

# 2011 Fee-For-Service Agreement for DHHS Networks

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## **PRESENTED BY:**

Dennis Buesing – DHHS Contract Administrator

Wes Albinger – Contract Service Coordinator (DSD, HD)

Pamela Erdman – Wraparound QA/QI Director

Diane Krager – DHHS QA Coordinator

Jeannine Maher – Wraparound Provider Network Coordinator

Rochelle Landingham – Contract Service Coordinator (BHD)

MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

# 2011 Fee-for-Service Agreement

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## OVERVIEW OF CHANGES

**Each Milwaukee County Operated Program  
Will Send Out Their Own Copy of the Agreement**

# **2011 Fee for Service Agreements**

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- Each County Program will:
  - Identify any requirements that need to be met in order to renew the agreement with that Program
  - Establish timeframe for when the signed agreement must be returned
  - Work with Contract Administration regarding agencies that will be unable to renew their Agreement because of pending Audit issues



# General Updates

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## Following Items Updated

- State Administrative Code and Statues
- Web Site References – Updated to Current URL



# New Definitions

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- Replaced “independent contractor” with Independent Service Provider and created a definition for Independent Service Provider.



## SECTION TWO

# General Obligations of the Provider

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- “F” added – for Covered Services which require a license, Provider must notify Purchaser of revocations or violations that occur associated with the license.
- “L” – updated to state documentation submitted after site review will not be accepted as evidence that a service was provided (including affidavits).
- “R” added – Provider agency to safeguard client related information – including information maintained electronically ; limit access to required personnel.



# SECTION THREE

## Background Checks

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- Provider must keep background checks on file for a period of 5 years.



## SECTION SEVEN

# Independent Capacity and Relationship

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- Provider is not an agency of the County



# SECTION EIGHT: **Assignment and Subcontract Limitation**

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Reminder-

- Provider may NOT subcontract this agreement in part or in whole without prior written consent of purchaser

New-

- Provider must use standard Contract (See Handout) with Independent Contractors.
- Provider may continue to use its own contracts and agreements with Independent Contractors in addition to standard Contract.



## SECTION TWELVE

# Indemnity and Insurance

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### Clarification-

- Provider is responsible for assuring that Purchaser approved Independent Contractors have their own insurance coverage and that the coverage is compliant with the Fee-for-Service requirements.



## SECTION FOURTEEN:

### **Purchaser Site and Service Documentation Review**

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- "F" - Added language that findings from review may be forwarded to federal, state, local and other licensing/credentialing entities.

# SECTION FIFTEEN

## Billing

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- Statements added to clarify that Milwaukee County may recoup money and that Wiser Choice does not pay for “No Shows”.



# SECTION SIXTEEN

## Audit Requirements

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- References to Providers reporting on a fiscal year have been removed
- References to “subrecipients” changed to “subcontractors”
- Item (1)(j) – Reference to Reporting each program or service under County contract listed as a separate line item on the contract has been removed



## SECTION SEVENTEEN

# Conditional Status & Suspension

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- Entire section on Debarment by Milwaukee County moved from Section Eighteen to Section Seventeen.



# APPLIES TO WRAPAROUND ONLY

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## ATTACHMENT D

Applies to Payment for:

- Day Treatment
- Group Home
- Residential Care

*Progress Entries in Synthesis Required*



**WRAPAROUND  
SPECIFIC**

## ATTACHMENT E

Applies to Payment for:

- Crisis Stabilization

*Progress Entries in Synthesis Required*



**WRAPAROUND  
SPECIFIC**



# APPLIES TO Wiser CHOICE ONLY

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- Complete Caregiver Background Check
- “Open Enrollment Period” – Add or Change Services
- CMHC Billing Entry – Contact Chuck Sigurdson (257-7361 and Jena Scherer 257-7331)



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# **OVERVIEW**

# **EMERGENCY MANAGEMENT PLAN**

Dennis Buesing  
Contract Administration



# General Obligations of the Provider

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## ITEM 5 – EMERGENCY PREPAREDNESS

In order for Provider and Service Recipients that Provider serves to be prepared for a natural or man-made disaster, or any other internal or external hazard that threatens Service Recipients, staff, and/or visitors' life and safety, Provider shall:

- have a written Emergency Management Plan (EMP);
- to be retained by the Provider and made available to DHHS upon request;
- orient all employees to the proposed plan and trained to perform assigned tasks;
- identify the steps Provider has taken or will be taking to prepare for an emergency and address minimum required elements as referenced in FFS Agreement.



