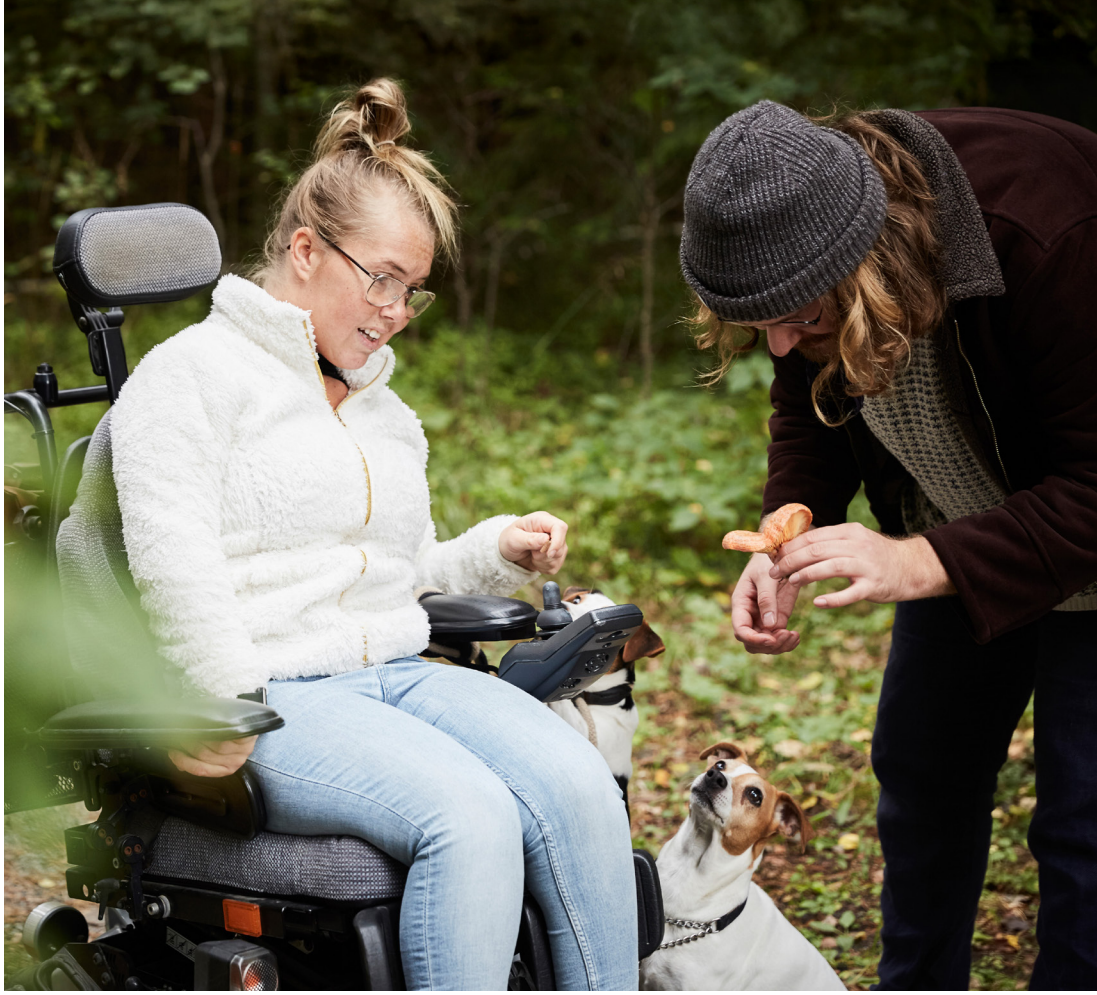

Provider Manual

Family Care Scope of Service
Reference Document

Anthem

WIBCBS-CD-PM-095162-25

Introduction

The *Scope of Services Reference Guide* is an extension of the Family Care Supplement to the Medicaid Provider Manual. It provides comprehensive detail on all LTSS services available under the program, including definitions, coverage parameters, provider criteria, and service limitations.

The purpose of this guide is to serve as a detailed reference tool for providers, case managers, and care coordinators who require specific information about covered services.

The information contained in the Anthem Medicaid Provider Manual and Anthem Family Care Supplement take precedence. This reference guide is intended to **support, not duplicate**, those materials by offering service-level clarification and operational guidance. This document is intended for reference purposes only and should be read in conjunction with the Medicaid Provider Manual and LTSS Supplement.

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Adult Day Care

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Adult Day Care services provide structured, comprehensive programs designed to meet the physical, social, emotional, and recreational needs of members in a group setting. Services are intended to support members' independence, reduce isolation, and offer respite for caregivers. Services are part of a day in a non-residential group setting. Services may include personal care and supervision, light meals, medical care, and transportation to and from adult day care site.

Transportation between the member's place of residence and the adult day care may be provided as a part of adult day care services and the cost of transportation is included in the rate paid for adult day care services.

2.0 Service Components

Component	Description
Supervision	Continuous oversight to ensure member safety and engagement.

Personal Care Assistance	Support with ADLs such as toileting, mobility, and eating.
Health Monitoring	Observation of member health status and communication with care team.
Social & Recreational Activities	Structured group and individual activities promoting socialization and stimulation.
Nutrition	Provision of meals and snacks that meet dietary needs and preferences.
Transportation (if applicable)	Coordination or provision of transport to and from the center.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Services must be provided in a safe, accessible, and certified facility.
- Programming must be person-centered and culturally responsive.
- Staff must be trained in dementia care, behavior support, and emergency procedures.
- The provider must comply with DHS 105.14 and applicable licensing regulations

  https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/105/14

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

HCBS Settings Rule: Compliance for Nonresidential Service Providers|Wisconsin Department of Health Services

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Maintain daily attendance and service logs.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.

- Ensure staff-to-member ratios meet regulatory standards.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Maintain a clean, safe, and welcoming environment.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Daily records of attendance, services provided, and member participation.
- Monthly progress summaries shared with the IDT.
- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

7.0 Staff Qualifications

- Staff must be at least 18 years of age.
- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training
- Background checks per DHS 12.

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Billing must reflect actual attendance and service provision.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.
- The rate includes or does not include provision of transportation to and from adult day care as demonstrated by UA modifier.

Service Code	Modifier	Service Description	Unit of Service
S5100		Adult Day Care	15 min
S5100	UA	Adult Day Care w/Transportation	15 min
S5101	UA	Adult Day Care w/transportation	Per half day (less than 4 hours)
S5102	UA	Adult Day Care w/transportation	Per day (4 hours or more)

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member and caregiver feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Assistive Technology

Purpose: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Assistive technology is an item, piece of equipment, software, mobile application, or product system--whether acquired commercially, modified, or customized-- that enables members to:

(1) increase their ability to perform ADLs and IADLs or control the environment in which they live, and

(2) access, participate, and function in their community and in competitive integrated employment.

This service category includes assistive technology, typically referred to as adaptive aids. Assistive technology services directly assist a member in the selection, acquisition, or use of an assistive technology device. With the exception of Vehicle Modifications, which has been made into a stand-alone service, all activities and items previously covered under adaptive aids are now covered under this service.

2.0 Service Components

Component	Description
Evaluation	Evaluation of the assistive technology needs of a member, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services in the customary environment of the member
Services to Include	Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices, including electronic technology, software, and mobile applications for the member

	Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices
Coordination	Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with other services in the service plan
Training	Training or technical assistance for the member or, where appropriate, family members, advocates, legal decision makers, or other people designated by the member
	Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of members

The assistive technology service also includes:

> The purchase of a fully trained service dog from a reputable provider with experience providing structured training for service dogs.
>
> The post-purchase training with a reputable provider experienced in providing structured training for service dogs necessary to partner a fully trained service dog with its owner (i.e. enable the fully trained service dog and the member to work together); and
>
> The ongoing maintenance costs, including acute and primary veterinary care, of a fully trained service dog obtained from a reputable provider with experience providing structured training for service dogs based on DHS guidelines.

For the purpose of coverage as assistive technology, a service dog is a dog that has been individually trained by a reputable provider experienced in providing structured training for service dogs to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability.

Excludes costs related to a dog that does not meet the definition of a service dog for the purpose of coverage as an assistive technology benefit (i.e. emotional support dog, therapy dog, dog training to become a service dog, household pet).

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This waiver service is only provided to individuals ages 21 and over. All medically necessary Assistive Technology for children under age 21 is covered in the state plan benefit pursuant to the EPSDT benefit.
- This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan. This service excludes coverage for technology for which the primary use is communication assistance; technology for communication assistance is covered under the communication assistance service.
- All electronic devices must meet UL or FCC standards. DME/DMS vendors or assessors must be Medicaid certified under Wis Admin Code DHS § 105.40. Qualified Health Professionals or agencies must have current state licensure or certification in their field of practice or employ or contract with professionals with current state licensure or certification in their field of practice, respectively.
- Service dog trainers or providers must be reputable providers with experience providing structured training for service dogs. Veterinarians or veterinary clinics must be licensed under Wis. Stats. § 89.06 or employ or contract with veterinarians licensed under Wis. Stats. § 89.06, respectively.
- When utilizing Assistive Technology, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.
- To ensure timely access to services, members must receive general equipment or supplies within 30 business days, and highly specialized equipment within 120 business days following service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the referral is completed.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by Provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Monthly progress summaries shared with the IDT.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Staff must be at least 18 years of age.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training
- Background checks per DHS 12.

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – a written 30-day notice is required by the MCO/member provider.

Service Code	Modifier	Service Description	Unit of Service
T2029		Specialized medical equipment, not otherwise specified	Each

T2029	U1	Spec medical equipment; Assistive Devices	Each
T2028		Other specialized supply not otherwise specified	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member and caregiver feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation – Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Communication Assistance

Objective: Anthem meets member's needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Communication Assistance includes devices or services needed to assist members with hearing, speech, communication, or vision impairments. These items or services assist the member to effectively communicate with others, decrease reliance on paid staff, increase personal safety, enhance independence, increase community inclusion, and improve social and emotional well-being.

2.0 Service Components

Component	Description
Device, software, or service to include	a. Augmentative and alternative communication systems; b. Hearing or speech amplifications, aids, and assistive devices when not covered under the State Plan; c. Cognitive retraining aids; d. Electronic technology, such as tablets, mobile devices, and related software or mobile/tablet applications, when the use provides communication assistance for the member;
Evaluation and assessment	Evaluation and assessment of the communication assistance needs of the member
Repair/Maintenance	The repair, maintenance, and servicing of allowable Communication Assistance devices and systems
Interpreter services	Communication assistance includes interpreter services, which are provided to

members with hearing, speech, or vision impairments and who require interpretation to effectively communicate with people in the community, employees, or others.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service excludes interpreter services that are otherwise available, including for communication with the managed care organization, its contractors, or other health care professionals that are required to provide interpreter services as part of their rate.
- This service does not supplant the responsibility of managed care organizations, contracted providers, or other health care professionals to take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency (LEP). Providers must provide language assistance services in order to comply with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.
- This waiver service is only provided to individuals ages 21 and over. All medically necessary Communication Assistance for children under age 21 is covered in the state plan benefit pursuant to the EPSDT benefit.
- Sign language interpreters (individual or agency-employed) must be licensed under Wis. Stats. § 440.032. Individual and agency-employed interpreters, facilitators, or translators (non-sign language) must have the ability to interpret effectively, accurately, and impartially both receptively and expressively, using necessary specialized vocabulary.
- Items or devices provided by communication aid vendors or assessors must meet UL or FCC standards for electronic devices.
- Individual or agency-employed qualified health professionals must have current state licensure or certification in their field of practice.
- When utilizing Communication Assistance, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.

- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.
- To ensure timely access to services, members must receive general equipment or supplies within 30 business days, and highly specialized equipment within 120 business days following service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the referral is completed.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by Provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Staff should be at least 18 years of age. All services performed by individuals under the age of 18 must be in full compliance with applicable Child Labor Laws.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

- Background checks per DHS 12.

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – a written 30-day notice is required by the MCO/member provider.

Service Code	Modifier	Service Description	Unit of Service
E1902		Communication board, non-electronic AAC devices	Each
V5272		Assistive listening device, TDD	Each
V5274		Assistive listening device, not otherwise specified	Each
V5269		Assistive listening device, alerting, any type	Each
V5268		Assistive listening device, telephone amplifier, any type	Each
V5270		Assistive listening device, television amplifier, any type	Each
V5273		Assistive listening device, for use with cochlear implant	Each
V5271		Assistive listening device, television caption decoder	Each
V5288		Assistive listening device, personal FM/DM transmitter	Each
L8510		Voice amplifier	Each
E2500-E2599		Speech Generating Devices	Each
E2511		Speech generating software program	Each
T1013		Sign Language or interpreter services	Each
97535		Self-care/home management training (ADL, compensatory training, assistive technology)	15 min
V5020		Conformatory evaluation	Each
92607		Evaluation for speech-generating device, first hour	First Hour
92608		Evaluation for speech-generating device, additional 30 minutes	Addt 30 min
92618		Evaluation for non-speech-generating AAC device, each 30 minutes	Addt 30 Min
92597		Evaluation for use/fitting of voice prosthetic device	Each
97755		Assistive technology assessment	Each
V5336		Repair/modification of AAC system or device	Each

92609		Therapeutic services for speech-generating device	Each
92606		Therapeutic services for non-speech-generating device	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member and caregiver feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation – Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Community Supported Living (CSL)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Community Supported Living (CSL) is designed for individuals residing in their own homes. Services are flexible and personalized, adapting to both planned needs and unexpected situations. CSL is built on partnership—between the member, their paid supports, and unpaid allies—ensuring the right level of help is always available. It's about honoring independence while supporting inclusion and managing risk with care.

2.0 Service Components

Component	Description
Service	CSL services can include teaching skills and supporting skill development within the areas of: • Maintaining home tenancy or ownership • General chores and housekeeping • Meal planning and preparation • Grocery, home supplies, and personal needs shopping • Home safety and emergency response • Personal care and hygiene – Teaching or hands-on assistance with activities of daily living, such as dressing/undressing, bathing, eating, toileting, assistance with mobility/ambulation/transferring (including the use of a walker, cane, etc.), carrying out professional therapeutic treatment plans, and personal hygiene/grooming, such as care of hair, teeth, or dentures. • Transportation – Support may include travel training and assistance and education on identifying or arranging transportation to promote community access, engagement, and participation—including involvement in Competitive Integrated Employment

- Relationship building - Supporting the member to develop and maintain relationships in their lives with people of their choosing
- Financial literacy education and, as needed, teaching skills and supporting skill development around budgeting, money management, bill paying, etc.
- Medication management – Providing oversight, education, and assistance to support individuals in safely managing and administering their own medications.
- Community inclusion – Help with exploring and connecting with the community—whether that's joining a group, finding a volunteer role, or discovering activities they're excited about, supporting their choices, and building meaningful connections
- Health monitoring – Assisting the member to identify and achieve their health and wellness goals

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- CSL services are offered in the individual's own home, a living arrangement that is neither owned nor managed by a service provider and is not the residence of a paid or unpaid caregiver.
- In CSL, members have the freedom to choose who provides their services. They can work with their IDT staff to select a different CSL provider —ensuring their care reflects personal preferences and values.
- CSL is built around each member's goals and preferences—whether they need just a few hours of support each week or more frequent, daily visits.
- CSL providers must maintain 24/7 on-call availability to support individuals receiving CSL services in the event of emergencies, crises, or other unplanned service needs.
- CSL emphasizes skill-building and individualized support to help members achieve and maintain the highest level of independence within their homes and community.
- CSL staff utilize teaching strategies customized to the member and their unique learning style. They may use visual aids, systematic instruction, cueing, demonstration, breaking down into smaller tasks, or other approaches to enhance learning.
- CSL services are designed to explore and maximize the use of Assistive Technology options and Remote Supports to enhance member independence.

