



Date Issued: 9/1/1998
Effective: 9/1/1998
Last Approved Date: 9/10/2021
Last Revised Date: 9/10/2021
Next Review: 8/31/2023

Owner: Theresa Randall: Program Manager – Provider Relations
Policy Area: Wraparound (Wrap, REACH, youth CCS)-Prov. Netwk.

References:

#018 - Family Support Services

I. POLICY:

It is the policy of Behavioral Health Division - Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) to tailor informal and community-based services to meet the needs of each youth and family; allowing for the development of creative, non-traditional, innovative approaches to securing services that have been identified by the youth and family in response to their specific needs. Family Support Services are provided to the youth and/or family through identified natural supports (relatives, neighbors, friends, community resources). Family Support is a category that covers the following types of services: Tutoring, Mentoring, daily and hourly Respite Services, Independent Living Skills, Child Care and Housing Assistance Services.

II. GENERAL INFORMATION:

- A. **Provider/Employee:** An individual employed as a Family Support Provider is the employee of the youth/family, **NOT** Wraparound Milwaukee or Milwaukee County. Payment of Family Support Providers is accomplished through the use of a fiscal intermediary – iLIFE Financial Management Services (iLIFE). Wraparound Milwaukee has initiated an application/screening process to assure the safety of our Wraparound Milwaukee youth/families and to assist the fiscal intermediary (iLIFE). If a potential Family Support Provider is not approved through the application/screening process, and the youth/family continues to want that individual to provide services, then the youth/family can choose to utilize and pay them on their own.
- B. **Recreational Activities:** Recreational activity costs are the responsibility of the provider/youth/family unless some type of exceptional activity is occurring which has been discussed in advance with the Child and Family Team and Care Coordinator. In these exceptional instances funding through discretionary funds could be sought on the Service Authorization Request (SAR), as outlined in Policy #015 - Discretionary Funds.
- C. **Overnights:** Wraparound Milwaukee WILL NOT fund or be liable for youth who go on overnight passes to Family Service Provider homes. A funded, overnight placement for a minor through Wraparound Milwaukee may occur ONLY within a licensed foster home with the parents/legal guardian authorization and Care Coordinator knowledge/approval.

1. **NOTE:** If the youth goes on an overnight with the Family Support Provider, per an independent

agreement between the provider and the youth/family, scheduled Wraparound activities that would be planned during that time may be acceptable for reimbursement. Again, this would have to be an exceptional activity and would have to be discussed with the Child and Family Team and the Care Coordinator.

- D. **Mandatory Reporting of Abuse:** The Family Support Provider is a "Mandatory Reporter". It is the Family Support Provider's responsibility to immediately report to the Care Coordinator and Division of Milwaukee Child Protective Services (DMCPS) any reported and/or witnessed neglect or physical, sexual or emotional abuse. The family and the Family Support Provider should be made aware from day one that this would be expected of them. The number for DMCPS is 220-SAFE (7233). Any reported and/or witnessed physical, sexual or emotional abuse against a young adult (age 18 or older) should be reported to the Care Coordinator and Adult Protective Services (APS). The number for APS is 289-6660.
- E. **Confidentiality:** The Family Support Services Provider agrees that all information about the youth/family they work with is strictly confidential and will not be discussed with any person outside the Child and Family Team or any person not associated with the Wraparound Milwaukee Program.
- F. **Provider Service Requirements/Training/Documentation:** The Family Support Provider must be informed of and encouraged to be involved in all relevant meetings, including Plan of Care meetings. Communication and collaboration with the Care Coordinator/Family Team should be stressed. The Care Coordinator must provide guidance and support to the Family Support Provider regarding the youth's care, strengths, and needs. The Family Support Provider must also be oriented to the Wraparound Milwaukee program and philosophy. The Family Support Provider must make a progress entry on the Family Support Services Provider Log (see Attachment 2) every time a youth/family is seen. These Logs must be signed by the Care Coordinator, Provider and Parent/Guardian/Caregiver or youth (if over age 18) and turned in to the Care Coordinator at the end of every month. The Care Coordinator will upload them to the File Store in Synthesis (Wraparound Milwaukee's IT system). If a session with a youth/family is canceled for any reason, this should still be indicated on the Log. If Logs are not submitted on time, the family/Wraparound Milwaukee has the right to terminate an employee.
- G. **Provider Hours:** Family Support Services will generally not be approved for more than the maximum hours allowed per service per Wraparound Milwaukee standards. The reason for usage of services beyond these general parameters must be clearly documented in the Plan of Care.

