

Milwaukee County Department of Health and Human Services Delinquency and Court Services Division POLICY & PROCEDURE	Date Issued: 08/27/2014	Reviewed: 08/06/2014 By: MG Last Revision: 8/27/2014 (DM)	Section: ADMINISTRATION	Policy No: 023	Pages: 1 of 3 (2 Attachemnts)
<input checked="" type="checkbox"/> Delinquency and Court Services Division <input checked="" type="checkbox"/> Children's Court Services Network <input checked="" type="checkbox"/> Purchase of Service Agencies	Effective Date: 09/01/2014	Subject: <p style="text-align: center;">Children's Court Center Network (CCSN) Provider Service Referral and Authorization Process</p>			

I. POLICY

It is the policy of Delinquency and Court Services Division (DCSD) that all Human Service Workers (HSW) execute the appropriate referral process in order to ensure that all provider agencies receive a completed Provider Referral Form prior to providing services to a youth/family.

II. PROCEDURE

- A. The Human Service Worker (HSW) must get an authorization release the youth/family's information. This form is located on the **Authorization for Disclosure of Confidential Information** Form - Part 2: Information to be released to – **check the other box and specify: CCSN Service Providers on the form** (see attachment 1). The parent/legal guardian must sign the form at the time of the intake before submitting/entering a Provider Referral Form (which is located in Synthesis (see attachment 2)). The Authorization for Release of Information form gives the Human Service Worker permission to speak with and share information with that providers, it does not authorize the provider to render services.
- B. After completion of the Authorization process, if a service is being requested for the youth, then the Human Service Worker must complete the Synthesis generated PROVIDER REFERRAL FORM (see attachment 2) located under the client forms tab in Synthesis.
- C. Before beginning the referral process, the HSW will ensure that the demographic information for the youth has been updated and is accurate to the best of their knowledge in Synthesis, this includes verifying the accuracy of youth's name, date of birth, address, phone number and the youth's parent/guardian name and contact information.
- D. Once the Provider Referral Form is completely filled out, the HSW click on the PRINT FORM tab and will then save an electronic copy of this referral onto their computer as well as print out the completed referral form from Synthesis. The printed referral form should be filed into the youth's case file. The HSW will email a copy of the electronic referral to the prospective agency/provider. **Please note: Telephone calls alone to refer a client for services are not sufficient.** (For details on this process and agency contacts please refer to the *Delinquency and Court Services Provider Directory*.)
- E. Following receipt of the Provider Referral Form, the CCSN agency respond to your referral indicating that they have received the referral for processing. The CCSN agency will then determine if they can adequately serve/meet the needs of the youth/family that has been referred to their agency for services. Unless otherwise identified in the CCSN specific policy or procedure, CCSN agencies are expected to respond to the Human Service Worker within 48 hours of receipt of a Provider Referral Form. If the CCSN agency is able to accommodate the referral, the CCSN agency will email the HSW a confirmation email of the service start date

and the assigned service provider. If the CCSN Agency cannot accommodate this referral they will notify the HSW via email that they are unable to take this referral at the present time.

- F. If the HSW receives notice from the provider that they will be unable to accept the referral, the HSW will complete steps B-D again with another identified agency. If the HSW does not receive confirmation or denial from an agency within 5 business days of referral, the HSW will contact the agency to inquire on the status of the referral. *(Please refer to the Service Provider Directory for contact information)*
- G. If the CCSN agency has accepted the referral and has confirmed the start of a service, the HSW will immediately enter the Service Authorization Request (SAR) in Synthesis *(see policy 34, Service Authorization Request (SAR))*. **Please do not forget this second step.**
- H. If it is determined that the Provider can meet the identified youth/family needs, the Human Service Worker authorizes the service(s) in Synthesis so that the Provider can initiate services with the Service Recipient immediately following the referral.
- I. It is required that the identified CCSN agency is to provide services within the time frames identified below. If the CCSN agency is unable to meet these timelines they are required to identify other qualified Network Providers that may be able to serve the youth and family.

