



**CHILDREN
COME FIRST**

C O M M U N I T Y P A R T N E R S H I P S , I N C



*A program of Community Partnerships, Inc.
and the ARTT unit of the Dane County
Department of Human Services*

Provider Manual

Community Partnerships, Inc.

Children Come First

Rev. 1.1.2016

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*A program of Community Partnerships, Inc.
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Dear Provider,

Welcome to the Children Come First (CCF) Provider Network. CCF is a specialty mental health managed care program funded by Dane County Department of Human Services and the State of Wisconsin Medical Assistance program. CCF's mission is to provide services to youth that help to maintain their placement in the community and to prevent institutional placements by utilizing the wraparound model of service delivery.

As a Provider of services you will be expected to assist in the mission to keep youth in the community by providing culturally competent services, by building on the strengths of the youth and their family and by actively including the youth and their family in the service delivery process.

Please take some time to review the Provider Manual so that you become acquainted with CCF and the wraparound process. We look forward to your involvement with CCF.

Sincerely,

Scott Strong
Executive Director
Community Partnerships, Inc.

About Children Come First

- Children Come First (CCF) is a joint effort between Wisconsin Medical Assistance Program (WMAP) and Dane County Department of Human Services (DCDHS) to provide services to children with severe emotional disturbances and who are at risk of institutional placement utilizing the wraparound model of service delivery.
- There are two components to CCF that share practice standards:
 - a) Community Partnerships, Inc. is a 501-C 3, not for profit agency, that contracts with DCDHS to provide wraparound services to children who are at risk of institutional placement.
 - b) Achieving Reunification Through Teamwork (ARTT) is a DCDHS unit providing wraparound services to youth who have been placed in an institution prior to CCF involvement.

Mission Statement

Our mission is to support children with mental health needs to be successful in their community and to reduce their risk of institutional placement by creating and coordinating family-focused services that are flexible, strength-based and culturally relevant.

Strength-based Practice

All children and families have strengths comprised of their knowledge, skills, and inherent talents. Building upon these strengths is critical to the long term success of each child. CCF develops community plans that focus on strengths and expects Providers to do the same.

Enrollee Rights

It is the policy of Children Come First to ensure that Members are treated in a manner that respects their rights and responsibilities. Providers are required to inform Children Come First Members under their care of these rights and responsibilities at their first appointment and to give Members the chance to discuss their rights with the Provider. Documentation of Enrollee Rights should be kept in each Member's chart. Providers are expected to have their own Enrollee Rights form, however the Children Come First Enrollee Rights and Responsibility Statement can be copied and distributed to Members at their initial visit (See attachment A). Providers may also download a copy from the Community Partnerships' website at www.community-partnerships.org.

Access to Care

Members in Children Come First have a right to timely access to appropriate mental health and substance abuse services from our Provider Network within a time frame that reflects the clinical urgency of their situation. It is the Provider's responsibility to:

- Provide services in the home and community and after regular business hours when there are barriers to the Member participating in traditional office-based service;
- Inform Members of how to proceed should they need services outside of normal business hours;
- Provide coverage when you are not available, including, but not limited to, an answering service with emergency contact information;
- Respond to messages from Members in a timely manner;
- Provide emergency services 24 hours a day when necessary to evaluate or stabilize a potentially life-threatening situation;
- Provide services within 48 hours of referral in an urgent clinical situation;
- Provide services within 10 business days of referral for routine clinical situations; and
- Provide follow up services within 7 days of a Member's discharge after an inpatient stay.

If Provider fails to comply with timely access, CCF reserves the right to take corrective action, which can lead to termination from the Provider Network.

Cultural Competence

Children Come First believes that cultural competency is a fundamental part of best practice standards which includes self-awareness, education, inclusiveness, understanding, courage and the ability to question self and others. Cultural competency is a long-term developmental process, which encourages an understanding of our own beliefs and values and how they affect our relationship with Members. It is a willingness to learn about others, embrace different cultures/ethnicities, take risks, an ability to ask questions for a better understanding, and make mistakes while learning. We believe that cultural diversity is more than language, food, dress and cultural events; it is the way a person thinks, acts and believes about the world around them. Children Come First sees it as the Provider's obligation to gain the necessary cultural information about Members that will help them provide a basis for their work together.

To ensure the delivery of culturally and linguistically appropriate services by Providers that are respectful and responsive to cultural and linguistic needs, Children Come First has the following expectations of the Provider Network:

- Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each Member with limited English proficiency at all points of contact, in a timely manner during all hours of operation;
- Provide both verbal offers and written notices informing Members of their right to receive language assistance services to Enrollees in their preferred language;
- Family and friends should not be used to provide interpretation services, except when requested by the Member;
- Make available easily understood Member-related materials and post signage in the languages of the commonly encountered groups in a public area such as a waiting room.