Family Support Services Providers can only bill for actual "face-to-face" contact. Reimbursement is not available for travel time, phone contact and/or if there is a "no show" situation with a youth/family. The Family Support Provider can bill for the time spent attending POC meetings, Child & Family Team meetings and other related treatment-focused meetings when the youth/family is present. Billing for attendance at these meetings will occur at the same hourly rate of reimbursement.

- H. **Requests for Additional Units of Service:** Any requests for additional units of service for the month beyond those authorized on the Service Authorization Request (SAR) must be discussed with the Care Coordinator. The Care Coordinator must then have these additional hours/units approved by their Supervisor/Lead and the additional hours/units must be entered on-line through Synthesis.
- I. **Provider Monitoring:** The Care Coordinator will assist the youth/family with monitoring the services provided by the Family Support Provider.
- J. **Liability Issues:** Wraparound Milwaukee will not be liable in the circumstance where a youth/family may steal from a Family Support Provider and/or cause damage to a Provider's property or person. Issues related to theft/damage must be dealt with between the employer and employee, meaning the Family

III. REQUIREMENTS:

Wraparound Milwaukee requires that the following guidelines be followed when the family hires a Family Support Provider.

A. Criminal History/Criminal Background Check/Caregiver Law/County Resolution:

A Caregiver Background Check (CBC) will be done prior to hiring the Provider, as required by the State of Wisconsin Caregiver Law and there must be adherence to the Wisconsin Caregiver Law/County Resolution. Please see DHHS 001- Caregiver Background Check Policy (on Wraparound Milwaukee website) for additional information.

The Background Information Disclosure Form (BID) will be provided to the Care Coordinator to be included with the Provider Application. Completion of the BID form will allow Wraparound Milwaukee to request a CBC on the individual.

If the youth/family chooses to hire an individual with a past record (charges or convictions), additional character references are recommended, and the youth/family will need to state in writing that they understand the risks involved in hiring this individual and that they take full responsibility in doing so.

B. Transporting a Youth/Family:

If the Provider will transport the youth/family at any time, the parent/legal guardian or youth (if over age 18), must sign a [TRANSPORTATION CONSENT FORM](http://wraparoundmke.com/provider-network-2/frequently-used-vendor-forms/) that indicates permission for the Provider to do so. This can be found on Wraparound Milwaukee website under Provider Network: Frequently Used Forms (<http://wraparoundmke.com/provider-network-2/frequently-used-vendor-forms/>). For youth under age 18, if the Family Support Services Provider is to pick up the youth at the youth's home for a session/activity, it is required that at least one parent/legal guardian/responsible adult be present when the Provider arrives and when the youth is being dropped off (unless otherwise indicated and approved by the Child & Family Team).

Note: Schools, clinics, etc., will often request written permission and identification from the person picking the child up if it is not their parent/legal guardian.

- C. Driver's License:** If a Family Support Provider is to transport a youth/family at any time in a motor vehicle, they must have verification of a valid Wisconsin Driver's License and current insurance. The Family Support Provider's motor vehicle should have working seat belts and the youth/family must be properly always wearing the seat belt during transport. Wraparound Milwaukee Administration will complete a Motor Vehicle Abstract to verify a safe driving record (i.e., no Driving Under the Influence offenses within the past 5 years, no lengthy history of multiple tickets/outstanding violations in the past 5 years). A copy of a valid Driver's License and Certificate of Insurance from the Provider's insurance company must be submitted with the application.

IV. PROCEDURE:

- A. Identify a potential Family Support Provider.
- B. Obtain a copy of the Family Support Services Provider Application Packet from Wraparound Milwaukee.
- C. Provide Orientation, the Family Support Services Job Description (this job description focuses primarily on mentoring support services (see Attachment 1), the Family Support Services Provider Log (see Attachment 2), and the entire Family Support Services iLIFE Policy & Procedure (see Attachment 3).
- D. If the individual is interested in providing services for the potential youth/family, have the person fill out the Family Support Services Provider Application.