# General Obligations of the Provider

## Item S Emergency Preparedness

### *Continued*

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- Providers shall have agreements or MOUs with other agencies or operators of Alternate Care Sites and Transportation Providers and assess the availability of volunteer staff for such emergencies.
- See Sample Mutual Aid Transfer Agreement at:  
[http://dhs.wi.gov/rl\\_dsl/NHs/MutualAidTransferAgmt.htm](http://dhs.wi.gov/rl_dsl/NHs/MutualAidTransferAgmt.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](http://dhs.wisconsin.gov/preparedness/pdf_files/IndPrepChecklist.pdf)



# General Obligations of the Provider

## Item S Emergency Preparedness

### *Continued*

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- Providers can find resources for EMPs including sample plans, templates and EMP Checklist at the following websites:
- [http://dhs.wi.gov/ri\\_dsl/Providers/SampleEmergPlans.htm](http://dhs.wi.gov/ri_dsl/Providers/SampleEmergPlans.htm)
- [http://dhfs.wisconsin.gov/ri\\_DSL/Providers/EvacSheltTemplate.pdf](http://dhfs.wisconsin.gov/ri_DSL/Providers/EvacSheltTemplate.pdf)
- <http://dhs.wisconsin.gov/preparedness/emergencyplans.htm>
- [http://dhs.wisconsin.gov/ri\\_DSL/EmergencyPreparedness/EmPrepIndex.htm](http://dhs.wisconsin.gov/ri_DSL/EmergencyPreparedness/EmPrepIndex.htm)
- [http://www.cms.hhs.gov/SurveyCertEmergPrep/03\\_HealthCareProviderGuidance.asp#TopOfPage](http://www.cms.hhs.gov/SurveyCertEmergPrep/03_HealthCareProviderGuidance.asp#TopOfPage)



# General Obligations of the Provider

## Item S Emergency Preparedness

*Continued*

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- New Wiser Choice providers must submit a copy of their written plan to **Rochelle Landingham**, Contract Services Coordinator
- EMP for all DHHS FFS Networks must be made available upon request



# **PROGRAM SPECIFIC**

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# **Updates**

# WRAPAROUND MILWAUKEE

# Renewal Packet – Update Staff List



## Vendor Staff Listing The Behavioral Health Center

Must be returned in order to process 2011 agreement renewal.  
Complete and return with Fee-for-Service Agreement or FAX to Theresa Randall at (414) 257-7575.

<i>Staff Name</i>	<i>DOB</i>	<i>Employee</i>	<i>Contract Staff</i>	<i>No Longer at Agency</i>	<i>Email Req'd?</i>	<i>Existing email address</i>
Day, George	6/2/49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	dgay@bhc.org
King, Jeff	3/31/75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	king@bhc.org
Lory, Guy	9/25/72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	glory@bhc.org
Milton, Paula		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	pmilton@bhc.org
Raines, Jaime	10/30/88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	
Veil, Connie	6/22/77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	
Wells, Bonny	9/7/81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	

Enter Missing Date of Birth

Update Email Address



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<i>Staff Name</i>	<i>DOB</i>	<i>Employee</i>	<i>Contract Staff</i>	<i>No Longer at Agency</i>	<i>Email Req'd?</i>	<i>Existing email address</i>
Day, George	6/2/49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	dgay@bhc.org
King, Jeff	3/31/75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	king@bhc.org
Lory, Guy	9/25/72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	glory@bhc.org
Milton, Paula		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	pmilton@bhc.org
Raines, Jaime	10/30/88	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	
Veil, Connie	6/22/77	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	
Wells, Bonny	9/7/81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No	

