

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 11/7/05	Reviewed: 10/6/09 By: JM Last Revision: 10/8/09	Section: PROVIDER NETWORK	Policy No: 054	Pages: 1 of 7 (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input checked="" type="checkbox"/> FISS	Effective Date: 1/1/10	Subject: VENDOR RESPONSIBILITIES/GUIDELINES		

I. POLICY

It is the policy of Wraparound Milwaukee/Family Intervention Support Services (FISS) that Vendors implement and follow basic Wraparound Milwaukee Provider Network procedural guidelines and expectations as they relate to the Agency's involvement in the Wraparound Milwaukee Provider Network and in the provision of services.

II. PROCEDURE

All Vendors must follow the guidelines below.

A. Vendor Agency Access / Functions.

1. Vendors must notify the Wraparound Provider Network in writing of any of the following changes within 5 business days.
 - a. Agency Name.
 - b. Business Address / Billing Address.
 - c. Telephone / Fax Numbers.
 - d. E-mail Address.
 - e. Federal Employers Tax ID (FEIN) Number.
 - f. Agency CEO / Director.
 - g. Ownership.
 - h. Board of Directors.
 - i. Program Contact(s).
 - j. Discontinuation of Agreed Upon Services.
 - k. Change of Insurance Carrier.
 - l. Termination of a Direct Service Provider.
 - m. Any other changes that may be associated with the expectations set forth in the Agency's Fee-for-Service Agreement with Wraparound Milwaukee/FISS.
2. All Vendors must have a working business phone that identifies the Vendor by name. For Agencies that use a telephone answering system, the system must identify the name of the Agency and have the capability to accept messages and service recipient/Wraparound Management inquiries during regular business hours. In non-emergency situations, a call should be returned within 24 hours.
3. Vendors must have a functional E-mail account that Wraparound Milwaukee can use for ongoing communication with the Vendor agency.
4. A Vendor may use a P.O. Box as a billing address, but must also provide a current business street address.
5. Vendors are responsible for updating Agency Resource Guide descriptions for Wraparound Milwaukee to reflect changes in current contracted programs/services, as well as service specific program contact names and telephone numbers.

B. Staff / Service Guidelines.

1. Vendor agencies are restricted to the provision of services where there is a signed agreement with Wraparound Milwaukee.

2. Sole Providers (individuals in the Wraparound Provider Network who are one-person Agencies) may not simultaneously provide the same services for other Agencies in the Wraparound Provider Network without first informing that Agency's Director, **in writing**, of their intent to do so. A copy of this letter must be sent to the Wraparound Provider Network prior to the Sole Provider approval to provide services through their own Agency.
3. Vendors that use volunteers to provide services may not seek reimbursement for services provided to Wraparound Milwaukee enrolled youth/families by those volunteers. Volunteers working with Wraparound Milwaukee enrolled youth must be screened and oriented in the same manner as a paid employee.
4. Vendors must orient all direct service providers and other appropriate agency staff to all relevant Wraparound Milwaukee service descriptions, protocols, policies and procedures during a staff's initial orientation period and as needed to all subsequent Wraparound Milwaukee policy and procedural changes.
5. Vendors are responsible for maintaining an accurate list of direct service providers corresponding to the services identified in the current Fee-for-Service Agreement.
6. The Wraparound Provider Network must approve all direct service providers before they provide services to service recipients.
7. Criminal Background Checks must be completed PRIOR to the provision of services and every 4 years thereafter. **Refer to Policy #057 – “Caregiver Background Checks” regarding this requirement.**
8. Behavioral Health and AODA direct service providers must complete the Wraparound Milwaukee clinical credentialing process prior to the provision of services.
9. A Department of Motor Vehicle Driving Abstract must be obtained prior to the provision of services for all direct service providers who transport youth/families. The Vendor agency is responsible for review of the Driving Abstract to ensure that the provider has an acceptable driving record. In addition to the Driving Abstract, a copy of a valid State of Wisconsin Driver's License and summary of current automobile insurance must be maintained in the Vendor personnel file for all direct service providers who transport youth/families.
10. Wraparound Milwaukee discourages individual direct service providers from providing multiple services to one youth/family (i.e., one Provider being the Mentor and Tutor for the same youth). This leads to concerns about boundary issues and the distinction between services during the provision of the service and in documentation of the services.

