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#054- Provider Agency Responsibilities / Guidelines

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 Provider Agencies (referred to as Provider) follow basic Wraparound Milwaukee Provider Network procedural requirements as they relate to the Provider Agency's involvement in the Wraparound Milwaukee Provider Network and in the provision of services.

II. PROCEDURE

All Provider Agencies must:

A. Provider Agency Access / Functions

1. Provider agrees to notify Wraparound Milwaukee (Purchaser) in writing within 5 business days of any of the following changes or conditions:
 - a. Agency Name.
 - b. Agency Ownership.
 - c. Agency Director/CEO.
 - d. Hiring or change in status of Executive Director, senior management, or any corporate officer
 - e. Agency Business or Billing Address(es).
 - f. Telephone or Fax Number.
 - g. E-mail address where Provider has official business sent.

- h. Federal Employers Tax ID (FEIN) Number.
- i. Change of Insurance Carrier or Insurance Coverage.
- j. Change in or restriction of Provider, Direct Services Provider, and/or Indirect Staff license(s), including occurrence of negative findings such as license suspension, surrender, expiration, or revocation, or request of forfeiture, fines, plan(s) of correction due to licensing violations that occur (see also Sec. 2, AA). This condition carries a notification requirement of ONE BUSINESS DAY.
- k. Any arrests or convictions of Direct Service Provider and/or Indirect Staff. This condition carries a notification requirement of ONE BUSINESS DAY.
- l. Inability to accept referrals within the time-lines defined in Purchaser Policies and Procedures, including if Provider has wait lists.
- m. Discontinuation of agreed upon service(s).

2. All Providers must have a working business phone that identifies the Provider Agency by name. For Providers that use a telephone answering system, the system must identify the name of the Provider Agency and have the capability to accept messages and service recipient/Wraparound Milwaukee Management inquiries during regular business hours. In non-emergency situations, a call should be returned within 24 hours.
3. Provider agrees to have access to a computer with internet capability and a functional Email account that Purchaser can use for ongoing communication with Provider. Provider also agrees to check Email a minimum of once per business day and respond to Purchaser within the requested time limits.
4. A Provider may use a P.O. Box as a billing address, but must also provide a current business street address.
5. Unless otherwise requested, any submission of materials from Provider Agency to Wraparound Milwaukee shall utilize the Vendor File Store Upload function in Synthesis, as described in "Uploading Documents to the Vendor File Store Tab", available via the website, under Provider Network > Frequently Used Vendor Forms.
6. Except where noted in Policy and Procedure, for all non-clinical Covered Services (where Direct Service Provider (DSP) is not licensed), Provider shall have a curriculum to include, at a minimum:
 1. A summary description of the purpose of the service, a description of the general activities engaged in, and any evidence based support for the service model.
 2. A description of activities by session, stage, or other interval.
 3. The specific learning objectives or intended benefit of the service, as well as the intervals and methods for measuring benefit/objectives, and the intervals and methods used to determine whether continuation of services is warranted.
 4. Any other protocols.

Provider shall ensure that DSP's are oriented/trained to the curriculum for all Covered Services they are authorized to provide initially within 30 days of hire. Documentation of orientation/training shall be retained by Provider.

For all clinical Covered Services (AODA and mental health services, where DSP is licensed), provider shall develop and maintain a written description of the therapeutic approach, service model, and/or evidence based support for the service model, as well as a description of the intervals and methods used to determine whether continuation of services is warranted.

Provider is responsible for providing **initial training** to all DSP's within 30 days from the date of hire unless otherwise indicated per Purchaser Policy and Procedure. For ongoing DSP's, Provider is responsible for providing **updated training** on an annual basis (not to exceed 365 days).

CCS Providers must complete the CCS Training Checklist within 90 days from the date of hire. The CCS Training Checklist must be uploaded to the Staff Profile in Synthesis. In addition, CCS Providers must be knowledgeable in and adhere to DHS 36.

