

Milwaukee County Behavioral Health Division <b>WRAPAROUND  MILWAUKEE</b>  <b>Policy &amp; Procedure</b>	Date Issued: <b>7/31/02</b>	Date Revised: <b>8/29/06</b>	Section: <b>PROVIDER NETWORK</b>	Policy No: <b>041</b>	Pages: <b>1 of 3</b> (4 Attachments)
	Effective Date: <b>1/1/07</b>	Subject: <b>OUT-OF-NETWORK VENDOR  PLAN FOR SHORT-TERM SERVICES</b>			

## I. POLICY

This Policy is intended to ensure compliance with the Wraparound Milwaukee Integrated Provider Network policies and procedures for Out-of-Network Vendors. This would apply to short-term therapeutic interventions in lieu of the application process to facilitate the expeditious placement of Vendors in the Network. It is the policy of Wraparound Milwaukee that Care Coordinators adhere to the following guidelines and procedures when selecting Out-of-Network Vendors.

## II. PROCEDURE

### A. General Rules.

1. The only services that can be provided by an Out-of-Network Vendor, operating outside of Milwaukee County, are group home, therapeutic, treatment and evaluation services, and such other services that may be authorized periodically by the Provider Network Coordinator. Local placements for Vendors authorized by the Milwaukee Bureau of Child Welfare, where the Vendor is not enrolled in the Wraparound Integrated Provider Network, will also be accepted.
2. Services for Out-of-Network Vendors must be pre-authorized in Synthesis. Service Providers may not begin services unless pre-authorized and Milwaukee County is not obligated to pay for services that are not pre-authorized.
3. The Out-of-Network Vendor Referral Form is specific to Vendor, Client and Term. At the discretion of the Provider Network Coordination, the term is between 3-6 months.
4. A Vendor in the process of applying for permanent Vendor status is not eligible to participate in the Out-of-Network Vendor application process without prior approval of the Provider Network Coordinator.
5. Services are intended for a specific client, may be time-limited, and may not be used for the Wraparound population as a whole.

### B. Care Coordinator Responsibilities.

1. The Care Coordinator is responsible for completion of an OUT-OF-NETWORK VENDOR REFERRAL FORM (*see Attachment 1*) for each client served by the Vendor (the form should not be completed by the Vendor).
2. In establishing the service, Care Coordinators should adhere to the following process:
  - a. Obtain the approval of the Child and Family Team for the service.
  - b. Enter ALL required Vendor information (failure to provide all information may result in the form being returned to the Care Coordinator to complete).
  - c. Identify the services to be provided in conjunction with the IPN RATE SCHEDULE (*see Attachment 2*). Include Service Code, Service Name and Service Rate.
  - d. Confirm that the Vendor currently provides requested Service(s) and is accepting new clients for the identified Service(s).
  - e. Obtain the signature of the Care Coordinator's Supervisor.

3. In the event another Service Provider is needed for the same Client at the same Agency, the following documentation is required:
  - a. Referral Form.
    - 1) Add new Service.
    - 2) Add name of new Service Provider.

**C. Provider Network Responsibilities.**

1. The Provider Network Assistant will review the Referral Form for completeness and then obtain any additional required documentation from the Vendor. This process could take one or two weeks, depending upon the timeliness of the response from the Vendor.
2. The Provider Network Coordinator will review the Referral Form and sign off on the Time-Limited Agreement.
3. Enter Service and Direct Service Provider in Synthesis.
4. After the Service is approved, a letter will be sent to the Vendor indicating the following:
  - a. The service to be provided.
  - b. The term of the agreement.
  - c. The agreed-upon rate.
  - d. The billing procedure.
  - e. The Out-of-Network Provider Service Verification Log.
  - f. A signed copy of the Time-Limited Agreement.
5. Send a copy of the Approval Letter to the Wraparound Milwaukee Fiscal Department.
6. Send a copy of the Approval Letter, Out-of-Network Vendor Notice of Termination form and Service Extension Justification form to the Care Coordinator.

**D. Vendor Responsibilities.**

1. Sign the Time-Limited Agreement (specific to client and term).
2. Maintain updated Credentials of Service Provider and Agency License.
3. Sign the Caregiver Resolution Certification Statement.
4. Bill in accordance with the procedure set forth in Paragraph E. below.
5. Maintain documentation in Agency file, as well as provide detailed Progress Notes to the Care Coordinator for each date of service.

**E. Billing Procedure.**

The Vendor should manually bill for services rendered using a client-specific INVOICE form. The Invoice form is supplied to the Vendor at the time of notification of approval to provide services. The Vendor must submit Invoices within 60 days of the last day of the month in which the service was rendered.