C. Limit of Reimbursable Service Hours.

1. Direct service providers who are providing services to service recipients through the Wraparound Milwaukee Provider Network are limited to a combined total maximum of **200 reimbursable service hours within a calendar month**. This total maximum allowable reimbursable/billable service hour limit is specific to the individual direct service provider as defined in the Fee-for-Service Agreement in effect at the time the service was provided.
2. The total maximum of 200 reimbursable service hours is inclusive of any and all services the individual provides and any and all agencies with which the individual may be employed. As a matter of quality management, Wraparound Milwaukee does not believe that individual direct service providers can be completely effective in terms of the service(s) being delivered when the direct service provider has provided more than 200 hours of reimbursable service within a calendar month.

3. Wraparound Milwaukee will limit payment to and/or recover payments made for services where the individual direct service provider's billable hours exceed 200 hours in a calendar month. If the individual is employed at more than one agency, the recovery will be made from the agency to which payment was made for services that were rendered subsequent to the date that the individual provider reached the maximum allowable service delivery hours within a given calendar month.

D. Use of the Designation "Vendor Staff" for Service Authorizations and Service Delivery.

1. Service authorizations are to include the specific name of the individual who will be providing the service (direct service provider name). In some situations and for certain services, the use of a "generic" name, such as "vendor staff," is allowed when authorizing or billing for a service. These services are referenced below. In all other situations, the name of the direct service provider must be used and that individual must be authorized to provide the identified service through the Wraparound Provider Network. It is not permissible to use another individual or direct service provider's name when submitting an authorization or when billing for services that have been rendered.

Services in which "vendor staff" may be used:

- After School Programs
 - AODA Day Services
 - AODA Detoxification
 - AODA Lab & Medical Services
 - Camp
 - Child Care
 - Day Treatment (Medicaid and Non-Medicaid)
 - Group-Type Care, Such As Residential Care, Group Home, Shelter Care, Supported Independent Living, Stabilization Centers, Crisis Care And Inpatient Hospitalizations
 - Recreation
 - Respite Residential And Other Respite Agency Services
 - Suspension/Accountability Program
 - Job Internship
 - Transportation
2. If "vendor staff" is being utilized incorrectly on a Service Authorization Request (SAR), the Vendor should contact the Care Coordinator to request a correction to the SAR. Prior to billing for that service, the Vendor has the ability within Synthesis (Wraparound's on-line billing system) to change the word "vendor staff" to the identified direct service provider's name. Note: The direct service provider must be authorized by the Wraparound Milwaukee Provider Network to provide the service before the "vendor staff" authorization can be changed to his/her name.

E. Maintenance of Client Records/Case Notes.

The following guidelines are **mandatory** and must be implemented with regard to the maintenance of client records/case notes for Wraparound and FISS enrolled clients/families receiving services through the Wraparound Milwaukee Provider Network.

1. Vendors must maintain a client specific record for every Wraparound/REACH client receiving services from the agency. Each client must have his/her own record, unless the agency is providing one of more other services to one or more family members of the Wraparound/REACH client in which having a family record would then be permissible. If the Wraparound/REACH client alone is receiving more than one service from the Vendor, only one record needs to be maintained on that client. Every FISS family must have their own record.
2. Each Vendor client record must clearly indicate the client/family name. If the service recipient is a sibling/caregiver of a Wraparound/REACH enrollee and the only person receiving services from the Vendor, then the identified **enrollee's** name must also be clearly visible on the client record.

