



Behavioral Health Division

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Owner: Pamela A Erdman:
76140-Placement
Resources Manager
Policy Area: Wraparound (REACH,
O'YEAH)-Prov. Netwk.

References:

Provider Add, Drop and Record Maintenance

POLICY

It is the policy of Wraparound Milwaukee to maintain an accurate and up to date record of all individuals who are authorized individually (this includes foster homes) through Service Authorization Requests (SARs) to provide services to Wraparound enrolled youth and families. **Provider Agencies must obtain approval for all individuals prior to** their commencing direct services to Wraparound Milwaukee youth and families and "drop" all individuals at the conclusion of their work with the agency and/or Wraparound Milwaukee. This requirement excludes residential and group home care staff. **The only individuals for whom add request materials are required are direct service staff who are authorized individually in Synthesis via SARs.**

All other individuals (this includes employees, contract staff, volunteers, and interns) connected to Wraparound services in an indirect way (Indirect Staff), such as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone who has access to clients, client property and/or client information of service recipients, as well as Residential (RCC) and Group Home (GH) staff, are required to comply with Fee for Service and other Wraparound Guidelines on Caregiver Background Checks (see DHHS policy OO1, Caregiver Background Checks/Milwaukee County Resolution, at: <http://wraparoundmke.com/wp-content/uploads/2013/07/DHHS-Policy-001-Caregiver-Background-Check-Policy.pdf>). **Background checks for all Indirect Staff and GH/RCC workers are to be completed prior to providing services for Wraparound and are subject to audit and submission upon request, but do not need to be submitted as part of the Add process.**

Agency owner, president, CEO, executive director, and senior staff, are considered Indirect Staff and are subject to the Caregiver Background Check requirement, as well as any others with an ownership or controlling interest, as defined by the following:

Any individual who is an officer, director, agent, or managing employee of the agency, or a person who has direct or indirect ownership or controlling interest of 5% or more. A managing employee is a general manager, business manager, administrator, director, or other individual who exercises operational or managerial control over, or who directly or indirectly conducts the day-to-day operations of an institution, organization, or agency. (42 CFR section 455.101)

Members of boards of directors must be screened for exclusion by a search of <https://exclusions.oig.hhs.gov/> and the agency must print out and retain the page showing "No results found" for each board member.

PROCEDURE

NOTE: The **employment** status of an individual with a Provider Agency is not dependent on approval, denial or any other administrative action by Wraparound Milwaukee and is solely a matter of Provider Agency discretion. Approval, denial or any other administrative decision by Wraparound Milwaukee only affects eligibility of an individual to provide services within the Wraparound Provider Network and does not effect employment eligibility of individual with Provider Agency.

A. Employee/provider Screening and Selection

1. Agency shall obtain a minimum of two work related references, to be documented in writing, for any individual requested to be added. This documentation shall be retained in the personnel file and submitted to Wraparound Milwaukee upon request.
2. Before requesting to add individual, Agency will first consider conviction history of any candidate for barred convictions, caregiver misconduct, and to determine suitability based on a substantially related test as described in DHS 12.06 (http://dcf.wisconsin.gov/forms/doc/dcf_f_cfs2261_e.doc). In instances of multiple (2 or more), recent (within five years), or felony convictions, or for any charges with open dispositions, Provider may be required to obtain a copy of the Criminal Complaint from the Clerk of Court's Office to determine whether a conviction is substantially related to care of a client. Wraparound reserves the right to make final determination regarding conviction records and whether a conviction is substantially related to the Covered Service in question. Wraparound will also consider status of probation/parole, extended supervision, deferred prosecution agreement, or participation in a Driver Safety Plan in evaluating eligibility to enter network.
3. Where education or degree requirements exist for staff positions, Agency shall obtain and retain a copy of either a diploma or transcript demonstrating that staff meets requirements. Further, only coursework and degrees from accredited schools shall be recognized by Wraparound, as they appear on either the United States Department of Education, Office of Postsecondary Education (<http://www.ope.ed.gov/accreditation/>) or the Council of Higher Education Accreditation (<http://www.chea.org/search/>) databases.

