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Milwaukee County Behavioral Health Division SAIL	Date Revised 8/1/2011	Subject: Provider Responsibilities and Guidelines		

1. POLICY:

It is the policy of the Behavioral Health Division (BHD) Community Services Branch that Providers implement and follow basic procedural guidelines and expectations as they relate to the Provider's involvement in the network and in the provision of services.

2. PROCEDURE:

A. Provider Access / Functions

1. All Providers must have a working business phone that identifies the Provider by name. For Providers that use a telephone answering system, the system must identify the name of the Provider and have the capability to accept messages during regular business hours. In non-emergency situations, a call should be returned within 24 hours.
2. Providers must have a functional e-mail account at all times.
3. Providers must notify the Community Services Branch within 5 business days in writing of **changes** to any of the following:
 - a. Provider name
 - b. Address (Quality Assurance staff will need to complete a Site Visit of the new location.)
 - c. Telephone / Fax Numbers
 - d. E-mail address
 - e. Federal Employers Tax ID (FEIN) number
 - f. Insurance carrier or insurance coverage
 - g. Current programs/services
 - h. Staff providing services
 - i. Caregiver Background Check information on individual employees
 - j. Expiration, change in, or restriction of license(s) including an Order Not to Admit New or Additional Residents. These conditions carry a notification requirement of **2 days**.
 - k. Discontinuation of agreed upon service (s).

B. Service Guidelines / Staff

1. Providers are restricted to providing the approved services at the designated site locations that are listed on the Exhibit Page of the current year's Fee For Service Agreement or Purchase Contract. Providers must follow the Provider Network Service Description for each service provided.
2. Providers are expected to maximize the procurement of other (non-BHD) billable sources (e.g., Medicaid, private insurance, other publicly-funded systems) that fund services they provide to clients. (Refer to Payor of Last Resort Attachment)
3. Providers must furnish information about licensure and certification requirements for each service they provide. Providers must include a copy of the State certification for each certified program that the provider operates and submit updates to the Community Services Branch prior to the expiration date of the current certification. Providers must ensure that licenses/ certifications are current and on display at the agency. Updated licenses/certifications should be faxed (414-257-8198) or mailed to the Contract Service Coordinator, at Behavioral Health Division, Community Services Branch, 9201 Watertown Plank Road, Milwaukee, WI 53226.
4. Providers are required to supply the Community Services Branch with a list of Direct Service Providers indicating which services they will perform. Providers must ensure that all Direct Service Provider qualifications are reviewed carefully for appropriateness to deliver the indicated

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services. Direct Service Provider qualifications must be provided to the Community Services Branch, retained in the agency files, and be available for audit purposes. For clinical treatment providers, the Community Services Branch must have the individual's current State license/certification on file. It is the Provider's responsibility to inform the Community Services Branch of any changes in staffing and provide any new staff member's qualifications/credentials for review on a timely basis. Any requests for an exemption of qualifications for an individual provider must be submitted in writing to the Contract Service Coordinator. This request must include justification and supporting documentation for the exception. A written response to the request will be furnished to the Provider agency within 10 business days or less with either an approval or denial of the request. Information should be faxed (414-257-8198) or mailed to the Contract Service Coordinator, at Behavioral Health Division, Community Services Branch, 9201 Watertown Plank Road, Milwaukee, WI 53226.

5. Providers must allow authorized representatives of the Milwaukee County Health and Human Services Department to have access to clients and all records necessary to confirm the provision and quality of services provided. These reviews may occur on an announced OR unannounced basis:
 - a. **Fiscal Review** - If the Provider is undergoing a fiscal review by the Milwaukee County Health and Human Services Department, the Provider may not add new services during this period. Suspension of new referrals to the Provider may occur during this period and is up to the discretion of Contract Administration and the Community Services Branch Program Manager.
 - b. **Site Review/Visit** – Site Reviews may consist of examining all phases of a Provider's operations including client records, treatment services, staffing patterns, billing and office operations, and the physical facility.
 - c. **Client Interviews** – Current and former clients may be contacted in person, by telephone or mail regarding their satisfaction with treatment services.
6. A representative from the Provider agency must attend all Provider Network mandatory meetings and trainings. At the discretion of the Community Services Branch Administration, failure to attend the mandatory meetings/ trainings may result in the suspension of new referrals to the Provider agency.
7. As of 1/1/2012, all clinical providers of Day Treatment and Outpatient counseling services must have Medicaid certification/Title 19 Provider Status.

