



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.





5564 Nurturing Program

Set Rate: NA; Proposal Required

Billing Unit: Session

Service Description: This service utilizes the Nurturing Program curriculum. It is designed to teach and enhance nurturing skills to parents. It is a time limited service to include caregivers with their children. Services may be provided to an individual family or a group of families.

Intended Service Recipient: Parent needing education and support to learn and practice nurturing techniques with their children.

Standard Allowable Units (per month): 5

Length of Service: 2-4 months

Experience and Credential Requirements:

- Certification in the Nurturing Program Curriculum.
- Curriculum must be provided to SaintA at the time of application.
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- 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 family's interaction and participation; and,
- Any additional information as appropriate.





5522 Parent Assistance

Set Rate: \$30.00

Billing Unit: Hour. Travel time and no-shows are not billable under this service code.

Service Description: A one-on-one service to teach, monitor, model, and assist with parenting skill development. These skills may include learning and understanding how to:

- identify typical stages of youth development and employ appropriate expectations;
- maintain appropriate roles and responsibilities within the family;
- access health and wellness services (WIC, medical clinics, etc.);
- utilize effective, non-physical, non-abusive alternatives/methods of behavior management;
- utilize techniques that nurture, praise and support their youth in home, school and community settings;
- utilize community supports that address parenting needs and concerns; and,
- advocate for the child's enrollment in school, problem-solving school related behavioral issues, etc.

This does not include: 5523-Parenting Classes, 5590-Home Management services or 5850-Transportation services. Simply transporting a client to or from a service or court is not a billable activity. Service should be provided at no more than 3 hours per episode.

Standard Allowable Units (per month): 5

Length of Service: 6-9 months (depending on case plan)

Experience and Credential Requirements:

- A detailed outline of the course curriculum to be provided to SaintA.
- Staff need to be approved by SaintA prior to providing the service.

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;
- Documentation must include evidence of the parent's progress in demonstrating the parenting skills acquired through this service; and,
- Any additional information as appropriate.



5523 Parenting Classes

Set Rate: \$45.00

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

Service Description:

A parenting class series to teach, monitor, model and assist with parenting skill development. These skills may include learning and understanding how to:

- identify typical stages of youth development and employ appropriate expectations;
- maintain appropriate roles and responsibilities within the family;
- access health and wellness services (WIC, medical clinics, etc.);
- utilize effective, non-physical, non-abusive alternatives/methods of behavior management;
- utilize techniques that nurture, praise and support their youth in home, school and community settings;
- utilize community supports that address parenting needs and concerns; and,
- advocate for the child's enrollment in school, problem-solving school related behavioral issues, etc.

This does not include: 5522-Parent Assistance 5590-Home Management services or 5850-Transportation services.

Intended Service Recipient: Parent needing group-based parenting education.

Standard Allowable Units (per month): 5

Length of service: 2-4 months

Experience and Credential Requirements:

- A detailed outline of the course curriculum to be provided to SaintA.
- Staff need to be approved by SaintA prior to providing the service.



Minimum Documentation Requirements:

- 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;
- A description of the client's group interaction and participation;
- An indication of how the services provided impacted the Service Recipient's attitude, behavior or condition; and,
- Any additional information as appropriate.



5590 Home Management Services

Set Rate: \$30.00

Billing Unit: Hour. Travel time and no-shows are not billable with this service code.

Service Description: A one-on-one service to develop the skills necessary to manage a home and find/maintain suitable housing. These skills may include learning and understanding how to:

- identify problems (i.e.: unsanitary, unsafe conditions, etc.);
- solve problems (i.e.: cleaning schedule, securing working appliances, etc.);
- budget creation/money management;
- meal preparation to meet nutritional needs;
- maintain a clean and sanitary home;
- utilize community resources (W-2, food stamps, T-19, other insurance options, GED programs and employment resources) necessary to maintain a home; and,
- one-time emergency cleaning and repair services.