Clinical Practice Guidelines

CCF has adopted the following clinical practice guidelines to assist providers in the assessment and treatment of disorders commonly occurring among CCF enrollees:

- ADHD (P-ADD)
- Anxiety Disorders (P-ANX)
- Autism (P-AUT)
- Bipolar (P-BIP)
- Conduct Disorders (P-CON)
- Depressive Disorders (P-DEP)
- Mental Retardation (P-MEN)
- Obsessive-Compulsive Disorder (P-OCD)
- Oppositional Defiant Disorder
- Posttraumatic Stress Disorder (P-PTS)
- Reactive Attachment Disorder (P-RAD)
- Schizophrenia (P-SCH)
- Sexually Abusive Children (P-SAB)
- Stimulant Medication (P-STM)
- Substance Use (P-SUB)
- Suicidal Behavior (P-SUI)

These clinical guidelines are intended to augment, not replace, sound clinical judgment.

Prior to the adoption, each guideline is reviewed by a multi-disciplinary panel that includes a Board certified psychiatrist, psychologist and master's level providers, CCF Clinical Supervisors and Coordinators, and a parent representative.

We welcome your feedback on our adopted clinical practice guidelines. All suggestions and recommendations will be taken into consideration in our next review. You may submit your comments to the CCF Provider Network Coordinator.

Clinical practice guidelines which have been adopted by CCF and are owned by the American Academy of Child and Adolescent Psychiatry, are available on our website at www.community-partnerships.org. If you do not have internet access, you can request a hard copy of the guidelines from the Provider Network Manager at 608-250-6634.

Covered Services

The Covered Services document lists the type of covered service, along with any associated CPT/HCPCS code, the unit rate, a description of the service and the unit description. Please review these carefully as the billing unit may be different for some codes. Some services may be billed as a daily unit, while others may be hourly. Therefore, if the correct units are not indicated on the invoice, this may result in an under payment or a delay in payment.

Service Authorization

- Services are coordinated by the child's Care Coordinator. It is CCF's philosophy to make available the necessary services to maintain youth in the community. This will be accomplished through the use of natural and professional resources. Natural resources are important to each family as CCF may not be able to purchase all the services that the family team may want. Services are guided by the Child and Family Treatment Team, authorized by the Care Coordinator and approved by a Clinical Supervisor.
- The Care Coordinator will enter monthly services into CCF's database by the end of each month. The services must then be approved by a Clinical Supervisor before they are provided. When the authorizations and the Plan of Care have been approved in CCF's database, Providers will be able to see the authorized services by accessing the Mental Health Module. MHM is a web-based program developed and maintained by DCDHS for use by CCF. All Providers are required to participate in a training session in order to learn how to access and enter and submit claims through MHM. For new Providers who have not participated in an MHM Provider Billing training session, and for Providers who have been exempt from using MHM, an Authorization Report may be sent to each Provider, at the request of the Provider, by the beginning of each month. This report may include services authorized for up to three months in advance for clinical services. The report will also include the service description (or the program name), the date range, the Provider, and the units authorized.
- Providers must obtain an authorization prior to providing any service. Providers may access MHM to verify whether a service has been authorized or may contact the Care Coordinator.
- Services provided without a prior authorization may not be paid.
- Services not provided during the authorized time period in which they were authorized may not be carried over to the next authorization time period. Services would need to be re-authorized for the new time period of service.

Billing and Claims

- Providers may only bill for services provided-not units authorized. All services must be documented. Failure to maintain documentation may result in recoupment of payments when audited.
- Claims for services rendered must be received by CCF within 2 months from the last day of the month in which the service was provided. Claims not submitted within 2 months of the last day of the month in which the service was provided, will not be accepted for adjudication, absent a showing of justifiable circumstances determined by CCF.
- CCF shall pay uncontested invoices within forty-five (45) days of receipt.
- If there are multiple Providers of the same type of service, these should be indicated on separate lines of the invoice, or use a separate invoice, or if submitting electronically, a separate claim must be entered.
- Claims not submitted electronically **must include** the following:

Client name	Units provided
Type of service (or Program Type)	Unit rate
Date of service	Total charge
Place of service	Service Provider and degree

- Claims not submitted electronically must be sent to:

For Community Partnerships CCF members:

Community Partnerships
Attn: Deb Jellings
1334 Dewey Court
Madison, WI 53703

For ARTT CCF members:

Dane County Department of Human
Services
Attn: Patty Hillebrand
1202 Northport Drive
Madison, WI 53704

- CCF is a managed care program of Medical Assistance and is considered the payer of last resort. All services that are a covered benefit in another insurance plan will need to be billed to the primary insurer first. CCF will authorize and pay for billed services only after attempts for reimbursement have been sought from the primary insurer. CCF must receive an Explanation of Benefits (EOB) for all claims to be considered for payment. The 2 month billing limit will be extended for those claims that need to be sent to primary insurance first and that are accompanied by an EOB.
- Federal regulations prohibit providers from holding a member responsible for any commercial health insurance or Medicare cost-sharing amount such as coinsurance, copayment, or deductible. Therefore, a provider may not collect payment from a member, or authorized person acting on behalf of the member, for copayments required by other health insurance sources.
- DCDHS ARTT Unit/Community Partnerships, Inc. will notify Service Provider of its decision to deny any claim. Appeal of a decision denying a claim may be made first to DCDHS ARTT Unit/Community Partnerships, Inc. Community Partnerships, Inc. will inform Service Provider of its grievance procedure. The final decision of Community Partnerships, Inc. may be appealed to the Dane County Department of Human Services and only thereafter, if unsatisfactory to the Service Provider or Community

Partnerships, Inc. to the State of Wisconsin. If an appeal is not taken within 60 days of notification of nonpayment, it is waived.

