

 WRAPAROUND MILWAUKEE Policy & Procedure	Date Issued: 9/16/98	Date Revised: 11/24/08	Section: PROVIDER NETWORK	Policy No: 029	Pages: 1 of 6 (7 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound/REACH <input checked="" type="checkbox"/> FISS	Effective Date: 1/1/09	Subject: TRANSPORTATION SERVICES		

I. POLICY

It is the policy of Wraparound Milwaukee and FISS Services that adequate transportation be provided for all clients/families, empowering them to meet their needs as established in their Plan of Care, to increase their independence in the community and to assure comprehensive/accessible care.

II. PROCEDURE

A. How to Access Transportation Services.

The Care Coordinator/FISS Case Manager can access transportation services for clients/families through the following means: **Transportation Services reimbursement should be sought through the means identified in # 1, 2 & 3 prior to seeking Transportation Services through # 4 & 5.**

1. Medicaid – Billable Transportation.

When the client's transportation needs can be covered under T-19 Medicaid, the Care Coordinator/FISS Case Manager must use Transportation Providers that can bill T-19 Medicaid. These resources are listed in the telephone book. Network Providers may also be used in this capacity, if they have the ability to bill through T-19 Medicaid. **Funding for these transportation services should not be entered on a SAR.**

Transportation needs covered under T-19 Medicaid is limited to medical-related appointments, Medicaid funded dental/vision appointments, therapy appointments, transportation to Medicaid Day Treatment programs and for any other justifiable **T-19 Medicaid approved** service.

A "CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION" (SMV) form (*see Attachment 1*) must be provided to the Transportation Provider for the Provider to bill T-19 Medicaid.

A Medicaid billable transportation service can also be used for siblings/parents who themselves have a physical disability or Medicaid diagnosis of SED. Separate SMV forms would need to be completed on all eligible recipients.

When a client is able to safely use an automobile, bus or taxi, and an SMV Provider can no longer document a disability, Care Coordinators / FISS Case Managers must refer the client to the appropriate "common carrier" transportation provider instead of authorizing SMV transportation.

Note: Milwaukee County's "common carrier" is Transit Plus located at 1942 N. 17th Street, Milwaukee, WI 53205. The phone number is (414) 343-1700.

2. For youth being transported by a parent/caregiver/volunteer to a Medicaid reimbursable service only.

For those youth who are Medicaid eligible (i.e., SSI, Katie Becket Program, Regular Medicaid), if a parent/caregiver/volunteer driver is transporting a youth and/or if the youth uses a bus, taxi or other means of transport for which the family is paying for, the family can complete a "REQUEST FOR MEDICAL TRANSPORTATION COST ADVANCE/REIMBURSEMENT" form (*see Attachment 2*). The form is then submitted to the Milwaukee County Department of Human Services for advance monies/reimbursement.

3. **School Mandated Transportation.**
A child who is identified as having special education needs and in need of transportation to school or a Medicaid day treatment program should have this identified and supported in their Individualized Educational Plan (IEP) and the Wraparound Plan of Care (POC) / Safety Services Treatment Plan. If it is supported in the child's IEP, **the child's school district is responsible** for the cost of transportation and it should **not** be authorized through the SAR process.
4. **Network Provider Transportation.**
Transportation and Taxi services are also available through the Wraparound Milwaukee Provider Network. To refer a client for transportation services using a Network Provider, the Care Coordinator needs to complete the "Referral for Transportation" form for Vendors that provide transportation services and the "Referral for Transportation – American United Taxicab" form for taxi services. Both forms are found under the "Client Forms" tab in Synthesis (*Wraparound Milwaukee's Information Management System*). The Care Coordinator is to fax the completed form to the Transportation or Taxi service provider and enter the corresponding SAR authorization in Synthesis.
5. **Care Coordination Agency Transportation.** (*For Wraparound Only*)
Transportation can also be provided by any Vendor approved to provide Care Coordination services at \$1.00/unit. Care Coordinators are therefore not bound to any specific Transportation Provider or rate. They may arrange services through any Care Coordination Agency in the Provider Network. The vouched dollars requested per month can also be used to purchase bus tickets.

Note: The Care Coordination Agency must initially reimburse the Transportation Provider and then the Care Coordination Agency can bill Wraparound for the dollars actually spent up to the limits of the approved voucher.

B. Provider Network Transportation Provider Responsibilities.

1. **Criminal History / Criminal Background Check.**
A statewide criminal background check must be done by the Transportation Vendor prior to hiring a potential driver. There must be adherence to the Wisconsin Caregiver Law / County Resolution (*as referenced in the yearly Fee-For-Service Agreement*).

It will be necessary that you complete a statewide Criminal Background Check as set forth in the attached WISCONSIN'S CAREGIVER PROGRAM BACKGROUND CHECK HANDOUT (*see Attachment 3*).

There are three components to a Criminal Background Check. All three of the following components must be completed:

- HFS-64 Background Information Disclosure Form (BID Form)
- Department of Justice Criminal History Record Request indicating "No Record" or a Criminal Record Transcript.
- The Department of Health & Family Services (DHFS) letter reporting the status of a person's administrative findings or licensing restrictions.

Any other conditions set forth in "Attachment 3" must also be followed.

Reminder: If an individual has lived in Wisconsin for less than three years, a Federal Background Check must be completed.

2. **Valid Drivers License.**
Transportation Providers must have current valid Wisconsin driver's licenses for all of their drivers. A driving record check with the Wisconsin Department of Transportation must be conducted on each potential driver to assure a clean driving record (*see Attachment 4 – DMV's DRIVERS ABSTRACT INFORMATION*). If they are transporting more than 16 passengers, the following information from the Wisconsin Department of Transportation applies:

Transport drivers driving in a vehicle that is designed to serve 16 or more passengers, including the driver, need a Commercial Driver's License – Minimum Class C. Contact the Wisconsin Department of Transportation for information about Commercial Driver's Licenses.

