

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 1/1/12	Reviewed: 9/22/11 By: WA Last Revision: 11/10/11	Section: PROVIDER NETWORK	Policy No: 035	Pages: 1 of 2 (3Attachments)
	<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: 1/1/12	Subject: PROVIDER ADD / DROP		

I. POLICY

It is the policy of Wraparound Milwaukee to maintain an accurate and up to date record of all staff connected to the provision of Covered Services by requiring Provider Agencies to “Add” all Direct Service Providers and Indirect Staff **prior** to their commencing work with Wraparound Milwaukee and to “DROP” all Direct Service Providers and Indirect Staff at the conclusion of their work with Wraparound Milwaukee.

II. DEFINITIONS

Direct Service Provider – a provider employee, volunteer, paid or unpaid intern or independent service provider who provides direct care and/or covered services to a participant/service recipient on behalf of a provider, for which the provider receives compensation from the purchaser under the Fee-For-Service Agreement.

Indirect Staff – an employee or individual independent contractor who is not a direct service provider, but is associated with covered services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone who has access to clients, client property and/or client information of service recipients. Agency owner, president, CEO, executive director and/or senior staff are considered Indirect Staff.

III. PROCEDURE

A. **Adding Direct Service Provider or Adding Indirect Staff.**

Before commencing work related to Wraparound Milwaukee covered services, vendors are required to submit a formal request to ADD Direct Service Providers or Indirect Staff by submitting the Wraparound Milwaukee Provider Network “ADD DIRECT SERVICE PROVIDER SHEET” (*see Attachment 1*) or “ADD INDIRECT STAFF SHEET” (*see Attachment 2*), as appropriate, along with all required supporting documentation. Required supporting documentation will be service specific and is identified in the Service Description List.

A Caregiver Background Check for each individual requesting to be added must be attached when submitting an “Add Direct Service Provider” form or “Add Indirect Staff” form, per the guidelines in Wraparound Milwaukee Policy #057 – Caregiver Background Checks. All background checks other than those showing “no record found” on the Department of Justice report are required to be submitted with the ADD request.

A Driver’s License Abstract for each individual requesting to be added must be attached when submitting an Add Direct Service Provider form, if the record shows any history of citations, fines, revocations, expirations or other actions.

Requests to ADD Direct Service Providers and Indirect Staff are processed by Wraparound Milwaukee Provider Network staff. Each request is reviewed to confirm that the identified

WRAPAROUND MILWAUKEE

Provider Add/Drop Policy

Page 2 of 2

individual's education, history with Wraparound Milwaukee (*if applicable*), legal history and training and/or credentials meet all applicable standards. Efforts will be made to process all requests within three business days unless further review or inquiry must be made as it relates to the individual's background check, driver's abstract (*as applicable*), or other issues of concern.

Direct Service Providers and Indirect Staff who do not meet the requirements to join the network are notified in writing of the denial of their request by receiving the DENIAL OF REQUEST TO ADD PROVIDER form (*see Attachment 3*). Mental health and AODA practitioners who have not completed Wraparound Milwaukee's practitioner credentialing process are instructed on how to complete the process.

Information associated with approved Direct Service Providers and Indirect Staff (*including licensing/certification information*) is entered into Wraparound Milwaukee's Management Information System known as Synthesis. Detailed information is maintained about each Direct Service Provider and Indirect Staff, including licensing/certification information and other relevant Direct Service Providers specific information. Licensing information is updated as needed as expiration dates are encountered.

Notification of approval for adding Direct Service Providers and Indirect Staff will occur through Synthesis and will be indicated by the new staff's name appearing under the Provider "Staff" tab in Synthesis. **Under no circumstances** can a Direct Service Provider or Indirect Staff work in any capacity connected to Covered Services until his/her name appears in Synthesis.

Within the Vendor's contracted services, Direct Service Providers are identified as approved to provide the Covered Service(s) authorized by Wraparound Milwaukee. Care Coordinators and program enrollee's families are instructed on how to search for authorized providers by service group, service name or Provider Agency name using the Provider Network Resource Guide available in Synthesis.

