

 <b>WRAPAROUND MILWAUKEE Policy &amp; Procedure</b>	Date Issued:  1/1/12	Reviewed: 9/27/12 By: WA Last Revision: 11/2/12	Section:  <b>PROVIDER NETWORK</b>	Policy No:  <b>035</b>	Pages:  <b>1 of 3</b> (4 Attachments)
	<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:  1/1/13	Subject:  <b>PROVIDER ADD / DROP</b>		

## 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.

The *employment* status of individual Direct Service Providers or Indirect Staff with Provider Agency is not dependent on approval, denial or any other administrative action by Wraparound Milwaukee and is solely a matter of Provider Agency discretion. Approval, denial or any other administrative decision by Wraparound Milwaukee only affects eligibility of Direct Service Provider and/or Indirect Staff to provide Covered Services and does not affect employment eligibility of individual with Provider Agency.

## 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. Employee Screening and Selection.

1. Agency shall obtain a minimum of two work related references, to be documented in writing, for any candidate requested to be added as a Direct Service Provider or Indirect Staff. This documentation shall be retained in the personnel file and submitted to Wraparound Milwaukee upon request. Wraparound Milwaukee reserves the right to consider education in lieu of work experience.
2. Before requesting to add a Direct Service Provider or Indirect Staff, Agency will first consider conviction history of any candidate to determine suitability based on a substantially related test as described in DHS 12.06 ([http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/12.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dhs/12.pdf)). In instances of multiple (2 or more), recent (*within five years*), or felony convictions, or for any charges with open dispositions, Provider may be required to obtain a copy of the Criminal Complaint from the Clerk of Court’s Office to determine whether a conviction is substantially related to care of a client. County reserves the right to make final determination regarding conviction records and whether a conviction is substantially related to the Covered Service in question.

Requests to add Direct Service Providers or Indirect Staff will be denied if the person is currently on probation/parole, extended supervision, deferred prosecution agreement, or is currently working on completing a Driver Safety Plan.

## WRAPAROUND MILWAUKEE

### Provider Add/Drop Policy

Page 2 of 3

3. Where education or degree requirements exist for Direct Service Provider or Indirect Staff positions, only coursework and degrees from accredited schools shall be recognized by Wraparound Milwaukee, as they may appear on either the United States Department of Education, Office of Postsecondary Education (<http://www.ope.ed.gov/accreditation/>) or the Council of Higher Education Accreditation (<http://www.chea.org/search/>) databases.

#### **B. 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 **three-part** 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.

A Driver’s License Abstract for each individual requesting to be added must be attached when submitting an Add Direct Service Provider form, **per the guidelines in Policy 054 – Provider Agency Responsibilities and Guidelines.**

Direct Service Providers wishing to declare a specialty(ies) and/or interest(s) shall complete and submit the “PROVIDER INTEREST/SPECIALTY DECLARATION FORM (*see Attachment 3*) and submit it with the add request.

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 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 4*). 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.

C. **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, Director



# 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	CONTRACT STAFF	Provider Name (Last Name, First Name)	Provider D.O.B.	CHECK IF BILINGUAL	One Service Per Line <b>REQUIRED Service Code</b>	Service Code and Service Name Must Match  Service Name	Required for AODA and Mental Health Providers  NPI Number	CHECK ONLY IF ATTACHED				
								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"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>											

**ATTACH/SUBMIT THE FOLLOWING: (background check and driver's abstract shall be dated no more than 90 days prior to this request)**

- (A) All three parts of the background check; (1) Background Information Disclosure Form (BID), (2) Dept. of Justice Report (DOJ), (3) Dept. of Health Services Report (DHS)
- (B) Driver's license abstract
- (C) Provider interest/specialty declaration form, for providers wishing to identify interests/specialties

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

**Wraparound Milwaukee Use Only:**







## WRAPAROUND MILWAUKEE PROVIDER INTEREST/SPECIALTY DECLARATION FORM



FORM MUST BE ATTACHED TO ALL REQUESTS TO ADD DIRECT SERVICE PROVIDERS  
FOR PROVIDERS WISHING TO DECLARE AREAS OF EXPERTISE AND/OR INTERESTS

### USE THIS FORM TO IDENTIFY OR UPDATE PROVIDER AREAS OF EXPERTISE, INTERESTS & LANGUAGE PROFICIENCIES COMPLETE A SEPARATE FORM FOR EACH DIRECT SERVICE PROVIDER

A provider “specialty” reflects an area(s) of expertise gained through education/training, professional/volunteer experience, or *life experience* (such as a personal or family member experience with a particular condition, like raising or fostering a child with complex needs, having been adopted, etc.) which lends itself to working with the Wraparound population.

**SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH “SPECIALTY” REQUEST:**

- ❖ Professional or Volunteer Experience: **LETTER OF REFERENCE**
- ❖ Life Experience: **STATEMENT DESCRIBING THE EXPERIENCE**
- ❖ Education or Training: **TRANSCRIPT**

**SUPPORTING DOCUMENTATION TO BE SUBMITTED WITH “INTEREST” REQUEST:**

- ❖ **STATEMENT DESCRIBING THE EXPERIENCE**

Wraparound Milwaukee enrolled families and Care Coordinators can view specialty information in the Resource Guide.

### PROVIDER INFORMATION

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
*(List the name of the Wraparound Milwaukee agency(ies) where you work)*

### SPECIALTY AREAS

*(check the areas that apply to your professional, volunteer, life experience or training)*  
IDENTIFY A MAXIMUM OF TWO

SPECIALTY		YEARS	SPECIALTY		YEARS
<input type="checkbox"/>	ADOPTION		<input type="checkbox"/>	AGGRESSION	
<input type="checkbox"/>	AODA RECOVERY		<input type="checkbox"/>	APPLIED BEHAVIOR ANALYSIS (ABA)	
<input type="checkbox"/>	ASBERGER'S		<input type="checkbox"/>	ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD/ADD)	
<input type="checkbox"/>	AUTISM		<input type="checkbox"/>	BIO-FEEDBACK	
<input type="checkbox"/>	CHRONIC PAIN		<input type="checkbox"/>	DEATH OF PARENT/FAMILY	
<input type="checkbox"/>	DIABETES		<input type="checkbox"/>	DISASSOCIATIVE DISORDER	
<input type="checkbox"/>	DIVORCE		<input type="checkbox"/>	DOMESTIC VIOLENCE	
<input type="checkbox"/>	EATING DISORDERS		<input type="checkbox"/>	EXTREME SELF HARM	
<input type="checkbox"/>	FIRE SETTING		<input type="checkbox"/>	FOSTER CARE	
<input type="checkbox"/>	GAMBLING ADDICTION		<input type="checkbox"/>	GANG MEMBER	
<input type="checkbox"/>	GENDER IDENTITY ISSUES		<input type="checkbox"/>	GRIEF/LOSS ISSUES	
<input type="checkbox"/>	HIV/AIDS RELATED ISSUES		<input type="checkbox"/>	HOMELESSNESS	
<input type="checkbox"/>	INCARCERATION-FAMILY MEMBER		<input type="checkbox"/>	INCARCERATION-SELF	
<input type="checkbox"/>	LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT)		<input type="checkbox"/>	LOW COGNITIVE FUNCTIONING	
<input type="checkbox"/>	MEDICALLY FRAGILE		<input type="checkbox"/>	MENTAL ILLNESS/SELF OR FAMILY MEMBER	
<input type="checkbox"/>	MINDFULNESS/MEDITATION		<input type="checkbox"/>	PANIC DISORDER	
<input type="checkbox"/>	PHYSICAL ABUSE-VICTIM		<input type="checkbox"/>	PHYSICAL ABUSE-VICTIM	
<input type="checkbox"/>	POST TRAUMIC STRESS DISORDER (PTSD)		<input type="checkbox"/>	RUNAWAY	
<input type="checkbox"/>	SCHIZOPHRENIA		<input type="checkbox"/>	SENSORY INTEGRATION	
<input type="checkbox"/>	SEIZURES		<input type="checkbox"/>	SEXUAL ABUSE – PERPETRATOR	
<input type="checkbox"/>	SEXUAL ABUSE – VICTIM		<input type="checkbox"/>	SINGLE PARENT FAMILY	

