

 <b>WRAPAROUND MILWAUKEE Policy &amp; Procedure</b>	Date Issued: <b>11/17/05</b>	Reviewed: <b>12/9/10</b> By: <b>JM</b> Last Revision: <b>12/13/10</b>	Section: <b>PROVIDER NETWORK</b>	Policy No: <b>054</b>	Pages: <b>1 of 7</b> (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input checked="" type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date: <b>1/1/11</b>	Subject: <b>PROVIDER AGENCY RESPONSIBILITIES / GUIDELINES</b>		

## I. POLICY

It is the policy of Wraparound Milwaukee/Family Intervention Support Services (FISS) that **Provider Agencies** (referred to as **Provider**) implement and follow basic Wraparound Milwaukee Provider Network procedural guidelines and expectations as they relate to the **Provider Agency's** involvement in the Wraparound Milwaukee Provider Network and in the provision of services.

## II. PROCEDURE

All **Provider Agencies** must follow the guidelines below.

### A. **Provider Agency Access / Functions.**

1. **Providers** must notify the Wraparound Provider Network in writing of any of the following changes within 5 business days.
  - a. Agency Name.
  - b. Business Address / Billing Address.
  - c. Telephone / Fax Numbers.
  - d. E-mail Address.
  - e. Federal Employers Tax ID (FEIN) Number.
  - f. Agency CEO / Director.
  - g. Ownership.
  - h. Board of Directors.
  - i. Program Contact(s).
  - j. Discontinuation of Agreed Upon Services.
  - k. Change of Insurance Carrier.
  - l. Termination of a Direct Service Provider.
  - m. Any other changes that may be associated with the expectations set forth in the Agency's Fee-for-Service Agreement with Wraparound Milwaukee/FISS.
2. All **Providers** must have a working business phone that identifies the **Provider Agency** by name. For **Providers** that use a telephone answering system, the system must identify the name of the **Provider Agency** and have the capability to accept messages and service recipient/Wraparound Management inquiries during regular business hours. In non-emergency situations, a call should be returned within 24 hours.
3. **Providers** must have a functional E-mail account that Wraparound Milwaukee can use for ongoing communication with the **Provider agency**. **Providers of Crisis Stabilization/Supervision must use a "non-free" Email service.**
4. A **Provider** may use a P.O. Box as a billing address, but must also provide a current business street address.
5. **Providers** are responsible for updating Agency Resource Guide descriptions for Wraparound Milwaukee to reflect changes in current contracted programs/services, as well as service specific program contact names and telephone numbers.

### B. **Provider Agency / Staff Conduct Ethics.**

1. All **Providers** and **Direct Service Providers** are to conduct themselves in a respectful and ethical manner during the provision of services through the Wraparound Milwaukee Provider Network. This

includes treating Enrollees, their family members and other members of the Child & Family Team in a respectful manner and providing the authorized service in a timely manner. Providers should refrain from the use of demeaning, insulting or other language and conduct that may be perceived as offensive by the Enrollee, their family or other team members.

2. Providers and Direct Service Providers may NOT solicit “new” business from families or youth. If a Direct Service Provider believes the service recipient may benefit from another service offered by the Provider Agency, the Direct Service Provider must use the Child & Family Team process and offer a list of Wraparound Milwaukee approved Providers for the newly recommended service. Providers are encouraged to assure that the family is aware that they have other Provider options available for the service being sought.
3. Direct Service Providers must maintain Enrollee confidentiality and as such may not be accompanied by individuals not directly employed by the Provider and directly involved with the provision of the authorized covered service. This includes individuals such as the Director Service Provider’s own child/children, other family members, friends, interns, trainees or other parties.  
*NOTE: If there is a justifiable reason that a Direct Service Provider would need to be accompanied by another person during the provision of a service, the legal guardian must consent in writing and the person accompanying the Direct Service Provider must be an individual from the Provider Agency through which the Direct Service Provider is employed.*
4. Enrollees/service recipients may NOT accompany Direct Service Providers on personal business at any time.
5. Providers/Direct Service Providers wishing to advertise their services may do so by mailing literature to the Care Coordination Agency Supervisors. Questions regarding distribution of advertising materials are to be directed to the Care Coordination Agency Supervisors. Providers should NOT telephone Care Coordinators directly to solicit business.  
*NOTE: Provider Agencies must have a signed agreement to provide a service through the Wraparound Milwaukee Provider Network before advertising a service.*