Prior Authorization/Progress Report (PA/PR)

Providers planning to provide the following clinical services: Individual Therapy, Individual AODA Therapy, Family Therapy, Group Therapy, Group AODA Therapy, Special Therapy, Specialized Offender Treatment, In-Home Treatment, Family Preservation, Day Treatment, Day Treatment-AODA, Transitional Day Treatment, Behavioral Treatment-Comprehensive, Behavioral Treatment-Focused, Behavior Management Services, and Occupational Therapy are required to submit PA/PR forms prior to providing the service.

If the service begins prior to the 15th of the month, then the PA/PR is due by the last day of the current month. If the service begins after the 15th of the month, the PA/PR is due by the last day of the following month. PA/PR forms are then required to be submitted every 3 months and due by the last day of the month in which they are due. If PA/PRs are not submitted according to the above requirements, services will not be authorized and will not be paid. Claims submitted for services that have not been authorized by DCDHS-ARTT Unit/Community Partnerships staff will not be paid, absent a showing of justifiable circumstances determined by DCDHS-ARTT Unit/Community Partnerships, Inc.

Progress Report

For other non-clinical services, Service Provider agrees to submit a Progress Report monthly. Progress Reports are for information purposes and used by the Coordinator/Supervisor to determine the on-going need. If Progress Reports are not submitted timely, services may not be authorized and may not be paid. For Mentors/Parent Aides agencies who have not yet participated in provider billing training, a 2-page Billing Invoice-Progress Report is due monthly. Once the Mentoring Agencies have participated in the provider billing training and enter claims electronically, a 1-page Progress Report is to be submitted monthly. These reports are used to determine on-going need and are reviewed by the Coordinator and the Clinical Supervisor. If the Progress Report is not submitted timely, service may not be authorized and may not be paid.

Children Come First/Community Partnerships, Inc.

Prior Authorization/Progress Report

(Prior authorization, not to exceed 3 months, must be received prior to service being authorized and to be used for the following CCF service types: Individual Therapy, Individual AODA Therapy, Family Therapy, Group Therapy, Group AODA Therapy, Special Therapy, Specialized Offender Treatment, In-Home Treatment, Family Preservation, Day Treatment, Day Treatment-AODA, Transitional Day Treatment, Behavioral Treatment-Comprehensive, Behavioral Treatment-Focused, Behavior Management Services, and Occupational Therapy)

Please submit to:
 Community Partnerships
 1334 Dewey Court
 Madison, WI 53703
 Attn: Prior Authorization
 or
 E-mail to: pa@commpart.org
 Fax to: 608-250-6637
 or
For all ARTT CCF members:
 Fax to: 608-288-2405

Check One:	<input type="checkbox"/> Initial PA Request (date range requested, 1-3 months) :	<input type="checkbox"/> Reauthorization (date range requested, 1-3 months):
Provider/Agency Name:		CCF Service Type Requested (see above):
Client Name:	Date of Birth:	Units Requesting: <input type="checkbox"/> Week <input type="checkbox"/> Month
CCF Coordinator:	Date of last communication with coordinator:	
Are there barriers preventing progress toward goals (ex. missed appointments, transportation, etc.)?:		

Therapy Goal(s) for this authorization period <small>(please check how long this goal has been addressed in therapy)</small>	Intervention <small>Treatment Modality (Individual, family, group, insight, play, experiential, etc.)</small>	Progress (list progress for reauthorization request only) <small>(please include observable strengths during this authorization period and how cultural considerations are being incorporated into the treatment process) Please use the back of this form if more space is needed</small>
1. <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> over 12 months	_____	_____
2. <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> over 12 months	_____	_____
3. <input type="checkbox"/> 0-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> over 12 months	_____	_____

Provider Signature or Typed Name:	Date:
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For office use only: <input type="checkbox"/> PA/PR approved for the following time period _____ <input type="checkbox"/> PA/PR denied due to _____	Rev. 01/01/2016
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Additional Progress

(please include observable strengths during this authorization period and how cultural considerations are being incorporated into the treatment process)

Please use the back of this form if more space is needed

Goal 1

Goal 2

Goal 3

Please submit to:
 Community Partnerships
 1334 Dewey Court
 Madison, WI 53703
 Attn: Billing
 Fax: 608-250-6637

