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Policy Area: Wraparound (REACH,
 O'YEAH)-Prov. Netwk.

References:

#038- Provider Referral Form

POLICY

It is the policy of Wraparound Milwaukee and Family Intervention Support Services (FISS) that all Provider Agencies receive a completed Provider Referral Form prior to providing services to a youth/family.

NOTE: This policy utilizes the term "Care Coordinator", which also applies to FISS Managers, Wraparound/REACH Care Coordinators and O-YEAH Transition Coordinators. It also uses the terms "Child and Family Team" - which applies to any group of people that may be working with a youth/family or young adult. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

PROCEDURE

Wraparound Milwaukee Programs Only

- A. After a Child & Family Team decides that a service will be sought and before a PROVIDER REFERRAL FORM (see Attachment 1) is enter and sent to a Provider and/or any exchange of information occurs, the Care Coordinator must get an AUTHORIZATION FOR RELEASE OF INFORMATION form (see Confidentiality/Exchange of Information Policy #009) signed by the parent/legal guardian, the youth if aged 14 and above, or young adult if over 18 and is their own guardian. The Authorization for Release of Information Form gives the Care Coordinator permission to speak with and share information with that Provider.
- B. The Care Coordinator must then completely fill out the PROVIDER REFERRAL FORM and forward it to the prospective Provider. Telephone calls alone to refer a client for services are **not** sufficient.
 - 1. If a service is being requested for the **identified enrollee**, the Care Coordinator must complete the Synthesis generated PROVIDER REFERRAL FORM (see Attachment 1) located under the Client Forms Tab in Synthesis. The Care Coordinator must use the service specific referral forms for: Out-of-Home Care, Transportation and Transportation-Americab (Taxi) and O-YEAH program referrals.
 - 2. When requesting services for other family members (i.e., sibling, parents, caregivers, etc.), the Care Coordinator must complete a PROVIDER REFERRAL FORM (see Attachment 1) located under the enrollee's Client Forms Tab in Synthesis for. The Care Coordinator must identify who the service is for on the Provider Referral Form.
- C. Following receipt of a Provider Referral Form, agencies providing services through the Wraparound

Milwaukee Provider Network determine if they can adequately serve/meet the needs of the youth/family that has been referred to their agency for services. Unless otherwise identified in a Wraparound Milwaukee service specific policy or procedure (i.e., Crisis Stabilization/Supervision), Network agencies are to respond to the Care Coordinator within 48 hours of receipt of a Provider Referral Form and identify the time of the next available appointment for service.

The Wraparound Milwaukee Provider Network agency is to provide services within the time frames identified below or identify other qualified Network Providers that may be able to serve the youth/family/young adult. *(A list of Wraparound Milwaukee Provider Network agencies and individual direct service providers is available in the Synthesis Resource Guide – Wraparound Milwaukee's Information Management System.*

Appointments for "urgent" care services should be available within 48 hours of receipt of a Provider Referral Form for the following services:

- AODA Assessment
- In-Home Lead
- Individual/Family Therapy – Office (including providers of High Risk Counseling and Therapy)
- Individual/Family Therapy – Licensed Psychologist – Office

First time appointments for routine non-urgent services are to be made available within 10 business days of receipt of a Provider Referral Form for all individually provided services within the following Wraparound Milwaukee Provider Network service groups (see **"Service List by Program"** report in *Synthesis for a list of services by Service Group*) including:

- AODA Services
- Child Care/Recreation Services
- Day Treatment Services
- Family/Parent Support Services
- In-Home Services
- Life Skills
- Outpatient Therapy Services
- Respite (Hourly; Foster Care)
- Youth Support Services

First time appointments for routine contact to be made within 60 calendar days of receipt of a Provider Referral Form for the following services:

- Assessment M.D.
- Med. Management/Nursing Services

For group services that are offered in a "cycle" or "sequence" with designated points of entry in the cycle (i.e., *Anger Management with a 6 week repeat cycle*), the Care Coordinator is to be informed of the start date for the next available cycle for the identified service(s).

The youth/family may choose to waive the Wraparound Milwaukee service delivery requirement time frame if they prefer to wait for the next available appointment at a specific Wraparound Milwaukee Provider Network agency or with a specific Wraparound Milwaukee credentialed Direct Service Provider.

In the event that the youth and/or family elect to delay the onset of services, the Provider Network agency shall notify the Care Coordinator, youth/family of any potential negative consequences that could result from delaying the start of services. The Care Coordinator shall also inform the youth and/or family of any negative consequences they may be aware of that may impact on the youth and/or family (*i.e., compliance with court order, etc.*) when electing to delay the start of services.

- D. If it is determined that the Provider can meet the identified youth/family needs, the Care Coordinator authorizes the service(s) in Synthesis so that the Provider can initiate services with the Service Recipient.
- E. Care Coordinators shall introduce all new Providers to the service recipient/family at the first appointment.

FISS Only

- A. Following the Initial Family Meeting (IFM), the FISS Services Manager will initiate direct telephone contact with a desired Wraparound Milwaukee Network Provider in order to establish the Provider's ability and availability to meet the specified service need of the youth/family within the designated time frame presented.
- B. The FISS Services Manager then completes the PROVIDER REFERRAL FORM (*see Attachment 1*) to formally request services from the Provider, and to provide necessary youth/family information and the goal or purpose for the requested FISS Service. The Referral Form, including a copy of the signed FISS Services Consent for Release of Information Form (*see Attachment 2*), is then faxed to the identified Services Provider.
- C. Providers must have contact with the family within a 7-day period, if they are unavailable to attend the Initial Family Meeting with the FISS Services Manager.

ALL PROGRAMS

- A. Providers can initiate services only upon receipt of a PROVIDER REFERRAL FORM. Services provided, prior to receiving the authorized Provider Referral Form shall not be reimbursed.
- B. There **must** be a PROVIDER REFERRAL FORM in the Wraparound Milwaukee Provider Network agency's Enrollee record for all youth/individuals served.
- C. If a family, as a group, is receiving a service, then the PROVIDER REFERRAL FORM must be, at minimum, in the enrollee's/case head's file. If more than one file is being maintained on a family for that service, then a copy of the PROVIDER REFERRAL FORM must be present in **all** applicable files.
- D. The Wraparound Milwaukee Provider Network agency must obtain a new PROVIDER REFERRAL FORM if the service changes, even though the new service is similar to the service already being provided. For example, a youth and family receiving In-Home Therapy services transfers to office based therapy services. The Wraparound Milwaukee Provider Network agency is required to have separate PROVIDER REFERRAL FORMS, one each for the In-Home service (Code 5160) and the Individual/Family Therapy Office Based (Code 5100).
- E. Wraparound Milwaukee Provider Network agencies are responsible for communicating this policy with individual Direct Service Providers approved to provide services on behalf of their agency (employees and contract staff) through the Fee-for-Service Agreement with Wraparound Milwaukee.

Attachments:

- 1: Provider Referral Form
- 2: FISS Services Consent for Release of Information Form

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: 11008000-BHD Administrator	1/31/2018
	Brian McBride: 12010012-Mngr-Int Srvs CCS, Interim WRAP Director	1/30/2018
	Pamela Erdman: 12008005-Placement Resources Manager	1/29/2018
	Dana James: 21011004-Quality Assurance Coordinator	1/29/2018

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