Date Issued:	*7/15/2003*
Effective:	*12/14/2021*
Last Approved Date:	*12/14/2021*
Last Revised Date:	*12/14/2021*
Next Review:	*6/30/2022*
Owner:	*Theresa Randall: Program Manager – Provider Relations*
Policy Area:	*Wraparound (Wrap, REACH, youth CCS)-Vendor*
References:	

#050 Academic Support Services Policy (5521a, 5568A)

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee that youth in need of Academic Support Services receive a quality academic experience provided by a trained/ experienced/culturally responsive, trauma-informed Provider. Academic Support Services can be provided when the youth has identified remedial needs and is academically below grade level. The must be documented as an Academic/Educational Need in the the Plan of Care under the "Educational/Vocational Domain". **Academic Support Services are a one-to-one service.**

Note: This policy utilizes the term "Youth" which applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. PROCEDURE

A. **Provider Requests**

1. Agencies must follow the Children's Community Mental Health Services and Wraparound Milwaukee Policy #035- Provider Add/Drop when requesting a Provider be added to the Provider Network.
2. **Prior to the provision of service**, a **Statewide Criminal Background Check must be completed on all Providers**. (See *DHHS-001- Caregiver Background Check/Milwaukee County Resolution Policy)*
3. For those Providers that will be transporting youth, a Department of Motor Vehicle Driving Abstract **must be completed prior to the provision of services.** A copy of a valid Wisconsin Driver's License and a copy of the Provider's current automobile insurance must be kept in the employee's personnel file (*see Provider Agency Responsibilities/Guidelines Policy #054)*.
4. Agencies shall not assign a Children's Community Mental Health Services and Wraparound Milwaukee youth to a Provider prior to eligibility within the respective Provider Network being determined.

B. **Requirements**

1. **Agency Requirements (required for tutoring, highly encouraged for all)**

a. The Agency must have submitted a 15-hour Training Curriculum that was approved by the Children's Community Mental Health Services and Wraparound Milwaukee Provider Network.

b. The **Training Manual** that refers to the actual materials used in providing the 15 hours of training must be readily accessible at the Agency for auditor review. Training materials/ information must include/speak to:

1. Agency vision/mission/goals
2. Characteristics of youth/clients referred to the program
3. Typical needs and criteria for youth/client participants
4. Service Description/Review of Academic Support Services Policy/Documentation Requirements in Synthesis
5. Expectations of Providers
    - Time commitment and duration
    - Accountability/Dependability (paperwork and direct contact)
    - Characteristics of successful Tutors
    - Knowledge of Community Resources
6. Confidentiality and Legal Liability
    - Confidentiality within and beyond the Tutoring relationship
7. Mandatory reporting of abuse and neglect
8. Best Practice Ground Rules and Protocols. Provide written directives about:
    - Gift giving
    - Touching/do's and don'ts of relationship management
    - Telephone contact
    - Home visits
    - Transporting youth/clients
    - Establishing boundaries / building trust
    - Family dynamics
    - Managing common dilemmas / engaging challenging youth/clients
    - Personal safety / community safety
    - Realistic expectations of change
    - Identifying and understanding youth/family strengths
    - Conflict resolution
    - Diversity - working with diverse groups/individuals
    - Working with clients presenting with mental health/substance related and addictive disorders, developmental disabilities and high-risk needs
    - Youth growth and development/human sexuality
    - Working as a team member

- Empowering youth
- Nurturing
- Trauma Informed Care
- Termination of services/discharge planning

2. **Provider Requirements**
   For Tutors:
   a. Tutors are required to have knowledge of the subject matter and possess **at least one year of experience** in tutoring, teaching or other academic accomplishment. Evidence of experience training/certification/education specific to tutoring can be in the form of a resume, plus two reference letters from a past/current employer, or an actual teaching degree/degree in education or a letter from the Agency Director certifying the employee's prior experience as a Tutor. This evidence must be submitted to the Provider Network for approval **prior to the provision of services** and kept in the employee's personnel file.
   b. A Tutor must have a **minimum of 15 hours of Agency Training** prior to service delivery. For all new Tutors entering the Network, the **VERIFICATION OF 15 HOUR TRAINING REQUIREMENT CERTIFICATE** (*see Provider Network Frequently Used Forms)* and the Provider Agency Tutoring Job Description that has been reviewed and signed off on by the Direct Service Provider, must accompany the "Provider ADD Sheet", which authorizes them to provide services in the system. A copy must be kept in the Agency's employee file.

   For Specialized Academic Support:
   a. A Provider for this service must be a teacher with current certification by the Department of Public Instruction of the State of Wisconsin in the appropriate academic area. Current/valid teacher certifications must be submitted to the Provider Network before services can be provided and must be kept on file at the agency.