This service now includes Housing Assistance services including:

- obtaining suitable housing;
- assisting in relocation planning; and,
- engaging in appropriate landlord/tenant interactions.

Providing staff are not to transport children unless SaintA has been furnished with a copy of the provider's valid driver's license, driver's abstract report and agency insurance. This service does not include 5523-Parenting Classes, 5522-Parenting Assistance services, or 5850-Transportation services. This service should be provided at no more than 3 hours per date of service.

Standard Allowable Units (per month): 5

Length of service: 6-9 months (depending on case plan)



Experience and Credential Requirements:

- A detailed outline of the course curriculum to be provided to SaintA.
- Staff need to be approved by SaintA prior to providing the service.

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;
- Addresses of homes viewed;
- 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.



5519 Specialized Parenting Support Services

Set Rate: \$48.00

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

Service Description: One-on-one parenting support service for adults who present or are diagnosed with a cognitive delay, mental illness, or physical disability that impacts daily living skills. The client may have also demonstrated little progress or response to more traditional services due to the cognitive, mental health, or physical disability. This service is intended to teach, monitor, model, and assist with parenting skill development and home management.

These skills may include learning to:

- identify typical stages of youth development and employ appropriate expectations;
- maintain appropriate roles and responsibilities within the family;
- access health and wellness services (WIC, medical clinics, etc.);
- utilize effective, non-physical, non-abusive alternatives/methods of behavior management;
- utilize techniques that nurture, praise & support their youth in home, school & community settings;
- utilize community supports that address parenting needs and concerns;
- advocate for the child's enrollment in school, problem-solving school related behavioral issues, etc.;
- budget creation/money management, Meal preparation to meet nutritional needs, maintain clean, safe, and sanitary living conditions; or,
- obtain and maintain suitable housing by engaging in appropriate landlord/tenant interactions.

Agency must have at least one year of experience in providing services and programming to individuals who present with cognitive delays, physical disabilities, and ongoing mental health issues. Simply transporting a client to or from a service

or court is not a billable activity. Children are not to be transported unless SaintA has been furnished with a copy of provider's valid driver's license, driver's abstract report and agency insurance. This service must be pre-approved by SaintA.

Intended Service Recipient: Parents with one of the following may be considered for Specialized Parenting Support: (1) a documented cognitive delay (IQ 70 or under), (2) Serious and Persistent Mental Illness (SPMI), (3) serious physical disability that impacts daily functioning or (4) an uncommon language/cultural need (ASL, Burmese, refugee status, etc.)

Standard Allowable Units (per month): 10

Length of service: 9-12 months (depending on case plan)

Experience and Credential Requirements:

- Program must be supervised by a person with a bachelor's degree in a human services field and 3-5 years of full-time experience treating individuals with disabilities, preferably with cognitive or severe mental health issues.
- Staff must have a bachelor's degree in a human services field with 2 years of social services experience, and at least some experience providing service to individuals with disabilities.
- Staff need to be approved by SaintA prior to providing the service.
- Staff must complete the 15-hour training program that has been pre-approved by SaintA.
- Staff must be proficient in the Core Competencies of the Wisconsin Children's Trust Fund for Home Visitors.

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 Service Recipient in working toward the referred goals; and,
- An indication of how the services provided impacted Service Recipient's attitude, behavior or condition.



5806 Supervised Visitation with Transportation

Set Rate: \$41.00

Billing Unit: Hour. A Maximum of 15 minutes of wait time is allowed for no-shows. SaintA will not pay for more than 15 minutes of wait time, regardless of whether the parent eventually shows up. Travel time is billable at a maximum of 2 units per visit (pick up and return) within county including: Bayside, Brown Deer, Butler, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee, Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, and Whitefish Bay. Out of county travel time is billable at a maximum of 2 units per every 20 miles (pick up and return) per visit.