Billing Invoice-Progress Report

(This form must be used for the following CCF Service Codes: Vocational Coach, Parent Aide/Mentor, Tutor)

Rev. 02/20/12

Client Name:		CCF Program Type:	<input type="checkbox"/> Voc. Coach	<input type="checkbox"/> Parent Aide/Mentor	<input type="checkbox"/> Tutor
CCF Coordinator:		Service Month (please complete a separate form for each month):			
Agency Name/Provider:		Provider Phone:			
Provider Billing Address:					

Date	Start time (indicate AM or PM)	End Time (indicate AM or PM)	Total Hours	Hourly Rate	Total Cost
Monthly Total				\$	

Provider Signature:	I certify that I provided service on the dates and times listed above.	Date:
Parent/Guardian Signature:	I am aware that services were provided on the dates and times listed above.	Date:

PROGRESS REPORT

Goal(s) for this time period	Intervention (please specify the service/activity provided to achieve the identified goal)	Progress (please include observable strengths and how cultural considerations are being incorporated into the mentoring relationship)
1. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
2. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
List any barriers preventing progress toward goals (ex. missed appointments, schedule conflicts, etc.)?	<hr/> <hr/> <hr/>	
Is the youth being connected or transitioned to natural/community resources? <input type="checkbox"/> Yes -please list resources <input type="checkbox"/> No - please describe barriers	<hr/> <hr/> <hr/> <hr/>	
Provider Signature:	Date:	
Parent/Guardian Signature:	I have reviewed and agree with the goals and progress listed above.	Date:

Please submit to:
 Community Partnerships
 1334 Dewey Court
 Madison, WI 53703
 Fax: 608-250-6637

Progress Report

(This form must be used for the following CCF Programs: Vocational Coach, Parent Aide/Mentor, Tutor)

Revised 6/17/09

Client Name:		CCF Program Type:	<input type="checkbox"/> Voc. Coach	<input type="checkbox"/> Parent Aide/Mentor	<input type="checkbox"/> Tutor
CCF Coordinator:		Service Month (please complete a separate form for each month):			
Agency Name/Provider:		Provider Phone:			
Goal(s) for this time period	Intervention (please specify the service/activity provided to achieve the identified goal)	Progress (please include observable strengths and how cultural considerations are being incorporated into the mentoring relationship)			
1. _____ _____ _____	_____ _____ _____	_____ _____ _____ _____			
2. _____ _____ _____	_____ _____ _____	_____ _____ _____ _____			
List any barriers preventing progress toward goals (ex. missed appointments, schedule conflicts, etc.)?		_____ _____			
Is the youth being connected or transitioned to natural/community resources? <input type="checkbox"/> Yes -please list resources <input type="checkbox"/> No - please describe barriers		_____ _____ _____			
Provider Signature:					Date:
<i>I have reviewed and agree with the goals and progress listed above.</i>					Date:
Parent/Guardian Signature:					

Provider Applications

- A Provider Application will need to be completed and approved prior to receiving authorizations for service. The effective date of the Fee-For-Service Agreement between the Provider and CCF will be stated in the letter of approval.
- Providers will be notified of their acceptance or denial into the CCF Provider Network within seven (7) business days of receipt of an application.
- The address given in the Provider Application will be entered into the CCF database and will be used to generate mailing labels; all mailings will be sent to this address. The contact is the individual to whom all mailings are directed; there can be only one contact person per Provider. Contact person should be kept up-to-date and is the responsible person to ensure that the mailings are routed to the proper individuals within the agency.
- To add additional services, the Provider must submit a Provider Change Form making sure to include the service type and attach required credentialing information.
- To increase the rate on a negotiable-rate service, the Provider will need to request such an increase in writing along with the rationale. A letter of confirmation will be sent confirming the rate and effective date of increase.

Provider Selection and Credentialing

- CCF strives to ensure that only qualified Providers who are capable of meeting the needs of severely emotionally disturbed youth and their families participate in the CCF Provider Network.
- Providers are considered for selection based on Member need, Provider reputation in the community, and Coordinator or Member request.
- CCF has established credentialing requirements which differ depending on the type of service being provided. The specific requirements associated with the credentialing process for each type of Provider are outlined in the *Certification Guide*.
- The final acceptance of new Providers is contingent upon the successful completion of the credentialing process.
- Providers under contract with CCF are responsible for monitoring any subcontracted services to ensure that they are duly qualified to provide the contracted service according to CCF credentialing standards.

- New Providers are announced to Members through publication of the next issue of the Community Partnerships newsletter.