3. **Insurance.**

It is the responsibility of all Transportation Vendors to comply with the insurance requirements as identified in the Wraparound Milwaukee Fee-for-Service Agreement.

4. **Vehicle Safety/Maintenance.**

A copy of a Vehicle Inspection Report for each transportation vehicle used by a Transportation Vendor is to be submitted during the application process. As vehicles are added to the fleet, an Inspection Report must be submitted to the Wraparound Milwaukee Provider Network prior to its use in transporting clients. All vehicles inspected must have a sticker with the current year verifying the inspection. All vehicles must be in good repair and working condition. Clients must wear seat belts that are properly secured at all times during transport.

5. **Dispatch/Communication.**

The Transportation Vendor must have a staff person available to receive or make calls until the last client of the day has been dropped off and received by a responsible caregiver.

All vehicle drivers must have some means of communication with their Agency (i.e., cell phone, dispatch radio, etc.) while transporting clients. These communication devices must be in working order and turned on at all times during transport.

6. **Referrals and Emergency Plan.**

a. When a client is referred for Transportation Services, the Vendor must receive a completed TRANSPORTATION REFERRAL FORM (*see Attachment 5*) from the Care Coordinator/FISS Case Manager **prior to the provision of services**. The TRANSPORTATION REFERRAL FORM will identify emergency contacts/protocol and other related information crucial to maintaining proper documentation by the Transportation Vendor.

b. When a client is referred for Taxicab Services, the Vendor must receive a completed TRANSPORTATION REQUEST FROM WRAPAROUND MILWAUKEE – American United Taxicab form (*see Attachment 6*) **prior to the provision of services**. The TRANSPORTATION REQUEST FROM WRAPAROUND MILWAUKEE form will identify emergency contacts/protocol and other related information crucial to maintaining proper documentation by the American United Taxi.

c. In addition to the emergency information on the TRANSPORTATION REFERRAL FORM, it is the Transportation Vendor's responsibility to have an Agency "Emergency Plan" (policy and procedure) that a driver will follow if an accident should occur, if a child becomes ill during transport or if any other "emergency" situation should arise.

d. Transportation Vendors must be communicating on a regular basis with Care Coordinators/FISS Case Managers on all clients, but especially on those for which frequent transportation is provided.

7. **Authorizations / Billing.**

a. The Care Coordinator uses Code 5576 (Taxi-American United Taxicab) to authorize client or client associate (service recipient) taxicab rides through American United Taxicab. The Care Coordinator enters a "per ride" authorization in Synthesis. American United Taxicab is reimbursed for service recipient rides at the rate in effect at the time of the ride based on a weekly electronic data transfer from American United Taxicab to Wraparound Milwaukee. "NO SHOW" rides are reimbursed under Code 5576 (American United Taxicab No Show).

- b. The Care Coordinator uses Code 5577 (Transportation) to authorize Transportation for the service recipient. Code 5577 (Transportation) represents payment of the base rate that applies to a “single rider” – per trip (one-way) transport up to 5.9 miles from the point of origin of the ride.

Wraparound Milwaukee will provide reimbursement to Transportation Vendors for up to two (2) “NO SHOW” appointments per client per month. Transportation Vendors are asked to work with the client’s Care Coordinator to minimize appointment “NO SHOWS”. Transportation Vendors CANNOT bill a “no show” when they arrive late for a pick up and other arrangements have already been made to transport the client.

- c. The Wraparound Milwaukee Finance Department uses Code 5578 (Mileage Reimbursement) to reimburse Transportation Vendors for rides of six (6) or more miles at the rate in effect at the time the service was provided. Code 5578 (Mileage Reimbursement) is used only in conjunction with Code 5577 (Transportation) and reimburses for “per trip” mileage of six (6) or more miles as identified on the client specific vendor trip log(s) in Synthesis.
- d. The Wraparound Milwaukee Finance Department uses Code 5579 (Transportation Additional Passenger), in conjunction with Code 5577 (Transportation), to authorize additional passengers up to four (4) passengers maximum (5 passengers total). Code 5579 (Transportation Additional Passenger) is used to authorize additional reimbursement for each passenger other than the service recipient already authorized under Code 5577 (Transportation).
- e. Transportation Vendors are required to use Synthesis (*Wraparound Milwaukee’s Information Management and Online Billing System*) to submit monthly billing and trip logs. Vendor training on the Wraparound Milwaukee “online” billing system is available through the Wraparound Milwaukee Finance Department.

8. Pre-Authorization of Out-of-County Travel.

Prior to the Care Coordinator authorizing any out-of-county travel for a youth or family, the travel **must be pre-approved** by the Wraparound Milwaukee Finance Coordinator. The Care Coordinator must contact the Wraparound Milwaukee Finance Coordinator with the out-of-county travel information (i.e., enrollee name, individual to be transported and their relationship to the client, pick up address, destination address and approximate total travel distance, number of trips expected for the month, and the reason for the request). The Wraparound Milwaukee Finance Coordinator will then notify the Care Coordinator as to whether the authorization has been approved or declined.

9. Documentation / Signature Logs.

Transportation Vendors must maintain a “SIGNATURE LOG” (*see Attachment 7*) for ALL rides billed to Wraparound Milwaukee and FISS. A “Signature Log” is available from Wraparound Milwaukee in Synthesis, which the Transportation Vendor can use to satisfy this requirement.

The Signature Logs must contain the following:

- a. Transportation Vendor Name.
- b. Client Name.
- c. Month of Service and Year.
- d. Type of Trip.
- e. Date of Transport – date must include month/day/year.
- f. Service Recipient.
- g. Start Time.
- h. End Time.
- i. Trip Number (if using Synthesis generated Signature Log).
- j. Location.
- k. Number of riders.
- l. Driver Initials.
- m. Responsible Adult Signature.
- n. Relationship of Signature to Client.

