

Service Addendum: Competitive Integrated Employment (CIE) Exploration

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.

Section 1. Service Definition and Description

Competitive Integrated Employment (CIE) Exploration intended to help a member make an informed choice about whether to pursue competitive integrated employment (CIE) or self-employment. CIE definition can also be found at <https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm>. CIE Exploration is appropriate for a member who is not employed in CIE and needs more information to make informed choices about employment goals, career interests, and whether to pursue CIE or self-employment. The outcome of CIE Exploration is member-specific knowledge and information that can be used to guide job development efforts.

Transportation: The cost of transportation from a member's residence and the site where the member starts and ends the services each day may be included in the reimbursement paid to the CIE Exploration Services Provider or may be reimbursed under specialized (community) transportation, but not both.

Scope of Services includes:

- a. Identification of member-specific interests, knowledge, and skills transferable to CIE;
- b. Arrangement of career exploration opportunities and preparation of the member for participation in at least 3 business tours, informational interviews, and/or job shadows;
- c. Debriefing with the member after career exploration experiences;
- d. Introductory education on supported employment services;
- e. An initial conversation about work incentives available to minimize the impact of CIE on public benefits and identification of need for personalized, in-depth work incentives analysis
- f. Person-centered employment planning; and
- g. Sharing the member's completed assessment profile with their DVR counselor

Members who are receiving CIE Exploration services may not receive Supported Employment-Individual Support Services or Vocational Futures Planning and Support (VFPS) services. This service does not include personalized in-depth work incentive



benefits analysis, which is covered under Supported Employment Individual Support Services.

CIE Exploration may not be provided in a small group format. The ratio is always 1:1 for this service.

CIE Exploration may only be provided in non-disability specific settings typically found in the community or the member's residence, which are not leased, owned, operated, or controlled by a Service Provider. The only exception is if the member lives in a residential setting that is leased, owned, operated, or controlled by a Provider and this setting is the most appropriate setting for this service.

Prior to authorizing this service, the member's record documents this service is not otherwise available to the member through a program funded by Vocational Rehabilitation under section 110 of the Rehabilitation Act of 1973, as amended, and, for individuals ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).

CIE Exploration may only be **authorized once in a 365-day period** and only if the member is not currently engaged in CIE or receiving service(s) to obtain CIE.

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).

Section 2. Rate Setting and Billable Units

LCI IDT staff will provide a written service referral form to the Provider agency which specifies the expected outcomes, amount, frequency and duration of services.

Services and Codes: CIE Exploration

T2015	Prevocational Services Community-Based per diem
T2014	Prevocational Services Community Based charged per hour.

*Additional modifiers based on individual rate agreements

The services for which Lakeland Care, Inc. (LCI) are contracted with Provider organizations are noted in the Rates and Service Codes chart attached to the LCI Service Provider Contract. 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 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. All aspects of services shall be discussed between the LCI IDT staff, member or legal representative, and provider to ensure proper collaboration.

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.

Family Care services administered by LCI are funded by state and federal tax dollars through 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 case notes, files, documentation, and records. LCI may require Providers to present evidence of sufficient financial reserves to operate home and meet member needs for at least 30 days without receiving payment for services rendered

Section 3. HCBS Settings Rule

General Compliance All settings and locations must comply with Home and Community-Based Services (HCBS) rules and be determined compliant prior to eligibility for service provision under the Family Care waiver program.

Community-Based Settings Compliance is required for both facility-based and community-based settings, unless the setting operates 100% in the community. A setting is considered 100% community-based if participants:

- a. Are never present at a designated service location
- b. Only meet at the location in the morning before proceeding into the community for the remainder of the day.

The setting may serve as a pickup/drop-off point but must not provide any services or support on-site.

Location-Specific Compliance Compliance is tied to a specific, approved location. Any change of address requires prior DHS approval and determination of compliance.

Providers must submit a copy of the determination letter and update the contract before services may be funded at the new location.

Nonresidential Settings – HCBS Requirements Nonresidential settings must ensure the following:

- a. Integration and full access to the greater community.
- b. Opportunities for competitive integrated employment, community engagement, and personal resource control.
- c. Equal access to community services as individuals not receiving HCBS.
- d. Individual choice of setting from multiple, including non-disability specific, options.
- e. Respect for individual rights including privacy, dignity, autonomy, and freedom from coercion or restraint.
- f. Support for individual choice regarding services, supports, and providers.

