

<p align="center">Milwaukee County Department of Health & Human Services Contract Administration</p>	<p>Date Issued: September 2015</p>	<p>Reviewed By: Contract Administration</p>	<p>Section: CONTRACT ADMINISTRATION</p>	<p>Policy No: 800-004</p>	<p>Pages: 1 of 6</p>
<p><input checked="" type="checkbox"/> Aging & Disabilities Services <input checked="" type="checkbox"/> Housing Services <input checked="" type="checkbox"/> Children, Youth & Family Services <input checked="" type="checkbox"/> Director's Office/Management Services</p>	<p>Effective Date: September 2015</p> <p>Revise Date: February 22, 2022</p>	<p>Subject: STAFF ROSTER and ADD-DELETE PROCEDURE – Applies to Fee-for-Service agreements (excludes DSD, CLTS program), Purchase of Service contracts, Professional Service & Price (non-professional) agreements only</p> <p>Caregiver Background Checks must be performed on agency service providers prior to the provision of Covered Services or having any other contact with Service Recipients or access to Service Recipients property or information</p>			

I. REQUIREMENT

It is required that all entities currently under contract or recommended for contract with the Department of Health and Human Services (DHHS/Purchaser) submit a **Final Staff Roster** reflecting **all proposed Direct and Indirect Service Providers**, (collectively referred to as “**DSP**”) to work in each program. **Please ensure current CBC dates are recorded on the Final Staff Roster.**

IMPORTANT (following submission of **Final Staff Roster**), agency **MUST** obtain, inform and seek necessary eligibility (as applicable) using Add-Delete Form (excel document) for any of the following reasons:

- **New or Replacement DSP's** - agency is required to obtain **prior eligibility** for all Direct Service Providers and Indirect Staff. Written notification of eligibility of new or replacement DSPs and Indirect Staff shall be made per Purchaser Policies and Procedures prior to the provision of Covered Services or having any other contact with Service Recipients or access to Service Recipients property or information. (Refer Add Procedure for details)
- **If DSP leaves or is let go** from their position serving Milwaukee County clients for any reason connected to services covered in the Contract/Agreement, Purchaser must be notified in writing within two (2) business days if the staff member has access to the Electronic Health Record (EHR) and/or Protected Health Information (PHI) as specified under HIPAA, and five (5) business days for all other staff. If termination was for cause (refer to DHHS Policy and Procedure No. 005, Contractor/Provider Obligations), Purchaser must be notified in writing within two (2) business days. (Refer Delete Procedure for details)
- **DSP Changes** – agency is required to notify DHHS of DSP or Indirect Staff changes related to Last Name, Academic Degree, Licenses or Certificates. (Refer Change Procedure for details).

Caregiver Background Checks (CBCs) must be completed at least every 4 years after initial CBC (or at any time within that period agency has reason to believe new checks should be obtained). If there is a new record, finding and/or self-disclosure on DOJ, DHS Letter and/or BID, the 3-part CBC must be submitted to DHHS, Contract Administration (see Section II. A.).

Provider must comply with this policy when submitting Add-Delete Form. Add-Delete form must be submitted to dhsbc@milwaukeecountywi.gov

This policy, Staff Roster and Add-Delete form can be found at <https://county.milwaukee.gov/EN/DHHS/Provider-Portal>.

II. ADD PROCEDURE (each time your agency is requesting eligibility for a New Potential Hire)

Please submit Add-Delete Form and CBC ten (10) business days prior to New Hire proposed start date to allow for DHHS review and CBC eligibility.

This policy, Staff Roster and Add-Delete form can be found at <https://county.milwaukee.gov/EN/DHHS/Provider-Portal>.

A. 3-part Caregiver Background Check* (and out-of-state CBC, National Check or FBI finger-print check, if applicable) must be completed on each DSP or Indirect Staff (and every four years for ongoing providers – further detail can be found on DHHS CBC Policy No. 001)

- ✓ Review 1st part (Background Information Disclosure) – *If applicant resided outside of Wisconsin in the last 3 years* (Section B) – agency is required to obtain an **out-of-state CBC** from state applicant lived, **national check** OR **FBI finger-print check**.

A Background Check (all 3 parts) of a potential new staff must be sent to the respective DHHS with the Add Request Form before that individual will be eligible to provide services or have contact with clients or access to client property or information.

For any CBC's run by your agency at any point during four-year period and/or when run prior to 4-year expiration, please submit 3-part CBC's that reflect any new record, finding and/or self-disclosure on DOJ, DHS Letter and/or BID.

Notification of NEW arrests, charges, or convictions MUST be emailed to dhscbc@milwaukeecountywi.gov within one (1) business day (follow Subject Line Email format below, except include "New Charges" instead of "Add-Delete Form."