3. The client record must be maintained in an orderly and neat fashion (i.e., separate record into sections such as Provider Referral Form/Intake Information, Consents, Assessments, Plans of Care/Crisis Plan [not applicable for FISS], Progress Notes/Service Documentation, Coordinated Service Team [CST] information [FISS only], Other Correspondence, Discharge/Closing Summaries, etc.). If serving more than one family member, similar documents for each individual may be maintained together in the applicable section. For example, if providing tutoring for John Smith, enrollee, and AODA counseling for the sibling, James Johnson, the provider referral forms received for each individual can both be recorded under the Provider Referral Form/Intake Section. Vendors that have an established, client record organizational format referencing similar chart sections may continue to keep their records in that manner.
4. The Progress Notes/Service Documentation section of the client record should contain “subsections” if the Vendor provides more than one service to a client and/or if the Vendor provides more than one service to a family. Subsection tabs would reference the different services and corresponding notes provided to the individual and/or family. For example, one subsection tab would reference the area where tutoring logs would be kept for John Smith, enrollee, and another subsection tab may indicate AODA Counseling notes kept for James Johnson, sibling.
5. Plans of Care (POC): (**Wraparound/REACH Only**)
 - Vendors must have time-applicable POC’s in the record relevant to the entire time the client received services. The only exception is if the client/family did not consent to share the POC with the Vendor. In this case, the Vendor should place a note in the POC section of the record indicating the client’s/family’s refusal to share the POC with the provider.
 - Care Coordinators have the option to provide a copy of the “Full Plan” or “Open Needs” version of the POC. The agency may keep an “Open Needs” POC in the record. The “Open Needs” POC contains all the basic demographic information, the strengths list, the family narrative, the reactive crisis plan and **current/active** Needs/Domains. The “Full Plan” version of the POC contains all of the above identification information along with information related to current active Needs/Domains and attained Needs/Domains.
 - **Upon client discharge**, the following “thinning” of the **POC section** is permissible: a Vendor may discard/shred any “Needs/Domains” sheets that **are not relevant** to the provided service.
6. The most recent documentation must be on the top in each applicable section in the client record.
7. Client records must be easily accessible.
8. It is preferable that charts be maintained in alphabetical order by client name. If this is not feasible, at minimum charts must be made available in alphabetical order when the agency is being audited.
9. Current/active records must be separated from disenrolled client records.
10. Records must be maintained in a secure cabinet or room.
11. Behavioral Health and AODA providers are expected to maintain compliance with DHS 92 of the Wisconsin State Administrative Code regarding client record maintenance. For all other providers, Wraparound Milwaukee/FISS requires that the agency retain the client records until the client becomes 19 years of age or until 7 years after service has been completed, whichever is longer.

F. Vendor Agency Referrals and Consent Form.

1. Provider Referral Form.

A program-specific “Provider Referral Form” must be received on each service recipient prior to the

provision of service(s). The Provider Agency may not be reimbursed for services provided prior to the date of the Referral. The Referral Form must be maintained as part of the service recipient record.

2. **Consent for Service/Treatment.**

Vendors are required to obtain a "Consent for Services/Treatment" for each service provided to a Wraparound Milwaukee/FISS service recipient. A "Consent for Service/Treatment" must be signed and dated by the service recipient (if a legal adult) or the legal guardian **prior to the provision of services**. If a service recipient is age 14 or older, they should also sign the Consent. There must also be a signature/date line for a "Witness". The Consent should read that it is applicable for one year from the date of signing unless otherwise indicated. If a service recipient is seen for longer than one year, a new Consent form must be signed. Evidence of a signed and dated Consent form prior to the provision of services will be monitored during the review/audit process.

3. **Transportation Consent Form.**

If a youth/service recipient is to be transported by a direct service provider, a "TRANSPORTATION CONSENT FORM" (*see Attachment 2*) must be signed and dated by the legal guardian/adult service recipient, prior to transporting the individual. The only Vendors excluded from this requirement are those who are providing Transportation Services (service codes 5577 Transportation and 5576 Taxi).

G. Service Delivery and Plans of Care.

1. Vendors are responsible for the provision of covered services as identified in the Wraparound Milwaukee Service Descriptions and all applicable Wraparound Milwaukee service related Policies and Procedures. Direct service providers are allowed to provide services as described in the service specific description and related policies/procedures. Exceptions to this requirement can only be made based on written permission from Wraparound Milwaukee Administration prior to the provision of the covered services.
2. The direct service provider is responsible for providing the client's/service recipient's Care Coordinator with service recipient specific information regarding planned and ongoing interventions related to the authorized covered service for inclusion into the client's Plan of Care (POC). Direct service provider interventions and recommendations should be formulated in a manner that addresses the "Needs" of the identified client/family. Direct service providers should avoid telling families about service plans associated with other clients, including identifying the units of services or service combinations that they have encountered when working with other clients or case managers from other agencies. Each Plan of Care is client specific and reflects family, community and systems resources available to the specific client.

H. Service Documentation.

All Vendors are required to maintain supporting documentation related to provided services as outlined in the Wraparound Milwaukee Fee-for-Service Agreement, Wraparound Milwaukee or FISS Policies or Procedures/Provider Bulletins and all applicable Federal or State Statutes in effect at the time the service(s) was provided. At minimum, documentation must include the following elements: date, time, duration, location, intervention, summary of activity engaged in, service recipient's response to service, direct service provider's signature and date of direct service provider's signature.

I. Vendor Agency Billing.

1. Billing for services provided to Wraparound Milwaukee and/or FISS clients must be done in compliance with the requirements of the Wraparound Milwaukee Fee-for-Service Agreement.
2. Unless otherwise indicated in a Wraparound Milwaukee/FISS Policy and Procedure or Service Description, Providers may only seek reimbursement for service recipient direct face-to-face contact time.