10. **Transportation Log / Documentation Maintenance.**

- a. The Transportation Vendor must keep ONE (1) Log per client/per month.
- b. The Transportation Vendor can determine how they prefer to file their Logs at their Agency (*i.e., per month/year, per client, etc.*) for those active clients. If the Log is not being kept in the client file during the time services are being actively provided, the Logs must be filed in the client's file after the last date of service.
- c. Referral Forms and other relevant client related documentation must be kept in an organized manner and be easily accessible. Each client must have his or her own file. As client related information is confidential, client files must be kept in a safe and secure fireproof cabinet or room. Client files of minors must be maintained at the agency until the youth turns 19 or 7 years past the last date of service, whichever is longer. Client files of adults (*i.e., FISS clients*) must be maintained for 7 years after the last date of service.
- d. The maintenance of organized and neat files and Logs is of utmost importance for auditing purposes.

11. **Cancellations, Drop Offs, Pick-Ups, and Running Late.**

(Relevant to Transport Agencies, Care Coordinators/FISS Case Managers and other Providers/Caregivers who may be waiting for Transport Company to pick up a client.)

a. **Cancellations.**

If a transportation request needs to be cancelled for any reason, it is the responsibility of the Care Coordinator / FISS Case Manager or designated Child & Family Team member to call the Transportation Vendor regarding the cancellation. The call should be made as soon as the need to cancel becomes evident.

b. **Drop-Offs.**

All clients (minors) must be received by an identified / responsible adult caregiver when being dropped off at an agency, home, appointment, etc.

c. **Pick-Ups/Running Late.**

If a Transport Driver anticipates that they are going to be **more than 15 minutes late** for a pick-up, they must notify the individual that they will be picking up or the identified contact person (*i.e., the Therapist, if the youth is at a counseling session*) who is responsible for the client at that pick-up location. It is also permissible for the Transportation Vendor Dispatcher to make the call to the client/contact person.

The Driver/Dispatcher should inform the client/contact person of the situation and indicate the time that the Driver will arrive. If this arrival time is acceptable to the client/contact person, then no further arrangements need to be made. In the case of a late Transport for a minor, the contact person should then notify the identified caregiver of the situation and remain with the youth to provide supervision.

In a situation in which 15 minutes have lapsed and the client/contact person has not received a call from the Transportation Driver indicating that they are running late, the client/contact person should initiate a call to the Transportation Vendor to inquire about the situation. If the Transportation Vendor cannot be reached, then the client /contact person will need to decide if they want to begin coordinating an alternate means of transportation.

The contact person should refer to the Referral Form for caregiver phone numbers, emergency contacts and Care Coordinator/FISS Case Manager phone numbers to assist them in coordinating an alternate means of transportation.

If an alternate means of transportation is sought and arranged, and the Transportation Driver arrives in the meantime, the client/contact person (*with permission from the caregiver in the case of a minor*) should inform the individual with whom arrangements have been made and they should collaboratively determine if the Transportation Driver should still do the transport. If it is determined that the Transportation Driver should not transport the client, then the Transportation Vendor cannot bill for that transport.

12. **Physical Contact (touching) / Harassment.**

Under no circumstances should a Transportation Driver have physical contact with a client (*exception to the above applies when the client needs assistance entering or disembarking from the van due to a disability*). All Providers/Drivers are to abide by any State Laws/Statutes related to harassment/permissible client contact.

13. **Suspension/Termination.**

Failure to abide by this Policy & Procedure may lead to suspension and/or termination from the Wraparound Milwaukee Provider Network and/or further contractual relationships with Milwaukee County. Transportation Vendors are responsible for disciplining, suspending or terminating drivers who place children and families at risk. See the Fee-For-Service Agreement for further specifics related to suspensions/terminations.

C. **Care Coordinator/FISS Case Manager Responsibilities.**

1. It is the responsibility of the Care Coordinator / FISS Case Manager to complete a program specific TRANSPORTATION REFERRAL FORM (*see Attachment 5 or 6*), which is then forwarded to the Transportation Vendor or American United Taxi **prior to the provision of services**.
2. Care Coordinators / FISS Case Managers must collaborate with and be in frequent contact with Transportation Vendors, especially if a transportation request would need to be cancelled on short notice.
3. Issues related to changes in the client's status, address, etc., and/or any changes related to the information on the Transportation Referral Form, must be made known to the Transportation Vendor immediately.
4. Identified contact persons at the clinics / facilities where the client is going for services must also be informed of changes related to the transportation and Transportation Referral Form information (i.e., transport company phone number and name/contact person at the transport company, parent/caregiver name, address and phone number, emergency contact and phone number, Care Coordinator/FISS Case Manager's name/phone number/emergency number). This is most important, as these contact persons will be responsible for seeing the clients off, following up with Transportation Vendors if they are running late, or possibly arranging for alternative means of transportation for the client.

Reviewed & Approved by: _____



Bruce Kamradt, Director

**WISCONSIN MEDICAID
CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION**

Instructions: Type or print clearly. All areas of this form must be completed and signed by a medical care provider (evaluator) to verify the need for specialized medical vehicle (SMV) transportation. Only a physician, physician assistant, nurse midwife, or nurse practitioner may be an evaluator and sign this form. Refer to the Certification of Need for Specialized Medical Vehicle Transportation Completion Instructions, HCF 1197A, for information on completing this form.