3. **Client File**
   a. **Every Youth** must have his/her own file. Files must be maintained as outlined in the Provider Agency Responsibilities & Guidelines Policy #054.
   b. The Agency **must** receive a **PROVIDER REFERRAL FORM** from the Care Coordinator **prior to the provision of services**. The Referral Form must be filled out in its entirety. A copy or original must be kept in the youth's file.
   c. A **CONSENT FOR SERVICE** form must be completed on every client **prior to the provision of services**. The consent must **be dated and signed by the client (if age 14 or older) and the legal guardian**. If the client/enrollee is a legal adult only the client's signature is necessary. The Consent must specify the Agency providing the service, the service being provided and any other special requirements set forth by the Agency/client. All Consents authorize service for one year from the date of signing. If services go beyond the one-year (12 months) timeframe, another Consent must be signed. The Consent for Service must be kept in the client's file. ***NOTE: The Agency is expected to create their own "Consent for Service" form.***
   d. If a youth is going to be transported, a completed **TRANSPORTATION CONSENT FORM** (*see Provider Network Frequently Used Forms*) must be in the youth's file **prior to the first transport**. The Consent must be filled out in its entirety, including the signature/date of the parent/legal guardian. The youth should also sign if over age 14 or older, but if he/she does not,

this would not preclude the service from being rendered. If the client/enrollee is a legal adult and their own guardian, only the client's signature is necessary.

4. **Synthesis Provider Notes**
    a. An Application for Synthesis Login ID Form (*see Provider Network Frequently Used Forms*) must be completed and approved prior to the Provider having access to Synthesis (Children's Community Mental Health Services and Wraparound Milwaukee's IT System/electronic client medical record).
    b. There must be a Provider Note entry for every time the youth is seen face-to-face, when phone contact is made or attempted with the youth or a collateral contact, or when there is a "No Show" situation. Documentation must be accurate and thorough and be reflective of this service, as described on the previous page.
    c. All notes must be approved by the designated Supervisory staff.
    d. As all youth's information is securely stored in Synthesis, it is not necessary to print out a hard copy Provider Notes unless otherwise directed by the Provider Agency.
5. **Service Verification Log**
    The Service Verification Log (*see Provider Network Frequently Used Forms- Family Support Signature Log*) must be signed/dated by the recipient of service, the legal guardian/parent, or a designated responsible caregiver at the **closure of each session**. Completing the Log(s) in its entirety at the end of the month or several months after the session(s) have occurred **is not acceptable**. The log must be completed in its entirety before being submitted to the employer. The Log must be kept in the client hard copy chart or can be uploaded to the client file store in Synthesis. The Log does not need to be submitted to the Care Coordinator unless requested. One Log per month should be maintained.

    Note: Pre-signing or altering the Logs in any way is considered fraudulent behavior and may be grounds for termination from the Children's Community Mental Health Services and Wraparound Milwaukee Provider Network and any future contractual/fee-for-service arrangements with Milwaukee County.
6. **Hours of Service**
    Services can only be provided during the hours of 7:00 A.M. to 9:00 P.M. Services should **not** be provided during the youth's regular school hours, unless specifically identified in the Plan of Care.
7. **Billing**
    a. The Provider Agency must have the completed and signed Service Verification Log in their possession before they bill for services. Dates on the Log should be cross-checked with the dates on the Provider Notes before Supervisory approval and invoicing occurs.
    b. **Face-to-face** contact with the client **IS billable**. This includes Child & Family Team meetings, Plan of Care meetings and any other meeting in which the youth/family is being discussed and **is present**. The time spent at such meetings should be billed at the established hourly rate. Face-to-face contact is documented under Contact Time within the Provider Note.
    c. "No Shows" must be documented, but are **NOT billable**.
    d. Travel time to and from the client contact is **NOT billable.**
    e. Phone contact with the client and/or parent/guardian that is providing specific direction or support that is allowable under this service code, is billable. This is documented under

Documentation Time.

f. Provider's Supervision/Staffing is **NOT billable**.

8. **Miscellaneous**

   a. It is expected that the Provider be invited to all Team/POC meetings and that he/she attend. If he/she is unable to attend, a verbal update of the status of service provision must be provided to the Care Coordinator.

Any/all of the above requirements may be audited by Children's Community Mental Health Services and Wraparound Milwaukee, the State of Wisconsin, Milwaukee County and/or any program-affiliated auditing body.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	12/14/2021
	Brian McBride: ExDir2 – Program Administrator	12/14/2021
	Dana James: Integrated Services Manager- Quality Assurance	12/7/2021
	Theresa Randall: Program Manager – Provider Relations	12/7/2021