WRAPAROUND MILWAUKEE **POLICY & PROCEDURE**	Date Issued: **7/15/03**	Date Revised: **8/15/08**	Section: **PROVIDER NETWORK**	Policy No: **050**	Pages: **1 of 3** (7 Attachments)
☒ **Wraparound** ☒ **Wraparound/REACH** ☒ **FISS**	Effective Date: **1/1/09**	Subject: **TUTORING SERVICES (Service Code 5521 / HCPCS Code H2021)**			

I. POLICY

It is the policy of Wraparound Milwaukee /REACH / Family Intervention Support & Services (FISS) that youth in need of Tutoring Services receive a quality academic experience provided by a trained/experienced Provider.

II. PROCEDURE

A. Definition.

A Tutor provides after school assistance with academic school assignments when the youth has identified remedial needs and is academically below grade level. This **must** be documented as an Academic/Educational Need in the Plan of Care under the "Education Domain" for Wraparound / REACH and on the FISS Referral Form for FISS. **Tutoring is a one-to-one service**.

B. Requirements.

1. Agency.

a. The Agency must have submitted a 15-hour Tutoring Training Curriculum that was approved by the Wraparound Provider Network.

b. The training Manual that refers to the actual materials used in providing the 15 hours of training must be readily accessible at the Agency for auditor review.

2. Provider.

a. Tutors are required to have knowledge of the subject matter and possess **at least one year of experience** in tutoring, teaching or other academic accomplishment. Evidence of experience training/certification/education specific to tutoring can be in the form of a resume, plus two reference letters from a past/current employer, or an actual teaching degree/degree in education or a letter from the Agency Director certifying the employee's prior experience as a Tutor. This evidence must be submitted to the Provider Network for approval **prior to the provision of services** and kept in the employee's personnel file.

b. A Tutor must have a **minimum of 15 hours of Agency Training** prior to service delivery. For all new Tutors entering the Network, the WRAPAROUND MILWAUKEE VERIFICATION OF 15 HOUR TRAINING REQUIREMENT CERTIFICATE (*see Attachment 1)* must accompany the "Provider ADD Sheet", which authorizes them to provide services in the system. A copy must be kept in the Agency's employee file.

c. **Prior to the provision of service**, a **Statewide Criminal Background Check must be completed on all Tutors** (*see Attachment 2*). A copy of the Background Check must be kept in the employee's personnel file. The Agency will be held accountable for ALL requirements/processes referred to in the Background Check handout. A complete Background Check includes the following three components:

1) A completed HFS-64 Background Information Disclosure form (BID form).
2) A Department of Justice (DOJ) Criminal History Record Request.
3) A Department of Health & Family Services (DHFS) letter regarding the status of a person's administrative finding or licensing restrictions.

In addition to meeting the requirements set forth in the Wisconsin Caregiver Law, the Background Check must ALSO meet the requirements set forth in the Milwaukee County Caregiver Resolution (*see Attachment 3*).

d. For those Tutors that will be transporting youth, a Department of Motor Vehicle Driving Abstract must be completed prior to the provision of services **(*see Attachment 4*). A copy**
of a valid Wisconsin Driver's License and a copy of the Tutor's current automobile insurance must be kept in the employee's personnel file (*see Provider Bulletin referenced below for exceptions)*.

3. Client File.

a. **Every Youth** should have his/her own file (*see Provider Bulletin #1-09 for exceptions*). Files, including the Plan of Care (for Wraparound / REACH clients), must be maintained as outlined in the attached Provider Bulletin #1-09 (*see Attachment 5*).

b. The Agency **must** receive a **PROVIDER REFERRAL FORM** (Wraparound Milwaukee / REACH and FISS Services each have their own) from the Care Coordinator/FISS Manager **prior to the provision of services**. The Referral Form must be filled out in its entirety. A copy or original must be kept in the youth's file.

c. A **CONSENT FOR SERVICE** form must be completed on every youth **prior to the provision of services**. The consent should **be dated and signed by the youth (if over age 14) and must be signed by the legal guardian**. The Consent must specify the Agency providing the service, the service being provided and any other special requirements set forth by the Agency/youth. All Consents authorize service for one year from the date of signing. In very rare occasions, if services go beyond the one-year (12 months) timeframe, another Consent must be signed. The Consent for Service must be kept in the youth's file.
NOTE: The Agency is expected to create their own "Consent for Service" form. The Wraparound Milwaukee Quality Assurance Department is willing to review the Agency's form for completeness.

d. If a youth is going to be transported, a completed TRANSPORTATION CONSENT FORM (*see Attachment 6*) must be in the youth's file **prior to the first transport**. The Consent must be filled out in its entirety, including the signature/date of the parent/legal guardian. The youth should also sign if over age 14, but if he/she does not, this would not preclude the service from being rendered.

