

Service Addendum: Housing Counseling

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

Housing Counseling provides assistance to a member who is looking to acquire and maintain safe, affordable, and accessible housing in the community as set forth in the approved member-centered plan (MCP), where ownership or rental of housing is separate from service provision. The purpose of housing counseling is to promote consumer choice and control, increase access to affordable housing, and promote community inclusion. Housing counseling includes exploring home ownership and rental options and individual and shared housing options, including options where the member lives with the member's family.

Transportation: Provider will negotiate contract rates that include mileage and travel time associated with the provision of service.

Scope of Services includes:

- 1) Conducting a community integration assessment to identify the member's preferences related to housing and needs for support to maintain community integration, including:
 - a. Type and location of housing desired
 - b. Preference for living alone or with others;
 - c. Identification of a roommate, if applicable;
 - d. Assistance in obtaining or accessing sources of income necessary for community living;
 - e. Assistance in establishing credit and meeting obligations of tenancy; and
 - f. Other important needs and preferences.
- 2) Assistance with locating and securing available housing;
- 3) Identifying and assisting the member in access to financing, securing supporting documents/record, completing/submitting applications, securing deposits, and locating furnishings;
- 4) Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modification and how to file a complaint;
- 5) Supports to assist the member in communicating with the landlord and/or property manager regarding the member's disability (if authorized and appropriate), detailing accommodations needed, and addressing components of emergency procedures involving the landlord and/or property manager; and
- 6) Planning for ongoing management and maintenance of housing

Housing counseling is not a one-time service and may be accessed by a member at any time. The service provides supports to preserve the most independent living arrangement and or assist the member in locating the most integrated option appropriate to the member.

This service is excluded if it is otherwise provided free to the general public. This service may not be provided by an agency that also provides residential support services or support/service coordination to the member.

Housing Counseling is considered a time-limited service based on progress towards finding permanent housing within the community. Services are authorized for a three-month period which may be extended up to six months, following a review with the member's LCI IDT staff and LCI Supported Living Specialist. Members with exceptional needs may be extended beyond six months and will be considered on a case-by-case basis.

Services shall be provided at a 1:1 ratio of provider staff to member.

Section 2. Rate Setting and Billable Units

Service and Codes: Housing Counseling Services

Service Code	Description	Units
T2038	Housing Counseling	15 minutes
T2038 UA U1	Housing Counseling Low Outcome Based	Each
T2038 UA U2	Housing Counseling Medium Outcome Based	Each
T2038 UA U3	Housing Counseling High Outcome Based	Each

*Additional modifiers based on individual rate agreements

The outcome payment for Housing Counseling Service is based on both the level of difficulty and the time frame in which the Provider can locate and secure housing. Typically, LCI breaks down the outcome payment on the following factors below:

Low	No criminal background, no barriers to housing (evictions, etc..), stable rental history, stable income
Medium	Assistance is necessary to collecting housing documents, limited rental history, limited housing references
High	Criminal backgrounds, prior evictions, high care need settings, past foreclosures, low to no income



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.

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.

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.

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.

Providers must have expertise in housing issues, have housing counseling or assistance as part of their mission or regular activities, and must not have a direct or indirect financial interest in the property or housing the member Selects.

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.

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, Provider must meet the qualification for Specialized Transportation-Community Transportation.

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 representative, 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. Elopement 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.



Providers shall prepare and send a written progress Housing Log/report to LCI IDT staff every month. IDT staff may request additional written and/or verbal information to enhance coordination and/or quality of care.

The written Housing Log/report shall include, at a minimum, the following elements:

1. Date housing application submitted
2. Where they applied for housing
3. Provider contact information
4. Accepted/denied/on waitlist
5. If denied, reason why?
6. If waitlist, how long anticipated?
7. Member user ID/Password for online applications
8. Follow up/progress made in obtaining housing

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: _____