Per Purchaser Policy and Procedure, Initial and Updated Training must be fully documented (and retained in agency or personnel record) to include the following information: subject(s) of training, trainer(s) name, date(s) of training and duration of training(s). Provider training must cover but not limited to the following subjects: service description(s), as defined by Purchaser and/or state statute, Provider curriculum, documentation and billing requirements, agency and program applicable policies and procedures, FFSA (in full, or pertinent sections), as well as all other applicable county, state, federal rules and regulations.

7. Absences and coverage. Agency shall have a policy for arranging coverage (alternate provider) for current Wraparound Milwaukee enrollees/families during any absences of Direct Service Providers which are greater than one week in duration or for services in which a rescheduled appointment might create a hardship. For any absences (planned or unplanned, short or long term) agency must notify affected enrollees prior to their scheduled appointment. For absences of one week or longer, or where absences may create a hardship for the enrollee or their family, provider must offer a coverage option to the enrollee/family, and must notify the Care Coordinator. Notifications in all instances must occur with as much notice as possible. Same day notice may only occur if the agency was not aware of the absence prior to the day of the appointment. Agency Coverage Policy must include all of the following:
 - a. Agency must first attempt to arrange coverage using an existing, approved Wraparound Milwaukee Direct Service Provider affiliated with the agency. For planned absences (absences which are known or should have been known in advance) agency must obtain approval for any non-approved Wraparound Milwaukee Direct Service Provider per *Policy #035 - Provider Add/Drop Policy*, prior to the coverage period. For emergency coverage (when absence is not known or should have been known in advance) when

rescheduling is not an option, agency must obtain approval as soon as possible, **requesting** approval no later than the day of the coverage.

- b. Agency must obtain Consent for Treatment on or before the first date of service with the covering provider.

B. Provider Agency / Staff Conduct Ethics

1. All Providers 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 enrollees, their family members and other members of the Child & 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 enrollee, their family or other team members. All Providers must abide by Policy #053 – Ethics and Boundaries.
2. Providers and Direct Service Providers may NOT solicit "new" business from families or enrollees. If a Direct Service Provider believes the service recipient may benefit from another service offered by the Provider Agency, the Direct Service Provider must use the Child & Family Team process and offer a list of Wraparound Milwaukee approved Providers for the newly recommended service. Providers 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 enrollee confidentiality and as such may not be accompanied by individuals not directly employed by the Provider and directly involved with the provision of the authorized covered service. This includes individuals such as the Director 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 parent/legal guardian must consent in writing and the person accompanying the Direct Service Provider must be an individual from the Provider Agency through which the Direct Service Provider is employed.

4. Enrollees/service recipients may NOT accompany Direct Service Providers on personal business at any time.
5. Providers/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 are NOT to telephone Care Coordinators directly to solicit business.

NOTE: Provider Agencies must have a signed agreement to provide service through the Wraparound Milwaukee Provider Network before advertising that specific service(s).

C. Staff Service Guidelines.

1. Provider Agencies are limited to providing the services agreed to in the current Fee-for-Service Agreement (FFSA) with Wraparound Milwaukee.

2. Providers that use volunteers (including unpaid interns) to provide services may not seek reimbursement for services provided to Wraparound Milwaukee enrollees/families by those volunteers. Volunteers (including unpaid interns) working with Wraparound Milwaukee enrollees must be screened and oriented in the same manner as a paid employee.
3. Providers 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.
4. Providers are responsible for maintaining an accurate list of Direct Service Providers and indirect staff corresponding to the services identified in the current FFSA.
5. The Wraparound Milwaukee Provider Network must approve all Direct Service Providers and indirect staff before they provide services to service recipients (refer to Policy #035 – Provider Add/Drop Policy).
6. Criminal Background Checks must be completed PRIOR to the provision of services and updated per **DHHS Policy and Procedure #001 Caregiver Background Check**.
7. Identified clinical practitioners that will provide direct services must complete the Universal Application credentialing process prior to the provision of services.
8. A valid driver's license is required to be held by any Direct Service Provider and/or Indirect Staff who uses a vehicle for any purpose related to the provision of Covered Services. Provider must obtain an initial driver's license abstract prior to requesting staff be added, which is then updated at intervals no greater than annually thereafter, or as often as is necessary to ensure that license remains valid at all times that services are delivered.