4. Progress Report Log (*see Attachment 7 and the attached Sample – two Log types are included: one for when the youth is seen several times during the month and one for when a youth might be seen only one time during the month).*

a. Must be completed on every youth every month for the duration of service.

b. The Log **must** be completed in its **entirety**. There must be a Note entry for every time the youth is seen face-to-face (or when attempted contact is made with the youth). Documentation must be accurate and be reflective of the service, as described on the previous page.

c. The Needs/Goals identified on the Progress Report Log should correlate with what is on the Wraparound Milwaukee / REACH Plan of Care/FISS Referral Form.

d. The use of "white out" on the Progress Report Log is **NOT permissible**. Errors must be corrected using a straight line to strike out the error, with that error being dated and initialed (Example – ~~Contact~~ C.W. 11/16/04).

e. The Log must be signed by the parent/legal guardian/caregiver, Tutor and Wraparound Milwaukee / REACH Care Coordinator/FISS Manager. The Log must be signed by the parent/legal guardian/caregiver **before** it is sent to the Care Coordinator/FISS Manager for signatures.

Note: Pre-signing or altering the Logs in any way is considered fraudulent and may be grounds for termination from the Provider Network and any future contractual/fee-for-service arrangements with Milwaukee County.

f. It is the responsibility of the Provider Agency to get the Log to the Care Coordinator/FISS Manager in a timely manner – **within the first week of the month** following the month of services.

g. It is the responsibility of the Care Coordinator/FISS Manager to return the original/faxed Logs to the Provider Agency in a timely manner – **within 1-3 days after receiving the Log**.

h. A copy of the Log must be retained by the Care Coordinator/FISS Manager after they sign off. **It is the responsibility of the Care Coordinator/FISS Manager to make a copy of the Log before they return it to the Provider.**

For FISS only – The State Bureau of Milwaukee Child Welfare (BMCW) requires FISS Services to have all Logs in their files for audit purposes, as well as to have documentation available for Court, if a youth needs to be detained, in order to prove services were offered and to verify the youth's level of cooperation.

i. If the Agency is faxing the Log to the Care Coordinator/FISS Manager for the signature, then a copy of the returned signed faxed Log should be attached to the original Log. When auditors are reviewing Logs, they will be looking for all three signatures (Provider, Legal Guardian or Caregiver, Care Coordinator or FISS Manager).

j. The **original** Log (and the attached copy with the Care Coordinator/FISS Manager signature on it, if applicable) must be filed in the youth's Agency file with the most recent month on top.

5. Hours of Service.

Tutoring services can only be provided during the hours of 7:00 A.M. to 9:00 P.M. Tutoring should not be provided during the youth's regular school hours, unless specifically identified in the Plan of Care / FISS Referral.

6. Billing.

a. **Face-to-face** contact with the youth **IS billable**. This includes Child & Family Team meetings, Plan of Care meetings and any other meeting in which the youth/family is being discussed and **is present**. The time spent at such meetings should be billed at the established hourly rate.

b. Phone/written contact and "No Shows" must also be documented, but are **NOT billable**.

c. Transportation time to and from the youth contact is **NOT billable**.

d. The Provider Agency must have the completed, signed Log in their possession before they bill for services.

7. Miscellaneous.

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

Any/all of the above requirements may be audited by Wraparound Milwaukee/FISS, the State of Wisconsin, Milwaukee County and/or any program-affiliated auditing body.

Reviewed & Approved by: Bruce Kamradt

Bruce Kamradt, Director

Wraparound Milwaukee

VERIFICATION OF 15 HOUR TRAINING REQUIREMENT

CHECK THE SERVICE(S) TO BE PROVIDED BELOW

Employee Name: _____
(print employee name)

This is a statement of verification that the above named employee has completed in full **ALL TRAINING REQUIRED BY WRAPAROUND MILWAUKEE TO PROVIDE THE FOLLOWING SERVICE(S)**.

(Check those that apply)

☐ Mentoring: _____
(List Training Dates Above - Month/Day/ Year)

☐ Parent Assistance: _____
(List Training Dates Above - Month/Day/ Year)

☐ Tutoring: _____
(List Training Dates Above - Month/Day/ Year)

Detailed information related to all training sessions is on file with:

_____
(agency name)

and includes: the date, duration, topic(s) covered; training method (ie: video; written material; workshop, etc) and name of the trainer for each training module or session.

(Wraparound Milwaukee may request this information at any time for quality assurance purposes.)

Agency Director or Designee Signature	Employee Signature
_____	_____
Agency Director/Designee Signature	Employee Signature
_____	_____
Print Name	Print Name
_____	_____
Date Signed	Date Signed

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 Svrcs. (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 proceeding 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

RESOLUTION REQUIRING BACKGROUND CHECKS ON DEPARTMENT OF HEALTH AND HUMAN SERVICES CONTRACT AGENCY EMPLOYEES PROVIDING DIRECT CARE AND SERVICES TO CHILDREN AND YOUTH

Provisions of the Resolution requiring criminal background checks for current or prospective employees of DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements providing **direct care and services to Milwaukee County children and youth** were initially passed by the County Board in September, 1999.

In May, 2000, the County Board adopted a modification of the resolution that separates individuals who have committed crimes under the Uniform Controlled Substances Act under Chapter 961 Wisconsin Statutes from the felony crimes referenced in the original Resolution and those referenced under Chapter 948 of the Statutes.