Modifications to HCBS Requirements Modifications to HCBS settings rules are permitted to address health and safety risks. Such exceptions must be documented in the members' Person-Centered Plan (MCP) and the provider's Individual Service Plan (ISP) and referred to as a Modification of Rights (MOR) Plan. All modifications must involve the members, Legal Decision Maker (LDM) if applicable, Interdisciplinary Team (IDT), and provider.

Section 4. Standards of Service

Providers of services shall meet the standards of this agreement; and if applicable, agree to retain licensing in good standing during the 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 Wisconsin Department of Health Services (DHS) may impose sanctions against a provider that does so. Per 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 ethnic 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.

Section 5. Staff Qualifications, Training, and Competency

Caregiver Background Checks:

Providers will comply with all applicable standards and/or regulations related to caregiver background checks in accordance with Wis. Admin. Code ch. DHS 12. This includes all staff including prospective substitute providers, and all household members who are at or over the age of 18 years.

These checks must include the following documents:

- a. A completed Background Information Disclosure (BID), F-82064.
- b. A criminal history search from the records of the Wisconsin Department of Justice Wisconsin Online Record Check System Wisconsin Department of Justice Wisconsin Online Record Check System (WORCS).
- c. A search of the Caregiver Registry maintained by DHS.
- d. A search of the status of credentials and licensing from the records of the Wisconsin Department of Regulation and Licensing, if applicable.

Background checks of people under the age of 18 are at the discretion of the certifying agency. Services provided by anyone under the age of 18 shall comply with Child Labor Laws.

Providers shall review any certifications or licensure held by an individual staff and used in the care of LCI members. Review should occur at regular intervals based on expiration date or annually. This includes validation of driver's license and driving record if staff will be transporting members.

Training:

Providers shall ensure the 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.

Training of staff providing services shall occur within the first six (6) months unless needed before to safely provide services and include:

- a. Provider Agency Policies and Procedures, including:
 - i.LCI member and provider rights and responsibilities
 - ii.Record keeping and reporting requirements to include incident reporting
 - iii.Arranging backup services if a caregiver is unavailable
 - iv.Other necessary and appropriate information
- b. Understanding Individuals Served, including:
 - i.Individual-specific disabilities, abilities, needs, functional deficits, strengths, and preferences

- ii. Person-specific and general training on the target population
- c. Health and Safety Protocols, including:
 - i. Recognizing and responding to conditions that may impact a member's health and safety
 - ii. Recognizing abuse and neglect and reporting requirements
 - iii. Emergency response and member-related incident procedures
- d. Professional Skills and Conduct, including:
 - i. Interpersonal and communication skills for effectively working with members
 - ii. Confidentiality laws and procedures
 - iii. Handling complaints appropriately

If applicable to service provision, training on restraint seclusion and unplanned use of restrictive measures and reporting.

Supported Employment agencies must meet at least one of the following Provider qualifications:

- DVR contracted Provider of Supported Employment or Customized Employment; or
- Accreditation by a nationally recognized accreditation agency; or
- A minimum of two years' experience working with the target populations providing employment-related services.

Individual CIE Exploration Providers must meet at least one of the following provider qualifications:

- A contracted Provider of supported employment or customized employment; or
- CESP certification from national APSE; or
- ACRE Basic Employment Certificate in Supported Employment, community employment, or Customized Employment; or
- At least two years of experience working with the target population providing employment-related services.

Additionally, all agency and individual Providers providing personal care must also meet the Training and Documentation Standards for Supportive Home Care.

If transportation is provided, the Provider agency and Individual CIE Exploration Providers must meet the qualifications for Specialized Transportation-Community Transportation.

Training and Competency

CIE Exploration Services shall be provided by personnel that have the skills, abilities, and training in the areas of assessment, job development, job placement, job retention and evaluation including, but not limited to:

- Knowledge of the target group(s) being served.
- Training in specific member needs and abilities, which may include personal care services.
- Training in person-centered assessment and planning strategies.
- Knowledge and skills in work site analysis.
- Knowledge and skills in assessing needs for assistive technology, disability accommodations, and individual ergonomics and utilization of technology.
- Training in the area of job development.
- Training in the area of sales and marketing.
- Training in the area of job coaching.
- Training in the area of outcome development and program evaluation.

