



Provider Network Policies and Procedures

SaintA expects the highest quality of services to be provided to the children and families it serves. To this end, SaintA has created the SaintA Provider Description List to further describe services, outline experience and credential requirements, and detail minimum documentation standards.

As a Provider Network Agency, your Agency agrees:

- To render services in accordance with the written Referral, Service Authorization, and Provider Network Service Description List.
- To bill third-party payment providers (i.e.: Medicaid, HMO's, etc.) when the referred individual for this service is enrolled in an insurance program or Medicaid. SaintA agrees to pay the aforementioned rates only for those individuals/families who have been authorized and that are not approved for reimbursement through insurance or Medicaid.
- Telephone contact with SaintA staff, collateral contacts or service recipients, and any additional documentation are considered indirect costs that are built into the fee-for-service model. Only services provided directly to the authorized Service Recipient may be invoiced. Transportation time to and from the service location may only be invoiced as indicated in the Provider Network Service Description List.
- SaintA will pay for court time when an appropriate subpoena has been issued. Non-Subpoenaed court time is not billable to SaintA. Only actual court room time is billable.
- A service recipient's no-show or cancellation of a scheduled appointment is not considered a reimbursable activity unless otherwise noted in the Service Description List.
- SaintA expects providers to attend Family Team Meetings when invited. Payment will be issued for meeting time and travel time related to the attendance of a Family Team Meeting. Providers should submit the billable Family Team Meeting units on the regular monthly authorization. Additional units may be needed to cover this billable service.
- Providers must notify the case manager within 24 hours when a client is a no-show for a scheduled appointment.



- Providers are Mandated Reporters for child abuse and neglect. Providers who suspect that a child has been abused or neglected must call 220-SAFE immediately and notify the case manager.
- Agencies providing any transportation of clients must furnish SaintA with auto liability insurance that cover providers in their own vehicles. The minimum liability limit is \$1m. Proof of such insurance must be provided to SaintA. Additionally, agencies providing transportation of clients must have a Wisconsin Certified Car Seat Technician on staff, responsible for training all staff providing transportation services.

The Provider will enter case notes and units of service provided within five (5) calendar days of the date of service provision into the CareManager system. Case notes entered in to CareManager more than fifteen (15) calendar days after the date of service provision will result in payment of services being denied. In circumstances where Medicaid has been denied, documentation of the denial must be attached. Additionally, any outstanding billing for the year must be submitted no later than January 10 of the following year to be honored.

Service Descriptions explain what the service is and what elements compose that service according to best practice standards. The description may include a general indication of where the service is intended to take place (i.e., home, community, office, etc.) SaintA assumes that all services will be conducted face-to-face, confidentially, and in appropriate settings.

Experience and Credential Requirements list the minimum experience an individual person must have; in addition to a criminal background check free from substantial criminal convictions and a sex offender registry check. All persons must be approved by SaintA prior to providing services. Services rendered by unapproved staff will not be paid. SaintA will send staff approvals (and denials) in writing to the provider agency. The person who provides the service must also be authorized to do so before services are rendered.

In addition to experience and credential requirements, all staff providing services must be free from any substantial history with Child Protective Services (CPS). Providers with a CPS history, whether as a casehead or a named maltreater, will not be approved to provide services to SaintA clients. Provider agencies are expected to ask all applicants about their history with CPS. SaintA reserves the right to deny approval to providers for any CPS history or criminal background issue SaintA deems substantially related to the service applied for.





SaintA referred services are intended to assist our clients with increasing their parental protective capacities. Treatment plans and service goals must relate to increasing parenting skills and/or ensuring child safety. Services must address the impact to the family of their involvement in the child welfare system. Service providers are expected to coordinate with the team (including other providers) to actively work toward these goals.





Mental Health Services

To be an approved service provider for Mental Health services, SaintA requires:

- All mental health agencies must maintain proper State of Wisconsin certification under HFS 61.91.
- All providers must be willing and able to bill Medicaid and BadgerCare HMO networks for services rendered.
- SaintA is the payor of last resort; providers must exhaust all other payment sources before seeking reimbursement from SaintA.
- Providers of therapy services must be a Medicaid certified psychotherapist or a licensed Psychologist.
- Providers of specialized therapy must have licensure or certification in the area identified.
- Providers of specialty therapies (i.e., RAD) must be licensed as an LCSW, LPC, LMFT, or Licensed Psychologist.