The Resolution shall apply only to those employees who provide direct care and services to Milwaukee County children and youth in the ordinary course of their employment, and is not intended to apply to other agency employees such as clerical, maintenance or custodial staff whose duties do not include direct care and services to children and youth.

1. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements are required to certify, by written statement to the DHS, that they have a written screening process in place to ensure background checks, extending at least three (3) years back, for criminal and gang activity, for current and prospective employees providing direct care and services to children and youth. The background checks are to be made prior to hiring a prospective employee on all candidates for employment regardless of the person's place of residence.

2. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements re required to certify, by written statement to the DHS, that they are in compliance with the provisions of the Resolution; that the statement shall be subject to random verification by the DHS or its designee; and, that the DHS or its designee shall be provided, on request, at all reasonable times, copies of any or all background checks performed on its employees pursuant to this Resolution.

3. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which do not provide to the DHS or its designee, copies of any or all background checks, on request, at all reasonable times, pursuant to this Resolution, shall be issued a letter of intent within 10 working days by the DHS or its designee to file an official 30-day notice of termination of the contract, if appropriate action is not taken by the contract agency towards the production of said documents

4. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall perform criminal background checks on current employees who provide direct care and services to children and youth by January 31, 2001; and, after 48 months of employment have elapsed, criminal background checks shall be performed every four (4) years within the year thereafter.

5. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements shall hire prospective employees after January 31, 2001 conditioned on the provisions stated above for criminal background checks and, after four (4) years within the year thereafter, and for new employees hired after January 31, 2001.

6. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of one or more of the following offenses shall notify the DHS or its designee immediately. Offenses include: homicide (all degrees); felony murder; mayhem; aggravated and substantial battery; 1st and 2nd degree sexual assault; armed robbery; administering dangerous or stupefying drugs; and, all crimes against children as identified in Chapter 948 of Wisconsin Statutes.

7. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any other offense not listed in Number 6 shall notify the DHS or its designee immediately. Offenses include but are not limited to: criminal gang member solicitations; simple possession; endangering public safety; robbery; theft; or, two (2) or more misdemeanors involving separate incidences within the last three (3) years.

8. DHS contract agency employees and employees of agencies/organizations with which the DHS has reimbursable agreements who provide direct care and services to children and youth, charged with any of the offenses referenced in Number 6 and Number 7, shall notify the DHS or its designee within two (2) business days of the actual arrest.

9. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction as stated in Number 6, or a conviction that occurred less than three (3) years from the date of employment as stated in Number 7, the DHS or its designee shall issue a letter of intent within 10 working days to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth.

10. The DHS or its designee, upon receipt of notification of potentially disqualifying past criminal misconduct or pending criminal charges as stated in Number 6 and Number 7 of this Resolution, shall terminate the contract or other agreement if, after 10 days' notice to the contract agency, the DHS or its designee has not received written assurance from the agency that the agency has taken appropriate action towards the convicted current or prospective employee consistent with the policy expressed in this Resolution.

11. DHS contract agencies and agencies/organizations with which the DHS has reimbursable agreements which determine that a current or prospective employee was convicted of any crime under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, and the conviction occurred within the last five (5) years from the date of employment or time of application, shall notify the DHS or its designee immediately.

12. Upon notification from a contract agency or from agencies with other reimbursable agreements that their screening process has identified a current or prospective employee with a conviction under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, the DHS or its designee shall issue a letter of intent, within 10 working days, to file an official 30-day notice of termination of the contract if appropriate action is not taken towards the exclusion of said individual from having any contact with children or youth in the direct provision of care and services to children and youth. **Current or prospective employees of DHS contract agencies or other reimbursable agreements who have not had a conviction within the last five (5) years under the Uniform Controlled Substances Act under Chapter 961 of Wisconsin Statutes, excluding simple possession, shall not be subject to the provisions of this Resolution.**

WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Economic Support
Bureau of Welfare Initiatives

Wraparound Milwaukee
Tutoring Policy
Attachment 3B

TO: **Economic Support Supervisors**
Economic Support Lead Workers
Training Staff
FSET Administrative & Provider Agencies
Child Care Coordinators
W-2 Agencies

FROM: Stephen M. Dow
Policy Analysis & Program Implementation Unit
Work Programs Section

BWSP OPERATIONS MEMO

No.: **00-02**

File: **7110**

Date: **01/21/2000**

Non W-2 [ ] W-2 [ ] CC [X]

PRIORITY: High

SUBJECT: **REVISED CRIMES TABLE**

CROSS REFERENCE: Wisconsin Administrative Rule HFS 12.

EFFECTIVE DATE: Immediately

PURPOSE

This memo provides a revised Crimes Table.