Agency shall have a written policy which is communicated to all Direct Service Providers upon hire and annually thereafter requiring immediate (*within 24 hours of the event*) notification to Agency of any change in validity (*suspended, revoked, expired, surrendered, etc.*) of driver's license. Communication of this policy shall be documented with the employee's signature and kept in the employee file. Upon notification from the Direct Service Provider to Agency as described above, Agency shall immediately suspend the Direct Service Provider from driving for any purpose related to Wraparound Milwaukee services and shall notify Wraparound Milwaukee Provider Network Manager within two (2) business days. If a Provider fails to report the suspension, revocation or expiration of his/her license and services are billed during the non-valid period, that Provider will be subject to sanction from Wraparound Milwaukee up to and including termination, and all services paid during the non-valid period will be subject to recovery.

Agencies with a PARS account are eligible for the Employer Notification feature, which allows direct notification of actions against an individual's license. Call 608-250-4606 for information on obtaining Employer Notification through PARS. To obtain paperwork and information on PARS, click on the link below:
www.portal.wi.gov/register/

Employer Notification allows participants to create and maintain their own roster of employed drivers. The system is designed to have participants log on and check for employee driving activity. The Employer Notification system will identify all enrolled drivers with recent activity on their driving record and enable the purchase of their driving record abstract. Activity should be monitored on a regular basis. The PARS system will automatically send an e-mail each Monday morning to the designated PARS Agreement Coordinator if there has been recent activity on one or more drivers and an abstract has not yet been requested. Participants will only receive an e-mail if there has been recent activity and a driving record has not yet been requested. See <http://portal.wisconsin.gov/register/Documents/pars-user-manual.pdf>

D. Individual Provider Per Family Service Limit

As a matter of quality management, Wraparound Milwaukee does not believe that individual providers can be completely effective with regard to their role when providing more than one service to the same family.

1. Individual Direct Service Providers who provide services to service recipients through the Wraparound Milwaukee Provider Network are limited to providing one service to a family. Please note that this requirement will not affect provider's eligibility to provide multiple services at the agency, but does limit the Direct Service Provider to one service within the service recipient family. This service limit also applies to individual Direct Service Providers who may work for more than one agency in the Wraparound Milwaukee Provider Network.
2. The following services are **EXCLUDED** from the "one service per family" limit:
 - Anger Management Group (Code 5565B)
 - AODA Assessment (Code 5001A)
 - Assessment, M.D. (Code 5000)
 - Med Management Support, non-prescriber (Code 5055)
 - Parent Correctional Facility Visitation (Code 5550A-C)
 - Psychiatric Review, Meds with or without Therapy (Codes 5050 and 5051)
 - Psychoeducational Support Group-ART (Code 5632H)
 - Psychoeducational Support Group- CSE/DST (Code 5632C)
 - Treatment Plan Meeting Attendance (Code 5222A)
 - Youth Relationship Building – A.S.A.P. (Code 5704)
 - Service Planning- Ancillary (H2017SPANC)
 - Service Facilitation- Ancillary (H2017FANC)
3. The following services **MAY** be offered in combination with the companion counseling/therapy service(s) as identified below where both services are provided by the same individual Direct Service Provider:
 - AODA Group Counseling (Code 5121)/Substance Abuse Treatment-Group (H2017SAGRP)
Companion Service: AODA Individual/Family Counseling (Code 5101);

Substance Abuse Treatment (2017SA)

- Group Therapy and Counseling (Code 5120)/Psychotherapy Group (H2017TGRP)
Companion Services: Therapy Services (Code 5104); Psychotherapy (H2017T); Psychotherapy In-home (H2017TH)
- Therapy Services (Code 5104)/Psychotherapy In-home (H2017TH)
Companion Services: AODA Individual/Family Counseling (Code 5101); Home Based Behavior Management, Lead (Code 5163); Psychotherapy (H2017T); Substance Abuse Treatment-Group (H2017SAGRP)

E. Direct Service Provider Reimbursable Service Hours Per Month Limit

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 FFSA 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.