**C. Staff Service Guidelines.**

1. Provider Agencies are limited to providing the services agreed to in the current Fee-for-Service Agreement with Wraparound Milwaukee.
2. Providers that use volunteers to provide services may not seek reimbursement for services provided to Wraparound Milwaukee enrolled youth/families by those volunteers. Volunteers working with Wraparound Milwaukee enrolled youth must be screened and oriented in the same manner as a paid employee.
3. Providers must orient all Direct Service Providers and other appropriate agency staff to all relevant Wraparound Milwaukee service descriptions, protocols, policies and procedures during a staff’s initial orientation period and as needed to all subsequent Wraparound Milwaukee policy and procedural changes.
4. Providers are responsible for maintaining an accurate list of Direct Service Providers corresponding to the services identified in the current Fee-for-Service Agreement.
5. The Wraparound Provider Network must approve all Direct Service Providers before they provide services to service recipients.
6. Criminal Background Checks must be completed PRIOR to the provision of services and every 4 years thereafter. **Refer to Policy #057 – “Caregiver Background Checks” regarding this requirement.**
7. Behavioral Health and AODA direct service providers must complete the Wraparound Milwaukee clinical credentialing process prior to the provision of services.
8. A Department of Motor Vehicle Driving Abstract must be obtained prior to the provision of services for all direct service providers who transport youth/families. The Provider Agency is responsible for review of the Driving Abstract to ensure that the provider has an acceptable driving record. In addition to the Driving Abstract, a copy of a valid State of Wisconsin Driver’s License and summary

9. of current automobile insurance must be maintained in the **Provider** personnel file for all Direct Service Providers who transport youth/families.

**D. Individual Provider Per Family Service Limit.**

As a matter of quality management, Wraparound Milwaukee does not believe that individual providers can be completely effective with regard to their role when providing more than one service to the same family.

1. Individual Direct Service Providers who provide services to service recipients through the Wraparound Milwaukee Provider Network are limited to providing one service to a family. Please note that this requirement will not affect provider's eligibility to provide multiple services, but does limit the Direct Service Provider to one service within the service recipient family. This services limit also applies to individual Direct Service Providers who may work for more than one agency in the Wraparound Milwaukee Provider Network.
2. The following services are **EXCLUDED** from the "one service per family" limit:
  - Anger Management Group (Code 5565B)
  - AODA Assessment (Code 5001A)
  - Assessment, M.D. (Code 5000)
  - BRICK Program (Code 5551)
  - Parent Correctional Facility Visitation (Code 5550A-C)
  - Psychiatric Review, Meds with or without Therapy (Codes 5050 and 5051)
  - Treatment Plan Meeting Attendance (Code 5222A)
  - Youth Relationship Building – A.S.A.P. (Code 5704)
3. The following services **MAY** be offered in combination with the companion counseling/therapy service(s) as identified below where both services are provided by the same individual Direct Service Provider:
  - AODA Group Counseling (Code 5121)  
*Companion Service:* AODA Individual/Family Counseling (Code 5101)
  - Group Therapy and Counseling (Code 5120)  
*Companion Services:* Individual/Family Therapy – Office (Code 5100); In-Home Lead (Code 5160); or Individual/Family Therapy – Licensed Psychologist – Office (Code 5111A)
  - In-Home Lead (Code 5160)  
*Companion Services:* AODA Individual/Family Counseling (Code 5101); Home Based Behavior Management, Lead (Code 5163); Individual/Family Therapy – Office (Code 5100); or Individual/Family Therapy – Licensed Psychologist – Office (Code 5111A)
  - Special Therapy Group (Code 5131)  
*Companion Service:* Special Therapy [Individual] (Code 5130)

