

WRAPAROUND MILWAUKEE

GLOSSARY OF TERMS REFERRED TO IN POLICIES

- A. **"Fee-for Service Agreement"** – Agreement that is signed by all Provider Agencies that have been approved to provide Covered Services through the Wraparound Milwaukee Provider Network. The Agreement identifies the Covered Services that the Provider Agency is authorized to provide and summaries the requirements that the Provider Agency agrees to comply with in relation to providing Covered Services. The *Milwaukee County Department of Health and Human Services Administrative Probation Policy for Non-Compliance with Contract and Fee-for-Service Requirement, Payor Of Last Resort Policy For Community Based Residential Facility (CBRF) Contracts and Other Fee-For-Service Agreements* and Provider's current application are incorporated herein by reference and made a part of this Agreement as if physically attached hereto and Provider shall comply herewith. Referenced policies are available at: <http://www.county.milwaukee.gov>.
- B. **"Care Coordination Agency" or "Case Management Agency"** – Mental health or social service agency which has entered into an Agreement with Wraparound Milwaukee to provide or arrange for the provision of Covered Services to Enrollees by Care Coordinators in the Wraparound Milwaukee Program, Case Managers in the Family Intervention Support and Services (FISS) Program.
- C. **"Care Coordinator" or "Case Manager"** – Person responsible for providing, coordinating and managing the provision of services in the Wraparound Milwaukee Program or FISS Program respectively.
- D. **"Case Notes"** – "Logs and/or sign-in sheets, progress notes, monthly reports, summary notes and/or any other documentation completed by the Direct Service Provider to support that the covered service was provided to the Service Recipient. Case Notes must include the following minimum elements: service code or name; name(s) of the direct service provider(s); client and service recipient name; the date, actual start time, actual end time, duration, location of the service; intervention; summary of the activity engaged in; Service Recipient's response to the Covered Service; Direct Service Providers signature and signature date and any other elements as required by Purchaser Policy or Procedure.
- E. **"Child & Family Team (CFT)"** - The team of individuals identified by the youth and family who will work with them during their enrollment in the Wraparound Milwaukee program. This includes individuals the family will identify along with others such as the Care Coordinator, Child Welfare Worker or Probation Officer, Teachers, Therapists and other Mental Health Providers. The team should be composed of informal and formal members and people who will continue to support the family after disenrollment from the Wraparound program. The Child & Family Team should meet as frequently as needed, but no less than once per month.
- F. **"Complaint/Grievance"** - Written and/or verbal statement of dissatisfaction with Purchaser's procedure, service, benefit, system of care representative or Provider.
- G. **"Conditional Status"** - Period of time for up to one year when a Provider will be more closely monitored by Purchaser and reviewed for compliance with the provisions of this Agreement.
- H. **"Covered Services"** - Services identified in this Agreement that are rendered by the Provider and are subject to the terms and conditions of this Agreement, for which the provider may request payment.
- I. **"Cultural Competency"** - An awareness and acceptance of cultural differences, an awareness of one's own cultural values, an understanding of the "dynamics of difference" in the helping process, basic knowledge about the youth/family's culture and the ability to adapt practice skills to fit the cultural needs of the youth/family.
- J. **"Direct Service Provider"** – Provider employee, volunteer 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 this Agreement.
- K. **"Enrollee"** - Individual who is enrolled in the Wraparound Milwaukee or FISS Program.