**F. Authorization and Extension Procedure.**

1. The Care Coordinator may authorize Services with the Vendor for three months (90 days).
2. Services may be extended for another three months with the Care Coordinator filing a SERVICE EXTENSION JUSTIFICATION (*see Attachment 3*) form with the Provider Network.

3. Begin Extension procedure 30 days in advance of the three-month term expiration. Completed forms must include:
  - a. Child and Family Team approval.
  - b. Signatures of Supervisor and Care Coordinator.
4. Send the SERVICE EXTENSION JUSTIFICATION FORM FOR OUT-OF-NETWORK VENDORS to the Provider Network Assistant for processing and signature.

**G. Disenrollment Procedure.**

Upon completion of the Service, the Care Coordinator is responsible for completing an OUT-OF-NETWORK VENDOR NOTICE OF TERMINATION (*see Attachment 4*) and forwarding the completed form to the Provider Network for closure.

Reviewed & Approved by: \_\_\_\_\_  
**Bruce Kamradt, Director**

**NOTE:**  
 Authorizations are generally limited to the enrolled youth.

WRAPAROUND MILWAUKEE  
**OUT OF NETWORK VENDOR REFERRAL FORM**



COMPLETE A SEPARATE FORM FOR EACH OUT-OF-NETWORK AGENCY WORKING WITH THE YOUTH  
**ATTACH A COPY OF THE WRAPAROUND REFERRAL FORM FOR THE REQUESTED SERVICES**

**REFERRALS THAT ARE MORE THAN 30 DAYS OLD WILL NOT BE PROCESSED.**

Care Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Coordinator Agency: \_\_\_\_\_

Client Name: \_\_\_\_\_  Wraparound  REACH (*check program*)

Anticipated First Date of Service: \_\_\_\_\_ Anticipated Last Date of Service: \_\_\_\_\_

(Approvals are limited to a maximum of 6 months and can be renewed if needed.)

Reason for Referral: \_\_\_\_\_

Approved by Child/Family Team?  Yes  No Included in POC?  Yes  No Date of POC \_\_\_\_\_

**AGENCY INFORMATION**

Agency Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ FAX: \_\_\_\_\_

**SERVICES / DIRECT SERVICE PROVIDER**

Service Code	Service Name	Rate	Provider Name

Submitted By:

\_\_\_\_\_  
 Care Coordinator Signature

\_\_\_\_\_  
 Date

Supervisor Review/Approval:

\_\_\_\_\_  
 Care Coordinator Supervisor Signature

\_\_\_\_\_  
 Date

**PROVIDER NETWORK PROCESSING**

Out-of-Network Referrals are processed within 48 hours of receipt. Following administrative approval and verification of Provider credentials/licensing. Timeframe for Out-of-Network Agency compliance with this requirement varies. **Care Coordinator and Provider will be notified when the application has been approved.**

**PROVIDER NETWORK ACTION**

PENDING  APPROVED  DENIED

**COMMENTS:** \_\_\_\_\_

Approved By:

Provider Network Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to Theresa Randall, Wraparound Milwaukee – Provider Network – FAX 414-257-7575**  
 9201 Watertown Plank Road, Milwaukee, WI. 53226 / Telephone Number 414-257-8108