3. Billing for rendered service(s) is to be submitted no later than 60 days following the last day of the month in which the service was rendered.
4. When billing for a service that is authorized at a per-hour rate, the Vendor must bill for the exact amount of time that the service was rendered – as close to the tenth of an hour increment as possible (i.e., .1=6 minutes, .2=12 minutes, .3=18 minutes, etc.).
5. Regardless of the method used to bill for rendered services, the date(s) of services for which the Provider is seeking reimbursement must match the dates of service(s) referenced in the service recipient Progress Note(s), Log(s) and/or other Vendor agency maintained supporting documentation.

J. Vendor Agency / Staff Conduct Ethics.

1. All Vendors and direct service providers are to conduct themselves in a respectful and ethical manner during the provision of services through the Wraparound Milwaukee Provider Network. This includes treating clients, their family members and other members of the Child and Family Team in a respectful manner and providing the authorized service in a timely manner. Providers should refrain from the use of demeaning, insulting or other language and conduct that may be perceived as offensive by the client, their family or other Team members.
2. Vendors and direct service providers may NOT solicit “new” business from families or youth. If a direct service provider believes the service recipient may benefit from another service offered by the Vendor Agency, the direct service provider must use the Child and Family Team process and offer a list of Wraparound Milwaukee approved vendors for the newly recommended service. Vendors are encouraged to assure that the family is aware that they have other Provider options available for the service being sought.
3. Direct service providers must maintain client confidentiality and as such may not be accompanied by individuals not directly employed by the Vendor and directly involved with the provision of the authorized covered service. This includes individuals such as the direct service provider’s own child/children, other family members, friends, interns, trainees or other parties.

Note: If there is a justifiable reason that a direct service provider would need to be accompanied by another person during the provision of a service, the legal guardian must consent in writing and the person accompanying the direct service provider must be an individual from the Vendor Agency through which the direct service provider is employed.

4. Clients/service recipients may NOT accompany direct service providers on personal business at any time.
5. Vendors/direct service providers wishing to advertise their services may do so by mailing literature to the Care Coordination Agency Supervisors. Questions regarding distribution of advertising materials are to be directed to the Care Coordination Agency Supervisors. Providers should NOT telephone Care Coordinators directly to solicit business.

Note: Vendor Agencies must have a signed agreement to provide a service through the Wraparound Milwaukee Provider Network before advertising a service.

K. Business Practice Guidelines.

1. Federal and State regulations governing cost reimbursement contracts and agreements require that allowable costs be supported by a general ledger system. It is important that all Vendor Agencies maintain a general ledger accounting system to record and accumulate revenue and expense information related to the Wraparound Milwaukee Fee-for-Service Agreement and any other Agreements or Contracts.

2. Wraparound Milwaukee recommends that Vendors maintain separate personal and business transactions and finances. It is important that the Vendor maintain a business checking account, separate from that used for personal banking and finance. Whenever possible, the Vendor staff should avoid using personal credit cards or credit lines for business purposes.

L. Other Requirements.

1. **Critical Incident Reporting.**

All Vendors are asked to report critical type incidents (i.e., physical injury, serious criminal offenses to or by the enrollee or employee, service recipient suicide attempts/verbalizations, physical/sexual assault, etc.) to Wraparound Milwaukee/FISS management within 24 hours of the incident. Vendors should be documenting these incidents on agency-specific incident forms or they can use the “Critical Incident Report Form” available on the Wraparound Milwaukee website under the Provider Forms area.

2. **For FISS Only - Provider Documentation.**

It is the responsibility of the Vendor to get the Log/Notes to the FISS Case Manager in a timely manner – within the first week of the month following the month of services.

Note: FISS Case closure can occur at any time throughout the month. Provider Logs/Notes are to be faxed to the FISS Case Manager 1-3 business days following Provider’s final contact with the family.

Reviewed & Approved by: _____



Bruce Kamradt, Director

**AGENCY
TRANSPORTATION CONSENT FORM**

Youth's Name _____ (Print) _____ DOB _____

_____ OF _____
(Name of Provider) (Name of Agency)

has permission to pick up and transport my child from _____
through _____
(Effective Date)

the termination of services from this Agency.

Special Considerations / Medical-Medication Issues / Limitations:

Signature of Legal Guardian Relationship to Youth Date

Signature of Youth Date

WITNESSED BY:

Print Name of Witness _____

Signature of Witness Date Witnessed

Agency Address Agency Phone

EMERGENCY CONTACT:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.