BACKGROUND

The Crimes Table that is a part of the Caregiver Background Check (HFS 12) has been revised. The Crimes List is now called the Offenses Affecting Caregiver Eligibility or the Offenses List. The Offenses List now lists other offenses that are not only crimes with a Wisconsin statute number; the Offenses list now includes these offenses:

1. Finding of neglect or abuse of a client, or of misappropriation of a client's property
2. Find o child abuse or neglect

There are no longer any crimes that result in a permanent bar. The Offenses List now indicates crimes and offenses that lead to a bar with rehabilitation. Many of the crimes that were listed on the previous Crimes List are no longer on the Offenses List. It now has become more important that convictions to crimes be evaluated to see if they substantially relate to the job of caring for children. Counties and Tribes must continue to complete thorough Rehabilitation Reviews, as the crimes may have become more serious.

The entire Offenses List has been attached, however only section II pertains to day care certification.

The Offenses List, as well as other Caregiver Background Check information, can be found at the Caregiver Background Check website www.dhfs.state.wi.us/caregiver/index.htm.

OFFENSES AFFECTING CAREGIVER ELIGIBILITY

NOVEMBER 1999

INTRODUCTION

This document lists Wisconsin crimes and other offenses that the Wisconsin State Legislature, under the caregiver law, ss. 48.685 and 50.065, Wis. Stats., has determined either require rehabilitation review approval before a person may receive regulatory approval or may work as a caregiver, or act to permanently bar a person from receiving regulatory approval to be a foster parent.

NOTE: This table reflects changes in the caregiver law made by 1999 Wisconsin Act 9, the biennial budget, but the table is not yet part of Chapter HFS 12 of the Wisconsin Administrative Code.

If a person has been convicted of a crime in another state or jurisdiction, the entity or regulatory agency must locate on the table below the Wisconsin crime which is identical or most similar to the crime for which the person was convicted and apply the consequence identified. This instruction also applies if the person was convicted in Wisconsin, but the statute number or crime title has been changed or amended. For example, convictions under Chapter 961, the Uniform Controlled Substances Act, were previously convictions under Chapter 161.

Notwithstanding s. 111.335, Wis. Stats., ss. 48.685(5m) and 50.065(5m), Wis. Stats., permit a regulatory agency to deny regulatory approval or an entity to refuse to employ, contract with or permit to reside at the entity a person whom the regulatory agency or entity determines has been convicted of a crime that is "substantially related" to the care of a client. The agency or entity may review a conviction to make that determination when: (a) The person has been convicted in Wisconsin or another state or jurisdiction of any crime that is not listed in this appendix; or (b) The person has been convicted of a crime that is listed in part III. of this appendix for foster care purposes only.

Under the Caregiver Law, current limitations on a person's professional credentials may limit the person's eligibility for employment or licensure in a position for which the person must be credentialed by the department of regulation and licensing.

I. Entities and Programs Serving Only Persons 18 Years of Age or Older

Convictions

Regulatory approval and employment as a caregiver are prohibited until rehabilitation approval is received, for all programs and entities that serve only clients 18 years of age or older.

Wis. Stats.	Crime
940.01	First degree intentional homicide
940.02	1st degree reckless homicide
940.03	Felony murder
940.05	2nd degree intentional homicide
940.12	Assisting suicide
940.19 (2) through (6)	Battery (felony)

940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault
940.285	Abuse of vulnerable adults (misdemeanor or felony)
940.29	Abuse of residents of a penal facility
940.295	Abuse or neglect of patients and residents (misdemeanor or felony)
948.02 (1)	1st degree sexual assault of a child
948.025	Repeated acts of sexual assault of a child
948.03 (2) (a)	Physical abuse of a child – intentional – cause great bodily harm
Other Offenses	
---	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property
---	Finding by a governmental agency of child abuse or neglect

II. Entities and Programs Serving Any Clients Under the Age of 18

Convictions

Regulatory approval and employment as a caregiver are prohibited until rehabilitation approval is received, for all entities and programs that serve any clients who are under the age of 18.

(For additional federal foster care bars, see part III. below.)

Wis. Stats.	Crime
940.01	First degree intentional homicide
940.02	1st degree reckless homicide
940.03	Felony murder
940.05	2nd degree intentional homicide
940.12	Assisting suicide
940.19 (2) through (6)	Battery (felony)
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault
940.285	Abuse of vulnerable adults (misdemeanor or felony)
940.29	Abuse of residents of a penal facility
940.295	Abuse or neglect of patients & residents (misdemeanor or felony)
948.02 (1) or (2)	1st or 2nd degree sexual assault of a child
948.025	Repeated acts of sexual assault of same child
948.03 (2) (a), (b), or (c)	Physical abuse of a child – intentional causation of bodily harm
948.05	Sexual exploitation of a child
948.055	Causing a child to view or listen to sexual activity
948.06	Incest with a child
948.07	Child enticement
948.08	Soliciting a child for prostitution
948.11 (2)(a) or (am)	Exposing child to harmful material or harmful descriptions or narrations (felony)
948.12	Possession of child pornography
948.13	Child sex offender working with children
948.21 (1)	Neglect of a child – resulting in death (felony)
948.30	Abduction of another's child; constructive custody
Other Offenses	
---	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property
---	Finding by a governmental agency of child abuse or neglect

III. FOSTER CARE

Convictions

By federal or state law, conviction acts as bar for Foster Homes/Treatment Foster Homes, as follows:

Permanent bar = Conviction acts as permanent bar.
Spouse = Permanent bar applies when spouse was the victim in the offense.
5 years = Bar is for 5 years from time crime committed, then must show rehabilitation.
Spouse / 5 years = If spouse was the victim, bar is permanent. In other cases, bar is for 5 years from time crime committed; then must show rehabilitation.
Bar w/ rehab = Regulatory approval is barred until rehabilitation approval received.