Appointments for care services should be available within 48 hours of receipt of a Provider Referral Form for the following services:

- AODA Assessment-*GAIN (ZXA)*
- Individual/Family Therapy- *Clinical Counseling (YYC)*
- Tracking- *(YTK)*

First time appointments for routine non-urgent services are to be made available within 10 business days of receipt of a Provider Referral Form for all individually provided services within the following Children's Court Service Network service groups including:

- AODA Services-*(YAT-AODA Individual) (ZXG-AODA Group) (YEA-AODA Education)*
- Outpatient Therapy Services- *(YZH-Sexual Assault Health Relationships) (YZI-Sexual Assault Individual Treatment) (YZG- Sexual Assault Treatment Group)(YAM-Anger Management) (ART-YAM-Aggression Replacement Management)*,
- Youth Support Services- *(YAS-Academic Support) (YLS-Life Skills) (YMT-Mentoring) (YPE-Parent Education) (YFI-Female Family Systems Intervention) (YLF-Creating Lasting Family Connections)*

For group services that are offered in a "cycle" or "sequence" with designated points of entry in the cycle *(i.e., Anger Management, AODA Education)*, the HSW is to be informed of the start date for the next available cycle for the identified service(s).

The youth/family may choose to waive the CCSN service delivery requirement time frame if they prefer to wait for the next available appointment at a specific CCSN agency or with a specific CCSN credentialed Direct Service Provider.

In the event that the youth and/or family elect to delay the onset of services, the CCSN agency shall notify the HSW, youth and family of any potential negative consequences that could result from delaying the start of services. The HSW shall also inform the youth and family of any negative consequences they may be aware of that may impact on the youth and/or family *(i.e., compliance with court order, etc.)* when electing to delay the

start of services. All discussions regarding voluntarily delaying the onset of services by the family are to be documented in a Synthesis case note by the HSW.

ALL PROGRAMS:

- A. Providers can initiate services only upon receipt of a PROVIDER REFERRAL FORM. Services provided, prior to receiving the authorized Provider Referral Form shall not be reimbursed.
- B. There **must** be a PROVIDER REFERRAL FORM in the CCSN agency's Client record for all youth/individuals served.
- C. The CCSN agency must obtain a new PROVIDER REFERRAL FORM if the service changes, even though the new service is similar to the service already being provided.
- D. CCSN agencies are responsible for communicating this policy with individual Direct Service Providers approved to provide services on behalf of their agency (employees and contract staff) through a Fee-For-Service Agreement with Children's Court Service Network.

Reviewed & Approved By: *B. Thomas Wanta*

B. Thomas Wanta, Division Administrator

Delinquency and Court Services Provider Referral Form

Name: .Enrollee, Sample
DOB: 11/11/99 **Ethnicity:** Hispanic
Gender: Male **Primary Language:** American Sign Language

Referral Date: 8/1/14
Human Services Wkr: Rita Samolyk
Phone No(s): 257-5738

Contact Information

Youth	Sample .Enrollee	8 N. 5th St. Milwaukee, WI 55323
Mother	Mary aaEnrollee	18 S. 8th St. Apt. 2 Milwaukee, WI 55555
Guardian	Marion LegalGuardian	8 South 8th Street Milwaukee, WI 55555
Father	Barry aaEnrollee	5913 W. Booth St. West Milwaukee, Wi 55555

Court Information

Referral Date	Current Status	Date Assigned	Assigned To
7/8/13			
1/20/13	FISS	9/1/13	Coleman, Glenn

Charges

<u>Offense Date</u>	<u>Arrested Offense</u>	<u>Petitioned Offense</u>	<u>Adjudicated Offense</u>
1/1/13	1st-Degree Recklessly Endangering Safety	2nd-Degree Reckless Injury	2nd-Degree Reckless Injury
2/1/13	Battery		
8/1/14	Aggravated Battery - Physically Disabled		

YASI Dynamic Risk Level:

YASI Overall Risk Level:

Strengths / Interests

strengths...

Reason for Referral

reason is...

Safety Concerns

safety concerns are...

Name of Agency Being Referred to

Human Development Center, Inc.

Name of Provider Being Referred to

Service Being Requested

Crisis Stabilization/Supervision - 5303

Payor of Service

All Probation Services (PSN)

Insurance Information

none

Special Accommodation Notes / Needs, if any

wheelchair needed