- When utilizing Community Supported Living (CSL), adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- The provider will collaborate with the member to assess the areas of support needed and utilize the Anthem CSL plan to outline measurable outcomes and the specific tasks required to achieve them.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- All workers and agencies must comply with the Training and Documentation Standards for Supportive Home Care https://www.dhs.wisconsin.gov/publications/p01602.pdf
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.

- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Electronic Visit Verification (EVV) - Electronic Visit Verification (EVV) is a technology-based system used to confirm that authorized services have been delivered. For SHC services tied to specific procedure codes, workers transmit visit data to an EVV vendor at both the start and end of each visit using approved methods such as a mobile app, landline, fixed VoIP, or designated device.

The service code S5126 listed below requires the use of Electronic Visit Verification (EVV) to document member visits. Providers may choose to use the EVV system developed by the Wisconsin Department of Health Services (DHS) or an alternative system, provided it complies with DHS policy and technical standards. See the link listed below for additional information and training resources related to EVV- https://www.dhs.wisconsin.gov/evv

Service Code	Modifier	Service Description	Unit of Service
S5126	UA	Attendant Care, Community Supported Living/CSL	Per Diem/Day
S5136	UC	Companion Care, Community Supported Living/ CSL	Per Diem/Day

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Competitive Integrated Employment (CIE) Exploration

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

CIE (Competitive Integrated Employment) Exploration is intended to help a member make an informed choice about whether to pursue competitive integrated employment (CIE) or self-employment. CIE is defined 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.

2.0 Service Components

Component	Description
Service	CIE Exploration includes: • Identification of member-specific interests, knowledge, and skills transferable to CIE; • Arrangement of career exploration opportunities and preparation of the member for participation in at least 3 business tours, informational interviews, and/or job shadows; • Debriefing with the member after career exploration experiences; • Introductory education on supported employment services; • 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 benefits analysis. • Person-centered employment planning; and • Sharing the member's completed assessment profile with their DVR counselor.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Members who are receiving CIE Exploration services may not receive supported employment-individual support services, or vocational futures planning and support 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).
- The cost of transportation from a member's residence and the cost for a member to get to and from the sites where the member starts and ends the service each day may be included in the reimbursement paid to the provider or may be reimbursed under specialized (community) transportation, but not both.
- **Supported employment agencies** must meet at least one of the following provider qualifications:
    - A 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 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, if transportation is provided, the provider must meet the qualifications for Specialized Transportation-Community Transportation.

- When utilizing CIE Exploration, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.

- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- 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.
- Planned Termination – To ensure continuity and respect for the member’s needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2014	96	Prevocational assistance in skills associated with job preparation and support	Per Day
T2015	96	Prevocational assistance in skills associated with job preparation and support	Per Hour

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Consultative Clinical and Therapeutic Services for Caregivers

Objective: Anthem meets member's needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Consultative clinical and therapeutic services for caregivers improve the ability of unpaid caregivers and paid direct support staff to carry out therapeutic interventions.

Clinical and therapeutic services assist unpaid caregivers and/or paid support staff in carrying out the member's treatment/support plans, are not covered by the Medicaid State Plan, and are necessary to improve the member's independence and inclusion in their community.

2.0 Service Components

Component	Description
Service	Assessments, development of home treatment plans, support plans, intervention plans, training, and technical assistance to carry out the plans and monitoring of the member and the caregiver/staff in the implementation of the plans.
Training	Training for caregivers/staff that are or will be serving members with complex needs (beyond routine care). For example, when an individual with complex needs is relocating from one of the State Centers for people with I/DD, this service could be used to train caregivers/staff on the behavioral support plans necessary for community integration.

Consultation	Consultation with service providers and potential providers to identify providers that can meet the unique needs of the member and to identify additional supports necessary for caregivers to perform therapeutic interventions.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Services are provided by state-licensed or certified professionals or agencies that deliver services limited to their areas of formal education and training and/or as directed by their professional code of ethics.
- Excludes training in member self-advocacy or caregiver advocacy on behalf of a member, which are covered under consumer education and training.
- Individual counselors or therapists must have current state licensure or certification in their field of practice. Counseling or therapy agencies must employ or contract with professionals with the current state licensure or certification in their field of practice.
- When utilizing Consultative clinical and therapeutic services for caregivers, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.

- Following an inclusive assessment, provider will develop a plan that reflects a strength-based, person-centered, and trauma-informed approach.
    - It should prioritize the least restrictive methods that uphold the member's dignity, autonomy, and opportunities.
    - The plan must remain adaptable and, where appropriate, integrate all dimensions of wellness—social, emotional, environmental, occupational, intellectual, spiritual, and physical. This comprehensive approach enables the member and support team to build on strengths, safeguard rights, foster learning, and promote resilience and meaningful social change aligned with the member's goals and preferences.

- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Staff must be at least 18 years of age.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training
- Background checks per DHS 12.

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.

- Planned Termination – a written 30-day notice is required by the MCO/member provider.

Service Code	Modifier	Service Description	Unit of Service
G0108	UK	Diabetes outpatient self-management training, individual	Each (30 Min)
G0164	UK	Skilled services of RN or LPN/education or training to member or family	15 min
G0177	UK	Training and education to member or family on MH	Per Session (45 min or longer)
H0034	UK	Medication Training and support	15 min
H2014	UK	Assessments, development of home treatment plans, support plans, intervention plans, training, and technical assistance to care out the plan	15 min

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member and caregiver feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Consumer Directed Supports (Self-Directed Supports) Broker

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Consumer directed supports (self-directed supports) broker is an individual who assists a member in planning, securing, and directing self-directed supports (SDS). The direct assistance provided by the support broker depends on the needs of the member.

2.0 Service Components

Component	Description
Service	Assistance, if needed, with recruiting, hiring, training, managing, and scheduling workers.
Recruitment & Retention of Workers	Support the member with all aspects of hiring and managing workers, as needed, to include: • Where & how to find workers- how to write an ad, where to post, etc. • Interview process - questions to ask, how to interview • Outlining job responsibilities • Orientation and training of workers, to include helping with completing necessary paperwork • How to support and manage workers • Scheduling and managing hours and timesheets

	• Working through conflict and concerns that may arise with workers • Evaluating performance • Other, as needed to support the hiring and managing of the member's workers
Budget Management	Support member in how to oversee and manage their budget

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- The extent of the services provided is specified in the member-centered plan (MCP).
- The services of a support broker are paid for from the member's self-directed supports budget.
- A support broker shall be knowledgeable of the local service delivery system and local community-integrated services and resources available to the member.
- A support broker shall also be knowledgeable of the typical kinds of needs of persons in the member's target group.
- The member and interdisciplinary team staff are responsible to assure that a support broker selected by the member has the appropriate knowledge.
- Consumer directed supports broker excludes the cost of any direct services authorized and obtained by a consumer through an SDS plan, which is paid for and reported under the appropriate service definition.
- Consumer directed supports broker exclude the cost of fiscal agent services, which are paid for and reported as financial management services.
- Consumer directed supports broker services are limited to members who self-direct some or all of their waiver services.
- This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan, including care management services.
- A provider of this service must have the ability to identify the unique needs/preferences of the member and must have knowledge of the available providers for services in the member's geographic area.
- When utilizing Consumer directed supports (self-directed supports) broker services for caregivers, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Following an inclusive assessment, provider will develop a plan that reflects a strength-based, person-centered, and trauma-informed approach.
    - It should prioritize the least restrictive methods that uphold the member's dignity, autonomy, and opportunities.
    - The plan must remain adaptable and, where appropriate, integrate all dimensions of wellness—social, emotional, environmental, occupational, intellectual, spiritual, and physical. This comprehensive approach enables the member and support team to build on strengths, safeguard rights, foster learning, and promote resilience and meaningful social change aligned with the member's goals and preferences.

- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Support brokers are subject to criminal background checks and must be independent of any other waiver service provider.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2041		Assists member in planning, securing, and directing self-directed supports	15 min

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Consumer Education and Training

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Consumer education and training is designed to help members develop self-advocacy skills, support self-determination, exercise civil rights and acquire skills needed to exercise control and responsibility over support services.

2.0 Service Components

Component	Description
Service	Support members to communicate wants and needs, make informed decisions, voice their choices, and develop trusted supports with whomever they can share concerns.
Education and training	Provide education and training for members, their caregivers, and legal decision makers that is directly related to developing self-advocacy skills.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Managed care organizations assure that information about educational and/or training opportunities is available to members, their caregivers, and legal decision makers.
- Covered expenses may include enrollment fees, books and other educational materials, and transportation related to participation in training courses, conferences, and other similar events.
- Excludes educationally related services available under Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq) or other relevant funding sources.
- Excludes education/training costs exceeding $3000 per member annually.
- Excludes payment for hotel and meal expenses.

- Providers must have expertise in problem solving, self-advocacy skills development, self-determination, community integration, financial management, and decision-making.
- When utilizing Consumer education and training, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.

- To ensure timely access to services, members must receive services no more than 60 business days from the time of service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the service is initiated.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S9445		Consumer Education and Training	Each (Ind)
S9446		Consumer Education and Training	Each (Group)

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Counseling and Therapeutic Resources

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Counseling and Therapeutic Resources are professional, treatment-oriented services that address a member's identified needs for personal, social, physical, medical, behavioral, emotional, cognitive, mental, or substance use disorders. The outcome of counseling and therapeutic resources is maintenance or improvement of the member's mental, physical, or behavioral health, welfare, and functioning in the community. Counseling and therapeutic resources may be delivered in a member's home, natural (outdoor) setting, community setting, or a provider's office. Counseling and Therapeutic resources are provided by state-licensed or certified professionals or agencies that deliver services limited to their areas of formal education and training, as directed by their professional code of ethics.

2.0 Service Components

Component	Description
Service	Counseling and therapeutic resources may include: • Disability or aging adjustment and adaptation counseling; • Interpersonal counseling; • Recreational, music, art, equestrian (hippotherapy) therapy, or aquatic therapy; • Nutritional counseling; • Medical counseling and education provided by a registered nurse (RN); • Weight counseling; and • Grief counseling.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.

- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Counseling and Therapeutic Resources must meet clearly defined outcomes, be effective for the member's condition or outcome, and be cost-effective.
- Costs directly associated with counseling or therapies are included in this service.
- Expenses may not be primarily recreational or diversional in nature, as demonstrated in the member-centered plan.
- Excludes inpatient services, physician services, and services covered by the Medicare program (except for payment of any Medicare cost share).
- This waiver service is only provided to individuals ages 21 and over. All medically necessary Counseling and Therapeutic Resources for children under age 21 are covered in the state plan benefit pursuant to the EPSDT benefit.
- Counseling or therapy agencies must employ or contract with professionals with current state licensure or certification in their field of practice.
- Individual counselors or therapists must have current state licensure or certification in their field of practice.
- When utilizing Counseling and Therapeutic Resources, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:

    - Proof of applicable staff training, qualifications and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities

- Recordkeeping and reporting
- Individual-specific disability training
- Recognizing and responding to health and safety concerns of member
- Abuse and neglect training
- Interpersonal and communication skills
- Confidentiality
- Ethnic and cultural diversity training
- Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.

Service Code	Modifier	Service Description	Unit of Service
G0176	U1=Music U2=Hippotherapy U3=Equine Assisted U6=Massage U7=Dance U8=Art U9=Other per day UA=Assessment UB=Evaluation UC=Reevaluation GT=Remote Service	Counseling and Therapeutic Resources	Session/Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Daily Living Skills Training

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Daily living skills training provides person-centered education and training on member-specific skills to perform activities of daily living and instrumental activities of daily living, including skills intended to increase the member's independence and participation in community life.

2.0 Service Components

Component	Description
Service	An inventory to establish baseline levels of skills and independence; Task analysis and systematic instruction in: • Money management, organizational skills, safety and situational awareness, and routine daily activities; • Health, fitness, and self-care skills; • Home care maintenance, shopping, nutrition, and food preparation; • Mobility and travel training; • General communication and technology skills not related to using assistive technology or communication devices; • Self-advocacy; and • The skills necessary for accessing and using community resources.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service can only be provided in the member's residence or in integrated community settings.
- This service cannot be provided in a non-residential, facility-based setting.

- Personal care provided to a member during the receipt of this service may be included in this service or may be covered under another waiver service, so long as there is no duplication of payment.
- Daily living skills training agencies must meet at least one of the following qualifications:
    - Accreditation by a nationally recognized accreditation agency.
    - A minimum of two years of experience working with the target population in providing this service, day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.
    - If personal care is provided along with skills training, the provider must also meet the Training and Documentation Standards for Supportive Home Care.
- Individual daily living skills trainers must have a minimum of two years of experience working with the target population, providing one of these services: day habilitation, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.
    - If personal care is provided along with skills training for individual daily living skills trainers, they shall also meet the Training and Documentation Standards for Supportive Home Care.
- When utilizing Daily living skills training, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Daily Living Skills Training is designed to support members in building independence with specific tasks. The provider will collaborate with the member to

create a plan that outlines measurable outcomes and the specific tasks required to achieve them.

- The service is time-limited, typically concluding within six months, and includes regular updates to IDT to reflect progress toward each goal.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2013		Daily Living Skills Training	Hour
T2014		Daily Living Skills Training	15 min

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.

- Protect member confidentiality and dignity at all times.

Day habilitation

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Day habilitation provides activities and supports to foster the acquisition of generalized skills and opportunities for the member to actively participate in integrated community-based activities that build on the member's interests, preferences, gifts, and strengths. Day habilitation reflects the member's person-centered goals regarding community connections and involvement. This service promotes maximum participation in integrated community life while facilitating meaningful relationships, friendships, and social networks with members of the broader community who share similar interests and goals for community participation. Services are aimed at supporting members to reach the highest level of independence and, where possible, reducing or eliminating the need for paid supports to engage in personally meaningful community activities. Services provided must be consistent with the member's Member Centered Plan (MCP).

2.0 Service Components

Component	Description
Service	Day habilitation includes: • Development of an inventory to establish baseline levels of skills and independence; • A wide variety of activities focused on the development, retention, and improvements of self-help, socialization, and adaptive skills. • Daily opportunities to engage in community life and interact with members of the community who do not receive HCBS; • Community mapping; • Supports are designed to foster, through experiential and adult learning, the acquisition of positive social skills, interpersonal competence, greater independence, and the ability to communicate personal choice and preferences. • Coordination with needed therapies in the member-centered plan, such as physical, occupational, or speech therapy;

- For members with degenerative medical conditions, supports and community involvement opportunities that are designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills;
- Retirement activities;
- Supports to participate in volunteer opportunities not related to vocational goals;
- Skills in arranging and using transportation; and
- Completion of six-month day habilitation reports to the MCO.