**If "YES" – Submit Request for Approval to Use Independent Contractors as Service Provider**



# Provider Network Practices

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- **Secondary Identifier – All Service Providers**

  - Date of Birth

- **Email Address**

  - Required for All Clinicians/Practitioners

- **Wraparound Staff will Contact Agency if New Provider**

  - Works for Multiple Agencies in Wraparound Network

  - Agency Responsible for Monitoring Provider Service Delivery and Billing – Date and Times may NOT Overlap with Another Agency



# WRAPAROUND MILWAUKEE Policies

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- **Vendor Policy Updated (Now “Provider” Policy)**
  - Language Change Vendor has been changed to Provider
  - 2010 Provider Bulletin – Direct Service Provider Limited to One Service Per Family incorporated into this policy
  - May not seek reimbursement for “NO SHOW” or “CANCELLATION”
- **Provider Referral Policy**
  - 2010 Provider Bulletin – Appointment Availability incorporated into this policy
- **Mentoring Policy**
  - Simplified
  - Give to Mentors



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# **Civil Rights Compliance Plan Requirements**

**Presented by:**

**Dennis Buesing, DHHS Contract Administrator**



# Civil Rights Compliance (CRC)

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- All recipients of Federal and/or State funds are required to submit either a Civil Rights Letter Of Assurance (LOA) or a Civil Rights Plan for their agency
- The County Equal Employment Opportunity certificate is a separate requirement and does not qualify as a CRC document.





## CRC (Cont'd).....

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- Agencies with 25 or more employees **AND** awarded at least \$25,000 in federal, state & county funds are required to submit a full CRC plan to DHHS
- Agencies with fewer than 25 employees **AND/OR** receiving less than \$25,000 in funding may opt to submit a Letter of Assurance instead, which certifies that Provider has AA, EO and LEP policies
- Agencies who subcontract are also required to ensure the subcontractor maintains CRC requirements





## CRC (Cont'd).....

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- New CRC plan requirements for years 2010-13 for DHS, DCF & DWD have been posted at Wisconsin DHS web sites.
- LOA and CRC Plan Requirements, Instructions & Templates including links for Nov.4, 2009 Training webcasts are available at:

<http://dhs.wisconsin.gov/civilrights/Index.HTM>



# CRC (Cont'd).....

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- Agencies submitting LOAs agree to conduct annual self assessment of policies & practices to ensure civil rights and EO compliance
- In the event of a site visit or monitoring review, DHHS will request a copy of your most recent self assessment and AA, EO and LEP policies
- Plan or LOA need to be submitted to respective Contract / Network Service Coordinators and If agency has contracts with more then one network inform other networks of such submission.



# Wisconsin Civil Rights Compliance Officer

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- Questions may also be directed to:

**David Duran, CRC Officer**

PO Box 7850

One West Wilson Street, Room 561

Madison, WI 53707-7850

[David.durand@wisconsin.gov](mailto:David.durand@wisconsin.gov)

Phone: (608) 266-9372

Fax: (608) 267-2147, or

Bill Franks, DWD CRC, (608) 266-6889

[William.franks@wisconsin.gov](mailto:William.franks@wisconsin.gov)

Earnestine Moss, DCF CRC, (608) 266-5335

[Earnestine.moss@wisconsin.gov](mailto:Earnestine.moss@wisconsin.gov)



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# BREAK



# DHHS Provider Networks/Contract Administration Interface

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- Engage in Centralized QA Committee
- Discuss/approve audit/review indicators
- Assist with site audits/reviews
- Dialogue regarding audit/review agency reports
- Collaborate regarding FFS Agreement yearly revisions