B. Dropping Direct Service Provider or Dropping Indirect Staff.

Provider Agencies are able to review a list of current authorized Direct Service Providers and Indirect Staff using the Resource Guide in Synthesis or by printing Vendor specific reports available in Synthesis. Per Wraparound Milwaukee policy, Vendors in the Provider Network are obligated to notify Wraparound Milwaukee when a Direct Service Provider or Indirect Staff leaves their agency or is otherwise no longer connected to the provision of Covered Services by submitting the "Vendor Provider Listing – by Provider" (*use as drop sheet*) report available in Synthesis. The request to inactivate Direct Service Providers and Indirect Staff is processed by Wraparound Milwaukee Provider Network staff and the Covered Services authorization in Synthesis is inactivated. Though the Direct Service Provider is inactivated, credentialing information is retained in Synthesis.

Reviewed & Approved by: Bruce Kamradt
Bruce Kamradt, Director

WRAPAROUND MILWAUKEE - Provider Add/Drop Policy - Attachment 1

Submit to THERESA RANDALL
 FAX: 414-257-7575 / Phone: 414-257-8108



**2012 Wraparound Milwaukee Provider Network
 DIRECT SERVICE PROVIDER ADD REQUEST**

Entered by: _____
 Date: _____

Date _____ Agency Name _____
 Contact Person _____ Phone Number _____ FAX Number _____

CHECK ONE	NOTE: INCOMPLETE forms and forms that are NOT dated and signed will not be processed.					CREDENTIALS					
	EMPLOYEE	Provider Name (Last Name, First Name)	Provider D.O.B.	One Service Per Line REQUIRED Service Code	Service Code and Service Name Must Match Service Name	Required for AODA and Mental Health Providers NPI Number	15 Hr Training Certificate	Wisc. State License	3000 Hour Letter	University/College Degree	Resume or Letter of Recommendation
<input type="checkbox"/>											
<input type="checkbox"/>											
<input type="checkbox"/>											
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Submit BID, Wisconsin State Dept. of Justice, and/or Dept. of Reg. and Licensing report with this request if a criminal record, denial, or revocation is noted.
 Agencies on "Conditional Status" must submit a 3-part background check for ALL providers of the services on "Conditional Status".

By checking this box I attest that 3-part Background Checks have been conducted for all individuals named on this form within 90 days of this request and that no arrest or conviction record exists as indicated by a DOJ report showing "No Record Found" for any individuals with no additional documentation attached, and that the DHS letter shows no administrative findings or license restrictions, AND that a driver's abstract has been run within 90 days and shows no history of citations, fines, revocations, expirations, or other actions.

Prepared by: _____ Date: _____
 Wraparound Milwaukee Use Only:



WRAPAROUND MILWAUKEE PROVIDER NETWORK

Denial of Request to Add Direct Service Provider and/or Indirect Staff

Agency Name:
 Street Address:
 City, State Zip:

Attn:
 Phone:
 FAX:

Your request to add the following staff to the Wraparound Provider Network is **DECLINED**. Please note the reason(s) identified below:

Request Date	Staff Name	Service (s)	Reason
			<input type="checkbox"/> Lacked proper credential per service requirement (specify) _____ <input type="checkbox"/> Background check findings _____ <input type="checkbox"/> Missing training certificate _____ <input type="checkbox"/> Agency is not authorized to provide the requested service Other (specify) _____ <input type="checkbox"/> See below for additional notation.
			<input type="checkbox"/> Lacked proper credential per service requirement (specify) _____ <input type="checkbox"/> Background check findings _____ <input type="checkbox"/> Missing training certificate _____ <input type="checkbox"/> Agency is not authorized to provide the requested service Other (specify) _____ <input type="checkbox"/> See below for additional notation.
			<input type="checkbox"/> Lacked proper credential per service requirement (specify) _____ <input type="checkbox"/> Background check findings _____ <input type="checkbox"/> Missing training certificate _____ <input type="checkbox"/> Agency is not authorized to provide the requested service Other (specify) _____ <input type="checkbox"/> See below for additional notation.

Additional Notation:

Completed by: _____ Phone: (414) 257- _____ Date: _____