5565 Anger Management Group

Set Rate: \$32.00

Billing Unit: Per session. No-shows are not billable under this service code.

Service Description: A series of goal directed face-to-face interactions with small groups of unrelated people where Service Recipients actively practice the application of anger management skills while in a safe and controlled setting. Participants will learn new techniques and strategies when dealing with anger. The group will also assist participants in building awareness and acceptance of the impact of the environment in shaping behaviors. Areas to be covered include, at least, the following:

- physiological and psychological signs of anger,
- anger triggers and settings,
- anger payoffs and consequences,
- cognitive and behavioral tools for managing anger, and
- development of a personalized anger management plan.

Standard Allowable Units (per month): 5

Length of Service: 3-4 months

Experience and Credential Requirements:

- Bachelor's degree in a Human Service field.
- Staff need to be approved by SaintA prior to providing the service.
- Agency must be utilizing an established Anger Management curriculum. Staff members providing this service must be trained by the agency to use this curriculum.

Minimum Documentation Requirements:

- Date of service;
- Time service began;
- Time service ended;
- Name of providing staff;
- An explanation of the services provided (topics covered, activities initiated, etc.);



- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition;
- A description of the Service Recipient's group interaction and participation; and,
- Any additional information as appropriate.



5527 Crisis Stabilization

Set Rate: \$30.00

Billing Unit: Hour. Service should not exceed 2 hours per episode. The only exception to this guideline is if a provider is responding to an actual crisis and additional time is needed to defuse the situation. Clear documentation as to why services need to exceed 2 hours is required. This service must be pre-approved by SaintA.

The following activities are not billable for Crisis Stabilization: computer games, video games, arcades, movies, videos, wrestling matches, participation in sporting events that place a child in serious risk of injury, daycare, transportation to appointments, tutoring, taking child to providers home, engaging client with provider's own children or other family members, taking client to provider's place of business, involving them in the provider's own church activities, involve child in personal activities (i.e. chores for the provider), taking client on out of state trips, solely recreation activities, or respite for caretaker. If you are unsure if an activity is billable, please contact SaintA prior to the activity taking place.

Service Description: One on one intervention services focus on building the skills of the youth to increase positive communication, decision making, behavior modification, and other such skills needed to reduce negative behaviors and increase stability in the home and community. Service is intended to respond to crises and to teach the youth skills necessary to prevent crises in the future. Goals for this service are prescribed through the development of a written safety/crisis plan between the case manager, family, youth, and provider. Service may be provided either in-home or in the community. Community resources that will aide in the intervention of a crisis should be identified and accessed for the youth.

The Crisis Stabilization worker should not have other children along during the sessions.

This service is not intended to provide someone for the youth to spend leisure and recreational time with, nor is this service intended to provide the caretaker with hourly respite. This service is provided for the purposes of responding to and preventing crises for youth. This service is not intended to solely provide transportation to and from appointments.



Intended Service Recipient: Youth with a documented mental health diagnosis and who are at imminent risk of placement disruption or are placed in a higher level of out of home care. The identified youth must be participating in mental health therapy or day treatment concurrently with this service. A team meeting must occur within 30 days of the referral and must include the therapist, case manager, youth, and caretaker. An individualized crisis plan must then be developed and approved by SaintA before future months may be authorized.

Standard Allowable Units: NA

Length of Service: 6-9 months

Experience and Credential Requirements:

- Bachelor's degree in Human Services field and 1 year of experience providing services to behavior-disordered youth OR H.S. Diploma or GED and 3-5 years of experience providing service to behavior-disordered youth.
- Staff need to be approved by SaintA prior to providing the service.
- Staff must be supervised by a master's level clinician with 3000+ hours of supervised clinical experience.
- Staff must have completed 30 hours of Crisis Stabilization training.

Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of providing staff;
- Focus/goal of session/service, an explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals; and,
- An indication of how the services provided impacted the Service Recipient's attitude, behavior, or condition.

5000 MH – Mental Health Assessment Outpatient

Set Rate: \$93.00

Billing Unit: Hour. Travel time is not billable with this service code. No-shows are billable at 0.25 units.