**E. Direct Service Provider Reimbursable Service Hours Per Month Limit.**

1. Direct Service Providers who are providing services to service recipients through the Wraparound Milwaukee Provider Network are limited to a combined total maximum of **200 reimbursable service hours within a calendar month**. This total maximum allowable reimbursable/billable service hour limit is specific to the individual direct service provider as defined in the Fee-for-Service Agreement in effect at the time the service was provided.
2. The total maximum of 200 reimbursable service hours is inclusive of any and all services the individual provides and any and all agencies with which the individual may be employed. As a matter of quality management, Wraparound Milwaukee does not believe that individual direct service providers can be completely effective in terms of the service(s) being delivered when the direct service provider has provided more than 200 hours of reimbursable service within a calendar month.
3. Wraparound Milwaukee will limit payment to and/or recover payments made for services where the individual direct service provider's billable hours exceed 200 hours in a calendar month. If the individual is employed at more than one agency, the recovery will be made from the agency to which payment was made for services that were rendered subsequent to the date that the individual provider reached the maximum allowable service delivery hours within a given calendar month.

**F. Use of the Designation “Vendor Staff” for Service Authorizations and Service Delivery.**

1. Service authorizations are to include the specific name of the individual who will be providing the service (direct service provider name). In some situations and for certain services, the use of a “generic” name, such as “vendor staff,” is allowed when authorizing or billing for a service. These services are referenced below. In all other situations, the name of the direct service provider must be used and that individual must be authorized to provide the identified service through the Wraparound Provider Network. It is not permissible to use another individual or direct service provider’s name when submitting an authorization or when billing for services that have been rendered.

Services in which “vendor staff” may be used:

- After School Programs
  - AODA Day Services
  - AODA Detoxification
  - AODA Lab & Medical Services
  - Camp
  - Child Care
  - Day Treatment (Medicaid and Non-Medicaid)
  - Group-Type Care, Such As Residential Care, Group Home, Shelter Care, Supported Independent Living, Stabilization Centers, Crisis Care And Inpatient Hospitalizations
  - Recreation
  - Respite Residential And Other Respite Agency Services
  - Suspension/Accountability Program
  - Job Internship
  - Transportation
2. If “vendor staff” is being utilized incorrectly on a Service Authorization Request (SAR), the **Provider** should contact the Care Coordinator to request a correction to the SAR. Prior to billing for that service, the **Provider** has the ability within Synthesis (Wraparound’s on-line billing system) to change the word “vendor staff” to the identified direct service provider’s name. Note: The direct service provider must be authorized by the Wraparound Milwaukee Provider Network to provide the service before the “vendor staff” authorization can be changed to his/her name.

**G. Maintenance of Enrollee Records/Case Notes.**

The following guidelines are **mandatory** and must be implemented with regard to the maintenance of **Enrollee** records/case notes for Wraparound and FISS enrolled **Enrollees**/families receiving services through the Wraparound Milwaukee Provider Network.

1. **Providers** must maintain an **Enrollee** specific record for every Wraparound/REACH Enrollee receiving services from the agency. Each **Enrollee** must have his/her own record, unless the agency is providing one of more other services to one or more family members of the Wraparound/REACH **Enrollee** in which having a family record would then be permissible. If the Wraparound/REACH **Enrollee** alone is receiving more than one service from the **Provider**, only one record needs to be maintained on that **Enrollee**. Every FISS family must have their own record.
2. Each **Provider Enrollee** record must clearly indicate the **Enrollee**/family name. If the service recipient is a sibling/caregiver of a Wraparound/REACH Enrollee and the only person receiving services from the **Provider**, then the identified **Enrollee’s** name must also be clearly visible on the client record.
3. The **Enrollee** record must be maintained in an orderly and neat fashion (i.e., separate record into sections such as Provider Referral Form/Intake Information, Consents, Assessments, Plans of Care/Crisis Plan [not applicable for FISS], Progress Notes/Service Documentation, Coordinated Service Team [CST] information [FISS only], Other Correspondence, Discharge/Closing Summaries, etc.). If serving more than one family member, similar documents for each individual may be maintained together in the applicable section. For example, if providing tutoring for John Smith, Enrollee, and AODA counseling for the sibling, James Johnson, the provider referral forms received for each individual can both be recorded under the Provider Referral Form/Intake Section. **Providers**

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that have an established, [Enrollee](#) record organizational format referencing similar chart sections may continue to keep their records in that manner.