- E. Obtain an Authorization for Release of Health Information form signed by the legal guardian and youth (age 14 and older), or youth (if over age 18). This enables the Care Coordinator to discuss the youth/family with the prospective Family Support Services Provider.
- F. Orient Family Support Provider to youth/family (i.e., share relevant history, coordinate first meeting with youth/family and Provider). Youth/family and Provider must agree that this is a "good match" (i.e., the youth/family and Family Support Provider will be able to have a positive, healthy relationship).
- G. If there is agreement between the youth/family and Family Support Provider - the Provider and the family should complete the iLIFE Application Packet. Services should not be provided until Family Support Provider is approved by Wraparound Milwaukee. Once approved, iLIFE will receive the information to begin the payment process.
- H. The Care Coordinator discusses the youth/family Plan of Care goals/objectives and how the Provider will be integrated into the Plan. The Provider acknowledges their role/duties according to the Plan of Care.
- I. Provider sets up future meetings/visits with the youth/family for activities/services as agreed upon by the Child & Family Team. The Care Coordinator assists the Provider in coordinating these services.

Attachments

[Attachment 3 : iLIFE procedure](#)
[Attachment 2 : Provider Log](#)
[Attachment 1 : Job Description](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	9/10/2021
	Brian McBride: ExDir2 – Program Administrator	9/8/2021
	Dana James: Integrated Services Manager- Quality Assurance	9/8/2021
	Theresa Randall: Program Manager – Provider Relations	9/7/2021



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION **CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND** **WRAPAROUND MILWAUKEE**

Family Support Service Job Description

(Primarily focuses on mentoring, but applicable to other Family Support Service Providers.)

Definition/Objective

To act as a positive role model and advocate for emotionally and behaviorally challenged youth and their families who are in need of guidance and opportunities for social growth. Mentoring is a trusting one-to-one relationship that focuses on developing youth and family strengths, interests, and needs. The primary purpose in mentoring is role modeling and building supports and partnerships with youth and families in their communities.

Eligibility Criteria

Must be at least 18 years old. Experience in working with youth is preferred.

Working Hours

As determined by the needs of the youth, family and/or program, and the availability of the Provider.

Desired Traits/Requirements

- Must be able to work as a member of a Child & Family Team.
- Must be dependable and responsible.
- Must be flexible.
- Must enjoy working with children/adolescents.
- Must be nurturing and patient.
- Must be supportive and objective.
- Must use good judgment.
- Must possess good written, verbal, listening and communication skills.
- Must be able to problem solve independently.
- Must be open to a variety of cultural experiences.
- Must be outgoing and active.
- Must be able to provide structure.
- Must be able to set limits and provide appropriate consequences for undesirable behavior.
- Must be able to provide praise and reinforcement when desirable behavior is evident.
- Must be receptive to direction and feedback from the Child & Family Team.
- Must have knowledge of Wraparound philosophy and believe in the strength-based approach.
- Must be able to provide emotional support in order to help the child sort out feelings and channel them productively.
- Must be able to provide objective and unconditional care and acceptance.
- Must have a valid Wisconsin Driver's License and current auto insurance, if transporting youth and/or family members. **If no Driver's License, Provider cannot transport.**
- Must have a caregiver background check completed and have met the requirements of the Wisconsin Caregiver Law and the Milwaukee County Caregiver Resolution.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND

WRAPAROUND MILWAUKEE

Role Description

As a member of a Child & Family Team supported by the Wraparound program, a Family Support Provider would function as both a positive role model and advocate for a youth in their family system and community. Youth would be matched with a Family Support Provider based on their needs and interests. A Family Support Provider could be involved in a variety of activities with the youth and/or family with the focus including, but not limited to: recreation, school related projects, social skills and peer relationship building, personal care/hygiene/exercise, etc. Direction, consultation and support will be provided by the Wraparound Care Coordinator and Child & Family Team. The time commitment will vary depending upon the needs of the youth/family. A Family Support Provider is a valuable link in assisting youth and families in developing needed skills and relationships as they grow.

