

<p>Milwaukee County Department of Health and Human Services Division of Youth and Family Services</p> <p><b>POLICY &amp; PROCEDURE</b></p>	<p>Original Date Issued: <b>01/01/2017</b></p> <hr/> <p>Last Revision Date: <b>01/01/2018</b></p>	<p>Current Review Date: <b>12/11/2019</b></p> <p>Current Review By: <b>DP</b></p>	<p>Section:</p> <p><b>SERVICE RELATED</b></p>	<p>Protocol No: <b>004</b></p>	<p>Pages: <b>Page 1 of 2</b> (1 Attachment)</p>
<p><input checked="" type="checkbox"/> Division of Youth and Family Services (DYFS)</p> <p><input type="checkbox"/> Detention Center</p> <p><input checked="" type="checkbox"/> DYFS Services Network</p> <p><input type="checkbox"/> Purchase of Service Agencies</p>	<p>Current Effective Date: <b>03/01/2020</b></p>	<p>Subject:</p> <p><b>Provider Mandatory Meeting Reimbursement Protocol</b></p>			

## I. Protocol

It is the policy of Division of Youth and Family Services (DYFS) to provide encouragement to Providers involved with the network. In doing so, provision of proper reimbursement to eligible network providers for attendance at mandatory meetings and training opportunities provided by DYFS will be permitted. More specifically, to ensure that all agencies are adequately represented at the aforementioned events, DYFS will reimburse only the agency representatives that are invited to attend for each mandatory event at half the rate of the rendered service per hour.

## II. Process

- ✚ This protocol applies only to DYFS Fee-For-Service (FFS) providers, who would not otherwise receive monetary reimbursement for attendance at mandatory meetings, staffings and/or trainings.
- ✚ The reimbursement applies only to gatherings facilitated by DYFS as a normal course of operations and/or compliance with Continuous Quality Improvement (CQI) activities.
- ✚ A Reimbursement Invoice/Log will be required to be completed in full for use in reporting. The following are the required elements of completion of the form:
  - ✓ Date of Log Completion
  - ✓ Date of Meeting
  - ✓ Name of Meeting
  - ✓ Name of Person Attending
  - ✓ Name of Agency Representing
  - ✓ Time In and Time Out
- ✚ The Reimbursement Log must be submitted in person immediately following the DYFS event.

## III. Procedure

Providers that fit the above-mentioned criteria will be required to sign in and sign out (if available) of every meeting that reimbursement is being requested for and then submit a request (invoice/log) for reimbursement using the protocol outlined herein.

### Provider Process

A. Sign in at Mandatory Meeting/Staffing/Training. All of our mandatory events have a standard sign in

sheet, so DYFS can track who is attending our sessions.

- B. Sign out from the Mandatory Meeting/Staffing/Training (if available).
- C. Complete in full the DYFS Reimbursement Invoice/Log (*Please refer to Attachment A: DYFS Meeting Reimbursement Invoice/Log*). Forms will be made available at each event and will be available on our website as an attachment to this protocol. If they are not available, you can access them on the DYFS Provider Portal (<https://county.milwaukee.gov/EN/DHHS/Provider-Portal/DYFS-Providers>).
- D. Submit the completed form via email to [dcsdpurchasing@milwaukeecountywi.gov](mailto:dcsdpurchasing@milwaukeecountywi.gov) via PDF.
  - ✚ Providers meeting for CQI related meetings can still submit the completed invoice/log in person following the meeting to the Quality Staff.

#### DYFS Process

- A. All Sign In/Out sheets and reimbursement logs will be maintained via PDF on the shared drive at: H:\Childrens Court Serv Network\DYFS Network\Meeting Reimbursements.
- B. Upon receipt of reimbursement log, the DYFS Fiscal Specialist will utilize the DYFS Sign In/Out sheets to verify attendance of the agency representative.
- C. The DYFS Fiscal Specialist will ensure that the times noted on the sign in-out sheets match what is being requested on the log.
- D. The DYFS Fiscal Specialist will verify the log has been completed in full as requested.
  - ✚ If the form is incomplete or has conflicting data, it will be returned to the requestor.
- E. Upon verification of the forms' completeness, reimbursement will be calculated based on the actual time that the agency representative attended the event. Reimbursement billing increments are based on quarter hours, as outlined on the log, i.e.:
  - 1-15 minutes = .25 Hour
  - 16-30 minutes = .5 Hour
  - 31-45 minutes = .75 Hour
  - 46-60 minutes = 1 Hour
- F. A check request will be made in the Milwaukee County SCRIPTS system.
- G. Upon generation of the check, it will be mailed to the provider at the agency within 7 to 10 business days of DYFSs receipt of the reimbursement request.

#### **IV. Documentation**

The protocol and reimbursement log will be made available at the events. Providers also have the option to access this on the DYFS Website: <https://county.milwaukee.gov/EN/DHHS/Provider-Portal/DYFS-Providers>

Reviewed & Approved By: \_\_\_\_\_

  
Mark Mertens, Division Administrator



DYFS Protocol 004: Attachment A

DEPARTMENT OF HEALTH & HUMAN SERVICES  
DIVISION of YOUTH and FAMILY SERVICES

# Milwaukee County

Mary Jo Meyers • Director  
Mark Mertens • Administrator

## Meeting/Staffing/Training Reimbursement Invoice/Log

Date of Invoice Submission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Meeting Date (mm/dd/yyyy) (\_\_\_\_/\_\_\_\_/\_\_\_\_) Name of Meeting/Staffing/Training Attended \_\_\_\_\_

Attendees Name \_\_\_\_\_ Agency \_\_\_\_\_ Time-In \_\_\_\_\_ Time-Out \_\_\_\_\_

**\*Please Complete Invoice/Log in Full**

**\*Please Submit In Person Following Event**

Billing Increments

1 - 15 m = 0.25h

16 - 30 m = 0.50h

31 - 45 m = 0.75h

46 - 60 m = 1.00h

DYFS Representative Signature: \_\_\_\_\_

DYFS Representative Title: \_\_\_\_\_

DYFS Use Only:

Processed By/On: \_\_\_\_\_