Day habilitation also includes

- Exploration and training on technology options
- Community transportation options to include travel training
- Hands-on exploration of libraries, recreation centers, and other community offerings
- Completion of activities and/or Interest Inventories to learn about strengths, preferences, and interests, and how those identified might be utilized to actively participate in community

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service may be provided in a disability-specific, provider owned and controlled (facility-based) setting or a non-disability-specific (community based) setting. When this service uses a provider owned and controlled setting for a portion of the service delivery, the service delivery is considered facility-based. When this service uses a community setting 100% of the time, the service delivery is considered community-based. Community-based service delivery may use a provider owned or controlled setting as a hub or base, but cannot provide services in that setting.
- Day habilitation must be provided separately from the member's residence or other residential living arrangements.
- When services are provided in community settings, the service is expected to be provided in small groups no larger than three (3).
- Transportation between a member's place of residence and the service setting or site where the member starts and ends the service each day may be included as a component of day habilitation activities or under Specialized (community) Transportation, but not both. Transportation between the service setting and one or more community sites is always included in the service.

- Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).
- Personal care/assistance may be a component of day habilitation services as necessary to meet the needs of members, but may not comprise the entirety of the service.
- Members who receive day habilitation services may also receive educational, supported employment, and prevocational services; however, different types of non-residential habilitation services may not bill during the same period of the day.
- Day habilitation may not provide for the payment of services that are vocational in nature (i.e., for the primary purpose of producing goods or performing services). The service cannot involve volunteering for the day habilitation provider.
- For facility-based day habilitation providers, the facility must be HCBS compliant per 42 CFR 441.301(c)(4).
- For community-based providers, service delivery must be 100% community based.
- All agency providers must meet at least one of the following provider qualifications:
    - Accreditation by a nationally recognized accreditation agency, or
    - A minimum of two years of experience working with the target population in providing this service, daily living skills training, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.
- Individual day habilitation providers must have a minimum of two years of experience providing this service, daily living skills training, supportive home care, personal care, home health care, skilled nursing, supported employment, or similar services.
- Additionally, agency and individual providers providing personal care must meet the Training and Documentation Standards for Supportive Home Care, and agencies and individuals providing transportation must meet the provider qualifications for Specialized Transportation- Community Transportation.

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

HCBS Settings Rule: Compliance for Nonresidential Services Providers | Wisconsin Department of Health Services

All nonresidential settings ensure specific HCBS rights of individuals who get HCBS in those settings. For a printable version of these rights, see HCBS Settings Rule - Nonresidential, P-03678.
These individuals have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control

personal resources, and get services in the community. They get access to the same degree as people who do not get Medicaid HCBS.

- **Decide where they receive services.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.
- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threat and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.
- Choose services and supports. They also choose who provides them.

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.

- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2013	UA U1	Day Habilitation - 1:1 w/transportation	15 min'
T2013	UA U2	Day Habilitation - 1:1 w/o transportation	15 min
T2013	UA U3	Day Habilitation - 1:3 community w/transportation	15 min
T2013	UA U4	Day Habilitation - 1:3 community w/o transportation	15 min
T2013	UB U1	Day Habilitation - 1: 4 or more w/transportation	15 min
T2013	UB U2	Day Habilitation - 1: 4 or more w/o transportation	15 min

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Environmental accessibility adaptations (home modifications)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Environmental accessibility adaptations (home modifications) are the provision of services and items to assess the need for, arrange for, and provide modifications and or improvements to where a member lives in order to increase accessibility or safety. Modifications may provide for safe access to and within the home, reduce the risk of injury, facilitate independence and self-reliance, enable members to increase their abilities to perform ADLs or IADLs, and decrease reliance on paid providers. This service category includes the cost of materials, services, permits and inspections, and maintenance of home modifications.

2.0 Service Components

Component	Description
Service	Home modifications may include materials and services such as: • Adaptive doorbells, locks, and/or security items, systems, or devices; • Adaptive doorknobs and door openers; • Railings or transfer assist devices; • Ramps; • Surface protection/padding; • Wheelchair-accessible or slip-resistant flooring; • Widened doorways or hallways; • Stair lifts, wheelchair lifts, ceiling lifts, or other mechanical devices to lift persons with impaired mobility from one vertical level to another; • Kitchen and/or bathroom modifications; • Specialized accessibility/safety adaptations;

- Voice-activated, light-activated, motion-activated, and other electronic devices, including automated internet-connected or remotely operated "smart home" technology, that increase the member's self-reliance and capacity to function independently.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair.
- Home modifications exclude:
    - Modifications or improvements that are of general home maintenance and upkeep;
    - Modifications made to living arrangements that are owned or leased by agency providers of other waiver services;
    - Modifications that do not meet standards of manufacture, design, and installation;
    - Permanent or structural modifications to rented living arrangements; and
    - Internet services. The member must have access to internet service before devices requiring internet connection are authorized.
- All modifications are required to comply with applicable local and state housing or building codes and are subject to inspections required by the municipality administering the codes.
- The services under the Environmental Accessibility Adaptations (Home Modifications) are limited to additional services not otherwise covered under the State Plan, including EPSDT, but consistent with waiver objectives of avoiding institutionalization.
- This service may not duplicate any service that is provided under another waiver service category or through the Medicaid State Plan.
- Providers must obtain required state licensure, certification, or registration and adhere to industry set standards.
- Technology must meet UL or FFC standards for electronic devices.
- When utilizing Environmental accessibility adaptations (home modifications), adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- **Bid Submission Requirements for Environmental Accessibility Adaptations (Home Modifications)** Before initiating any project, providers must submit a detailed bid outlining the scope of work required for the proposed modification. The bid must include:
    - A complete list of materials necessary to complete the project
    - All labor and services to be performed within the property boundaries, in accordance with the approved drawings and/or bid specifications.
    - Any revisions to the original specifications or contract terms must be documented and sent to IDT for review.

- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.

- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S5165		Home Modifications	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

- To ensure quality and accountability, the Provider agency will address and resolve any defects caused by materials or workmanship within one year of project completion. All associated costs will be the responsibility of the Provider.

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.

- Protect member confidentiality and dignity at all times.

Financial management services

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Financial management services assist members and their families in managing service dollars or their personal finances to prevent institutionalization.

2.0 Service Components

Component	Description
Service	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.
	This service includes facilitation of the employment of staff by the member or legal decision-maker by a financial management services provider or fiscal intermediary performing as the member's agent, such employer responsibilities as: • Processing payroll, • Withholding federal, state, and local tax and making tax payments to appropriate tax authorities; and • Performing fiscal accounting and making expenditure reports to the member or family and state authorities as indicated in the individual's self-directed supports plan and budget for services. Includes the provision of assistance to members who are unable to manage their own personal funds. Assistance to the member to effectively budget personal funds to ensure sufficient resources are available for housing, board, and other essential costs.

Paying bills authorized by the member or the member's legal decision maker and keeping an account of disbursements.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Financial management services are purchased directly by the MCO and made available to the member to ensure that appropriate compensation is paid to providers.
- 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.
- An MCO must have standards in place that ensure at minimum that a financial management services 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;
    - Has training and experience in accounting or bookkeeping; and
    - 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.
- When utilizing Financial Management Services, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- To protect the member's access to benefits, the provider will immediately inform the care manager of any changes, including when the member's balance goes over $2,000.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time,

interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2025	U9 U5	Financial Management Services (Used for Self-Direction)	Each/Monthly
T2025		Financial Management, Rep Payee	Each/Monthly

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance

- Service Initiation- Availability and responsiveness to referrals and timely services provided
- Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Health and Wellness

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Health and Wellness services maintain or improve the health, well-being, socialization, or inclusion of the member in their community. Services support whole-person culturally appropriate wellness by promoting stress relief, non-pharmacologic pain management, self-determination, and community connections. Services prevent or delay higher-cost institutional care through health and wellness activities that focus on healthy habits.

2.0 Service Components

Component	Description
Service	Healthy lifestyle services, such as: • Classes, lessons, events, or other educational opportunities, to address issues regarding living with a disability and having a healthy lifestyle, including nutrition, physical activity, and sensory regulation. • Health and wellness web and mobile applications. ***Healthy lifestyles services increase the capacity of the member to self-advocate, navigate community resources, and improve overall health and socialization skills. These skills keep members in the community and out of an institution.***
	Evidence-based or culturally appropriate complementary medicine and wellness services, such as: • Yoga; • Meditation or mindfulness classes; • Tai Chi; • Traditional African-Based Holistic Services; • Ayurveda; • Traditional Chinese or Oriental Medicine; • Reiki; • Native American healers (treatments may include prayer, dance, ceremony and song, participation in sweat lodges, and the use of meaningful symbols of

healing, such as the medicine wheel and/or other sacred objects)

Sexuality Education Training – including:

- A proactive educational program about the values and critical thinking skills needed to form and maintain meaningful relationships, healthy sexuality, and sexual expression.
- Learning objectives include positive self-image, communication skills, reproductive anatomy, conception and fetal development, safe sex, and health awareness.
- Positive outcomes include safety from negative consequences of being sexual, assertiveness about setting boundaries and reporting violations, expressing physical affection in a manner that is appropriate, and making informed choices about the relationships. Independent living skills are enhanced, and improved work outcomes result from a better understanding of interpersonal boundaries, and improved communication, critical thinking, and self-reliance skills.
- Sexuality Education can be taught in a group classroom setting with the support of direct support professionals, family members, and natural supports.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Health and Wellness services must address a specific goal or outcome documented in the MCP.
- Services may not be primarily recreational or diversional in nature.
- This service excludes items or services that are harmful or contraindicated for the member, as determined by the member's interdisciplinary team (IDT).
- This service excludes adaptations needed to participate in health and wellness activities. Adaptations are covered under Assistive Technology.
- This service excludes the purchase of food and any ingested herbs, treatments, or nutritional supplements.
- Excludes physician services.
- This service may only be funded through the waiver when otherwise not available through the State Plan, Medicare, EPSDT (for members ages 18-21), or a responsible private or public entity.
- Fitness centers must comply with Wis Stat. § 100.178 and Wis. Admin. Code Ch. DHS 174. Personal trainers must have a national certification from an accredited

agency and current cardiopulmonary resuscitation (CPR) and automated external defibrillation (AED) certification. Individual and agency wellness providers must have licensure, certification, registration, accreditation, experience, or training appropriate to the service being provided.

- When utilizing Health and Wellness services, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication

between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.

- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Individuals or agency-employed professionals providing sexuality education and training must meet at least one of the following qualifications:
    - Sexuality Educator, Educator, Counselor, or Sex Therapist certified by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), or
    - Any of the following professionals with specialized training in sexuality education:
        - Psychologist;
        - Licensed Clinical Social Worker;
        - Licensed Professional Counselor;
        - Applied Behavior Analyst;
        - Other licensed or certified professional approved by the Department to provide the services.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training

- Recognizing and responding to health and safety concerns of member
- Abuse and neglect training
- Interpersonal and communication skills
- Confidentiality
- Ethnic and cultural diversity training
- Complaints and grievance training

- Caregiver Background Checks – Caregiver and Criminal Background checks must be completed in compliance with Wisconsin DHS Admin. Code Chapter 12 and 13. Provider must maintain and make available for review documentation that caregiver and criminal background checks have been completed timely for all staff.

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S9452		Nutrition classes, nonphysician provider, per session	Each
S9454		Stress management classes (including Yoga, Mediation, Mindfulness, Tai Chai), per session	Each
S9451		Exercise classes, nonphysician provider, per session	Each
S9970		Health Club Membership	Each
0591T		Health and well-being coaching, initial assessment	Each
0592T		Health and well-being coaching, follow-up session	Each- at least 30 min
0593T		Health and well-being coaching, group session	Each - 2 or more at least 30 min
T1999		Health and wellness apps/supplies	Each
97124		Massage therapy (licensed massage therapist only)	15 min
S9451		Yoga, Pilates classes, TaiChi, Per Session	Each
S9454		Meditation, Mindfulness classes, stress Management Class, Per Session	Each
H0051		Traditional Healing Services (African, Ayurveda, Chinese, Reiki, Native American), Per Session	Each

97810		Acupuncture, without electrical stimulation; first 15 min	Per 15 min
97811		Acupuncture, without electrical stimulation; subsequent units after the first unit	Per 15 min
97813		Acupuncture, with electrical stimulation, first 15 min	Per 15 min
97814		Acupuncture, with electrical stimulation, subsequent units after the first unit	Per 15 min
G0445		High intensity behavioral counseling to prevent STIs	Each
S9445		Patient education, nonphysician provider, individual, per session	Each
S9446		Patient education, nonphysician provider, group, per session	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Home Delivered Meals

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Home delivered meals are meals provided to members who are unable to prepare or obtain nourishing meals without assistance, including those who may be unable to manage a special diet recommended by their health care provider. Home delivered meal costs may include the costs associated with the purchase and planning of food, nutrition services, supplies, equipment, labor, and transportation to deliver one or two meals a day.

2.0 Service Components

Component	Description
Service	Home delivered meal costs may include the costs associated with the purchase and planning of food, nutrition services, supplies, equipment, labor, and transportation to deliver one or two meals a day.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Home delivered meals may not constitute a "full nutritional regimen" (3 meals per day).
- This service does not include payment for congregate meals at federally subsidized nutrition sites.
- Deliver meals directly to the member at their chosen location—whether home or another designated site—ensuring timeliness and respect for their preferences.
- Meals must align with USDA Dietary Guidelines for Americans standards, be medically appropriate for the member, and must provide a minimum of one-third of the estimated daily calorie needs for the member's age group.

- Hospitals must comply with Wis. Admin. Code Ch. DHS 124. Nursing homes must comply with DHS 132, and DHS 134. Aging network agencies must comply with Wis. Stat. § 46.82(3), and restaurants must comply with Wis. Admin. Code Ch. ATCP 75. IHCPs must be an Indian Health Care Provider as defined by the American Recovery and Reinvestment Act of 2009. Home health agencies must be Medicaid certified under DHS 105.16.
- When utilizing Home Delivered Meals, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.
- To ensure accountability and quality service, providers must keep detailed records of each meal delivered, including who received it, when, and where.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- To protect member safety, drivers must complete background checks before providing services that involve direct contact.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S5170		Home Delivered Meal	Per Meal

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Housing Counseling

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

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, 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.

2.0 Service Components

Component	Description
Service	Conducting a community integration assessment to identify the member's preferences related to housing and needs for support to maintain community integration, including: • Type and location of housing desired • Preference for living alone or with others; • Identification of a roommate, if applicable; • Assistance in obtaining or accessing sources of income necessary for community living; • Assistance in establishing credit and meeting obligations of tenancy; and • Other important needs and preferences.
	Assistance with locating and securing available housing; Identifying and assisting the member in access to financing, securing supporting documents/records, completing/submitting applications, securing deposits, and locating furnishings;

Explaining the rights and responsibilities of a tenant with disabilities, including how to ask for reasonable accommodations and modifications, and how to file a complaint;

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

Planning for ongoing management and maintenance of housing

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- 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.
- Providers must have expertise in housing issues, have housing counseling or assistance as part of its mission or regular activities, and must not have a direct or indirect financial interest in the property or housing the member selects.
- Housing Counseling does not cover housing start-up expenses. These services may be available through Relocation Services.
- When utilizing Housing Counseling, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Services should begin within 60 business days of approval to support timely care for the member. If delays occur, the provider must keep the IDT informed with weekly updates until the service is initiated.

- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the

proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Housing Counseling supports individuals in achieving stable, permanent housing. Services are typically completed within three months, but may be extended up to six months when progress is clearly documented.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member’s needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2038	UA	Housing Counseling	Hour

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Personal emergency response system (PERS)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Personal emergency response system (PERS) provides a direct telephonic or other electronic communications link between a member living in the community and health professionals to secure immediate response and assistance in the event of a physical, emotional, or environmental emergency.

2.0 Service Components

Component	Description
Service	This service may include devices and services necessary for operation of PERS when otherwise not available.
	This service may also include installation, upkeep, and maintenance of devices or systems as appropriate.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Electronic devices must meet UL Standards.
- Telephonic devices must meet FCC regulations.
- When utilizing Personal Emergency Response System (PERS) service, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Services should begin within 60 business days of approval to support timely care for the member. If delays occur, the provider must keep the IDT informed with weekly updates until the service is initiated.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.
- When a member is hospitalized and services are paused, the IDT will inform the Provider whether to take the unit off-line. Services will restart after the IDT gives approval.
- To support a smooth transition, the Provider will explain the member's responsibilities and timeframes for returning equipment after service ends or disenrollment occurs.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- The Provider must educate the member on the proper use and maintenance of the Personal Emergency Response System (PERS) and supply easy-to-understand written instructions, including steps for reporting malfunctions. Upon request from the member or IDT, the Provider shall offer additional follow-up guidance as needed.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S5160		Installation (includes installation of console and explanation of operations)	Per install
S5161		Monthly Service	Per month
S5161	HX	Wellness and Check	Per month
S5161	SE	Medication Compliance	Per month
S5162		Purchase of System Only	Per item

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance

- Service Initiation- Availability and responsiveness to referrals and timely services provided
- Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Prevocational Services

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Prevocational Services are designed to create a person-centered path for members to achieve or maintain at least part-time participation in competitive integrated employment (CIE).
CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm
Prevocational services involve community-based learning, work experiences, and community-based volunteering where the member can develop general, non-job-task-specific strengths, skills, knowledge, and experience that contribute to employability in CIE. Services are expected to occur over a defined period as determined by the member and the member's interdisciplinary team (IDT). The expected outcome of this service is measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the member's engagement to obtain or maintain CIE with the highest possible wage. The member **must** have a documented outcome of CIE in their member-centered plan to receive this service. When this service is authorized for a member already working in CIE, the service must focus on goals related to ensuring the member's success in and ability to sustain CIE.

2.0 Service Components

Component	**Description**
Service	Prevocational services include: • Community-based exploration and experiential opportunities that facilitate a member's desire for, and ongoing participation in CIE at the highest possible wage; • Services and skill-building opportunities that are matched to the member's interests, strengths, priorities, abilities, and conditions for success in CIE. • Development of general skills that lead to CIE, including: o The ability to communicate effectively with supervisors, co-workers, and customers; o Expressing and understanding expectations; o Adherence to generally accepted community workplace conduct; o Attending job fairs

    - The ability to follow directions and attend to tasks;
    - Utilizing workplace problem-solving skills and strategies;
    - Learning to network;
    - Developing interview skills;
    - Creating resumes and portfolios;
    - Managing conflicts;
    - Learning and applying general workplace safety; and
    - Mobility training.
- Participation in **nonprofit** volunteer opportunities as a strategy for career exploration, social integration, and skill acquisition aligned with competitive employment goals.
- The focus of prevocational services is on enhancing skills and experiences that lead to employment in integrated settings. Competitive Integrated Employment is the goal of successful service delivery.
- Completion of a six-month progress report and service plan document for the interdisciplinary care management team (IDT). The purpose is to ensure and document that prevocational services are assisting the member in progressing toward a goal of at least part-time, integrated employment. Timely completion of this document is required for the IDT to consider reauthorization.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service may be provided in a disability-specific, provider owned and controlled (facility-based) setting or a non-disability-specific (community-based) setting. When this service uses a provider owned or controlled setting for a portion of the service delivery, the service delivery is considered facility-based. When this service uses a community setting 100% of the time, the service delivery is considered community-based. Community-based service delivery may use a provider owned or controlled setting as a hub or base, but cannot provide services in that setting.
- Unless used to support Project SEARCH, community-based prevocational services are expected to be provided in small groups no larger than three (3). This service can be provided on an individual basis as appropriate for member's needs.
- Prevocational services may be provided to supplement, but not duplicate services that are available and provided to a member as part of an approved Individualized

Plan for Employment (IPE) under the Rehabilitation Act of 1973, as amended, or under an approved Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA).

- Prior to authorizing this service, the member's record documents that 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 members ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).
- Participation in prevocational services is not a prerequisite for participation in CIE or authorization of any other employment services. Members who receive prevocational services may also receive educational, supported employment and/or day services. A member-centered plan may include two or more types of non-residential services. However, different types of non-residential services may not be billed for the same period of time.
- Members participating in paid training as part of prevocational services shall be compensated in accordance with applicable Federal and State laws and regulations. This service cannot involve volunteering for a service provider contracted by an MCO or volunteering in situations where a member must be paid under state and federal labor laws.
- Waiver funding is not available for vocational services (paid work as opposed to time-limited paid training) delivered in facility-based settings where members are supervised for the primary purpose of producing goods or performing services.
- Transportation between the member's residence and the site where the member starts and ends this service each day may be included as a component of prevocational services or under specialized (community) transportation, but not both. Transportation between the facility and one or more community site(s) is always included in this service.
- Personal care provided to a member during the receipt of prevocational services may be included in the reimbursement paid to the prevocational services provider, or it may be covered and reimbursed under another waiver service so long as there is no duplication of payment.
- Prevocational services may be provided to supplement, but may not duplicate supported employment or vocational futures planning and support services provided under the waiver.
- For facility-based prevocational services providers, the facility must be HCBS compliant per 42 CFR 441.301(c)(4). For community-based providers, service delivery must be 100% community based.
- All agency providers must meet at least one of the following provider qualifications:
    - Accreditation by a nationally recognized accreditation agency, or
    - A DVR contracted provider of supported employment services, or
    - A minimum of two years of experience working with the target population providing employment-related services.
- Additionally, agency and individual providers providing personal care must also meet the Training and Documentation Standards for Supportive Home Care. Agencies

and individuals providing transportation must meet the qualifications for Specialized Transportation- Community Transportation.

- Community-Based Prevocational Services are designed to provide real-world exposure to employment-related experiences, helping members make more informed choices about their vocational paths.

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

HCBS Settings Rule: Compliance for Nonresidential Services Providers | Wisconsin Department of Health Services

All nonresidential settings ensure specific HCBS rights of individuals who get HCBS in those settings. For a printable version of these rights, see HCBS Settings Rule - Nonresidential, P-03678.
These individuals have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control personal resources, and get services in the community. They get access to the same degree as people who do not get Medicaid HCBS.
- **Decide where they receive services.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.
- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threat and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.

Choose services and supports. They also choose who provides them.

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.

- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Career Exploration Techniques
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2015	UA U1	Prevocational Services - 1:1 w/transportation	15 min
T2015	UA U2	Prevocational Services - 1:1 w/o transportation	15 min
T2015	UA U3	Prevocational Services - 1:3 community w/transportation	15 min
T2015	UA U4	Prevocational Services - 1:3 community w/o transportation	15 min
T2015	UB U1	Prevocational Services - 1: 4 or more w/transportation	15 min
T2015	UB U2	Prevocational Services - 1: 4 or more w/o transportation	15 min

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.

- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Relocation Services

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Relocation Services are non-recurring start-up expenses needed to establish a community living arrangement for members who are relocating from an institution, a certified adult family home, or other provider-operated living setting to an independent living arrangement in a private residence where the member is directly responsible for their own living expenses.

2.0 Service Components

Component	Description
Service	This service includes person-specific services, supports, or goods that are put in place to prepare for the member's relocation to a safe, accessible, and affordable community living arrangement.
	Allowable expenses are those that are necessary to enable the member to establish a basic household excluding room and board. Relocation services may include: • Essential household furnishings, supplies, and appliances not included in the independent living arrangement • The payment of a security deposit; • Utility connection costs and telephone installation charges; • Payment for moving the member's personal belongings to the new community living arrangement; • General cleaning and household organization needed to prepare the selected community living arrangement for occupancy.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Services or items covered by this service may not be purchased more than 180 days prior to the date that the member relocates to the new community living arrangement.
- Relocation services exclude home modifications necessary to address safety and accessibility in the member's living arrangement, which may be provided as the waiver service Home Modifications.
- Excludes housekeeping services provided after occupancy, which are considered the waiver service Supportive Home Care.
- Excludes the purchase of food, the payment of rent, or the purchase of leisure or recreational devices or services (e.g., television or video equipment, cable or satellite service, etc.).
- This service may not be used to pay for living arrangements that are owned or leased by a waiver provider where the provision of these items and services are inherent to the service they are already providing. Providers must be reputable contractors or companies.
- When utilizing Relocation Services, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Services should begin within 60 business days of approval to support timely care for the member. If delays occur, the provider must keep the IDT informed with weekly updates until the service is initiated.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service

T2038	UB	Energy Assistance (includes utility connection costs)	Each
T2038	UC	Housing Start Up (all costs to set up the home including moving costs and telephone installation)	Each
T2038	UD	Housing Short-term assistance to obtain or retain a home	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Remote Monitoring and Support

Purpose: Anthem meets member's needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

Remote Monitoring and Support is a service that offers dignity, privacy, safety, and control over living environments and daily activities. This service meets members needs through creative empowerment strategies and supplements with human support only when essential to meet daily needs.

1.0 Service Definition

Remote Monitoring and Support enhances or increases a member's independence and ability to live, work, or meaningfully participate in the community by providing real-time support using two-way communication and non-invasive monitoring technology. Non-invasive monitoring technology includes devices, sensors, and communication systems that allow remote support staff to monitor and communicate with members without providing direct physical assistance. Services are provided by trained remote support professionals who deliver live support from a remote location, decreasing reliance on paid on site staff and avoiding placement in a more restrictive environment.

2.0 Service Components

Component	Description
Assessment	An assessment of the member's remote support needs, including a discussion with the member and, if applicable, legal decision maker about the types, locations, and required times of use of devices needed to ensure the member's health and welfare while maximizing the member's privacy and individual rights.
Remote Monitoring and Supports Plan	Development of a customized Remote Monitoring Plan utilizing person-centered assessment tools to determine needs and goals, as well as to identify suitable technology options that will ensure the member's health and safety is maintained.

	The plan will include specific protocols for the member, and detail under what circumstances back-up supports should be sent to the member's home to address concerns.
Devices equipment, software, or communication and monitoring technology to include	• Motion, pressure, or temperature sensors; • Radio frequency identification; • Live audio or video feed; • Web-based monitoring systems; • Automated medication dispenser systems; or • Other devices that facilitate remote monitoring or live two-way communication.
Equipment	Installation, repair, and maintenance of equipment, devices, and technology systems.
Remote Support Services	Oversight, monitoring, and support provided by remote support staff.
	Communication with back-up supports when needed in the event of an equipment malfunction or when the member otherwise needs in-person assistance, or EMS in the event of an emergency.
Training/Technical Assistance	Informing the member and legal decision-maker of the control they will have over the equipment, including how the member or legal decision-maker can turn off monitoring devices.
	A description or tour of where devices or monitors will be placed, including the locations of monitors in bedrooms or bathrooms, and scheduled times of use.

Before authorization of Remote Monitoring and Supports, the following must be documented in the MCP:

a. Identification of a specific and individualized assessed need.
b. Positive interventions and supports used prior to any modifications to the person-centered service plan.
c. Less intrusive methods of meeting the need that have been tried but did not work.
d. A clear description of the condition that is directly proportionate to the specific assessed need.

e. Regular collection and review of data to measure the ongoing effectiveness of the modification.
f. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
g. Informed consent of the member.
h. An assurance that interventions and supports will cause no harm to the member.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Services must promote independence, dignity, and community inclusion.
- Cameras or monitors with audio or video feed may not be placed in bedrooms or bathrooms. Sensors or other devices without audio or video may be placed in bedrooms or bathrooms following the process described in A-H, above.
- The member or legal decision-maker has the right to turn off monitoring devices or equipment and must be provided with instructions on how to turn off the devices.
- The member, legal decision-maker, and any individuals living with the member must be fully informed of what remote monitoring entails, including whether recordings will be made, and must consent in writing to the use of remote monitoring and support systems, including for the types, locations, and schedule of use of remote monitoring devices, prior to use. The written consent forms are maintained in the member's record and updated at least every six (6) months or when necessitated by a change in the member's outcomes, preferences, situation, or condition. The member, legal decision-maker, or individuals living with the member may retract their consent at any time. If consent is retracted, devices must be turned off and/or removed, and back-up or necessary in-person supports must be authorized as soon as possible.
- Before authorizing Remote Monitoring and Support, the member, remote support provider, and MCO interdisciplinary team (IDT) must develop and document a backup support plan in the event of an emergency, equipment malfunction, or if the member otherwise needs in-person assistance.
- Additionally, the IDT shall assess whether remote support is sufficient to ensure the member's health and welfare. Remote monitoring services shall not take the place of on-site staff monitoring that is necessary to ensure the member's health and welfare.
- Remote Monitoring and Support excludes the purchase of internet services. The service may only be authorized for members who have access to necessary internet services.
- Remote support providers must meet and comply with the following provider qualifications:
    - UL or FCC standards for electronic devices, if applicable.
    - Use of a secure network system compliant with 45 CFR § 164.102 to § 164.534.
    - Written policies and procedures that define emergency situations and detail how remote support staff will respond.

- Safeguards or emergency back-up systems, such as batteries or generators at the remote support center and for use in the member's home.

- When utilizing Remote Monitoring and Support, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.
- To ensure timely access to services, members must receive general equipment or supplies within 30 business days, and highly specialized equipment within 120 business days following service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the referral is completed.

5.0 Documentation Requirements

Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.

All services must be authorized prior to being rendered by Provider. Authorization will include start date, duration of authorization, and units authorized.

Providers must maintain the following information and make available for review by Anthem upon request:

Proof of applicable staff training, qualifications, and programming

- Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
- Policy and procedure for responding to grievances and complaints.
- Employee timesheets or other documentation to support MCO billing.

- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Share system data with the IDT regularly to support informed decision-making, with progress updates provided at least once a month.
- Develop and update the Remote Monitoring and Supports Plan and submit to IDT as necessary.

- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Staff must be at least 18 years of age.
- Provider must ensure that staff have received training on the following topics:
  - Member and provider rights and responsibilities
  - Recordkeeping and reporting
  - Individual-specific disability training
  - Recognizing and responding to emergencies and health and safety concerns of the member
  - General first aid if providing direct support to the member
  - Abuse and neglect training
  - Interpersonal and communication skills
  - Confidentiality
  - Ethnic and cultural diversity training
  - Complaints and grievance training
- Background checks per DHS 12.

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – a written 30-day notice is required by the MCO/member and/or provider.