Responsibilities

1. Have knowledge of the Wraparound Milwaukee philosophy regarding providing services/care.
2. Have knowledge of the Wraparound Family Support Services Policy & Procedure, have signed off on the Policy and have completed the necessary iLife paperwork if they are a paid provider.
3. Work as a member of the Child & Family Team in assisting youth and families in skill development. Role models and teaches skills referred to in the Job Description and any other skills that may be identified in the Plan of Care.
4. Communicate routinely with the Care Coordinator (verbally and in writing) to assure comprehensive care.

Reminder: The Family Support Provider is to immediately report to the Care Coordinator, Child Protective Services, and police where necessary, any reported and/or witnessed neglect or physical, sexual or emotional abuse.

5. Documentation -- The work of the Family Support Provider must be documented routinely. This means that the Provider must fill out a Family Support Services Provider Log every time a youth/family is seen. **The parent/guardian or youth (if age 18 or older) signature must be on every Log**, thus verifying that the contact/service did actually occur. These Logs must be turned in to the Care Coordinator at the end of every month. If a scheduled session with a youth/family is cancelled for any reason, this should also be indicated on the Provider Log. Every Log must be signed by the Care Coordinator. The Logs must be reviewed by the Care Coordinator and feedback should be given to the Provider, as needed.
6. Participate in Child & Family Team/Plan of Care meetings led by the Care Coordinator, in collaboration with the youth/family and their support systems. Assist in the development of the Plan of Care and identifying the youth/family strengths and needs.
7. Be accessible, if needed, to the youth, family, and/or Care Coordinator according to the standards set by the Child & Family Team.
8. Complete the necessary paperwork as identified in the Family Support Services Policy & Procedure.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND
WRAPAROUND MILWAUKEE

Family Support Service Provider Log

Youth Name _____

Parent/Caregiver/Guardian Name (for youth under 18) _____

Provider Name _____

Service Provided _____

Care Coordinator Associated Agency _____ Phone _____

For Services Provided During the Month / Year of _____

Need(s) as Identified in the Plan of Care _____

DATE	TOTAL Hours & Time Frame Seen	ACTIVITY / COMMENTS / PROGRESS
Example: 8/1/03	2 hrs. – 2-4:00pm	Provider must make <u>ONE</u> entry for every time the youth is seen.

Care Coordinator Signature _____ Date _____

Parent/Guardian's Signature (required for youth under 18) _____ Date _____

Provider's Signature _____ Date _____

Note: Submit this form with the Parent/Guardian/Youth Signature to the Care Coordinator at the end of every month. Pre-signing the Log is not permissible. The time identified on the Log must match the time of the Provider's Time Sheet.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION **CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND** **WRAPAROUND MILWAUKEE**

iLIFE FISCAL AGENT PROGRAM

(for Payments to Non-Agency Providers)

Procedure

Note: The Care Coordinator should assist the Provider with the completion of these forms.
Please complete the forms using **Black Ink** only.

1. **Provider Application** (for specific youth/family) – Should be completed and signed by the individual Provider. The Care Coordinator should also sign the application. Be sure the Provider has indicated the agreed upon unit and rate on the form.
Note: A separate application, including all the iLife paperwork, must be completed on every youth/family receiving Family Support Services.
2. **W-4 Form** – The Individual Provider should complete and sign. Deductions will be taken from each check based on the information from the W-4 Form (*see attached sample & blank form*).
3. **Employer/Payer Appointment of Agent Form (#2678)** – Should be signed by parent/legal guardian/youth (if over 18). This form authorizes iLIFE to act as the fiscal agent for the parent/legal guardian/youth, who is employing the individual Providers. iLIFE will obtain an Employer Identification Number for the parent/legal guardian/youth after this form is received (*see attached sample & blank form*).
4. **U.S. Department of Justice - Employment Eligibility Verification Form I-9**
This form is required to verify that the potential Provider/Employee is eligible to work in the United States (*see attached sample & blank form*).
Section One -- Employee Information and Verification are to be completed by the Provider/Employee, who must sign and date the form.
Section Two -- Employer Review and Verification are completed by the Care Coordinator utilizing the guide entitled "Lists of Acceptable Documents" located on the back of the form. The Care Coordinator must get information from one document under List A or one document from both List B & C. The Care Coordinator should then sign and date Section Two.
Section Three -- Updating and Reverification. **DO NOT COMPLETE THIS SECTION.**
5. **iLIFE Fiscal Agent Authorization Form** – Should be completed by the Care Coordinator and signed by the parent/legal guardian/youth (if over 18). This simply lists the Provider(s) who will provide services for the youth/family, and the specific rates/units approved for each service. The Care Coordinator should keep a copy of this form, as this form can be used to add and delete Providers or Clients.
Note: This form should be submitted each time there is a change in Providers, service, rate, or authorized payroll signature (*see attached sample & blank form*).
6. **Tax Information Authorization Form #8821.**
7. **SS-4 Form** – should be completed and signed by the legal guardian or by the youth, if age 18 or older. This form allows iLIFE to apply for an Employer Identification Number (EIN) with the Internal Revenue Service for the enrollee (*Wraparound/ client*), if they are going to employ a family support person (*family support staff*).
8. Care Coordinator/ to give Provider copies of the "iLIFE – Fiscal Agent – Direct Deposit Informational Letter" and "Direct Deposit Authorization Form" (*see Samples in Packet*).