Recredentialing

- CCF requires that Providers undergo re-credentialing every three (3) years in order to monitor the quality of our Provider Network.
- Recredentialing begins approximately 6 months prior to the expiration of the previous credentialing cycle. Providers are sent a letter requesting updated information regarding the status of the Provider's license, certification, insurance, caregiver background checks, education and training. Failure to comply with CCF's request may result in termination from the Provider Network.
- Any Providers with credentials in question will be reviewed by a 3 person multi-disciplinary panel consisting of a master level provider, a doctorate level provider, and the CCF Medical Director and a determination will be made regarding continuation in the CCF Provider Network.
- Providers averaging more than 5 referrals per year will also be required to participate in a structured site visit if one has not been conducted by the Provider Network Coordinator within the previous credentialing period. This review will include an evaluation using the *Provider Audit Tool* to ensure conformity with CCF standards.

Provider Audits

Provider audit is an integral process to ensure that only qualified providers are maintained in the Children Come First (CCF) Provider Network. It is also a mechanism for ensuring quality of care for CCF Members and adherence to wraparound principles.

The Provider Network Coordinator conducts annual audits of network providers based upon a combination of factors, including:

- Prior audit findings
- Total combined billing
- Percent billed vs. authorized per service
- Number of referrals in the past year
- Concerns, complaints, grievances received in the past year regarding Provider
- Length of time in provider network

Caregiver Background Checks

- **Prior to the provision of service**, a Caregiver Background Check (CBC) must be completed on all Providers as required by the State of Wisconsin Caregiver Law.
- A complete CBC consists of the three following required documents:
 1. A completed HFS-64A Background Information Disclosure (BID) form.
 2. A response from the Department of Justice (DOJ) Wisconsin Criminal History Record Request consisting of either a “no record found” response or a criminal record transcript.
 3. A response letter from the Department of Health and Family Services (DHFS) that reports the person’s status, including administrative finding or licensing restrictions.
- Qualified agency personnel of the Provider are responsible for closely examining the results of the CBC for criminal convictions or findings of misconduct by a governmental agency; and to make employment decisions in accordance with the requirements and prohibitions in the law.
- A copy of the Background Check must be kept in the Provider’s personnel file or other file for each employee for the express purpose of retaining all required CBC information.
- After the initial Background Check, Direct Service Providers are required to conduct a new Background search every four years, or at any time within that period when Direct Service Providers have reason to believe that a new check should be obtained.
- Direct Service Providers shall obtain an FBI Criminal Records Check (national fingerprint-based criminal history check) for any prospective direct care Provider living in the State of Wisconsin for less than three (3) years.
- Direct Service Providers shall not assign any individual to conduct work under the Fee-for-Service Agreement who does not meet the requirements of this law.
- A Background Check of a potential new employee that reveals a misdemeanor and/or felony charge, regardless of the disposition, must be sent to the CCF Provider Network Coordinator with the *Provider Change Form* before that individual will be approved to provide services.
- For current employees who have been charged with a misdemeanor and/or felony, the Agency must notify the CCF Provider Network Coordinator within two (2) business days of the charge/arrest.
- If a disposition of a criminal charge is not given (other than “pending” or “open”), the disposition must be obtained by the Provider by contacting the County Clerk of Courts.

Health Insurance Portability and Accountability Act (HIPAA)

All Providers in the Network who provide mental health services, i.e. MA services, are required to have policies and procedures in place to meet HIPAA regulations, as is required by the Provider's state license. In addition, all Providers in the Network are required sign a Business Associate Agreement agreeing to comply with the HIPAA requirements for CCF Enrollees. By signing the Provider Application and the Fee for Service Agreement each Provider agrees that they are in compliance with the requirements of HIPAA.

Critical Incidents

It is the policy of Children Come First that all Critical Incidents that occur under the direct supervision of a provider must be reported to Children Come First and documented on the *Critical Incident Report* form (see Attachment B).

This policy does not exempt providers in any way from following all reporting requirements of their own agency/clinic related to critical incidents or from State mandatory reporting requirements.

Critical Incidents are defined as any event or situation that jeopardizes the health or safety of youth and family members enrolled in Children Come First or of providers under contract with or associated with Children Come First. These situations include, but are not limited to, the following:

1. Death
2. Physical injury
3. Fire setting
4. Commission of a serious offense to or by the enrollee that results in police contact.
5. Enrollee attempted suicide or actively suicidal
6. Physical or sexual assault on or by enrollee
7. Physical restraint of an enrollee

Critical Incidents must be documented on the *Critical Incident Report* form and faxed to Provider Network Coordinator within 24 hours. Critical Incidents occurring on a weekend must be reported by calling the CCF answering service at 608-258-0269, in addition to a faxed *Critical Incident Report*.

The Provider Network Coordinator will review the *Critical Incident Report* and notify the provider within 24 hours of any action taken or action needed to be taken, which will be indicated on the bottom portion of the *Critical Incident Report* form.

The Provider Network Coordinator will immediately notify the Care Coordinator(s) of all involved parties, and the Clinical Supervisor, that a Critical Incident has occurred and the plan of action.

The Care Coordinator will immediately address or facilitate the Child and Family Team to address any immediate health or safety needs.