Service Code	Modifier	Service Description	Unit of Service
97755		Assistive technology assessment for remote support needs	Each
T2029		Remote monitoring devices (sensors, RFID, video, web-based)	Each
T1505		Electronic medication dispenser systems	Each
S5160		Emergency response system installation and testing	Each
S5161	U1 – 1 person U2- 2 person U3- 3 person U4- 4 person	Emergency response system, service fee per month	Per Month/Each
S5185		Medication reminder service, non-face-to-face, per month	Per Month/Each
97535		Self-care/home management training	15 min

		for remote technology use	

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member and caregiver feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Residential Services – Adult Family Home

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Adult Family Homes provide 24-hour residential services in a family-style setting for up to four adults. Services include supervision, personal care, meals, health monitoring, and support with activities of daily living.

1-2 Bed AFH: Owner Occupied (domicile of operator) and corporate homes that are controlled and operated by a third party that hires staff to provider support and services for up to two adults. Must comply with Wisconsin Medicaid Waiver Standards for Certified 1-2 Bed AFH and must be HCBS compliant per 42 CFR 441.301 (c)(4)

3-4 Bed AFH: AFH of 3-4 beds licensed under Wisconsin Administrative Code 88 where 3-4 adults, who are not related to the licensee reside, receive care, treatment, and services above the level of room and board, and may include up to seven hours per week of nursing care per resident. Must comply with Wisconsin Administrative Code Chapter DHS 88 and be HCBS compliant per 42 CFR 441.301 (c)(4).

2.0 Service Components

Component	Description
Supervision	Continuous oversight to ensure safety and wellbeing. Individual cannot be left alone unless a member specific plan is in place and mutually agreed upon between provider, member/guardian, and MCO.
Personal Care Assistance	Help with ADLs such as bathing, dressing, toileting, and eating.
Health Monitoring	Observation and reporting of member health status, coordination of medical appointments, accompanying members and transportation to medical appointments as necessary, medication management, behavioral management, Facility supplies and equipment, Personal protective equipment for staff (gloves, gowns, masks),

	OSHA and Infection Control Systems, Hoyer/EZ stands lifts
Room and Board/Physical Environment	Physical Space, common area and bedroom furnishings, equipment (part of facility, example: grab bars, call lights, ramps), housekeeping supplies, building maintenance, building protective equipment, Building support system (example: electrical, heating/cooling), Fire and safety system, food (3 meals per day plus snacks), and Telephone/Media access
Social Activities	Engagement in community and recreational opportunities. Supervision and transportation as needed.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Provider must comply with applicable DHS regulations and licensing standards.

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

- Members must have full access to the community.
- Members choose where and how they receive services.
- Services must respect privacy, dignity, and independence.
- Members must have a choice of providers and supports.

HCBS Settings Rule: Compliance for Residential Service Providers | Wisconsin Department of Health Services
Benchmark Guide for Home and Community-Based Services Settings Rule: Certified 1-2 Bed Adult Family Homes
Benchmark Guide for Adult Residential Settings: Home and Community-Based Services (HCBS) Settings Rule

Residents have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control personal resources, and get services in the community. They get access to the community to the same degree as people who do not get Medicaid HCBS.
- **Decide where they live.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.

- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threats and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.
- **Choose services and supports.** They also choose who provides them.
- **Enter into legal agreements** with the provider to own, rent, or occupy a residence. This also protects them from eviction.
- **Have a physically accessible residence.**
- **Privacy of living space.** They have doors that lock and can choose their roommates. They can also choose their furniture and decorate, if it doesn't break the rules of the lease or agreement.
- **Control their schedules.** They also have access to food at any time.
- Visitors of their choice, at any time.

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Maintain daily attendance and service logs.
- Ensure staff-to-member ratios meet regulatory standards.
- Maintain a clean, safe, and welcoming environment.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Daily records of attendance, services provided, and member participation.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.

- Documentation of staff training and credentials.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards.
- Daily records of attendance, services provided, and member participation.
- Staff must be at least 18 years of age.
- Background checks per DHS 12.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Units of service are based on DAYS authorized by facility. A DAY includes day of admission, but not day of discharge.
- Room and Board – Each member is responsible for the room and board portion of the daily rate. Anthem will collect the room and board payment from the member each month and pay the provider room and board based on Anthem HUD calculation worksheet updated annually. Room and Board should be billed using Service Code 0120 (1-2 Bed AFH) or 0130 (3-4 Bed AFH).
- Billing must reflect actual service provision.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2031	U1, U2, or U3 as the first modifier U5 or U6 as the second modifier U7 as the third modifier U4 as the fourth modifier if applicable	1-2 Bed Care and Supervision	Per Day

T2031	U1, U2, or U3 as the first modifier U5 or U6 as the second modifier U7 as the third modifier U4 as the fourth modifier if applicable	3-4 Bed Care and Supervision	Per day

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Residential Services – Community Based Residential Facilities (CBRF)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Residential Services are a combination of treatment, supports, supervision, or care above the level of room and board provided to members residing in a community-integrated residential setting that meets HCB settings requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable member needs. Services assist the member to reside in the most integrated setting appropriate to their needs and typically include supportive home care, personal care, and supervision. Services may also include social and recreational programming, daily living skills training, medication administration, intermittent skilled nursing services, and transportation.

Residential services also include coordination with other services and providers, including health care, vocational, or day services. Services may also include the provision of other waiver services as specified in the contract between the MCO and residential provider. Waiver funds may not be used to pay for the cost of room and board, items of comfort or convenience, or costs associated with building maintenance, upkeep, and improvement.

Residential Services - Community-Based Residential Facilities (CBRF) are residences where five (5) or more adults not related to the operator or administrator of the facility reside and receive care, treatment, support, supervision, and training. An individual with an intellectual disability may only reside in a CBRF that is licensed for eight (8) or fewer residents, unless that person has been determined to require No Active Treatment (NAT) for the person's intellectual disability. Services may include up to three hours per week of nursing care per resident. A licensed CBRF must comply with Wis. Admin. Code Ch. DHS 83 and must be HCBS compliant per 42 CFR 441.301.

2.0 Service Components

Component	Description
Service – Program Services	As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. • Personal care - Personal care services shall be designed and provided to allow a resident to increase or maintain independence. Help with ADLs such as bathing, dressing, toileting, and eating. • Supervision - The CBRF shall provide supervision appropriate to the resident's needs. • Leisure time activities - The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. • Community activities - The CBRF shall provide information and assistance to facilitate participation in personal and community activities. • Family and social contacts - The CBRF shall encourage and assist residents in maintaining family and social contacts. • Communication skills - The CBRF shall provide services to meet the resident's communication needs. • Health monitoring - The CBRF shall monitor the health of residents and make arrangements for physical health, oral health, or mental health services unless otherwise arranged for by the resident. • Medication administration - The CBRF shall provide medication administration appropriate to the resident's needs. • Behavior management – The CBRF shall provide services to manage resident's behaviors that may be harmful to themselves or others. • Information and referral - The CBRF shall provide information and referral to appropriate community services.

	• Transportation - The CBRF shall provide or arrange for transportation when needed for medical appointments, work, educational or training programs, religious services and for a reasonable number of community activities of interest.
Room and Board/Physical Environment	Physical Space, common area and bedroom furnishings, equipment (part of facility, example: grab bars, call lights, ramps), housekeeping supplies, building maintenance, building protective equipment, Building support system (example: electrical, heating/cooling), Fire and safety system, food (3 meals per day plus snacks), and Telephone/Media access

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Residential care services may be authorized only:
    - When members' long-term care outcomes cannot be cost-effectively supported in the member's home, or when members' health and safety cannot be adequately safeguarded in the member's home; or
    - When residential care services are a cost-effective option for meeting that member's long-term care needs.
- Provider must comply with applicable DHS regulations and licensing standards

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

- Members must have full access to the community.
- Members choose where and how they receive services.
- Services must respect privacy, dignity, and independence.
- Members must have choice of providers and supports.

HCBS Settings Rule: Compliance for Residential Service Providers | Wisconsin Department of Health Services

Benchmark Guide for Home and Community-Based Services Settings Rule: Certified 1-2 Bed Adult Family Homes

Benchmark Guide for Adult Residential Settings: Home and Community-Based Services (HCBS) Settings Rule

Residents have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control personal resources, and get services in the community. They get access to the community to the same degree as people not getting Medicaid HCBS.
- **Decide where they live.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.
- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threats and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.
- **Choose services and supports.** They also choose who provides them.
- **Enter into legal agreements** with the provider to own, rent, or occupy a residence. This also protects them from eviction.
- **Have a physically accessible residence.**
- **Privacy of living space.** They have doors that lock and can choose their roommates. They can also choose their furniture and decorate, if it doesn't break the rules of the lease or agreement.
- **Control their schedules.** They also have access to food at any time.
- **Visitors of their choice, at any time.**

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Maintain daily attendance and service logs.
- Ensure staff-to-member ratios meet regulatory standards.
- Maintain a clean, safe, and welcoming environment.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member’s needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards.
- Staff must be at least 18 years of age.
- Background checks per DHS 12.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Room and Board – Each member is responsible for the room and board portion of the daily rate. Anthem will collect the room and board payment from the member each month and pay the provider room and board based on Anthem HUD calculation worksheet updated annually.

- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Modifier	Service Description	Unit of Service
T2033	U1,	U7	CBRF 5-8 bed Tier 1	Per Day
T2033	U2	U7	CBRF 5-8 Bed Tier 2	Per Day
T2033	U3	U7	CBRF 5-8 Bed Tier 3	Per Day
T2033	U1	U8	CBRF 9+ Tier 1	Per Day
T2033	U2	U8	CBRF 9+ Tier 2	Per Day
T2033	U3	U8	CBRF 9+ Tier 3	Per Day

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Residential Services – Residential Care Apartment Complex (RCAC)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Residential Services are a combination of treatment, supports, supervision, or care above the level of room and board provided to members residing in a community-integrated residential setting that meets HCB settings requirements and includes 24-hour on-site response capability to meet scheduled or unpredictable member needs. Services assist the member to reside in the most integrated setting appropriate to their needs and typically include supportive home care, personal care, and supervision. Services may also include social and recreational programming, daily living skills training, medication administration, intermittent skilled nursing services, and transportation.

Residential services also include coordination with other services and providers, including health care, vocational, or day services. Services may also include the provision of other waiver services as specified in the contract between the MCO and residential provider. Waiver funds may not be used to pay for the cost of room and board, items of comfort or convenience, or costs associated with building maintenance, upkeep, and improvement.

Residential services -Residential Care Apartment Complexes (RCAC) are services provided in a homelike, community-based setting where 5 or more adults reside in their own living units that are separate and distinct from each other, each of which has an individual lockable entrance and exit, a kitchen, including a stove, an individual bathroom, and sleeping and living areas.

Persons who reside in the facility also receive the following services: supportive services (e.g., laundry, house cleaning), personal assistance (e.g., personal care), nursing services (e.g., wound care, medication management), and assistance in the event of an emergency (e.g., PERS and response). "Residential care apartment complex" does not include a nursing home or a community-based residential facility, but may be physically part of a structure that is a nursing home or community-based residential facility. A certified RCAC provides, to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal,

and nursing services. A certified RCAC must comply with Wis. Admin. Code DHS Ch. 89 and must be HCBS compliant per 42 CFR 441.301.

2.0 Service Components

Component	Description

Service – Program Services	Persons who reside in the facility also receive the following services:
	• Supportive services:
	  ○ Meals
	  ○ Housekeeping in tenants' apartments
	  ○ Laundry service and
	  ○ Arranging access to medical services- "access" means arranging for medical services and transportation to medical services.
	• Personal services: Daily assistance with all activities of daily living, which include:
	  ○ Dressing
	  ○ Eating
	  ○ Bathing
	  ○ Grooming
	  ○ Toileting
	  ○ Transferring and ambulation or mobility.
	• Nursing services:
	  ○ Health monitoring
	  ○ Medication administration and medication management, and
	• Assistance in the event of an emergency

Room and Board/Physical Environment	An RCAC will provide: • Physical Space, common area and bedroom furnishings, equipment (items that are a permanent part of the facility, example: grab bars, call lights, ramps), • Building maintenance • Building protective equipment • Building support system (example: electrical, heating/cooling) • Fire and safety system

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Residential care services may be authorized only:
    - When members' long-term care outcomes cannot be cost-effectively supported in the member's home, or when members' health and safety cannot be adequately safeguarded in the member's home; or
    - When residential care services are a cost-effective option for meeting that member's long-term care needs.
- Provider must comply with applicable DHS regulations and licensing standards.

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

- Members must have full access to the community.
- Members choose where and how they receive services.
- Services must respect privacy, dignity, and independence.
- Members must have choice of providers and supports.

HCBS Settings Rule: Compliance for Residential Service Providers | Wisconsin Department of Health Services

Benchmark Guide for Home and Community-Based Services Settings Rule: Certified 1-2 Bed Adult Family Homes

Benchmark Guide for Adult Residential Settings: Home and Community-Based Services (HCBS) Settings Rule

Residents have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control personal resources, and get services in the community. They get access to the community to the same degree as people not getting Medicaid HCBS.

- **Decide where they live.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.

- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threats and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.
- **Choose services and supports.** They also choose who provides them.
- **Enter into legal agreements** with the provider to own, rent, or occupy a residence. This also protects them from eviction.
- **Have a physically accessible residence.**
- **Privacy of living space.** They have doors that lock and can choose their roommates. They can also choose their furniture and decorate, if it doesn't break the rules of the lease or agreement.
- **Control their schedules.** They also have access to food at any time.
- **Visitors of their choice, at any time.**

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Maintain daily attendance and service logs.
- Ensure staff-to-member ratios meet regulatory standards.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming

    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards.
- Staff must be at least 18 years of age.
- Background checks per DHS 12.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Room and Board – Each member is responsible for the room and board portion of the daily rate. Anthem will collect the room and board payment from the member each month and pay the provider room and board based on Anthem HUD calculation worksheet updated annually.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2033	U9	RCAC Care & Supervision	Per Day

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.

- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Respite

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Respite is provided for a member on a short-term basis to ease the member's family or other primary caregivers' daily stress and care demands.

2.0 Service Components

Component	Description
Service	Respite services provide a level of care and supervision appropriate to the member's needs while the family or other primary caregiver(s) are temporarily relieved from daily caregiving demands.
Location of Respite Services	Respite care may be provided in an institution such as a certified Medicaid setting (hospital, nursing home) or other licensed facility. Respite care may also be provided in a residential facility such as a certified or licensed adult family home, licensed community-based residential facility, certified residential care apartment complex, in the member's own home, or the home of a respite care provider. Respite may also be provided by licensed camps.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.