B. Complete "Direct Service Provider &/or Indirect Staff Add-Delete Form" (Form) – electronically

For a New Add Request - Enter "N" in column "Request Type"

- ✓ Enter information related to the DSP or Indirect Staff in all yellow highlighted areas on the Form (one row on Form per DSP or Indirect Staff)
- ✓ A separate Form must be completed for each program that the DSP or Indirect Staff is proposed to work

Submit A. and B. (as described above) in following FORMAT

- ✓ **DIRECT SERVICE PROVIDER and/or INDIRECT STAFF ADD-DELETE FORM must be electronically submitted as an excel spreadsheet** to DHHS email: dhscbc@milwaukeecountywi.gov (see subject line instructions below)

Subject Line of Email: enter "**Name of Agency-Division-Program - Add-Delete Form**"

{example: Youth Care, Inc.-DYFS-Mentoring – Add-Delete Form}

↓ ↓ ↓
[Agency Name] [Division] [Program]

File Name of Add-Delete Form: enter "4 digit Year–Agency Name–Division–Program-Add-Delete Form"

{example: 2020–Youth Care, Inc.-DYFS/Mentoring–Add-Delete Form (enter **hyphens** between each item, and no spaces)}

↓ ↓ ↓ ↓
[Year] [Agency Name] [Division] [Program]

✓ **CAREGIVER BACKGROUND CHECK (CBC)**

Please provide each CBC in the following ORDER:

1st - Background Information Disclosure Form (BID)

2nd - Department of Justice (DOJ) Report

3rd - Department of Health Service (DHS) Letter

4th - Out-of-State CBC, National Check or FBI finger-print check, if applicable

CBC may be submitted by email, fax, or U.S. Mail (see next section below for instructions)

If DSP works in multiple programs, send only one (1) set of CBCs (please identify all programs on Add-Delete Form- in identified column)

CBC Email Instructions – SEE ORDER OF CBC documents as listed above

Feel free to submit both Add-Delete Form and CBC in same email OR if you are submitting CBC as a separate email use above subject line format.

- CBC must be sent as a **pdf and password protected/encrypted** (send password for opening document in a separate email)

- Attach each CBC separately **naming the file** as follows:

“DSP last name–DSP first initial–last 4 of SSN–date of DOJ (mmddyy)”

{example: Jones–C–6871–061420 (enter **hyphens** between each item and no spaces)}

CBC Fax Instructions (one CBC per fax only) - SEE ORDER OF CBC documents as listed above

- Use fax cover sheet per Add-Delete Form (cover sheet is included on separate tab)

FAX COVER SHEET must include:

DSP last name – DSP first initial – last 4 of SS # – date of DOJ (mmddyy)”

- **Fax to Contract Administration**

414-289-8574

CBC U.S. Mail Instructions - SEE ORDER OF CBC documents as listed above

(include completed Fax Cover Sheet per instructions above as the 1st sheet of each set of CBC's being submitted)

Mail or Deliver to: Contract Administration

1220 West Vliet Street, Suite 304

Milwaukee, WI 53205

✓ **INDEPENDENT SERVICE PROVIDER**

If applicable, please submit (email or fax) the Independent Contractor Agreement with the CBC

C. FINAL ELIGIBILITY

Upon receipt of Direct Service Provider &/or Indirect Staff Add-Delete Form, DHHS will review all information provided including the complete CBC and will provide agency with a written eligibility, denial or request for any corrections or additional information.

Agency must receive **written notification of eligibility** of new or replacement DSPs and Indirect Staff **prior to the provision of Covered Services or having contact with Service Recipients or access to Service Recipients property or information.**

If agency does not receive a written response from DHHS within ten (10) business days, please feel free to resend a reminder notice to DHHS with the respective Add-Delete Form (in same email format as described above).

III. DELETE PROCEDURE (each time an existing DSP leaves service or if terminated)

Complete "Direct Service Provider &/or Indirect Staff **Add-Delete Form**" (Form) – electronically

For a Delete Request - Enter "D" in column "Request Type"

- ✓ Enter DSP name and enter Removal Date on the Form
(one row on Form per DSP)
- ✓ A separate Form must be completed for each program that the DSP worked with including departure detail indicated above

If termination was for cause, Provider must notify Purchaser on the Add-Delete Form.

IV. CHANGE PROCEDURE (each time there is a change for an existing DSP under same service)

If DSP or Indirect Staff has **any change** due to the following reasons, agency must submit Add-Delete Form to DHHSBCB@milwaukeecountywi.gov within five (5) business days:

- Last Name
- Academic Degree
- Licenses/Certificates

Instructions for Changes due to:

Last Name

Enter "L" in column "Request Type" for Last Name Change

- ✓ Enter changed last name and former last name in parenthesis.
- Last Name change requires submission of updated driver's license (DL) or state ID card:
- Fax copy of the ID to **414-289-8574** or via encrypted/password protected email, within 30 business days of notification of change.
- **Do not** send a copy of person's social security card in place of DL or state ID card.