4. The Progress Notes/Service Documentation section of the [Enrollee](#) record should contain “subsections” if the [Provider](#) provides more than one service to an [Enrollee](#) and/or if the [Provider Agency](#) provides more than one service to a family. Subsection tabs would reference the different services and corresponding notes provided to the individual and/or family. For example, one subsection tab would reference the area where tutoring logs would be kept for John Smith, Enrollee, and another subsection tab may indicate AODA Counseling notes kept for James Johnson, sibling.
5. Plans of Care (POC): (**Wraparound/REACH Only**)
  - [Providers](#) must have time-applicable POC’s in the record relevant to the entire time the service recipient received services. The only exception is if the [service recipient](#)/family did not consent to share the POC with the [Provider](#). In this case, the [Provider](#) should place a note in the POC section of the record indicating the [service recipient](#)’s/family’s refusal to share the POC with the provider.
  - Care Coordinators have the option to provide a copy of the “Full Plan” or “Open Needs” version of the POC. The agency may keep an “Open Needs” POC in the record. The “Open Needs” POC contains all the basic demographic information, the strengths list, the family narrative, the reactive crisis plan and **current/active** Needs/Domains. The “Full Plan” version of the POC contains all of the above identification information along with information related to current active Needs/Domains and attained Needs/Domains.
  - **Upon service recipient discharge**, the following “thinning” of the **POC section** is permissible: a [Provider](#) may discard/shred any “Needs/Domains” sheets that **are not relevant** to the provided service.
6. The most recent documentation must be on the top in each applicable section in the [Enrollee](#) record.
7. [Enrollee](#) records must be easily accessible.
8. It is preferable that charts be maintained in alphabetical order by [Enrollee](#) name. If this is not feasible, at minimum charts must be made available in alphabetical order when the agency is being audited.
9. Current/active records must be separated from disenrolled [Enrollee](#) records.
10. Records must be maintained in a secure cabinet or room.
11. Behavioral Health and AODA providers are expected to maintain compliance with DHS 92 of the Wisconsin State Administrative Code regarding client record maintenance. For all other providers, Wraparound Milwaukee/FISS requires that the agency retain the [Enrollee](#) records until the [Enrollee](#) becomes 19 years of age or until 7 years after service has been completed, whichever is longer.

#### H. [Provider Agency Referrals and Consent Form.](#)

##### 1. **Provider Referral Form.**

A program-specific “Referral Form” must be received on each service recipient prior to the provision of service(s). A [Provider](#) may not be reimbursed for services provided prior to the date of the Referral. The Referral Form must be maintained as part of the service recipient record. (*See [Provider Referral Form Policy #038.](#)*)

##### 2. **Consent for Service/Treatment.**

[Providers](#) are required to obtain a “consent for services or treatment” for each service provided to a Wraparound Milwaukee/FISS service recipient. [The consent for services form](#) must be signed and dated by the service recipient (if a legal adult) or [Enrollee/service recipient](#)’s legal guardian **prior to the provision of services**. If a service recipient is age 14 or older, they should also sign the consent form. There must also be a signature/date line for a “Witness”. The consent should read that it is applicable for one year from the date of signing unless otherwise indicated. If a service recipient is seen for longer than one year, a new consent form must be signed. Evidence of a signed and dated consent form prior to the provision of services will be monitored during the review/audit process.

3. **Transportation Consent Form.**

If an [Enrollee](#)/service recipient is to be transported by a direct service provider, a “TRANSPORTATION CONSENT FORM” (*see Attachment 2*) must be signed and dated by the legal guardian/adult service recipient, prior to transporting the individual. The only [Providers](#) excluded from this requirement are those who are providing Transportation Services (service codes 5577 Transportation and 5576 Taxi).

**I. Service Delivery and Plans of Care.**

1. [Providers](#) are responsible for the provision of covered services as identified in the Wraparound Milwaukee Service Descriptions and all applicable Wraparound Milwaukee service related Policies and Procedures. Direct service providers are allowed to provide services as described in the service specific description and related policies/procedures. Exceptions to this requirement can only be made based on written permission from Wraparound Milwaukee Administration prior to the provision of the covered services.
2. The Direct Service Provider is responsible for providing the [enrolled youth](#)'s/service recipient's Care Coordinator with service recipient specific information regarding planned and ongoing interventions related to the authorized covered service for inclusion into the [enrolled youth](#)'s Plan of Care (POC). Direct service provider interventions and recommendations should be formulated in a manner that addresses the “Needs” of the identified [enrolled youth](#)/family. Direct Service Providers should avoid telling families about service plans associated with other [service recipients](#), including identifying the units of services or service combinations that they have encountered when working with other [enrolled youth](#) or case managers from other agencies. Each Plan of Care is client specific and reflects family, community and systems resources available to the specific [service recipient](#).