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Recipient Medicaid Identification Number (10 digits)	3. Recipient's Date of Birth (MM/DD/YY) (Optional)
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SECTION II — ELIGIBILITY FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION

4. Does the recipient have a physical / mental impairment that contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle?
- If "no," then **STOP** here. Do **not** complete or sign this form. Instead, refer the recipient to the Medicaid transportation coordinator at his or her county/tribal social or human services department.
- If "yes," then complete Sections III and IV of this form.

SECTION III — DIAGNOSIS INFORMATION AND VERIFICATION OF MEDICAL CONDITION

5. I have evaluated this recipient and certify that he or she is one of the following. (Refer to the completion instructions of this form for definitions of indefinitely and temporarily disabled.) (Check one.)
- Indefinitely disabled. This form is valid for three years (36 months) from the date signed by the medical care provider.
- Legally blind. This form is valid for three years (36 months) from the date signed by the medical care provider.
- Temporarily disabled. This form is valid for no more than 90 days from the date signed by the medical care provider. (This certification of need may be renewed after 90 days, if necessary.)
- If less than 90 days, state expected duration of disability: _____ days
6. Does the recipient require the use of a wheelchair or scooter?
- Yes No
7. Explain why the recipient's physical / mental condition requires transportation in a SMV. Include the diagnosis, if possible.

SECTION IV — MEDICAL CARE PROVIDER (EVALUATOR) INFORMATION

I have evaluated this recipient and certify that he or she has a condition that contraindicates safe travel by common carrier, such as private vehicles or mass-transit services, and requires the use of an SMV for transportation to receive medical services.

8. SIGNATURE — Evaluator	9. Date Signed — Evaluator
10. Name — Evaluator (Print)	11. Position Title — Evaluator
12. Universal Provider Identification Number (UPIN) or Wisconsin Medicaid Provider Number	

WISCONSIN MEDICAID CERTIFICATION OF NEED FOR SPECIALIZED MEDICAL VEHICLE TRANSPORTATION COMPLETION INSTRUCTIONS

Wisconsin Medicaid requires certain information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration, such as determining eligibility of the applicant, processing prior authorization requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is mandatory. Wisconsin Medicaid will not accept alternate versions of this form. Completed forms that appear to be altered in *any way* will not be accepted. For further instructions or questions, refer to the Specialized Medical Vehicle Handbook or contact Provider Services at (800) 947-9627 or (608) 221-9883.

INSTRUCTIONS — SPECIALIZED MEDICAL VEHICLE PROVIDER

1. Give a copy of this form to the recipient requesting specialized medical vehicle (SMV) transportation for his or her medical care provider (evaluator) to complete if he or she does not already have a copy. Wisconsin Medicaid will not accept alternate versions of this form. Completed forms that appear to be altered in *any way* will not be accepted. The form is valid only if every element is completed and has the medical provider's original signature (i.e., not a stamped or photocopied signature.) Wisconsin Medicaid will not accept incomplete forms or forms without original signatures; however, faxes from the medical care provider are acceptable.
2. Accept the form only if the date of receipt is within 14 working days from the date the medical care provider (evaluator) signs the form. If the form indicates that the recipient is temporarily disabled, the certification of need is valid for the period indicated on the form in Element 4. This period must be no more than 90 days from the date the medical care provider signed the form. If the form indicates that the recipient is indefinitely disabled or legally blind, the certification of need is valid for three years (36 months) from the date the medical care provider (evaluator) signed the form.
3. Retain the completed original in the recipient's file for five years from the last date of service billed under this form. Failure to retain this form may result in recovery of Medicaid payment for the SMV services provided to the recipient.

INSTRUCTIONS — MEDICAL CARE PROVIDER (EVALUATOR) COMPLETING FORM

Type or print clearly.

Section I

Enter the recipient's full name and Wisconsin Medicaid identification number; including a middle initial is optional. The date of birth is also optional.

Section II

Determine whether or not the recipient has a condition that contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle. If not, **stop** here and refer the recipient to the Medicaid transportation coordinator at his or her county/tribal social or human services agency. If yes, complete Sections III and IV.

Sections III and IV

Complete Sections III and IV if the recipient's condition contraindicates safe travel by common carrier such as accessible mass transit, taxi, or private vehicle. Sign and date Section IV only if the provider has evaluated this recipient and finds that he or she is legally blind or disabled and cannot travel safely by common carrier, such as a private vehicle or accessible mass transit. The provider's signature must be original and cannot be stamped or photocopied. Give the original form to the recipient and keep a copy.

Definitions

Indefinitely Disabled — As stated in HFS 107.23(1)(c)1, Wis. Admin. Code, "indefinitely disabled" means a chronic, debilitating physical impairment which includes an inability to ambulate without personal assistance or requires the use of a mechanical aid such as a wheelchair, a walker or crutches, or a mental impairment which includes an inability to reliably and safely use common carrier transportation because of organic conditions affecting cognitive abilities or psychiatric symptoms that interfere with the recipient's safety or that might result in unsafe or unpredictable behavior. These symptoms and behaviors may include the inability to remain oriented to correct embarkation and debarkation points and times and the inability to remain safely seated in a common carrier cab or coach.

Temporarily Disabled — A condition that meets the above definition but is expected to exist only for a limited time.

How to Start Receiving your Medical Transportation Payments

1. Make yourself additional copies of the form (Request for Medical Transportation Cost Advance/Reimbursement) for future payments.
2. Submit a brief diagnosis of Patient needing the medical treatment. (**one time request**)
3. Submit a MapQuest showing the actual miles between doctor or hospital appointments and patient's residence. (**one time request**)
4. Return one of these forms on a monthly basis, along with patient's appointment letters or cards showing appointments for the month of payment being requested.