Wis. Stats.	Crime	Federal law / Foster Care Bar
940.01	First degree intentional homicide	Permanent bar
940.02	1st degree reckless homicide	Permanent bar
940.03	Felony murder	Permanent bar
940.05	2nd degree intentional homicide	Permanent bar
940.06	2nd degree reckless homicide	Permanent bar
940.12	Assisting suicide	Bar w/ rehab
940.19 (2) through (6)	Battery (felony)	Spouse/5 years
940.20	Battery – special circumstances	Spouse/5 years
940.203	Battery or threat to judge	5 years
940.205	Battery or threat to a Department of Revenue employee	5 years
940.207	Battery or threat to a Department of Commerce or DWD employee	5 years
940.21	Mayhem	Permanent bar
940.22 (2) or (3)	Sexual exploitation by therapist; duty to report	Bar w/ rehab
940.225 (1), (2), or (3)	1st, 2nd, or 3rd degree sexual assault	Permanent bar
940.23	Reckless injury	Permanent bar
940.285	Abuse of vulnerable adults (misdemeanor or felony)	Bar w/ rehab
940.29	Abuse of residents of a penal facility	Bar w/ rehab
940.295	Abuse or neglect of patients or residents (misdemeanor or felony)	Bar w/ rehab
940.305	Taking hostages	Permanent bar
940.31	Kidnapping	Permanent bar
941.20 (2) or (3)	Endangers safety by use of a dangerous weapon	Permanent bar
941.21	Disarming a peace officer	Permanent bar
943.10(2)	Burglary while armed	Permanent bar
943.23 (1g), (1m) or (1r)	Operating motor vehicle without owner's consent (OMVWOC)	Permanent bar
943.32 (2)	Robbery with dangerous weapon	Permanent bar
948.02 (1), (2), (3), or (3m)	1st or 2nd degree sexual assault of a child; failure to act; penalty enhancement	Permanent bar
948.025	Repeated acts of sexual assault of a child	Permanent bar
948.03 (2), (3), or (4)	Physical abuse of a child	Permanent bar
948.04	Causing mental harm to a child	Permanent bar
948.05	Sexual exploitation of a child	Permanent bar
948.055	Causing a child to view or listen to sexual activity	Permanent bar
948.06	Incest with a child	Permanent bar
948.07	Child enticement	Permanent bar
948.08	Soliciting a child for prostitution	Permanent bar
948.095	Sexual assault of student by school staff	Permanent bar
948.11 (2)(a) or (am)	Exposing child to harmful material or harmful descriptions or	Permanent bar

	narrations (felony)	
948.12	Possession of child pornography	Permanent bar
948.13	Child sex offender working with children	Permanent bar
948.20	Abandonment of a child	Permanent bar
948.21 (1)	Neglect of a child – resulting in death (felony)	Permanent bar
948.22	Failure to support (felony)	Permanent bar
948.23	Concealing death of a child	Permanent bar
948.24	Unauthorized placement for adoption	Permanent bar
948.30	Abduction of another's child; constructive custody	Permanent bar
948.31	Interference with custody by parent or others	Permanent bar
948.35	Solicitation of a child to commit a felony	Permanent bar
948.36	Use of a child to commit a class A felony	Permanent bar
948.40	Contributing to the delinquency of a minor (felony)	Permanent bar
948.51	Hazing (felony)	Permanent bar
948.60	Possession of a dangerous weapon by a person under 18 (felony)	Permanent bar
948.605 (3)	Gun-free school zones; discharge of firearm in a school zone (felony)	Permanent bar
948.61	Dangerous weapons other than firearms on school premises (felony)	Permanent bar
948.62	Receiving stolen property from a child (felony)	Permanent bar
---	**All other Chapter 948 crimes that are felonies**	**Permanent bar**
961.41 (1)	Manufacture, distribution or delivery (felony)	5 years
961.41 (1m)	Possession with intent to manufacture, distribute, or deliver (felony)	5 years
961.41 (3g)	Possession (felony)	5 years
961.43 (1)(a)	Acquire or obtain possession of controlled substances by fraud, misrepresentation, or forgery, deception, or subterfuge (felony)	5 years
961.43 (1)(b)	To possess/make a counterfeit substance or to duplicate the appearance, packaging, form or label of a controlled substance (felony)	5 years
961.455	Using a child for illegal drug distribution or manufacturing purposes (felony)	5 years
961.46	Distribution to persons under 18 (felony)	5 years
961.465	Distribution to prisoners	5 years
961.49	Distribution of or possession with intent to deliver at or near certain places	5 years
961.492	Distribution of or possession with intent to deliver on public transit (felony)	5 years
---	**All other ch. 961 offenses that are felonies**	**5 years**
Other Offenses		
---	Finding by a governmental agency of neglect or abuse of a client, or of misappropriation of a client's property	Bar w/ rehab
---	Finding by a governmental agency of child abuse or neglect	Bar w/ rehab

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

Drivers & Vehicles > Drivers > Points/driver records >

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

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.

