

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>11/7/05</b>	Date Revised: <b>11/25/08</b>	Section: <b>PROVIDER NETWORK</b>	Policy No: <b>054</b>	Pages: <b>1 of 6</b> (1 Attachment)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input checked="" type="checkbox"/> FISS	Effective Date: <b>1/1/09</b>	Subject: <b>VENDOR RESPONSIBILITIES/GUIDELINES</b>		

## 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 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.
  - 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. Agencies must have a functional E-mail account that Wraparound Milwaukee can use for ongoing communication with the Vendor agency.
4. An Agency may use a P.O. Box as a billing address, but must also provide a current business street address.
5. Agencies 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.

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### Vendor Responsibilities Policy

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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 being able to provide services through their own Agency.
3. Vendors that use volunteers to provide services may not seek reimbursement for services provided to Wraparound youth/families by those volunteers. Volunteers working with youth must be screened and oriented in the same manner as a paid employee.
4. Vendors must orient staff to Wraparound Milwaukee protocols and applicable policies and procedures during a staff's initial orientation period and on 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. Direct service providers of substance abuse and behavioral health services 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 an individual direct service provider from providing multiple services to one youth/family (i.e., one Provider being the Mentor and Tutor for the same youth). This scenario leads to concerns about boundary issues and 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”.**

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. Vendor Agency Referrals, Consent Form, Plan of Care and Other Documentation.**

**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 the transport occurring. The only Vendors excluded from this requirement are those who are exclusively providing Transportation Services (service codes 5577 Transportation and 5576 Taxi).

4. **Plan of Care.**

A Wraparound Milwaukee/FISS Plan of Care (POC) reflective of the Vendor service, direct service provider and duration that the service is to be provided must be maintained in the Vendor Agency service recipient file, unless the legal guardian denies a Vendor/Provider access to the POC, or a Wraparound Milwaukee policy exempts the service from the POC requirement. .

If a legal guardian denies a Vendor/direct service provider access to the POC, the Vendor staff should document the denial within the POC area of the Vendor Agency client’s file.

5. **Service Documentation.**

All Vendors are required to maintain supporting documentation related to provided services as outlined in the 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) is delivered. 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 signature.

**F. Vendor Agency Billing.**

1. If a Wraparound Milwaukee or FISS service recipient has a health insurance policy that provides coverage for a service that is both reimbursable under the insurance policy and by Wraparound Milwaukee, the Provider must bill the third-party insurance for the service. Payments from third-party insurance are accepted by the Provider in lieu of payment by Wraparound Milwaukee/FISS.
2. Provider must maintain documentation related to the provided service(s) as required by the Wraparound Milwaukee Fee-for-Service Agreement and any applicable Wraparound Milwaukee and/or FISS Policies and Procedures/Provider Bulletins and/or all applicable Federal or State Statutes in effect at the time of the service provision.
3. 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.
4. Providers may invoice Wraparound Milwaukee electronically using Synthesis, or in writing using the Wraparound Milwaukee Invoice Form or a HCFA 1500 or UB92 form beginning the first of each month following the month in which the service was provided.
5. Invoices must identify the following: the name of the Wraparound or FISS enrolled client, the name of the Service Recipient, the name of the Direct Service Provider, the Service Name and Service Code (Wraparound or Nationally recognized code) for the service provided, Actual Units of Service Provided by Date, Unit Cost and Total Cost per enrolled client.
6. 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.
7. 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.).

8. 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 agency maintained supporting documentation.

**G. Vendor Agency / Staff Conduct.**

1. 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.
2. Individuals such as a direct service provider’s own child/children, other family members, friends or any unknown person may NOT accompany a direct service provider to a youth/family meeting or service appointment.

*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.*

3. Youth/service recipients may NOT accompany direct service providers on personal business at any time.
4. 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.*

**H. 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.

**I. 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 the \_\_\_\_\_  
(Effective Date)

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.**