It is recommended that a Child and Family Team meeting be held within 48 hours of a Critical Incident to revise or update the Crisis Plan and to address areas of concern.

Psychiatric Admission of a CCF Member

Notify the Care Coordinator for all requests for psychiatric admission, regardless of insurance coverage.

For CCF Members who have primary insurance coverage or an HMO, follow the policies and procedures of the primary insurer.

The CCF Member's mental health treaters, or their back-up, are expected to be involved in the evaluation for admission and to assist in facilitation of any subsequent admission.

Life threatening emergencies should be directed to local law enforcement prior to calling the Care Coordinator. The Care Coordinator should be contacted immediately following law enforcement to assist with further coordination of services. **For ARTT clients only**, Journey Mental Health – Emergency Services Unit should be contacted to coordinate hospitalization.

After Hours Emergency

Emergencies that can not wait until the next business day will be handled by the appropriate on-call staff for Community Partnerships or ARTT.

There is a staff person on call for Community Partnerships 24 hours per day, 7 days per week. For after hours emergencies for CCF youth managed through Community Partnerships, call the answering service at 608-258-0269. A Supervisor at Community Partnerships provides back-up to the on-call Care Coordinator at all times.

For after hour's emergencies for CCF youth managed by the ARTT unit, call the Emergency Protective Services number at 255-6067 and inform them that this is a crisis concerning a CCF youth enrolled with ARTT. The person on call will assist you.

Concerns/Complaints Regarding Providers

CCF Coordinators are encouraged to address concerns/complaints regarding Providers directly and attempt to come to a resolution. The exception is if the concern/complaint is of a serious nature such as ethics/boundary violations or fraudulent practice.

Concerns/complaints that cannot be resolved directly with the Provider are brought to the attention of the Provider Network Coordinator. The Provider Network Coordinator may respond in the following manner:

- Contact the Provider by phone to discuss the concern/complaint and develop a resolution
- Schedule a joint meeting between the Provider, CCF Coordinator or Member/guardian
- Schedule an on-site visit to offer orientation and training on procedures
- Schedule an on-site visit for observation or chart audit.

Grievances and Appeals

PHILOSOPHY

Children Come First is committed to providing quality services for enrollees, family members and providers. The purpose of the Children Come First Grievances & Appeals Policy and Procedure is to provide a timely means to resolve grievances and appeals, to educate enrollees or representatives about appropriate use of Children Come First and to provide an opportunity for improving the Children Come First Program.

POLICY

It is the policy of Children Come First that any party or enrollee or his/her representative who is dissatisfied with any aspect of service delivery has a right to seek resolution through the Children Come First grievances and appeals process.

Punitive action will not be taken against anyone who either requests or supports an enrollee's grievance or appeal, including a request for expedited review.

INFORMAL GRIEVANCE PROCEDURE

1. Dissatisfaction with any aspect of service provision, lack of service provision, policy and procedure, or benefit can be addressed with the CCF Staff Person(s) with whom the conflict or concern has arisen and/or their Supervisor. Staff will notify his/her Supervisor of the situation and resolution. Staff will document all steps taken in handling the grievance. An informal grievance may be directed right away to the Supervisor or another member of the management team if the CCF Staff Person is unavailable or the enrollee feels their concern requires supervisory attention.
2. If a resolution is not made with the Staff Person, the enrollee can contact the Staff Person's Supervisor. The Supervisor will attempt to resolve the grievance and document all steps taken. A meeting may be set up to discuss the grievance. If the matter is not resolved, the Supervisor will inform enrollee of his/her right to pursue their grievance formally.

FORMAL GRIEVANCE PROCEDURE

A. Formal Grievance Initiation

Formal grievances can be filed orally, in writing, or by any alternative method through which the enrollee/family member/representative communicates. If the formal grievance is spoken, it must be confirmed in writing, except in the case of an expedited review request. The written statement should include a brief report of what happened, the date of the event, the staff person(s) involved, and the names and phone numbers of witnesses, if any. The written statement should also include an explanation of the remedy or response being requested. Children Come First's *Grievance Initiation*

Template is available from any CCF staff member to aid in initiating a formal grievance. **If help is needed to write the grievance, call Wisconsin Family Ties at (608) 267-6888.**

Formal grievances for **Community Partnerships** should be placed in an envelope marked "Confidential" and addressed to the **Quality Improvement Manager**, 1334 Dewey Ct., Madison, WI 53703. The Quality Improvement Manager can also be reached at (608) 250-6634, ext. 110.

- Enrollees with Community Partnerships may also choose to bypass this step by contacting the Executive Director at (608) 250-6634, ext. 111 or the DCDHS CYF Mental Health Manager at (608) 242-6404 at any time to pursue a formal grievance.

Formal grievances for the **ARTT unit** should be placed in an envelope marked "Confidential" and addressed to **CYF Mental Health Manager**, 1202 Northport Dr., Madison, WI 53704. The CYF Mental Health Manager can also be reached at (608) 242-6404.