# INTEGRATED PROVIDER NETWORK

## SERVICE CODES AND RATES - alpha

WRAPAROUND MILWAUKEE

Out-of-Network Vendor Policy

Attachment 2

as of: 6/26/2009

Service Code	Service Name	Billing Unit	Set IPN Rate	Avg IPN Rate	Program(s)
5202	After School Programs	Hour	12.00 12.00		SafeNow Wraparound
5565A	Anger Management Group, Non-Therapeutic	Quarter Hour		7.50 7.50	SafeNow Wraparound
5001	AODA Assessment	Quarter Hour	25.00 25.00		Wraparound SafeNow
5173	AODA Day Services	Daily		60.00 60.00	SafeNow Wraparound
5349	AODA Detoxification	Daily		240.00	Wraparound
5121	AODA Group Counseling	Quarter Hour	8.00 8.00		Wraparound SafeNow
5101	AODA Individual/Family Counseling	Quarter Hour	16.00 16.00		SafeNow Wraparound
5103	AODA Lab and Medical Services	Total	1.00 1.00		Wraparound SafeNow
5348	AODA Resid. Treat-With Child	Daily		140.00 140.00	SafeNow Wraparound
5347	AODA Residential	Daily		85.00 85.00	Wraparound SafeNow
5182A	Assessment Svcs-Nursing	Session	64.00		Wraparound
5000A	Assessments-M.D.	Session	200.00		Wraparound
5201	Camp	Total	1.00 1.00		SafeNow Wraparound
5500A	Care Coordination-Daily	Daily	22.50		Wraparound
5502B	Case Mgmt-Waiver Program	Daily	2.82	2.82	SafeNow
5441	Child Care (Hourly)	Hour		6.00 6.00	Wraparound SafeNow
5300	Crisis Bed-Foster Home	Daily		60.00	Wraparound
5302	Crisis Bed-Group Home	Daily		90.00	Wraparound
5414	Crisis Respite and Nursery	Daily		100.00 100.00	Wraparound SafeNow
5299	Crisis Runaway Shelter	Daily		105.00	Wraparound
5303	Crisis Stabilization/Supervision	Hour	27.50 27.50		SafeNow Wraparound
5562	Daily Living Skills-Group	Hour	15.00 16.00		Wraparound SafeNow
5561	Daily Living Skills-Individual	Hour	32.00 30.00		SafeNow Wraparound
5170	Day Treatment	Daily	72.00		Wraparound
5172	Day Treatment (Medicaid-day)	Daily	112.00		Wraparound
5176	Day Treatment - Summer School Rate	Daily			Wraparound
5174	Day Treatment Specialized (Non-Medicaid)	Daily		85.00	Wraparound
5580	Discretionary Funds	Total	1.00		Wraparound

Service Code	Service Name	Billing Unit	Set IPN Rate	Avg IPN Rate	Program(s)
5580	Discretionary Funds	Total	1.00		SafeNow
5308	Enhanced Foster Care-Level 2	Daily	75.45		Wraparound
5309	Exceptional Foster Care-Level 4	Daily	118.32		Wraparound
5701	Family Connections Groups	Hour	35.00		SafeNow
5566	Family Works Program	Daily	25.00		Wraparound
5166	Female Family Systems Intervention	Hour	35.00		SafeNow
5390	Foster Home Care	Daily		27.00	Wraparound
5393	Foster Home Licensing	Each	2500.00		Wraparound
5389	Foster Home Maintenance	Hour	42.50		Wraparound
5120	Group Counseling and Therapy	Quarter Hour	8.00 8.00		Wraparound SafeNow
5400	Group Home Care	Daily		180.00	Wraparound
5403	Group Home Crisis Supervision	Hour			Wraparound
5402	Group Home-Specialized	Daily		160.00	Wraparound
5132	High Risk Counseling and Therapy	Quarter Hour	18.00		Wraparound
5163	Home-Based Behavioral Mgm Lead	Hour	70.00		Wraparound
5165	Home-Based Behavioral Mgm-Aide	Hour	30.00		Wraparound
5164	Home-Based Behavioral Mgm-Technician	Hour	50.00		Wraparound
5590	House Mgmt Services	Hour	23.00 23.00		SafeNow Wraparound
5595	Housing Assistance	Hour	25.00 25.00		Wraparound SafeNow
5161	In-Home Case Aide	Hour	30.00 30.00		Wraparound SafeNow
5160	In-Home Lead Medicaid	Hour	60.00 60.00		Wraparound SafeNow
5100	Individual/Family Therapy-Office Based	Quarter Hour	16.00 16.00		SafeNow Wraparound
5111A	Individual/Family Therapy-Ph.D.-Office Based	Session	100.00		Wraparound
5600	Interpreters	Hour		40.00 40.00	SafeNow Wraparound
5556	Job Internship	Hour	5.75 5.75		Wraparound SafeNow
5392	Kinship Care	Daily	7.00		Wraparound
5563C	Life Skills Training - Group	Hour	16.00 16.00		SafeNow Wraparound
5563B	Life Skills Training - Individual	Hour	32.00 32.00		SafeNow Wraparound
5524	Mentoring	Hour	22.00 22.00		SafeNow Wraparound
5522	Parent Assistance	Hour	30.00 30.00		Wraparound SafeNow
5550A	Parent Correctional Facility Visitation	Trip		250	Wraparound
5313	Placement Stabilization Center	Daily	162.00		Wraparound
5355	Psych Hosp-ER Visit	Session	255.00		Wraparound
5350	Psychiatric Hospital	Daily	800.00		Wraparound
5050	Psychiatric Review/Meds	Session	80.00 80.00		Wraparound SafeNow