Clear Form

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

Vehicle Year	Make	Vehicle Identification Number	Current Plate No. or DisID No.	Information Requested: Current Owner	or	* History of All Owners
1				☐	or	☐
2				☐	or	☐

* 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**

Non-Certified Driver Record Fee: $5.00 ea. **Mail fee(s) with completed form to:** Driver Records Wisconsin Department of Transportation PO Box 7995 Madison WI 53707-7995	**Certified Driver Record Fee**: $10.00 ea. **Mail fee(s) with completed form to:** Citations & Withdrawals Section Wisconsin Department of Transportation PO Box 7917 Madison WI 53707-7917	**Non-Certified Vehicle Record Fee:** $5.00 ea. **Certified Vehicle Record Fee:** $10.00 ea. **Mail fee(s) with completed form to:** Vehicle Records Section Wisconsin Department of Transportation PO Box 7911 Madison WI 53707-7911

Please attach a stamped, self-addressed envelope for return of the requested information.

WRAPAROUND PROVIDER NETWORK

PROVIDER BULLETIN

NUMBER: 1-09
TITLE: Maintenance of Client Charts for Providers/ Agencies Servicing Clients through the Wraparound Provider Network

REVISION DATE: August 11, 2008
EFFECTIVE DATE: January 1, 2009
This Provider Bulletin Supersedes and Rescinds Provider Bulletins #1-04, dated June 21, 2004, #1-05 dated 11/5/2004 & #3-05 dated 4/27/05, #1-07 dated 1/1/07

The following **mandatory** guidelines must be followed with regard to the maintenance of Wraparound Provider Network (WPN) client files.

1. Every Wraparound/REACH affiliated **client** must have his/her own file, unless the agency is providing one or more other services to one or more family members of the Wraparound/REACH client in which having a family file would then be permissible. In addition, if the Wraparound/REACH client alone is receiving more than one service from an agency, only one file needs to be maintained on that client. Every FISS **family** must have their own file.

2. Each file must clearly indicate the client/family name. If the client is a sibling/caregiver of a Wraparound/REACH enrollee and the only person receiving services from that agency, then the identified **enrollee's** name must also be clearly visible on the file.

3. The file must be maintained in an orderly and neat fashion, i.e. – separate file into sections such as, Provider Referral Form/Intake information, Consents, Assessments, Plans of Care/Crisis Plan (not be applicable for FISS), Progress Notes/ Service Documentation, Coordinated Service Team (CST) information (FISS only), Other Correspondence, Discharge /Closing Summaries, etc. If serving more than one family member, similar documents for each individual may be maintained together in the applicable section. For example, if providing tutoring for John Smith, enrollee, and AODA counseling for the sibling, James Johnson, the provider referral forms received for each individual can both be filed under the Provide Referral Form/Intake Section.
(If agencies already have an established, organized chart format referencing similar chart sections, then they may continue to keep their files in that manner.)

4. The Progress Note/Service Documentation section should contain "subsections" if providing more than one service to a client and/or if providing more than one service to a family. Subsection tabs would reference the different services and corresponding notes

provided to the individual and/or family. For example, one subsection tab would reference the area where tutoring logs would be kept for John Smith, enrollee, and another subsection tab may indicate AODA Counseling notes kept for James Johnson, sibling.

5. Plans of Care (POC): **(WRAPAROUND/REACH ONLY)**
   - The agency must have time-applicable POC(s) in the file relevant to the whole time the client was serviced. The only exception to this requirement would be if the client/family did not consent to share the POC with the Provider. If this is the case, the Provider should place a note in the POC section of the file indicating such.
   - As the POC's are done on-line, the Care Coordinators have the option to print out what is called an "Open Needs " POC or send an e-mail transmittable version. The agency may keep an "Open Needs" or an e-mail transmittable version of the POC in the file. The "open needs" POC contains all the basic demographic info., the strengths list, the family narrative and the reactive crisis plan but it only contains the Needs/Domains that are **currently active**. The e-mail transmittable version contains all the same information, but contains both active needs and attained needs.
   - **Upon client discharge,** the following "thinning" of the **POC section** is permissible: An agency may discard/shred any "Needs/Domain" Sheets that are not relevant to the service they provided.
6. Most recent correspondence/documentation must be on the top in each applicable section.
7. Charts must be easily accessible.
8. It is preferable that charts be maintained in alphabetical order by client name. If this is not feasible for some specific reason, at minimum charts must be made available in alphabetical order when the agency is being audited.
9. Current/active files must be separated from disenrolled client files.
10. Files must be maintained in a secure, fireproof cabinet or room.

The above expectations are applicable to all services within the Wraparound Provider Network unless otherwise stated in a "service specific" policy and procedure.