- Enrollees with ARTT may also choose to bypass this step by contacting the DCDHS CYF Mental Health Administrator at (608) 242-6474 at any time to pursue a formal grievance.

If a formal grievance is about the decision to reduce or deny a covered service, then the following applies:

- The grievance must be filed **within 45 days** of the decision to reduce or deny the service.
- If the enrollee was not receiving the service before this decision CCF is not required to provide or pay for the service during the grievance process.
- If the enrollee was receiving the service before this decision, CCF must continue to provide the same level of service during the grievance process. However, if the decision does not change the enrollee may have to pay for the services received during the grievance process.

Please note: A person may enter into *any* level of the grievance procedure at any time, for any reason. This means an enrollee may follow the above initiation steps or they may initiate their grievance at one of the levels listed below under *Appealing a Grievance Decision*.

B. Formal Grievance Response

1. The Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT) will review the formal grievance and provide an initial response in writing within 10 business days of receipt of grievance, except in cases of *Expedited Review* (see below). The Manager will review materials, speak to all parties, and meet with parties if needed. The Manager will provide a written final response and decision via certified mail within 30 calendar days of receipt of the grievance including procedures to pursue the matter further.
3. If the Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT) is unable to resolve the grievance within 30

calendar days, the time period may be extended another 14 calendar days from receipt of the grievance. If this occurs, the enrollee will be notified in writing that the grievance has yet to be resolved, when the resolution may be expected, and why the additional time is needed. The total timeline to finalize a formal grievance is not to exceed 45 calendar days from the date of the receipt of the grievance.

C. Grievance Committee Review

Enrollees who are not pleased with the Quality Improvement Manager's or the CYF Mental Health Manager's response may contact the CCF Commission, which acts as the Children Come First Grievance Committee, to request a review of the decision. Enrollees have 14 days from date they received the written decision of the CCF Manager to request a Grievance Committee Review. Review requests can be filed orally, in writing, or by any alternative method through which the enrollee/family member/representative communicates. If the review request is spoken, it must be confirmed in writing, except in the case of an expedited review request. CCF staff will assist the enrollee/enrollee's representative in writing the request if needed. Requests for Grievance Committee Review should be made to the DCDHS CYF Mental Health Manager at (608) 242-6404 or in writing at 1202 Northport Dr., Madison, WI 53704. The written decision on the Review will be issued within 30 days after the request for Review was presented to CYF Mental Health Manager.

Enrollees will be informed, in writing, of the time and place of the Grievance Committee meeting at least 7 calendar days before the meeting. Enrollees have a right to appear in person before the Grievance Committee to present written and oral information. The enrollee may bring a representative, including a provider, to this meeting.

EXPEDITED REVIEW

Any grievance which is an emergency or of an urgent nature will be considered an expedited grievance and will be reviewed and resolved within 2 business days of receiving the grievance. An expedited review request can be made either orally, or in writing.

The expedited review request should be made to the Coordinator or his/her Supervisor. In the event that neither is available the expedited request can be made to any member of the Community Partnerships' management team or to the CYF Mental Health Manager (or his/her designee, in the case of a CCF youth in the ARTT Unit).

If the request for an *expedited* resolution of the grievance is denied, the enrollee will be given prompt oral notice of the denial followed up by a written notice within 2 calendar days. The grievance will then be transferred to the standard grievance timeframes outlined above.

ENROLLEE GRIEVANCE RIGHTS

During the grievance process, the enrollee and/or enrollee's representative has the right to:

- Receive help writing and/or filing a grievance by calling Wisconsin Family Ties at (608) 267-6888 or the Medicaid Managed Care Ombudsman at 1-800-760-0001.
- Look at the information CCF used to make its decision, including accessing any information or records related to the grievance.
- Appear in person and bring a representative, including a provider, with him/her to a meeting and/or hearing.
- Present new information during the grievance process.
- Request the grievance be handled in an urgent manner (see *Expedited Review* above) if the decision could result in illness or injury or if the delay in services could affect the enrollee's health.
- Have an interpreter throughout the process if needed, free of charge, by contacting the Quality Improvement Manager (for Community Partnerships) or the CYF Mental Health Manager (for ARTT).
- Move to *any* part of this grievance and appeals procedure at *any time* including appealing to the Department or contacting the Department of Hearings and Appeals (DHA) for a hearing (see more information below under *Appealing a Decision*).

APPEALING A GRIEVANCE DECISION

Please note: A person may enter into *any* level of the grievance procedure at any time, for any reason, including filing a grievance directly with the Department or the DHA.

If the enrollee is not satisfied with the decision of Community Partnerships, Dane County Department of Human Services, or the CCF Grievance Committee, the decision may be appealed at the state level. **Enrollees have 14 days from the date they receive the CCF Grievance Committee decision to request a state level review.**

A. Appealing to the Department of Health and Family Services

An enrollee or enrollee's representative may appeal a grievance decision to the State of Wisconsin, Department of Health and Family Services Medicaid Managed Care Ombuds by contacting the **Medicaid Managed Care Ombuds** at 1-800-760-0001 or in writing at Medicaid Managed Care Ombuds, P.O. Box 6470, Madison, WI 53716.