C. Other Requirements

1. Insurance

Providers must provide proof of insurance in the types and limits set forth in the Milwaukee County purchase contract or Fee For Service Agreement.

<u>Type of Coverage</u>	<u>Minimum Limit</u>
Wisconsin Worker's Compensation	Statutory
Employer's Liability	\$100,000/\$500,000/\$100,000
General and/or Business Owner's Liability	\$1,000,000 Occurrence/\$1,000,000 Aggregate
Automobile Liability	\$1,000,000 Per Accident
Professional Liability	\$1,000,000 Occurance/\$3,000,000 Aggregate

Milwaukee County must be named as an **“additional insured”** endorsement for general liability, automobile liability, and umbrella/excess liability insurance. Milwaukee County Department of Health and Human Services named as **“Certificate Holder”** throughout the duration of the purchase contract or Fee For Service Agreement.

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2. Caregiver Background Check

Providers must comply with Caregiver Background checks as specified in the Milwaukee County Purchase Contract or Fee For Service Agreement. Providers shall conduct background checks at their own expense on all Direct Service Providers (to include employees, contract staff, or volunteers) and any additional personnel who have any contact with or access to clients and/or client records. If a staff member has any findings other than “No record found”, a copy of the criminal background check must be included with the Provider’s application, in the annual desk review packet, when changes occur to the criminal background check, and at the time of request for approval of a new Direct Service Provider. These criminal background checks should be faxed (414-257-8198) or mailed to the Contract Service Coordinator, at Behavioral Health Division, Community Services Branch, 9201 Watertown Plank Road, Milwaukee, WI 53226. Provider certifies that it will comply with the provisions of DHS 12, WI Admin. Code State of Wisconsin Caregiver Program (online at <http://dhs.wisconsin.gov/caregiver/INDEX.HTM>). Providers further certifies that it will comply with the provisions of the Milwaukee County Resolution entitled “Provisions of Resolution Requiring Background Checks on Department of Human Services Contract Agency Employees Providing Direct Care and Services to Children and Youth.” (Refer to attachment)

Documents required: These forms must be maintained in the Provider’s personnel files and must be complete **at the time of hire and/or prior to the provision of service**, and at a minimum of once every 4 years thereafter.

- a. **Background Information Disclosure (BID)**– Providers are required to have this form completed and signed by all personnel. The BID form gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions.
- b. **Department of Justice Crime Information Bureau** – This is one of 2 forms that are produced as a result of a “Caregiver-general” criminal history check conducted through the Department of Justice. The website for online criminal background clearings is <http://www.doj.state.wi.us/dles/cib/crimback.asp> and follow the link: Wisconsin Online Criminal History Record Check to obtain this information through the online process. This is a comprehensive list of all charges and convictions related to an individual in the State of Wisconsin. This report is sufficient for any individual who has resided in the State of Wisconsin for the previous 3 years. For anyone who has resided in Wisconsin for less than 3 years, criminal history information must be obtained for any and all states of residency within the last 3 years. Contact information for the other states can be found at www.doj.state.wi.us/dles/cib/sclist.asp
- c. **Department of Health and Family Services / Response to Caregiver Background Check** – This is one of 2 forms that are produced as a result of a “Caregiver-general” criminal history check conducted through the Department of Justice. This is a comprehensive list of caregiver findings of abuse or neglect of a client, misappropriation of a client’s property, denial or revocations of operating licenses for adult and child programs, and any rehabilitation review findings. Any employee who has been charged with a finding of caregiver misconduct or a criminal conviction specified on the listing of barred crimes and offenses, is required to complete a Rehabilitation Review with the Department of Health Services prior to the approval to work with clients through a contract or fee for service agreement with the Milwaukee County Behavioral Health Division. This can be done by completing and signing a Rehabilitation Review Application form EXS-263 at <http://dhs.wisconsin.gov/forms/F8/F83263.pdf> with attachments and submitting them to the Office of Legal Counsel, DHS. Please contact the Department of Health Services for more information regarding the Rehabilitation Review Process.

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3. Equal Rights and Civil Rights Compliance

Providers must adhere to non-discrimination, equal employment opportunity, affirmative action, and civil rights compliance as specified in the Milwaukee County purchase contract or Fee For Service Agreement.

- a. ***Nondiscrimination in Delivery of Services*** – No eligible client shall be unlawfully denied services or be subjected to discrimination because of age, race, religion, color, national origin, sex, sexual orientation, location, physical disability, or developmental disability as defined in s. 51.01(5) Wisconsin Statutes.
- b. ***Civil Rights Compliance Plan*** – Provider certifies that it will comply with the Civil Rights Compliance (CRC) requirements for the current CRC period. Information can be found online at: <http://dhs.wisconsin.gov/civilrights/index.htm>.