F. 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 Milwaukee 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 Lab & Medical Services
- 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
- Transportation

2. If "vendor staff" is being utilized incorrectly on a Service Authorization Request (SAR), the Provider must contact the Care Coordinator to request a correction to the SAR. Prior to billing for that service, the Provider has the ability within Synthesis (Wraparound Milwaukee'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 their name.**

G. Maintenance of Enrollee Records/Case Notes

The following guidelines **shall** be implemented with regard to the maintenance of enrollee records/case notes for enrolled enrollees/families receiving services through the Wraparound Milwaukee Provider Network and FISS.

1. Providers must maintain an Enrollee specific record for every **enrollee receiving services from the agency**. **Each enrollee** must have his/her own record, unless the agency is providing one of more other services to one or more family members of the enrollee in which having a **family record** would then be permissible. If the enrollee alone is receiving more than one service from the Provider, only one record needs to be maintained on that enrollee. Every **FISS family** must have their own record.
2. Each Provider enrollee record must clearly indicate the enrollee/family name. If the service recipient is a sibling/caregiver of an enrollee (with the exception of FISS) and the only person receiving services from the Provider, then the identified **enrollee's** name must also be clearly visible on the client record.
3. The enrollee 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 or Provider 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 crisis stabilization for the sibling, James Johnson, the provider referral forms received for each individual can both be recorded under the Provider Referral Form/Intake Section. Providers that have an established, enrollee record organizational format referencing similar chart sections may continue to keep their records in that manner.
4. The Progress or Provider Notes/Service Documentation section of the enrollee record should contain "subsections" if the Provider provides more than one service to an enrollee and/or if the Provider Agency 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 crisis stabilization notes kept for James Johnson, sibling.

5. Plans of Care (POC) **[Not applicable to FISS]**

- For any services which do not allow access to the POC in Synthesis, Providers must have time-applicable POC's in the record relevant to the **entire time the service recipient received services**. The only exception is if the service recipient/family did not consent to share the POC with the Provider. In this case, the Provider should place a note in the POC section of the record indicating the service recipient'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 "Team Plan" version of the POC. The agency may keep a "Team Plan" POC in the record. The "Team Plan" 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 service recipient discharge**, the following "thinning" of the **POC section** is permissible: a Provider 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 enrollee record.
7. Enrollee records must be easily accessible.
8. It is preferable that charts be maintained in alphabetical order by enrollee 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 enrollee 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 enrollee records until the enrollee becomes 19 years of age or until 7 years after service has been completed, whichever is longer.

H. Provider Agency Referrals and Consent Form

1. Provider Referral Form

A program-specific "Referral Form" must be received on each service recipient prior to the provision of service(s). A Provider 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. (See *Policy #038- Provider Referral Form*)

2. Consent for Service/Treatment

Providers are required to obtain a "consent for services or treatment" for each service provided to a Wraparound Milwaukee/FFSS service recipient. The consent for services form must be signed and dated by the service recipient (if a legal adult) or enrollee/service recipient's legal guardian **prior to the provision of services**. If a service recipient is age 14 or older, they must also sign the consent form. 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 an enrollee/service recipient is to be transported by a direct service provider, a "TRANSPORTATION CONSENT FORM" (see *Attachment 1*) must be signed and dated by the legal guardian/adult service recipient, prior to transporting the individual. The only Providers excluded from this requirement are those who are providing Transportation Services (service code 5577 Transportation).

I. Service Delivery and Plans of Care

1. Providers are responsible for the provision of covered services as identified in the Wraparound Milwaukee Service Descriptions and all applicable 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 enrolled youth'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 enrolled youth's Plan of Care (POC). Direct service provider interventions and recommendations should be formulated in a manner that addresses the "Needs" of the identified enrolled youth/family. **Direct Service Providers shall avoid telling families about service plans associated with other service recipients**, including identifying the units of services or service combinations that they have encountered when working with other enrolled youth or case managers from other agencies. Each Plan of Care is client specific and reflects family, community and systems resources available to the specific service recipient.