Send to:

Milwaukee County Dept. of Human Services
1220 W. Vliet Street
Milwaukee, WI 53205

Attn: Marilyn Kyles, Clerical Supervisor

Medical Transportation Cost Advance / Reimbursement Information Checklist

Advance / Reimbursement of transportation costs may be granted for Local and Out-of-State Travel. Methods of transportation used may include a personal vehicle, volunteer driver, bus, airplane, taxi and is limited to the most **economical** method depending on the condition of the recipient and the location in which you are authorized to travel.

You will need to submit the following items for medical transportation cost Advance / Reimbursement processing:

Local Travel

- ◆ Complete the attached Request for Medical Transportation Form.
- ◆ Provide our office with a written statement, including dates of appointments pending or kept, round trip mileage to and from the appointment.
- ◆ Provide written verification from the doctor or clinic indicating the dates and reasons for the visits.

Out-of-State Travel

- ◆ Complete the attached Request for Medical Transportation Form.
- ◆ Provide a copy of the prior authorization form received by your physician from the Bureau of Health Care Financing.
- ◆ Provide a written statement from your physician indicating date of service, expected return date, location of service and reason.
- ◆ Identify in advance the type of ground transportation you expect to utilize to and from medical visits while Out-of-State. (Car rental is not a covered service.)
- ◆ Upon return, provide original receipts for meals, lodging, and approved ground transportation. Itemized receipts must substantiate all expenses.

Note: If you are a family member requesting medical transportation to accompany a recipient as an attendant, you must submit a statement from the physician confirming that it is medically necessary for you to accompany recipient.

Request for Medical Transportation Cost Advance / Reimbursement

Requestor: Complete and sign **Section A** of this form. If applying on behalf of a Medicaid recipient, list your name and relationship in the space for authorized representative.

Section A

My Medicaid eligibility is from SSI **Katie Beckett Program** **Regular Medicaid**

Recipient Name _____ CARES Case Numer _____

SSN _____ Date of Birth _____ Phone Number _____

Name of Authorized Representative _____ Relationship _____

Address _____ City _____ State _____

Transportation authorized / reimbursement is for: Local Dr.'s Appointments
 Out-of-State Travel Meals and Lodging Accompanying Medical Attendant

Please check method of transportation:
 Personal Vehicle Volunteer Driver Bus Taxi Other Air

List number of roundtrip miles driven _____ Cost per trip _____

List dates of pending / kept appointments:

Signature _____ Date _____
(Recipient or Authorized Representative)

Section B

Office Use Only	
Instructions: Complete this portion of the form and attach verification. Complete Payment Authorization form.	
Medicaid Eligibility Source:	<input type="checkbox"/> SSI <input type="checkbox"/> KB <input type="checkbox"/> MA
Verification Source:	<input type="checkbox"/> Query <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other _____ (Specify)
Total number of trips approved _____	Period Covered _____
Comments / Calculations: _____ _____ _____	
Payment Amount Authorized _____	Signature _____

Bar with Rehabilitation Offenses

Caregivers with convictions of serious crimes or a history of improper behavior are barred from working in facilities regulated by the Department, unless they are approved through the Rehabilitation Review process.

Only those crimes and offenses on the Offenses List www.dhfs.wisconsin.gov/caregiver/statutesINDEX.htm and comparable crimes and offenses from other states or other jurisdictions are bars to employment, regulatory approval, or non client residency. An employer may determine if any conviction not on the Offenses List is substantially related to the duties of the job, and may refuse to hire a candidate for that reason.

Complete Background Check

A **complete caregiver background check** consists of the following documents:

1. A completed HFS-64 Background Information Disclosure (BID) form;
2. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request, either
 - a “no record found” response **or**
 - a criminal record transcript; **and**
3. A letter from the Department of Health and Family Services (DHFS) that reports the status of a person’s administrative findings or licensing restrictions.

Other documentation must be obtained by the entity when information is required to complete the background check, such as military discharge papers, other state’s convictions, tribal court criminal records, arrest and conviction disposition information from county clerks of courts or tribal courts.

Public Record Information

Caregiver background checks are public records and may be shared with the applicant, employee, or student. Entities must maintain the completed background check and provide it to DQA staff upon request. In cases where the background checks have been conducted within the previous four years, entities are **required** to share the background checks with other entities upon request.

CONTACT INFORMATION

Questions about background checks on employees and contractors **or** questions about offenses that affect caregiver eligibility?

Office of Caregiver Quality (OCQ)
Division of Quality Assurance
P.O. Box 2969
Madison, WI 53701
Phone: (608) 261-8319
FAX: (608) 264-6340
E-mail: caregiver_intake@dhfs.state.wi.us

Questions about background checks on owners and non client residents?

Entity Background Checks
Division of Quality Assurance
P.O. Box 2969
Madison, WI 53701
(608) 261-8319
E-mail: caregiver_intake@dhfs.state.wi.us

Questions about background checks on child care providers?

Bureau of Regulation & Licensing
Div. of Children & Family Svcs.
(608) 266-9314

Questions about the Rehabilitation Review Process?

Office of Legal Counsel
Phone: (608) 266-8428
E-mail: rehabrc@dhfs.state.wi.us

Questions about non credentialed caregivers with substantiated finding(s) of misconduct?

Wisconsin Nurse Aide Registry
<http://www.pearsonvue.com>
Phone: (866) 329-8760

Other questions?

See our web site:
<http://dhfs.wisconsin.gov/caregiver/index.htm>
or
<http://www.dhfs.state.wi.us> (Select on “Topics A-Z,” “C,” and then “Caregiver Program.”)



Making a difference.

BACKGROUND CHECKS

For Entities Regulated by the
Division of Quality Assurance

in

WISCONSIN’S CAREGIVER PROGRAM

STATE OF WISCONSIN
Department of Health and Family Services
Division of Quality Assurance
Office of Caregiver Quality

February 2008

PQA-3159 (Rev. 02/08)

WISCONSIN CAREGIVER PROGRAM

This is an overview of the background check requirement of Wisconsin's Caregiver Program for entities regulated by the Division of Quality Assurance (DQA). For more detailed information, please see the Caregiver Program website at

<http://dhfs.wisconsin.gov/caregiver/index.htm>

or the "Contact Information" box on the back of this brochure.