Service Description: An assessment that evaluates the need for mental health treatment services and recommends treatment goals to guide future services, as necessary. The assessment must include a DSM diagnosis & treatment recommendation. Assessments should also include a review of collateral documentation.

Intended Service Recipient: Child or adult with suspected mental health concerns.

Standard Allowable Units (per month): 2

Length of Service: one-time service

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, or LMFT) OR Licensed Psychologist
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance (BQA) and have mechanisms in place to bill the Wisconsin Medical Assistance Program (WMAP).
- Agencies must participate in BadgerCare HMO networks.

Minimum Documentation Requirements:

- Name of providing staff.
- Assessment to include:
 - Service recipient's date of birth
 - Presenting problem(s)
 - Family histories
 - Educational histories
 - Substance abuse and Treatment histories
 - Legal histories
 - Observations
 - DSM V Diagnosis, if applicable
 - Recommendations for treatment
- Any additional information as appropriate

5120 MH – Group Therapy

Set Rate: \$32.00 per hour

Billing Unit: Session. Figure based on how many hours each session is. In general, each hour of service is figured at \$32 per hour; so, a 1.5-hour session would be \$48 per session. No-shows are not billable under this service code.

Service Description: Goal directed face-to-face interaction with small groups of unrelated people building problem-solving skills, socialization skills and coping skills needed for daily living. AODA therapy is not included in this service.

Intended Service Recipient: Child or adult with mental health concerns who would benefit from group therapy.

Standard Allowable Units (per month): 5

Length of Service: 3-5 months, depending on treatment plan

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, LMFT) OR Licensed Psychologist
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance (BQA) and have mechanisms in place to bill the Wisconsin Medical Assistance Program (WMAP)
- Agencies must participate in the BadgerCare HMO networks

Minimum Documentation Requirements:

- Name of providing staff;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition;
- A description of the Service Recipient's group interaction and participation; and,
- Any additional information as appropriate.



5166 MH – Family Therapy In-Home

Set Rate: \$60.00

Billing Unit: Hour. Actual travel time is billable. No-shows are billable at .25 units plus travel time, not to exceed 1 unit.

Service Description: At least one member of the family has considerable symptoms or difficulty in social, occupational, or school functioning and does not function well overall. A DSM diagnosis is not uncommon. This intensive service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions. The service may be utilized to address multiple crises impacting the family and to increase positive communication between family members.

AODA therapy is not included with this service. Children are not to be transported unless SaintA has been furnished with a copy of provider's valid driver's license. In-home services must be pre-approved by SaintA Program Manager.

Intended Service Recipient: Family with at least one member having mental health concerns where In-Home therapy is clinically indicated.

Standard Allowable Units (per month): 10

Length of Service: Sessions should not exceed 50 minutes unless clinically indicated on the treatment plan.

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, or LMFT) OR Licensed Psychologist
- In-Home clinicians must be able to transfer clients to outpatient services, when applicable.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.



Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;
- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.



5114 MH – Family Therapy Outpatient

Set Rate: \$79.00

Billing Unit: Hour. Travel time is not billable under this service code. No-shows are billable at .25 units.

Service Description: This intensive psychotherapeutic service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions. This service may be utilized to address multiple crises impacting the family and to increase positive communication between family members. Therapy should focus on improving family functioning and support and increase positive communications between family members.

AODA therapy is not included with this service.

Intended Service Recipient: Family with at least one member who has significant difficulty functioning in the family setting.

Standard Allowable Units (per month): 5

Session Length: Sessions should not exceed 50 minutes unless clinically indicated on the treatment plan.

Length of Service: Depends on treatment plan.

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, or LMFT) OR Licensed Psychologist.
- Staff need to be approved by SaintA prior to providing the service.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.



Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;
- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.



5162 MH – Individual Therapy In-Home

Set Rate: \$60.00

Billing Unit: Hour. Actual travel time is billable. No-shows are billable at .25 units plus travel time, not to exceed 1 unit.

Service Description: This intensive psychotherapeutic service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions. Services are typically put in place to prevent placement disruption, or placement in a higher level of out of home care.

AODA therapy is not included with this service. Children are not to be transported unless SaintA have been furnished with a copy of provider's valid driver's license. In-home services must be pre-approved by SaintA Program Manager.

Intended Service Recipient: Child or adult needing Individual mental health services as indicated by a mental health assessment. In-Home or Community-based mental health services must be clinically indicated.