4. Emergency Preparedness

In order for Provider and Participants/Service Recipients that Provider serves to be prepared for a natural or man-made disaster, or any other internal or external hazard that threatens Participant/Service Recipients, staff, and/or visitor life and safety, and in order to comply with federal and state requirements, Provider shall have a written Emergency Management Plan (EMP), to be retained in the Provider's office and a copy mailed to the Contract Service Coordinator, at Behavioral Health Division, Community Services Branch, 9201 Watertown Plank Road, Milwaukee, WI 53226. All employees shall be oriented to the proposed plan and trained to perform assigned tasks.

The Emergency Management Plan must identify the steps Provider has taken or will be taking to prepare for an emergency and address, at a minimum, the following areas and issues:

- a. Provider's order of succession and emergency communications plan, including who at the facility/organization will be in authority to make the decision to execute the plan to evacuate or shelter in place and what will be the chain of command.
- b. Develop a continuity of operations business plan using an all-hazards approach (e.g., floods, tornadoes, blizzards, fire, electrical blackout, bioterrorism, pandemic influenza or other natural or man-made disasters) that could potentially affect current operations or site directly and indirectly within a particular area or location.
- c. Identify Covered Services deemed "essential" and any other Covered Services that will remain operational during an emergency. (**Note – Providers who offer case management, residential, or personal care for individuals with medical, cognitive, emotional or mental health needs, or to individuals with physical or developmental disabilities are deemed to be Providers of essential services.**)
- d. Identify and communicate procedures for orderly evacuation or other response approved by local emergency management agency during a fire emergency.
- e. Plan a response to serious illness, including pandemic, or accidents.
- f. Prepare for and respond to severe weather including tornado and flooding.
- g. Plan a route to dry land when a facility or site is located in a flood plain.
- h. For residential facilities, identify the location of an Alternative Care Site for Residents/Service Recipients (Note, this should include a minimum of two alternative facilities, with the second being at least 50 miles from the current facility).
- i. Identify a means, other than public transportation, of transporting residents to the Alternative Care location (Note, for Alternative Care Sites and transportation, a surge capability assessment and Memorandum of Understanding (MOU) with Alternative Care Site and alternative transportation provider should be included in the development of the emergency plan).

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- j. Identify the role(s) of staff during an emergency, including critical personnel, key functions and staffing schedules (**Note, in the case of Personal Care Workers, staff should be prepared to accompany the Service Recipient to the Alternative Care Site, or local emergency management identified Emergency Shelter**).
- k. Identify how meals will be provided to Residents/Service Recipients at an Alternative Care Site. In addition, a surge capacity assessment should include whether the Provider, as part of its emergency planning, anticipates the need to make housing and sustenance provisions for the staff and/or family of staff.
- l. Identify how providers who offer case management, residential care, or personal care for individuals with substantial cognitive, medical, or physical needs shall assist Service Recipients to individually prepare for an emergency and obtain essential services during an emergency, including developing a Care Plan that includes an emergency plan on an individual level.
- m. Ensure that current assessment and treatment plan for each Resident/Service Recipient with specific information about the characteristics and needs of the individuals for whom care is provided is available in an emergency and accompanies the Resident/Service Recipient to the Alternate Care Site. This should include: Resident identification, diagnosis, acuity level, current drugs/prescriptions, special medical equipment, diet regimens and name and contact of next of Kin/responsible person/POA.
- n. Identify staff responsible for ensuring availability of prescriptions/medical equipment and Service Recipient information at the Alternative Care Site.
- o. Communicate and Collaborate with local emergency management agencies to ensure the development of an effective emergency plan (typically the fire chief, or his/her designee).
- p. Collaborate with Suppliers and Personal Services Providers.