- L. **"Family Intervention Support and Services"** (FISS) – Program under contract with the Bureau of Milwaukee Child Welfare to coordinate the delivery of services to intact families exhibiting a need for resources/services for their adolescent, ages twelve (12) to seventeen (17) in Milwaukee County.
- M. **"Fraud"** – Involves an intentional deception and representation that an individual either knows is false or does not believe to be true and is related to a material fact. Examples of Fraud include, but are not limited to: embezzlement; misappropriation, misapplication, destruction, removal, or concealment of property; alteration or falsification of documents, including pre-signing logs or falsification of signatures; authorizing or receiving compensation for services not performed, authorizing or receiving compensation for hours not worked.
- N. **"Formal Supports"** – System representatives that are formally involved with the enrollee/family in times of need. Examples include therapists, child welfare worker, W2 workers, probation or parole officers, teachers or other school personnel.
- O. **"High Risk Youth"** - Youth are designated as "high risk" within Wraparound if there is a history of sexual abuse or other issues that might require specialized attention and community safety planning to prevent harm.
- P. **"Indirect Staff"**-is 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 if reporting to work at a site where Covered Services are provided.
- Q. **"Individualized Care"** - Care or services that are sought or designed to meet the specific needs of enrollee, service recipient and/or family.
- R. **"Informal Supports"** - Community relationships that are formed to support the enrollee/family. Examples include spiritual leaders, next-door neighbor, AA sponsors or support group leaders.
- S. **"Life Domains"** - Areas of need identified by the enrollee/family that are categorized within the Plan of Care (i.e., mental health, living situation, educational/vocational, spiritual, etc.).
- T. **"Mobile Urgent Treatment Team (MUTT)"** - A program component of Wraparound Milwaukee made up of trained clinical who provide crisis assessment and stabilization services to families of Milwaukee who are experiencing an emotional or behavioral crisis.
- U. **"Natural Supports"** - Individuals who are naturally involved in a family's life who can support them in times of need. Examples include extended family members, friends or anyone the family views as "family".
- V. **"Policies and Procedures"** – Wraparound Milwaukee policies and procedures, service descriptions, Provider Bulletins, memos, other program specific written requirements and all applicable federal, state and county statutes and regulations which are in effect at the time of the delivery of Covered Services.
- W. **"Provider or Provider Agency"** - Agency or individual with a current Fee-for-Service Agreement to provide Covered Services to Enrollees.
- X. **"Quality Assurance/Utilization Management"** - A system that provides ongoing monitoring activities related to the quality, appropriateness, effectiveness, cost and utilization of Covered Services including implementation of corrective actions determined and authorized by the Purchaser or County to be appropriate, including recoupment of monies if deemed necessary.
- Y. **"Service Access to Independent Living"** (SAIL) - Refers to the Community Services Branch of the Behavioral Health Division that offers a central access point for Milwaukee County residents seeking mental health or alcohol or other drug abuse services.
- Z. **"Service Authorization Request (SAR)"** - A method used to request service(s) from a vendor that includes the name of the service, the number of units requested, the name of the person who should provide the requested service and the recipient of the service requested.

- AA. **“Plan of Care”** - Written document that describes the type, frequency and/or duration of the Covered Services that are to be provided to enrollee and enrollee’s family.
- BB. **“Project O’YEAH”** – a federally funded initiative (from Substance Abuse and Mental Health Services Administration) designed to provide services and support to young people, ages 16 to 25, to successfully transition to adulthood.
- CC. **“Service Documentation”** – Consents, assessments, service plans, reviews, Case Notes, monthly reports, ledgers, budgets, and all other written or electronic program and/or fiscal records relating to Covered Services.
- DD. **“Service Recipient”** - Person or persons identified in a service authorization as the recipient of Covered Services provided by the Direct Service Provider.
- EE. **“Site Review”** – Visual inspection of Provider’s premise, employee records, service documentation, interview of appropriate persons or individuals including but not limited to: employees, participants, service recipients, parent/guardians, individuals with knowledge of the services recipient’s receipt of the Covered Service. The above may be conducted by Purchaser representatives, the Milwaukee County Department of Audit and representatives of appropriate federal, state or local agencies.
- FF. **“Synthesis”** - Information management system owned and operated by Wraparound Milwaukee used for client registration, contract management, service authorizations, payments for Covered Services and management of other client related information. Information maintained in Synthesis is considered “Protected Health Information,” and as such is confidential.
- GG. **“Wraparound Milwaukee”** - A program serving children with severe emotional or mental health needs at risk of institutional placement referred through the Bureau of Milwaukee Child Welfare, Probation, the public school system or self-referred.
- HH. **“Wraparound Milwaukee REACH”** – A division within the Wraparound Milwaukee program. Enrollees/families come into the program through self-referrals. All aspects of and services offered through the REACH program are similar to the Wraparound Milwaukee program.
- II. **“Wraparound Provider Network”** - A network of paid agencies that provide a broad range of community-based, culturally competent services to children and their families in order to integrate and/or maintain Wraparound enrolled youth in the least restrictive setting possible. Agencies or individuals must complete a formal application and approval process in order to provide services through the Wraparound Provider Network. Provider Network staff provide ongoing monitoring of agency staff credentials and agency compliance with the licensing, training, insurance and service specific documentation requirements with which the agency is required to comply.
- JJ. **“Wraparound Milwaukee Youth Council”** – Group of Wraparound/REACH enrolled youth who under the support of Wraparound Milwaukee and other system partners, provide an opportunity/forum for youth to gather together, engage in positive activities, work cooperatively, conduct fundraising events to support the council and other causes, provide support and advocacy for each other, promote a healthy and productive lifestyle and provide feedback/suggestions to Wraparound Administration regarding program issues, ideas, etc., from the youth’s perspective.