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#038- Provider Referral Form

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee/Family Intervention Support Services (FISS) (hereby referenced as Wraparound Milwaukee), 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 Wraparound, REACH, and CCS Care Coordinators and FISS Case Managers. 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.

II. PROCEDURE

Wraparound/REACH/CCS 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 entered and sent to a Provider, the Care Coordinator will review the Resource Guide (see the Wraparound Milwaukee website: <http://wraparoundmke.com/>) with the youth/family to allow the them to have the opportunity to establish criteria that best meets their needs and preferences and to identify Providers that they would like to work with.
- B. Before any exchange of information occurs, the Care Coordinator must get an AUTHORIZATION FOR RELEASE OF INFORMATION form (*found on Frequently Used Forms on website*) 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.

- C. Within 2 business days of meeting with the family to review the Resource Guide, the Care Coordinator must then completely fill out the PROVIDER REFERRAL FORM and forward it to the prospective Provider(s) which the youth and family have identified. Telephone calls alone to refer a youth for services are **not** sufficient.
 - 1. The Care Coordinator must submit a PROVIDER REFERRAL FORM for each agency/organization providing services to the enrollee. Referrals must be service specific and time relevant.
 - a. if a new referral for the same service type needs to be sent more than 60 days after the previous referral was sent, a new referral form will need to be completed in Synthesis.
 - 2. If a service is being requested for the **identified enrollee**, the Care Coordinator must complete the Synthesis generated PROVIDER REFERRAL FORM located under the Forms Tab in Synthesis. The Care Coordinator must use the service specific referral forms for Out-of-Home Care and 1:1 Staffing or Exceptional Rate request.
 - 3. For Wraparound and REACH programs only: Services can be requested for other family members through the Wraparound Milwaukee Provider network, as long as options available through other forms of insurance and community resources have been explored first or the desired service is only available in our network (i.e. Parent Coach).
 - a. When requesting services for other family members (i.e., sibling, parents, caregivers, etc.), the Care Coordinator must complete a PROVIDER REFERRAL FORM located under the enrollee's Forms Tab in Synthesis. The Care Coordinator must identify who the service is for on the Provider Referral Form. The Care Coordinator must also get an AUTHORIZATION FOR RELEASE OF INFORMATION form signed by the family member that will be receiving the services. If the sibling is under the age of 14, the parent/legal guardian would sign. If the sibling is aged 14 and above, they and their parent/legal guardian both will need to sign the consent form. If they are 18 years old or older, and their own guardian, they would sign for themselves.
 - b. If the requested service is for a crisis stabilizer for a family member, CC's must follow the outlined process in Policy #036- Crisis Stabilization/Supervision for review and determination of need.
- D. 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 2 business days 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 In-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 2 business days of receipt of a Provider Referral Form for the following services:

- AODA Assessment
- Therapy Services
- Psychotherapy

First time appointments for routine non-urgent services are to be made available within 30 business days of receipt of a Provider Referral Form for all individually provided services within the following Children's Community Mental Health Services and 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
- Therapy Services
- Life Skills
- Respite (Hourly; Foster Care)
- Youth Support Services
- Wellness Management and Recovery/Recovery Support
- Employment Related Skill Training
- Individual Skill Development Enhancement

First time appointments for routine contact to be made within 90 calendar days of receipt of a Provider Referral Form for the following services:

- Assessment M.D.
- Medication 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 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.

- E. 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.
- F. Care Coordinators must introduce all new Providers to the service recipient/family at the first appointment. This introduction should be outside of a Team/POC Meeting.

FISS Only

- A. Following the Initial Family Meeting (IFM), the FISS Case 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 Case 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 Consent for Release of Information Form (see *Frequently Used Forms on website*), is then sent to the identified Service 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 Case 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.
- 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

Attachments

1: Provider Referral Form

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/31/2022
	Brian McBride: ExDir2 – Program Administrator	8/31/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/30/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/30/2022