Academic Degree

Enter "A" in column "Request Type" for Academic Change

- ✓ Enter DSP name, Academic Degrees (new/updated)

License/Certificates

Enter "C" in column "Request Type" for License/ Certificate Change

- ✓ Enter DSP name, Licenses / Certificates (new/updated)

V. DEFINITIONS

Please refer to the various definitions of Direct Service Provider, Independent Service Provider and Indirect Staff as provided in Attachment C of your POS contract and reproduced below for your reference:

- A. **“Milwaukee County Department of Health and Human Services” (DHHS)** – A governmental subunit of Milwaukee County created by action of the Milwaukee County Board of Supervisors as authorized by state statute to provide or purchase care or treatment services for residents of Milwaukee County. The Milwaukee County Department of Health & Human Services exists to serve those in need. We know that sometimes people need support, especially during the most difficult times in their lives, whether it be experiencing homelessness, a mental health crisis, interacting with law enforcement as a youth or caring for a child with disabilities. The Department of Health and Human Services consists of the following seven divisions: Division of Youth & Family Services, Disabilities Services Division, Division on Aging, Veteran Services, Management Services Division, Behavioral Health Division and Housing Division.
- B. **“Direct Service Provider”** – Provider employee, volunteer, paid or unpaid intern, trainee, 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 agreement or Purchaser provided the service referral.
- C. **“Independent Service Provider”** – is an individual independent contractor with a contractual relationship with provider, who is not an employee of the provider.
- D. **“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 (i.e.: volunteer) who has access to clients, client property, and/or client information. 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 or have access to client’s information or property.

VI. SANCTIONS

Please be advised of following fiscal sanctions related to failure to comply with DHHS Add-Delete Procedure.

- **Failure to inform DHHS of DSP or Indirect Staff and obtain written eligibility (includes submission of Add-Delete Form) prior to start of service.**
*Provider agrees to provide a response to requests from Purchaser or submit required data and/or information and/or required notification(s) per Agreement to Purchaser or the Purchaser’s authorized agents, or in the form or format, by the timeline specified by the Purchaser or its agents. **If the Provider fails to submit required response, data and/or information to the Purchaser or the Purchaser’s authorized agents, or fails to submit such data or information in the required form or format, by the deadline specified by the Purchaser or its authorized agents, the Purchaser may immediately impose liquidated damages in the amount of \$75 per day for each day beyond the deadline that the Provider fails to submit the response or data or fails to submit the response/data in the required form or format, such liquidated damages to be deducted from the Provider’s payments, unless a prior extension (before deadline) has been determined eligible by Purchaser or Purchaser’s agents (per contract).***
- **Failure to complete 3-part Caregiver Background Check** prior to starting service and no greater than 4 years from previous CBC, as well as at any other time periods: at any time within that period when agency has reason to believe that a new check should be obtained, or as often as is necessary to ensure DSP and/or Indirect Staff have suitable backgrounds and are free of any barred convictions at all times that services are delivered, *Milwaukee County may not compensate Contractor for service(s) provided by a Direct Service Provider/caregiver prior to having obtained a caregiver background check and Purchaser’s eligibility for said provider as provided for in this Contract.*

Fiscal sanction may be applied if a CBC (that was not completed by the Provider and submitted as required) is found with a conviction that bars or restricts the individual as an eligible provider (see WI Caregiver Law and if applicable, Milwaukee County Resolution).

REMINDERS:

- ✓ Use “Direct Service Provider &/or Indirect Staff Add-Delete Form” every time agency has a new potential hire, DSP service name and/or service code, service position/title, Last Name, Academic Degree, Licenses/Certificates, and/or program changes, no longer is providing service and/or if terminated for cause (this is the tool agency uses to notify DHHS of program staff changes)
- ✓ Never allow a DSP to start providing service until agency receives written eligibility from DHHS or division Contract Service Coordinator
- ✓ When emailing 3 - Part CBC’s carefully name file, encrypt, and send as a pdf - in required order according to format above
- ✓ When emailing Add-Delete Forms and/or CBC’s carefully follow subject line format as described above

IMPORTANT:

These instructions and requirements are applicable ONLY to DHHS programs under Fee-for-Service agreement, Purchase of Service contracts or Professional Service agreements & Price (non-professional) agreements. EXCLUDING Behavioral Health Services (BHS). For BHS Providers: *Please continue to follow current add-delete and CBC process.*