- Ongoing Care Management

Acceptable means of communicating member incidents to the LCI team would be via phone, fax, or email **within 24 hours**.

All reported incidents will be entered into the LCI 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 LCI when notifying their regulatory authority of incidents. A copy of the report may be submitted as a form of notification.

Note: Staff will first follow their own established in-house protocol.

Staff will then inform the IDT of *any member circumstance that would warrant family or physician notification* that includes but is not limited to the above circumstances.

Documentation

Providers shall comply with documentation as required by this agreement and state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract.

Each LCI member shall have a developed plan of care specific to their needs which address each area of service need being provided. A copy of this care plan shall be supplied to LCI IDT staff.

At any time, the IDT staff may request:

- A written report to enhance the coordination and/or quality of care, which includes:

- Changes in members' activities
- List of supportive tasks provided
- Ongoing concerns specific to the member
- Additional documentation of the services provided

The provider agency must maintain the following documentation and make available for review by LCI upon request:

- Provider meets the required standards for applicable staff qualification, training, and programming
- Verification of criminal, caregiver and licensing background checks as required.
- Policy and procedure related to supervision methods by the provider agency including frequency, intensity, and any changes in supervision.
- Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
- Employee time sheets/visit records which support billing to LCI.

Billable Units

Through the use of the Resource Allocation Decision method (RAD), the LCI IDT staff shall assess the member's needs and outcomes to determine the amount of services to be authorized. The LCI IDT staff shall exchange pertinent information with the provider at the time the referral is made to assure all health and safety needs are provided during the services. This information exchange shall include the assessed needs and amount of authorized units as it relates to services.

All aspect of services shall be discussed between the LCI IDT staff, member or legal representative, and provider to ensure proper collaboration.

The LCI team will provide a written service referral form to the provider agency which specifies the expected outcomes, amount, frequency and duration of services.

Provider rates for provision of services will incorporate all administrative and business functions related to the provision of service. Contracted rates include the provision of administrative functions necessary for services and are not billable beyond units provided to each authorized member.

Providers should reference the Rates and Service Codes chart of the contract for contract units and rates.

Providers should use increments as listed in the rates and service codes chart to bill LCI up to the authorized number of units for the member. Providers can only bill for services rendered to the member. Provider will refund LCI the total amount of any/all units billed without services rendered to LCI member.

Providers are required to provide for all identified care needs during the provision of services and are specifically prohibited from billing fraudulently for additional services during the provision of these services.

Family Care services administered by LCI are funded by state and federal tax dollars though the Medical Assistance program. As a publicly funded system, LCI strives to maintain the

integrity of the program by ensuring that all services are billed as authorized by LCI, and as rendered to members. LCI ensures this protection, by regularly conducting random reviews of claims submitted by its contracted providers. LCI reserves the right to request verification documentation from providers. This could include but is not limited to providers' case notes, files, documentation and records.

Additional Considerations

- Services will be provided as identified and authorized by LCI IDT staff.
- Provider is required to comply with all applicable Wisconsin state law regarding Caregiver Background Checks and Wisconsin Administrative Rule DHS 12 as they pertain to services provided to LCI members.
- Providers may not limit or deny any LCI member services due to dissatisfaction with their LCI contracted rate.
- LCI pre-authorizes all its services. If provider bills for more units than authorized without prior authorization, these services may be denied.
- In the case that a LCI member cancels service, the provider must contact the LCI IDT staff. Services cancelled will not necessarily be rescheduled and should not be assumed by the provider.
- Provider will negotiate contract rates that include mileage and travel time associated with the provision of service.