Standard Allowable Units (per month): 10

Session Length: Sessions should not exceed 50 minutes unless clinically indicated in the treatment plan.

Length of Service: Depends on treatment plan.

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, or LMFT) OR Licensed Psychologist.
- Staff need to be approved by SaintA prior to providing the service.
- In-Home clinicians must be able to transfer clients to Outpatient services, when applicable.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.



Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;
- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.

5102 MH – Individual Therapy Outpatient

Set Rate: \$94.00

Billing Unit: Hour. Travel time is not billable. No-shows are billable at .25 units.

Service Description: This intensive psychotherapeutic service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions.

AODA therapy is not included with this service.

Intended Service Recipient: Child or adult needing individual mental health services as indicated by a mental health assessment.

Standard Allowable Units (per month): 5

Session Length: Session should not exceed 50 minutes unless clinically indicated in the treatment plan.

Length of Service: Depends on treatment plan.

Experience and Credential Requirements:

- MA certified psychotherapist, licensure preferred (LCSW, LPC, or LMFT) OR Licensed Psychologist.
- Staff need to be approved by SaintA prior to providing the service.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.

Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;
- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);



- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.



5103 MH – Individual Therapy Outpatient (PhD)

Set Rate: \$120.00

Billing Unit: Hour (MH billable hour consists of 45-50 minutes of face-to-face interaction and 10-15 minutes of recovery and documentation). Travel time is NOT billable. No-shows are billable at .25 units.



Service Description: This intensive psychotherapeutic service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions.

AODA therapy is not included with this service.

Standard Allowable Units (per month): 5

Session Length: Session should not exceed 50 minutes unless clinically indicated in the treatment plan.

Length of Service: Depends on treatment plan.

Experience and Credential Requirements:

- Licensed Psychologist (Ph.D.)
- Staff need to be approved by SaintA prior to providing the service.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.

Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;
- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.

5111 MH – Family Therapy Outpatient (PhD)

Set Rate: \$120.00

Billing Unit: Hour (MH billing hour consists of 45-50 minutes of face-to-face interaction and 10-15 minutes of recovery and documentation). Travel time is not billable under this service code. No-shows are billable at .25 units.

Service Description: This intensive psychotherapeutic service is aimed at resolving deeper and more serious symptoms impacting behavior, thoughts, and emotions. The service may be utilized to address multiple crises impacting the family and to increase positive communication between family members. Therapy should focus on improving family functioning and support and increase positive communications between family members.

AODA therapy is not included with this service.

Intended Service Recipient: Family with at least one member who has significant difficulty functioning in the family setting.

Standard Allowable Units (per month): 5

Session Length: Sessions should not exceed 50 minutes unless clinically indicated on the treatment plan.

Length of Service: Depends on treatment plan.

Experience and Credential Requirements:

- Licensed Psychologist (Ph.D.)
- Staff need to be approved by SaintA prior to providing the service.
- Agencies must be certified by the State of Wisconsin-Bureau of Quality Assurance and have mechanisms in place to bill the Wisconsin Medical Assistance Program.
- Agencies must participate in BadgerCare HMO networks.

Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- Name of providing staff;



- Focus/goal of session/service;
- An explanation of the services provided (topics covered, activities initiated, etc.);
- A description of how the service activity assisted the Service Recipient in working towards the referred goals;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.

5180 Psychological Testing Services

Set Rate: \$120.00

Billing Unit: Hour. No-shows are billable at 1 unit.

Service Description: Psychological services to include testing, bonding assessment, evaluation, observation, and/or court testimony. Evaluation must include a multiaxial DSM-V diagnosis and recommendations for treatment. If Service Recipient is a parent, recommendations about the recipient's ability to parent their children should be included. Evaluation must include psychometric testing and a clinical interview, unless otherwise specified in a court order.

Standard Allowable Units: 6

Length of service: one-time service

Experience and Credential Requirements:

- Licensed Psychologist
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- Name of providing staff;
- Multi-axial DSM-V diagnosis;
- Court proceeding description and subpoena, as applicable; and,
- Evaluation must include a review of collateral documentation.