B. Requesting to Add individuals

Required information/documentation:

1. "Add Request" (see Attachment 1), along with all required supporting documentation (typically education, experience, and/or training documentation). Required supporting documentation will be service specific and is identified in the Service Description List, which can be found in the Synthesis Vendor Reports Group and/or the associated service policy (if applicable).
2. A three-part Caregiver Background Check, per the guidelines in Milwaukee County –DHHS - Caregiver Background Check Policy (<http://wraparoundmke.com/wp-content/uploads/2013/07/DHHS-Policy-001-Caregiver-Background-Check-Policy.pdf>). Add requests for candidates with barred or substantially related convictions, and/or with findings of caregiver misconduct without rehabilitation approvals, will be denied.
3. A Driver's License Abstract, per the guidelines in Wraparound Milwaukee Policy #054 – Provider Agency Responsibilities and Guidelines (<http://wraparoundmke.com/wp-content/uploads/2013/07/054-Provider-Agency-Responsibilities-Guidelines.pdf>). Driving, whether transporting clients or traveling to/from Wraparound related meetings or client appointments, is assumed to be a part of every individual's position; if driving is not part of the position, it should be indicated by checking the box on the Add Request.
4. A Synthesis ID request, if the individual will need access to Wraparound's authorization/billing/client

record system. Synthesis ID request forms can be obtained at <http://wraparoundmke.com/provider-network-2/frequently-used-vendor-forms/> and are included with this policy as Attachment 4, Application for Synthesis Login ID

5. A personal statement, staff photo, experience detail, interest detail, cultural and language proficiency, and, as applicable, experience with specific therapeutic approaches. Staff photos can be submitted at the time of the add request, but must be uploaded no later than two weeks after approval of the individual.

Attachment 2 - "Provider Declaration Worksheet", is available to use as needed to help gather information on staff for entry into Synthesis (form is not to be submitted and does not need to be retained).

Supporting documentations must be maintained at agency (do not submit with add request) for all providers to support experience claims, and must be submitted upon request:

- a. treatment approach: certification, training verification, supervision consultation, letter of recommendation
- b. Professional or Volunteer experience: Letter of Reference
- c. Life Experience: statement describing the experience
- d. Education or Training: Transcript

Compliance targets for agencies are at 90% (of all approved staff) for personal statement, experience, and interest declaration, and at 75% for staff photographs, allowing limited opting out based on individual circumstances. For any individuals opting out, signed documentation of the request and the decline must be obtained from the individual by the agency and retained in the individual's personnel file.

Exceptions, waivers, etc., to add request documentation below these thresholds must be obtained in writing from Wraparound Quality Assurance or Provider Network. Agencies can review their level of compliance by viewing the Synthesis Vendor report, "Resource Guide Entries - Vendor Copy".

To submit information:

1. Combine all add materials described in B., above, for each request into a single document. Add requests must be saved as firstinitiallastname.pdf (ex: walbinger.pdf)
2. Upload each request and enter staff detail (all items described in B (5), above, plus gender, date of birth) directly into Synthesis, by following the tutorial in *Attachment 3 - "Uploading to Staff Tab"*. Date of birth will not be displayed to external audiences and will only be used to classify providers as "under 30" or "over 30".

C. Processing and approval/denial

Requests to ADD individuals are processed by Wraparound Milwaukee Provider Network staff. Each request is reviewed to confirm that the identified individual's education, history with Wraparound Milwaukee (*if applicable*), legal history, training and/or credentials, experience, and overall level of safety and risk meet all applicable standards. In addition, requests will be screened against excluded parties lists maintained by the State, County, and others, as applicable. Final authority for determining Add eligibility rests with Wraparound.