# Insurance & Audit Requirements

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**Insurance Requirements**

**Audit and Accounting Requirements**

**Maintaining Financial Records**

**General Information on Allowable Costs**

**Audit Requirements and Waiver Procedures**



# Insurance Requirement

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- Auto Liability: required for all agency vehicles (owned, non-owned, and/or hired). Coverage: \$1 million per accident
- Employees of Providers using personal vehicles for any reason related to the provision of Covered Services shall have Automobile Insurance providing the same liability limits as required of the Network Provider
- Commercial General and/or Business Owner's Liability: Required of ALL Providers and must include premises and off premises liability coverage (may include Umbrella policy) to reach 1 million in coverage



# Insurance (Professional Liability)

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- Professional Liability: If the services provided constitute professional services, Provider shall maintain Professional Liability (E&O) coverage. Includes Certified/Licensed Mental Health & AODA Clinics. 1MM/3MM
- Other Licensed or Certified Professionals (i.e. if a license or certification is required to perform the service).  
1MM/2MM



# Insurance (Professional Liability)

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- Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655 : 1MM/3MM
- Changed 2 years ago:  
Other Licensed Professionals, e.g. CPAs,  
Engineers, Attorneys, etc.,  
\$1,000,000 per Occurrence \$2,000,000 Annual  
aggregate or  
Statutory limits whichever is higher



# Insurance (cont'd)

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- Additional Insured: Milwaukee County shall be named as, and receive copies of, an “additional insured” endorsement, for general liability, automobile insurance (except for hired or non-owned vehicles), and Umbrella/excess insurance
- Exceptions of compliance with “additional insured” endorsement are:
  1. Transport companies insured through the State “Assigned Risk Business” (ARB).
  2. Professional Liability (E&O) where additional insured is not allowed.



# Insurance (cont'd)

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- Upon Renewal, Provider shall furnish County annually on or before the date of renewal, evidence of a Certificate indicating the required coverage (with the Milwaukee County Department of Health and Human Services named as the "Certificate Holder ")
- **CERTIFICATE HOLDER**  
Milwaukee County Dept. of Health & Human Services  
Contract Administrator  
1220 W. Vliet Street, Suite B26  
Milwaukee, WI 53205



# Who Must Have An Audit?

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- Audits are required by State Statute if the care & service purchased with State funding exceeds \$25,000 per year
- Statutes allow the Dept. to waive audits. Audits may not be waived if the audit is a condition of state licensure, or is needed to claim federal funding (e.g. Group Foster Care or CCIs)
- Standards for audits are found in Provider Agency Audit Guide, 1999 Revision *issued by WI Department of Corrections and Workforce Development or Department of Health Service Audit guide (DHSAG) 2009 revision* issued by Wisconsin Departments of Health Services. (on line at [www.dhfs.state.wi.us/grants](http://www.dhfs.state.wi.us/grants))
- Non-profit providers that receive \$500,000 or more in federal awards must also have audit performed in accordance with OMB Circular A-133 Audit of State, Local Governments, and Non-Profit Organizations.



# Allowable Costs & Allowable Profits or Reserves

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- Per State Statute, ultimately, all agreements with Milwaukee County DHHS for care & services paid with dept. funding are cost reimbursement contracts
- For-profit providers may retain up to 10% in profit per contract; 7½% of allowable costs, plus 15% of net equity (Allowable Cost Policy Manual, Section III.16)
- Nonprofit providers paid on a unit-times-unit-price contract may add up to 5% of contract amount in excess revenues to reserves each yr., up to a cumulative maximum of 10%



# Allowable Costs & Allowable Profits or Reserves

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- The County does not have to allow either a profit or reserves to providers who do not include a Schedule of Allowable Profits, or Reserve Supplemental Schedule with their audit



# Other Allowable Cost Issues

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- Generally interest expense, except for purchase-money mortgages to purchase real estate, or equipment is not an allowable cost. Interest paid under Working Capital Loans, a line of credit or refinancing to pull money out of a property is not an allowable cost
- Generally, advertising expense, except for costs associated with hiring and recruiting, is not an allowable cost
- Alcohol, Entertainment, Contributions & Donations and repayment of audit recoveries and other debt, are never an allowable cost