CAREGIVER BACKGROUND CHECKS

The Wisconsin Caregiver Program responds to the concern in Wisconsin and around the nation about the potential for physical, emotional, and financial abuse of vulnerable citizens by persons who have been convicted of serious crimes or have a history of improper behavior.

The Caregiver Law is intended to protect clients in health care settings from misconduct (abuse, neglect, or misappropriation of property) by requiring employers and licensing agencies to:

- Conduct caregiver background checks;
- Closely examine the results of the caregiver background checks for criminal convictions or for findings of misconduct by a governmental agency; and
- Make employment and licensing decisions based on the results of the background checks in accordance with the requirements and prohibitions in the law.

Therefore, the Caregiver Law requires two types of caregiver background checks:

- Those completed by entities on their employees and contractors, and
- Those completed by DQA on license holders and non client residents of DQA regulated entities.

Employees as Caregivers

A caregiver is a person who meets all of the following:

- Is employed by or under contract with an entity;
- Has regular, direct contact with the entity's clients or the personal property of the clients;
- Is under the entity's control.

Entities must complete a caregiver background check for those employees who have regular, direct contact with clients. This includes employees who provide direct care and may include housekeeping, maintenance, dietary, and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity.

To complete caregiver background checks on employees and contractors, the entity must:

1. Require every prospective employee or contractor to complete an HRS-64 Background Information Disclosure (BID) form prior to working as a caregiver. A "clean" BID is one with no convictions of a crime that require a Rehabilitation Review or license limitations (no findings by a governmental agency of abuse, neglect, or misappropriation). Individuals with a "clean" BID may work up to 60 days while the employer completes the caregiver background check process. **Retain the completed HFS-64 BID form.**

Follow these special instructions for the following individuals or circumstances:

- **Minors.** Minors must complete a BID, but the entity is not required to submit a request to the Department of Justice when the BID is "clean."
 - **Students.** Students must complete a BID, but the entity is not required to submit a request to the Department of Justice for those with a clinical placement of less than 60 days when the BID is "clean."
 - **Military Service.** The entity must obtain a copy of the military discharge papers (DD214) from a caregiver who was discharged from the military.
 - **Out-of-State Residency.** The entity must make a good faith effort to obtain other states' conviction records for caregivers who resided in states other than Wisconsin during the three years preceding the date of the search.
2. Submit a **Wisconsin Criminal History Record Request** (DJ-LE-250 or 250A) to the Department of Justice (DOJ). Mail the (1) completed Record Request, (2) appropriate fee, and (3) a self-addressed and stamped return envelope to:

Crime Information Bureau
ATTN: Record Check Unit
P.O. Box 2688
Madison, WI 53701-2688

Department of Justice (DOJ) account holders may request this information on the Criminal History Record Check website at:

<http://wi-recordcheck.org>

Entities may access a Wisconsin DOJ conviction report from records maintained by the Department of Health and Family Services. Entities may also access a letter from the Department stating whether the person has any governmental findings or license limitations.

Entities must obtain the final disposition of any offense whose disposition is incomplete or unclear. Entities must also contact the appropriate County Clerk of Court for a judgment of conviction and criminal complaint related to any crime that is disclosed on a BID form but which does not appear on the DOJ Criminal History Report.

Caregiver Background Checks

Just as entities are required to conduct caregiver background checks on employees, the Division of Quality Assurance is required to conduct caregiver background checks on the following:

- Anyone who is the license holder/legal representative of an entity, whether or not they have regular, direct contact with clients;
- Anyone who is a board member or corporate officer who has regular, direct contact with clients served;
- Anyone 10 years of age and older who lives in a facility but is not a client (non client resident).

When contacted to do so by the Division of Quality Assurance, entities must:

1. Require each applicable person to complete an HFS-64 BID form and an HFS-69 Appendix form, and
2. Submit (1) the completed BID and Appendix forms; (2) military discharge papers, if needed, and (3) a \$7.50 processing fee for each person to

Entity Background Checks
Department of Health & Family Services
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701-2969

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Driver record abstracts

Driver record abstracts are computer-generated copies of the Division of Motor Vehicles (DMV's) driver records. Most driver record entries are retained for five years; however, certain convictions can result in a driver record being retained indefinitely.

Driver abstracts contain the following standard information:

- name and address
- driver license or identification card number
- sex and date of birth
- former names
- dates and types of traffic convictions, accidents, restrictions, and withdrawals

Who requests driver record abstracts

Abstracts are provided at no cost to federal and state government agencies, county courts and enforcement agencies. A [fee per record](#) is assessed for abstracts provided to insurance companies, employers, school bus contractors, businesses and the general public.

More information on:

- [Requesting a copy of your own driving record](#)
- [Requesting a copy of someone else's driving record](#)

Some large volume requesters maintain accounts for immediate response by the [Public Abstract Request System \(PARS\)](#). PARS is a secure Web-based system that allows participating accountholders to have instant access to driver record abstracts via Portable Document Format (PDF) images.

Commercial driver employers are eligible to enroll in the [Employer Notification program](#). This program is available to PARS participants and identifies any enrolled commercial driver with recent activity on their driving record.

Other volume users provide computer tapes of requests for next-day return of abstract information. Brokers are authorized recipients of the DMV records who resell or re-disclose the record information to other private entities.

Why WisDOT provides this information

Wisconsin's Motor Vehicle and Open Records Laws provide that anyone who requests a driver abstract, pays the appropriate fee and provides a completed Vehicle/Driver Record Information Request form [MV2896](#)  can request any person's driver record information.