Section 6. Staffing Assignment and Turnover

Provider's staff to member ratio shall be in accordance with state licensure and certification requirements as expressed by ordinance, state and federal rules and regulations applicable to the services covered by this contract. Provider shall be adequately staffed to meet the needs of members as defined in their assessments and individual service plans.

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, provider agrees to make every effort to match and retain direct care staff under this agreement in a manner that optimizes consistency.

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 in their reporting of any changes to staff providing services. To establish and preserve this relationship, providers must have a process in place for:

- a. Members to provide feedback on their experience with the employees performing these tasks and respond when appropriate.
- b. Written information indicating who within the organization to contact with concerns, or questions related to the provision of services or direct care staff.

- c. Provider will forward documentation and/or feedback to the Interdisciplinary Team (IDT) to allow members to express concerns to individuals other than the individual who performs the task.
- d. Ensuring staff are supervised and assessed for effective collaboration with those they serve by conducting onsite supervision and review.
- e. Performance issues are addressed promptly and LCI IDT are kept informed about significant issues when members are impacted.
- f. Collaboration and communication between members, IDT, and all other stakeholders.

Section 7. Communication, Collaboration, and Coordination of care

LCI regularly utilizes the following platforms to communicate with Providers:

- a. Provider Network Advisory Committee
- b. Provider Newsletter
- c. LCI Website
- d. Email Notifications
- e. Provider Portal

Provider agencies are required to ensure LCI Provider Relations staff, LCI IDT, Legal Representatives, and other identified individuals identified within the member's team 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.

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

The provider agency shall report to the LCI team whenever:

- a. There is a change in service provider
- b. There is a change in the member's needs or abilities
- c. 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 for providing 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 IDT. Providers must promptly communicate with the LCI IDT 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 LCI team would be via phone, fax, or email within one (1) business day. The provider must include a description of the incident, factors leading up to the incident, and the actions and steps immediately taken by the provider to prevent further harm to or by the affected member(s).

Providers shall record and report:

- a. Changes in:
 - i. Condition (medical, behavioral, mental)
 - ii. Medications, treatments, or MD order

- b. Incidents or suspected incidents of:
 - i. Abuse, Neglect, or exploitation
 - ii. Medication Errors
 - iii. Falls (with or without injury)
 - iv. Urgent Care or Emergency Room visits or Hospitalization
 - v. Death: anticipated or unexpected
 - vi. Eloperement or Missing Person
 - vii. Emergency or Unapproved use of restraints or restrictive measure
 - viii. Fire or other Natural Disaster affecting the home
 - ix. Any other circumstances warranting an agency incident or event report including news or social media story involving the member, facility, or staff.

Note: Provider staff will first follow their own established in-house protocols for reporting incidents. 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.

All reported incidents will be entered into the LCI Adult Incident Reporting System (AIRS) 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.

Section 8. 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 addresses 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. A written report to enhance the coordination and/or quality of care, which includes:
 - b. Changes in members' activities
 - c. List of supportive tasks provided
 - d. Ongoing concerns specific to the member
 - e. Additional documentation of the services provided

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

- a. Provider meets the required standards for applicable staff qualification, training, and programming
- b. Verification of criminal, caregiver and licensing background checks as required.
- c. Policy and procedure for responding to complaints, inappropriate practices or matters qualifying as member-related incidents.
- d. Employee timesheets/visit records which support billing to LCI.

Services must be reviewed at a minimum of every six months to determine if progress is being made and if CIE Exploration services remain appropriate for authorization.

A Prevocational Services Six-Month Progress Report must be submitted to the member's assigned IDT staff twice a year, once at each six-month MCP review or upon request by IDT staff.

LCI has the right to withhold Provider payment if Provider does not submit the six-month written report.

Section 9.

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.
- 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.
- The Provider may not require the member to receive a service via interactive telehealth or remotely if in-person service is available.

Provider Tax ID: _____

Authorized Provider Name: _____

Authorized Provider Signature: _____

Date: _____