Wraparound will prioritize Add Requests based on areas with greatest need. **Agencies MUST obtain approval for individuals before accepting a referral to be assigned to that individual.**

Agencies submitting requests for individuals who do not meet the requirements to join the network are notified by email of the denial of their request and the reason.

Vendors must confirm approval of requests by running the Synthesis report in the Vendor Reports group, "[Vendor Provider Listing by Service](#)". Mental health and AODA practitioners who have not completed Wraparound Milwaukee's practitioner credentialing process are instructed on how to complete the process.

D. Staff Record Maintenance

Agencies are able to view a list of current authorized individuals by running the report in the Synthesis Vendor Reports group: "[Vendor Provider Listing by Service](#)". Agencies must monitor this report at intervals no less than annually, but as often as necessary to ensure that they are an accurate reflection of current staff. If an individual provider is unable to accept new referrals for a period expected to last greater than 30 days, the agency must update the staff record by checking the box, "[] Check if you are **Not Accepting Referrals at this Time**". If an individual provider is unable to accept new referrals for any reason for a period greater than 90 days, the agency must notify Wraparound by email. All notifications and staff updates must occur within five business days of the change in status.

E. Dropping Staff

Provider Agencies are required to "drop" all individuals at the conclusion of their work with the agency and/or Wraparound Milwaukee. This could be due to separation (resigned, termination) from the agency, a shift in responsibilities that no longer involves work with Wraparound clients (individual is still at the agency), and/or a decision to discontinue work with Wraparound clients (same role, different population).

To drop staff:

Staff are dropped by the provider agency by going into Synthesis and entering drop information, following the guidelines in *Attachment 5 - "Drop Staff."* No other notification to Wraparound is required to "drop" staff.

Attachments:

-  [1: Add Request](#)
-  [2: Provider Declaration Worksheet](#)
-  [3: Uploading to Staff Tab](#)
-  [4: Application for Synthesis Login ID](#)
-  [5: Drop Staff](#)

	Committee	Approver	Date
		MaryJo Meyers: 87778-Executive Director 1 - Deputy Program Admin	12/7/2015
		Amy L Lorenz: 80043-Executive Director 2 - Assistant Hospital Ad	12/15/2015
		Patricia S Schroeder: 80046-Executive Director 3 - Mental Health Adminis	12/15/2015
		MaryJo Meyers: 87778-Executive Director 1 - Deputy Program Admin	12/21/2015
		Amy L Lorenz: 80043-Executive Director 2 - Assistant Hospital Ad	12/22/2015
		Patricia S Schroeder: 80046-Executive Director 3 - Mental Health Adminis	12/28/2015

Wraparound Milwaukee Provider Network Add Request

Wraparound Milwaukee -
Provider Add/Drop Policy Attachment 1

Date _____ Agency Name _____
Contact Person _____ Phone Number _____ Email Address _____

CHECK ONE	Staff/Provider Name (Last Name, First Name)	Date of Birth	Service Name	Service Code(s)	Required for AODA and Mental Health Providers NPI Number	CREDENTIALS / EDUCATION						WCCA/CCAP Reviewed **		
						CHECK ONLY IF ATTACHED						check if bilingual	YES	NO
						16 Hr Training Certificate	WI State License OR 3000 Hour Letter	University/College Diploma/Transcript	Resume OR Letter of Recommendation	Specialty/Interest Declaration Form				
☐ EMPLOYEE														
☐ CONTRACT STAFF														

INCLUDE/SUBMIT THE FOLLOWING: (background check and driver's abstract shall be dated no more than 90 days prior to this request)

- (A) All three parts of the background check: (1) Background Information Disclosure Form (BID), (2) Dept. of Justice Report (DOJ), (3) Dept. of Health Services Report (DHS)
- (B) Driver's license abstract, if using a vehicle for any purpose connected to provision of services (includes travel to/from appointments); if driving does not apply to the position, indicate:
Staff/Provider will not drive: ☐