Additional Documentation Expectations:

- Evaluation, as applicable, to include:
 - Service recipient's date of birth
 - Presenting problem(s)
 - Family histories
 - Educational histories
 - Treatment histories
 - Substance abuse histories
 - Legal histories
 - Observations

- Diagnosis, if applicable
- Recommendations for treatment
- Test results, as applicable
- Observations, as applicable
- An indication if services were completed or will continue in the subsequent month.



Psychiatric Services

To be an approved service provider for Psychiatric Services, SaintA requires:

- SaintA strongly prefers physicians Board-Certified in Psychiatry.
- Psychiatrists willing and able to provide services to children are also strongly preferred.
- SaintA encourage psychiatrists with other specialties (i.e. addictionology) to apply.

5181 Psychiatric Evaluation - Adult

Set Rate: \$200.00

Billing Unit: Hour. No-shows are billable at .5 units.

Service Description: Psychiatric evaluations conducted in an office setting to evaluate a person's abilities, behavior, and personality characteristics. Evaluations also need to make treatment goal and medication recommendations to guide future services as appropriate.

Intended Service Recipient: Youth aged 15 or older and adults.

Standard Allowable Units: 2

Length of Service: one-time service

Experience and Credential Requirements:

- Board Certified Psychiatrist, or board eligible as evidenced by an approved residency in psychiatry.
- Wisconsin License: Medicine and Surgery (MD/DO).
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- Name of providing staff; and,
- Evaluation must include a Multi-axial DMS-IV diagnosis and treatment recommendations.

Additional Documentation Expectations:

- Evaluation as applicable to include:
 - Service recipient's date of birth
 - Presenting problem(s)
 - Family and Educational histories
 - Treatment and substance abuse histories
 - Legal histories
 - Observations
 - Diagnosis, if applicable
 - Recommendations for treatment and medication as necessary
- Any additional information as appropriate

5188 Psychiatric Evaluation - Child

Set Rate: \$275.00

Billing Unit: Hour. No-shows are billable at .5 units. Travel time payable on a case-by-case basis; must be approved by SaintA.

Service Description: Psychiatric evaluations conducted in an office setting to evaluate a person's abilities, behavior, and personality characteristics. Evaluations also need to make treatment goal and medication recommendations to guide future services as appropriate.

Intended Service Recipient: Child or youth aged 0-15 years old.

Standard Allowable Units: 2

Length of Service: one-time service

Experience and Credential Requirements:

- Board Certified Psychiatrist, or board eligible as evidenced by an approved residency in psychiatry.
- Wisconsin License: Medicine and Surgery (MD/DO).
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- Name of providing staff; and,
- Evaluation must include a Multi-axial DMS-IV diagnosis and treatment recommendations.

Additional Documentation Expectations:

- Evaluation as applicable to include:
 - Service recipient's date of birth
 - Presenting problem(s)
 - Family histories
 - Educational histories
 - Treatment histories
 - Substance abuse histories
 - Legal histories
 - Observations

- Diagnosis, if applicable
- Recommendations for treatment and medication as necessary
- Any additional information as appropriate



5050 Psychiatric Medication Review - Adult

Set Rate: \$65.00

Billing Unit: 15-minute session. Sessions lasting 30 minutes may be billed for 2 units. No-shows are billable at .25 units.

Service Description: The monitoring and evaluation of prescribed psychiatric medication. These reviews are usually brief and conducted in an office setting.

Intended Service Recipient: Youth aged 15 or older and adults.

Standard Allowable Units (per month): 2

Length of Service: ongoing

Experience and Credential Requirements:

- Board Certified Psychiatrist, or board eligible as evidenced by an approved residency in psychiatry.
- Wisconsin License: Medicine and Surgery (MD/DO).
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- Name of providing staff;
- Current prescription;
- Prescription changes; and,
- Any additional information as appropriate.

SaintA, Inc.