Service Description: Provider Agencies arrange and provide transportation and supervision for children in out-of-home placements to maintain relationships with their parent(s) and/or sibling(s) in a safe environment. It is generally expected that parents arrange their own transportation to and from visits. The visits are to generally occur in the Provider Agency's office, the family's home, or a community location. Visits occurring between parent(s) and children need to focus on the observation of parenting skills. Concentrating, for example, on appropriate interactions, age expectations and behavior management techniques. Sibling visits need to focus on establishing and/or maintaining sibling relationships. Documentation should describe the interactions of the involved family members. For example, describing what the family did during the initial greeting and departure and how it was received. Activities that minimize interactions need to be noted. Actions staff took to redirect inappropriate interactions need to be noted. This service is intended to support parents and model appropriate parent/child interactions. Intervention is expected when needed to teach the parent appropriate behavioral management techniques. Watching TV or movies during the visit is not a billable activity as these activities do not allow for positive and active interaction between the parent and child. Computer use should be limited to educational activities only. This service is not intended to simply document parent/child interactions. Invoicing is based on the number of units (hours) of the visit and travel regardless of the number of family members attending the visit.



Standard Allowable Units (per month): 50

Length of service: 4-6 months, as needed to promote a plan of reunification.

Experience and Credential Requirements:

- Providing staff must have a Valid Driver's License, Driver's Abstract Report and be covered under the agency's liability insurance.
- Providing staff must have received car seat training from a Wisconsin State Certified Car Seat Technician.
- Staff need to be approved by SaintA prior to providing the service.
- Staff must receive training on behavioral management and child safety.
- Agencies must have auto liability insurance covering staff driving their own vehicles. The minimum liability limit is \$1m.
- All agencies must ensure staff have received car seat training from a Wisconsin State Certified Car Seat Technician and follow the car seat agreement and all laws related to child car seats and car safety.

Minimum Documentation Requirements:

- Name of providing staff;
- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- What scheduled start time was, what time the parent showed up, and what time the provider arrived with the children;
- Interactions/reactions of child(ren) towards caregiver(s);
- Interactions/reactions of siblings towards each other; and,
- Description of how the worker actively re-directed the parent when appropriate, and the parent's response.





5807 Supervised Visitation without Transportation

Set Rate: \$41.00

Billing Unit: Hour. A Maximum of 15 minutes of wait time is allowed for no-shows. SaintA will not pay for more than 15 minutes of wait time, regardless of whether the parent eventually shows up. Travel time is not billable under this service code.

Service Description: Provider agencies arrange and provide supervision for children in out-of-home placements to maintain relationships with their parent(s) and/or sibling(s) in a safe environment. It is generally expected that parents arrange their own transportation to and from visits. The visits are to generally occur in the Provider Agency's office, the family's home or a community location. Visits occurring between parent(s) and children need to focus on the observation of parenting skills. Concentrating, for example, on appropriate interactions, age expectations and behavior management techniques. Sibling visits need to focus on establishing and/or maintaining sibling relationships. Documentation should describe the interactions of the involved family members. For example, describing what the family did during the initial greeting and departure and how it was received. Activities that minimize interactions need to be noted. Actions staff took to redirect inappropriate interactions need to be noted. This service is intended to support parents and model appropriate parent/child interactions. Intervention is expected when needed to teach the parent appropriate behavioral management techniques. Watching TV or movies during the visit is not a billable activity, as such activities do not allow for positive and active interaction between the parent and child. Computer use should be limited to educational activities only. This service is not intended to simply document parent/child interactions. Invoicing is based on the number of units (hours) of the visit, regardless of the number of family members attending the visit.

Standard Allowable Units (per month): 50

Length of Service: 4-6 months, as needed to promote a plan of reunification.

Experience and Credential Requirements:

- Staff need to be approved by SaintA prior to providing the service.
- Staff must receive training on behavioral management and child safety.