<input type="checkbox"/>	TEEN PREGNANCY	<input type="checkbox"/>	TERMINAL ILLNESS
<input type="checkbox"/>	TRAUMA INFORMED CARE	<input type="checkbox"/>	TRAUMA SURVIVOR
<input type="checkbox"/>	TRAUMA WITNESS	<input type="checkbox"/>	TRAUMATIC BRAIN INJURY

**Mental Health and AODA issues commonly treated by trained professionals  
(such as anxiety or anger management) are not listed as specialties.**

**OTHER SPECIALTIES/TRAINING:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LANGUAGES SPOKEN (Fluent)**

- |   |                                   |                                     |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> AMERICAN SIGN LANGUAGE | <input type="checkbox"/> HEBREW   | <input type="checkbox"/> POLISH     |
| <input type="checkbox"/> BOSNIAN                | <input type="checkbox"/> HINDI    | <input type="checkbox"/> PORTUGUESE |
| <input type="checkbox"/> CHINESE                | <input type="checkbox"/> HMONG    | <input type="checkbox"/> RUSSIAN    |
| <input type="checkbox"/> DANISH                 | <input type="checkbox"/> ITALIAN  | <input type="checkbox"/> SPANISH    |
| <input type="checkbox"/> FRENCH                 | <input type="checkbox"/> JAPANESE | <input type="checkbox"/> SWAHILI    |
| <input type="checkbox"/> GERMAN                 | <input type="checkbox"/> KOREAN   | <input type="checkbox"/> THAI       |
| <input type="checkbox"/> HAYA                   | <input type="checkbox"/> LAO      | <input type="checkbox"/> URDU       |

**OTHER LANGUAGES:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INTERESTS**  
 IDENTIFY A MAXIMUM OF TWO

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ANIMALS, OTHER   | <input type="checkbox"/> DRAMA                 | <input type="checkbox"/> RUNNING        |
| <input type="checkbox"/> BASEBALL         | <input type="checkbox"/> DRAWING               | <input type="checkbox"/> SCULPTURE      |
| <input type="checkbox"/> BASKETBALL       | <input type="checkbox"/> FISHING               | <input type="checkbox"/> SEWING         |
| <input type="checkbox"/> BICYCLING        | <input type="checkbox"/> FITNESS               | <input type="checkbox"/> SINGING        |
| <input type="checkbox"/> BOXING           | <input type="checkbox"/> FOOTBALL              | <input type="checkbox"/> SKATEBOARDING  |
| <input type="checkbox"/> CARS             | <input type="checkbox"/> HORSES                | <input type="checkbox"/> SOCCER         |
| <input type="checkbox"/> CATS             | <input type="checkbox"/> MARTIAL ARTS          | <input type="checkbox"/> SPIRITUALITY   |
| <input type="checkbox"/> COOKING          | <input type="checkbox"/> MOVIES                | <input type="checkbox"/> SWIMMING       |
| <input type="checkbox"/> CRAFTS           | <input type="checkbox"/> PAINTING              | <input type="checkbox"/> TENNIS         |
| <input type="checkbox"/> CREATIVE WRITING | <input type="checkbox"/> PHOTOGRAPHY           | <input type="checkbox"/> WEIGHT LIFTING |
| <input type="checkbox"/> DANCE            | <input type="checkbox"/> PLAYING AN INSTRUMENT | <input type="checkbox"/> YOGA           |
| <input type="checkbox"/> DOGS             | <input type="checkbox"/> READING               |   |

**OTHER INTERESTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL STATEMENT (A BRIEF STATEMENT DESCRIBING YOURSELF):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FORM CAN BE FAXED OR EMAILED TO WRAPAROUND MILWAUKEE PROVIDER NETWORK, along  
 with the Add Direct Service Provider Form:  
 (414) 257-7575 / [Theresa.Randall@milwcnty.com](mailto:Theresa.Randall@milwcnty.com)  
 If you have any questions regarding this form, please contact Theresa Randall at (414) 257-8108.

**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: \_\_\_\_\_