**J. Service Documentation.**

All [Providers](#) are required to maintain supporting documentation related to provided services as outlined in the Wraparound Milwaukee Fee-for-Service Agreement, Wraparound Milwaukee or FISS Policies or Procedures/Provider Bulletins and all applicable Federal or State Statutes in effect at the time the service(s) was provided. At minimum, documentation must include the following elements: date, time, duration, location, intervention, summary of activity engaged in, service recipient's response to service, direct service provider's signature and date of direct service provider's signature.

**K. Provider Agency Billing and Reimbursement for Services.**

1. Billing for services provided to Wraparound Milwaukee and/or FISS [Enrollees](#) must be done in compliance with the requirements of the Wraparound Milwaukee Fee-for-Service Agreement.
2. Unless otherwise indicated in a Wraparound Milwaukee/FISS Policy and Procedure or Service Description, Providers may only seek reimbursement for service recipient direct face-to-face contact time.
3. [Unless otherwise allowed in a service specific Wraparound Milwaukee/FISS Policy and Procedure, Providers may not receive reimbursement for “no shows” or cancelled appointments.](#)
4. Billing for rendered service(s) is to be submitted no [more](#) than 60 days following the last day of the month in which the service was rendered.
5. When billing for a service that is authorized at a per-hour rate, the [Provider](#) must bill for the exact amount of time that the service was rendered – as close to the tenth of an hour increment as possible (i.e., .1=6 minutes, .2=12 minutes, .3=18 minutes, etc.).
6. Regardless of the method used to bill for rendered services, the date(s) of services for which the Provider is seeking reimbursement must match the dates of service(s) referenced in the service recipient Progress Note(s), Log(s) and/or other [required](#) supporting documentation [maintained by the Provider](#).

**L. Business Practice Guidelines.**

1. Federal and State regulations governing cost reimbursement contracts and agreements require that allowable costs be supported by a general ledger system. It is important that all [Provider](#) Agencies

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maintain a general ledger accounting system to record and accumulate revenue and expense information related to the Wraparound Milwaukee Fee-for-Service Agreement and any other Agreements or Contracts.

2. Wraparound Milwaukee recommends that **Providers** maintain separate personal and business transactions and finances. It is important that the **Provider** maintain a business checking account, separate from that used for personal banking and finance. Whenever possible, the **Provider** staff should avoid using personal credit cards or credit lines for business purposes.

**M. Other Requirements.**

1. **Critical Incident Reporting.**

All **Providers** are asked to report critical type incidents (i.e., physical injury, serious criminal offenses to or by the Enrollee or employee, service recipient suicide attempts/verbalizations, physical/sexual assault, etc.) to Wraparound Milwaukee/FISS management within 24 hours of the incident. **Providers** should be documenting these incidents on agency-specific incident forms or they can use the “Critical Incident Report Form” available on the Wraparound Milwaukee website under the Provider Forms area.

2. **For FISS Only - Provider Documentation.**

It is the responsibility of the **Provider** to get the Log/Notes to the FISS Case Manager in a timely manner – within the first week of the month following the month of services.

*Note: FISS Case closure can occur at any time throughout the month. Provider Logs/Notes are to be faxed to the FISS Case Manager 1-3 business days following Provider’s final contact with the family.*

Reviewed & Approved by: \_\_\_\_\_



**Bruce Kamradt, Director**

# AGENCY TRANSPORTATION CONSENT FORM

**Youth's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
(Print)

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Provider) (Name of Agency)

**has permission to pick up and transport my child from** \_\_\_\_\_ **through the**  
(Effective Date)  
**termination of services from this Agency.**

**Special Considerations / Medical-Medication Issues / Limitations:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian Relationship to Youth Date

\_\_\_\_\_  
Signature of Youth Date

**WITNESSED BY:**

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness Date Witnessed

\_\_\_\_\_  
Agency Address Agency Phone

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.**