# Other Allowable Cost Issues

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- Distributions to Shareholders of S Corporations are not an allowable cost, and will be treated as a distribution of profits or dividends, not as wages.
- Allowable Cost Rules under rental agreements with Related Parties contain additional restrictions
- Allowable rent expense under related party leases may not exceed the actual costs to the related party that owns the property. (Generally, mortgage interest, RE taxes, insurance, maintenance /utilities & depreciation)



# Maintaining Financial Records

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- Both Federal and State contracting guidelines require provider agencies to maintain proper books and adequate financial records
- Providers should maintain an accurate and up-to-date general ledger and timely financial statements for management & board members
- Financial Statements must be prepared in conformity with generally accepted accounting principles (GAAP) and on the accrual basis of accounting. Contractor must request, and receive written consent of County to use other basis of accounting in lieu of accrual basis of accounting



# Maintaining Financial Records

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- Amounts recorded in the books should be supported by invoices, receipts or other documentation
- Providers should maintain a separate cost center for each contract, or program/facility within a contract
- Whenever possible, costs should be charged directly to a contract, all other costs should be allocated using a reasonable and consistent allocation method and supported by an Indirect Cost Allocation Plan
- Providers must not commingle personal and business funds. A separate checking account should be established & providers should not use personal credit cards for agency business
- All Provider agencies should maintain and adhere to a board approved, up-to-date Accounting Policy & Procedures Manual and bonus policy



# Audit Waiver

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- Statutes allow the Dept. to waive audits. Audits may not be waived if the audit is a condition of state licensure, or is needed to claim federal funding (e.g. Group Foster Care or CCI)
- Waiver request can only be entertained if agency does not need to have an audit according to Federal Audit requirement
- Waivers need to be approved on case by case basis by regional office based on a risk assessment (Funding <\$75,000 is considered low risk)
- Waiver Request S/B submitted DHHS Contract Administration prior to audit due date



# Audit Waivers

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- DHHS has been approving Audit Waivers for Fee for Service contracts mainly on basis of economic hardship
- In case of small residential care providers (Family group home and AFH) county has the authority to grant a waiver
- Waiver Form is available at:  
<http://www.milwaukeecounty.org/contractmgt15483.htm>



# Common Errors or Omissions and Findings

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- Audit indicates issuance of Management Letter, but agency fails to submit letter & management's response
- Failure to submit corrective action plan when audit discloses Material Findings or I/C Weakness, Significant Deficiencies, or Questioned Costs
- Failure to report all DHHS Programs separately by Contract, or program/facility within a contract
- Failure to identify all funding sources on Sch'l of Program Rev. & Exp's (all funding sources must be listed as a separate line item)



# Common Errors or Omissions (cont'd)

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- Nonprofits - Failure to provide Supplemental Reserve Schedule for all programs or contracts
- Failure to submit audit in a timely manner (results in Admin. Probation & inability to renew contract)
- Failure to submit written Extension requests
- Failure to submit written Waiver requests
- Failure to submit evidence of Insurance renewal in a timely manner
- Audits are sent to wrong address
- Audit confirmation are sent to wrong address



# Names & Address for Submissions

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- Submit Audits to:

**Dennis Buesing**

DHHS Contract Administration

1220 W. Vliet St., Suite B26

Milwaukee, WI 53205      Ph: 414-289-5853

- Wraparound Confirmation Requests to:

**Janet Friedman**

Wraparound Milwaukee Finance

9201 W. Watertown Plank Rd., Room 255

Milwaukee, WI 53226      Ph: 414-257-7597



# Submissions (cont'd)

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- Wiser Choice Confirmation Requests to:

**Janet Nickels**

Behavioral Health Division, Room 1107-4  
9201 W. Watertown Plank Rd.