** WCCA/CCAP (Wisconsin Circuit Court Access) records may be requested and considered by Wraparound Milwaukee, so is recommended as part of the agency's screening process (wcca.wicourts.gov)

Prepared by: _____

To submit: Combine this form with other add materials, save as a pdf (firstinitiallastname.pdf), and upload according to guidelines described in attachment 3, "Uploading to Staff Tab", also available at: wraparoundmke.com/provider-network-2/frequently-used-vendor-forms/

DO NOT SUBMIT TO WRAPAROUND-FOR AGENCY DATA COLLECTION PURPOSES ONLY

USE THIS FORM TO CAPTURE PROVIDER PERSONAL STATEMENTS, CULTURAL PROFICIENCY, EXPERIENCE, INTERESTS, LANGUAGE PROFICIENCY, AND TREATMENT APPROACH STATEMENTS FOR THE PURPOSE OF TRANSCRIPTION INTO SYNTHESIS

Provider Experience reflects an area(s) of expertise gained through education/training, professional/volunteer experience, or *life experience* (such as a personal or family member experience with a particular condition, like raising or fostering a child with complex needs, having been adopted, etc.) which lends itself to working with the Wraparound population.

SUPPORTING DOCUMENTATION MUST BE MAINTAINED AT AGENCY (DO NOT SUBMIT WITH ADD REQUEST) FOR ALL PROVIDERS TO SUPPORT EXPERIENCE CLAIMS, AND IS TO BE SUBMITTED UPON REQUEST:

- ❖ Treatment Approach: **CERTIFICATION, TRAINING VERIFICATION, SUPERVISION/CONSULTATION, LETTER OF RECOMMENDATION**
- ❖ Professional or Volunteer Experience: **LETTER OF REFERENCE**
- ❖ Life Experience: **STATEMENT DESCRIBING THE EXPERIENCE**
- ❖ Education or Training: **TRANSCRIPT**

PROVIDER INFORMATION

Name: _____ Gender: _____

Date of Birth: _____ Email Address: _____

PERSONAL STATEMENT (A BRIEF STATEMENT DESCRIBING YOURSELF): _____

CULTURAL PROFICIENCY

- | | | | | |
|---|-----------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| ☐ AMERICAN SIGN LANGUAGE | ☐ BOSNIAN | ☐ CHINESE | ☐ DANISH | ☐ FRENCH |
| ☐ GERMAN | ☐ HAYA | ☐ HEBREW | ☐ HINDI | ☐ HMONG |
| ☐ ITALIAN | ☐ JAPANESE | ☐ KOREAN | ☐ LAO | ☐ PORTUGUESE |
| ☐ RUSSIAN | ☐ SPANISH | ☐ SWAHILI | ☐ THAI | ☐ URDU |

EXPERIENCE-FOR ALL PROVIDER TYPES (check the areas that apply to your professional, volunteer, life experience or training)

PROVIDER EXPERIENCE [ALL PROVIDER TYPES]

EXPERIENCE		YEARS	EXPERIENCE		YEARS
☐	ADOPTION		☐	AGGRESSION	
☐	AODA RECOVERY		☐	ASPERGER'S	
☐	AUTISM		☐	CHRONIC PAIN	
☐	DIABETES		☐	DIVORCE	
☐	EATING DISORDERS		☐	FIRE SETTING	
☐	FOSTER CARE		☐	GAMBLING ADDICTION	
☐	GANGS HISTORY		☐	GENDER IDENTITY	
☐	GRIEF/LOSS		☐	HIV/AIDS	
☐	HOMELESSNESS		☐	INCARCERATION-FAMILY MEMBER	
☐	INCARCERATION-SELF		☐	LESBIAN, GAY, BISEXUAL, TRANSGENER (LGBT)	
☐	MINDFULNESS / MEDITATION		☐	MOTIVATIONAL INTERVIEWING	
☐	PANIC DISORDER		☐	PHYSICAL ABUSE	

