QUESTIONS and ANSWERS – OCTOBER 22, 2014

DEPARTMENT of HEALTH and HUMAN SERVICES (DHHS)

FEE-FOR-SERVICE AGREEMENT (FFSA) ANNUAL TRAINING

Answers provided by respective Network or DHHS in red text

WRAPAROUND PROVIDER NETWORK (WPN)

1. Regarding legibility of notes, can providers do electronic notes if they prefer that? If not via synthesis, can typed notes be done rather than handwritten? Are there documentation forms that allow typing within that documents, or would we need to write 'see attached' on a blank documentation form?

   Electronic notes are fine as long as they include all required elements per FFSA/policy and meet EMR guidelines. If they do not meet EMR guidelines, they must be printed out and manually signed. Unless identified, Wraparounds progress note forms/logs do not allow for typing within the documents. Electronic copies of the forms could be provided if your agency would like to modify the form to allow your staff to type within the document. All required elements must still be present. It is not prohibited, but not preferred, to staple/attach documents together indicating "see attached." Signatures must still be obtained where indicated.

2. Can we file progress reports electronically?

   Wraparound has a "Team Support/Provider Progress Report" form for clinical and out of home care, both of which are completed in Synthesis. Please do not confuse this form though with your Progress Note documentation reflective of an individual client clinical session. For other service documentation, see response to #1.

3. Policy No. 35 Provider Add/Drop – Why do agencies have to submit add/drop providers when already submitting this info (along with CBC/DOJ checks) to State – Maximus?

   County has a requirement/practice of reviewing and approving/denying all direct service providers and indirect staff prior to contact with County clients, client property, or client records/information.

DELINQUENCY and COURT SERVICES DIVISION (DCSD)

4. Will the SPEP outcome evaluations of the agencies evaluated be released? If so, when and where will they be posted?

   The agencies will receive their own individual reports during site visits with De Shell Parker taking place between October and December of 2014. The long term plan is to make these reports available via the DCSD website but this will not occur until 2015/2016 and is still in the planning phases.

5. Some clients have insurance minus medical (Medicaid). Who can be billed for services if client has been ordered to treatment (AODA)?

   The clients insurance, regardless of what kind of insurance they carry, should be billed for all eligible services. Referred services that are not covered by the insurance can be billed to DCSD.

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WPN and DCSD

6. What is the expected turnaround time for providers to be added to WRAP or CCSN?

   For Wraparound: It is variable based on staffing patterns and workload. Most delays are due to incomplete requests and/or requests for follow up. New provider add process (uploading information directly into Synthesis) has improved processing time. Add requests may be prioritized based on areas of greatest need and/or where capacity is weak.

   For DCSD/CCSN: These are usually processed in a couple days, but it depends on what other items that require priority too, so an expected turnaround I would say is one week.

ALL FFS NETWORKS

7. Why do we have to submit background checks, etc. to 3 different networks for the same person?

   We do not have a central access point or repository for add requests and background information.

   Each division has their own QA department which reviews and stores the background checks. Note: The process should be more streamline with the usage of email and scanning; whereas one scanned copy and email can be sent to all 3 networks simultaneously.

8. What is the purpose of workman's compensation for sole proprietors? We can't use it.

   Sole proprietors can use Workman's Compensation (WC). The purpose of WC is to protect Milwaukee County from claims should an injury be incurred while working under Milwaukee County contract/services. In such cases, the medical expenses incurred by the owner can be covered by the insurance company.

9. Our insurance is renewed every calendar year and is done in December, 2014 for 2015 (misses your deadline).

   As part of contract renewals, a point in time compliance check is conducted to ensure that current and valid insurance coverage is in place at the time of renewal. If agency's insurance policy is valid at the point in time check then no additional submission is needed.

   Send DCSD the most current insurance information and as soon as it is renewed, send to DCSD within 48 hours.