Milwaukee, WI 53226      Ph: 414-257-7323

- All Other Confirms (Purchase of Service, Children's Court Services Network & DSD)

**Anita Anselmo**

DHHS Accounting

1220 W. Vliet St., Suite B26

Milwaukee, WI 53205      Ph: 414-289-5834



# QUALITY ASSURANCE

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**Policies and Procedures**

**Audits/Reviews**

**Documentation**



# Quality Assurance – Policies and Procedures

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- Refer to the applicable Division's/Program's policies and procedures as they may differ.
- Agency is responsible for inservicing all Direct Service Providers on all relevant policies and procedures, i.e. – Mentors should be inserviced on the Mentor Policy and Procedure.



# Noncompliance with Policies and Procedures

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- Will be reflected in agency review report

## Can result in:

- Fiscal recoupment
- Conditional Status
- Suspension (from new referrals or providing all services)
- Termination from Network
- Restriction of future contracts with Milwaukee County
- Corrective Plan of Action required



# Risk Assessment Criteria

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## Factors that may determine which agencies are audited/reviewed:

- Prior Audits identifying problems;
- Agencies receiving combined billings in auditable services equal to or > \$100,000 in prior 12 month period within 3 DHHS FFS Provider Networks;
- Agencies with billing patterns above the average utilization for each respective service within a program;
- Agencies for which DHHS or program staff have received recent grievances, complaints, critical incidents, evidence of client health & safety concerns or client reports of non-delivery of service;
- Agencies in the network less than 2 years, with billings equal to or > \$50,000.

# AUDIT/REVIEW INDICATORS

## What We Look for During an Audit/review

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- Network Provider cooperation
  
- Compliance with Requirements:
  - Fee-For-Service Agreement
  - Policies and Procedures
  - Network Service  
Descriptions, Memoranda, Guidelines, Protocols
  - HFS 12: Wis. Adm. Code State of Wis. Caregiver Program
  - Milwaukee County Resolution
  - Other applicable Federal, State, and County regulations

# Basic Review Indicators

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## ■ Agency Indicators

- Required Licenses: i.e. Current Outpatient Clinic Mental Health State Certification, AODA Clinic License, etc.
- Required Insurance Coverage's: i.e. Gen. Commercial Liability (\$1MM min. w/ MC named as addit. insured), Professional Liability, Wisc. Workers' Compensation, etc.
- Required Training Manuals (service specific-Wraparound only)
- Emergency Management Plan

# Basic Review Indicators (cont'd)

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## ■ Provider Indicators

- Current Professional Licenses or Certifications
- Evidence that Counselors meet Minimum Credential Requirements
- Evidence of Minimum Training Prior to Provision of Service (service specific)
- Valid Driver's Licenses, Current Auto Insurance, Driving Abstracts on File
- Compliance with 3 components of Background Check and Wisc. Caregiver Law and Milwaukee County Resolution (refer to program specific policy)

# Criminal Background Checks

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- Your agency is required to complete a State-wide criminal background check through the Department of Justice Crime Information Bureau (CIB) on all prospective direct service providers.
- When hiring direct service providers/employees that lived outside the State of WI within the prior 3 years, the agency must make a good faith effort to get a background check from the previous State of residence. If unable, the agency should document efforts made and place in providers personnel file.



# Criminal Background Checks (cont'd)

- Three parts to Caregiver Background Checks:
  1. Background Information Disclosure (BID) Form
  2. Response from Dept of Justice (DOJ) CIB Form
  3. Letter from Dept of Health Services (DHS)
- Repeat every 4 years for ongoing Providers (or at any time within that period when an agency has reason to believe a new background check should be obtained).
- Provider must keep background checks on file for a period of 5 years.
- Link for Info and forms:  
<http://www.dhs.wisconsin.gov/caregiver/>



# Reporting of Criminal Background Checks



- Before requesting to add a new Provider to the Network, agency must follow-up on any charges without dispositions

## Contact:

Milwaukee County Clerk of Courts

Milwaukee County Courthouse

901 N. Ninth Street, Milwaukee, WI

Fax # 414-223-1262

- Report convictions to Network (submit criminal background check with Add Sheet for new providers – **All Networks**)
- Must be completed before service provider is authorized to provide services.
- If a current/authorized Provider is arrested and/or has been charged with or convicted of any crime specified in the Caregiver Law/ County Resolution, the Provider must notify the Network within two (2) business days.