IMPORTANT

As your client files contain mental health information, the guidelines for the storage of the file upon the client's discharge from services at your agency is governed by administrative code HFS 92.12. This code states, "In the case of a minor, records shall be retained until the person becomes 19 years of age or until 7 years after treatment has been complete, whichever is longer."

FOR FURTHER INFORMATION, PLEASE CONTACT:

Pam Erdman, Wraparound Quality Assurance Director
Telephone: 414-257-7608

TRANSPORATION CONSENT FORM

YOUTH/CLIENT NAME: _____ DOB: _____
(Print)

_____ OF _____
(Provider's Name) (Name of Provider Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT _____
(Name of Youth/Client)

FROM _____ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.
(Effective Date)

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

_____

_____

_____

_____ _____ _____
Signature of Legal Guardian Relationship to Youth Date

_____ _____
Signature of Youth (should sign if age 14 or over) Date

WITNESSED BY:

_____
Print Name of Witness

_____ _____
Signature of Witness Date Witnessed

_____ _____
Agency Address Agency Phone

EMERGENCY CONTACT:
Name:_____

Address: _____

State:_____ Zip:_____ Phone:_____

Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

Check One	Check One
☐ Wraparound	☐ Tutoring
☐ REACH	(5521/H2021)
☐ FISS	☐ Parent Asst. (5522/55111)

PROVIDER NETWORK PROGRESS REPORT LOG

Pre-signing or altering of logs is fraudulent behavior and may be grounds for termination from the Network and any future contractual relationships with the County

For: Month_____Year_____

Provider's Name/Agency: _____ Phone:_____

Name of Client Being Serviced:_____
(If a sibling /child/parent of an identified enrollee indicate enrollees name): _____

Legal Guardian's Name:_____ Relationship:_____

Care Coord./Agency or FISS Mngr.:_____Phone:_____

Need/Goal: 1) _____
Strategy:_____

Need/Goal: 2) _____
Strategy:_____

Need/Goal: 3) _____
Strategy:_____

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	2	3	4	5
Need/Goal # 2	1	2	3	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/0l)	**-TIME FRAME SEEN** (i.e.- 4:00 – 7:00 p.m.) **-TOTAL TIME SEEN -BILLABLE TIME**	**ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS** **Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show** **MTG = Child and Family Team/POC mtg./other youth-family meeting** Must have one note entry for every contact made **REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.**
	Time Frame: Total Time: Total Billable Time:	Location of FF/NS/MTG:_____ Type of Contact: (circle one) FF PH W NS MTG Activity/conversation engaged in, client's mood/any significant behaviors/reactions:

_____	_____	_____
Legal Guardian or Caregiver's Signature	**Provider's Signature**	**Wraparound/REACH Care Coord. or FISS Manager Signature**
Date_____	**Date** _____	**Date** _____

Agency Administration Approval: _____ **Date:**_____

Using billing code (check one): Tutoring - ☐ 5521 or ☐H2021 Parent Assistant - ☐ 5522 or ☐55111

Check One	Check One
☐ Wraparound	☐ Tutoring
☐ REACH	(5521/H2021)
☐ FISS	☐ Parent Asst. (5522/55111)

PROVIDER NETWORK PROGRESS REPORT LOG

Pre-signing or altering of logs is fraudulent and may be grounds for termination from the Network and any future contractual relationships with the County

For: Month_____Year_____

Provider's Name/Agency: _____ Phone:_____

Name of Client Being Serviced:_____
(If a sibling /child/parent of an identified enrollee indicate enrollees name): _____

Legal Guardian's Name:_____ Relationship:_____

Care Coord./Agency or FISS Mngr.:_____Phone:_____

Need/Goal: 1) _____
Strategy:_____

Need/Goal: 2) _____
Strategy:_____

Need/Goal: 3) _____
Strategy:_____

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	2	3	4	5
Need/Goal # 2	1	2	3	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/0l)	**-TIME FRAME SEEN** (i.e.- 4:00 – 7:00 p.m.) **-TOTAL TIME SEEN -BILLABLE TIME**	**ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS** **Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show** **MTG = Child and Family Team/POC mtg./other youth-family meeting** Must have one note entry for every contact made **REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.**
	Time Frame: Total Time: Billable Time:	Location of FF/NS/MTG:_____ Type of Contact: (circle one) FF PH W NS MTG Activity/conversation engaged in, client's mood/any significant behaviors/reactions:

OVER →

DATE (i.e., 8/29/0l)	**-TIME FRAME SEEN** (i.e.- 4:00 – 7:00 p.m.) **-TOTAL TIME SEEN -BILLABLE TIME**	**ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS** **Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show** **MTG = Child and Family Team/POC mtg./other youth-family meeting** Must have one note entry for every contact made **REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.**
	Time Frame: Total Time: Billable Time:	Location of FF/NS/MTG:_____ Type of Contact: (circle one) FF PH W NS MTG. Activity/conversation engaged in, client's mood/any significant behaviors/reactions:
	Time Frame: Total Time: Billable Time:	Location of FF/NS/MTG:_____ Type of Contact: (circle one) FF PH W NS MTG. Activity/conversation engaged in, client's mood/any significant behaviors/reactions:
	Time Frame: Total Time: Billable Time:	Location of FF/NS/MTG:_____ Type of Contact: (circle one) FF PH W NS MTG. Activity/conversation engaged in, client's mood/any significant behaviors/reactions:

TOTAL TIME:	TOTAL BILLABLE TIME:

Legal Guardian or Caregiver's Signature **Date**_____	**Provider's Signature** **Date** _____	**Wraparound/REACH Care Coord. or FISS Manager Signature** **Date** _____

Agency Administration Approval: _____ **Date:**_____

Using billing code (check one): Tutoring - ☐ 5521 or ☐H2021 Parent Assistant - ☐ 5522 or ☐55111

Check One	Check One
X Wraparound	X Tutoring (5521/H2021)
☐ FISS	☐ Parent Asst. (5522/55111)

INTEGRATED PROVIDER NETWORK PROGRESS REPORT LOG

Pre-signing or altering of logs is fraudulent and may be grounds for termination from the Network and any future contractual relationships with the County

For: Month October Year 2005

Provider's Name/Agency: Susan Carlson - Caring, Inc Phone: 222-2222

Name of Client Being Serviced: Mindy Smith

(If a sibling/child/parent of an identified enrollee indicate enrollees name)

Legal Guardian's Name: Stacie Smith Relationship: mother

Care Coord. Agency or FISS Mngr.: Jill Jones - Journey, LLC. Phone: 233-3333

Need/Goal: 1) Improve reading skills to current grade level

Strategy: will see client 2x's a week to provide reading support & teach basic word comprehension

Need/Goal: 2)

Strategy:

Need/Goal: 3)

Strategy:

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	(2)	3	4	5
Need/Goal # 2	1	2	3	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/01)	-TIME FRAME SEEN (i.e. - 4:00 – 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS Type of Contact: FF = Face to Face PH = Phone W = Written NS = No Show MTG = Child and Family Team/POC mtg./other youth-family meeting Must have one note entry for every contact made REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.
10/7/05	Time Frame: 4.30-5:30 pm Total Time: 1hr. Billable Time: 1hr.	Location of FF/NS/MTG: Clients home Type of Contact: (circle one) (FF) PH W NS MTG Activity/conversation engaged in, client's mood/any significant behaviors/reactions: Began working with Mindy on the 6th grade, reading comprehension program "Let's Read!" Mindy is in 8th grade but is currently reading at a 6th grade level. Due to her need for 1:1 attention & her oppositional behavior tutoring was requested. Mindy was resistive & mute. On two occasions she did state, "I don't need special help!"

OVER →

DATE (i.e. 8/24/01)	-TIME FRAME SEEN (i.e. 4:00 - 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS Type of Contact: FF = Face to Face PH = Phone W = Written NS = No Show MTG = Child and Family Team/POC mtg./other youth-family meeting Must have one note entry for every contact made REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.
10/11/05	Time Frame: 6:00-7:00 pm Total Time: 1hr. Billable Time: 1hr.	Location of FF/NS/MTG: clients home Type of Contact: (circle one) (FF) PH W NS MTG. Activity/conversation engaged in, client's mood/any significant behaviors/reactions: Began session talking about Mindys school day. She seemed more relaxed & receptive to working in the workbook after talking for a short time. Completed 2 work book pages. Mindy struggled with the exercises & often became frustrated stating. "I don't know these words!"
10/14/05	Time Frame: 6-6:15pm Total Time: 15min Billable Time: 0	Location of FF/NS/MTG: clients home Type of Contact: (circle one) FF PH W (NS) MTG. Activity/conversation engaged in, client's mood/any significant behaviors/reactions: This tutor arrived at client's home. No one answered the door. Drapes were closed. Made a call into the home. No answer. Left a message for client to call tutor. Informed client I would see her at the plan of care meeting scheduled for 10/21/05.
10/21/05	Time Frame: 3:30-5:30 pm Total Time: 2hrs. Billable Time: 2hrs.	Location of FF/NS/MTG: clients home Type of Contact: (circle one) FF PH W NS (MTG) Activity/conversation engaged in, client's mood/any significant behaviors/reactions: attended plan of care meeting. Provided an update/summary of Mindys progress. Team would like to continue with current tutoring goal/strategy for another 3 months. Will provide weekly updates to care coordinator.

TOTAL TIME 4hrs 15min

TOTAL BILLABLE TIME: 4hrs.

Janice Smith
Legal Guardian or Caregiver's Signature
Date 10/29/05

Susan Carter
Provider's Signature
Date 10/29/05

M Jones
Wraparound Care Coordinator or FISS Manager Signature
Date 11-1-05

Agency Administration Approval: B.T. Date: 11/2/05

Using billing code (check one): Tutoring - ☒ 5521 or ☐ H2021 Parent Assistant - ☐ 5522 or ☐ 55111

c/wrapcmn/erdman/IPNProgressReportForm REVISED 7/1/03 10/20/04 7/11/05