- The cost of room and board is excluded, except when provided as part of Respite Services furnished in a facility approved by the State that is not a private residence or a residential care complex, CBRF, or adult family home.
- The receipt of Respite services precludes the member from receiving other waiver services such as Adult Day Care, Nursing Services, and Supportive Home Care on the same day the member receives Respite Services, unless clear documentation exists that service delivery occurred at distinct times from Respite Services, regardless of how the Respite payment is structured.
- Respite services may not be furnished for the purpose of compensating relief or substitute staff for a waiver residential service. The costs of such staff are met from payments for the waiver residential service.
- For providers of this service:
    - Supportive home care agencies, individual respite providers, and personal care agencies must comply with the **Training and Documentation Standards for Supportive Home Care;** https://www.dhs.wisconsin.gov/publications/p01602.pdf
    - 1-2 bed adult family homes must comply with **WI Medicaid Waiver Standards for 1-2 bed adult family homes**;
    - Residential care apartment complexes must comply with **Wis. Admin. Code Ch. DHS 89**;
    - Hospitals, nursing homes, community-based residential facilities, and 3-4 bed adult family homes must comply with **DHS 124, DHS 132**, **DHS 134, DHS 83, and DHS 88, as applicable.**
    - Camps must be licensed under **Wis. Admin. Code Ch. ATCP 78.**
- Respite care stays are limited to a maximum of 28 days unless prior approval is obtained from the IDT.
- To ensure appropriate care planning, institutional respite must be approved by the IDT in advance—unless an emergency arises, such as the caregiver's unexpected illness, disability, or other serious event.
- For short-term respite stays (72 hours or less) in a private home outside the member's residence, the chosen location should honor the preferences of the member. The caregiver plays a key role in confirming the home's safety and ensuring the provider is trained to deliver attentive, appropriate care.
- When utilizing Respite, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Services should begin within 60 business days of approval to support timely care for the member. If delays occur, the provider must keep the IDT informed with weekly updates until the service is initiated.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- The Provider shall document the respite stay in the member's record.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member

- Abuse and neglect training
- Interpersonal and communication skills
- Confidentiality
- Ethnic and cultural diversity training
- Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S9125		Respite Care	Per day
S9125	UB	Respite Care – Institutional Setting	Per Day
T1005		Respite Care- in home (max of 28 units per 24 hours)	Per 15 min

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
  - Education/Training staff
  - Legal/Regulatory Compliance
  - Service Initiation- Availability and responsiveness to referrals and timely services provided
  - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Skilled Nursing Services RN/LPN

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Skilled nursing services RN/LPN are "professional nursing" as defined in Wisconsin's Nurse Practice Act, Wis. Stat., Ch. 441. Nursing services are medically necessary, skilled nursing services that may only be provided safely and effectively by an advanced practice nurse, a registered nurse, or a licensed practical nurse who is working under the supervision of a registered nurse. The nursing services provided must be within the scope of the Wisconsin Nurse Practice Act, consistent with the member-centered plan, authorized by the MCO, and not otherwise available to the member under the Medicaid State Plan or through Medicare. However, the lack of coverage under the State Plan or through Medicare does not preclude the coverage of skilled nursing as a waiver service when services are within the scope of the Wisconsin Nurse Practice Act.

2.0 Service Components

Component	Description
Service	Under the Wisconsin Nurse Practice Act, professional nursing includes any of the following: Professional skilled nursing means the observation or care of the ill, injured or infirm, or for the maintenance of health or prevention of illness of others, that requires substantial nursing skill, knowledge, training, or application of nursing principles based on biological, physical and social sciences. Professional skilled nursing includes any of the following: • The observation and recording of symptoms and reactions; • The execution of procedures and techniques in the treatment of the sick under the general or special supervision or direction of a physician, podiatrist licensed under Wis. Stat. Ch. 448, dentist licensed under Wis. Stat. Ch. 447, or optometrist licensed under Wis. Stat. Ch. 449, or under an order of a person who is licensed to practice medicine, podiatry, dentistry or optometry in another state if the person making the order prepared the order after examining the patient in

that other state and directs that the order be carried out in this state;

- The execution of general nursing procedures and techniques; or
- The supervision of a patient and the supervision and direction of licensed practical nurses and less skilled assistants in accordance with Wis. Stat. Ch. 441.

Nursing services may include periodic assessment of the member's medical condition when the condition requires a skilled nurse to identify and evaluate the need for medical intervention or monitor and/or modify the medical treatment services provided by non-professional care providers.
Services may also include regular, ongoing monitoring of a member's fragile or complex medical condition, as well as the monitoring of a member who has a history of non-adherence with medication or other medical treatment needs.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Delegation of nursing tasks to less skilled personnel shall be in accordance with Wis. Stat. Ch. 441 and Wis. Admin. Code Ch. N6, and the Wisconsin Nurses Association's Guidelines for Registered Nurse Delegation to Unlicensed Assistive Personnel.
- These services are provided when nursing services identified as needed in a plan of care and furnished under the approved State plan limits are exhausted or when the nursing services are not covered under the Medicaid State Plan.
- For members enrolled in Medicare, this excludes services that are available through the Medicare program except for payment of Medicare cost share.
- RNs and LPNs must comply with Wis. Stat. Ch. 441.
- Agency providers must be certified by Medicare per Wis. Admin Code DHS 105.16.
- Relatives and legal guardians meeting the requirements under Article VIII.N.2 may be paid to provide skilled nursing services.
- When utilizing Skilled nursing services, RN/LPN, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).

- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
    - Member's plan of care.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Electronic Visit Verification (EVV) - Electronic Visit Verification (EVV) is a technology-based system used to confirm that authorized services have been delivered. For Nursing services tied to specific procedure codes, workers transmit visit data to an EVV vendor at both the start and end of each visit using approved methods such as a mobile app, landline, fixed VoIP, or designated device.

The service codes listed below require the use of Electronic Visit Verification (EVV) to document member visits. Providers may choose to use the EVV system developed by the Wisconsin Department of Health Services (DHS) or an alternative system, provided it complies with DHS policy and technical standards. See the link listed below for additional information and training resources related to EVV.

https://www.dhs.wisconsin.gov/evv

Service Code	Modifier	Service Description	Unit of Service
S9123		Nursing care, in the home; by registered nurse, per hour (Independent/Private Duty Nursing-RN)	Hour
S9124		Nursing care, in the home; by licensed practical nurse, per hour (Independent/Private Duty Nursing; LPN)	Hour
T1001		Nursing assessment/evaluation [per visit]	Visit
S9123	U5	• SDS Skilled Nursing Services (Independent/Private – RN)	Hour

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Specialized Medical Equipment and Supplies

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Specialized Medical Equipment and Supplies. Specialized medical equipment, items, devices and supplies are those items necessary to maintain the member's health, manage a medical or physical condition, improve functioning or enhance independence. Items or devices provided must be of direct medical or remedial benefit to the member.

2.0 Service Components

Component	Description
Service	Allowable items, devices, or supplies may include: • Over the counter medications with a National Drug Code (NDC) if not covered under the State Plan drug benefit, and when prescribed by any licensed and authorized prescriber • Medically necessary prescribed skin conditioning lotions/lubricants when not covered under the State Plan • Prescribed Vitamin D, a prescribed multivitamin, and prescribed calcium supplements • Books and other therapy aids that are designed to augment a professional therapy or treatment plan • Room air conditioners, humidifiers, and water treatment when needed to support a member's health and safety outcomes; and • Other items and devices as identified in the MCP and authorized by the MCO.
	This service also includes costs associated with routine maintenance for covered medical equipment and supplies.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service also includes costs associated with routine maintenance for covered medical equipment and supplies.
- Items or devices provided may be in excess of the quantity of medical equipment or supplies covered under the Medicaid State Plan when coverage of the additional items or devices has been denied.
- Excludes items considered as and regulated by the federal Food and Drug Administration (FDA) as nutritional supplements unless specifically covered under this definition or under the Medicaid State Plan.
- This waiver service is only provided to individuals ages 21 and over. All medically necessary Specialized Medical Equipment and Supplies for children under age 21 are covered under the State Plan pursuant to the EPSDT benefit.
- DME or medical supply vendors and licensed pharmacies must comply with Wis. Admin. Code Ch. DHS 105.40 or Wis. Stat. Ch. 450, respectively.
- Other vendors must be reputable merchants that meet industry standards.
- When utilizing Specialized Medical Equipment and Supplies, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- To ensure timely access to services, members must receive general equipment or supplies within 30 business days, and highly specialized equipment within 120 business days following service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the referral is completed.

- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
A9999		Specialized medical equipment and supplies	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Supported employment – Individual Employment Support

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Supported Employment – Individual Employment Support Services are comprised of the following components that assist members to obtain and maintain competitive integrated employment (CIE). CIE is defined at: https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm

CIE Job Development

CIE Job Development is designed to support a member through job development to obtain CIE. CIE Resulting from job development must be consistent with the member's person-centered employment goals, including type of work, preferred hours, and income desired.

Workplace Personal Assistance

Workplace personal assistance provides on-going employment supports and personal assistance at the workplace for the member to sustain CIE when job coaching for independence is no longer needed. This service is used to assist a member in tasks where independent mastery has been determined not possible due to physical, behavioral health and/or emotional challenges.

Partners with Business (PwB)

Partners with Business enables a member to maintain CIE with a combination of natural and paid employment supports provided directly by their employer, who is recruited, trained, supported, and backed up by a qualified supported employment provider. PwB can augment natural support with formal paid supports provided by a designated co-worker. The supported employment provider reimburses the employer for the co-worker(s) support that is beyond what is typically available to workers without disabilities filling the same or similar positions.

Work Incentive Benefits Counseling

Work Incentive Benefits Counseling provides the member with individualized information about their benefits and how earnings could affect them. The information offers the member guidance to make informed choices about employment.

2.0 Service Components

Component	Description
Service – CIE Job Development	CIE Job development includes: • Written goals, preferences, and conditions for success prior to the start of the service • Obtaining sufficient knowledge of the member to effectively match their interests, skills, strengths, personality, and conditions for success to a prospective employer and job • Direct and indirect time networking with businesses on behalf of the member to find and create CIE opportunities • Job duty negotiation and representation on behalf of the member with prospective employers; and • Assessing and negotiating the types of assistance and accommodations a member may need to fully perform and maintain their job. CIE Job Development may not be authorized for a member already engaged in CIE unless: (1) the member desires to augment their existing CIE with an additional employment opportunity that meets the criteria for CIE; (2) the member wishes to obtain a promotion to a different job title and/or a higher wage; or (3) the member wishes to obtain more hours in their current employment that meets the criteria for CIE, and the member needs time-limited assistance to request and negotiate additional hours.
Service – CIE Job Coaching	CIE job coaching consists of job training and performance-related supports for a member. CIE job coaching includes: • Task analysis of the job • Structured intervention techniques, including job site training via systematic instruction, to assist the member in learning to perform job tasks

- Teaching and modeling appropriate work ethics, interpersonal skills, and other soft skills necessary to ensure success in CIE, including travel and mobility skills
- Engagement with the member's supervisor and co-workers
- Evaluation and facilitation of necessary job accommodations
- Performance assessments to measure progress in learning tasks and skills required to successfully sustain CIE
- Assisting the member to develop self-advocacy skills at work; and
- A job coach fading plan.

Job coaching supports for self-employment should never supplant the member's role and responsibility in all aspects of operating their business.

Service - Workplace Personal Assistance

Workplace Personal Assistance includes:

- Assistance with personal care while at work
- Assistance during paid and unpaid breaks
- Motivational and behavioral supports
- Physical supports using the concept of partial participation
- Supervision supports to maintain safety in the workplace
- Assisting the member to maintain employment by working with the employer on scheduling, performance expectations, transportation, communication, and promoting skill acquisition; and
- Check-ins with the employer regarding work performance and expectations.

Workplace Personal Assistance can be provided in addition to CIE job coaching only when a member has a portion of their job where they are expected to become independent, through assistance from a job coach, and has another portion of the job where they are not expected to be able to become independent.

Job coaching and WPA services may not be provided for the same unit of time.

Service - Partners with Business (PwB)

PwB includes:

- Facilitating and establishing the PwB arrangement, including:
  a) Utilization of the PwB support analysis
  b) Negotiation of PwB supports with the employer
  c) Implementation of co-worker background checks
  d) Implementation of a PwB agreement
  e) Development of a co-worker support plan, that outlines direct support provided by a co-worker that a job coach/WPA would otherwise provide.
- Training for the co-worker(s) providing PwB support, including:
  a) Training specific to the member, including the support plan, communication style, learning style, and specific needs related to performing and maintaining their job; and
  b) Ensuring the co-worker completes the DHS WPA web based training if providing assistance with personal care.
- Supporting the employer, supervisor, and co-workers supporting the member, including:
  a) On and off-site follow-along back-up supports
  b) Providing assistance with supports typically provided by the co-worker when temporarily unavailable; and
  c) Monthly check-ins with the employer and member, at minimum.

Fading expectations should be in place to maximize the independence of the employed member while also ensuring that the member can successfully maintain CIE.

The employer may only be reimbursed for supports identified through the PwB support analysis that would otherwise be provided by a job coach or WPA. Reimbursement is based on units of service that would otherwise need to be provided by a

Supported Employment provider, as determined through the PwB Support Analysis.

The amount of time authorized for PwB is negotiated with the employer and is: 1) reflective of the needs the member has for the co-worker provided supports above and beyond negotiated natural supports and supervisory/co-worker supports that are otherwise available to employees without disabilities, and 2) is based on the specific amount of time the co worker(s) is providing direct support to the member as determined by the PwB Support Analysis.

PwB is only authorized when the member agrees to the arrangement and the employer prefers to provide CIE supports, rather than job coach and/or WPA supports.

Natural supports for the member, already negotiated with, and provided by, the employer prior to the implementation of PwB are not reimbursable under PwB.

Service - Work Incentive Benefits Counseling

Work Incentive Benefits Counseling includes:

- Verifying the member's current benefits
- Identifying benefits that may change as a result of increased work earnings
- Identifying options and costs for health and long-term care benefits
- Predicting foreseeable points of benefit changes
- Providing contact information for agencies to which the member will need to report earnings
- Providing accurate and applicable information regarding Social Security work incentives
- Developing a written summary of an individualized member-centered work incentive benefits analysis
- Holding an in-person meeting with the member to explain the individualized written work incentive benefits analysis; and
- Providing follow-along services for up to one year for questions and clarifications about benefits.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Supported employment-individual support services may not be provided in a small-group format. The ratio is always 1:1 for this service.
- Individual employment support does not include payment for supervision, training, support, and adaptations typically available to other non-disabled workers in similar positions in the business.
- Supported employment- individual employment support services may not include volunteer work, regardless of setting.
- Supported employment-individual support services may be provided only in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled by a service provider.
- Members receiving individual employment supports may also receive educational, pre-vocational and/or day services. However, different types of non-residential services may not be billed for the same period of time.
- Before authorizing supported employment- individual employment support services, the member's record documents that the service is not available under a program funded by Vocational Rehabilitation under the §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).
    - Coverage does not include incentive payments, subsidies, or unrelated vocational training expenses, such as:
        - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment or
        - Wages or other payments that are passed through to users of supported employment services.
- Supported employment-individual employment support services may be reimbursed on a unit-of-service or outcome basis. Payment may include different methods, such as co-worker support models and payments for work milestones, such as length of time on the job or number of hours the member works.
- 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 supported employment provider or may be reimbursed under specialized (community) transportation, but not both.
- Personal care may be a component of supported employment- individual support services but may not comprise the entirety of the service. Personal care provided to a member during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider or may be reimbursed under the supportive home care or self-directed personal care, but not both.

- Relatives and legal guardians meeting the requirements under Article VIII.N.2 may be paid to provide individual employment support.
- When utilizing CIE Supported Employment-Individual Employment Support, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

- **Individual on the Job Support Persons**, must meet at least one of the following provider qualifications:
    - Certified Employment Support Professional certification from national APSE, or,
    - ACRE Basic Employment Certificate in supported employment, community employment, or customized employment, or
    - DVR contracted provider of supported employment or customized employment, or
    - A minimum of two years of experience working with the target population providing supported employment.
- In addition, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf
- If transportation is provided, the provider must meet the qualifications for Specialized Transportation-Community Transportation.
- Individual providers of work incentive benefits counseling must be a DVR contracted provider of work incentive benefits services or must complete Community Work Incentive Coordinator (CWIC) certification or a similar comprehensive training program.