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Confidential information

Related links:

[Request your own driver abstract](#)

Medical information is confidential and is only released if the driver has signed a release authorization form. Certain information on juveniles (such as suspensions for juvenile alcohol and truancy) is also confidential and will only be released to courts, law enforcement and, in some cases, parents or guardians.

Social Security numbers are used for driver licensing purposes and are not available to the public. Identification (ID) card information is also confidential and can only be released to the courts, district attorneys, county corporation counsels, city, village or town attorneys, law enforcement agencies, the ID card holder, or to the parent/legal guardian of an ID card holder who is under 18 years of age.

Opting out for requests from marketing and research entities

Customers can "[opt out](#)" from having their name included by completing form [MV3592](#) . If 10 or more records are requested, their personal identifiable data will be suppressed. Forms can also be obtained at all [DMV service centers](#).

For more information contact:

- E-mail: driverrecords.dmv@dot.state.wi.us
- Phone: (608) 266-2353

Federal Driver's Privacy Protection Act

The Federal Drivers' Privacy Protection Act became effective on April 13, 2000, requiring that any request for driver record information be accompanied by a MV2896 (DPPA) form. The form requires information regarding the requester, name of person about whom record(s) are being requested and authorization for the information.



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You will need the Adobe Reader (provided free of charge) to view PDF files. For more information about getting your free copy of the Adobe Reader, visit WisDOT's [Software information](#) page.

Questions about the content of this page:
Bureau of Driver Services, driverrecords.dmv@dot.state.wi.us
Last modified: June 17, 2008

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Request your own driving record

Your motor vehicle driving abstract (commonly called a driving record) contains your driving history for a specific period of time. Most entries remain on your record for 5 years, except for serious offenses or alcohol related convictions, which remain on your record for 55 years.

The Division of Motor Vehicles (DMV) does not have a public counter where driving records can be obtained. You can request a copy of your own driver record over the phone or by mail.

To order by phone, call (608) 261-2566. The automated system, available 24 hours a day, 7 days a week, will prompt you to enter your Social Security Number or Wisconsin Driver license number. It is very important that you listen to the complete message and follow the instructions given, or the transaction will not be completed and your request will not go through.

A bill, charging the appropriate fee(s), and your driver record abstract will be mailed to the address on your driving record the next workday. You will also receive a sheet explaining the charge and points entries on your record.

To request your driving record by mail, complete a Vehicle/Driver Record Information Request Form [MV2896](#) and mail it with the appropriate fee to:

Wisconsin Department of Transportation
P.O. Box 7995
Madison, WI 53707-7995

You can check the current status of your driver license online or call (608) 264-7133 (for a recorded message, 24 hours a day). You will need your Social Security number and date of birth to access this information.

If you have questions about specific convictions:

- E-mail: driverrecords.dmv@dot.state.wi.us
- Call: (608) 266-2353

Points/driver records

Check your driver's license status

Driver license points-frequently asked questions

Driver record abstracts

Out-of-state traffic violations

Point system

Request your driving record

Traffic convictions

Traffic safety courses

VEHICLE / DRIVER RECORD INFORMATION REQUEST

Wisconsin Department of Transportation

MV2896 9/2008 Title 18 USC Section 2721-2725 and s.19.36(1) Wis. Stats.

NOTE: This form may be photocopied for future use.

This form is also available in .pdf format on the DOT website at www.dot.wisconsin.gov/drivers/forms/mv2896.pdf

This request must be completed before information about a Wisconsin vehicle/driver record can be obtained.

Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A - Requester Information

Name - Firm, or Corporation	DMV Agency Code/Account # - If Applicable	Area Code-Telephone 7:00 a.m. - 4:30 p.m.	
Name - Person Completing This Form		Area Code-Telephone #	
Street Address	City	State	ZIP Code
Mailing Address (If Different from Above)	City	State	ZIP Code

Section B - Record Information Request - Complete if requesting individual driver/vehicle records only.

I (we) request the following record information: Please provide information for each individual driver record or vehicle that you are requesting.

Check One:

Driver Record Information

Certified Driver Record Information

Name of Person about whom record(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

Check One:

Motor Vehicle Record Information

Certified Motor Vehicle Record Information

Please explain request in Comments area below			Current Plate No. or DisID No.	Information Requested		
Vehicle Year	Make	Vehicle Identification Number		Current Owner	or	* History of All Owners
1				<input type="checkbox"/>	or	<input type="checkbox"/>
2				<input type="checkbox"/>	or	<input type="checkbox"/>

* Note: If you request the history of all owners, an additional charge of \$5 per owner will be assessed.

Comments - Please be specific when describing your request, for example, lien information, a complete history, current owner only, etc.

Section C - Authorization - Please check the statement below that allows you authorization to obtain personal information. Sign certification.

I (we) are authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

1. Authorized for use, if the requester demonstrates that they have obtained the written consent from the person about whom the information pertains. This is not for DMV account holders.
- (a) I am requesting a copy of my own record.
 - (b) I am a parent or legal guardian of a minor child and am requesting a copy of his/her record.
 - (c) I am requesting the record of another person and have attached their written consent.
2. For use in connection with matters of motor vehicle or driver safety and theft; motor vehicle emissions; motor vehicle product alterations, recalls, or advisories; performance monitoring of motor vehicles, motor vehicle parts and dealers; motor vehicle market research activities, including survey research; and removal of non-owner records from the original owner records of motor vehicle manufacturers to carry out the purposes of the Automobile Information Disclosure Act, the Anti-Car Theft Act of 1992, and the Clean Air Act.
3. A government agency (federal, state, local or tribal) or employed by such, for the purpose of the government agency to carry out its functions.

Please sign on the reverse side.