J. Service Documentation

All Providers are required to maintain supporting documentation related to provided services as outlined in the Wraparound Milwaukee FFSA, 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, actual start time/actual end 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.

Any correction, creation of, or addition to Service Documentation after billing must receive prior approval from Wraparound Milwaukee Quality Assurance Manager. Service Documentation otherwise created or obtained subsequent to billing or in response to site review findings will not be accepted as support for payment (including affidavits).

K. Provider Agency Billing and Reimbursement for Services

1. Billing for services provided to Wraparound Milwaukee and/or FISS Enrollees must be done in compliance with the requirements of the Wraparound Milwaukee FFSA.
2. Unless otherwise indicated in a Wraparound Milwaukee Policy and Procedure or Service Description, Providers may only seek reimbursement for service recipient direct face-to-face contact time.
3. Unless otherwise allowed in a service specific Wraparound Milwaukee Policy and Procedure, Providers may not receive reimbursement for "no shows" or canceled appointments.
4. Unless otherwise allowed in a service specific Wraparound Milwaukee Policy and Procedure, travel time is not billable.
5. Unless otherwise allowed in a service specific Wraparound Milwaukee Policy and Procedure, service documentation is not billable.
6. Unless specifically requested by the Care Coordinator, the family or the Court, Providers are not expected or encouraged to be present at Court. Any Provider attending Court must document in the progress notes the reason for their attendance.
7. Billing for rendered service(s) is to be submitted no more than 60 days following the last day of the month in which the service was rendered.
8. When billing for a service that is authorized at a per-hour rate, the Provider **must** bill for the exact 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.).
9. 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 required supporting documentation maintained by the Provider.
10. Providers are to be knowledgeable in and follow related Wraparound Milwaukee billing policies (see #080- *Unearned Monies Recoupment Policy* and #081- *Billing Policy*).

L. 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 Provider 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 Providers maintain separate personal and business transactions and finances. It is important that the Provider maintain a

business checking account, separate from that used for personal banking and finance. Whenever possible, the Provider staff should avoid using personal credit cards or credit lines for business purposes.

M. Appeal/Review of Wraparound Formal Grievance

If Wraparound Milwaukee substantiates a grievance against an Agency / Direct Service Provider, the Agency may request an appeal/review of the decision within ten (10) calendar days of the mailing date of the notice of outcome. Appeals must include additional information/documentation in writing stating the ground or grounds as to why the decision should be modified or reversed.

N. Other Requirements

1. Critical Incident Reporting

All Providers shall report critical type incidents (i.e., abuse/neglect, serious criminal offenses to or by the enrollee or employee, service recipient suicide attempts/verbalizations, physical/sexual assault, etc.) to Wraparound Milwaukee management and the Care Coordinator within 24 hours of the incident. Providers shall be documenting these incidents on the "Critical Incident Report Form" available on the Wraparound Milwaukee website under the Provider Forms area. (Refer to Policy #014 – *Critical and Serious Incident Reporting and DHHS Policy 010- Critical Incident*)

2. In accordance with Wisconsin Fair Employment Law and Department of Workforce Development/Equal Rights Division, an **anti-harassment policy must be developed and adhered to by Providers. A strong and effective policy is required prohibiting workplace harassment, and procedures for addressing such matters when they arise. Individual providers must receive a copy of the agency policies regarding harassment and the procedures for reporting it. Agency must provide and document training sessions related to harassment and retain documentation that all Individual Providers have received a copy of the agency harassment policies and procedures.**

Guidance for creating an anti-harassment policy can be found at following link:
http://dwd.wisconsin.gov/er/discrimination_civil_rights/publication_erd_10449_p.htm

3. For FISS Only - Provider Documentation

It is the responsibility of the Provider 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 sent to the FISS Case Manager 1-3 business days following Provider's final contact with the family.

III. REFERENCES

Chapter DHS 36: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/36/_1

Attachments

1: Agency Transportation Consent 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



AGENCY TRANSPORTATION CONSENT FORM

Youth's Name _____ DOB _____
(Print)

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

has permission to pick up and transport my child from _____ through the
termination of services from this Agency.
(Effective Date)

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.