☐	RUNAWAY		☐	SCHIZOPHRENIA	
☐	SEXUAL ABUSE-PERPETRATORS		☐	SEXUAL ABUSE-VICTIMS	
☐	SINGLE PARENT FAMILY		☐	TEEN PREGNANCY	
☐	TERMINAL ILLNESS		☐	TRAUMA INFORMED CARE	
☐	TRAUMA SURVIVOR		☐	TRAUMA WITNESS	
☐	TRAUMATIC BRAIN INJURY				

INTERESTS

INTERESTS

- | | | |
|---|---|--|
| ☐ Animals, Other | ☐ Baseball | ☐ Basketball |
| ☐ Bicycling | ☐ Boxing | ☐ Camping |
| ☐ Cars | ☐ Cats | ☐ Computers |
| ☐ Cooking | ☐ Crafts | ☐ Creative Writing |
| ☐ Dance | ☐ Dogs | ☐ Drama |
| ☐ Drawing | ☐ Faith/Spirituality | ☐ Fishing |
| ☐ Fitness | ☐ Football | ☐ Hiking |
| ☐ Horses | ☐ Martial Arts | ☐ Movies |
| ☐ Painting | ☐ Photography | ☐ Playing An Instrument |
| ☐ Reading | ☐ Running | ☐ Sculpture |
| ☐ Sewing | ☐ Singing | ☐ Skateboarding |
| ☐ Soccer | ☐ Swimming | ☐ Tennis |
| ☐ Weight Lifting | ☐ Yoga | |

LANGUAGE PROFICIENCY

- | | | | | |
|---|-----------------------------------|----------------------------------|---------------------------------|-------------------------------------|
| ☐ AMERICAN SIGN LANGUAGE | ☐ BOSNIAN | ☐ CHINESE | ☐ DANISH | ☐ FRENCH |
| ☐ GERMAN | ☐ HAYA | ☐ HEBREW | ☐ HINDI | ☐ HMONG |
| ☐ ITALIAN | ☐ JAPANESE | ☐ KOREAN | ☐ LAO | ☐ PORTUGUESE |
| ☐ RUSSIAN | ☐ SPANISH | ☐ SWAHILI | ☐ THAI | ☐ URDU |

TREATMENT APPROACHES [for clinical providers only]

TREATMENT APPROACH		YEARS	TREATMENT APPROACH		YEARS
☐	APPLIED BEHAVIOR ANALYSIS (ABA)		☐	ART THERAPY/MODALITIES	
☐	BIO-FEEDBACK		☐	COGNITIVE BEHAVIORAL THERAPY (CBT)/MODALITIES	
☐	DANCE THERAPY/MODALITIES		☐	DIALECTICAL BEHAVIOR THERAPY (DBT)/MODALITIES	
☐	EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR)		☐	FUNCTIONAL FAMILY THERAPY (FFT)/MODALITIES	
☐	GENERAL THERAPY MODALITIES		☐	MULTISYSTEMIC THERAPY (MST)/MODALITIES	
☐	MUSIC THERAPY/MODALITIES		☐	PET THERAPY/MODALITIES	
☐	PLAY THERAPY/MODALITIES		☐	REACTIVE ATTACHMENT DISORDER (RAD)	

FOR AGENCY USE ONLY-DO NOT SUBMIT/UPLOAD TO WRAPAROUND

Uploading to Staff tab

The Staff tab allows you to request NEW staff be added, as well as to edit and upload documents for EXISTING staff. The only difference in the two is where you start:

BEFORE CREATING A NEW STAFF FILE, check to be sure the name doesn't already exist in the Staff listing for your agency. You do that by typing in part of the person's last name in the search field and then clicking "Search."

Open	Attachments	First Name	Last Name
		Jamie	Cox
		Sylvia	Cruz
		Mike	Deiman

TO ADD STAFF: Select "NEW"

TO UPDATE STAFF: Type in part of the last name and click "SEARCH"

Enter all information about the staff member: name, DOB, email, gender, personal statement, cultural proficiencies, experience, interests, language proficiencies, and therapeutic approaches (as applicable). Press ADD to save the information (the ADD button will change to say UPDATE after that).