Minimum Documentation Requirements:

- Name of providing staff;
- Name of person(s) in attendance during service provision;
- Name of absent person(s) expected to participate in service provision;
- What scheduled start time was, what time the parent showed up, and what time the provider arrived with the children;
- Interactions/reactions of child(ren) towards caregiver(s);
- Interactions/reactions of siblings towards each other;
- Description of how the worker actively re-directed the parent when appropriate, and the parent's response; and,
- Any additional information as appropriate.

5809 Unsupervised Visitation Support

Set Rate: \$30.00

Billing Unit: Hour. Travel time is billable at a maximum of 2 units per visit (pick up and return) within county including: Bayside, Brown Deer, Butler, Cudahy, Fox Point, Franklin, Glendale, Greendale, Greenfield, Hales Corners, Milwaukee, Oak Creek, River Hills, Shorewood, South Milwaukee, St. Francis, Wauwatosa, West Allis, West Milwaukee, and Whitefish Bay. Out of county travel time is billable at a maximum of 2 units per every 20 miles (pick up and return) per visit.

Service Description: Unsupervised Visitation Support services are designed to provide assistance and support for families who are allowed unsupervised visitation with their children, but who need some additional support to ensure that the visitation happens. Unsupervised Visitation should not be taking place at a visitation facility.

Billable activities include transportation of children to and from parental homes or community locations and brief (30 minutes or less) observation of situation, including safety of children.

Standard Allowable Units (per month): 30

Length of Service: 4-6 months, as needed to promote a plan of reunification.

Experience and Credential Requirements:

- Providing staff must have a Valid Driver's License, Driver's Abstract Report and be covered under the agency's liability insurance.
- Staff need to be approved by SaintA prior to providing the service.
- Staff must receive training on behavioral management and child safety.
- Agencies must have auto liability insurance covering staff driving their own vehicles. The minimum liability limit is \$1m.
- All agencies must ensure staff have received car seat training from a Wisconsin State Certified Car Seat Technician and follow the car seat agreement and all laws related to child car seats and car safety.

Minimum Documentation Requirements:

- Name of providing staff;
- Time observation began, time observation ended;
- Name of person(s) in attendance during visit;
- Name of absent person(s) expected to participate in visit;
- Interactions/reactions of child(ren) towards caregiver(s) and Interactions/reactions of siblings towards each other; and,
- Any other information as deemed necessary.



5810 Family Reunification - Prison Visit Orientation

Set Rate: NA; Proposal Required

Billing Unit: Hour

Service Description: Family members participate separately in an intake and program orientation session. Prison visits are scheduled once the orientation process is completed.

Standard Allowable Units: 1

Length of service: one-time service

Experience and Credential Requirements:

- Providing staff must have a Valid Driver's License, Driver's Abstract Report and be covered under the agency's liability insurance.
- Staff providing transportation must have received car seat training from a Wisconsin State Certified Car Seat Technician.
- Staff need to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- 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.





5811 Family Reunification - Prison Visits

Set Rate: NA; Proposal Required

Billing Unit: Session

Service Description: Services provide the opportunity for children to visit with incarcerated parents and for parents to develop parenting skills concentrating, for example, on appropriate interactions, age expectations and behavior management techniques. Provider Agencies arrange and provide transportation from the child's home to Ellsworth, Taycheedah, John Burke, Southern Oaks, Milwaukee Women's Correctional Center, Franklin's House of Correction, or other correctional facilities as needed. After the visit, children participate in debriefing groups. Children also receive morning and afternoon snacks, lunch, beverages, and stamped envelopes for correspondence with the incarcerated parent and transportation to their home.

Standard Allowable Units (per month): 2

Length of Service: Depends on the case plan.

Experience and Credential Requirements:

- Providing staff must have a Valid Driver's License, Driver's Abstract Report and be covered under the agency's liability insurance.
- Providing staff must have received car seat training from a Wisconsin State Certified Car Seat Technician.
- Staff needs to be approved by SaintA prior to providing the service.

Minimum Documentation Requirements:

- 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;
- Interactions/reactions of child(ren) towards caregiver(s);
- Interactions/reactions of siblings towards each other, if applicable; 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.