Service Code	Service Name	Billing Unit	Set IPN Rate	Avg IPN Rate	Program(s)
5051	Psychiatric Review/Meds-with Therapy	Session Weekly	150.00 150.00		Wraparound SafeNow
5180B	Psychological Eval. Extended-Ph.D.	Dollar	1.00		Wraparound
5180A	Psychological Evaluation Services-Ph.D.	Evaluation	350.00 350.00		Wraparound SafeNow
5526	Recreation Programming-Full Day	Daily		60.00 60.00	Wraparound SafeNow
5527	Recreation Programming-Half Day	Daily		35.00 35.00	SafeNow Wraparound
5340	Residential Care Center for Children & Youth	Daily		261.83	Wraparound
5345	Residential Care-Specialized	Daily		288.31	Wraparound
5346	Residential Care-Type II	Daily		180.00	Wraparound
5339	Residential Rate Adjustment	Dollar			Wraparound
5344	Residential Short-Term Stabilization	Daily	175.00		Wraparound
5413	Respite, Daily	Daily	50.00	50.00	Wraparound SafeNow
5411	Respite, Foster care	Daily	50.00		Wraparound
5410	Respite, Hourly	Hour	10.00 10.00		Wraparound SafeNow
5412	Respite, Residential	Daily		105.00 105.00	Wraparound SafeNow
5415	Respite-Crisis-FOCUS	Daily	205		Wraparound
5502A	Safety Services Mgmt-Daily Rate	Daily	20.00	20.00	SafeNow
5270	School Accountability Program	Daily	55.00	55.00	Wraparound
5305	Shelter Care (Boys)	Daily	92.00		Wraparound
5306	Shelter Care (Girls)	Daily	84.00		Wraparound
5304	Shelter Care (Younger Children)	Daily	84.00		Wraparound
5130	Special Therapy	Quarter Hour	16.00		Wraparound
5131	Special Therapy-Group	Quarter Hour	8.00		Wraparound
5568	Specialized Academic Support Service	Hour	55.00 55.00		SafeNow Wraparound
5541	Supervision/Observ. Service	Daily	25.00		SafeNow
5564A	Supported Indep Living-Phase I	Daily	Varies		Wraparound
5564B	Supported Indep Living-Youth w/Dependent	Daily	116.00		Wraparound
5564	Supported Independent Living	Daily	Varies	79.00	Wraparound
5560	Supported Wk Envir/Job Coach	Hour	40.00 40.00		SafeNow Wraparound
5307	Supportive Foster Care-Level 1	Daily	53.42		Wraparound
5203	Suspension Accountability Program	Daily	50.00 50.00		Wraparound SafeNow
5576	Taxi - American United Taxicab Service	Dollar	Varies Varies		Wraparound SafeNow
5577	Transportation	Trip	15.00 15.00		Wraparound SafeNow
5578	Transportation Mileage	Miles	1.75 1.75		Wraparound SafeNow
5579	Transportation-Additional Passenger	Each	10.00 10.00		Wraparound SafeNow
5570	Transportation-Non Network Provider	Total	1.00		SafeNow

Service Code	Service Name	Billing Unit	Set IPN Rate	Avg IPN Rate	Program(s)
5311	Treat. Foster Care (Agency)	Daily		103.70	Wraparound
5311A	Treat. Foster Care (Agency) Youth w/Dependent	Daily		128.98	Wraparound
5312	Treat. Foster Care Specialized	Daily		138.50	Wraparound
5222A	Treatment Plan Meeting Attendance	Session	96.00		Wraparound
5521	Tutor	Hour	22.00 22.00		Wraparound SafeNow
5557	Voc Education-Job Readiness Workshop	Session	25.00		Wraparound
5558	Voc-Assessment and Planning	Quarter Hour	20.00		Wraparound
5704	Youth Relationship Building-A.S.A.P.	Session	25 25		Wraparound SafeNow



**WRAPAROUND MILWAUKEE  
OUT OF NETWORK VENDOR  
SERVICE EXTENSION JUSTIFICATION FORM**

Care Coordinator: \_\_\_\_\_ Client Name: \_\_\_\_\_

CC Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning Date of Service: \_\_\_\_\_

**Proposed Extension Dates:** From \_\_\_\_\_ To \_\_\_\_\_

**PROVIDER INFORMATION**

Agency Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Service	Service Code	Name of Direct Service Provider

Approved by Wraparound Child/Family Team:  Yes  No

Reason for Extension: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Submitted By: \_\_\_\_\_ Date \_\_\_\_\_  
(Care Coordinator)

Supervisor's Approval: \_\_\_\_\_ Date \_\_\_\_\_

*For Wraparound Provider Network Internal Use Only*

Approved  Denied

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Jeannine P. Maher Date \_\_\_\_\_  
Wraparound Provider Network Coordinator