- **Supported Employment Agencies** must meet at least one of the following provider qualifications:
    - Accreditation by a nationally recognized accreditation agency, or
    - Division of Vocational Rehabilitation (DVR) contracted provider of supported employment or customized employment services, or
    - A minimum of two years of experience working with the target population providing employment-related services.
- In addition, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf
- If transportation is provided, the provider must meet the qualifications for Specialized Transportation-Community Transportation.
- Agency providers of work incentive benefits counseling must be a DVR contracted provider of work incentive benefits services.

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:

    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member’s needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code			Modifier	Service Description	Unit of Service
T2018	U1	Supported Employment - Discovery	Each		

T2019	U2	Supported Employment - job development	15 min		
T2019			U4	Supported Employment - Workplace Personal Assistance	15 min
T2018			U6	Supported Employment - WIBC	Each
T2019			U3	Supported Employment - Job Coaching	15 min
T2018			U5	Supported Employment – PWB	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Supported Employment - Small Group Employment Support

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Supported employment - small group employment support services provide a combination of person-centered career exploration, career planning, and employment training activities in integrated community settings for groups of two to six workers. Small group employment support does not include services provided in facility-based work settings. Examples include mobile crews, enclaves, and other business-based workgroups that employ small groups of workers with disabilities in employment in a community setting.

Small group employment support must be provided in a manner that promotes integration into the workplace and integration between members and people without disabilities in those workplaces.

Members must have a goal of at least part-time participation in competitive integrated employment (CIE) in their member-centered plan to receive this service. The expected outcome of this service is gains in knowledge, skills, personal strengths, and experiences which contribute to the member pursuing, achieving, or sustaining CIE. CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm .

2.0 Service Components

Component	Description
Service	Small group employment support services may include: • Career exploration and development leading to at least part-time participation in CIE. Career exploration activities must be provided in integrated community settings where such activities typically take place for individuals not receiving HCBS. Activities include: ○ Business tours and informational interviews

- Small group discovery
- Meeting with prospective employers
- Small group educational opportunities focused on key aspects of CIE
- Division of Vocational Rehabilitation orientation
- Soft skill education and training opportunities
- Developing transportation and mobility skills and
- Identification of need and referral for Work Incentive Benefits Analysis.

Work experiences matched to a member's interests, strengths, skills, abilities, and conditions for success;

Supports expected to maximize member independence and skill acquisition, utilizing systematic instruction based on job analysis, along with individualized assistive or adaptive devices/support; and

Other workplace support services that are specifically related to job skill training that enable the member to be successful in work and other community settings where this service is provided.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Small group employment support does not include payment for supervision, training, support, or adaptations that are typically available to workers without disabilities who fill similar positions in the business.
- Supported employment-small group support services may only be provided in non-disability-specific settings in the community, which are not leased, owned, operated, or controlled by a service provider. Supported employment services- small group employment support may not include volunteer work.
- Members receiving small group employment support may also receive educational, pre-vocational, career planning, and day services. However, different types of non-residential services may not be billed for the same period of time.
- Before authorizing supported employment services, the member's record documents that the service is not otherwise available to the member under a program funded by

Vocational Rehabilitation under § 110 of the Rehabilitation Act of 1973, as amended, and, for members ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1401 et seq).

- Coverage does not include incentive payments, subsidies, or unrelated vocational training expenses, including the following:
    - Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
    - Wages or other payments that are passed through to users of supported employment services.
- Members participating in elements of this service that involve work shall be compensated in accordance with applicable Federal and State laws and regulations.
- The cost of transportation from a member's residence to the site where the member starts and ends this service each day may be included in the reimbursement paid to the supported employment provider or reimbursed under specialized (community) transportation, but not both.
- Personal care may be a component part of supported employment- small group employment support, but may not comprise the entirety of the service. Personal care provided to a member during the receipt of supported employment services may be included in the reimbursement paid to the supported employment provider or may be reimbursed under supportive home care or self-directed personal care, but not both.
- **Supportive employment agencies** must meet at least one of the following provider qualifications:
    - Accreditation by a nationally recognized accreditation agency.
    - Division of Vocational Rehabilitation (DVR) provider of supported employment or customized employment services.
    - A minimum of two years of experience working with the target population providing employment-related services in the community.

  Additionally, if personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf

  If transportation services are provided, the provider must meet the qualifications for Specialized Transportation- Community Transportation.

- **Individual on the job support persons** must meet at least one of the following provider qualifications:
    - Certified Employment Support Professional (CESP) certification from national APSE, or

- ACRE Basic Employment certificate in supported employment, community employment, or customized employment, or
- A minimum of two years of experience working with the target population providing employment-related services.

If personal care services are provided, the provider must also meet the Training and Documentation Standards for Supportive Home Care.

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

If transportation services are provided, the provider must meet the provider qualifications for Specialized Transportation- Community Transportation.

- Relatives and legal guardians meeting the requirements under Article VIII.N.2 may be paid to provide small group employment support.
- Individual and agency providers must be HCBS compliant per 42 CFR 441.301(c)(4).

4.0 HCBS Compliance

All settings must meet all Home and Community-Based Services (HCBS) rules and be determined compliant prior to being eligible to provide services in the Family Care Benefit.

HCBS Settings Rule: Compliance for Nonresidential Services Providers | Wisconsin Department of Health Services

All nonresidential settings ensure specific HCBS rights of individuals who get HCBS in those settings. For a printable version of these rights, see HCBS Settings Rule - Nonresidential, P-03678.

These individuals have the right to:

- **Experience full access to the community.** This includes chances to seek employment and work in integrated settings, take part in community life, control personal resources, and get services in the community. They get access to the same degree as people who do not get Medicaid HCBS.
- **Decide where they receive services.** Options include non-disability-specific locations. Their long-term care person-centered service and support plan provides options based on their needs, preferences, and resources.
- **Be treated with dignity and respect.** They also have the right to privacy and freedom from threat and restraint.
- **Live with independence.** They are encouraged to make their own choices about life, daily activities, friendships, and the places they visit.
- **Choose services and supports**. They also choose who provides them.

5.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Services must be delivered at the DHS-approved location. If a move to a new address is planned, DHS must first review and approve the site for HCBS compliance. To ensure continuity of care, providers are required to share the approval letter with the MCO before starting services at the new location.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

6.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.

- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

7.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

8.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member’s needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2019		Supported employment, small group	15 min

9.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

10.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Supportive Home Care (SHC)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Supportive home care (SHC) is the provision of services to directly assist members with daily living activities and personal needs and to assure adequate functioning and safety in their home and community.

2.0 Service Components

Component	Description
Service	Providing support necessary for member safety at home and in the community, including observation and cueing of the member, to ensure that the member safely and appropriately completes activities of daily living and instrumental activities of daily living. Routine housekeeping and cleaning activities performed for a member, consisting of tasks that take place on a daily, weekly, or other regular basis. These tasks may include: • Washing dishes • Doing laundry • Dusting • Vacuuming • Cooking • Shopping • Cleaning and similar activities that do not involve hands-on care of the member. This service also includes personal care services, including: • Hands-on assistance with activities of daily living, such as: o Dressing/undressing o Bathing o Eating

    - Toileting
    - Assistance with mobility/ambulation/transferring (including the use of a walker, cane, etc.)
    - Carrying out professional therapeutic treatment plans; and
    - Personal hygiene/grooming, such as care of hair, teeth, or dentures.

- This may also include preparation and cleaning of areas that are used during the provision of personal assistance, such as the bathroom and kitchen.

Direct assistance with instrumental activities, such as:

- Meal preparation and serving,
- Medication management and treatments that are normally self-administered,
- Care of eyeglasses or hearing aids,
- Money management,
- Telephone/internet use,
- Personal assistance on the job and in non-employment community activities, and
- Using transportation.

Personal care may not comprise the entirety of this service.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- This service also covers the cost of community involvement supports. Community involvement supports assists the member with engagement in community-integrated events and activities, through the coverage of associated expenses for support staff to accompany a participant, specifically when a member's attendance is dependent on staff accompaniment. This is limited to the worker's expense only; the member portion of the expense is the responsibility of the member.
- An unrelated live-in caregiver may provide any or all of the types of supportive home care services. Relatives and legal guardians (live-in or otherwise) meeting the requirements under Article VIII.N.2. may be paid to provide any or all of the types of supportive home care. This service excludes room and board (rent and food) costs for a

live-in caregiver. Payment of a live-in caregiver may be reduced by the value of room and board in accordance with any applicable wage and hour laws.

- Excludes training provided to a member intended to improve the member's ability to independently perform routine daily living tasks, which may be provided as daily living skills training.
- Pursuant to Olmstead Letter No.3, Attachment 3-c, in order to assure continuity of care, services may include personal assistance retainer payments for up to 15 consecutive days when there is a reasonable probability that in their absence the member would not be able to retain a preferred home care worker because the worker would seek other employment or, if the worker is employed by an agency, would be reassigned and may not return to serving the member.
- Retainer payments may be made under the following medically related and non-medically related circumstances as applicable to the member:

    - Medically Related

        - Hospitalization
        - Nursing home or ICF-IID admission
        - Receipt of medical or rehabilitative care entailing at least an overnight absence; or
        - Participation in a therapeutic rehabilitative program as defined in DHS 101.03(175).

There is no yearly limit on the number of medically related episodes for which retainer payments may be made.

    - Non-Medically Related

        - Planned vacation entailing at least an overnight absence and unaccompanied by the worker
        - Visit to relatives or friends entailing at least an overnight absence and unaccompanied by the worker
        - Obtaining education, employment or job, habilitative or self-advocacy training unaccompanied by the worker and entailing at least an overnight absence; or
        - Recreational activities unaccompanied by the worker entailing at least an overnight absence.

Retainer payments may be made for no more than four (4) non-medically related episodes in a calendar year.

- MCOs shall determine the amount of the per diem retainer payment, which shall be sufficient to accomplish the purpose of providing a reasonable probability of retaining the worker for the member.

- When utilizing Supportive Home Care, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.

- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.

- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- All workers and agencies must comply with the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member’s needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Electronic Visit Verification (EVV) - Electronic Visit Verification (EVV) is a technology-based system used to confirm that authorized services have been delivered. For SHC services tied to specific procedure codes, workers transmit visit data to an EVV vendor at both the start and end of each visit using approved methods such as a mobile app, landline, fixed VoIP, or designated device.

- The service code S5125 listed below requires the use of Electronic Visit Verification (EVV) to document member visits. Providers may choose to use the EVV system developed by the Wisconsin Department of Health Services (DHS) or an alternative system, provided it complies with DHS policy and technical standards. See the link listed below for additional information and training resources related to EVV.
- https://www.dhs.wisconsin.gov/evv

Service Code	Modifier	Service Description	Unit of Service
S5125		Attendant Care	15 min
S5130		Homemaker Services/SHC	15 min
S5135		Companion Care	15 min
S5131		Supportive Home Care/Homemaker Services per day – Member Specific	Der Diem/Day

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- To ensure continuity of care and safety, create a plan to arrange for back up services if a caregiver is unable to make a scheduled shift.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Supportive Home Care (SHC) – Chore Services

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Supportive home care (SHC) is the provision of services to directly assist members with daily living activities and personal needs and to assure adequate functioning and safety in their home and community.

2.0 Service Components

Component	Description

Service	Intermittent major household tasks that must be performed seasonally or in response to some natural or other periodic event for reasons of health and safety or the need to assure the member's continued community living. These tasks may include outdoor activities, such as:
	• Yard work and snow removal
	• Indoor activities, such as
	  ○ Window washing
	  ○ Cleaning of attics and basements
	  ○ Cleaning of carpets, rugs, and drapery
	  ○ Refrigerator/freezer defrosting
	  ○ The necessary cleaning of vehicles, wheelchairs, and other adaptive equipment, and
	  ○ Bed bug inspection and extermination.
	• This also may include assistance with packing/unpacking and household cleaning/organizing when a member moves.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.

- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- An unrelated live-in caregiver may provide any or all of the types of supportive home care services. Relatives and legal guardians (live-in or otherwise) meeting the requirements under Article VIII.N.2. may be paid to provide any or all of the types of supportive home care. This service excludes room and board (rent and food) costs for a live-in caregiver. Payment of a live-in caregiver may be reduced by the value of room and board in accordance with any applicable wage and hour laws.
- When utilizing Supportive Home Care Chore Services, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- To ensure health and safety, alert the IDT within 24 hours if a member is not available for scheduled services
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.

- Documentation of staff training and credentials.

6.0 Staff Qualifications

- All workers and agencies must comply with the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S5120		Chore Services, General	Per 15 minutes
S5121		Chore services, General	Per day
S5121	UA	Snow Plowing	Per day
S5121	UB	Snow Shoveling	Per day
S5121	UC	Lawn Care	Per day
S5121	UD	Handyman Services	Per day
S5121	UE	Moving Services	Per day

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- To ensure continuity of care and safety, create a plan to arrange for back up services if a caregiver is unable to make a scheduled shift.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators

- Education/Training staff
- Legal/Regulatory Compliance
- Service Initiation- Availability and responsiveness to referrals and timely services provided
- Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Training services for unpaid caregivers

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Training services for unpaid caregivers is the provision of training services for individuals who provide uncompensated care, training, companionship, supervision, or other supports to members.

Training includes instruction about treatment regimens and other services that are included in the member's care plan, use of equipment specified in the service plan, and guidance to safely maintain the member in the community. Training must be aimed at assisting the unpaid caregiver in meeting the needs of the member. All training for individuals who provide unpaid support to the member must be included in the member's care plan and must directly relate to the individual's role in supporting the member.

2.0 Service Components

Component	Description
Instruction	Training includes instruction about: • Treatment regimens and other services that are included in the member's care plan, • Use of equipment specified in the service plan • Guidance to safely maintain the member in the community.
Service	This service includes, but is not limited to: • Online or in-person training; • Conferences; • Resource materials on the specific disabilities, illnesses, or conditions that affect the member.

Training includes registration costs and fees associated with formal instruction in areas that are relevant to the needs identified in the member's care plan.

Training might cover the member's health needs, how to manage their condition, ways to stay healthy, and how to use any equipment listed in their service plan.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Training must be aimed at assisting the unpaid caregiver in meeting the needs of the member.
- All training for individuals who provide unpaid support to the member must be included in the member's care plan and must directly relate to the individual's role in supporting the member.
- The purpose of the training is for the caregiver to learn more about member's condition, what to expect, and how to provide the best care for someone with that specific condition. For example, training could be provided on how to effectively care for a member with dementia.
- This service may not be provided to train paid caregivers.
- This service excludes payment for lodging, travel, and meal expenses incurred while attending a training event or conference.
- This service does not cover teaching self-advocacy, which is covered under Consumer Education and Training Services.
- This service must be provided by licensed, certified, or accredited professionals who maintain current credentials in their field of practice. For example, training could be provided by registered nurses, licensed mental health professionals, or licensed therapists.
- When utilizing Training Services for Unpaid Caregivers, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.

- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- To ensure timely access to services, members must receive services no more than 60 business days from the time of service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the service is initiated.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
S5111	HS	Family Homecare Training – Per Session	Each
S5110	HS	Family Homecare Training	Per 15 mins

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Transportation (specialized transportation) – Community Transportation

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Transportation (specialized transportation) – Community Transportation is the provision of transportation services or items that enable a member to engage with the community, including with the people, places, and resources that are meaningful for the member's self-determination and that meet their goals and daily needs. This service allows the member to gain access to waiver services, a place of employment, and other community services, activities, and resources, as specified in the member's care plan.
Excludes transportation to receive non-emergency medical services, which are covered under the Medicaid State Plan transportation benefit, or in the case of a self-directing member with budget authority to purchase such services, under the Other Transportation service.
Legally responsible persons, relatives, or legal guardians may be paid mileage reimbursement for providing this service if they meet the requirements under Article VIII.N.2.
Transportation (specialized transportation) - Other Transportation consists of transportation to receive non-emergency, Medicaid–covered medical services for a member who elects to self-direct such services.
Members eligible for this service must have decision-making authority over a budget for the purchase of such services. Such members (1) are not limited to providers in the MCO's network, although the MCO must verify credentials of specialized medical vehicle providers, (2) are not required to obtain prior authorization to purchase any transportation service from a qualified provider to any Medicaid-covered medical service if the member's budget is sufficient to pay for the service, and (3) are not required to schedule routine trips if the member can obtain transport.
This service is offered in addition to medical transportation required under 42 CFR §431.53 and transportation services under the state plan, defined at 42 CFR §440.170(a) (if applicable), and does not replace them.
Excludes non-emergency medical transportation when authorized by the MCO as a State Plan service for members without budget authority. Excludes non-medical transportation, which is provided under the sub-service of Community Transportation; however, the same ride may be used to provide transport to medical appointments and community activities as long as there is not a duplication of payment.

2.0 Service Components

Component	Description
Service - Transportation (specialized transportation) – Community Transportation	May consist of items such as: • Tickets • Fare cards or other fare media, or • Services where the common carrier, transportation network company driver, specialized medical vehicle, or other provider directly transports a member and the member's attendant, if any, to destinations. **Whenever possible, family, neighbors, friends or community agencies who can provide this service without charge will be utilized.**
Transportation (specialized transportation) - Other Transportation	May consist of items such as: • Tickets • Fare cards or other fare media, or • Reimbursement of mileage expenses • Payment for services where the provider directly conveys the member and the member's attendant, if any, by common carrier, mass transit, transportation network company driver, or specialized medical vehicle (SMV) as appropriate to and from receiving **Medicaid–covered medical services.**

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- Excludes emergency (ambulance) medical transportation covered under the Medicaid State Plan service.
- Taxis or common carriers must comply with Wis. Stat. Ch. 194. Public mass transit must comply with Wis. Stat. § 85.20.
- Transportation Network Companies must be licensed under Wis. Admin. Code § SPS 440.415.
- Specialized Transportation Agencies must comply with Wis. Stats. § 85.21, § 85.22, or § 85.215, as applicable, and Wis. Admin. Code Ch. Trans 301.
- Individual drivers must have an operator's license from the Department of Transportation, liability insurance, and a vehicle in good repair with all operating and safety systems functioning.
- When utilizing Transportation (specialized transportation) – Community Transportation and/or Other Transportation, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy,

dignity and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed, and the service level needs to be adjusted.
- The Provider is encouraged to develop and share with the member their plan for services affected by bad weather, ie, Snow, Storms, etc.
- To help avoid confusion or missed trips, providers are encouraged to create and explain their policy for what happens if a member isn't ready or available for a scheduled pick-up time. Provider is also requested to immediately notify the IDT if a member is not available for transport.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:

- Member and provider rights and responsibilities
- Recordkeeping and reporting
- Individual specific disability training
- Recognizing and responding to health and safety concerns of member
- Abuse and neglect training
- Interpersonal and communication skills
- Confidentiality
- Ethnic and cultural diversity training
- Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
[TBD]	[TBD]	[TBD]	[TBD]
[TBD]	[TBD]	[TBD]	[TBD]

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- All services must be provided in alignment with member rights, ensuring choice, control, and respectful engagement, including reliable and timely support.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
  - Education/Training staff
  - Legal/Regulatory Compliance
  - Service Initiation- Availability and responsiveness to referrals and timely services provided
  - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Vehicle modifications

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Vehicle modifications are physical adaptations to the vehicle that is the member's primary means of transportation. Vehicle modifications accommodate the specialized needs of the member and enable the member to function with greater independence in the community.

2.0 Service Components

Component	Description
Service	Vehicle modifications and services may include: • Customized devices necessary for the member to be transported safely in the community, including tie-downs and wheelchair docking systems • Driver control devices, including hand controls and pedal adjusters • Inspections required for a modification • Interior alterations to seats, head and leg rests, and belts • Modifications needed to accommodate a member's sensitivity to sound, light, or other environmental conditions • Portable ramps when the sole purpose of the ramp is for the member to access the vehicle • Raising the roof or lowering the floor to accommodate wheelchairs • Vehicular lifts, platforms, carriers, and curbsiders.
	Includes the cost of materials, services, inspections, and maintenance necessary for a vehicle modification.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.

- Services must promote independence, dignity, and community inclusion.
- This service category excludes:
    - Modifications to the vehicle that are of general utility and are not of direct medical or remedial benefit to the individual
    - Modifications to vehicles that are owned or leased by residential or agency providers of waiver services
    - Purchase or lease of a vehicle (however, this service category can be used to fund the portion of a new or used vehicle purchase that directly relates to the cost of accessibility adaptations)
    - Regularly scheduled upkeep and maintenance of a vehicle, except for upkeep and maintenance of the modifications
- Vehicle modifications must meet all the applicable standards of manufacture, safety, design, and installation, such as Underwriters Laboratory and Federal Communications Commission.
- Motor vehicle modifiers must be
    1. Registered as a "vehicle modifier" with the National Highway Traffic Safety Administration (49 CFR § 595.6),
    2. Meet requirements outlined in 49 CFR § 595.7, and
    3. Install equipment according to the manufacturer's requirements and instructions.
- When utilizing Vehicle Modifications, adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming

- Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.
- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality
    - Ethnic and cultural diversity training
    - Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Service Description	Unit of Service
T2039		Vehicle Modifications	Each

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
    - Education/Training staff
    - Legal/Regulatory Compliance
    - Service Initiation- Availability and responsiveness to referrals and timely services provided
    - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.
- Protect member confidentiality and dignity at all times.

Vocational Futures Planning and Support (VFPS)

Objective: Anthem meets members' needs through member-centered coordination and delivery of high-quality, integrated services and supports. Anthem embraces an Independence First approach to member-centered planning, which is rooted in a strength-based lens, embraces the application of technology, aids, devices, equipment, and home modification solutions as the first resource available to meet an individual's need and to maximize independence at home, in the community, and at work.

1.0 Service Definition

Vocational futures planning and support (VFPS) is a person-centered, team-based comprehensive employment planning and support service that provides assistance for members to obtain, maintain, or advance in competitive integrated employment (CIE). CIE is defined at https://dwd.wisconsin.gov/dvr/partners/cie/definition.htm

This service assists a member in identifying a pathway to CIE and addresses barriers to employment due to the member's disability, benefits, or life circumstances. The expected outcome of this service is measurable gains in knowledge, skills, personal strengths, and experiences that contribute to the member obtaining and sustaining CIE with the highest possible wage.

2.0 Service Components

Component	Description
Service	This service includes seven (7) elements available as needed to the member: • Coordination of the VFPS process • Development of a written employment plan based on an individualized determination of the member's strengths, assets, needs, interests, and barriers to CIE • An assistive technology pre-screen or in-depth assessment • Work incentive benefits analysis • Career exploration • Job seeking support, including customized job negotiation or business plan development and launch, and

- Job coaching, including systematic instruction to stabilize in CIE or workplace personal assistance (WPA) support to maintain CIE.

3.0 Standards of Service

- Services must be delivered in a safe, person-centered, and culturally responsive manner.
- Staff must be trained to meet the specific needs of members served.
- Services must promote independence, dignity, and community inclusion.
- VFPS must be provided by qualified professionals who include, for example, an employment specialist, a benefit specialist, and an assistive technology consultant.
- When this service is provided, the member record must contain activity reports, completed by the appropriate VFPS team member(s), within thirty (30) days of completing a particular service strategy. When ongoing support is provided, monthly ongoing support reports must be completed by the provider of the ongoing support.
- Personal care provided to a member during the receipt of this service may be included in the reimbursement paid to the provider or may be covered and reimbursed under another waiver service, so long as there is no duplication of payment.
- This service may not be used to support volunteering, regardless of where the service takes place.
- This service may not be provided in small group format. The ratio is always 1:1 for this service.
- VFPS excludes services that could be provided as prevocational or as supported employment. Such services may be used to supplement, but may not duplicate any VFPS services provided under the waiver.
- VFPS may supplement, but not duplicate, any service provided to the member under an approved Individualized Plan for Employment (IPE) funded under the Rehabilitation Act of 1973, as amended, and, for members ages 18-22, under an approved Individualized Education Plan (IEP) under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1401(16 and 17).
- Prior to authorizing this service, the member's record documents that 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 members ages 18-22, not available through a program funded under the Individuals with Disabilities Education Act (IDEA) (20 U.S.C.1401 et seq).
- This service may not be authorized for a member who has already obtained CIE outside the VFPS process or does not have a goal to advance in CIE.
- The VFPS agency provider must offer all seven elements of the services.
- Additionally, the agency must meet at least one of the following provider qualifications:

- A DVR contracted provider of supported employment and/or customized employment services, or
- Accreditation by a nationally recognized accreditation agency, or
- A minimum of two years of experience working with the target population providing employment-related services.
- Additionally, if personal care services are provided, the provider must meet the Training and Documentation Standards for Supportive Home Care. https://www.dhs.wisconsin.gov/publications/p01602.pdf
- When utilizing Vocational futures planning and support (VFPS), adherence to the HCBS Settings Final Rule must be considered to ensure choice as well as an individual's right of privacy, dignity, and respect. To learn more: https://www.dhs.wisconsin.gov/publications/p03678.pdf

4.0 Communication Expectations

- Collaborate with the Interdisciplinary Team (IDT) to develop and implement the Member Centered Plan (MCP).
- To ensure timely access, members must receive services no more than 30 business days from time of service approval. If delays are anticipated, the provider agency must keep the IDT informed with weekly updates until the referral is completed.
- Notify the IDT of any significant changes in member condition or behavior.
- The Provider must promptly inform the IDT if, based on their experience delivering services, they determine that the member's needs have changed and the service level needs to be adjusted.
- Provide regular updates to the IDT; frequency of updates to be determined in discussion with IDT.
- Notify the IDT of any complaints or grievances within 48 hours of receipt.

5.0 Documentation Requirements

- Service Initiation – Provider must work with IDT to ensure that services begin on planned date. If delayed or unable to provide service for any reason, provider will immediately notify IDT.
- All services must be authorized prior to being rendered by provider. Authorization will include start date, duration of authorization, and units authorized.
- Providers must maintain the following information and make available for review by Anthem upon request:
    - Proof of applicable staff training, qualifications, and programming
    - Policy and procedures and evidence of completed caregiver background check compliant with Wisconsin Legislature: Chapter DHS 12 and Wisconsin Legislature: Chapter DHS 13
    - Policy and procedure for responding to grievances and complaints.
    - Employee timesheets or other documentation to support MCO billing.

- Incident reports submitted within 24 hours of occurrence. See the section in the Provider Handbook on the definition of Incident and the reporting process.
- Documentation of staff training and credentials.

Remote Waiver Services and Interactive Telehealth

Provider may not require members to receive a service via interactive telehealth or remotely if in-person service is an option.

- Remote Waiver Services are waiver services delivered using audiovisual communication technology that permits 2-way, real-time, interactive communication between a provider and a member. Remote waiver services do not include communications delivered solely by audio-only telephone, facsimile machine, or electronic mail. The IDT cannot require the use of remote services to authorize the service.
- The IDT must first determine that the service is necessary to support an outcome by using the RAD or other Department-approved alternative, and then determine whether it can be authorized remotely.
- To authorize a waiver service for remote delivery, the IDT must:
    - Determine that the service can be delivered remotely with functional equivalence to face to face as the in-person service.
    - Obtain informed consent from the member to receive the service remotely.
    - Determine that the member has the proper equipment and connectivity to participate in the service remotely. The MCO is not required to provide the proper equipment and connectivity to enable the member to access the service remotely.
    - If the IDT determines that the service cannot be authorized remotely based on the above, the IDT must authorize the service in person. A member may grieve the IDT decision.
- State Plan Services Via Interactive Telehealth: Interactive telehealth is telehealth delivered using multimedia communication technology that permits 2-way, real-time, interactive communication between a certified provider of Medical Assistance at a distant site and the Medical Assistance recipient or the recipient's provider.

6.0 Staff Qualifications

- Providers are expected to follow all training guidelines outlined in their licensing or certification standards. If no formal standards exist, providers must ensure staff receive the necessary training to confidently and competently carry out their responsibilities.
- Provider must ensure that staff have received training on the following topics:
    - Member and provider rights and responsibilities
    - Recordkeeping and reporting
    - Individual-specific disability training
    - Recognizing and responding to health and safety concerns of member
    - Abuse and neglect training
    - Interpersonal and communication skills
    - Confidentiality

- Ethnic and cultural diversity training
- Complaints and grievance training

7.0 Service Authorization & Billing

- Services must be authorized by the MCO prior to delivery.
- Provider must use approved billing codes and submit claims per MCO timelines.
- Provider must include modifier 95 when submitting claims for services that are delivered remotely or through telehealth.
- Planned Termination – To ensure continuity and respect for the member's needs, a written notice must be given at least 30 days before ending services—whether by the MCO/member or provider.

Service Code	Modifier	Modifier	Service Description	Unit of Service
T2038	HJ		Barriers & Assets Identification	Each/Per Session
T2038	HJ	U6	Benefit Analysis	Each
T2038	HJ	U8	PASS Plan Development	Each
T2038	HJ	UA	Assistive Technology Assessment	Each
T2038	HJ	UB	Career Exploration/ Goal Validation	Each
T2038	HJ	UC	Guided Job Search/ Business Planning	Each
T2038	HJ	UD	Full Stabilization/ Transition to LTS	Each
T2038	HJ	UE	Ongoing Support	Per 15 min

8.0 Quality Assurance

- Participate in MCO quality reviews and audits.
- Implement corrective actions as needed.
- Solicit member feedback regularly.
- Maintain compliance with all applicable DHS and MCO standards.
- Quality Performance Indicators
  - Education/Training staff
  - Legal/Regulatory Compliance
  - Service Initiation- Availability and responsiveness to referrals and timely services provided
  - Contract Compliance

9.0 Member Rights & Grievances

- Ensure members are informed of their rights.
- Provide access to grievance and appeal processes.

- Protect member confidentiality and dignity at all times.

Provider Services: **844-483-2704**, TTY **711**
Operational hours: 8:00 am – 5:00 pm CT
https://providers.anthem.com/wisconsin-provider/patient-care/family

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