TO UPLOAD ALL ADD DOCUMENTS EXCEPT PICTURE:

- 1. Save the document as a PDF file** (only PDF files can be uploaded to this section!)
- Click on Browse to find your file
- When found, click "Upload"
- On the dropdown menu, "Attach as a", choose the description that most closely describes what you are uploading.
- Add any additional description as necessary, click ok when done
- Click "Update" and "Done"

TO ADD A PICTURE:

(Pictures must be in .jpg format and must be less than 1mb in size)

- Click Browse
- Select the file and click "Change Picture"

You can delete and update pictures as well.

Provider Cultural Proficiencies		
☐ English	☐ French	☐ Spanish
☐ Hmong		
Provider Expertise		
☐ Applied Behavior Analysis (ABA)	☐ Music Therapy/Modalities	☐ Pet Therapy/Modalities
☐ Play Therapy/Modalities		
Provider Interests		
☐ No Interests to Declare	☐ Animals, Other	☐ Baseball

MILWAUKEE COUNTY

APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. **PLEASE PRINT LEGIBLY!**

Agency Name: _____ Staff Name _____

Phone No. _____ Ext. _____ Email: _____

Fax (if no email listed above): _____

Type of User: (Check one or more that apply)

- | | | | | |
|--|---------------------------|------------|---------------------------------------|-------------------------|
| ☐ Care Coord / Worker | _____ Worker | _____ Lead | _____ Supervisor | _____ Clerical |
| ☐ Crisis Stabilizer | _____ Worker | | _____ Supervisor (submit credentials) | |
| ☐ Vendor Billing Staff | _____ View Authorizations | | _____ Submit Invoices | _____ View Reports Only |
| | _____ Trip Logs/Invoices | | _____ Resource Guide Update | _____ Bed Availability |
| ☐ Progress Report Entry | _____ Residential | | _____ Group Home | _____ Day Treatment |
| | _____ Independent Living | | _____ Foster Care | _____ CCC Crisis Plan |
| | _____ Emp Plcmt/Prep | | _____ Housing Assistance | _____ Outpatient |
| | _____ Mentoring | | _____ Parent Assistance | _____ Tutoring |
| Authorization Level | _____ Data Entry | OR | _____ Data entry and approval | |

(Authorization Level is **required** for Progress Report entry requests)

☐ Other (describe) _____

Programs: (Check one or more that apply)

- | | |
|---|---|
| ☐ Wraparound Milwaukee | ☐ MUTT |
| ☐ REACH | ☐ Children's Court |
| ☐ FISS | |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency.

The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because the individual's job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.

SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

NOTE: You are required to use Internet Explorer for Synthesis. If you log in with a different browser (Firefox, Chrome, etc) you will have READ-ONLY access to data.

Staff Signature _____ Date Signed: _____

Authorized by (signature) _____ Print Name: _____

OFFICE USE ONLY

DROP STAFF INSTRUCTIONS

Vendor Contacts		Update	Done
		Browse...	Upload
First Name	Martin		
Middle Name	J.		
Last Name	Fasbinder		
Date of Birth			
Email Address	mfasbinder@acme.com		
Gender	--Select One--		
Accepting New Patients? ☒ Yes ☐ No			
Browse...			
Change Picture			
Delete Picture			
Drop Staff Request			
Drop Staff?	☒ Yes ☐ No		
Effective Date			
Reason	--Select One--		
Personal Statement ABC			
I've worked in the human services field since 2002, starting off by volunteering at a group home for developmentally disabled adults while I was in college. I enjoyed that work so much that I			

TO DROP STAFF

1-Update "Drop Staff?" to YES

2-Enter in Effective Date

3-Select a Reason

4-Click "Update"