VENDOR AGENCY CONTACT & GENERAL INFORMATION

Child Welfare Program – Provider Network

Agency Name:
Website Address:
Date Agency Opened:
Tax ID Number:

CONTACT INFORMATION

BUSINESS ADDRESS

Street:
City: State: Zip:
Phone: Fax:

BILLING/REMIT ADDRESS (if different than above)

Street:
City: State: Zip:
Phone: Fax:

AGENCY EXECUTIVE/CONTRACT ADMINISTRATOR

Name: Title:
Phone: Fax:
Email Address:

REFERRAL CONTACT

Name: Title:
Phone: Fax:
Email Address:

ALTERNATIVE REFERRAL CONTACT

Name: Title:
Phone: Fax:
Email Address:

BILLING CONTACT

Name: Title:
Phone: Fax:
Email Address:



MINORITY, DISADVANTAGED, FAITH BASED INFORMATION

Minority Agency

- African American
- Asian American
- Hispanic American
- At least 51% of the Board of Directors are minorities
- Organization is owned and operated by at least 51% minorities
- Other:

Disadvantaged Agency

- At least 51% of the Board of Directors are women
- Organization is owned and operated by at least 51% women

Faith Based Organization

- Yes No

Please provide an explanation if you respond YES to *any* of the questions below?

1. Have you or any member of management ever had a contract terminated by the State of Wisconsin, Milwaukee County, Wraparound or Community Access to Recovery Services? Yes No

2. Have you or any member of management had a license for Foster Home, Treatment Foster Care, Group Home, Residential Treatment Center revoked? Yes No

3. Have you or any member of management ever had a license to operate a daycare/childcare center revoked? Yes No

4. Has your agency's state or county license, certification or operating permit ever been revoked, suspended, or limited? Yes No



5. Is there any pending action to revoke, suspend, or limit your agency's license, certification, or operating permit? Yes No

6. Has your agency ever been canceled or denied professional liability insurance? Yes No

7. Has your agency had any malpractice claims or have been a defendant in any lawsuit in regard to any services that you provide? Yes No

OTHER ENTITIES THE AGENCY HAS PROVIDED SERVICES

Agency	Contact Name	Contact Information

LOCATION INFORMATION

Street:

City:

State:

Zip:

Phone:

Fax:

Wheelchair accessible? Yes No

Location Hours:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

INSURANCE INFORMATION

Clinic Medicaid Number:

Please indicate the insurance networks in which you are a member:



DOCUMENTS TO BE SUBMITTED ALONG WITH APPLICATION

All of the certificates below must state SaintA and the Department of Family Services as certificate holders. SaintA's address must be on the certificate.

The address is: 8901 West Capitol Drive, Milwaukee, WI 53222

- An Occupancy Permit or License to Operate for each location
- Certificate for General Liability must be \$1,000,000 per occurrence, \$2,000,000 general aggregate
- Certificate of Professional Liability must be \$1,000,000 per wrongful act, \$1,000,000 general aggregate. (Abuse & Molestation Coverage can substitute Professional Liability Coverage; however, it must be stated on the declaration page)
- *(for agencies providing transportation)* – Certificate for Auto Liability must be \$1,000,000 per accident.

Additional documents:

- Certificate for Worker's Compensation
- Signed HIPPA Business Associate Agreement
- Signed W-9 Form
- Federal Tax ID Number letter
- Non-profit Status Confirmation (if applicable)
- Training curriculum for staff providing non-licensed or non-certified services such as parenting, home management, family interaction (visitation), etc.
- *(For agencies providing transportation)* Certificate of agency's Wisconsin Certified Car Seat Technician
- *(For agencies providing transportation for children)* – Agency's car seat inventory which includes brand name, model number, quantity, expiration date
- *(For agencies providing transportation)* – Agency's policy regarding vehicle inspection, maintenance, and insurance
- Quality Assurance Plan
- Client Grievance Procedure