- 4. A federal, state, circuit, local, or tribal court, or employed by such, for the purpose of the court to carry out its functions.
- 5. A Wisconsin or out-of-state law enforcement agency, or employed by such, for the purpose of the law enforcement agency to carry out its functions.
- 6. Authorized representative, agent, contractor, or employed by such, of a legitimate business and the vehicle/driving record being requested will be used for normal course of business, but only to:
 - a. Verify accuracy of the personal information;
 - b. Obtain correct information, but only for purposes of preventing fraud, pursuing legal remedies, or collecting a debt.
- 7. Authorized for use in connection with any civil, criminal, administrative, or arbitral proceeding in any federal, state, circuit, local, or tribal court or agency, or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of a federal, state, circuit, local, or tribal court.
- 8. Authorized for use in research activities and producing statistical reports, as long as the personal information is not published, redisclosed, or used to contact individuals.
- 9. Authorized representative, agent, contractor, or employed by such, of an insurer, insurance support organization or self-insured entity and the vehicle/driving record(s) being requested will be used only in connection with the following:
 - a. Claims investigation;
 - b. Anti-fraud activities;
 - c. Rating or underwriting.
- 10. Authorized for use in providing notice to the owners of towed or impounded vehicles.
- 11. Authorized representative or owner of a licensed private investigative agency or licensed security service and the vehicle/driving record is being requested for the use of purposes permitted under the Federal Driver's Privacy Protection Act.
- 12. Authorized as an employer, or its agent or insurer for use in obtaining or verifying information relating to a holder of a commercial driver license (CDL).
- 13. Authorized representative or owner of a private toll transportation facility for use in the operation of the facility.

The Driver Privacy Protection Act (DPPA) is enforced by the U.S. Department of Justice, which may seek civil and criminal penalties for improperly obtaining, disclosing, or using personal information from a motor vehicle record for a purpose not permitted by the DPPA. In addition, private citizens may also seek civil damages in Federal Court.

Certification

I (we) certify that the information and statements on this request are true and correct, comply with the provisions of the Federal Driver's Privacy Protection Act and understand that the willful, unauthorized disclosure of information obtained from these records for a purpose other than stated on this request, or the sale or other distribution of the information to a person or organization not disclosed in this request may result in penalties imposed under Title 18 U.S.C. Section 2724.

X

(Requester Signature)

(Date Signed)

NOTE: Incomplete or incorrect information provided in section "B" may result in an additional \$5 fee per driver record, and \$5 fee per vehicle or DisID record. Also, \$0.25 may apply per photocopy.

Mail completed form with check or money order made payable to: **Registration Fee Trust**

<p>Non-Certified Driver Record Fee: \$5.00 ea.</p> <p>Mail fee(s) with completed form to: Driver Records Wisconsin Department of Transportation PO Box 7995 Madison WI 53707-7995</p>	<p>Certified Driver Record Fee: \$10.00 ea.</p> <p>Mail fee(s) with completed form to: Citations & Withdrawals Section Wisconsin Department of Transportation PO Box 7917 Madison WI 53707-7917</p>	<p>Non-Certified Vehicle Record Fee: \$5.00 ea. Certified Vehicle Record Fee: \$10.00 ea.</p> <p>Mail fee(s) with completed form to: Vehicle Records Section Wisconsin Department of Transportation PO Box 7911 Madison WI 53707-7911</p>
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Please attach a stamped, self-addressed envelope for return of the requested information.

WRAPAROUND MILWAUKEE

Transportation Policy

Attachment 5



Wraparound Milwaukee

TRANSPORTATION REFERRAL FORM

Client Name: Client, Sample

Referral Date: 11/10/08

DOB: 1/1/91

Gender: Female

Referred by:

Client Number:: 7976

Phone Number(s):

Email:

Current Referral Date	11/14/08
Transportation Vendor Requested	Terry-Len Transportation
Phone number for driver to call	414-111-1111
Name of person(s) to be transported	Sample Client
Relationship to youth	Self
Reason for transportation request	Therapy Appts
Pick Up Date	11/14/00
Pick Up Time	2:30 pm
Pickup Location	1234 Any Street
Drop Off Time	3:00 pm
Dropoff Location	Therapy Specialists at 4321 Any Avenue
How often will trips occur	Weekly
If this is a recurring trip, specify details	Weekly therapy appointment - every Friday for one hour. To return home at 4:00 p.m.
Trip Type	Round Trip
If a round-trip ride, second pick-up time	4:00 pm

American Taxi DOES NOT ACCEPT ADVANCE REQUESTS for the Round Trip Return Ride. The passenger needs to call 220-5000 for a Taxi when ready for a return ride.

Emergency Contact Name	Mrs. Client
Emergency Contact Phone	414-111-1111
Medical Concerns, if any	None
Safety Concerns / Special Accommodations	None
Wheelchair Needed?	No
SMV Form Status	None



Transportation Request from Wraparound Milwaukee

Client Name: Client, Sample

DOB: 1/1/91

Referred by:

Name/Phone:

Email

American United Taxicab

Fax to 414-220-5017

Acct. No. WM 15

Client Number: 7976

Phone number for driver to call	414-111-1111
Name of person(s) to be transported	Sample Client
Relationship to youth	Self
Reason for transportation request	Doctor/Dentist
Pickup Date	11/13/08
Pickup Location	1234 Any Street
Time of Appointment	10:00 am
Dropoff Location	4321 Dental Street
How often will trips occur?	Single Ride
Trip Type	Round Trip
Emergency Contact Name	Mrs. Client
Emergency Contact Phone	414-111-1111
Medical Concerns, if any	None

Care Coordinators Note: American United Taxicab requires that a **Transportation Request form** be faxed to them **FOR ALL NEW RIDES AND RIDES WHERE THE PICK-UP TIME VARIES.**