Providers shall have agreements or MOUs with other agencies or operators of Alternative Care Sites and assessment the availability of volunteer staff for such emergencies. Providers can find resources for EMPs including sample plans, Mutual Aid Agreement and templates at the following websites:

http://dhs.wi.gov/rl_dsl/Providers/SamplEmergPlans.htm
http://dhfs.wisconsin.gov/rl_DSL/Providers/EvacSheltTemplate.pdf
<http://dhs.wisconsin.gov/preparedness/emergencyplans.htm>
http://dhs.wisconsin.gov/rl_DSL/EmergencyPreparedness/EmPrepIndex.htm

If Provider organization serves persons with special needs receiving in-home care, or care in a supportive apartment, it should have the Service Recipient, the caregiver or someone upon whom the Service Recipient relies for personal assistance or safety complete the below referenced "DISASTER PREPAREDNESS CHECKLIST FOR INDIVIDUALS WITH SPECIAL NEEDS".

http://dhs.wisconsin.gov/preparedness/pdf_files/IndPrepChecklist.pdf

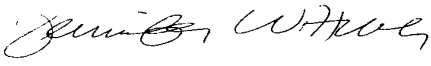
5. Department of Motor Vehicle Driving Abstract

Providers of services requiring a Wisconsin Driver's License must call 608-266-2353 to acquire a Department of Motor Vehicle driving abstract. Adherence to this requirement will verify that all employees of the Provider have a valid driver's license. Providers are to maintain current automobile insurance verification of all drivers on file at their agency.

Attachments: * Milwaukee County Department of Health and Human Services Payor of Last Resort Policy for Community Based Residential Facility (CBRF) Contracts and Fee-For-Service Agreements.

* Resolution Requiring Background Checks on Department of Health and Human Services Contract Agency employees Providing Direct Care and Services to Children and Youth.

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Reviewed & Approved by: 
Jennifer Wittwer, Associate Director
Adult Community Services Branch

**MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
PAYOR OF LAST RESORT POLICY FOR COMMUNITY BASED RESIDENTIAL
FACILITY (CBRF) CONTRACTS AND FEE-FOR-SERVICE AGREEMENTS**

Under the terms of your Contract or Fee-for-Service Agreement with the Milwaukee County Department of Health and Human Services (DHHS), funds are intended to be the “payor of last resort” after all other public and private funds, including medical insurance, have been exhausted. The policy acts to influence reimbursement at two levels.

At the level of the service recipient, the “payor of last resort” means that contractors, vendors, and/or providers under contract with the DHHS are required to exhaust all other governmental or private resources before using DHHS funds. This includes, but is not limited to, Medicaid, health insurance, and other third party reimbursements, etc. In other words, the County does not pay for services to a service recipient if other sources of revenue are available to pay for those services.

At the program level, the “payor of last resort” policy applies to grants, contributions, and other public and private sources of revenue that are restricted to the program or services being purchased. The restricted funds are first applied to program expenses to arrive at net allowable expenses for rate-based services. Any unspent revenue received by an agency for a program under contract with the DHHS may become excess revenue, in which case it is deemed to be unspent Milwaukee County funds and must be returned to the County.

Milwaukee County does, however, encourage agencies to expand fund raising efforts for programs under contract with the DHHS, with the assumption that agencies will use these funds to cover program expenditures. To derive maximum benefit from the receipt of additional revenue, it is important to understand the distinction between restricted and unrestricted revenue:

RESTRICTED REVENUE refers to funds for which the donor or grantor restricts the recipient’s use of the funds for a specified program(s), service(s) and/or population, usually within an identified time frame.

UNRESTRICTED REVENUE refers to funds for which the donor or grantor has placed no restrictions on the recipient’s use of the funds.

With RESTRICTED REVENUE, the amount of funds received by an agency must be recorded as income for the program(s) or service(s) specified by the grantor.

With UNRESTRICTED REVENUE, the amount of funds received by an agency can be recorded as income for an administrative fund. Then, if the need arises, unrestricted revenue may be transferred from the administrative fund to be used for a program fund.

This distinction has significant implications for Milwaukee County contract agencies when the annual audit reports are submitted for review. As the County is the “payor of last resort,” any surplus restricted program revenue is to be returned to the County as unspent County funds. Any surplus unrestricted revenue, i.e., donations, contributions, etc., held by an agency in an administrative fund, can be retained by the agency and will not be recovered through the annual audit review process.

**RESOLUTION REQUIRING BACKGROUND CHECKS ON
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CONTRACT AGENCY EMPLOYEES PROVIDING
DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH**

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements are required to certify, by written statement to the DHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.
2. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements are required to certify, by written statement to the DHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHS or its designee; and, that the DHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.
3. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which do not provide to the DHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents
4. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001; and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.
5. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.
6. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed

Attachment

robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.

7. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.
8. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.
9. DHS contract agency employees and employees of agencies/organizations with which the DHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHS or its designee within two (2) business days of the actual arrest.
10. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.
11. The DHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.
12. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHS or its designee immediately.
13. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**