Agency Agreement and Attestation

1. The agency agrees that all information in their application is correct to the best of the agency's knowledge.
2. The agency agrees that services must recognize and respect the unique needs and beliefs of individuals of diverse cultures.
3. The agency agrees that services will be provided without restrictions to sex, race, creed or national origin.
4. The agency agrees to provide documentation of services to conform with SaintA and the State of Wisconsin requirements.
5. The agency agrees it will abide by all state and federal rules and regulations regarding confidentiality.
6. The agency agrees that all services it provides will meet applicable requirements and licensing regulations. If the agency is a substance abuse and/or mental health services provider, the requirements and regulations are specifically those related to Wisconsin Department of Health and Family Services Chapter HFS 75 (Community Substance Abuse Service Standards) and Chapter HFS 61 (Outpatient Mental Health Clinic).
7. The agency attests that background checks regarding criminal records, incidents of child abuse/neglect, and sex offender registry checks have been completed on all staff in accordance with the Caregiver Background Requirement and that checks are negative for criminal offenses, sexual offenses and substantiation of child abuse or neglect. Positive findings for any criminal background checks and/or abuse/neglect substantiations must be submitted with staff profiles. Decisions on whether to admit providers with criminal offenses will be made by SaintA based on the nature of the offense, number and recentness of offense, and pattern of offense, and will follow the requirements set forth in Wis. Stats 48.68.
8. The agency attests that it has conducted DMV background checks and provided car seat training by a Wisconsin certified car seat technician for all staff providing transport of SaintA clients and ensures staff transporting clients with their personal vehicles, maintain auto insurance having a minimum liability of \$100,000 bodily injury per person and \$300,000 bodily injury per accident.
9. The agency agrees that service delivery will be timely, efficient, and subject to evaluations made on outcome-based measures and client feedback.
10. The agency agrees that all direct service providers will receive annual mandated reporter training. Following the date of training, the agency agrees to provide SaintA the name of the staff person receiving the training and the date training was provided.



11. The agency agrees that it will report all suspected child maltreatment to the Division of Milwaukee Child Protective Services by calling (414)220-7233 and informing the appropriate case worker.
12. The agency agrees to use SaintA billing system (Care Manager) for submitting claims for payment of services provided by submitting progress notes in the system within 15 calendar days following the date of service provision.
13. The agency agrees that SaintA is the payor of last resort and will not reimburse for services that are MA or insurance eligible for clients who are MA or insurance eligible.
14. The agency understands that if providing transportation services, all drivers must receive training on appropriate car seat installation by a Wisconsin Certified Car Seat Technician.
15. The agency understands that any misrepresentation in this application may result in disqualification from participation in SaintA Provider Network, and legal action or fiscal sanctions may be taken as determined appropriate by SaintA or their designated representatives.

Agency Executive Signature	Date



Civil Rights Compliance Assurances

As a condition of funding under this agreement, _____ provides the following assurances:

1. Services will be provided without discrimination in compliance with Title IV of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title IV and XVI of the Public Health Service Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981, and the Americans with Disabilities Act (ADA) of 1990.
2. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability, or age. This policy covers eligibility for and access to service delivery and treatment in all program and activities.
3. If staff with special translation or sign language skills are not available, _____, will provide staff with special translation or sign language skills training or will find persons who are available within a reasonable time and who can communicate with non-English speaking or hearing-impaired clients.
4. Staff will receive training in sensitivity to persons with disabilities and sensitivity to cultural characteristics.
5. Programs will be made accessible as appropriate in compliance with the ADA. Information materials will be posted and/or available in languages and formats appropriate to the needs of the client population.
6. No otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subject to discrimination in employment in any manner or term of employment on the basis of age, race, religion, color, sex, national origin or ancestry, handicap (as defined in Section 504 and the ADA), physical condition, developmental disability, (as defined in s.51.05(5), Wis. Stats.), arrest or conviction record (in keeping with the S.111.321, Wis. Stats.), sexual orientation, marital status, or military participation. All employees are expected to support goals and programmatic activities relating to nondiscrimination in employment.
7. The Equal Opportunity Policy, the name of the Equal Opportunity Coordinator, and the discrimination complaint process shall be posted in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be according to the Department of Health and Family Services' standards.
8. _____ agrees to comply with civil rights monitoring reviews, including the examination of records and relevant files maintained by the agency, as well as interviews with staff, clients, and applicants for services, subcontractors, and referral agencies.

Agency Executive Signature	Date





SaintA would like to pay vendors via ACH. Please complete this form to have future payments directly deposited into your company's bank account.

Payee/Vendor Name _____
Address _____
City, State Zip _____
Telephone _____
Contact Name _____
Contact E-mail _____
(for ACH remittance notification)

Select one: _____ New Enrollment _____ Financial Institution or Account Change
Bank Name _____
Branch (if applicable) _____
City, State Zip _____
Transit/Routing Number _____
Bank Account Number _____
Account Type (check one) _____ Checking Account _____ Savings Account
Minority Owned _____ Woman Owned _____ Veteran Owned _____

I, the undersigned, authorize SaintA to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until SaintA receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Date _____

Please mail the completed form to: Accounts Payable at 8901 W. Capitol Dr., Milwaukee, WI 53222, or email to apayable@sainta.org.