The Department will review the grievance and provide a final response within 30 days from the date the Department has all the information needed for a decision.

B. State Fair Hearing Request

Enrollees may appeal the grievance decision by asking for a hearing with the State's Department of Hearings and Appeals (DHA).

A request for a hearing must be in writing and sent to the **Division of Hearings and**

Appeals, P.O. Box 7875, Madison, Wisconsin 53707-7875 or delivered to the Division at 5005 University Avenue, Suite 201, Madison, WI 53705. The written request should include enrollee's name, mailing address, and brief description of the problem, which county agency took the action or denied the service, enrollee's social security number, and signature. The date of the request for a hearing shall be the date on which the request is received by that office.

If this appeal is about the decision to reduce or deny a covered service, then the following applies:

- If the enrollee was not receiving the service before this appeal CCF is not required to provide or pay for the service during the appeals process.
- If the enrollee was receiving the service before this appeal, CCF must continue to provide the same level of service during the appeals process. However, if the decision does not change the enrollee may have to pay for the services received during the appeals process.
- If the grievance decision led to the service being reduced or denied and this decision is overturned by an appeal, CCF will reinstate the service.

The enrollee may receive help filing a request for a hearing by calling the **Medicaid Managed Care Ombudsman at 1-800-760-0001**.

Provider Termination

CCF will give Providers thirty (30) days written notice when their contract is being considered for termination. The notice will include information about the condition that exists and will set out a thirty (30) day period for the condition to be corrected. The Care Coordinator will notify Enrollees under a Provider's care within three (3) days of the decision to terminate a Provider's contract, and will facilitate the transition to a new Provider within the CCF Provider Network.

Providers **may be** terminated from the CCF network for the following reasons, including, but not limited to:

- Breach of contract
- Failure/Refusal to submit claims electronically through MHM
- Failure to submit materials for re-credentialing within required time frames;
- Any action taken against the Provider's license or certification, where applicable;
- Any legal or governmental action initiated against the Provider whenever the existence or outcome of such action could materially affect the Provider's ability to perform contracted services;
- Suspension or loss of liability coverage;
- Malpractice litigation in which the Provider is a defendant;
- Quality of care concerns;
- Incompatible participant care philosophy;
- Failure to cooperate with CCF quality assurance procedures;
- Provider initiated termination; or
- No current business need within the Provider's area

Providers **will not** be terminated from the CCF network for any of the following reasons:

- Provider advocating on behalf of an Member;
- Provider filing a grievance against CCF; or
- Provider appealing a decision of CCF

If a Provider chooses to terminate their contract with CCF, the Provider must submit a written notice, at least 30 days prior to termination, to:

Community Partnerships
Attn: Provider Network Coordinator
1334 Dewey Court
Madison, WI 53703
Fax 608-250-6637

The Provider must also notify Members in their care at least 30 days prior to termination, and assist the Care Coordinator in transitioning the Members to a new Provider within the CCF Provider Network.

Attachment A
ENROLLEE RIGHTS AND DUTIES

Rev. 9/14/07

Statement of Enrollee Rights	Statement of Enrollee Duties
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Enrollees have the right to:

- Be treated with respect and with due consideration for your dignity and privacy;
- Be free from physical restraint and isolation except for emergency situations;
- Treatment no matter what race, religion, gender, ethnicity, age, disability, or source of payment;
- Have your treatment and other information kept private. Records may be released, with your approval, only when the law permits;
- Easy access to timely care;
- Receive information on available treatment options and alternatives;
- Participate in decisions regarding your care, including the right to refuse treatment;
- Information in a language and manner you can understand;
- Clear description of your diagnosis and treatment choices, including risks and benefits;
- Information about what works to treat their diagnosis;
- Ask your Provider about their training and experience;
- Know about services to help you;
- Request and receive a copy of your records, and request that they be amended or corrected;
- Freely file a grievance or appeal and have help in doing so;
- Know your rights and responsibilities in treatment;
- Receive services where and when it is best for you;
- Ask for a certain Provider.

Enrollees have the duty to:

- Treat your Provider with respect;
- Give Providers the information they need so that they can give you the best possible care
- Build a relationship with your Provider, keep appointments or tell them ahead of time if you must cancel
- Give correct health insurance information;
- Learn about your diagnosis and work with your Provider to create a plan for your care;
- Follow the plan that you have agreed upon with your Provider;
- Tell Providers when your address, phone number, or health insurance changes.

My signature below shows that I have been informed of my rights and responsibilities, and that I understand this information.

Enrollee Signature	Date
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Legal Guardian Signature	Date
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The signature below shows that I have discussed this statement with the Enrollee. I have offered the Enrollee a copy of this form.

Coordinator/Provider Signature	Date
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