PLEASE NOTE: On the application where it has Employer/Client Name – the youth's name should be written, not the parent/guardian.

Once the forms have been completed and signed, the application should be submitted to Wraparound Milwaukee – Provider Network, who will review the application for approval and forward it to iLIFE.



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION **CHILDREN'S COMMUNITY MENTAL HEALTH SERVICES AND** **WRAPAROUND MILWAUKEE**

Note: The Care Coordinator should keep a copy of all the forms and provide the parent/legal guardian/youth and Provider with copies, as requested.

Authorization / Payment Process Requirements

1. Once Wraparound has processed the paperwork, a SAR will be entered in Synthesis. The Care Coordinator can turn around the SARs moving forward.
2. Individual Providers will receive a monthly Employee Time Report from iLIFE, along with an envelope addressed to iLIFE (*see sample of Time Report attached*). Wraparound Milwaukee will send the initial Employee Time Report to all new Providers.
Care Coordinator: Please share the sample with the Provider so that they are aware of how to complete the Employee Time Report. The Employee Time Report will inform them of the total number of units authorized for the month.
3. Providers will need to list, by date, the time services were provided, and the number of units provided each day. Providers will then need to total the number of units for the month. Providers will need to sign the Employee Time Report, which also **needs to be signed by the parent/guardian or youth(if age 18 or older) as the employer verifying that the services occurred.**
4. Time Reports should be mailed directly to iLIFE for payment. Payments will be processed on the 15th and 30th of the month.
5. Time Reports are due **no later than 60 days after the end of the service period.**

Responsibilities

Individual Provider (Employee)

1. With assistance from the Care Coordinator, complete Wraparound Provider Application (for specific child), W-4 form, and Employment Eligibility Verification Form I-9.
2. Log services provided on the Employee Time Report; total for month.
3. Sign the Employee Time Report, and have the parent/guardian sign it verifying provision of services.
4. Mail Employee Time Report to iLIFE for payment.
5. Notify Care Coordinator of any changes in address/phone number or other significant information. The Care Coordinator is then responsible for relaying this information to Theresa Randall in the Wraparound Milwaukee Provider Network Department.

Parent/Guardian (Employer)

1. With the assistance of the Care Coordinator, complete and sign the Employer/Payer Appointment of Agent (form #2678) and the Fiscal Agent Authorization form, the SS-4 Form and the Tax Information Authorization Form #8821.
2. Sign monthly Employee Time Report of the Provider verifying services occurred.

Wraparound Milwaukee (Provider Network)

1. Forward all necessary paperwork to iLIFE for processing.
2. Send confirmation of services being rendered, initial timecard and other paperwork to employee.
3. Enter all applicable information into Synthesis, enabling Provider to be entered onto a Service Authorization Request (SAR) and be paid through iLIFE.

iLIFE

1. Obtain Employer Identification Numbers for Parents.
2. Process W-4 forms for non-agency Providers.
3. Based on information provided by Wraparound, iLIFE will handle the payroll for all non-agency Providers.
4. Access monthly client authorizations through Synthesis.