# Basic Audit/Review Indicators (cont'd)

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## ■ Client Indicators

- Provider Referral Form/Service Plan on File Prior to Provision of Services, clearly identifying each Service being requested.
- Consents (Consent for Service/Treatment &/or Transportation Consent) Signed/Dated by Legal Guardian/Client Prior to Provision of Services.



# Basic Review Indicators (cont'd)

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## ■ Client Indicators

- Plan(s) of Care (POC) &/or Treatment Plan(s) in File for Duration of Service.
- Monthly Logs/Reports/Sign-In Logs and/or Progress Notes in File for each month billed. (Some services authorized to maintain certain documentation in electronic form)
- Logs and/or Progress Notes Contain all Required Elements.
- Discharge Summary in File, if applicable.

# Basic Review Indicators (cont'd)

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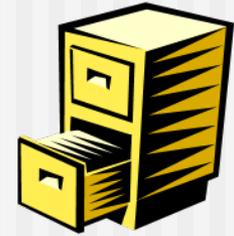


## ■ Fiscal Indicators

- Documentation must be reflective of the service provided and billed.
- Documentation must include all Required Elements.
- Hours (units) billed must match hours (units) documented.

# Documentation

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- Agency is responsible to ensure adequate and accurate documentation is maintained in the client file.
- Client files/records must be kept in secure cabinet or room.
- Documentation reflective of service provision must be in file before a service is billed.

# Documentation (cont'd)

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- Unless indicated by specific policy, Bulletin, statute, etc., documentation must include minimum elements:
  - Client/Recipient Name
  - Date of Service: i.e. 6/11/06
  - Times and Duration: i.e. 2:00-4:00 p.m., 2 Hrs.
  - Location of Service: i.e. Office
  - Summary of activity/interaction/intervention, including client's response to activity.
  - Signature of provider.



# Documentation Reminders

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- Provider Referral Forms must clearly identify service being requested (i.e. should read "In-Home Therapy (5160)"; not "Therapy." )
- PNs and Logs must be filled out completely.
- Progress Notes must be specific to client served and descriptive of the session provided & the client's response to the treatment. PNs cannot be simply copied and pasted from session to session.
- Service Logs or Sign-In Logs (if applicable); signatures must be obtained at the time the client receives the service and match the corresponding PN (date, time/duration). Log should not be signed at one time at the end of the month for all services rendered. Any pre-signing of Logs by a provider or client is considered fraudulent and may be grounds for termination from Network and future contractual agreements with the County/DHHS.
- REVIEW FILES/RECORDS ON REGULAR BASIS FOR ACCURACY & COMPLETENESS

# CONTACT INFO

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Dennis Buesing 414-289-5853 [dennis.buesing@milwcnty.com](mailto:dennis.buesing@milwcnty.com)

DHHS Contract Administrator

Diane Krager 414-289-5886 [diane.krager@milwcnty.com](mailto:diane.krager@milwcnty.com)

DHHS QA Coordinator

Sumanish Kalia 414-289-6757 [sumanish.kalia@milwcnty.com](mailto:sumanish.kalia@milwcnty.com)

CPA Consultant (Contact for Budget, Audit questions or Waiver)

Wes Albinger 414-289-5871 [wes.albinger@milwcnty.com](mailto:wes.albinger@milwcnty.com)

DSD and HD Contract Service Coordinator

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**THANK YOU FOR YOUR  
PARTICIPATION!**

**Have a Great Day!**

